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The prevalence of risk factors for general recidivism in female adolescent sexual offenders: A comparison of three subgroups



Claudia E. van der Put*

University of Amsterdam, The Netherlands

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ABSTRACT

To our knowledge, there are no former studies in which subgroups of female adolescent sexual offenders are studied. Therefore, we examined differences in risk factors for general recidivism between female adolescents who have committed a felony sexual offense against a younger child (CSO, n = 25), female adolescents who have committed a felony sexual offense with a peer victim (PSO, n = 15) and female adolescents who have committed a misdemeanor sexual offenses (MSO, n = 31). Results showed that CSOs had considerably fewer problems in the domains of school (truancy, behavior problems, dropping out of school), family (e.g., parental alcohol problems, parental mental health problems, poor authority and control, out of home placements and run away from home) and friends (antisocial friends) than MSOs and/or PSOs. No differences were found in the prevalence of mental health problems, physical abuse, sexual abuse and neglect. Implications for theory and practice are discussed.

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Sexual offending by female adolescents is an understudied area mainly due to the small number of female adolescents who commit sexual offenses. It is estimated that about 5–10% of all juvenile sexual offenses are committed by girls (Finkelhor, Ormrod, & Chaffin, 2009; Lane & Lobanov-Rostovsky, 1997; Matsuda, Rasmussen, & Dibble, 1989; Righthand & Welch, 2001). In addition, sexual recidivism rates for female sexual offenders are very low. Cortoni, Hanson and Coache (2010) conducted a meta-analysis of 10 studies on recidivism rates of female sexual offenders and found that about 2% of the female sexual offenders recidivated within a mean period of 6 years. However, it has been speculated that many sexual offenses committed by females remain unnoticed, undetected, or are even ignored by law enforcement officials (Denov, 2004; Hendriks & Bijleveld, 2006; Vandiver & Kercher, 2004). Recently, Slotboom and Hendriks (2011), examining almost 800 adolescents in a survey, found female and male adolescents to report similar rates of having used sexual aggression against a person, which may support the under recognition of sexual misconduct by girls. Therefore, it seems important to conduct more research on female adolescent sexual offending, also because female adolescent sexual offenders chose younger victims, are more often involved in incidents with multiple victims and are more often both victim and perpetrator at the same time compared to male adolescent sexual offenders (Finkelhor et al., 2009).

Few empirical studies, generally based on small clinical samples, have focused exclusively on female adolescents who have committed sexual offenses (FSOs; e.g., Bumby & Bumby, 1997, n = 12; Fehrenbach & Monastersky, 1988, n = 28; Hendriks & Bijleveld, 2006, n = 10; Hunter, Lexier, Goodwin, Browne, & Dennis, 1993, n = 10; Mathews, Hunter, & Vuz, 1997, n = 67; Roe-Sepowitz & Krysik, 2008, n = 118). From these studies, some characteristics can be derived. However, these characteristics are preliminary, because they are based on limited data. First, the sexual offenses of FSOs are often directed at younger boys

^{*} Corresponding author address: University of Amsterdam, Forensic Child and Youth Care Sciences, P.O. Box 94208, 1090 GE Amsterdam, The Netherlands.

and girls who are in close proximity to the offender, such as family members or children who are under the supervision of the offender, for example while babysitting (Bumby & Bumby, 1997; Hunter et al., 1993; Mathews et al., 1997). Second, the vast majority of FSOs have a history of sexual abuse, with reported rates of sexual victimization ranging from 70% to 100% (Bumby & Bumby, 1997; Hunter et al., 1993; Mathews et al., 1997), with the exception of Fehrenbach and Monastersky (1988), who reported a rate of sexual victimization of 50%. Third, FSOs have often histories of previous mental health treatment, with PTSD and/or mood disorder being the most common diagnoses (Bumby & Bumby, 1997; Hunter et al., 1993; Mathews et al., 1997; Roe-Sepowitz & Krysik, 2008). Fourth, FSOs have often engaged in nonsexual delinquent behavior (Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988) and show a variety of problem behaviors, including alcohol and/or drugs abuse (Bumby & Bumby, 1997; Mathews et al., 1997; Roe-Sepowitz & Krysik, 2008), runaway behavior (Hunter et al., 1993; Mathews et al., 1997), school and psychosocial adjustment problems (Bumby & Bumby, 1997; Roe-Sepowitz & Krysik, 2008). Finally, FSOs are often raised in chaotic and disorganized families (Roe-Sepowitz & Krysik, 2008).

An important question is whether the abovementioned characteristics are typical for all female adolescent sexual offenders. To our knowledge, there are no former studies in which subgroups of female adolescent sexual offenders are studied. However, research on male adolescent sexual offenders shows that adolescent sexual offenders form a heterogeneous group (e.g., Barbaree, Marshall, & Hudson, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003). In most of the studies examining differences between subgroups of male adolescent sexual offenders, a distinction is made between male adolescent peer abusers and male adolescent child abusers. It emerged from these studies that, compared to peer abusers, child abusers have fewer problems related to substance use, antisocial attitudes/beliefs, antisocial peers, antisocial personality traits, conduct problems and delinquent behavior (Awad & Sauners, 1991; Epps, 2000; Ford & Linney, 1995; Krauth, 1998; Van der Put, Van Vugt, Stams, Deković, & Van der Laan, 2012a; Wijk, Blokland, Duits, Vermeiren, & Harkink, 2007; Wong, 2002). In contrast, child abusers are more often exposed to sexual abuse than peer abusers (Aljazireh, 1994; Awad & Sauners, 1991; Epps, 2000: Ford & Linney, 1995: Krauth, 1998: Lee, 1994: Wong, 2002), For other characteristics, however, the differences are less consistent (Kemper & Kistner, 2010). For example, some studies have shown that child abusers are more socially isolated (Awad & Sauners, 1991; Kahn & Lafond, 1988; Saunders, Awad, & White, 1986), have more problems interacting with peers (Aljazireh, 1993; Epps & Fisher, 2004; Wijk, Van Horn, Bullens, Bijleveld, & Doreleijers, 2005) and are more deficient in general social skills (Kahn & Lafond, 1988) than PSOs. In other studies, however, no differences were found in social skills or popularity between child and peer abusers (Ford & Linney, 1995; Kemper & Kistner, 2007; Worling, 1995).

The aim of the present study was to examine differences between subgroups of female adolescent sexual offenders based on offense type. Following the research that has been done to investigate differences in subgroups of *male* adolescent sexual offenders, a distinction was made between female adolescents who offended against a peer victim (PSOs) and female adolescents who offended against a younger child (CSOs). In addition, we examined female adolescents who have committed misdemeanor sexual offenses (MSOs), i.e., hands-off offenses, such as obscenity or public indecency. We examined differences in the prevalence of risk factors for nonsexual (general) recidivism, because nonsexual recidivism is much more common than sexual recidivism among female adolescent sexual offenders. Cortoni et al. (2010) found in their meta-analysis that female sexual offenders are 10 times more likely to be reconvicted for a nonsexual crime than a sexual crime (~20% vs. ~2%). Therefore, Cortoni and colleagues recommended the use of tools validated to assess risk for general and violent (nonsexual) recidivism among female sexual offenders. In the present study, the Washington State Juvenile Pre-Screen Assessment (WSJCPA; Barnoski, 2004) was used to examine differences between CSOs, PSOs and MSOs in the prevalence of risk factors for general recidivism. To our knowledge, the WSJCPA is the only risk assessment tool for general recidivism that has been validated for female adolescent sexual offenders (Van der Put, Van Vugt, Stams, Deković, & Van der Laan, 2012b).

Method

Sample

For this study, secondary data from the Washington State Juvenile Court Pre-Screen Assessment (WSJCPA) validation study were used (Barnoski, 2004). This dataset consisted of 21,810 American adolescents, aged 12–18, who appeared before the courts for a criminal act and for whom the WSJCPA was completed. All female adolescents who had committed a sexual offense were selected from this dataset. A distinction was made between the following three subgroups:

- (a) MSOs: all female adolescents whose most serious sexual offense was a misdemeanour offense (n=31). Misdemeanour offenses include the following offenses: public indecency or indecent exposure (intentionally making any open and obscene exposure knowing that such conduct is likely to cause reasonable affront or alarm), obscene phone calls (telephone calls using obscene language with the intent to harass, intimidate, torment or embarrass any other person), obscenity or pornography (for example selling, distributing and/or unlawfully displaying sexually explicit material).
- (b) *PSOs*: all female adolescents who committed a felony offense in which the victim was less than five years younger or older than the offender (*n* = 15). Felony sexual offenses include the following offenses: assault to rape, incest and indecent liberties.
- (c) CSOs: all female adolescents who committed a sexual offense against a child who was at least five years younger than the offender (n = 25). These offenses include child molestation and child rape.

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