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JUVENILE FEMALES WHO SEXUALLY OFFEND:

A BEGINNING TYPOLOGY

by

Jason M. Nelson

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

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ABSTRACT

Juvenile Females Who Sexually Offend:

A Beginning Typology

by

Jason M. Nelson, Master of Science

Utah State University, 2001

Major Professor: Dr. D. Kim Openshaw
Department: Family and Human Development

This study was broken into two sections, the first being a comprehensive meta-analysis describing a profile of the juvenile female who sexually offends. The second section was the collection of data of juvenile females who sexually offend in the State of Utah. After the data were collected, a profile was described and compared to that found in the Review of the Literature and a typology was presented.

Ecosystemic legacies were shown to be passed down from one generation to the next. The juveniles were found to come from highly chaotic homes, and subject to maltreatment. Diagnostically, they show symptoms of conduct disorder, substance use/abuse, as well as other risks. Social policy, and legal and therapeutic implications were presented from this typology.

(101 pages)

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Jason M. Nelson

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CHAPTER I

INTRODUCTION

A review of current literature shows that there is limited information concerning the juvenile female who sexually offends. Ray and English (1995) stated that "there is little research identifying issues associated with female sexual perpetration, and even less conceptual or research information examining female children who are sexual aggressors" (p. 449). In order to develop valid and reliable intervention programs, it is important that we understand the typology of this group. This study will describe two profiles and a suggested typology of the juvenile female who sexually offends.

Sexual perpetration is a major concern throughout the United States. Data from the U.S. Department of Justice (1999) indicate that the incident rate of sexual offenses charged in 1998 (excluding forcible rape and prostitution) was 58,553. Of those arrests, 91.5% were committed by males and 8.5% were females. Of the total number of arrests for sexual offenses, 9,922 were committed by juveniles (U.S. Department of Justice).

Juvenile sexual perpetration in the United States is a growing problem and concern. Miller (1997) stated that there has been a historical shift in how the juvenile court views adolescents who engage in sexually abusive behaviors. It was not until the 1980s that child protective workers realized the extent of sexual perpetration by adolescents. Miller also found that as a result of this concern, the number of treatment programs on a national level had risen from 346 in 1986 to over 1,000 in 1994. This change occurred because of a switch in attitude about the juvenile who sexually offends. Initially, it was believed that only adult males were perpetrators. The trend began to

change with the initiative of the child protective service acknowledging the offenses of adolescent males. These offenses were first viewed as "boys will be boys," not criminal activity. The attitude of the juvenile justice system has switched to the current view where juveniles are now being adjudicated for their offenses in the juvenile court system. As a result, a number of juveniles are being prosecuted in the adult court system for sexual offenses. Graves (1993) reported that the incidence of sexual offenses committed by juvenile male offenders has increased by 10% per year. In Utah, the incidence of sexual perpetration by adolescents increased 55% in a 4-year period between 1983 and 1987.

Sexual offending may have a pattern that begins in childhood or adolescence. Cashwell and Caruso (1997) found that many perpetrators had also been victims themselves. In several studies, they found rates from 10 to 80% had a history of being physically or sexually abused. They also found evidence that perpetrators are, in actuality, reenacting their own trauma as a defense mechanism to deal with their anxiety and feelings of helplessness related to their own victimization. Hunter, Lexier, Goodwin, Browne, and Dennis (1993) pointed out that "there has been a growing professional awareness of the importance of studying juvenile sexual perpetrators over the past decade, particularly in light of data reflecting that the majority of adult sexual offenders began to act out as juveniles or adolescents" (p. 318).

Statement of the Problem

Of all these groups of sexual perpetrators, the juvenile female who offends sexually has been the most neglected. Because of the lack of clinical focus on this group, it is

argued whether the statistics truly represent the number of offenses committed by females. Travin, Cullen, and Protter (1990) suggested that even though researchers believe female perpetration is higher than reported, it is still believed to be lower than that of males. According to Bumby and Bumby (1997), juvenile female offenders account for 2% of forcible rapes and 7% of all sexual offenses. They stated several reasons why these statistics may be so low, including females may be less insecure about their sexuality, they do not express the same power and control issues in their sexuality as males, and a double standard exists about sexual deviancy between male and female offenders. Hunter et al. (1993) stated that

the reticence to identify females as perpetrators appears to be at least partially attributable to a tendency on the part of males to underreport such victimization. Clinical data suggest that many males either minimize the negative impact of the early sexual contact with older females, or attempt to cognitively reframe these experiences in a positive manner due to socio-cultural pressures. (p. 318)

Another explanation for underreporting is discussed by Travin et al. (1990), "Sexual acts may be disguised as appropriate acts by caregivers, [and] the incestuous nature of the acts which are less likely to be reported by a child dependent on his mother" (p. 147). Finally, Ray and English (1995) explained that people are unable to believe that females can commit these types of sexual acts and as a result the female offenders "have entered the system as potential or actual victims of child abuse and neglect themselves" (p. 447). These females are not seen as potential perpetrators.

Travin et al. (1990) found that transgenerational histories emerged, "having been severe victims themselves of repeated sexual, physical, or psychological abuse, or some combination of these" (p. 146). Their research also found a significant number of sexually abused victims who later reenacted their own victimization.

As clinicians who treat this population, it is important to understand the dynamic interplay between the events of the perpetration and the ecology of the family system. The underlying characteristic of the home life of the female who sexually offends are instability and chaos. Mathews, Hunter, and Vuz (1997) pointed out that families of the females who sexually offend were less supportive of the child's disclosure and victimization. They were also found to be more dysfunctional in their family structure. The families were not seen as having helped the females feel safe and secure.

Current research shows that there is limited knowledge pertaining to the juvenile female who sexually offends. Evidence supports the idea that without adequate intervention the cycle of abuse may continue. It is important to note that not all females who are sexually abused will later become offenders, but for those who do, treatment must be specific to the needs of the female perpetrator. Therefore, for effective treatment of this group, it is important that clinicians are aware and sensitive to their needs. There are many individual, developmental, and existential issues that females experience that are different from their male counterparts (Kelly, 1998). Because of the lack of research on this population, further study is needed to get a clearer understanding of characteristics of female sex offenders. Travin et al. (1990) stated "It is essential to note concomitant

treatment needs of the female sexual offender stemming from their dual nature as both severe victim and severe victimizer” (p. 149).

There is an obvious lack of information about the juvenile female who sexually offends due to a lack of research studies. There are many studies on juvenile male perpetrators identifying the demographics and characteristics of the offender, but there is very little research or literature about female perpetrators. Current research on the juvenile female who sexually offends is scarce. It consists of limited case studies, small sample sizes, with limited information concerning demographic information, history of offender victimization, criminal and academic history and interpersonal relationship variables.

Graves (1993) addressed many of the concerns related to sexual perpetration including the relation between victimization, treatment, and costs to society. Along with human suffering, the financial costs associated with sexual perpetration are an enormous burden to society. Without the development of prevention and intervention programs these costs will continue to rise. It is important that we have a greater understanding of the juvenile female who sexually offends in order to develop effective treatment and prevention programs.

Statement of Purpose

The intent of this study was to examine, through descriptive meta-analysis, current and extant literature that has addressed characteristics of the juvenile female who sexually offends. This information was used in organizing the characteristics into a beginning

profile. The second part of this study collected descriptive information from adolescents who have sexually offended in the state of Utah and create a second profile. These two profiles have then been combined to form a beginning typology of the juvenile female who sexually offends.

CHAPTER II

REVIEW OF THE LITERATURE

The phenomenon of juvenile sexual offending has only recently become a major issue of social, clinical, and legal concern. Unfortunately, the primary focus of the last three decades has been with the juvenile male sexual offender, subtly suggesting thereby that sexual offending is limited to males. In the past decade, increasing attention has been given to the juvenile female who sexually offends, yet to date there is limited information regarding this population. As such, it is the purpose of this study to first clarify the characteristics of adolescent females who sexually offend as they are presented in the literature, and based, though not solely, on this review to assess characteristics of this population through comparing this information to a sample of juvenile females who sexually offend in the state of Utah.

An exhaustive review of the literature exhibits that, to date, no meta-analytic examinations of existing empirical studies describing the characteristics of juvenile females who offend sexually (hereafter referred to as JFWSO) has been done. There are currently a limited number of narrative reviews addressing this population (e.g., Becker & Hunter, 1997; Bumby & Bumby, 1997). Bumby and Bumby have conducted what seems to be the most comprehensive review to date. However, at the conclusion of their research they state, "The current stated of the literature is plagued by small sample sizes and samples of populations which may not necessarily represent female sexual offenders in general" (p. 13).

This study is, in reality, two studies with the first being a comprehensive meta-analysis of the primary literature to date, in order to describe a profile of the juvenile female who sexually offends. The second portion of the study is the administration of a revised inventory (items which appear to be of theoretical interest and importance in the literature) to juvenile females who have sexually offended in the State of Utah, which addresses key biopsychosocial characteristics found in the literature. After data collection, a profile is described and compared to that found in the Review of the Literature. From a combination of the two profiles a beginning typology is reported.

Sample

Meta-Analysis

The meta-analysis was essential to the Review of Literature. The data analyzed in this study were obtained from an extensive data search of computer-assisted and manual searches of psychology abstracts, ERIC, dissertation abstracts, reviews of studies reported in books, and conference presentations as well as professional correspondence. This search was an attempt to access all available information on juvenile females who sexually offend. To be included in this analysis, each article had at least one sample of either female youth or adult female offenders. In the samples of adult females there was a retrospective account of sexual perpetration during the adolescent years. In the pre-adult samples (18 years or younger) there was descriptive information for at least one of the variables studied. To avoid possible sample duplication, only samples from primary analyses were obtained.

After samples were collected, they were coded and put into a computer data file to aid in analysis. A computer-aided coding sheet was utilized. The coding sheet was devised by Graves (1993) and elaborated on so that as many characteristics as possible could be identified for this population. These same items were included in the inventory designed to assess adolescent females who sexually offend in a residential setting. The coding sheets were immense and detailed, containing objective and subjective variables. The goal was to collect as much information as possible relevant to the juvenile females who sexually offend. From this information, a profile was derived of the juvenile female who sexually offends.

All data that were extracted from the literature were reported in this study exactly as they were presented in the articles. Therefore, the omission of any information occurred because it was not reported. Diagnosis and other descriptive characteristics were not inferred; they were reported as they appeared in the literature.

Analysis Procedures

The data derived from the meta-analysis were organized into key content areas, including, though not limited to, transgenerational legacies, family of origin patterns, demographics, medical and psychiatric histories, and history of victimization and perpetration characteristics. Percentages were calculated for each variable and sub-variable. This information was used in obtaining percentage information for particular variables.

Research Design

This study was designed to extrapolate from current literature, information concerning the female juvenile who sexually offends under the sampling criteria mentioned earlier to create a profile of the juvenile female who sexually offends. Sampling information was collected and coded into a computer data file to aid in the analysis. Each sample was entered on the coding sheet according to the year of publication, total n , and subtype code. The percentage for each sample that meet a given variable was calculated.

Fifteen samples, totaling 566 subjects were analyzed in the first phase of this study. The average sample was composed of 36 subjects (range 1 to 167) and was obtained from an exhaustive search from 1950 to 2000. The articles are found highlighted with an asterisk in the reference section. The studies reported the ages of the individuals; 67 less than 10, 480 between 11-18, and 1 over 18 years old.

Caveats

Relative to this particular meta-analysis, there were, in total, 566 JFwSO overall, but not all studies addressed the same characteristics, attributes, family background, and so forth. Due to the amount of information available and that which is reported, it is important for the reader to understand the n and percentage described in the various categories associated with describing juvenile females who sexually offend. The n reported represents the total number of JFwSO in the studies in which a given variable is found. For example, if there were two studies that addressed IQ, and one study had 10

females and the other had 20, the n would equal 30 for that category. The percentage is the percent of those JFWSO in those studies whose IQ might be, for example, between 80-100. An example would be that in two studies 15 girls were reported as having an IQ between 80 and 100. Thus, the percentage would be 50% for that variable. It is important that the reader be cautious with making any conclusions about the percentages, because the total N for the sample was 566. The data were used to begin to clarify and create an initial profile of the JFWSO.

Meta-Analysis

Transgenerational Legacies: An Examination of Family Characteristics, Attributes, and Other Antecedent Factors

Although there is not a great deal of literature addressing the issues of transgenerational legacy, there were some findings that seem to have a degree of theoretical relevance when examined across generations. For example, data relative to the JFWSO extended family interaction styles suggest that all the fathers' families that were reported on this variable were reared in emotionally disengaged families (Hunter et al., 1993). In another study, Johnson (1989) found that all 13 mothers who reported on their extended family interaction indicate that they were raised in families described as volatile. Also, 92% of the same 13 subjects reported that one or more of the grandparents sexually perpetrated on the JFWSO siblings (Johnson, 1989).

The theoretical relevance of family interaction styles is manifest when this information is examined in the context of the family of origin. Results of the meta-analysis

indicate the general family behavior includes patterns of disconnectiveness, violence, and low family involvement. Further, it is suggested that the interaction styles most often reported in those studies correlate with the type of family the father and mother were reared in. The general family patterns of the family of origin of the JFwSO found in the literature suggest that the families were emotionally disengaged and violent, and experienced low interaction (see Table 1).

When looking at the father's family of origin, which was shown to be disengaged, a pattern is portrayed that suggests him as being erratic, volatile, and abrasive. The same holds true for the mother, who was found to be dependent, having a negative attitude and low self-esteem. The mothers also showed social skills deficits toward the opposite sex and low parenting skills (see Table 2).

Parental and Family Characteristics

The subvariables of this category describe parental and family characteristics of the offenders, which included: parental interaction, parental alcohol and drug use, history of parental medical and psychiatric history, parental history of child neglect, and physical and sexual abuse.

Parental interaction. There is very little information about the JFwSO parents' interaction styles. In one study, all 13 subjects reported that the father/mother interaction was incompatible (Johnson, 1989).

Parental alcohol and drug abuse. We know very little about the fathers of the JFwSO in regards to drug and alcohol use. There were only three fathers who were

Table 1

General Family Patterns of JFwSO Family of Origin

Pattern	n	%
Connectiveness		
Chaotic/emotionally disengaged	3	67
Violence		
Hostility/domestic violence	49	88
Interaction		
Family involvement: low	3	100

Note. Data derived from Bumby & Bumby (1993); Johnson (1989); O'Connor (1987); Ray & English (1995).

Table 2

JFwSO Family of Origin Interaction Styles

Styles	n	%
Father		
Erratic	13	100
Volatile temper	13	100
Abrasive	13	100
Verbally abusive	13	100
Emotionally abusive	13	100
Physically abusive	13	100
Mother		
Dependent	13	100
Negative attitude	13	100
Low self-esteem	13	100
Social skills deficit (opposite sex)	13	100
Low parenting skills	13	100

Note. Data derived from Johnson (1989).

mentioned for drug or alcohol abuse, and of those, 66% were reported as having a history of alcohol abuse (O'Connor, 1987). Of the mothers, 54% of 13 were reported as having abused both drugs and alcohol (Johnson, 1989).

Parental psychiatric/medical history. There was no information found concerning the fathers with regard to any psychiatric history. Concerning medical history of the 34 reported, 39% had enuresis, although the time frame was not noted (Ray & English, 1995). For the psychiatric histories of the mothers of the JFwSO, it was found that 90% of the 13 that reported had been diagnosed with depression, and 8% had a previous inpatient psychiatric hospitalization (Johnson, 1989). There was no medical information found in the literature with regard to the JFwSO mothers.

Parental history of child physical abuse and sexual abuse. The parental history of child physical and sexual abuse refers to a history of either one of the parents being physically or sexually abused as a child. Again there was no information reported on the father of the JFwSO, but it was reported that of the 13 mothers, 92% had been physically abused and 85% reported being sexually abused by an extrafamilial perpetrator (Johnson, 1989).

JFwSO Demographic Characteristics

Table 3 describes the JFwSO demographic characteristics. These variables are as follows: family composition, ethnicity, socioeconomic status, education/IQ level and referral source as well as other variable and individual subvariables.

Table 3

JFwSO Demographic Information

Characteristic	n	%
Family composition		
Single parent	47	49
Blended	72	28
Foster/other	47	19
Biological	73	16
Ethnicity		
Caucasian	164	80
Other/mixed	34	34
Black	90	13
Hispanic	80	3
Asian	67	3
Education		
Ninth grade	97	100
IQ Level		
<60-<70	67	6
≤70-≤85	25	20
86-114	328	97
Factors mediating academic performance		
General academic problem	31	81
Truancy	65	52
Held back	30	40
Learning disability	90	34
Expelled	46	26
Special education	18	22
Drop out	34	3

Note. Data derived from Atcheson & Williams (1954); Bumby & Bumby (1993, 1995); Fromuth & Conn (1997); Higgs, Canavan, & Meyer (1992); Hunter et al. (1993); Johnson (1989); Markey (1950); Mathews et al. (1997); Ray & English (1995); Scavo (1989).

Family composition. Four family composition types of the JFwSO were described: biological, blended, single, and foster/other. The results show a high percentage of JFwSO living in single-parent families. Of the studies that provided the data, 49% of the subjects came from single-parent families, versus 28% for blended, and 16% biological. It is not mentioned in the studies if this status occurred before or after the juveniles' own victimization.

Ethnicity. Five ethnic groups were described: Caucasian, Black, Hispanic, Asian, Native American, and mixed (other). Caucasians make up the majority of those who offended, 80%, with Black at 13% then Hispanic and Asian at 3%.

Socioeconomic status (SES). Of the 13 JFwSO families who reported this variable for this category, 85% were from lower (less than \$25,000) socioeconomic status (SES). The other 15% were from middle (\$25,000-59,000) SES families (Johnson, 1989).

Education/IQ level. Education level from the offenders were gathered on the highest level of education obtained. The findings show that 97% of 97 subjects had attended school past the ninth grade. As for IQ level, 97% were within the average intelligence range of 86-114. The data also show that the females had general academic problems as well as problems with truancy.

Referral source. The juveniles came from a wide variety of referral sources including: juvenile probation, clinicians, child protective services, juvenile courts, and "other" sources. The majority of the subjects were referred through juvenile court, 89%, and child protective services, 73% (see Table 4).

Table 4

Source of Referral

Variable	n	%
Courts	236	89
Child protection agency		62 73
Public agency	10	40
Sexual assault center	28	11
Department of social and health services		28 11
Family member		28 7
Lawyer/legal aide	28	4
Other	28	7

Note. Data derived from Atcheson & Williams (1954); Fehrenbach & Monastersky (1988); Hunter et al. (1993); Markey (1950); O'Connor (1987); Ray & English (1995); Scavo (1989); Travin et al. (1990).

Youth Sex Offender Psychiatric/ Histories

Psychiatric/Medical Histories of JFwSO include DSM IV-TR diagnosis, which includes both Axis I clinical, as well as Axis II personality features and traits. It also includes the history of previous mental health treatment and medical treatment or history.

DSM IV-TR diagnosis. This variable required that the subjects meet the criteria for diagnosis as outlined by the American Psychological Association Diagnostic and Statistical Manual of Mental Disorders Text-Revised, 2000 (hereafter referred to DSM IV-TR). All diagnoses were extracted exactly as they appeared in the literature. There was no information reported as to how diagnoses were determined. The data were divided into Axis I clinical disorders and Axis II personality disorders. It may be noted that Axis II diagnoses are not normally given until adulthood, and the information shared are traits, features, and descriptions that might suppose a Axis II diagnosis.

The DSM IV-TR Axis I clinical disorders (see Table 5) were divided into four categories: substance abuse disorder, anxiety disorder, mood disorder, and conduct disorder. The data show that 39% of the JFwSO show criteria for diagnosis of substance abuse disorder. For anxiety disorders, the data show that 100% had a diagnosis of anxiety disorder not otherwise specified, and 56% with post-traumatic stress disorder. With regards to mood disorders, 84% have had a major depressive episode and 77% had suicide ideation. In conduct disorder, 94% were physically assaultive, 65% were involved in property damage, and 60% had homicidal ideation.

The Axis II personality disorders (see Table 6) were divided by features or traits of impulse control, aggression, and social adaptability. The data show that for impulse control, 92% showed uncooperative behavior, and 78% had temper tantrums. For aggression, it was found that 82% were verbally abusive, 70% had been involved in physically fighting, and 67% reported physical aggression. With regards to social adaptability, the data also show that 100% had both low self-esteem and social skills deficits. These data show the juvenile females mirrored many of the same characteristics found in their family of origin.

History of previous mental health treatment. Psychological intervention was assessed by whether or not the offender had a history of receiving psychological services. Of the 89 who reported, 74% received therapy/counseling which was non-sex offense related (Bumby & Bumby, 1993; Higgs et al., 1992; Hunter et al., 1993; Mathews, et al., 1997). Of 12 subjects, 36% reported inpatient hospitalization, and another 83% of 12 had out-patient treatment (Bumby & Bumby; Higgs et al.).

Table 5

DSM IV-TR Axis I Clinical Disorder

Disorder	n	%
Substance abuse disorder	237	39
Anxiety disorder		
Post traumatic stress disorder	77	56
Anxiety disorder NOS	18	100
Mood disorder		
Major depressive episode	77	84
Suicide ideation	124	77
Suicidal gesture	18	70
Conduct disorder features (nonsexual offenses)		
Felony offenses	3	100
Physical assault	16	94
Minor convictions	3	67
Property damage	34	65
Homicidal ideation	10	60
Runaway	145	46
Theft	89	44
Prostitution	164	24
Fire setting	34	24
Animal mutilation	34	21
Conduct disorder features (group offense)		
Delinquent act	3	100
Sexual act	3	100

Note. Data derived from Bumby & Bumby (1993, 1995); Fehrenbach & Monastersky (1988); Fromuth & Conn (1997); Higgs et al. (1992); Hunter et al. (1993); Johnson (1989); Knopp & Lackey (1997); Mathews et al. (1997); O'Connor (1987); Ray & English (1995); Scavo (1989).

Table 6

DSM IV-TR Axis II Personality Disorders NOS: Traits, Features and Description

Description	n	%
Impulse control traits		
Irritability	2	100
Uncooperative behavior	49	92
Temper tantrums	34	78
Anger control	12	67
Hyperactivity	34	23
Aggression traits		
Verbal abuse	67	82
Physical aggression	12	67
Physical fighting	34	70
Self mutilation	41	49
Social adaptability traits		
Low self-esteem	18	100
Social skills deficit (same sex)	50	100
Social skills deficit (opposite sex)	50	100
Social isolation (same sex)	12	75
Social isolation(opposite sex)	12	75
Passivity	1	100
Withdrawn	1	100
Inadequacy	1	100

Note. Data derived from Bumby & Bumby (1993, 1995); Higgs et al. (1992); Hunter et al. (1993); Johnson (1989); Mathews et al. (1997); O'Connor (1987); Ray & English (1995); Scavo (1989); Travin et al. (1990).

Medical history. Medical history was composed of those general medical problems reported by the respondents. Of the 10 who reported in this category, 40% reported as having had enuresis and 10% a speech/hearing problem (Hunter et al., 1993).

History of Childhood Victimization and Perpetrators in Youth Sex Offenders

Findings have shown that youth sex offenders are commonly reported in the literature to have been victims themselves. Many of these characteristics have been passed down from perpetrator to victim. For the juvenile male who sexually offends, many experienced physical and sexual abuse before they became perpetrators (Graves, 1993). The following data show similar results for the JFwSO.

Childhood Victimization

Physical abuse. This variable refers to the JFwSO childhood history where a perpetrator inflicted physical harm on the subject. This variable does not include injury due to accidents, peer fighting, or corporal punishment. One study shows that there was physical abuse inflicted by the mother (Travin et al., 1990). Of another 12 who reported abuse, 75% were abused by an extended family member (Bumby & Bumby, 1993). Another 64% reported being abused by an unspecified perpetrator (Bumby & Bumby, 1993, 1995; Fehrenbach & Monastersky, 1988; Hunter et al., 1993; Johnson, 1989; Mathews et al., 1997; Ray & English, 1995). Of the one study reporting onset and duration of physical abuse, the 10 subjects reported the abuse began at the age of 5 and lasted 4 years (Johnson).

Emotional abuse. This variable refers to the history of one or more of the parents withdrawing emotionally from the JFwSO. The data show that of 46 reporting, 61% reported emotional abuse (Bumby & Bumby, 1993; Ray & English, 1995).

Neglect. This variable refers to a consistent history of one or more of the parents failing to meet the physical and/or emotional needs of the JFwSO. Of the 34 who reported, 86% reported being neglected (Ray & English, 1995).

Mixed abuse. This variable refers to a mixture of abusive and neglectful behaviors but was unspecified as to whether the subjects were reporting physical, emotional, or sexual abuse or neglect by one or more of the parents. Of the 34 who reported on this variable, 94% reported mixed abuse (Ray & English, 1995).

Sexual Abuse

This variable refers to how one or more individuals engaged in sexual contact with the subject as a child. Also included with sexual abuse was sexual exploration between peers or consensual sex between older youth. The variables are as follows: JFwSO perpetrator, sexual victimization experience, degree of arousal to victimization experience, and victimization characteristics.

JFwSO perpetrator of sexual abuse. The characteristics of the JFwSO sexual perpetrator, summarized in Table 7, were as follows: In the JFwSO family of origin, 38% of their fathers or stepfathers and 15% of their brothers were their perpetrators. It was reported that 42% were sexually abused by an unspecified family member. Outside of the JFwSO family, there were 79% that reported abuse by an unspecified individual, and 54%

Table 7

JFwSO Sexual Perpetrator

Variable	n	%
Interfamilial		
Father/step father	77	38
Father	38	18
Brother	68	15
Mother	14	14
Mother/step mother	77	10
Sister	67	8
Older sibling (unspecified)	10	2
Extended family member		
Unspecified	164	42
Extrafamilial acquaintance	113	54
Other (unspecified)	267	79
Stranger	77	29
Baby sitter	13	8

Note. Data derived from Atcheson & Williams (1954); Bumby & Bumby (1993, 1995); Fehrenbach & Monastersky (1988); Higgs et al. (1992); Hunter et al. (1993); Johnson (1989); Knopp & Lackey (1997); Mathews et al. (1997); Ray & English (1995); Travin et al. (1990).

reported sexual abuse by an acquaintance.

Sexual victimization experience. The JFwSO victimization experience refers to the gender of their sexual perpetrator, age of the perpetrator, and JFwSO age of their own first victimization. These results are presented in Table 8. It was found that 66% of the JFwSO perpetrators were male, and 38% were both male and female. In 64% of those who reported, an adult was their perpetrator, and 45% were adolescents. There were only two studies found in the literature with regards to the JFwSO age at time of perpetration. There were 67% which reported victimization at the age of 5 years old, and 100% of two individuals who reported being victimized as a child, but were uncertain as to age.

Degree of arousal of JFwSO toward their own victimization experience. The degree of arousal of the JFwSO toward their own victimization experience is shown in

Table 8

JFwSO Sexual Victimization Experience

Variable	n	%
Gender of JFwSO perpetrator		
Male	91	66
Both male and female	7	38
Female	91	10
Age of JFwSO perpetrator		
Adult	11	64
Adolescent	11	45
Preadolescent	10	10
Age at time of JFwSO victimization		
Child (unspecified)	2	100
5 years old	67	64

Note. Data derived from Higgs et al. (1992); Hunter et al. (1993); Johnson (1989); Mathews et al. (1997); Travin et al. (1990).

Table 9. This variable is broken down between male and female perpetrator and the JFwSO subjective response toward such victimization. The data and percentages were calculated in the study on one or more of their victimization experiences. The percentages “represent cumulative ratings across subjects and victimization experiences” (Hunter et al., 1993, p. 322). For the male perpetrator, there were 55% who reported no excitement and 15% mild excitement. With regards to the JFwSO subjective response to the perceived arousal, it was found that 33% very much enjoyed the experience, and 28% enjoyed it a little. For the female molesters, 38% reported no excitement and another 38% reported moderate excitement. When comparing their subjective response for a female perpetrator, their perceived arousal was much different. The data show that 80% of the JFwSO were very much upset toward this arousal.

JFwSO victimization characteristics. The JFwSO victimization characteristics are represented by the different sexual acts perpetrated against the JFwSO by their molester. These characteristics are found in Table 10. In this analysis there were 19 different types of sexual perpetration. There were several JFwSO who reported their victimization as pedophilia, molestation, and touching of the genitalia. Of 77 subjects who reported on this variable, 91% reported being fondled by their perpetrator, 72% reported the presence of force, 64% reported having anal intercourse, and 59% reported vaginal intercourse. The females also experienced oral sex as a form of victimization. There were 49% who reported the perpetrator performing oral sex on the JFwSO and 48% in which the JFwSO performed oral sex on their perpetrator.

Table 9

Degree of Arousal to Victimization Experience

Variable	n	%
Male molester		
No excitement	8	55
Mild	8	15
Moderate	8	10
High	8	13
Very high	8	8
Subjective response to experienced arousal		
Very much enjoyed	8	33
Enjoyed a little	8	28
No feeling	8	11
Somewhat upset	8	22
Very much upset	8	7
Female molester		
No excitement	8	38
Moderate	8	38
Very high	8	25
Subjective response to experienced arousal		
Somewhat upset	8	20
Very much upset	8	80

Note. Data derived from Hunter et al. (1993).

Table 10

JFwSO Victimization Characteristics

Variable	n	%
Pedophilia	1	100
Undifferentiated	1	100
Pinch the genital	1	100
Aggressively rubbing genital	1	100
Shower with victim	1	100
Insert object into vagina (victim to perpetrator)	1	100
Insert object into vagina (perpetrator to victim)	3	100
Molested	1	100
Fondling	77	91
Presence of force	99	72
Anal intercourse	11	64
Vaginal intercourse	91	59
Oral sex (perpetrator to victim)	77	49
Oral sex (victim to perpetrator)	77	48
Vaginal intercourse/ anal intercourse	68	28
French kiss	13	8
Voyeurism	130	7
Viewing child pornography	130	2
Fetishism	130	1

Note. Data derived from Higgs et al. (1992); Hunter et al. (1993); Johnson (1989); Knopp & Lackey (1997); Mathews et al. (1997); O'Connor (1987); Scavo (1989); Travin et al. (1990).

JFwSO Offense Characteristics

In order to further assess the JFwSO, it is important that we know as much as possible about their perpetration characteristics. The specific categories are as follows: offender's age at first perpetration, victim's age, number of separate victims, victim's sex, relationship with the JFwSO, gender of victims, perceived consent, and perpetration characteristics.

JFwSO age at first perpetration. This variable describes the age at which the JFwSO began to perpetrate. It also may have relevance to the females' own victimization experience mirroring their own victimization. The data are provided in Table 11. The data show that the majority of the JFwSO first perpetrated when they were between 13 and 15 years old. The next highest group was between ages 6 and 12.

JFwSO victim's age. This variable describes the age of the JFwSO victims. The data are provided in Table 12. The data show that 40% of the JFwSO victims were 5 years old and younger. The next highest age was the 12 to 14 years old group, in which 35 % reported as the age of the victim.

Number of separate victims. This variable describes the number of separate victims of the JFwSO. The data for this variable are presented in Table 13. The largest percentage, 68%, for this variable reported having one victim. It was also found that 54% of the JFwSO reported having between 6-10 victims. Three girls in all the literature reported having 11-15 separate victims and two girls reported perpetrating on 16-20 different victims.

Table 11

JFwSO Age at First Perpetration

Age	n	%
5 years and younger	189	1
6-12 years	189	28
13-15 years	189	69
16-18 years	189	1
18 years and older	189	1

Note. Data derived from Hunter et al. (1993); Johnson (1989); Knopp et al. (1997); O'Connor (1987); Scavo (1989); Travin et al. (1990).

Table 12

JFwSO Victim's Age at Perpetration

Age	n	%
0-5 years	98	40
6-8 years	69	23
9-11 years	68	15
12-14 years	96	35
15-17 years	70	7
18 years and older (adult)	67	1

Note. Data derived from Fehrenbach & Monastersky (1988); Higgs et al. (1992); Mathews et al. (1997); O'Connor (1987); Scavo (1989); Travin et al. (1990).

Table 13

JFwSO Number of Separate Victims

Variable	n	%
1	121	68
2-5	67	25
6-10	101	54
11-15	34	9
16-20	34	6

Note. Data derived from Fehrenbach & Monastersky (1988); Fromuth & Conn (1997); Higgs et al. (1992); Mathews et al. (1997); O'Connor (1987); Ray & English (1995); Scavo (1989).

Gender of victim. This variable describes the gender of the victims of the JFwSO. The data were broken down by female only, male only, and mixed sex (Bumby & Bumby, 1993; Fehrenbach & Monastersky, 1987; Higgs et al., 1992; Hunter et al., 1993; Johnson, 1989; Knopp & Lackey, 1997; Mathews et al., 1997; O'Connor, 1987; Scavo, 1989; Travin et al., 1990). For the female only group, there were 297 subjects, 57% of whom perpetrated only on females. There were 52%, of 294 subjects, who reported the victim being male. For the victims of the mixed sex group, there were 31% of the 132 who reported perpetrating on both males and females.

JFwSO perceived consent of perpetration. This variable examines the JFwSO perception of the level of consent associated with their perpetration (see Table 14). This variable is important in understanding how they perceive the perpetration, and if they see their behavior as deviant. There were 40% of the JFwSO who reported that during their perpetration, they felt the experience was consensual if the perpetration occurred with a same age peer. Another 33% reported using some form of verbal coercion in the perpetration act, and only 8% reported the victim as giving implied consent.

JFwSO relationship toward victim. This variable describes the relationship that the JFwSO had with the victim. The data for this variable are found in Table 15. For the interfamilial subvariable there were 43% who reported perpetrating on a family member (unspecified), and 35% who reported perpetration on an older sibling. For the extrafamilial subvariable, there were 63% who reported perpetrating on an acquaintance, and while this may appear odd, there were 35% who reported perpetrating on a baby sitter. From the data obtained, there was a higher number of victims of the JFwSO who

Table 14

JFwSO Perceived Consent of Perpetration

Variable	n	%
Perceived consensual sex when with same age peer	10	40
Use of verbal coercion	36	33
Assault on same age peer	10	10
Victim implied consent	13	8

Note. Data derived from Fromuth & Conn (1997); Hunter et al. (1993); Johnson (1989); Scavo (1989).

Table 15

JFwSO Relationship Toward Victim

Variable	n	%
<u>Interfamilial</u>		
Unspecified	175	43
Older sibling	77	35
Sibling	63	27
Extended family member	140	22
<u>Extra-familial</u>		
Acquaintance	268	63
Baby sitter	97	35
Unspecified	47	15
Foster sibling	28	14
Stranger	207	10
Step sibling	28	4

Note. Data derived from Bumby & Bumby (1993); Fehrenbach & Monastersky (1988); Fromuth & Conn (1997); Hunter et al. (1993); Johnson (1989); Knopp & Lackey (1997); Mathews et al. (1997); Scavo (1989); Travin et al. (1990).

were not family members.

JFwSO perpetration characteristics. The last variables found in the literature were the JFwSO perpetration characteristics. This variable describes the types of acts in which the JFwSO engaged. The literature described 20 different acts of perpetration in which the JFwSO committed. Of this variable, 91% reported sexually inappropriate behavior, 81% molestation, 80% fantasizing about the behavior, and 77% fondling their victim. The data for this variable are presented in Table 16.

The Profile of the JFwSO

It is anticipated that the reader will examine this profile with a developmental frame of reference, understanding that the profile will evolve as more attention is focused on the JFwSO. With this in mind, the following seems to depict the JFwSO as they are currently presented in the literature.

Etiologically it appears that the home environment of the JFwSO is not considerably different from that of the extended family, suggesting thereby the possibility of a transgenerational legacy from parent to child, the child who is now the parent of the JFwSO. The environment of many of the JFwSO is one of volatility with a predominance of inconsistent parenting, parental discord, and abusive behavior. While it is unknown as to when the volatility is present, many of the JFwSO report being reared in a single-parent home, thus suggesting that the discord and chaos may have existed prior to the separation of the parents. It may, however, also reflect the ongoing co-parental conflict such as that noted in custody battles, or conflict which may occur should the single parent remarry.

Table 16

JFwSO Perpetration Characteristics

Variable	n	%
Performed various acts with each other	1	100
Sexual inappropriate behavior	34	93
Molest	34	81
Fantasized about behavior	10	80
Fondling	112	77
Fantasize prior to first perpetration	10	60
Oral sex	90	57
Anal intercourse (perpetration with finger)	13	54
Vaginal perpetration (finger)	13	46
Vaginal perpetration (object)	13	46
Vaginal intercourse	24	38
Viewing pornographic frottage	110	38
Presence of force	118	25
Masturbated to fantasy	10	20
Rape	34	19
Exhibitionism	240	11
Viewing pornography	10	10
Anal intercourse	10	10
Obscene phone calling	240	6
Bestiality	173	3

Note. Data derived from Higgs et al. (1992); Hunter et al. (1993); Knopp & Lackey (1997); Mathews et al. (1997); O'Connor (1987); Scavo (1989).

Regardless, it appears that the environment in which the JFwSO is reared is unsafe and promotes physical, emotional, psychological, and interpersonal disengagement.

It is suggested that the home environment may be the "breeding ground" for sexually offensive behavior for several reasons. First, consistent with findings with the juvenile males who sexually offend (hereafter referred to as JMwSO; Graves, 1993), abuse and neglect are perpetrated on the JFwSO. Second, the most common family composition is that of a single-parent home. It is possible that being a single parent may result in a decrease in attentive behavior, discipline, and monitoring. This finding was also found among JMwSO (Graves, 1993). Although there was a large majority of the JFwSO who lived in single-parent families, there is no evidence to suggest whether the families' breakups were a result of perpetration by one of the parents. If this is the case, we need to be cautious about making inferences concerning single-parent families. Third, the interpersonal atmosphere promotes a sensitivity to the needs of others, but rather than encouraging proactive and empathic behavior, it seems to result in the assimilation of manipulative skills which undermine empathy in the service of the self. From the perspective of Ingram and Price (2000), such an environment could predispose the JFwSO to a variety of acting out behaviors, including sexually offensive behavior and can be considered a "risk factor."

The JFwSO present as adolescents, between the ages of 13 and 15, who are reared in a single-parent family, with parents who interact in a chaotic, volatile, and abusive manner. They learn not to form close attachments but rather psycho-emotionally disengages in relationships. This interpersonal orientation may be socialized, in that the

father tends to be aggressive and abusive whereas the mother withdraws, being dependent and having low self-esteem. In general the family shows minimal interaction.

Demographically, the JFwSO ethnic backgrounds are not dissimilar to that of the "national population" and as such appear to be heterogenous. Academically they are most often ninth graders who have average IQs, but have general academic problems, which may be a consequence of a variety of factors, including truancy and learning disability. They may have been held back in school one or more times, which may impinge on their self-esteem and efficacy.

Interpersonal difficulties are enhanced by their own low self-esteem and social skills deficits, which lead to a subjective sense of loneliness. Those factors that interfere with their ability to foster close relationships may be substituted by conduct disordered, impulsive and aggressive behaviors that may draw attention to themselves. Thus, by "setting themselves apart" from others who have abandoned them, their behavior serves to artificially inflate their self-esteem and provide a sense of identity.

The JFwSO have been perpetrated upon through one or more forms of abuse and/or neglect, with abuse being reported as early as age 5 and lasting four or more years. When sexual abuse is present, it is principally perpetrated by a male adult who is either a family or extended family member. While a variety of sexually offensive behaviors may have been perpetrated on them, the most common are fondling, anal or vaginal intercourse, and oral sex. Force is perceived to have occurred to obtain their compliance.

In the role as a perpetrator, the JFwSO are most often teens when they initiate sexual perpetration, seeking out victims who are similar in age to themselves when they

were perpetrated on. They have, on the average, perpetrated on at least one individual but may have victimized between 6 and 10, with slightly more of the victims being females than males. Victims tend to be acquaintances (undefined) or within the immediate family. While they may perceive the sexual perpetration as consensual, verbal coercion is present. When perpetrating they may use a variety of methods, most of which may have been perpetrated on them when they were in the victim role. The most common types of perpetration appear to be fondling, anal penetration with a finger, and oral sex.

The evolution towards sexual offending may proceed from their own victimization into the world of fantasy where they may first act out the behaviors fantasized through autoerotic means, but at some point in time they may use the fantasies as primers prior to the perpetration. These fantasies may be enhanced by the use of pornography with a particular interest in that which deals with frottage.

It is most likely that the sexually offensive behaviors of the JFwSO first come to the attention of the court or a child protection agency with the disposition of these offenders being unknown at this time.

Towards a JFwSO Typology

These data are an initial step towards the formation of a typology upon which clinicians and social scientists may begin clarifying the characteristics and attributes of the JFwSO. Further clarification is critical if an understanding of the etiology of JFwSO is to be obtained. The ability to clarify the antecedent variables, as well as those factors which may play a role in recidivism, will not only allow for more effective research efforts, in

conjunction with clinical perspective, but can form the basis for effective and efficient treatment planning.

The meta-analysis is the first of three phases in the process towards a typology. This initial phase has provided a profile derived from the extant literature which was used to revise the instrument in phase two, the Adolescent Perpetrator Network Uniform Data Collection System designed under the direction of Ryan et al. (1986) through the National Adolescent Perpetrator Network. Phase two of the study involved the collection of data from JFwSO who have been or are currently in residential care. These data were then used to develop a second JFwSO profile. The final phase of the study involved the integration of the two profiles into one typology, which is found in the Discussion section. As this typology is being created, research questions of interest will include, though not be limited to:

Research question number one. Do the combined data support the possibility of a transgenerational legacy?

Research question number two. Are the family and parental characteristics found in the literature noted in the JFwSO family of origin?

Research question number three. Are the socio-demographic characteristics of the JFwSO provided in the literature the same as those which are found in the data provided in the case files of the JFwSO who are or have been in residential care?

Research question number four. Are the medical and psychiatric (Axis I and Axis II) issues discussed in the literature the same as those found in the case file data provided on JFwSO?

Research question number five. Does the victimization history of the JFwSO as presented in the literature compare with that provided by the case file data on JFwSO?

Research question number six. Is the perpetration and nonsexual offense history of the JFwSO, as presented in the literature, similar to that found in the case file data provided on JFwSO?

Research question number seven. Are the sources of referral suggested for JFwSO from the meta-analysis comparable those that are provided in the data gathered from the case files?

CHAPTER III

METHODOLOGY

This methodology section addresses phase two, which focuses on the second profile of the JFwSO. These data were derived exclusively from case file data of females who have been or are in a Level VI residential center in the state of Utah through the Department of Human Services.

This study utilizes general systems theory as a guide for the research. From a systems perspective, individuals effect their environment or social systems, and their environment will have a reciprocal effect on individual systems. Systems theory focuses on the patterns of relationships rather than the content of the interaction (Nichols & Schwartz, 1998). There are many systems that are operating on each other that have influence and shape human experience. Therefore, patterns of interactions are maintained across generations because meta-rules govern the family system and are passed down from generation to generation. As Becvar and Becvar (1996) stated, "In this world we are all concurrently subjects and objects; we are all involved in each other's destiny" (p. 11).

Family members develop in a systemic nature of interconnectiveness which creates belief systems. Within the family context, a child is continually learning patterns of interactions from his/her family. Implicit rules of interaction begin to form, creating family boundaries, hierarchies, and subsystems that are formed within the family system. It is learned very early on that these meta-rules are a necessity in order to keep cohesion

within the family system. Who an individual is, and what he/she becomes, is in part dictated by what that individual learns from the family.

Transgenerational legacies are often passed from one generation to another. Systems Theory states that individual behavior is maintained by the rules of the system (Hanson, 1995). Because of the homeostatic nature of families, change from one generation to the next may be dampened by feedback (Klein & White, 1996). In order for lasting change there must be second order change or a change in the meta-rules of family interaction to stop unhealthy transgenerational legacies such as sexual offending. An eco-systemic perspective will be taken in the discussion of the results of the data derived from the twenty case files.

Sample

Data used in this phase of the study consisted of case file data drawn from a sample of 20 JFwSO from a Level VI residential facility, Rocky Mountain Youth Services, located in Orem, Utah. All of the females were residents of Utah before they were placed in custody of the Department of Human Services. The females ranged in age from 12 through 18. These youth were referred to the residential facility after being in the custody of the Utah Department of Human Services, Division of Youth Corrections or the Division of Child and Family Services.

Procedures

Institutional Review Board

This study was initiated through Utah State University, Marriage and Family Therapy program, which is housed in the Department of Family and Human Development, and the data, as indicated, were drawn from case files obtained from Rocky Mountain Youth Services. The two Institutional Review Boards (IRBs), Utah State University (hereafter referred to as USU) and the Department of Human Services, reviewed the proposal prior to its initiation and recommended its initiation without modification.

A letter of support (see Appendix A) was obtained from Rocky Mountain Youth Services administrative officers. This letter requested that the administrative officer(s) certify their desire to participate in the study and provide data to the Co-PIs. All data were provided with identifying information deleted for confidentiality purposes.

Data Collection Procedures

Upon approval of the IRB's, the data was collected in the following manner. Files of juvenile female sexual offenders were selected by project managers who are employees of the Rocky Mountain Youth Center. To be included in the study, each participant had been adjudicated for committing one or more acts of sexual perpetration. All identifying information was deleted from the files by the project managers and affirmed by the program administrator(s). Files were provided to the principal investigators (Mr. Jason M. Nelson and Dr. D. Kim Openshaw) at Utah State University. Data were taken from the files and recorded on an revised instrument (Ryan et al., 1986) designed for the

purpose of gathering qualitative data. The data and n reported represents the frequency of those items that were found in the case files and transferred to the coding sheet. It is important for the reader to understand that the n represents the frequency of those data that were found in the case files, and may not add up to 100% for each variable.

Confidentiality

State and federal mandates regulate the release of confidential information. Confidentiality was maintained in the following ways. First, only employees of Rocky Mountain Youth Center had access to files with identifying information. Second, prior to providing the Co-PIs with the data, all identifying information was eliminated from the files. Third, data were provided personally to the Co-PIs by an administrative officer of Rocky Mountain Youth Center. Fourth, all necessary data were transferred to the data collection instrument (i.e., The Revised Adolescent Perpetrator Network Uniform Data Collection System, hereafter referred to as the RUDCS). Fifth, all data sheets and files were kept in a locked file under the direction of Dr. Openshaw. Upon completion of data coding, the files were destroyed by the researchers. Finally, data analyses were performed on group information rather than independently selected cases. All presentations and publications reported group results.

Instrument

The instrument used in this study was a modified version of the Adolescent Perpetrator Network Uniform Data Collection System designed under the direction of Ms. Gail Ryan through the National Adolescent Perpetrator Network (hereafter referred to as

NAPN) which Ryan, Miyoshi, Metzner, Krugman, and Fryer (1996) state is an “ongoing program supported by the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect (Department of Pediatrics, University of Colorado Health Sciences Center, Denver, Colorado)” (pp.17-18). Ryan et al. (1986) explained that NAPN is a

cooperative organization facilitating sharing among professionals who are encountering juveniles who have displayed inappropriate sexual behaviors including, but not limited to, exhibitionism, voyeurism, fetishes, child molestation, and sexual assaults. Because the identification and treatment of this population is a relatively new development, the Uniform Data Collection System (hereafter referred to as the UDCS) has been designed to collect comprehensive information on a large national sample. (p. 1)

Ryan et al. (1996) indicated that the initial UDCS was designed in 1986 after consultation with experts comprising NAPN. Ryan et al. stated that following the collection of data on 1,000 cases the UDCS was revised in 1989 into its present format, which consists of four structured questionnaires, namely, intake form, initial evaluation/assessment form, treatment progress form, and exit report.

The UDCS was revised for purposes of this study, with revisions being taken from the meta-analysis. Included, to make the RUDCS, was information identified in the literature as pertinent to profiling JFwSO which was not originally included in the UDCS. The RUDCS (see Appendix B) was then used in this study as a coding sheet to gather qualitative data to derive a profile of the JFwSO based on case file data. This profile was

then compared with the profile derived from the meta-analysis with attention on seven research questions. During the process of answering the research questions, the two profiles were combined to provide an initial typology of the JFwSO.

Validity and Reliability

The UDCS was originally designed as an instrument for data collection and not for assessment or empirical purposes. Because of its original intent, the need for validation or assessment of reliability was deemed unnecessary. In this study, the RUDCS was used as a coding instrument to collect and organize characteristics that have been attributed to JFwSO, much the same as it was originally designed. From this perspective, the RUDCS is portrayed, not as an assessment tool, but rather a data collection instrument.

Validity

Relative to validity, the instrument was designed by experts in the field of adolescent sexual offending. These experts have confirmed that the instrument does allow for the collection of data pertinent to juveniles who sexually offend, and as such, it may be concluded that face validity is present. Further, especially with the addition of the items derived from the meta-analysis, it appears that the instrument not only measures the major dimensions of behavior under consideration but also measures the general construct (i.e., JFwSO) it purports to measure; consequently, it may be suggested that the instrument also demonstrates content, as well as construct validity.

Reliability

This study is designed to draw from the data a profile of JFWSO based on information included in the case files of 20 JFWSO. Of concern to reliability is whether the information will be accurately selected and recorded on the RUDCS. To facilitate reliability relative to the profile derived, this study used two individual's who were trained in reading the cases, identifying the requisite information, and recording it on the RUDCS. Both coders were undergraduate students at USU, one from the Family and Human Development Department and the other from the Education Department. The data were checked for inter-rater consistency. While this procedure does not, per se, determine if the instrument is reliable, it does give credence to the data from which the profile will be generated.

Analysis

The RUDCS was used as a coding sheet to collect data from case files of 20 JFWSO to describe these females across a broad spectrum of potential antecedent and associated factors (e.g., socio-demographic, biopsychosocial characteristics, offense and victim characteristics, etc.) relating to sexual offending, and generated a profile of JFWSO using case file data. Analyses proceeded in a stepwise manner with the eventual end being the presentation of typology that combines the two profiles. The first step was to collect the data and assess the credibility of these data collected using the RUDCS. This was accomplished by comparing standard deviations for each case between the two data coders. Then for those variables that did not match exactly, Cohen's Kappa was run to

determine inter-rater reliability. Next, two profiles were suggested, one from the meta-analysis and the other from the RUDCS data describing the females. Further, specific research questions designed to compare the two profiles were addressed. Finally, a typology based on the combining of the two profiles was recommended.

Interrater Consistency

Data credibility is essential, especially when suggesting a profile which will be introduced into the literature and potentially become one source of further empirical and clinical assessment. This research addresses the credibility of the RUDCS data by implementing inter-rater consistency procedures. This statistical methodology provided the researchers with an understanding of the accuracy of the coding that has been collected.

Critical to the analyses was the question as to whether the data had been accurately entered. Initially there were over 500 items included in the coding sheet, but because much of the data was not found in the case files, those items in which there was no frequency cited were dropped. In review of these data, 283 items were included in the analyses. Two coders were utilized and standard deviations were calculated between the two coders' answers for each variable. Of the 283 items, they coded 260 items the same, giving a 91.87% coding accuracy. For those items in which the standard deviation was not 0.0, Cohen's Kappa was calculated. Kappa scores for those variables ranged from 0 to .95 for the remaining 23 items.

Two JFwSO Profiles

Having determined the accuracy of two peoples' ability to code the data from the RUDCS, a second profile was derived using descriptive statistics and combined with the meta-analysis to suggest a beginning typology of the JFwSO. Thus, the first profile was derived from the meta-analysis. The second profile was derived from the case files and is presented in the Results chapter. Third, a typology is presented as a combination of the two profiles in the Discussion chapter.

Research Questions and Data Analysis Methodology

The case file data were used to formulate a second profile of the JFwSO. The study is qualitative in nature and applies descriptive statistics, primarily means, percentages, and so forth, to the broad spectrum of data recorded on the RUDCS. The data were analyzed in aggregate format rather than by individual case. The case file profile will be compared with the profile derived from the meta-analysis. This comparison will be the basis for suggesting a current typology which can later be empirically validated and revised as more data are collected on this population of adolescents.

Towards an Initial Typology of the Juvenile Female Sexual Offender

Based on information from the research, a typology is represented which reflects the most current information relative to JFwSO. This information was derived from two important databases, namely the meta-analysis and the RUDCS.

CHAPTER IV

RESULTS

Each of the seven research questions is addressed in this section. From these research questions a second profile is derived. Finally, the profile from the meta-analysis was combined and compared to the RUDCS profile in order to create a beginning typology of the JFwSO which is presented in the Discussion section.

Caveats

It is important for the reader to understand that the information was collected from existing case files and not all intake managers/clinicians systematically collected data on the JFwSO. Thus, the data provide an inconsistent picture of the JFwSO from case to case. Because the data was neither systemically nor comprehensively gathered, it is important to understand that the n will not necessarily add up to 100%, because the data collected were frequencies of those variables that were available from the case files. While providing an initial description for profiling purposes, it is important for the reader to realize that accuracy and generalizability will only be substantiated with further research.

Research Question Number One

Do the case file data support the possibility of a transgenerational legacy?

This variable describes the family patterns and behaviors that may be transmitted from generation to generation (see Table 17). There were no conclusive data reported,

Table 17

Transgenerational Legacy: JFwSO Parent's Family of Origin Data

Variable	n	%
JFwSO paternal grandfather		
sexually abusive	1	5
drug addict	1	5
JFwSO paternal grandmother		
Depression	1	5
Substance abuse	1	5
JFwSO maternal grandfather		
Alcohol abuse	1	5
JFwSO maternal grandmother		
Intelligent	1	5
Religious	1	5
Brief psychotic episode	1	5

although the grandparents of the JFwSO were found to have drug and alcohol use/abuse which was also reported in the JFwSO parents, siblings as well as the JFwSO.

Research Question Number Two

What are the family of origin characteristics of the JFwSO as derived from the case files?

Father/Stepfather Characteristics

An examination of Tables 18-20 provides an overview of the most significant characteristics of the fathers of the JFwSO. The data suggest that their fathers were often reported as being physically and sexually abusive. Substance use and abuse were also noted by the females as they reported on their fathers. Finally, depression was reported on two of the fathers.

Table 18

Father/Stepfather's Interaction Style

Variable	n	%
Physical abuse	6	30
Sexual abuse	5	25
Neglect	3	15
Abusive NOS	2	10
Verbally abuse	1	5
Physical & verbal abuse	1	5
Inconsistent support	1	5
Angry/impulsive	1	5
Learning disability	1	5

Table 19

Father's Alcohol and Substance History

Variable	Abuse		Suspected use		Treatment	
	n	%	n	%	n	%
Alcohol	2	10				
Substance NOS	2	10				
Alcohol and drug	5	25	10	50	1	5

Table 20

Father's Medical and Psychiatric History

Variable	n	%
DSM IV-TR Axis I		
Depression	2	10
Bipolar with homicidal tendencies	1	5
Suicide NOS	1	5
Enuresis	1	5

Mother/Stepmother Characteristics

Tables 21 through 23 illustrate the characteristics of the mothers and stepmothers, including interaction style, substance use/abuse, and medical/psychiatric history. The data suggest that the mothers have many of the same characteristics as the fathers of the JFWSO, including negligence, physically abusive behavior, drug and alcohol abuse, and depression.

Sibling and Family of Origin Characteristics

Table 24 shows the only data that describes the siblings of the JFWSO. These data suggest that one quarter of the siblings abused drugs or alcohol. The data from Table 25 also suggest that violence and sexually explicit material were present in the JFWSO homes.

In conclusion, in examining research questions one and two, which describe the family characteristics of the extended and family of origin of the JFWSO, the following profile is suggested. Based on the clinical file data there is minimal evidence in terms of vulnerability or risk factors which may be transmitted across generations. This may be due to the information not being gathered concerning the family system. It appears that there may be some intragenerational transmission with drugs and alcohol use/abuse. Also, there was only one case that suggested the parents' family of origin environment may contribute to the formulation of mistrust, emotional disengagement, and an inability to foster positive relationships. Further research needs to be addressed in looking closer at transgenerational legacies in order to substantiate or rule out possible associated factors.

An examination of the parental home, however, does suggest an environment of

Table 21

Mother's Interaction Style

Variable	n	%
Neglect	7	35
Physical abuse	4	20
Abusive	2	10
Unloving	1	5
Provides drugs & pornography	1	5
Prison sentence NOS	1	5

Table 22

Mother's Alcohol and Substance History

Variable	Abuse		Suspected use		Treatment		Arrest		Overdose	
	n	%	n	%	n	%	n	%	n	%
Alcohol	2	10								
Substance NOS	4	20								
Alcohol and drug Medication NOS	7	35	11	55	3	15	4	20	1	5

Table 23

Mother's Medical and Psychiatric History

Variable	n	%
Medical		
Handicap NOS	1	5
DSMIV-TR Axis I		
Depression	5	25
Anxiety & depression	1	5
ADHD	1	5
Schizophrenia	1	5
Mental illness NOS	1	5

Table 24

Siblings' Alcohol and Substance History

Variable	<u>Abuse</u>		<u>Suspected use</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Alcohol and drug	5	25	1	5

Table 25

JFwSO Family of Origin Interaction Style

Variable	<u>Reported</u>		<u>Witnessed</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Violence	2	10	2	10
Violence against siblings	3	15	2	10
Sexual acts			3	15
Explicit pornography			3	15

violence with physical abuse being most predominantly perpetrated by the father, followed by sexual abuse and then neglect. It appears that there is a deprivation of emotional closeness, and a lack of empathy and communication skills. There is further suggestion that alcohol and drugs may be related to the father's abusive and violent behavior. No medical information is available and only a modest suggestion of psychiatric symptom presentation (e.g., depression).

In terms of the JFwSO mothers, they present as neglecting and physically abusive. As with the fathers, alcohol and drugs are noted in their profile. There is no report of a significant medical history, but a slightly greater presentation of depression than that reported by the fathers.

Alcohol and drugs seem to be represented in all generations of the family of the

family of origin. It also appears that the JFwSO siblings were also using drugs and alcohol. These data might further suggest a possibility of a transgenerational pattern of coping with emotional problems through the use of alcohol and drugs. While there appears to be minimal data to substantiate a transgenerational legacy, it may also be noted that possibly such information is not being requested in the case files.

Research Question Number Three

What are the socio-demographic characteristics of the JFwSO as derived from the case files?

Demographic Information

Demographic information of the JFwSO includes: ethnicity, religious orientation, adults in the residence, and education (see Table 26). It appears that most of the JFwSO are Caucasian. They lived in their parents' residence at the time of their perpetration. They live with their mother and stepfather. Their educational level ranges from 7th to 12th grade. The data also show that they have average IQs of at least 86 (standard deviation 6.87). The females also report behavioral and truancy problems in school.

Emotional/Social Connectiveness of the JFwSO

This variable describes the JFwSO emotional and social connectiveness to peers and social supports (see Table 27). Over half of the females were involved in extracurricular activities, and less than half felt part of a peer group.

Table 26

JFwSO Demographic Information

Variable	n	%
Ethnicity		
Caucasian	11	55
American indian	1	5
Other	1	5
Religious orientation		
The Church of Jesus Christ of Latter-day Saints	4	20
Catholic	1	5
Primary residence at time of offense		
Parents	8	40
Group home	2	10
Relatives home	1	5
Adults in residence		
Both parents	3	15
Mother only	3	15
Father only	3	15
Mother & stepfather	4	20
Father & stepmother	2	10
Father and house-mate	1	5
Grandparents	2	10
Adult-relatives	1	5
Education		
7th grade	2	10
8th grade	1	5
10th grade	1	5
11th grade	1	5
12th grade	2	10
Grade last attended		
6th grade	2	10
7th grade	1	5
8th grade	2	10
9th grade	1	5
10th grade	1	5
11th grade	2	10
Factors mediating academic performance		
Behavioral problems	15	75
Truancy	10	50
Learning disability	4	20
IQ level (Mean) 86	9	N/A

In conclusion, when research question number three is examined it suggests the following profile. With regards to demographic information, the majority of JFwSO were Caucasian and resided in the home of their parents prior to being sent to a group home. It appears that the majority of the homes were headed by a mother/stepfather dyad. Her grade levels ranged from middle school to high school. The JFwSO presented with an average IQ of 86 with problems present in school which may have also been affected by acting out and truancy. Their IQ scores do not mean a lot when taken into account that they are using drugs, are depressed, and are having academic problems. Because of the variability of IQ, one must be sensitive to a multitude of factors that may have contributed to this outcome.

Table 27

Social Connectiveness of the JFwSO

Variable	n	%
Extracurricular activities		
Involvement NOS	12	60
Attachment and isolation		
Loss		
Parent	2	10
Other significant other	1	5
Group affiliation		
Feels a part of a group of peers	3	15
Feels persecuted by peers	3	15
Feels persecuted NOS	2	10

Research Question Number Four

What are the medical and psychiatric (Axis I and Axis II) issues of the JFwSO as derived from the case file data?

JFwSO DSM IV-TR Axis I and II Clinical Disorders

The most significant findings of the clinical disorders and personality disorder traits and features of the JFwSO are found in Tables 28 through 31. It appears that for Axis I clinical disorders, the females had a history of dysthymia, and depression (not otherwise specified, hereafter referred to as NOS). They were also found to have a history of substance abuse and dependence. Next, it appeared that some of the females were sexually abused. With regard to the Axis II personality disorders, personality features, and personality traits, the females showed features of a histrionic personality.

DSM IV-TR Axis III: Medical

The data describing the JFwSO are presented in Table 32. The most commonly reported medical problems were asthma and stomach problems/ulcers.

In conclusion, the psychological profile of the 20 youth can be best organized around Axis I, clinical diagnosis, and Axis II, personality traits and features. The Axis I diagnosis would suggest an adolescent who presents with depression and anxiety, both NOS, and substance abuse/dependence. Oppositional defiant disorder and conduct disorder were noted in some of these JFwSO. These diagnoses, especially that of conduct disorder, correlate with the presentation of nonsexual offenses reportedly committed by

Table 28

JFwSO DSM IV-TR Axis I Clinical Diagnoses

Diagnosis	n	%
Mood disorders		
Dysthymic disorder	6	30
Depressive disorder NOS	3	15
Major depressive episode	2	10
Bipolar disorder	1	5
R/O bipolar disorder	1	5
Anxiety Disorders		
PTSD	4	20
Generalized anxiety disorder	2	10
Obsessive compulsive disorder	1	5
Disorders usually first diagnosed in infancy, childhood or adolescence		
Oppositional defiant disorder	4	20
Conduct disorder	3	15
Reactive attachment disorder	2	10
ADHD	2	10
Mathematics disorder	2	10
Written expression disorder	2	10
Reading disorder	1	5
Learning disorder NOS	1	5
Enuresis	1	5
Somatoform disorders		
Somatoform disorder	1	5
Impulse control disorder		
Impulse control disorder	2	10
Schizophrenia and other psychotic disorder		
R/O psychotic disorder NOS	1	5
R/O schizoaffective disorder	1	5

Table 29

DSM IV-TR Axis II Substance Abuse/Dependence Disorders

Disorder	Dependence		Abuse		Suspected/reported	
	n	%	n	%	n	%
Alcohol	2	10	2	10		
Alcohol/drug					11	55
Amphetamine	1	5	1	5		
Cannabis	4	20				
Cocaine	1	5	1	5		
Hallucinogens			1	5		
Inhalants	1	5				
Nicotine	1	5				
Opiates	1	5				
Phencyclidine	1	5				
Sedatives	1	5				
Polysubstance			1	5		

Table 30

JFwSO DSM IV-TR Axis I: V Codes

Variable	n	%
Clinical area		
Sexual abuse of a child	11	55
Physical & sexual abuse of a child	4	20
Parent/child relational problem	4	20
Bereavement	1	5
Borderline intellectual functioning	1	5
Neglect of a child	1	5

Table 31

DSM IV-TR Axis II: Personality Disorders

Disorder	Features		Traits	
	n	%	n	%
Histrionic	5	25		
Borderline	3	15		
Antisocial	1	5		
Obsessive/compulsive	1	5	1	5
Dependent	1	5		
Narcissistic	1	5		
Negative NOS			1	5
Aggressive/sadistic NOS			1	5
Shame-based NOS			1	5

Table 32

DSM IV-TR Axis III: Medical

Variable	n	%
Asthma	6	30
Stomach problems/ulcers	4	20
Fetal alcohol syndrome/effects	3	15
Migraine/severe headaches	3	15
Bladder infection	2	10
Enuresis	2	10
Hepatitis B&C	1	5
Petit mal seizure disorder	1	5
Cystic fibrosis	1	5
Hearing impairment	1	5
Allergies	1	5
Vision problems	1	5
Hypothyroidism	1	5
Kidney problems	1	5
Dysmenorrhea	1	5
Enemia	1	5
Broken bones	1	5
Mononucleosis	1	5
Lung and digestive problems	1	5

some of the JFwSO, including stealing, running away, and assault.

Alcohol and drugs appear to be present when such data were requested. The use of alcohol and drugs is noted in the grandparents, the parental dyad, as well as siblings in some of the JFwSO families, providing some support of this being a point of transgenerational legacy, vulnerability, and/or risk.

For Axis II, personality features and traits showed a range of features and traits that may correlate with one or more diagnoses. Various personality traits were apparent. Two personality features most commonly reported were histrionic followed by borderline.

Research Question Number Five

Based on the data from the case files, what is the reported victimization history of the JFwSO?

The victimization history of the JFwSO is found in Table 33. Over half of the JFwSO reported being victims of physical abuse, with the most commonly reported perpetrator being male. Over half also reported neglect, with the most prevalent being inflicted by the mother. More than half of the females reported being sexually assaulted. The majority of their perpetrators were male, and a family member. The most common type of perpetration was vaginal or rectal penetration.

Victimization Profile

A majority of JFwSO reported being sexually abused by a known perpetrator who was typically a family member. If the majority of the perpetration occurred by a known

Table 33

JFwSO Personal Victimization History

Variable	n	%
Physical abuse		
Reported	12	60
Father	3	15
Mother	2	10
Stepfather	2	10
Stepmother	1	5
Other male	5	25
Other female	1	5
Neglect		
Reported	11	55
Mother	9	45
Father	5	25
Stepfather	1	5
Stepmother	1	5
Sexual assault		
reported	14	70
Age of sexual assault		
3-5	2	10
6-12	1	5
By whom		
Other male	12	60
Father	1	5
Stepfather	1	5
JFwSO sexual perpetrator		
Family member NOS	8	40
Known perpetrator	5	25
Stranger	1	5
Type of perpetration		
Vaginal or rectal penetration	5	25
Coercive NOS	3	15
Violent, aggressive	1	5
Fellatio	1	5

family member, it may be suggested that the females' victimization may be passed down from generation to generation. Further investigation needs to explore the victimization histories of family members. It appears that some form of coercion was used during perpetration and that the most common form of sexual abuse was vaginal or rectal penetration.

Research Question Number Six

What is the perpetration and nonsexual offense history of the JFwSO, as presented in the literature?

JFwSO Sexual Perpetration History

Table 34 describes the most significant characteristics of the JFwSO own perpetration history which includes: age of first offense, sex of victim, number of victims, and relationship with victim. The mean age of first perpetration was 11 years old. There also appears to be no difference in the sex of the victim. The majority of JFwSO reported perpetrating on two to five victims. It was also found that the majority of victims were peers or blood relatives.

JFwSO Acts of Perpetration

Table 35 describes the type of perpetration the JFwSO committed against their victims. The most common type of perpetration was a hands-on perpetration act of fondling their victims' genitalia, followed by hands-off perpetration of exhibitionism.

Table 34

JFwSO Sexual Perpetration History

Variable	Range	Mean	STD	n	%
First offense					
Age	6 - 13	11	2.915		
Sex of victim					
Male				14	70
Female				13	65
Number of victims					
1				3	15
2 - 5				7	35
6 - 10				2	10
Relationship to victim					
Peer				5	25
Blood related child				5	25
Victim known to perpetrator				1	5
Non-related child in home				1	5
Neighborhood child				1	5
Blood related adult				1	5
Coercion					
Physical force				1	5
Sexually active and aggressive				1	5

Table 35

JFwSO Acts of Perpetration

Variable	n	%
Type of offense		
Hands on sexual behavior		
Fondling victim's genitalia	6	30
Digital anal penetration of victim	3	15
Masturbation by victim	2	10
Cunnilingus by victim	2	10
Fondling victim's breasts	1	5
Masturbation of victim	1	5
Fellatio on victim	1	5
Cunnilingus on victim	1	5
Sodomy on victim	1	5
Penetration by victim	1	5
Fondling	1	5
Sexual perpetration NOS	1	5
Sexually acting out	1	5
Hands off sexual behavior		
Exhibitionism	4	20
Voyeurism	1	5
Lewdness	1	5
Promiscuity	1	5
Auto-erotic behavior		
Masturbation to fantasy	1	5
Masturbation to deviant fantasy	1	5
Sexual behavior for gain		
Sex for drugs	1	5
Sex for alcohol	1	5

In conclusion, with regards to the JFwSO perpetration profile, the following profile is suggested. The mean age of the juvenile female who sexually offends at the time of first perpetration is 11. JFwSO tend to victimize both males and females with a slightly greater orientation towards males. On average they have two to five victims who are most likely blood related children in the home or peers. The most common hands-on offense was fondling of the genitals, whereas exhibitionism was the most often reported hands-off offense.

JFwSO Treatment Attitude and Prognosis

An examination of Tables 36-37 shows the JFwSO attitude toward treatment and prognosis. The three most common treatment attitudes of the JFwSO were a feeling of accountability, confessing to the offense, and reporting being present or a participant in the offense. Almost half the JFwSO report actively participating in treatment.

Treatment Attitude and Involvement

When presenting for therapy these JFwSO do so with minimal denial, though some indicate minimal to no remorse towards their victim. Thus, although they recognize their offense, they lack the ability to show empathy. JFwSO present to therapy with insight into their own victimization, as well as being able to discuss their offense and talk about their victim. Data suggest that JFwSO are actively involved in their therapy and that more therapy is individually oriented than it is towards family therapy. If there were transgenerational legacies that were transmitted from generation to generation, only by

Table 36

JFwSO Treatment Attitude

Variable	n	%
Denial		
Denies responsibility	1	5
Makes excuses for offense	1	5
Blames co-participants	1	5
Accountability		
Confesses to the offense	6	30
Acknowledges being the perpetrator or participant	5	25
Acknowledges being present during the offense	4	20
Accepts responsibility	1	5
Blames self for offense	1	5
Empathy		
No remorse	3	15
No empathy toward victim	1	5
Empathy for victim	1	5
Demonstrates remorse	1	5

Table 37

JFwSO Treatment Prognosis

Variable	n	%
Insight		
Willingness to describe offense	6	30
Identifies own victimization	5	25
Discusses her victim	4	20
Treatment involvement		
Actively participates	7	35

gathering this information through family therapy and making a systemic diagnostic formulation can the system be changed to decrease further perpetration and victimization within the family system.

This variable refers to the non-sexual criminal offenses committed by the JFwSO (see Tables 38-39). The most common offenses were drug and alcohol use, theft, assault, and runaway. The data also suggest that these behaviors might begin as early as seven to eight years of age. With regards to treatment, all of the females in the study were eventually placed in a group home, and half had been in either a state institution or had received individual therapy. It is interesting to note that only three females reported receiving family therapy. If there is evidence of a transgenerational legacy or family rules which maintain sexually inappropriate behavior, it would be important that not only the JFwSO receive treatment, but also their families. Their family system also needs to be assessed in order to make a diagnostic formulation of the family system in order to change the family meta-rules which maintain the sexually offending behavior when they return home.

Nonsexual Offense Profile

A variety of nonsexually acting out behaviors are noted. The most commonly reported include the use/abuse of alcohol and drugs, theft, assault and running away. When one examines the data from the case files, it seems more suggestive of the fact that these JFwSO are conduct disordered youth who include sexual acting out in their repertoire of antisocial behaviors rather than sex offender-specific youth. Fifty percent of

Table 38

JFwSO Nonsexual Offense History

	<u>n</u>	<u>%</u>	<u>Age at first offense</u>
Drugs/alcohol	12	60	8
Theft	11	55	7
Assault	11	55	15
Runaway	10	50	8
Car theft	5	25	13
Shoplifting	5	25	11
Burglary	3	15	10
Vandalism	3	15	15
Animal cruelty	2	10	
Arson	1	5	12
Prostitution	1	5	
Other	6	30	15

Table 39

Nonsexual Offense Disposition

	<u>n</u>	<u>%</u>	<u>Age at first offense</u>
Group home	20	100	12
Individual therapy (OP)	11	55	6
State institution (e.g., O & A)	10	50	9
Probation	4	20	14
Psychiatric hospitalization	4	20	3
Family therapy (OP)	3	15	

the youth report having been found guilty of nonsexual offenses, but since sexual acting out was present in these youth, all were remanded to a group home which was sex offender specific, although other placements may have been experienced across their juvenile history.

Research Question Number Seven

What are the sources of referral suggested for the JFwSO from the case file data?

All of the JFwSO were referred by the courts to Rocky Mountain Youth Services. They had been placed in the custody of the Utah Department of Human Services, either through the Division of Child and Family Services or the Division of Youth Corrections. The case files did not specify from which agency they came.

CHAPTER V

DISCUSSION

Having described the two profiles a beginning typology of the JFwSO will be presented. Each of the seven research question will be addressed to describe a beginning typology of the JFwSO. Along with this, social policy, legal implications, future research, and therapeutic issues are considered.

Research Questions

Research Question Number One

“Do the combined data support the possibility of a transgenerational legacy?”

The data suggest that there is modest evidence that a transgenerational legacy may exist. When looking at the parents' and juveniles' family of origin they both appear to be emotionally disengaged, volatile and use/abuse illegal substances. There is also some evidence that the females' perpetration was perpetuated by a grandparent and other family members. It would make theoretical sense from a systemic perspective that these same patterns could be transmitted from parents to the JFwSO. There is little evidence that the grandparents or parents were victims of perpetration. Further research needs to address this issue. Unfortunately, however, there is insufficient data on this topic to make an informed conclusion. Thus, it is recommended that this be considered and that further investigation be initiated for purposes of preventative intervention.

Research Question Number Two

“Are the family and parental characteristics found in the literature noted in the JFwSO family of origin?”

When combining the two profiles it appears that the home environment, regardless of whether it is governed by both biological parents, single parents, or a biological and stepparent, is an important factor in determining “risk” (Ingram & Price, 2000). Many of these risk factors (violence, abuse, inconsistent parenting, substance use and abuse, and depression) are related to other forms of juvenile acting out, for example, conduct disordered behavior and oppositional defiant behavior, as well as sexual offending. Many other risk factors were noted in the family of origin of the JFwSO, such as alcohol and drug abuse/dependence, as well as that of clinical disorders such as depression and anxiety. It also appears that many of the females were victimized by family members within their family of origin. It is in this environment where they learn trust and security and where family systemic rules are fostered. Thus, it would make theoretical sense from an ecosystemic framework that these patterns they learn from their families become part of their own repertoire. It is, therefore, important, as clinicians and researchers, that we begin to look closer at the family system in deriving a dynamic formulation for assessment and treatment purposes. We must address the family rules that are passed down from grandparents to parents to child. Ecosystemically, clinicians can make dynamic diagnostic formulations about the family system in order to treat not only the juvenile females, but their families also. Assessing and treating the family system will be of most importance, as they will most likely be returned to their home environment after placement.

Research Question Number Three

“Are the socio-demographic characteristics of the JFwSO provided in the literature the same as those that are found in the data provided in the case files of the JFwSO who are or have been in residential care?”

Although the socio-demographic characteristics may differ, there are some consistencies. First, the ethnic mixture suggests a heterogeneous population. Second, the youth are in junior and senior high school at the time of the arrest. Finally, relative to school, the JFwSO report academic difficulties. It is then important to understand how their academic performance may be impacted by both internal and external systems, such as their cognitive abilities, and peer groups. Future research will need to be conducted to answer these questions.

Research Question Number Four

“Does the victimization history of the JFwSO as presented in the literature compare with that provided by the case file data on JFwSO?”

The combined data suggests the following typology. Physical and sexual abuse, as well as neglect, are present in the home. The primary perpetrator(s) is known to the JFwSO and is most likely an adult male who is the father or an extrafamilial acquaintance (NOS). Most of the victimization experiences of the JFwSO occurred before adolescence, with the most common forms of victimization being fondling or vaginal/rectal penetration. Again, when looking ecosystemically at her victimization, the family environment as well

as other risk factors may contribute to their future perpetration. Future research needs to address these issues.

Research Question Number Five

“Are the medical and psychiatric (Axis I and Axis II) issues discussed in the literature the same as those found in the case file data provided on JFwSO?”

Although JFwSO present with a mixed psychiatric history, the common threads appear to be previous physical or sexual abuse, neglect, affective disorders, and substance use and/or abuse. Minimal attention has been given to other medical factors which may be associated with sexually offensive behavior and/or other psychiatric disorders which may be related. Again it is important, that in order to make appropriate treatment recommendations and planning, that relational diagnosis becomes part of the assessment process.

Research Question Number Six

“Is the perpetration history of the JFwSO, as presented in the literature, similar to that found in the case file data provided on JFwSO?”

In considering the perpetration history of the JFwSO, it is relevant, from both portions of this study that we begin by examining the nonsexual offense history. In order to make appropriate treatment recommendations it is important to have a clear and precise dynamic formulation which will allow for differential diagnosis consideration. For example, differentiating the youth who sexually offends when acting out of a conduct disordered diagnosis versus one who has acted out sexually without other behaviors.

Within the diagnosis of Conduct Disorder using DSM-IV-TR (APA, 2000), there is a persistent pattern of behavior that violates the basic rights of others, and major age appropriate social norms or rules. A youth with this diagnosis may show aggression to people or animals, destroy property, be deceitful or engage in theft, or display serious violation of rules or norms. When combining the data from the meta-analysis and the case files, it is noted that the JFWSO may present with either a substance use/abuse and conduct disorder. The females showed signs of both sexual perpetration as well as a wide variety of conduct disordered behaviors. Thus, it is critical to differentiate between the sexual offense as a part of the conduct disorder, impulsive response when under the influence of alcohol, sex offender specific behavior, or a combination. After making a dynamic formulation assessment each of these issues will then be addressed with the youth in order of importance, for example, first addressing the victimization of the juvenile, then either her conduct disordered behavior or sexually acting out behavior as well her family system.

Once a differential diagnosis has been established, then the perpetration history is of great relevance in treating the female for sex offender-specific treatment or that of conduct disorder and/or substance abuse/use. The findings indicate the following typology with regards to perpetration. The age at the time of first perpetration was early teen with a range from 6–13. Victims were both male and female at approximately the same frequency. The number of victims was approximately five. Victims were either young (0 – 5) or peer age (12 – 14). Perpetration was on either a blood-related child or a peer. Exhibitionism was the most common “hands-off” behavior. Fondling was the most

likely “hands-on” behavior. These combined data suggest that the JFwSO may be more likely to present with sexually offensive behavior within the context of a conduct disorder than with sex offender-specific. This is similar to findings with the JMwSO (Graves, 1993).

With regards to the treatment attitude and involvement of the JFwSO, the following typology is suggested. These data indicate that the use of denial was minimal. Responsibility and accountability were present. Lack of empathy for the victim was found. The JFwSO presented in therapy with insight about themselves as victims and were able to discuss the victimization they had perpetrated. The JFwSO were actively involved in therapy. Again there is little, to no, indication as to whether the families of the juveniles were involved in therapy. Thus from a dynamic treatment strategy, if the juveniles are to return to their home environment, it would make theoretical sense that their families also be involved in therapy.

Research Question Number Seven

“Are the sources of referral suggested for JFwSO from the meta-analysis comparable with those that are provided in the data gathered from the case files?” Only the meta-analysis presented information regarding referral. These data indicate that referral was principally from child protection agencies or courts.

Social Policy Implications

It is assumed that socially “acceptable” or “normal” sexual behavior is grounded in

diversity (e.g., cultural, racial, ethnic, and religious). With this in mind, it is further assumed that social mores—stemming from diversity—as incorporated into social policy mediate the definition and determination of “acceptable” or “normal” as well as “aberrant” sexual behavior. Thus, the legality of sexual behavior is legislated or codified with variation from the specified code determining the degree or amount of “aberrance.” If these assumptions are correct, then it seems logical to further assume that a typology may serve as a basis for guiding determinations regarding the legislation of laws. It is likely that such legislation may not only serve to mandate legislation regarding “acceptable” sexual behavior, but may also serve as a basis for legislating laws aimed at protecting the definition of “acceptable” sexual behavior, which serve to mediate the influence of those variables found to correlate with sexually offensive behavior. Sexual abuse is a public health problem (ATSA, 2001) and therefore it is important to

support the development of a national public health surveillance system for sexual abuse that includes reported, as well as unreported cases of sexual abuse; encourage researchers to conduct studies and publish data to increase understanding of risk factors related to sexual abuse perpetration and victimization; and support the development of primary prevention and early intervention programs based on risk factor and related research. (pp. 6-7)

Legal and Judicial Implications

It is assumed that whether or not an arrest is made, that it is directly related to whether the juvenile has violated the law, that is, acted in such a manner so as to violate

the codified definition of "sexually appropriate" behavior. Thus, it is recommended that arrests not be made arbitrary but mandatory. Further, at the time of the arrest, or shortly thereafter, a certified sex offender therapist should be involved with both the juvenile and family. It is recommended that a psychosexual history and risk assessment addressing individual and family dynamics be prepared on each juvenile by a certified sex offender therapist. The psychosexual history and risk assessment would then be reviewed prior to the court hearing by concerned parties.

It is suggested that recommendations and disposition be based on, at least: the specific nature of the offense (e.g., type of paraphilia, number of victims, form of coercion, etc.), findings of the psychosexual evaluation (dynamic and systemic diagnostic formulation), findings of the risk assessment, resources (e.g., family support) available to the juvenile, and other findings brought out in the hearing by other representatives appearing in court (e.g., probation, attorney, etc.). It is further recommended that plea bargaining not be used as a mechanism to "coerce" a confession, but rather allow the data to speak to this issue, and when used, it be used as an exception rather than the rule.

Research Implications

Conceptual

Current data suggest an increased need to focus on vulnerability and risk factors, family patterns, and transgenerational legacies. First, research needs to focus on identifying and describing biological variables (e.g., heredity) which may correlate with sexually offensive behavior, and the nature of the correlation. Second, psychological

variables also need to be addressed, for example: one's adaptability, perception of self and/or the environment, or consistent overt behavior patterns which affect the cycle of sexual relapse (e.g., selective empathy, psychopathy, thinking errors, etc.). Next, eco-systemic variables need to be addressed, which may include both bioenvironmental factors (e.g., as found in the neuropsychological makeup of the individual) and specific environmental factors (e.g., transgenerational behaviors, patterns and themes, as well as learning processes) which support the adoption of specific attitudes, beliefs, and perceptions found to be associated with sexual perpetration.

Current data suggest a need to identify and describe risk factors which may be correlated with biopsychosocial vulnerability. These risk factors may include: temperament, transgenerational abuse, conduct disorder behavior, family meta-rules, and safety of the family environment.

Methodological

Qualitative. There is a need to continue the process of identifying and describing characteristics and attributes of the JFwSO. Further research needs to be completed in order to describe the family system, and transgenerational patterns that may perpetuate sexually abusive behavior. There also needs to be an increased effort to describe the intake process, treatment, and after-care protocols, which can then be quantitatively validated. Clinicians and researchers need to begin to become aware of how their treatment approaches either aid or limit prognosis of further perpetration.

Quantitative. There needs to be increased efforts toward replication of current findings if clinicians and researchers are to understand, and treat this population. For assessment purposes, it is important to develop valid and reliable risk assessment instruments of both a "paper and pen," as well as a "structured interview" format. It is also necessary to develop a valid and reliable intake, treatment, and after care measurement methodology. It is imperative that consistent foci be identified so that sufficient information can be accumulated to facilitate comparative efforts. Sample size has been and continues to be a problem, thus making most studies nongeneralizable. Valid and reliable instruments and surveys are needed to increase efforts toward replication of findings.

Assessment

A comprehensive assessment methodology needs to be developed and used consistently by marriage and family therapists and others who treat this population. Assessment needs to occur on several levels addressing the individual, the family and social context, and risk. In this regard, the focus needs to be on, first, understanding the systemic nature of the sexual offending behavior, as well as the family meta-rules which may be transmitted transgenerationally. Second, an assessment needs to be developed that includes a comprehensive psychosexual evaluation in written as well as interview forms. In this regard, a multi-disciplinary team is recommended as the most advantageous method of assessment.

It is crucial that a measure of risk assessment be developed that can be utilized at the time of arrest and intake, during the course of treatment, and while in aftercare. The primary purpose of the risk assessment is prognostication at the time the juvenile is released from treatment and probation.

Intervention Strategies for Marriage and Family Therapists

First and foremost, it is essential that intervention strategies be developed according to a dynamic and systemic formulation of the transgenerational legacies and family meta rules. One of the most important interventions will be to conduct a thorough assessment for the purpose of a diagnostic formulation. This information will be derived from the psychosocial history, risk assessment, nature of the charge(s), and victim report. In order to make appropriate interventions, it is imperative that treatment addresses those issues most relevant to the assessment.

As shown from the two profiles, there are many factors that interplay in the lives of the JFwSO. One of these issues that will be of most importance in treating the JFwSO is first to help them address their own victimization. Next, the therapist will need to understand the family dynamics that interplay which have fostered mistrust and a lack of empathy. It is also important for the therapist to understand each of the issues that have been brought out as relevant in the typology presented, such as transgenerational legacies, family of origin issues, clinical diagnosis, substance use/abuse, and victimization and perpetration characteristics.

Second, it is essential that the intervention strategies take into consideration the differential and systemic diagnoses, for example, sexual offending in the context of a conduct disorder versus sex offender-specific behavior. Further, interventions need to be individualized with focus on the systemic nature of the family process rules that may have been transgenerationally transmitted. Interventions must also be isomorphic in nature to aid in changing family system rules that may maintain the behavior. Assessment will be completed by gathering family history data through the use of genograms. Structured interviews will also begin to uncover many of the implicit family rules that govern behavior. It will also help them find alternatives to their pattern behavior. Vulnerability and/or risk factors must also be identified from the systemic analysis, including the psychosexual history, risk assessment, victim report, as well as the social environment. Interventions should include, though not be limited to, individual therapy, psychoeducation, group therapy, and family or collaborative therapy. Family therapy will be the most important in addressing key family process that might perpetuate further acting out behavior as the juvenile returns to her home. Thus, therapists cannot just treat the symptoms of the sexually acting out behavior. Their interventions must be systemic in nature in order for lasting change to occur.

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APPENDIXES

Appendix A

Letter of Support

Rocky Mountain Youth Services, Inc.

Rocky Mountain Youth Services, Inc. 133 East 800 North
Orem, Utah 84057

Phone: 801-229-1212
Fax 801-229-1669

January 9,2001

Jason Nelson,
Utah State University
Logan, Utah

The purpose of this letter is to extend formal support in the research tool that Jason Nelson is currently compiling data for through our agency. We are excited as an agency to be involved in the research data collection part of Mr. Nelson's thesis, as well as the opportunity to work with Dr. Kim Openshaw. Again please regard this letter as formal approval from our agency to participate in your research endeavor.

Sincerely,

Ronald D. Jensen, LCSW
Clinical Director
Rocky Mountain Youth Services, Inc.

Appendix B

Revised Uniform Data Collection System

Date _____ Client Number _____
Coder _____SOCIODEMOGRAPHIC DATA:

City _____ State _____

Client's Primary Residence at time of offense/incident?

Parents' Home _____ Detention Facility _____

Shelter Foster Care/Home _____ Hospital _____

Group Home _____ Other (specify) _____

Relatives Other than Parents _____

Which of these areas comes closest to the type of place client usually lives? (check one)

In open country, but not on a farm or ranch _____

In a medium-sized city (50,000 to 250,000) _____

On a farm or ranch _____

In a suburb near a large city _____

Small village or town (less than 15 000) _____

In a large city (over 250,000) _____

In a small city (15,000 to 50,000) _____

Number of persons (including client parents, siblings, boarders, etc.) in primary residence?

Persons under 18 _____ persons 18 and older _____

Adults in client's household:

Both natural parents _____ Natural mother and housemate(s) _____

Natural mother only _____ Natural father and housemate(s) _____

Natural father only _____ Grandparents _____

Natural mother and step-father _____ Adult-relatives _____

Natural father and step-mother _____ Non-related adults only _____

TRANSGENERATIONAL LEGACIES (grandparents).

Father's family of origin characteristics. _____

Mother's family of origin characteristics. _____

General Family Patterns of JFWSO Family of Origin.

Interaction styles.

Father or stepfather(circle) _____

Mother or stepmother(circle) _____

PARENTAL AND FAMILY CHARECTERISTICS.

Parental alcohol and drug use.

Father _____

Mother _____

History of parental medical and psychiatric history.

Father _____

Mother _____

Parental History of child neglect.

Father _____

Mother _____

Parental History of physical abuse.

Father _____

Mother _____

Parental History of sexual abuse.

Father _____

Mother _____

Age and sex of other children in client's residence at time of offense:

	Age	Sex		Age	Sex
Child 01	_____	_____	Child 05	_____	_____
Child 02	_____	_____	Child 06	_____	_____
Child 03	_____	_____	Child 07	_____	_____
Child 04	_____	_____	Child 08	_____	_____

Does client consider him/herself (check one):

American Indian _____ Asian-American _____
 Black _____ White _____
 Mexican-American _____ Other (specify) _____

What do you estimate is client's total household income per year? _____ dollars

Source(s) of household income:

Head of house employed _____ Social Security or SSI _____
 Others employed _____ Pension or Retirement _____
 Unemployment Compensation _____ Other (specify) _____
 ADC _____

Family's religion or religious preference _____

SCHOOL HISTORY

Client's current grade in school(circle) 1 2 3 4 5 6 7 8 9 10 11 12 Not attending
 Last grade completed by client (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Circle grade average last year A B C D F

I.Q. Level _____

Type of school currently or last attended:

Regular public _____ Private church related _____
 Special public _____ Trade/Vocational _____
 Private _____ Other (specify) _____

Does school report:

	Yes	No	Unknown
Behavior problems	_____	_____	_____
Truancy history	_____	_____	_____
Learning disabilities	_____	_____	_____

Is client involved in:

	Yes	No	Unknown
Organized sports	_____	_____	_____
Clubs	_____	_____	_____
Church activities	_____	_____	_____
Individual Hobbies	_____	_____	_____
Hobbies with others	_____	_____	_____
Non-organized activities withpeers	_____	_____	_____

Current Living Arrangement (since offense):

Unchanged _____ Foster care _____
 Group Home _____ Open residential _____
 Secure Treatment _____ Juvenile Detention _____

Is client currently employed or earning money? Yes _____ No _____

Has client ever been employed or earning money? Yes _____ No _____

If YES, please list client's type of employment and hourly wage listing current or most recent employment first.

Consider all sources of income (i.e., paper route, babysitting, yard work, chores for allowance, etc.)
 Type of Work _____ Wage _____**SUBSTANCE ABUSE:**

Has client ever been suspected or reported for drug/alcohol abuse? Yes _____ No _____ Don't Know _____

Has client been arrested for a drug or alcohol related charge? Yes _____ No _____ Don't Know _____

If YES, number of drug/alcohol arrests _____

Has client ever been treated for drug/alcohol abuse? Yes _____ No _____ Don't Know _____

Family members abuse history:

	Use suspected	Arrested	Treated
Mother or primary female figure	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Father or primary male figure	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____
Siblings	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

VICTIMIZATION HISTORY:

Has client ever been a victim of physical abuse? Yes _____ No _____ Don't know _____

If YES, has the abuse reported? Yes _____ No _____ Don't know _____

was the abuse adjudicated? Yes _____ No _____ Don't know _____

how old was client at time of abuse(s)? _____ Don't know _____

Abuse inflicted by:

Father _____ Stepfather _____ Other male _____
 Mother _____ Stepmother _____ Other female _____

Has client ever been a victim of neglect? Yes _____ No _____ Don't know _____

If YES, was the neglect reported? Yes _____ No _____ Don't know _____

was the neglect adjudicated? Yes _____ No _____ Don't know _____

how old was client at time of neglect? _____ Don't know _____

Neglect inflicted by:

Father _____ Steppfather _____ Other male _____
 Mother _____ Stepmother _____ Other female _____

Has client ever been a victim of sexual assault? Yes _____ No _____ Don't know _____
 If YES, was the sexual assault reported? Yes _____ No _____ Don't know _____
 was the sexual assault adjudicated? Yes _____ No _____ Don't know _____
 how old was client at time of sexual assault? _____, _____, _____ Don't know _____

Sexual assault inflicted by:

Father _____ Steppfather _____ Other male _____ specify _____
 Mother _____ Stepmother _____ Other female _____ specify _____

Has client ever been a victim of physical assault? Yes _____ No _____ Don't know _____
 If YES, was the physical assault reported? Yes _____ No _____ Don't know _____
 was the physical assault adjudicated? Yes _____ No _____ Don't know _____
 how old was client at time of physical assault? Yes _____ No _____ Don't know _____

Physical assault inflicted by:

Father _____ Steppfather _____ Other male _____
 Mother _____ Stepmother _____ Other female _____

Has there ever been a report of violence between client's parents? Yes _____ No _____ Don't know _____
 If YES, has client ever witnessed such? Yes _____ No _____ Don't know _____

Has there ever been a report of violence against sibling by one or both parents? Yes _____ No _____ Don't know _____
 If YES, has client ever witnessed such? Yes _____ No _____ Don't know _____

Has there ever been a report of sexual abuse of siblings? Yes _____ No _____ Don't know _____
 If YES, has client ever witnessed such? Yes _____ No _____ Don't know _____

Has client ever witnessed a live sexual act? Yes _____ No _____ Don't know _____
 If YES, how old was client when sex first witnessed? _____ Don't know _____

Has client ever witnessed sexually explicit acts via television (i.e., Playboy channel) or pornographic movies? Yes _____ No _____ Don't know _____
 Client's age when first seen? _____

NON-SEXUAL OFFENSE HISTORY

In the following section please circle whether the client has ever been involved in any of the following offenses. If the client has been involved, indicate the number of times and the client's age at the time of first involvement. Further, circle whether the client has ever been arrested for the listed offense, the number of arrests for the offense, and client's age at the time of the first arrest.

OFFENSE	Ever involved	Number	Age first	Ever Arrested	Number	Age first
Shoplifting	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Theft	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Burglary	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Car theft	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Drugs/alcohol	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Assault	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Vandalism	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Arson/fires	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Cruelty Animal	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Runaway	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Prostitution	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____
Other	Yes No Dknow	_____	_____	Yes No Dknow	_____	_____

For non-sexual offenses, has the client ever been: Yes No Don't know Number Age first

Found guilty of a non-sexual offense _____
 Adjudicated a delinquent _____
 Placed in a diversion program _____
 Placed on probation _____
 Placed in a group home setting _____
 Placed in a boys' ranch setting _____
 Placed in a state institution _____
 Received out-patient individual therapy _____
 Received out-patient family therapy _____
 Received in-patient psychiatric hospitalization _____

SEXUAL OFFENSE HISTORY

In the section below please circle whether client's referring sexual offense involved any of the following.

CHECK ALL THAT APPLY. If client has prior sexual offenses, please indicate the same with Prior 01 being the nearest in time to the most recent (referring) offense.

Did the incident include: Referring Off Prior #1 Prior #2 Prior #3

Exhibiting	Yes	No	Yes	No	Yes	No	Yes	No
Peeping	Yes	No	Yes	No	Yes	No	Yes	No
Obscene Calls	Yes	No	Yes	No	Yes	No	Yes	No
Stealing Underwear	Yes	No	Yes	No	Yes	No	Yes	No
Verbal Coercion/Manipulation	Yes	No	Yes	No	Yes	No	Yes	No
Verbal Threats of Violence	Yes	No	Yes	No	Yes	No	Yes	No
Physical Force	Yes	No	Yes	No	Yes	No	Yes	No
Weapons Threat	Yes	No	Yes	No	Yes	No	Yes	No
Weapons Use	Yes	No	Yes	No	Yes	No	Yes	No
Touching Victim's Breasts	Yes	No	Yes	No	Yes	No	Yes	No
Touching Victim's Genitalia	Yes	No	Yes	No	Yes	No	Yes	No
Masturbation of Victim	Yes	No	Yes	No	Yes	No	Yes	No
Fellatio on Victim	Yes	No	Yes	No	Yes	No	Yes	No
Cunnilingus on Victim	Yes	No	Yes	No	Yes	No	Yes	No
Sodomy on Victim	Yes	No	Yes	No	Yes	No	Yes	No
Digital Anal Penetration of Victim	Yes	No	Yes	No	Yes	No	Yes	No
Masturbation by Victim	Yes	No	Yes	No	Yes	No	Yes	No
Fellatio by Victim	Yes	No	Yes	No	Yes	No	Yes	No
Cunnilingus by Victim	Yes	No	Yes	No	Yes	No	Yes	No
Penetration by Victim	Yes	No	Yes	No	Yes	No	Yes	No
Other _____	Yes	No	Yes	No	Yes	No	Yes	No

Age of Client at time of offense _____
 Age of Victim at time of offense _____
 Sex of Victim(s) : _____

Location of Offense:

Perpetrator's Home	_____	Victim's Home	_____
Auto	_____	Other home	_____
Other Building	_____	Outside	_____

Relationship of Victim: Blood related child _____ Blood related adult _____
 Not related but living in household child _____ Neighbor adult _____
 Neighbor child _____ Peer _____
 Known to perpetrator _____ Child in care of perpetrator _____
 Stranger _____

Number of Separate Victims

1 _____
 2-5 _____
 6-10 _____
 11-15 _____
 16-20 _____

JFWSO Perceived Consent of Perpetration

DISPOSITION:	Referring Off	Prior #1	Prior #2	Prior #3
Charges filed	Yes No	Yes No	Yes No	Yes No
Charges dropped	Yes No	Yes No	Yes No	Yes No
Dismissed	Yes No	Yes No	Yes No	Yes No
Found not guilty	Yes No	Yes No	Yes No	Yes No
Plea bargain to lesser sexual charge	Yes No	Yes No	Yes No	Yes No
Plea bargain to non-sexual	Yes No	Yes No	Yes No	Yes No
Adult court	Yes No	Yes No	Yes No	Yes No
Juvenile court	Yes No	Yes No	Yes No	Yes No
Family court	Yes No	Yes No	Yes No	Yes No
Diversion	Yes No	Yes No	Yes No	Yes No
Probation	Yes No	Yes No	Yes No	Yes No
Trial by Judge	Yes No	Yes No	Yes No	Yes No
Jury	Yes No	Yes No	Yes No	Yes No
Court ordered evaluation	Yes No	Yes No	Yes No	Yes No
Evaluated by sex offender specialist	Yes No	Yes No	Yes No	Yes No
Mental Health Center	Yes No	Yes No	Yes No	Yes No
Other (specify) _____	Yes No	Yes No	Yes No	Yes No
Court ordered detention	Yes No	Yes No	Yes No	Yes No
Treatment	Yes No	Yes No	Yes No	Yes No
Sex offender specific	Yes No	Yes No	Yes No	Yes No
Probation	Yes No	Yes No	Yes No	Yes No
With order for outpatient treatment	Yes No	Yes No	Yes No	Yes No
Sex offender specific	Yes No	Yes No	Yes No	Yes No
Total number of prior offenses known _____ (sexual)				
Client's total number of police contacts is _____				

Who referred or ordered client for your evaluation?

Juvenile Court	_____	Private Attorney	_____
Adult (County, District, etc.)	_____	Court Diversion Program	_____
Social Services	_____	School	_____
Public Defenders Office	_____	Probation Department	_____
District Attorneys Office	_____	Other Clinician	_____
Relatives or Parents	_____	Client self-referral	_____
Medical Practitioner	_____	Other (specify) _____	_____
Mental Health Center	_____		

DSM IV Clinical Diagnosis.

Axis I Clinical disorder _____

Axis II personality disorder traits _____

Medical History JFWSO _____

If the client acknowledges that the offense took place, does the client admit:
 being present at time of the offense Yes _____ No _____
 being a Perpetrator or participant Yes _____ No _____
 To what degree does the client accept responsibility for his/her offense?
 Denies any responsibility _____ Accepts full responsibility _____ Unknown _____

To what degree does the client express empathy for the victim?
 No empathy whatever _____ Empathizes fully _____ Unknown _____

To what degree does the client express remorse/guilt for the offense?
 No remorse at all _____ Extreme remorse/guilt _____ Unknown _____

Who/what does client blame for the offense?(check all that apply)

Self _____ "Being sick"
 Victim _____ past
 Co-participants _____ Drugs/alcohol use
 Parents _____ Other (specify) _____

Does client report ever having been beaten by a household member?

Often _____ Sometimes
 Rarely _____ Not at all
 Did client think he deserved beating(s) Yes _____ No _____

Does client report having been left alone or in charge of younger siblings before age 10?

Often _____ Sometimes
 Rarely _____ Not at all

Does client report ever having been sexually victimized?

Yes _____ No _____

If YES: perpetrator was _____ years older, Male _____ Female _____ Family Member _____ Known _____
 Stranger _____

victimization was:

Hands off sexual trauma _____ Violent, aggressive sexual _____
 Coercive, passive sexual _____ Included vaginal or rectal Penetration _____
 Fellatio _____

SEXUAL VICTIMIZATION EXPERIENCE.

Degree of arousal of JFWSO toward their own victimization experience.

Male Molester _____
 Female Molester _____

Subjective response to experienced arousal.

Male Molester _____
 Female Molester _____

Does client report loss of any significant relationship in his life?

Parent figure _____ Other person _____ Pet _____

What does client report his parent's reaction was upon hearing of the allegations against him/her?

Anger _____ Denial _____
 Blame self _____ Blame client _____
 Support _____ Made client feel guilty _____
 Rejection _____ None _____

Has client a group of friends/peers which he feels a part of? Yes _____ No _____

Is there anyone the client trusts completely?

Yes _____ No _____
 Adult _____ Peer _____

Does client feel she is persecuted? Yes _____ No _____ By systems _____ By Adults _____ By Peers _____

Does client report she is sexually:

Mature _____ Normal/Adequate _____
 Inadequate _____ Homosexual _____
 _____ Different from Others _____

Does client report ever having had age appropriate sexual relationship? Yes _____ No _____

How often does client report masturbation?

More than once a day _____ Once a day _____
 Several times a week _____ Once a week _____
 Less _____

Does client report masturbating to a fantasy? Yes _____ No _____

Is fantasy appropriate? Yes _____ Deviant _____
 Does fantasy involve a child? Yes _____ No _____
 Involve violence? Yes _____ No _____

Does client think of sex as:

A way of hurting, degrading, or punishing _____ A way of controlling and feeling powerful _____
 A way of dissipating anger _____ A way of loving _____
 A way of showing you care for someone _____ None _____

Does client view aggression as:

A way to protect self _____ A way to hurt others _____
 A way to control others _____ An expected masculine trait _____

Does client report a "trigger" that sets off her deviant sexual behavior?

Anger _____ Feeling controlled _____
 Feeling helpless _____ Feeling bored _____
 Feeling sad/depressed _____ Stress _____
 School Problems _____ Family problems _____
 Problems with friends _____ None _____

Does client deny her offense? Yes _____ No _____

Does client make excuses for her offense? Yes _____ No _____

Has client confessed his offense? Yes _____ No _____

Has client described his offense? Yes _____ No _____

Has client identified any triggers or a cycle of events that preceded his offense? Yes _____ No _____

Describe:

Has client identified a feasible way to interrupt his cycle before an offense occurs? Yes _____ No _____

Has client identified any victimization or trauma in his past? Yes _____ No _____

Has client resolved any conflicts from his/her past? Yes _____ No _____

Is client participating in any family therapy? Yes _____ No _____

If YES, are family members engaged in treatment? Yes _____ No _____

have family members identified conflicts? Yes _____ No _____

have family members identified problem areas? Yes _____ No _____

have family members resolved conflicts? Yes _____ No _____

Is client able to demonstrate or express feelings appropriately?

Anger _____ Happiness _____
 Depression _____ Satisfaction _____
 Anxiety _____ Loneliness _____
 Empathy _____ Other _____

Has client identified any deficits in her ability to function? Yes _____ No _____

Education _____ Social skills _____
 Sexual knowledge _____ Assertiveness _____
 Self awareness _____ Thinking errors _____
 Other _____

Have the client's arousal patterns been studied or discussed? Yes _____ No _____

Does client show any appropriate sexual attractions and/or fantasies? Yes _____ No _____

Has Client identified any deviant fantasies? Yes _____ No _____

Has client demonstrated an ability to stop deviant cycle and re-direct herself? Yes _____ No _____

Has client talked about her victims? Yes _____ No _____

Does client call victim By name without being reminded? Yes _____ No _____

Has client shown any insight/empathy/understanding of what the victim felt or is feeling? Yes _____

No _____

Does client understand difference between appropriate and deviant sexual behavior? Yes _____ No _____

Does client feel any remorse for his deviant behaviors? Yes _____ No _____

Does client have any positive feelings about her sexuality? Yes _____ No _____

Does client actively participate in treatment sessions? Yes _____ No _____