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TITLE PAGE

Title: Developmental markers of risk or vulnerability? Young females who sexually abuse – characteristics, backgrounds, behaviours and outcomes

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Developmental markers of risk or vulnerability? Young females who sexually abuse – characteristics, backgrounds, behaviours and outcomes

Abstract

This paper presents findings from a sub-sample of 24 young females aged 8 to 16 years who were referred to specialist services in England during the 1990s because of their abusive sexual behaviours. The characteristics, backgrounds and behaviours of the sample are summarised and compared both with the males in the total population studied and with findings from the limited international literature on young female sexual abusers. Key findings include the higher rates of sexual victimisation amongst females, their lack of prior criminal convictions, their somewhat younger ages at referral and their fewer victims. A smaller selection of case studies is used to illustrate the range of circumstances and behaviours leading to referral. Follow up interviews with two female ex service-users, who are now in young adulthood, indicate that their childhood sexually abusive behaviour is more a marker of vulnerability than of risk of abusive behaviour in adulthood. Their struggles now as parents, in adult relationships and their ongoing health difficulties are outlined.

Key Words: Young female sexual abusers; characteristics; backgrounds; interventions; outcomes

Introduction

Research and literature in the UK and the US (Becker and Hicks, 2003; Vizard et al., 2007; Hackett et al., forthcoming) consistently demonstrate that reported young sexual abusers are predominately males in their middle to late teenage years, this male population being diverse in its characteristics, abuse profiles and risk levels (Chaffin, 2008). Much less is known about the relatively under-recognised sub-group of females who make up the total young sexual abuser population. The study which is the focus of this article formed part of a larger programme of work to examine long-term outcomes for children and young people who have sexually abused (ESRC RES-062-23-0850). Out of a total sample of 700 young people referred to nine specialist community based or residential services across the UK in the 1990s, 24 (3%) were girls or female adolescents. We collected data on their individual characteristics, family backgrounds and developmental histories, as well as their sexually abusive behaviour and their victims' characteristics and compared these with the 676 males in the sample. A sub-group of 6 females was then selected to develop more detailed case profiles, with a view to locating and seeking interviews with these now adult ex service users. Two women agreed to be interviewed and the article includes accounts of how their lives have unfolded based on analysis of our interviews with them which took place at least ten years after their initial referral to services. These interviews provide what we believe is a first illustration of the kinds of issues and challenges which females with histories of abusive sexual behaviour may face in later life.

Review of the literature

Various authors consider why there is less reporting of sexual abuse by both adult and younger females as compared to males (Ford, 2006; Hickey et al., 2008; McCartan et al., 2011). This may reflect, it is suggested, either genuinely low rates of perpetration by females

or a tendency to deny or minimise such abuse due to cultural norms and attitudes leading to assumptions that females are incapable of such behaviour and that their primary status is that of a victim, with consequent down-playing of any abusive behaviours as ‘play’ or ‘experimental’. As it is, studies have consistently reported that sexual abuse by females remains a very small proportion of the total of sexual abuse by children and young people, ranging from 2.6% up to between 8 and 12% depending on the study cited (Johansson-Love and Fremouw, 2005; Hickey et al., 2008; Kubik et al., 2003; McCartan et al., 2011; Ryan et al., 1996; Taylor, 2003).

Literature focusing specifically on the characteristics and circumstances of this sub-group is limited, with a modest flow of papers from North America (Bumby and Bumby, 1997; Cavanagh-Johnson, 1989; Kubik et al., 2003; Lane with Lobanov-Rostovsky, 1997; Matthews et al., 1997), the UK (Hickey et al., 2008; McCartan et al., 2011) and Europe (Hendriks and Bijleveld, 2008). These papers present findings on studies of young female abusers who have been convicted of a sexual offence and/or are being treated in specialist community or residential facilities because of the seriousness of their sexual and other behavioural problems, that is, those with more worrisome profiles and high levels of risk. Summarising the papers’ contents, it appears that, as a group, girls and female adolescents with abusive sexual behaviours come from particularly chaotic and dysfunctional family backgrounds, with higher levels of sexual victimisation than males, higher levels of other forms of abuse, frequent exposure to family violence and often very problematic relationships with parents. In common with young male sexual abusers, young female sexual abusers are often reported to have difficulties in school and to have relatively high levels of learning difficulties (McCartan et al., 2011; Scott and Telford, 2006). It is suggested in some studies that sexual abuse by females may start at a younger age compared to males, but the range of

their abusive behaviours is similar to young male abusers, although females are less likely to penetrate their victims (Hendriks and Bijleveld, 2008; Hickey et al., 2008). Studies comparing rates of other anti-social behaviours amongst young female sexual abusers as compared with young female non-sexually abusing delinquents (Kubik et al., 2003; McCartan et al., 2011) have reported that those with sexually abusive behaviours have significantly fewer non-sexual offending behaviours, suggesting that 'females with sexually abusive behaviours appear to be a distinct cluster of delinquent adolescents with specific offending behaviours' (McCartan et al., 2011: 11). As compared with age matched adolescent males with sex offence histories, however, Kubik et al. (2003) found few differences between the groups in terms of other anti-social behaviours and other characteristics, except that the females had experienced more severe and pervasive abuse compared to the males. It is possible, therefore, that the trauma of their own victimisation may have particular relevance in understanding the behaviour and treatment needs of female sexual abusers (Strickland, 2008).

Notwithstanding this limited and perhaps somewhat narrow evidence base, Lane with Lobanov-Rostovsky (1997) suggest that young female sexual abusers may benefit from the same kinds of treatment approaches as young male sexual abusers, although they comment that issues of autonomy and the consequences of female socialisation experiences might well provide useful additional targets for interventions. Robinson (2005) supports their recommendations as well as emphasising the importance of attending to differences between female and male development. These aspects include the centrality of relationships and connections with others in the development of female identity, in contrast to males who tend to develop identity through independence and autonomy; how females are expected to manage (and usually) internalise their feelings; how, in contrast to males, self-confidence

tends to decrease with age in females and how socio-cultural scripts exert different and powerful influences on the development of female sexuality. Scott and Telford (2006) comment that, in their clinical experience, the similarities between work with males and females with abusive sexual behaviours largely outweigh the differences although, in respect of female referrals, they have regularly encountered extremes in societal reactions, from the minimisation mentioned earlier to over-punitive responses towards young female abusers, neither of which is helpful in terms of subsequent management and treatment efforts.

The current study

Within the overall aim of the research, the research questions addressed in our study included:

1. What are the characteristics, backgrounds and behaviours of child and adolescent sexual abusers?
2. What happens to child and adolescent sexual abusers after professional intervention to address abusive behaviour has ended?
3. How do the respondents construct their stories?
4. What factors appear to contribute to successful or poor outcomes for these ex-service users in later life?
5. What may be the implications for policy and practice in work with this population?

Method

Our research employed both qualitative and quantitative methods (Robson, 2000) including documentary analysis and interviews and involved four stages of work. In stage 1, using a data collection tool piloted and developed for the purposes of the study, we accessed and

reviewed the historical case files of children and young people referred to the nine participating sites between January 1st 1992 and December 31st 2000. (For detail about the data collection instrument and data collection process, see [Hackett et al., forthcoming](#)). This ensured that all participants in the follow-up study would now be adults and that at least 10 years would have elapsed since they were first referred. For each case, and in line with previous studies, we collected data on age at referral, ethnicity and gender, the nature of the abusive behaviours, victim ages and gender, as well as the child's own family history including their experiences of victimisation. The data collected were entered into SPSS (version 16) in order to perform exploratory data analysis and to obtain descriptive statistics.

In stage 2 we identified a smaller proportion of cases from each of the participating sites with a view to trying to trace the ex-service users. Using the purposeful sampling strategy of maximum variation to capture heterogeneity (Patton, 2002) cases were chosen to reflect the range of young people with whom the services had worked and included, for example, cases involving intra and extra-familial abuse, contact and non contact offenders, male and female victims and violent and non violent abusers. We reviewed these cases in depth and produced a case profile for each young person. Key contact information for each case was also extracted.

In stage 3 we searched for participants on publicly available data sources, such as the electoral register, commercially available databases and social network sites. Masson et al., (2011) provides more detail about the work involved in tracing respondents.

Stage 4 of the research comprised making contact with individuals to invite them to participate in interviews. This was the most ethically challenging aspect of the work and is more fully described in Masson et al. (2011 and 2012). It was vital not to compromise the current living situation of individuals who may not have disclosed their past history to partners, employers or others. We proceeded with extreme caution, individuals being contacted by the agencies that had worked with them, rather than directly by the researchers. Where contact was established, permission was sought by the agencies for the researchers to approach the participants to discuss the project more fully. Informed consent to being interviewed was negotiated and choice was given as to whether participants would prefer a face-to-face, telephone or e-mail interview.

Semi-structured interviewing (Flick, 2006) was used to encourage participants to recall and reflect on key life experiences and the impact of their childhood sexual abuse in later life. Taped interviews were undertaken by mixed gender pairs of researchers and the transcribed interviews were then analysed by the team to elicit participants' self-constructed stories, which were also compared with data from the case files and any other information gathered. Such narrative enquiry has an increasing pedigree in applied research (see, for example, Bleakley, 2005; Frid *et al.*, 2000; Maruna, 2000). Thematic analysis involved members of the research team reading and re-reading transcripts independently and identifying key themes and sub themes before comparing their respective analyses in order to arrive at an agreed coding structure which was then applied to all transcripts with the assistance of NVIVO, a qualitative data analysis software package.

Ethical approval for the research was obtained from the authors' respective universities and from the services who participated in the research.

Results

These focus on the 24 females who comprised 3% of the total 700 cases studied and who had all been referred to community based services. Firstly, data from stage 1 about the characteristics, backgrounds, sexually abusive behaviours and victims of the females within the sample are presented and discussed in relation both to the males in our study (n=676) and in relation to previous studies of young females. (See **Hackett et al. (forthcoming)** for the main results from the entire sample.) Four mini-vignettes developed from the historical case files of the six cases selected at stage 2 of the research punctuate the overview of the stage 1 results to illustrate the range of cases services handled. Through stage 3 tracing, we were able to establish the whereabouts of five of the six ex-service users and the respective agencies then sent out invitations to participate in the research. Just Kelly and Julie¹ (whose mini-vignettes are included) responded to the invitation and both agreed to a face to face interview in stage 4. Each interview lasted approximately three hours. In the second part of the results section how these women's lives have unfolded and the three main themes emerging from their interviews are described.

Stage 1 results and illustrative mini-vignettes

Characteristics and circumstances of the young female abusers

¹ All names used in the paper are pseudonyms

Ethnicity and age

Ethnicity was noted in 20 out of the 24 case files and in 90% of these (n=18) the young female referred was described as white, with one young female of Asian origin referred and one of mixed parentage. Such small numbers of black and minority ethnic (BME) referrals were mirrored in the total sample where just 7% were recorded as BME.

As regards age at referral and as Figure 1 indicates, in the 22 cases where the data were available, the youngest female referral age was 8 years, the oldest 16 years.

INSERT FIGURE 1 ABOUT HERE

The mean age for referral was 12.3 years (SD= 2.495), which contrasts with a mean age of 14.02 years (SD= 2.506) for the males in the total sample, these statistics being in line with other studies (Ryan et al., 1996; McCartan et al., 2011; Vizard et al., 2007). There were two peak ages for referral amongst the female group at 10 and 13 years (n = 4 in each case), in contrast to a modal age of 15 for the male sample. These two sets of findings indicate that females were generally referred at younger ages than the males although the spread of ages at referral for females was more varied compared to the males in our sample, whose profile fitted a normal distribution. It is important to note, however, that whilst referral usually followed the commission of a specific abusive act, age at referral does not necessarily equate with age at which the sexually abusive behaviour first developed. As some of the mini-vignettes illustrate, the life histories outlined in the case files describe the progression of sexual or other problematic behaviours over a period of some years before a decision was made to refer to a service for children and young people with abusive sexual behaviours.

Case Example 1: Annie

Annie was 10 years old when she was referred. She lived with her mother who was separated from Annie's father. Annie had been an unplanned pregnancy, her mother was very ambivalent about her and Annie displayed an insecure attachment. Annie had a history of highly sexualised behaviour since age 5, targeting multiple, younger and mostly male victims in school and in her neighbourhood. An incident against a 5 year old had triggered referral. The family was known to local welfare services and there were longstanding concerns that Annie was herself a victim of sexual abuse. She presented as very confused, conflicted about and pre-occupied with sexual matters. She was described as trying to control the 15 sessions she attended at the service through 'flirtatiousness', inappropriate attempts at intimacy and regression to much younger behaviour, also quickly becoming fearful and upset. Annie believed she was ugly, had a very low opinion of herself and thought she should never have been born. She constantly sought others' approval but she was isolated from peers who found her demands 'overwhelming'. At closure Annie was considered to be a risk to others and at risk of further exploitation.

Learning disability

Data were missing in 2 of the 24 female cases. Of the remainder, 36% (n=8) of females had some kind of reported learning difficulty or disability, a very similar percentage to that of the rest of our sample (38%). Although there are differing definitions of learning disability, in the UK at least, both percentages are significant given the prevalence of learning disability within the general population which, in the UK, is estimated to be much lower at approximately 2% (British Institute of Learning Disabilities, 2011). Our findings are also in line with results from a survey of services across the UK and the Republic of Ireland reported in an earlier paper (Masson and Hackett, 2003).

Case example 2: Beth

Beth was age 12 on referral, living with mother, step-father and younger siblings. She was referred because of two incidents of "playing with her brother's penis until it was sore". No other sexual incidents were reported but, since age 6, Beth had had long-standing behavioural problems including tantrums, stealing, fire-setting, hitting out and threatening self-harm. Her parents were inconsistent with her and Beth appeared

to be scapegoated by family members. She was described as bossy and manipulative at school, awarding high status to tough and aggressive people, but having few friends and low self-esteem. Beth was herself the victim of long-standing sexual abuse by two male cousins and there was a history of serious domestic violence between her mother and her various partners. In the work undertaken with her she remained guarded and mistrustful until she was given the chance to discuss, albeit without emotion, her own abuse. Beth had a learning disability, functioning as a much younger child and exhibiting very limited sexual knowledge. The service failed to engage with her about her abusive behaviour but she agreed to be referred to another service to undertake therapeutic work on her own abuse.

Accommodation at referral

Half of the females (n=12) were living at home with their immediate families when referred, with another female living with other relatives, this being arranged by professionals to manage risk in the parental home without requiring the young person to move into care. Two females (9%) were looked after under s.20 of the Children Act 1989, i.e. they were in 'voluntary care', and a further 22% (n=5) were looked after under a court directed Care Order. Just one female was in secure accommodation as a consequence of her behaviour. Compared to the males in our sample, a somewhat higher percentage of females were living with family (52% versus 41% for males). However, rather more females were the subject of a compulsory Care Order (22%) compared to their male counterparts (13.5%) as opposed to being in voluntary care (9% versus 18% respectively). Although the numbers are small, these differences may be suggestive of the extremes of reactions referred to by Scott and Telford (2006).

Convictions at referral

Information was missing for two of the 24 female cases but, of the remaining 22, just three females (14%) already had a criminal conviction when referred. This is in marked contrast to our male sample where 43% already had a caution or criminal conviction at referral. Our findings are therefore somewhat different from, for example, Kubik et al. (2003) who found few gender differences in rates of anti-social behaviours between young female and male sexual offenders. Our sample of females had criminal conviction rates more akin to those found in studies of delinquency rates generally, which regularly demonstrate that girls and female adolescents are much less likely to become involved in delinquency leading to criminal convictions than their male peers although the gap has narrowed somewhat in recent years (Jungar-Tas et al., 2004; Mullis et al., 2004).

Own sexual victimisation

It was possible to make an assessment of the presence or absence of sexual victimisation in 21 of the 24 female cases. In 33% (n=7) of these cases there was clear evidence of sexual abuse and in 29% (n=6) there were strong suspicions but no documented evidence. For example, there had been allegations but these had not led to any criminal justice response, or the young person concerned had made unclear statements about her experiences. In the remaining 38% (n=8) there were no suspicions or evidence of sexual victimisation. These combined female rates of proven or suspected sexual victimisation (62%) were higher than those for males in our sample (50%) and are supportive of the findings of other studies. For example, of the 19 girls included in Taylor's (2003) sample, 63% were said to have been sexually abused and in Matthews et al.'s study (1997) 78% of their female sample (n=67) reported sexual abuse in their background.

Case example 3: Kelly

Kelly was referred to the service at age 16, by which time she had already been in care for approximately 5 years, having been removed from home because of neglect and sexual abuse by an older brother and possibly her grandfather. Kelly had sexually abused a younger child while in a foster home and was now in a residential unit (where she had been abused by a member of staff). Kelly had chronic mental health problems resulting in suicide attempts, self-harming, chronic anxiety, anorexic tendencies and obsessive-compulsive behaviours and she suffered from low self-esteem, a negative self image and 'rebelliousness'. Kelly worked with staff in the service for 3 years as well as remaining in care, making 'much progress' before eventually moving into independent living in a flat. Kelly came to recognise the sexual abuse she had committed, showed remorse and was not thought to be a continuing risk sexually towards other children. She was also helped to recognise her feelings about not being protected by her own family and not being believed about her own victimisation.

Characteristics of the abuse

An analysis was undertaken of the concerning sexual behaviours displayed by those referred to the services. These were categorised as sexual behaviours not involving physical contact such as use of sexual language or gestures or indecent exposure; behaviours that involved the touching of another's private parts; behaviours that involved penetration or attempted penetration and behaviours that involved sexual violence or physical force. The results are summarised in Table 1.

INSERT TABLE 1 ABOUT HERE

Thus, for the females, the most common concerning sexual behaviour reported involved touching another's private parts (77%, n=17), with smaller numbers of referrals relating to

non-contact sexual behaviours (30%, n=6) and penetration or attempted penetration (24%, n=5). There were even fewer reports of sexual behaviour involving sexual violence or the use of physical force (10%, n=2). For our much bigger male sample, the most common concerning sexual behaviour reported was also 'touching another's private parts' (84%, n=517). However males were more likely than females to be reported for non-contact sexual behaviours (50%, n=268) and penetration or attempted penetration (52%, n=303) and somewhat more likely to be reported for using sexual violence or physical force (18%, n=93). Nevertheless females, like their male counterparts, had been reported for a range of sexual behaviours, often involving physical contact and certainly not behaviour that could be described as 'play' or 'experimental' as discussed earlier.

Data about the number of their known victims at the point of referral were available for 20 of the female cases and, of these, 11 (55%) had only one known victim. Four females (20%) had two known victims, three females (15%) had three and a further two (10%) had four known victims. None was reported as having more than four victims. Thus 90% of the females had three known victims or less. In contrast, in the male sample, while the modal number of victims was also just one, a rather lower percentage of the sample (76.8%) had only 3 victims or less. A further 103 males (15.2%) had between four and up to nine known victims and, in the remaining male cases where data were available (36 cases or 5.87%) the individual's problematic behaviours were so frequent and pervasive that it was not possible to calculate a precise number of victims. In these cases the number of victims was greater than 10, often considerably greater. Compared to the males then, the females in our sample had abused considerably fewer victims.

Characteristics of victims

An analysis was made of the ages of victims at the point when the abuse had begun. These were recorded in three bands: aged 10 or under, aged 11 – 17, and aged 18 and over. The data collected is summarised in Table 2 which reveals that the majority of female referrals involved victims aged 10 years or less (71%, n=17). Much smaller percentages of female referrals involved victims in the 11-17 (19%, n=4) and the 18 years and over categories (9%, n=2). In contrast males were much more likely to have victims aged 11-17 years (46%, n=255) and somewhat more likely to have victims aged 18 years or more (18%, n=91).

INSERT TABLE 2 ABOUT HERE

Interestingly, only one female referred had been reported for abusing victims in more than one category, whereas in our male sub-group 24% of males (n = 124) had abused victims from across either two or three age categories.

Case example 5: Julie

Julie was aged 15 when she was referred to the service, having just been removed from home and placed in a residential home. This was because it was alleged that she had been present and participative when her uncle and possibly other males had sexually abused his three children on multiple occasions. There had been other long-standing concerns about Julie relating to truancy, self-harm, suicide attempts and heroin use (supplied by family members). Her name had been placed on the local child protection register following a heroin overdose at age 14. There was little routine or structure in her life and family boundaries were blurred, with Julie and her mother swapping accounts of their respective sexual experiences. Her stepfather was a registered sex offender and there was regular family violence. Julie and her younger siblings had also suffered chronic neglect resulting in the siblings, but not Julie, being removed into care when she was 13 or 14. Julie's biological father was concerned but kept his distance

from the family. Julie did not engage with the service, attending only 5 of 10 sessions. She was intensely loyal to her family, speaking of family members in glowing terms and covering up what had been happening. Julie had a very low opinion of herself, seeing herself as 'fat and ugly' and she presented as frightened, confused and emotionally isolated. There was a hope that being taken into care would help Julie but the service later learned that she was not co-operating in the care home, had an aggressive and bullying boyfriend (another resident), was taking drugs again and was refusing to look for a job.

Sex of victims and relationship to victim

As set out in Table 3, 36% (n=8) of females had abused males only, just under a quarter (23% or n=5) had abused females only and 41% (n=9) had abused both males and females. In the case of males the respective percentages were 19% male victims only (n=121), 52% female victims only (n=333) and 29% both male and female victims (n=190).

INSERT TABLE 3 ABOUT HERE

In our study we categorised data about abuser relationship to victim as either intra-familial (abuse involving immediate or extended family members and close non-blood relatives) or extra-familial. In the case of the female cases, 29% (n = 7) had abused victims within the family, 50% (n = 12) had abused others outside the family and 21% (n = 5) had targeted both categories of victim. The corresponding percentages for our male sample (25%, 53% and 22% respectively) were very similar. It is also worth emphasising that the majority of victims were known to the male or female abuser irrespective of whether they were related or not, in line with previous studies (Bumby and Bumby, 1997; Matthews et al., 1997; Taylor 2003).

Stage 4 results: follow up interviews with two female ex-service users

It is not possible within the confines of this article to offer a full narrative and thematic analysis of our interviews with either of the women but the three main areas which emerged in the stories they told us about how their lives have unfolded are highlighted:

- dealing with becoming and being a parent;
- negotiating adult relationships, including with members of their birth families; and
- coping with the legacy of their pasts in terms of their inner feelings about themselves, their identities and ‘demons’.

Kelly (now aged 33) is married, with two children (age 9 and 7) from previous relationships, and, when interviewed, she was pregnant. She lives in an area she likes, manages on a modest family budget and helps out at the children’s primary school. Kelly wanted to have children, even more than the male relationships associated with pregnancy, so that she could have someone ‘to love and hug’ and she sees her role as a mother as the most important in her life. She wants to be a ‘different mam from what me own mother was’, a mother who ‘never knew how to be a mother to be honest’. She remembers little about her life before she went into care saying ‘certain things you black out’.

Kelly says she learned most of her parenting skills from the foster carers with whom she still maintains some infrequent links commenting ‘the only time I can actually remember having an adequate, a suitable childhood was when I was in care’. Kelly talked about dilemmas she has about how to appropriately parent her oldest daughter as she gets older, particularly about how much freedom to give her. Recently she has had to cope with the challenge of this

daughter making and then retracting an allegation of sexual abuse against the son of a woman with whom Kelly had been friendly. This has caused her much anxiety, finding it difficult to know whether to believe or disbelieve her daughter.

Kelly has continuing contact with her mother, whom she helps to look after, and with her siblings although they are not particularly close. She views caring for her mother as a chore, describing her as demanding and 'wanting to be the centre of attention'. Kelly gets on rather better with her mother-in-law. She refuses to let the side of the family from which her sexual abusers came have access to her children.

Kelly does not minimise or deny her own abusive sexual behaviour as a child. She deeply regrets her actions. She still maintains intermittent contact with the worker she had at the service as a teenager. Kelly feels the work offered to her helped her to link her behaviour with her victim experiences, to make a choice not to continue down a path of further abusive behaviour and to become a survivor not a victim of her own abuse. Neither her own children nor her husband's family know about her sexual abuse, only that she was in care. Having secrets about her life that she cannot share is an ongoing burden.

Kelly has intelligence and personal strengths which, she says, along with the support and therapy she has received, have helped her cope with difficulties and to mature into someone who embraces the role of being a mother and wife. However Kelly still has mental health problems and says she is prone to anxiety, including flashbacks to her own abuse. She has problems with confidence and at times she suffers with symptoms associated with depression

for which she has received medication. Ongoing support is important to her, and she is concerned that she is relatively isolated with few friends due to her lack of trust and self-confidence. She tries to forget what is painful about her past as it 'frazzles' her head, keeping busy, going for long walks and focusing on her own children and husband, her 'core family'. For the future Kelly would like to train for a nursing career but this is not an immediate priority.

Unlike Kelly, the experience **Julie**, who is now 27 years old, had of the care system was not positive and, on leaving, she gravitated back to live first with family and then in squalid bedsits and squats, continuing to misuse drugs and later alcohol. She remained an easy prey for relatives and peers who exploited her until, eight years ago, she was befriended by Keith who is 15 years older than her and who has had multiple problems himself with alcohol, drugs and minor offences resulting in imprisonment. Julie describes Keith as 'me boyfriend, me dad, me mum, me nana all in one' and says he has consistently encouraged her to stand up for herself and protected her from others' negative influence. They have both, with difficulty, come off drugs and they are closely involved with numerous welfare agencies over their chronic financial and accommodation difficulties, alcohol rehabilitation and, most significantly, their care of and future with Ellie, their two year old disabled child, who was removed soon after her birth into foster care because of concerns about the couple's life-style and potential as parents. Rehabilitation of Ellie back to the full time care of her parents is being considered with the little girl now spending regular unsupervised days with her parents.

Giving birth to Ellie and striving to get her back with them is a central motivator for both Julie and Keith, Julie emphasising that she wants Ellie to be treated with the 'love and

laughter' she never received. She talked at length about their efforts to be good enough in the professionals' eyes, to be given a chance as parents, and she expressed frustration with some professionals whom she perceived as quick to judge herself and Keith negatively rather than encourage them to develop positive parenting skills.

Julie has intermittent contact with her mother and siblings although it is Julie who has to make most of the running to maintain any links and the intervening years have made Julie much more objective about the deficits in her own childhood. On the other hand Julie now has regular and supportive contact with her previously absent biological father who has remarried, lives locally and who is promising regular support if Ellie is restored to Julie's full-time care. Julie and Keith are otherwise relatively isolated, having made the conscious decision to distance themselves from their previous drug-taking network and so they rely very much on each other for advice, company and support.

Julie could not remember the sessions she had at the service but she talked openly about the legacy of her own abuse and unhappy childhood. She continues to have a poor self image and eating problems and she suffers periodic bouts of anxiety, depression and feelings of hopelessness, for which she takes medication.

Discussion

Our analysis of the data collected from the 24 cases across five services provide support for the broad consensus which has emerged in the studies discussed earlier about the general characteristics and circumstances of young female sexual abusers and about how these correspond to those of young male sexual abusers. Compared to the males in our sample, the young females were likely to be referred at a younger age, they were much less likely to have any criminal convictions at the point of referral, they had higher rates of sexual victimisation in their histories and they tended to have fewer victims drawn from a more narrow age range. In terms of similarities, our female sample had much the same and indeed high levels of reported learning disability as the male group and both groups displayed similar kinds of sexually abusive behaviours (although in somewhat different proportions). They were also quite likely to abuse male and female victims and, in most cases, their victims were known to them, whether related or not. Rates of sexual violence or the use of physical force were relatively low in both groups.

The case studies selected at stage 2 are valuable in that they shed some light on a particular group which has been neglected in social research. Their histories, which highlight the wide range of circumstances and behaviours leading to referral, may not be unique to this specific group of young females but may be shared by other troubled young females who have been brought up in disadvantaged and dysfunctional families (Lane, 2003; Ofsted, 2011). Why some have expressed their distress in a sexually abusive way is little understood; the chronicity of their own sexual victimisation and the co-existence of multiple traumas alongside this sexual victimisation may be a factor. For example, Robinson (2005) suggests that two prominent pathways for the development of female delinquent behaviour are depression and victimisation. These factors are strongly reflected in the case examples offered here.

In our study as a whole, a wide range of long term developmental outcomes have been found in our sample (Hackett et al., 2011). Unsurprisingly, successful outcomes appear associated with individuals who have ambitions and optimism for their future; who have achieved educationally, thus increasing their chances of gaining employment; and who have stable partner relationships or enduring carer and professional relationships. In contrast, poorer outcomes seem associated with poor body image and poor health; relationship failures; chaotic or unstable living conditions and drug and alcohol misuse. Our follow up interviews with Kelly and Julie at stage 4 illustrate the interplay of some of these factors and they may, in part, account for the relatively stability of Kelly's situation, in particular the enduring and supportive relationship she has with her social worker from her adolescent years compared to the fragility of Julie's circumstances, especially the risks in her and her partner's drug misuse. However, for both women, the importance of relationships with others for their feelings of self-worth and identity, their primary commitment to being good mothers and their tendency to internalise their feelings and anxieties may indicate important gender differences that services should bear in mind through, for example, general health promotion, parenting education and support and the encouragement of lasting 'social anchors' in these women's lives (Daniel et al., 2005). Neither of the two women had, as far as could be established, any ongoing problems with sexually abusive behaviour towards others. As such, the historical presence of their childhood sexual behaviours seemed far less a marker of ongoing risk than it was of major personal vulnerability.

Practice implications

Professionals in general child welfare services do not often come across young females with sexually abusive behaviours and so there may be a tendency to feel deskilled in the face of the details of their behaviour which may arouse more anxiety than other forms of peer abuse, such as physical bullying and emotional abuse. Specialist input to manage and treat the abusive sexual behaviour may indeed be appropriate for those deemed at medium to higher risk of continuing in their behaviour as discussed by, for example, Morrison and Henniker (2006). However, otherwise, knowledge of normal child development and the impact of disability and trauma, combined with principles and skills associated with best practice in assessing and working with needy and abused children and their families, based on sustained relationship based work and coordinated service responses, should not be forgotten (Horwath, 2010; Munro, 2011).

In relation to females who are adolescent aged at referral, such as Kelly and Julie, and who run the risk of being labelled negatively as hard to reach or rebellious (Ofsted, 2011) there is a particular need to look behind their sexual and other challenging behaviour to understand its causes and their need for sustained and child-centred support, perhaps in public care, in order to address the damage sustained in their families. The fact that Kelly and Julie experienced very different levels of professional response in these regards may indeed have contributed towards some of the obvious differences in longer term outcomes for them.

Limitations of the current study and directions for future research

It is important to acknowledge the limitations of the study described. Our sample size was small although this is likely to be a continuing feature of later studies, given consistently low rates of referrals of young female sexual abusers since the early 1990s; we were reliant on

often detailed but non-standardised historical case file data not collected for research purposes; and generalising from our even smaller sample of case studies and two follow-up interviews can only be very tentative. All these various aspects provide a good argument for the importance of prospective studies with long term follow up for building on our current knowledge base, as discussed in, for example, McCartan et al. (2011) and Masson et al. (2011) as well as larger multi-site research studies. Such studies should also include a focus on the nature of professional interventions offered and long term outcomes, something which the current study did not address.

Conclusion

Female children and adolescents comprise a very small proportion of the total population of young sexual abusers and our study has found that, in common with earlier studies, young female abusers' characteristics, backgrounds and behaviours are both similar to and different from those of their male counterparts. These similarities and differences should be taken into account when intervening professionally. Our findings also suggest that sexually abusive behaviour by young females may be less of an indicator of ongoing risk and more of an indicator of ongoing vulnerability. To this extent, their presenting behaviour and the concerns this raises should not detract from efforts to safeguard them and promote their overall psychosocial development.

References

Becker, J. & Hicks, S. (2003) Juvenile Sexual Offenders. Characteristics, Interventions and Policy Issues. *Annals New York Academy of Sciences*, **989**, 397-410.

Bleakley, A. (2005) Making sense of Qualitative Research, *Medical Education*, **39**, 534 – 540

British Institute of Learning Disabilities (2011). *Fact sheet: Learning Disabilities*, accessed on February 22nd 2012 at

http://www.bild.org.uk/pdfs/05faqs/Factsheet_Learning%20Disabilities_11.pdf

Bumby, K. M., & Bumby N. H. (1997) Adolescent Sexual Offenders. In: *The Sex Offender: Corrections, treatment and legal practice* (eds B. K. Schwartz & H. K. Cellini), pp10.1-10.16. Civic Research Institute, Kingston New Jersey.

Cavanagh-Johnson, T. (1989) Female Child Perpetrators - Children Who Molest Other Children. *Journal of Child Abuse and Neglect*, **13**, 571- 85.

Chaffin, M. (2008) Our Minds Are Made Up Don't Confuse Us With the Facts: Commentary on Policies Concerning Children With Sexual Behavior Problems and Juvenile Sex Offenders. *Child Maltreatment*, **13**, 110-121.

Daniel, B, Featherstone, B., Hooper, C-A and Scourfield, J. (2005) Why Gender Matters for Every Child Matters. *British Journal of Social Work*, **35**, 1343-1355

Flick, U. (2006) *An Introduction to Qualitative Research. Third Edition*. Sage, London

Ford, H. (2006) *Women who Sexually Abuse Children*, John Wiley & Sons, West Sussex.

Frid, I, Öhlén, J & Bergbom, I (2000) On the Use of Narratives in Nursing Research, *Journal of Advanced Nursing*, **32**, 695 – 703

Hackett, S. Masson, H., Phillips, J & Balfe, M. (forthcoming) Individual, Family and Abuse Characteristics of 700 British Child and Adolescent Sexual Abusers, *Child Abuse Review*

Hackett, S., Masson, H., Balfe, M. and Phillips, J. (2011) *Recidivism, desistance and life course trajectories of young sexual abusers. An in-depth follow-up study, 10 years on*, ESRC grant RES-062-23-0850, Durham University SASS Research Briefing no. 7, Access at www.durham.ac.uk/sass/research/briefings

Hendriks, J. & Bijleveld, C.C.J.H. (2008) Female Adolescent Sex Offenders – An exploratory study. *Journal of Sexual Aggression*, **12**, 31-41.

Hickey, N., McCrory, E., Farmer, E. & Vizard, E. (2008) Comparing the Developmental and Behavioural Characteristics of Female and Male Juveniles who Present with Sexually Abusive behaviour. *Journal of Sexual Aggression*, **14**, 241-252.

Horwath, J. (ed) (2010) *The Child's world. The comprehensive guide to assessing children in need*, Jessica Kingsley Publishers, London.

Johansson-Love, J. & Fremouw, W. (2005) A Critique of the Female Sexual Perpetrator Research. *Aggression and Violent Behavior*, **11**, 12 -26.

Jungar-Tas, J., Ribeaud, D & Cruyff M. (2004) Juvenile Delinquency and Gender. *European Journal of Criminology*, **1**, 333-375.

Kubik, E.K., Hecker, J.E., & Righthand, S. (2003) Adolescent Females who have Sexually Offended: Comparisons with delinquent adolescent female offenders and adolescent males who sexually offend. *Journal of Child Sexual Abuse*, **11**, 63-83.

Lane, E. C. (2003) Correlates of female juvenile delinquency. *International Journal of Sociology and Social Policy*, **23** Iss: 11, 1 -14

Lane, S. with Lobanov-Rostovsky (1997) Special Populations: Children, Females, the Developmentally Disabled, and Violent youth. In: *Juvenile Sexual Offending. Causes, Consequences and Corrections* G. Ryan & S. Lane, pp. 322-359, Jossey-Bass, San Francisco.

McCartan, F. M., Law, H., Murphy, M. & Bailey, S. (2011) Child and Adolescent Females who present with Sexually Abusive Behaviours: A 10-years UK prevalence study. *Journal of Sexual Aggression*, **17**, 4-14.

Maruna, S (2000) *Making Good. How ex-convicts reform and rebuild their lives*, American Psychological Association, Washington DC

Masson, H. and Hackett, S. (2003) A Decade on from the NCH Report (1992): Adolescent sexual aggression policy, practice and service delivery across the UK and Republic of Ireland. *Journal of Sexual Aggression*, **9**, 109–124.

Masson, H., Myles, B., Hackett, S. & Phillips, S. (2011) Lost Without a Trace? Social networking and social research with a hard-to-reach population, *British Journal of Social Work*, Advance Access: <http://bjsw.oxfordjournals.org/cgi/reprint/bcr168?ijkey=DQZtqz3uCqifpU4&keytype=ref>

Masson, H., Myles, B., Hackett, S. & Phillips, S. (2012) Making Use of Historical Case Material – the problems of looking back and the implications for service developments in relation to research and evaluation activities, *Journal of Sexual Aggression* , 18, 112-122.

Mathews, R., Hunter, J.A. & Vuz, J. (1997) Juvenile Female Sexual Offenders: Clinical characteristics and treatment issues. *Sexual Abuse: A Journal of Research and Treatment*, **9**, 187-199.

Morrison, T. & Henniker, J. (2006) Building a Comprehensive Inter-agency Assessment and Intervention System for Young People who Sexually Harm: the AIM project. In: *Children and young people who sexually abuse others. Current developments and practice responses* (eds M. Erooga & H. Masson), pp. 31-50. Routledge, Abingdon

Mullis, R., Cornille, T., Mullis, A. & Huber, J. (2004) Female Juvenile Offending: A review of characteristics and contexts. *Journal of Child and Family Studies*, **13**, 205 – 218.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report – A child-centred system*, CM 8062, Department of Education, London

Ofsted (2011) *Ages of Concern: Learning lessons from serious case reviews*, Ofsted, No. 110080, London

Patton, M. (2002) *Qualitative Research and Evaluation Methods*, 3rd Edition, Sage, London

Robinson, S.L. (2005) Considerations for the Assessment of Female Sexually Abusive Youth. In: *Children and Young People who Sexually Abuse: New Theory, research and practice developments* (ed M. Calder), pp. 171-195, Russell House Publishing, Lyme Regis

Robson, C. (2000) *Real World Research*, Blackwell, London

Ryan, G., Miyoshi, T.J., Metzner, J.L., Krugman, R.D. & Fryer, R.G. (1996)

Trends in a National Sample of Sexually Abusive Youths. *Journal of the American Academy of Child and Adolescent Psychiatry*, **33**, 17-25

Scott, J. & Telford, P. (2006) Similarities and Differences in Working with Girls and Boys who Display Sexually Harmful Behaviour: The journey continues. In: *Children and young people who sexually abuse others. Current developments and practice responses* (eds M. Erooga & H. Masson), pp. 174-184. Routledge, Abingdon

Strickland, S. (2008) Female Sex Offenders. Exploring Issues of Personality, Trauma, and Cognitive Distortions. *Journal of Interpersonal Violence*, **23**, 474 - 489

Taylor, J. F. (2003) Children and Young People Accused of Child Sexual Abuse: A study within a community. *Journal of Sexual Aggression*, **9**, 57-70.

Vizard, E., Hickey, N., French, L. & McCrory, E. (2007) Children and Adolescents who Present with Sexually Abusive Behaviour: A UK descriptive study, *Journal of Forensic Psychiatry and Psychology*, **18**, 59 - 73

Table 1 Female and male samples and concerning sexual behaviours

Concerning sexual behaviours	Frequency	%	Frequency	%
	females		males	
Non-contact sexual behaviours	6	30	268	50
Touching other's private parts	17	77	517	84
Penetration or attempted penetration	5	24	303	52
Both males and females	2	10	93	18

Table 2 Female and male samples and age of victims at referral

Age of victims	Frequency	%	Frequency	%
	females		males	
10 years of under	17	71	436	74
11 -17 years	4	19	255	46
18 years or more	2	9	91	18

Table 3 Female and male samples and sex of victims

Sex of victims	Frequency	%	Frequency	%
	females		males	
Males only	8	36	121	19
Females only	5	23	333	52
Both males and females	9	41	190	29