Understanding the Influence of Childhood Experiences on the Development of Female Sexual Perpetrators Against Underage Individuals

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UNDERSTANDING THE INFLUENCE OF CHILDHOOD EXPERIENCES ON THE DEVELOPMENT OF FEMALE SEXUAL PERPETRATORS AGAINST UNDERAGE INDIVIDUALS

A dissertation submitted to
the Graduate College of
Marshall University
In partial fulfillment of
the requirements for the degree of
Doctor of Psychology
In
Clinical Psychology
by
Cassandra Marie Hershman
Approved by
Dr. Keith Beard, Committee Chairperson
Dr. Ray Haning
Dr. Sandra Stroebel

Marshall University
August 2021
APPROVAL OF DISSERTATION

We, the faculty supervising the work of Cassandra Marie Hershman, MA, NCC, affirm that the dissertation, *Understanding the Influence of Childhood Experiences on the Development of Female Sexual Perpetrators Against Underage Individuals*, meets the high academic standards for original scholarship and creative work established by the Doctor of Psychology and the College of Liberal Arts. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.

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ABSTRACT

Females who are perpetrators of sexual offenses are an understudied population. Due to societies’ failure to recognize that female perpetrators exist and to recognize their abuse when it occurs, sexual abuse completed by females often goes unreported. As a result, females engaging in sexual offenses, particularly pedophilia, is seen as a rare occurrence. However, research suggests that the actual rate of female pedophilic behavior is occurring at a rate three-four times higher than what is actually reported (Cortoni, Babchishin, & Rat, 2017). This study used anonymous data from 2,828 adult females in the IRB approved study [127810-11] Effects of Recalled Family Attitudes and Childhood Sexual Experiences on Adult Sexual Attitudes and Adjustment. A total of 45 variables were analyzed to determine predictors of adult females having sexual activity of any kind with underage partners. The strongest predictor of engaging in sexual activity of any kind with underage partners as an adult was participating in sexual activity of any kind with a partner under the age of 18 while also being under the age of 18. Twelve variables were statistically significant predictors of females who had underage male partners, but only two were also clinically significant. Females who later chose underage male partners had early sexual experiences with male partners while they were under the age of 18 and shared a bed for sleeping with a younger male partner more than four years younger than them while they were under the age of 18. Nine variables were statistically significant predictors of females who had underage female partners, but only one was also clinically significant. Females who later chose underage female partners had early sexual experiences with female partners while they were under the age of 18.
CHAPTER 1

LITERATURE REVIEW

Introduction

Because female sexual perpetrators, especially those who engage in sexual activity with minors, are understudied, this paper will begin by providing an overview of pedophilia. It will then discuss characteristics of male pedophiles since the majority of the research on this topic has focused on male perpetrators. Information about juvenile and adult female sexual perpetrators will then be presented before exploring the hypothesis and discussing the results of this study.

Pedophilia

Pedophilia is the act of engaging in or fantasizing about sexual activity with individuals who have not reached puberty (Seto & Eke, 2017). The prepubescent age range is generally defined as birth to approximately 11 years old (Cantor et al., 2005; Seto, 2012). Pedophilia is not legally or socially acceptable in Western culture, and significant criminal, social, and psychological repercussions await individuals who have been identified as having this disorder (Fagan, Wise, Schmidt, & Berlin, 2002). While the prevalence of pedophilia is higher in male sex offenders than it is in the general population, some studies have found that approximately 3-4% of males in early adulthood have had sexual relations with females who have not reached the age of puberty (Seto, 2012). Fagan et al. (2002) note that as many as 12% of males and 17% of females were inappropriately fondled when they were children by an older adult. However, it is important to note that not everyone who meets diagnostic criteria for pedophilia acts on their sexual impulses, and not everyone who engages in inappropriate sexual contact with a child meets criteria for pedophilia. It is also important to note that individuals who have a sexual
attraction to children are sometimes referred to as minor attracted persons or MAPs (Grady, Leveson, Mesias, Kavanagh, & Charles, 2019). Fagan et al. (2002) note that children are often the most salient, easy target for an individual to use to act upon sexual urges, desires, and fantasies; additionally, sexual abuse is often underreported, especially when the perpetrator is female. Therefore, the prevalence of pedophilia may be skewed in research and criminal records if individuals are not accurately reporting their sexual desires and impulses, if individuals who engage in sexual activity with children are not appropriately evaluated to determine the presence of pedophilia, and if victims are not reporting sexual abuse.

According to Seto (2012), some individuals in the professional community argue that pedophilia is a sexual orientation rather than a maladaptive sexual preference. During psychosexual development, which leads to the development of sexual orientation, individuals learn who and what they are attracted to rather than making a conscious decision to be attracted to certain types of people (Fagan et al., 2002). Some pedophiles have been able to identify they were aware of their sexual interest in pre-pubescent children by the time they were 15 years old (Seto, 2012), and Fagan et al. (2002) note that individuals who have been able to identify having an attraction for young children typically begin to act on their impulses during adolescence. Sexual orientation is often viewed as stable and unchanging over the lifespan (Seto, 2012). Generally, people who are attracted to minors are aware that they have grown older, but the development level of who they are attracted to has not; moreover, they can recognize that while they are chronologically an adult, their sexual interest has not matured as they have aged (Grady et al., 2019). If the theory that pedophilia is a type of sexual orientation is accurate, then individuals with pedophilia have no control over their sexual attraction towards children;
however, they do have control over whether they participate in sexual behaviors with children (Fagan et al., 2002).

In their article aimed at educating healthcare professionals about pedophilia, Fagan et al. (2002, p. 2459) explain that pedophilia was defined by Krafft-Ebing (1886) as an “erotic love for children” and by researchers Freund, Scher, and Hucker (1983) and Money (1980) as a “courtship disorder” that developed because of a troubled childhood. Pedophilia was previously considered a curable disorder, but now it is considered a chronic disorder in which the goal of treatment is not to cure the individual but rather to teach them to control or redirect sexual urges to prevent recidivism (Fagan et al., 2002).

Seto (2012) notes that some individuals see prepubescent children as acceptable sexual partners because individuals with pedophilia may relate to children better than to adults and believe that children can fulfill their emotional needs. Some pedophiles want a true romantic relationship that includes sexual and emotional intimacy with children and feel that a relationship of this nature is acceptable. Pedophiles of this type often believe that their victims wanted to participate in sexual activity, encouraged the activity, and were not harmed (Fagan et al., 2002). Several researchers (Bogaert, Bezeau, Kuban, & Blanchard, 1997; Ferguson & Meehan, 2005; Lamy, Delavenne, & Thibaut, 2016; Nathan & Ward, 2002; Robertiello & Terry, 2007) have developed ways to classify pedophiles by their motivation and sexual desires for having sexual relationships with children, which will be discussed later in this paper. However, it is important to understand that pedophiles who act on their sexual impulses are considered criminals, and criminals are classified by the types of crimes they commit as explained by Wijkman, Bijleveld, and Hendriks (2011, p. 35). “Once-only” offenders only engage in criminal activity one time. “Specialists” generally engage in a specific type of criminal activity on multiple occasions.
“Generalists” engage in a variety of criminal behaviors. Pedophiles who act on their sexual desires are more likely to be specialists rather than once-only or generalist offenders.

Given that pedophilia is defined as having a sexual attraction towards children from birth to puberty but is often inaccurately used to describe sexual attraction and relations with anyone under the age of 18 (Cantor et al., 2005; Seto, 2012), it is important to discuss the appropriate terms for sexual attraction to children in various stages of development. The term hebephilia is used to describe sexual attraction to individuals who are pubescent, which is generally understood to be the age range of 11-14, (Cantor et al., 2005; Hames & Blanchard, 2012; Ryniker, 2012, Seto & Eke, 2017). Ephebophilia is the term used to describe attraction for individuals who have completed puberty, generally ages 15-17 (Hames & Blanchard, 2012). Teleiophilia is the term used to describe sexual attraction to individuals who have reached physical maturity, typically individuals aged 18 and older (Cantor et al., 2005; Hames & Blanchard, 2012; Seto, 2012). Additionally, gerontophilia is the term used to describe sexual attraction for the elderly (Hames & Blanchard, 2012).

Furthermore, Fagan et al. (2002) explain that the inappropriate sexual relationships that pedophiles, hebephiles, and ephebophiles have with children corrupt a child’s ability to trust adults and have faith that adults will provide a safe, healthy environment. These individuals typically identify a target child by assessing the child’s vulnerability and the level of difficulty in persuading the child to participate in sexual activity and remain silent after the sexual activity has occurred. Pedophiles, hebephiles, and ephebophiles who court/groom their victims often have the following progression of behaviors: nonsexual enticements, sexual conversation, nonsexual touch, and sexual touch. They often manipulate the victim into not telling others about their sexual behavior.
From an evolutionary and biological standpoint, some professionals have argued that male hebephiles and ephebophiles who have developed an interest in pubescent females have developed this interest for reproductive reasons; impregnating a pubescent female will allow for more child bearing years to ensure the continuation of their lineage and genes (Ryniker, 2012). However, according to Ryniker (2012), this argument is not based in fact because anthropological evidence supports the opposite – that sexual attraction and reproduction with a pubescent aged female is not ideal from an evolutionary standpoint and waiting until both parties are older is more advantageous because there will be more stability in the relationship, and an older female would be better able to handle childbirth. Males who are sexually attracted to female children often have the lowest rates of reproductive success (Hames & Blanchard, 2012). In earlier cultures and groups of people, waiting to have children was better for survival because it controlled the population of the society and allowed for more time to produce food and other resources necessary for survival (Ryniker, 2012). Additionally, Ryniker (2012) argues that a sexual preference for pubescent females has most likely developed in individuals who have their needs met and do not have to struggle to have their needs met. Having a sexual attraction for pubescent aged females is also viewed as a belief that females are not valued or viewed as equal to males. Typically, it is not common for males to have sex with pubescent females across cultures, and as males age, their preference for age of an appropriate female partner also increases (Hames & Blanchard, 2012).

Prevalence of Pedophilia

Engaging in sexual activity with underage individuals is not confined to males, even though much of the research concerning pedophilia uses male subjects. According to Fagan et al. (2002), the majority of individuals who engage in sexual activity with children are biological
parents, other parents, like step- or foster parents, and adults in caretaking roles. Adults in caretaking roles have the highest rate of pedophilic behavior. If the natural parent is the perpetrator, the child is more likely to sustain significant physical injury, and children from low socioeconomic status (SES) are eighteen times more likely to be sexually abused. However, this statistic could be skewed for several reasons. First, according to Grasmick, Jacobs, and McCollom (1983), individuals of low SES may be identified by authority figures more than individuals of higher SES, so they may be prosecuted for their crimes at higher rates than individuals of higher SES. If this is true, then children may be sexually abused at similar rates across SES. Second, according to Buckwalter-Poza (2016), individuals of low SES struggle to obtain quality legal representation, so this estimate of the rate of abuse of low SES children may be skewed if the accused adult is also of low SES and unable to obtain appropriate legal counsel. Additionally, individuals who are unable to afford the fees associated with hiring a private attorney are represented by a public defender and almost always take a plea bargain and plead guilty.

Pedophilia occurs in both men and women and is found in populations with intellectual and physical disabilities. According to Lindsay, Steptoe, and Haut (2012), some adults, including those with and those without intellectual and/or physical disabilities, who sexually offend report experiencing sexual abuse as children, but not all sexual offenders were abused as children. In many cases, individuals who sexually offend experienced some type of abuse during their childhood or grew up in an unstable environment. These types of environments are often linked to mental health problems such as anxiety and depression or trouble controlling anger and impulsivity as well as criminal behavior, which includes sexual offenses.
One explanation for the occurrence of pedophilia proposed by Cantor et al. (2005) is that it is a result of a cognitive deficiency or brain abnormality. For example, the prefrontal cortex of the brain controls executive functioning which includes an individual’s ability to know the difference between right and wrong, to think logically through a sequence of events to understand possible outcomes and consequences, and the ability to regulate impulses. If an individual has a deficiency in this area of the brain or if cognitive development has been stunted in some way, that individual might not have the cognitive ability to differentiate between appropriate and inappropriate sexual partners. If the developmental or emotional age of an individual does not match their chronological age, they may think and behave like a child, but chronologically be an adult; this creates problems because they may have a hard time understanding that a child is not an appropriate sexual partner even though they function as a child themselves. However, the higher likelihood of cognitive deficiencies in pedophiles could be inflated; individuals with higher cognitive abilities will most likely know how to avoid being caught for their participation in deviant and criminal sexual activity, but an individual with a lower IQ may not understand they need to hide their behavior to avoid being caught or not know how to hide their behavior.

Lindsay et al. (2012) conducted a study with 309 participants who had all been diagnosed with an intellectual disability. Individuals with intellectual disabilities have limited executive functioning abilities, and if raised in an abusive, unstable environment, they may not have the intellectual ability to understand appropriate sexual behavior, what constitutes an appropriate sexual partner, or have the ability to control sexual impulses. Lindsay et al. (2012) propose that individuals with intellectual disability who sexually offend may be reenacting situations that they experienced as children. Some studies also suggest that the majority of individuals with an
intellectual disability who were sexually abused as children knew the adult perpetrator. If an individual has the functional capacity of a child, then they may view children as acceptable sexual partners because they can communicate and relate to them better than they can relate to adults (Vernon & Rich, 1997).

In the deaf community, there are documented cases of perpetrators and victims of sexual abuse. Victims of sexual abuse who are deaf are often abused by adults who are in a caregiving or supportive role, such as teachers or interpreters (Vernon & Rich, 1997). Vernon and Rich (1997) examined 22 case studies of pedophilia in the deaf community; two of those case studies were regarding adult females who engaged in pedophilic behavior as perpetrators. As previously stated, deficiencies in executive functioning can negatively impact an individuals’ ability to control impulses and emotional responses, which could influence a perpetrators’ inappropriate sexual behavior, including perpetrators who are deaf. Deficiencies in executive functioning can be a result of brain damage, disease, or birth defects. One cause of deafness is rubella, which can also cause brain damage. The range of intellectual quotients (IQs) in this study ranged from 69-123, but more than half were functionally illiterate, which they defined as “an academic level of grade 2.9 or below on the Stanford Achievement Test” (Vernon & Rich, 1997, p. 301). Furthermore, in this study conducted by Vernon and Rich (1997), some of the individuals also had a diminished ability to communicate by either having a limited ability to verbally communicate or a lack of sign language skills. Many of the individuals in this study had comorbid disorders including Primitive Personality Disorder, Antisocial Personality Disorder, and other paraphilias.

Cantor et al. (2005) found in their study that males with the greatest phallometric responses to pedophilic stimuli had a rate of non-right handedness that was almost three times
greater than the rate of non-right handedness in individuals with the greatest phallometric responses to teleiophilic stimuli, or images of physically mature individuals. Phallometric responses were measured by a computer that recorded penile blood volume as each participant was presented with a variety of images of individuals engaging in various activities. Increase in penile blood volume was indicative of sexual attraction to a particular stimulus.

Additionally, one phenomenon highlighted by Cantor et al. (2005) is that individuals with cognitive deficiencies, such as those associated with Down’s syndrome, epilepsy, autism, learning disorders, and intellectual disability, have a higher rate of being non-righthanded than the general population. Because handedness is determined in a specific area of the brain, it could be that individuals who engage in pedophilia have a deficit or impairment in this area of the brain. Additionally, factors such as premature birth, low birth weight, and being born with multiple fetuses (i.e., being a twin, triplet, etc.) have been linked with a higher rate of non-right handedness.

Traumatic brain injury (TBI) or brain disorders that developed later in life have also been linked to participation in pedophilic behavior that was not previously observed in individuals (Cantor et al., 2005). Typically, pedophilic behavior that was not previously present will begin to occur soon after a TBI if that behavior is going to present itself. This development of pedophilic behavior is typically seen in individuals who have damage to their frontal lobe (Fumagalli, Pravettoni, & Priori, 2015). Fumagalli et al. (2015) discussed a case study in which an adult male experienced a TBI at age 32 and engaged in his first acts of pedophilia at age 63. At age 63, he was diagnosed with exhibitionism, frotteurism, and voyeurism and had two pre-pubescent boys perform oral sex on him. At age 70, it was discovered that this man had a lesion in the prefrontal area of the right hemisphere of his brain. As people age, there is some reorganization in brain
functions and activity. These researchers hypothesized that the client engaged in pedophilia years later as a result of reorganization in his brain which led to difficulty with impulse control and behavior regulation. Additionally, other aging processes that cause disinhibition or dementia could also influence pedophilic behavior in late life (Fagan et al., 2002).

**Conditioning of Sexual Behaviors**

Sexual behavior is rewarding and reinforced by two processes of learning: classical conditioning and operant conditioning. As explained by Woods et al. (2018), Swindell et al. (2011), and Stroebel et al. (2010), classical conditioning involves the relationship between a stimulus (unconditioned stimulus) that naturally produces a response (unconditioned response). This theory of learning states that a neutral stimulus, or one that does not naturally produce a response, can become a conditioned stimulus and produce the same response that the unconditioned stimulus produces. For a neutral stimulus to become a conditioned stimulus, the neutral stimulus has to be presented before the unconditioned stimulus. Eventually after multiple pairings, learning takes place that results in the once neutral stimulus eliciting a response when presented in isolation. This process can occur without conscious effort or knowledge of learning (O’Keefe et al., 2009; Woods et al., 2018). For example, a person may become sexually aroused in the presence of an object, like shoes, after having an experience in which a shoe was presented immediately before sexual arousal. With time, the shoe itself can produce sexual arousal as explained by Rachman (1966) and Rachman and Hodgson (1968) (as cited in Woods et al., 2018). Woods et al. (2018), Pfaus et al. (2012), and Hoffmann (2012) explain that operant conditioning works in such a way that experiences become rewarding or punishing, and the reinforcement or punishment happens after the experience. Experiences can be reinforcing or punishing due to adding something in or removing something, respectively. In relation to
engaging in inappropriate sexual behaviors, adults who engage in such activities with underage partners could do so as a result of conditioning. These adults are likely attracted to inappropriate partners due to having a sexually rewarding experience while they were also underage. As a result, they continue to be sexually aroused and attracted to underage partners. Most likely, these processes of learning work simultaneously to result in behavior change and the development of sexual desires and urges (Swindell et al., 2011). Other factors that influence the development of sexual desires and urges include critical period learning and sexual imprinting in which an individual develops a preference for partners who have similar characteristics to those of their early sexual partners (Hershman et al., in review, 2020). Regardless of how the learning occurs, whether it be through classical or operant conditioning, critical period learning, or sexual imprinting, it is difficult for individuals to identify how or why they experience sexual urges or are aroused by different things (O’Keefe, et al., 2009).

**Male Pedophiles**

Much of the research regarding pedophilia has been conducted with male pedophiles (Chow & Choy, 2002; Johansson-Love & Fremouw, 2009; Miller, Turner, & Henderson, 2009; Tewksbury, 2004; Wijkman et al., 2011); therefore, it is important to discuss what is known about male pedophiles before examining the research regarding female pedophiles. In the majority of pedophiles, there are common variables or factors which include “poor social skills, low self-esteem, feelings of inadequacy, a sense of worthlessness and vulnerability, a hinderance to normal adult relationships or previously frustrating experiences with adult relationships, they see themselves as physically unattractive…humiliation and loneliness” (Robertiello & Terry, 2007, p. 512) as well as “Post Traumatic Stress Disorder, depression, anxiety, rage, low self-concept, substance abuse, indiscriminate sexual behavior, including prostitution” (Vernon &
Male pedophiles may be sexually attracted to children because they are less threatening than adult sexual partners or easier to spend time with; male pedophiles also might not have opportunities for satisfying romantic relationships with adults (Konrad, Kuhle, Amelung, & Beier, 2018). Additionally, male pedophiles and hebephiles have lower scores on intelligence and neuropsychological assessments than male teleiophiles (Cantor et al. 2005). While prior sexual abuse is not found in all pedophiles, it is common for most pedophiles to have experienced sexual abuse (Lindsay et al., 2012; Vernon & Rich, 1997). There is also some evidence that in the deaf community pedophiles offend against children who are the age they were when they were sexually abused (Vernon & Rich, 1997). It is also common for pedophiles to create a relationship with their victims in which the children feel safe and comfortable with them because they often care about the children and want to help them (Browne, Hines, & Tully, 2018; Robertiello & Terry, 2007; Vernon & Rich, 1997). Pedophiles may use tactics or grooming techniques like coercion, seduction, and enticement in an attempt to have a sexual relationship with children (Robertiello & Terry, 2007). Additionally, Seto and Eke (2017) identified the following variables as being significant predictors of sexual interest in children: never having been married, possessing child pornography that included videos or sex stories involving children, possessing child pornography for at least two years or more, volunteering for positions that allow increased access to children, and sexual communication with minors online.

In their study of male pedophiles, Bogaert et al. (1997) classified participants based on the gender of their underage victim(s) and not by their own sexual orientation. Heterosexual pedophiles offended against children of the opposite sex (e.g., an adult male with a female child victim). Homosexual pedophiles offended against children of the same sex (e.g., an adult male with a male child victim). Bisexual pedophiles offended against both male and female children.
These researchers also propose that homosexual and bisexual pedophiles are convicted of their pedophilic behavior at a higher rate than heterosexual pedophiles because they engage in this behavior with more children than heterosexual pedophiles. Homosexual and bisexual pedophiles often have a later birth order, meaning they have more older siblings, particularly older brothers, than heterosexual pedophiles.

Robertiello and Terry (2007) note that pedophiles are a heterogenous group, including males and females, and discuss two main types of pedophiles: fixated and regressed offenders. Fixated pedophiles develop a sexual preference for children when they are in adolescence, never have sexual relationships with age appropriate partners as adults and are more likely to engage in grooming behaviors. They typically engage in sexual activity with prepubescent females or pubescent males to whom they are not related. They also use grooming techniques to ensure the continuation of the sexual relationship and have a high recidivism rate. Regressed pedophiles develop an attraction to children as a result of an environmental stressor which causes a decrease in their sense of self-esteem, -confidence, and -efficacy. These individuals are more likely to abuse their own children or children to whom they have easy access. These individuals have a lower rate of recidivism because they are not solely attracted to children, have had sexual relationships with adults, and can often feel remorse for their actions.

Additionally, Robertiello and Terry (2007) discussed the classification system that the FBI has developed for understanding and differentiating between males who have sexual relationships with children. Pedophiles are identified as either situational or preferential offenders. Situational offenders include subcategories of regressed, morally indiscriminate, sexually indiscriminate, and inadequate. Regressed offenders substitute a sexual relationship with a child for a relationship with an adult. They have poor coping skills and abuse children to
whom they have easy access. Morally indiscriminate individuals do not have a preference for adult or child sexual partners; they have relationships with whoever they have easy access to in order to fulfill their sexual desires or have other needs met. Sexually indiscriminate offenders abuse children out of boredom and interest in sexual experimentation. Inadequate sexual offenders have low self-esteem and feel insecure; as a result, they believe they are only capable of having a successful sexual relationship with a child rather than with an age appropriate adult. Preferential offenders are further classified as seductive, fixated, and sadistic. Seductive offenders want to have a relationship with a child; they are affectionate, love their child victim, and shower them in gifts and enticements. Fixated offenders are compulsively attracted to children, want affection from children, and have delayed or underdeveloped psychosexual development. According to Vernon and Rich (1997, p. 308), sadistic pedophilia is potentially the most dangerous because in some cases the perpetrator will kill their victim. Violence against children is rare, but does happen, and with sadistic pedophiles this creates the potential for them to become serial killers or “serial lust murderers.” Sadistic pedophiles are aggressive, sexually excited by violence, and choose children who they do not know as victims (Robertiello & Terry, 2007).

Robertiello and Terry (2007, p. 516) also note that not all pedophiles engage in physical acts of sexual activity with children; some pedophiles limit their offenses to electronic or cyber offenses which can include sending or consuming child pornography or having inappropriate coercive relationships with minors. Individuals who commit electronic sexual offenses can also be classified by their preferences for gender and age of children as well as the type of behaviors they engage in. “Moppet” is a term for pedophiles who prefer prepubescent children, and “Lolita” is a term for pedophiles who prefer adolescents as their offenses relate to Internet
activity (Robertiello & Terry, 2007, p. 516). McLaughlin (1998) (as cited by Robertiello and Terry (2007)) further classifies cyber pedophiles as collectors, manufacturers, travelers, and chatters. Collectors are socially isolated, single individuals who have jobs in which they have access to children. They have preferences for children with specific characteristics and will collect and trade pictures of children. Travelers collect pornography, groom their victims, solicit meetings with victims, and pay for their victims to travel to a meeting place. They typically prefer adolescent children and most closely resembled a fixated pedophile. Manufacturers are sexually involved with children and typically have past sexual offenses. They make child pornography by taking pictures of either their own children or children in public places and post them on the Internet. Chatters collect child “erotica” rather than child pornography, convince victims they can be trusted, chat with victims online, engage in cybersex, talk to their victims on the phone, and often meet them in person. Regardless of how a pedophile is classified, typologies are not a one size fits all classification system. Some individuals fit into multiple categories due to having a variety of inappropriate sexual interactions and behaviors. As a result, viewing classifications as being on a continuum rather than being distinct categories may help a mental health provider or person of authority better understand an individual’s motivation and involvement in pedophilic behaviors.

According to Beard et al. (2017), risk factors for fathers engaging in sexual activity with their daughters, or father-daughter incest, include verbal or physical fighting or brutality in the parents’ relationship, accepted father-daughter nudity, low levels of mother-daughter affection, low levels of parental affection for one another, and situations, such as divorce or death, in which a man other than the biological father lived in the home. Additionally, if the father is unable to
get his emotional and sexual needs met in his relationship with his adult female partner, the daughter might be chosen as a suitable partner to fulfil those needs.

Male pedophiles can be identified by a variety of methods including criminal charges of sexual offenses against children, self-report of preferences for children as sexual partners, and penile phallicometric tests, such as a penile plethysmograph (Bogaert et al., 1997; Robertiello & Terry, 2007; Seto & Eke, 2017; Stephens, Leroux, Skilling, Cantor, & Seto, 2017). Changes in penile blood volume are used to determine sexual preferences and can predict the likelihood of reoffending (Stephens et al., 2017). When viewing stimulus pictures of children, pedophiles spend most of their optical focus on the faces and genital areas of the children (Fromberger et al., 2013).

Treatment for male pedophiles is primarily focused on preventing future sexual offenses from occurring while incorporating techniques to improve self-esteem and social skills. Some forms of treatment include regular injections of Depo Provera or Depo Lupron to reduce sex-drive and regular, concurrent group therapy with other offenders to understand past sexual misconduct and learn lifestyle changes to better regulate sexual behaviors (Fagan et al., 2002; Vernon & Rich, 1997). Selective serotonin reuptake inhibitors (SSRIs) have been used with male pedophiles to help reduce pedophilic behavior and urges as well as improving anger control and problems with impulsivity (Chow & Choy, 2002; Fagan et al., 2002). If the male is married or has an adult partner, marital and sex therapy may be beneficial in repairing that relationship and keep the male from seeking relationships with children (Beard et al., 2017). Vernon and Rich (1997) propose an interesting viewpoint that pedophiles themselves are victims because of their sexual preferences. They propose that just like sexual orientation cannot be changed neither can pedophiles’ sexual preferences. Fulfilling their sexual desires can lead to criminal charges, social
ridicule, and ostracization from their family, friends, and community. If incarcerated, they also face the risk of increased violence from other inmates. For some pedophiles, the only solution is a life of celibacy.

**Female Pedophiles**

Although much of the literature focuses on male sexual perpetrators, females also engage in perpetrating behavior. Females who commit sexual offenses, particularly acts of pedophilia, are an understudied population (Comartin, Burgess-Proctor, Kubiak, & Kernsmith, 2018; Cooper, Swaminath, Baxter, & Poulin, 1990; Cortoni et al., 2017; McLeod, 2015; Nathan & Ward, 2002; Stroebel et al., 2018a; Stroebel, O’Keefe, Griffée, Kuo, Beard, & Kommor, 2013; Tewksbury, 2004). Because they are understudied, it gives the impression that the population of female sex offenders and female pedophiles is also rare (Christensen, 2018; Seto, 2012), which is potentially influenced by the general belief that females do not participate in deviant sexual activity of their own accord and only participate in deviant sexual acts when coerced by a male (Gillespie et al., 2015). Additional contributing factors to the belief that sexual offenses completed by women are rare include limited media coverage and research studies regarding female pedophilia as compared to available information regarding male pedophilia and other types of deviant sexual acts and reports of female pedophilia might simply be significantly underreported (Cortoni et al., 2017; Ferguson & Meehan, 2005; Lamy et al., 2016; Oliver & Holmes, 2015). Cortoni et al. (2017) conducted a meta-analysis which included information from twelve countries and found that the rate of individuals who identified being sexually abused by females was actually six times greater than the number of reported cases of sexual abuse by a female. Stroebel et al. (2018a) conducted a study in which 5.9% of the female participants admitted to having participated in sexual activity of any kind with underage males. Previously,
when the media reported on females sexually offending against others, the tone used to communicate the information was sympathetic and romanticized; however, in the past five years in western countries, there has been a shift in the tone that presents females who sexually offend as dangerous and accountable for their actions (Christensen, 2018).

Most of the sexual offenses committed by women are sexual crimes against children (Tewksbury, 2004), particularly against children who are 6 years old and younger (Fagan et al., 2002). Pedophilia in females is potentially expressed differently than pedophilia in males, which could influence the lack of recognition of female pedophilic behavior (Seto, 2012). Females are also less likely than males to take pride in their sexual behaviors which could also influence underreporting (Ferguson & Meehan, 2005). Additionally, the ratio of females being diagnosed with a paraphilia, including pedophilia, compared to males is significantly disproportional at a rate of about 1:30, respectively (Wijkman et al., 2011).

According to several researchers (Lamy et al., 2016; Siegel & Fix, 2019; Steele et al., 2019), this lack of reporting of sexual offenses committed by women could be the result of many factors. For example, females are often in positions in which they are the caretaker or nurturer of children whether through their choice of employment, such as working in a daycare facility, or by their own choice to have children. They are often in situations where they see children partially or fully naked by helping them change clothes, go to the bathroom, or take a bath. Because it is somewhat normal for women in those positions to help with those identified activities and see children in various states of clothedness, acts with a sexual intent might not be recognized as such because they are seen as the adult female simply helping the child bathe or get dressed. Thus, female sex offenders typically perform deviant sexual acts in environments in which they work directly with children (Christensen & Darling, 2019; Comartin et al., 2018;
Cooper et al., 1990), and most offenders have traditional gender specific jobs such as homemaking and babysitting (Nathan & Ward, 2002); babysitting is often cited as the most common place/position that females engage in acts of pedophilia (Nathan & Ward, 2002; Roe-Sepowitz & Krysik, 2008). Physical contact between adult females and children is often not given a second thought because it is viewed as acceptable and appropriate given that women have historically been the caretakers of children, but if that same behavior is performed by a male, it is automatically evaluated for deviant motives because historically men have not participated in the caretaking of children (Ferguson & Meehan, 2005).

According to Miletski (2007) (as cited by Steele et al. (2019)), sons who have been sexually abused by their mothers might not report the abuse if their mother is their only caregiver. Additionally, authority figures do not always recognize or acknowledge that females can sexually offend (Pflugradt, Allen, & Marshall, 2018); individuals who report sexual abuse are more likely to not be believed by the authority figure if the individual reports that their mother sexually abused them (Cortoni et al., 2017). According to Fedoroff, Fishell, and Fedoroff (1999), police officers are less likely to arrest females for genital exposure, or exhibitionism, than they are to arrest males. Several studies (Atwood, 2007; Carlson, Maciol, & Schneider, 2006; Finkelhor, 1981; Russell, 1986) indicate that incidences of sexual activity between sisters is less likely to be reported to parents out of fear that the victim will be punished in addition to the perpetrator. However, teachers who offend against students are more likely to receive a severe punishment as compared to male and female offenders who are not in a caregiving role (Stroebel et al., 2018a). Furthermore, in New Jersey between 2003-2013, male teachers who engaged in sexual activity with students had a 10% higher chance of receiving a prison sentence than female teachers, and their prison sentences were 50% longer than those for female teachers.
(Terruso, 2019). But, Christensen (2018) reported that in the past five years across western countries, there has been a shift that recognizes that sexual abuse at the hands of a female is as severe as sexual abuse at the hands of a male. This shift has also allowed for more equal punishment for males and females who sexually offend. However, Siegel and Fix (2019) state that adult and juvenile female sex offenders receive less harsh punishment than their male counterparts.

Societal views and opinions of female sex offenders can also influence underreporting. Societal views that only men sexually abuse others and that sexual abuse by women is less harmful than sexual abuse by men contribute to the lack of reporting of sexual abuse by female offenders (Oliver & Holmes, 2015; Tewksbury, 2004). Additionally, females are often viewed as non-violent, uninterested in sexual activity, and incapable of sexually offending (ten Bensel, Gibbs, & Raptopoulos, 2019b). However, if they do engage in inappropriate sexual activity with underage males, the victims are often pressured by societal views to not report sexual abuse by females (Ferguson & Meehan, 2005). Additionally, according to Sarrel and Masters (1982) and Denov (2003), if underage males believe they voluntarily participated in sexual activity with an adult female or they were impotent in the situation, then they were not harmed. For example, in America, underage males who have sexual relationships with older females are often glamorized, and there is a misconception that females who do have sex with underage males are not malicious but rather are truly in love with or have strong emotional feelings for their underage partner (Albrecht, 2012). In the popular television show, South Park, Ike, a child in kindergarten, has a sexual relationship with his teacher in episode 10 of season 10, “Miss Teacher Bangs a Boy” (Parker, Miss Teacher Bangs a Boy, 2006). Ike’s older brother, Kyle, recognizes that Ike’s teacher is sexually abusing him, and their relationship is inappropriate. However, many of the
adult characters in the show, including the police, congratulate Ike for having a relationship with his teacher and do not take Kyle’s concerns seriously. Eventually, the teacher is persecuted on the show for her actions, but it does not happen as quickly as it would if a male was having a sexual relationship with an underage female.

According to Cortoni et al. (2017), females who sexually offend engage in a variety of deviant sexual behaviors with their victims, but they typically do not engage in as many acts of penetration either by penetrating the victim or having the victim penetrate them with sex organs or objects. The reasons why a female commits a sexual offense and how that offense is committed are influenced by a variety of factors. Common misperceptions support the idea that females do not sexually offend of their own accord unless they have a psychological disorder, and if they do offend, they usually have a male influencing their deviant sexual behavior. While females with psychological disorders can commit deviant sexual acts and some females do co-offend with a male partner, there are women who complete deviant sexual acts entirely of their own accord and can have malicious intent. Whatever the circumstances surrounding a female offender may be, the aftermath of sexual offenses completed by women can bring about the same psychological problems in victims as those sexual offenses completed by men, which can include problems with depression, rage, substance abuse, self-harming behavior, suicidal thoughts, intrapersonal problems, sexual difficulties, and a sense of mistrust and fear of women (Christensen & Darling, 2019; Cortoni et al., 2017; Oliver & Holmes, 2015). Men who have been sexually abused by their mother report having problems with interpersonal relationships, multiple concurrent sexual partners, addiction, sexual orientation, and depression (Lamy et al., 2016). Females who were sexually abused as children by an adult female are seven times more likely to report low self-worth, specifically feeling like “damaged goods” (Stroebel et al., 2013,
Additionally, sexual abuse at the hands of a female is more psychologically damaging than sexual abuse at the hands of a male, according to individuals who were abused by both males and females (Christensen, 2018). Therefore, it is important to continue to study and attempt to understand variables that influence female pedophilia and patterns in offending to try to prevent future sexual offenses. A better understanding of female pedophiles can help change societal views of female pedophilia to reduce the stigma related to being sexually abused by a woman and increase recognition and reporting of deviant sexual acts completed by females.

Recently, actress Asia Argento accused Harvey Weinstein of raping her when she was 21 years old. Shortly after she made her accusations public, a former coworker, actor Jimmy Bennett, stated publicly that he was sexually assaulted by Ms. Argento when he was 17 years old and she was 37 years old (Melas, 2018; Severson, 2018). According to an article by Severson (2018), Mr. Bennett alleged that they met in a hotel room where she gave him alcohol and had presented him with love notes. She then performed oral sex on him before having sexual intercourse with him. Interestingly, in the 2004 movie in which they costarred, Ms. Argento played Mr. Bennett’s mom; her character was a prostitute with a substance use disorder who dressed her son as a female to attract adult male clients. Mr. Bennett’s character was raped in the movie. After finishing this production, the two were described to have a mother-son relationship. Ms. Argento has two biological children and has had at least two consensual relationships with adult partners. Mr. Bennett has released statements regarding this alleged sexual assault in which he states that this trauma negatively impacted his mental health which in turn has affected his professional career and income (Melas, 2018; Severson, 2018). He stated he did not publicly speak about this assault because of the stigma related to males being sexually abused by females (Melas, 2018).
Teachers who Sexually Offend Students

Christensen and Darling (2019) wrote an article comparing and contrasting males and females who sexually offend in institutional settings, including schools, against children. These researchers reviewed a study by Sullivan and Beech (2004) that found that 90% of the males (41 total participants) in institutional settings who sexually offended against children knew by age 21 that they were sexually attracted to children, and more than half of them chose to have a career in an institutional setting to have more access to children. Christensen and Darling (2019) further note that males who offend in institutional settings present with different characteristics than other male sex offenders because they usually have a college degree, no history of sexual offenses, and have few psychological problems. For females in institutional settings, 78% of the perpetrators were teachers. Female teachers tended to have older victims, approximately 15-16 years old, and offended to have emotional needs met rather than out of a sexual attraction to children and to get sexual gratification that they lacked in other relationships with appropriate partners. These females shared some characteristics with other female offenders including problems with self-esteem, loneliness, relationship problems, and unstable lifestyles. Female teachers were more likely to engage in oral, anal, and vaginal sex with minors while male teachers were more likely to sexually harass minors. Additionally, female teachers are more likely to engage in sexual activity in their own homes with students while males are more likely to engage in sexual activity with students at school. Furthermore, in their study, 1/3 of the male teachers had been previously warned they had inappropriate behavior, but none of the female teachers received a prior warning.
Identification of Female Pedophiles

As outlined by Cooper et al. (1990), one way that female pedophiles can be identified is through the use of a vaginal photoplethysmograph which measures arousal in four ways: vaginal blood volume, vaginal pulse rate, vaginal pulse amplitude, and response duration; this procedure is the equivalent of penile photoplethysmography. Individuals are shown a variety of stimuli with pictures of male and female adults and children engaging in a variety of sexual activities for 30 seconds and arousal during the presentation of each stimulus was measured. Exposure to a synthetic progestin while in utero, childhood adrenal hyperplasia, excessive levels of corticosteroids including testosterone, and hyperthyroidism have all been linked with increased libido and sexual activity. Additionally, Goodman (1976), as cited by Cooper et al. (1990), hypothesized that females with overly sensitive androgen receptors may also be hypersexual, and medication that suppresses androgen secretion can help decrease hypersexuality.

As discussed by McLeod (2015), one factor that may influence the identification of female sex offenders is the legal definition of sexual crimes. Depending on what a state or country defines as sexual abuse or assault can impact how deviant sexual acts are reported and documented. Moreover, the age of the victim often dictates to whom they report the abuser. Instances of sexual abuse are often reported to child protective services if the victim is young; however, instances of sexual abuse with older child victims are often reported to law enforcement.

Because female pedophiles are an understudied population, the available literature generally consists of studies with small sample sizes or case studies (Cortoni et al., 2017; Gillespie et al., 2015; Nathan & Ward, 2002; Oliver & Holmes, 2015; Pflugradt et al., 2018; Steele et al., 2019; Tewksbury, 2004). While information from case studies is not generalizable,
it is important to discuss the findings due to the lack of literature on female pedophiles. Cooper et al. (1990) conducted a case study with a sexually aggressive and violent 20-year-old Caucasian female, “Miss. K.” Miss K. was born prematurely and had Rhesus factor incompatibility which required blood transfusions. She had average intelligence with a full-scale intelligence quotient (FSIQ) of 92. She had problems with emotion regulation as a child and was obese her whole life. There was no consistent discipline in her home, but her parents were overprotective and discouraged socialization with anyone outside of the family. She was sexually abused by her uncle at age 3, by a brother at age 12, and by another brother at age 14. She also engaged in sexual activity with her family’s dog and cat. She admitted to sexually molesting several young boys and girls over a 2-3-year span while babysitting them. She was diagnosed with borderline personality disorder, pedophilia, sexual sadism, zoophilia, somatization disorder, and had depression with suicidal ideation. She had violent sexual fantasies about male and female adults and children.

Lamy et al. (2016) conducted a case study with “Ms. F” who was a 36-year-old, intellectually disabled, mother of 3 with an FSIQ of 61. Ms. F was sexually abused by two neighbors when she was 12 and was physically abused by her father. She delivered her first child when she was 16 and was married at a young age. Ms. F sexually molested her eldest son when she was 30, and he was 14, respectfully. She watched pornographic videos with her son, performed oral sex on him, allowed him to fondle her, and had sexual intercourse with him for approximately two years during which time she did not have an adult romantic partner. When Ms. F started dating her adult significant other, she stopped sexually abusing her son. Ms. F was unable to feel remorse for her actions or empathy for her son initially; however, after receiving psychotherapy and medication to manage anxiety and depression for several years, she could
express remorse and feel empathy. Ms. F believed that her son enticed her, and she viewed him as an appropriate sexual partner.

Chow and Choy (2002) conducted a case study with Ms. A, a 23-year-old mother of two. There were no known complications when she was in utero or with her birth, and she was of average intelligence. She dropped out of high school in 10th grade, but later earned her high school diploma by completing correspondence courses and a high school upgrading program for adults. She was sexually harassed by her step-grandfather who attempted to kiss her on multiple occasions, but Ms. A’s mother did not believe her which created conflict in their relationship. Ms. A had her first son at age 16 and sexually molested her first victim at age 18 while babysitting. Ms. A molested two female children both age four at the time of the incident by performing oral sex on them. She believed that the children enticed her and did not mind receiving oral sex. Ms. A identified as bisexual with a stronger preference for females, particularly female children ages 3-4. However, she only dated adult men to have socially acceptable relationships. She had a history of impulsive behavior including breaking things when angry and impulsive spending. She expressed guilt for her actions and had concerns about possibly molesting her own daughters should she have any female children in the future. Ms. A reported her behavior to the minister of her church and then together they reported her actions to the police. Ms. A took 50mg of Sertraline, an SSRI, to help improve impulse control and reduce pedophilic behavior with success.

**Juvenile Female Sexual Offenders**

Juvenile female sex offenders are also an understudied population (Siegel & Fix, 2019). They are likely to have experienced multiple types of abuse and have home environments that are unstable and dysfunctional, which can include inconsistent parenting, unstable living
conditions, parental use and abuse of substances, unclear sexual boundaries, parental abandonment, lack of supervision and support, and stormy relationships between mothers and daughters (Oliver & Holmes, 2015; Roe-Sepowitz & Krysik, 2008). According to Oliver and Holmes (2015), juvenile females who sexually offend are more likely to have experienced sexual abuse from multiple perpetrators, one of which is usually a female, and they are often abused at a younger age than male juvenile offenders. Juvenile offenders often lack adequate social skills and healthy relationships with peers; as a result, they are more likely to develop relationships with peers who participate in delinquent activities. Juvenile female sex offenders often engage in risky sexual behavior, including participating in sexual activity with adult males, and sexual aggression at an early age (Cortoni et al., 2017; Roe-Sepowitz & Krysik, 2008). Roe-Sepowitz and Krysik (2008) note that they are also more likely to have problems with externalizing behaviors such as temper tantrums, substance abuse, physical aggression, and oppositional or conduct problems, such as stealing and truancy. Juvenile female offenders also have problems with depression, anxiety, interpersonal relationships, are socially isolated, have low self-concept, and have higher rates of self-harming behavior and suicide attempts.

In documented police and court reports, there are about 2% more juvenile female sex offenders than adult female sex offenders (Cortoni et al., 2017). Juvenile female offenders tend to engage in sexual offenses at an earlier age and are arrested at younger ages for their deviant sexual acts as compared to juvenile males (Cortoni et al., 2017; Miller et al., 2009; Roe-Sepowitz & Krysik, 2008; Siegel & Fix, 2019). Juvenile female sex offenders also tend to have younger victims than male juvenile sexual offenders and are more likely to offend against family members (Roe-Sepowitz & Krysik, 2008). Just like with adult females who sexually offend against minors, juvenile female sex offenders usually offend against children while babysitting.
One interesting result of the meta-analysis completed by Roe-Sepowitz and Krysik (2008) was that juvenile females who had experienced some type of maltreatment were more likely to choose victims to whom they were related, but juvenile females who were not maltreated were more likely to choose victims to whom they were not related. These researchers also noted in one study with 10 adolescent female sex offenders that 75% of juvenile females engaged in vaginal intercourse with their victims, but the most common type of sexual activity was fondling of the victim. Participating in oral sex is also common among juvenile female sex offenders.

**Adult Female Pedophiles and Sexual Offenders**

The majority of female sex offenders are Caucasian and between the ages of 20-32 (Comartin et al., 2018; ten Bensel, Gibbs, & Burkey, 2019a). Female pedophiles and other female sex offenders often have a history of experiencing abuse as well as neglect (Chow & Choy, 2002; Comartin et al., 2018; Cortoni et al., 2017; Ferguson & Meehan, 2005; Gillespie et al., 2015; Johansson-Love & Fremouw, 2009; Lawson & Rowe, 2010; Marshall & Miller, 2019; McLeod, 2015; Nathan & Ward, 2002; Roe-Sepowitz & Krysik, 2008; ten Bensel et al., 2019a; ten Bensel et al., 2019b). One study found that as many as 72% of the female offenders had been sexually abused when they were children (Cortoni et al., 2017). Generally, females are sexually abused three times more often than males when they are children (Fagan et al., 2002). Female sex offenders are more likely to have been abused by siblings; they are also more likely to have close familial relationships with their abusers (McLeod, 2015). Females who have been sexually abused by sisters or fathers are more likely to experience emotional cutoff with the perpetrator; furthermore, females who experience emotional cutoff are at a greater risk of maltreating their own children (Stroebel et al., 2013). Furthermore, females who were sexually abused might
develop a stricter view of behaviors that qualify as sexual abuse against children; for example, Beard et al. (2017) noted that women who were sexually abused as children by their fathers were likely to think that washing their son’s uncircumcised penis is sexual abuse. In this example, this belief could keep the mother from making sure her son is properly clean out of fear that she may abuse him.

Many female sex offenders are often uneducated, unemployed, and of low socioeconomic status (Nathan & Ward, 2002). However, this may be inaccurate and could be influenced by the fact that individuals of higher socioeconomic status may be better at hiding their sexual offences and as a result are not caught or prosecuted for their offenses at the same rate as individuals of lower socioeconomic status (Grasmick et al., 1983). Research (Chow & Choy, 2002; Comartin et al., 2018; Fagan et al., 2002; Gillespie et al., 2015; Johansson-Love & Fremouw, 2009; McLeod, 2015; Miller et al., 2009; Nathan & Ward, 2002; ten Bensel et al., 2019a; ten Bensel et al., 2019b; Wijkman et al., 2011) suggests that adult female sex offenders are more likely to have problems with substance abuse, depression, suicidal ideation, poor coping skills, low self-esteem, learning disabilities, poor impulse control, and relationships. They are likely to have personality disorders, particularly borderline, histrionic, and dependent personality disorder. Adult female sex offenders are more likely to be mentally retarded [intellectually disabled] and have problems with physical disabilities or other medical disabilities. They are also more likely to be living in a home with domestic violence. Adult female offenders often have multiple sex partners, get married at an early age, and have children at a young age (Nathan & Ward, 2002). Additionally, participating in sexual activity, such as masturbation or partnered activities, before the age of 18 has been shown to create a higher life-long interest in sexual activity, so females who have been
sexually abused before the age of 18 might be predisposed to seek out more sexual activity than those who were not (Beard et al., 2017).

Female pedophiles offend against both male and female children, but some studies suggest that females may have a tendency to have more male victims than female victims (Comartin et al., 2018; Cortoni et al., 2017; Miller et al., 2009; Steele et al., 2019) while others suggest that there is a preference for female victims (Johansson-Love & Fremouw, 2009; McLeod, 2015; Nathan & Ward, 2002; Tewksbury, 2004). There is some evidence that suggests that females who engage in exhibitionism are likely to participate in sexual activity with underage males, but this correlation was weak (Stroebel et al., 2018a). However, this disparity could be due to a true preference for gender, underreporting of sexual offenses committed by females, or lack of recognition of what constitutes sexual abuse. McLeod (2015) reported that adult female sex offenders do not have a particular victim type that they repeatedly offend against but are more likely to choose younger victims than adult male sex offenders. Female sex offenders are more likely to be related to their victim than male sex offenders (Comartin et al., 2018; Johansson-Love & Fremouw, 2009; Tewksbury, 2004). According to McLeod (2015), adult female sex offenders typically offend against their own children, children they are related to, or children in their care. Adult female pedophiles are more likely to choose victims who have substance abuse problems, a physical disability, or have been previously abused or maltreated (McLeod, 2015). If the female offender is related to the victim, the sexual abuse tends to last for a longer period of time than if they are unrelated (Nathan & Ward, 2002). Female sex offenders also use technology to find victims, co-offenders, and others who support their activities by uploading/downloading child pornography, participating in chatrooms, and sexting (sending text messages with sexual content) (Stroebel et al., 2018a). Adult female sex offenders are typically
younger at the time of their first offense than adult male sex offenders (Johansson-Love & Fremouw, 2009). Additionally, the age of the perpetrator impacts the likelihood of female sexual offenses: females are more likely to engage in sexual offenses before they turn 40, and once they turn 60, the likelihood of continuing to engage in sexual offenses is very rare (McLeod, 2015).

One theory as to why females sexually offend against children is that they are reenacting the abuse that they endured (Nathan & Ward, 2002; Oliver & Holmes, 2015) in an attempt to resolve their childhood sexual trauma (Oliver & Holmes, 2015), thus continuing the cycle of abuse. Experiencing abuse may also alter or impair certain areas of the brain which impact certain areas of development such as those related to identity formation, attachment, and an understanding of appropriate sexual partners (Ferguson & Meehan, 2005; Nathan & Ward, 2002). Another theory as to why females who have been sexually abused offend against children is that they identify and empathize with their abuser; as a result, they have developed the belief that engaging in sexual activities with children is acceptable and appropriate (Nathan & Ward, 2002).

As explained by Nathan and Ward (2002), females who offend against children identify a variety of motivations for their behavior. Some female offenders identify as being in love with their victims while others report engaging in sexual activity with children to have needs met related to attention and affection. Others report feeling rejected by a male partner or others and offend against children in response to feeling angry and rejected; furthermore, they are likely to be motivated by a desire for dominance or control in situations such as this. Nathan and Ward (2002, p. 9) cited a study by Mathews et al. completed in 1989 in which 13 of the 16 female offenders included in the study engaged in sexual activity with children due to feeling rejected by males. Of those 16 women, four engaged in sexual activity with children as an expression of
love, and nine did so to meet needs for attention, closeness, and affection. However, Nathan and Ward (2002, p. 9) also cited a study by Larson and Maison (1987) in which almost half (seven out of fifteen) of the female offenders engaged in sexual activity with children out of anger with the desire of seeking revenge against their adult partner. Losing a significant relationship can also motivate a female to engage in sexual activity with children. Additionally, some female offenders report offending because they were forced to do so by a male partner who threatened to abandon or abuse them if they did not offend against the identified victim.

Most adult female sex offenders recognize that their behavior is inappropriate, and some show remorse for their actions; however, many female offenders blame the victim for their inappropriate sexual behavior, or they blame their male co-offender if there is one (Gillespie et al., 2015; Lamy et al., 2016). Female pedophiles often do not take full responsibility for their actions, minimize their involvement in deviant sexual activity, or deny their involvement altogether (Ferguson & Meehan, 2005). Females who sexually offend are more likely to think that sexual abuse by women is less harmful than sexual abuse from men (Gillespie et al., 2015). Some research suggests that adult female sex offenders are less likely to admit feeling guilty for their deviant sexual behavior as compared to adult male sex offenders (Johansson-Love & Fremouw, 2009). However, females who do admit to their offending behaviors experience shame and guilt for their actions (Chow & Choy, 2002).

Types of Female Pedophiles

Females can engage in pedophilic behavior on their own or with a co-offender. A previous misconception was that females only sexually offended when a male counterpart encouraged it; however, females can have female counterparts or engage in sexual offenses by
themselves (Cortoni et al., 2017). Table 1 contains information gathered from research regarding types of female pedophiles:

*Table 1: Typologies of Female Pedophiles*

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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| **Predisposed**       | - Act independently  
- History of significant sexual and physical abuse as a child  
- Offenses are violent, sadistic, and motivated by anger and compulsive sexual urges  
- Seeking power and control  
- Sometimes mix sexual and physical abuse  
- May have serious psychological disorders  
- Victims tend to be 6 years old or younger  
- Victims tend to be own children                                                                 |
| **Teacher/Lover**     | - Act independently  
- Motivated to seek a loving, sexual relationship, generally, but some are motivated by anger  
- May have psychological control over their victim  
- Significant cognitive distortions of justification and minimization of harm  
- Offender tends to be older than the victim and in a position of authority  
- Views sexual activity as consensual  
- Do not consider actions to be abuse  
- Victims tend to be male                                                                 |
| **Nurturers/Caregivers** | - An adult female who molests under the justification of completing nurturer/caregiver duties                                           |
| **Male-Coerced**      | - Act independently  
- Motivated by fear of threats, punishment, or physical abuse and emotional dependency of male partner  
- Have low self-esteem  
- Often abuse drugs and alcohol  
- Victims tend to be their own daughters                                                                 |
| **Male-Accompanied**  | - Act with a male partner  
- Have low self-esteem  
- Often abuse drugs and alcohol  
- Motivated by anger and sexual gratification                                                                 |
| **Traditional**       | - Molests children to obtain sexual gratification                                                                                           |
| **Exploration/Exploitation** | - Female teenager who fondles a young child  
- Molests out of curiosity                                                                                                                   |
| **Psychologically Disturbed** | - Rare  
- Mental illness is the cause of abuse                                                                                                      |

(Ferguson & Meehan, 2005; McLeod, 2015; Nathan & Ward, 2002; Lamy et al., 2016; Robertiello & Terry, 2007)
There is some evidence to suggest that females who are motivated by deviant sexual
desires also have homosexual preferences and have had sexual relationships with adult females
(Nathan & Ward, 2002). Females who had sexual experiences with other females as children are
more likely to behave in ways that indicate a homosexual preference as adults than those who did
not (Stroebel et al., 2013). According to Beard et al. (2015), approximately 4.1% of adult
females admitted to engaging in sexual activity with another female before the age of 18. This
article goes on to note that women are more fluid in their sexual preferences and accepting a
female partner to help with child rearing and getting other needs met could be an adaptation in
areas where men are unavailable to be partners. Females who offend independently are often
unrelated to the victim, have a preference for male victims, and likely have a mood disorder
(Gillespie et al., 2015). However, females who offend independently against their own children
almost always sexually abuse their daughters (Ferguson & Meehan, 2005). According to ten
Bensel et al. (2019a), solo-offenders are likely to be in a position of trust and have authority over
their victim, such as teachers, babysitters, mothers, and other relatives, and are more likely to
have male victims. Co-offenders are more likely to have female victims. Co-offenders are more
likely to have multiple victims, be related to the victims, and have a criminal history of other
illegal activity (Budd, Bierie, & Williams, 2017; Gillespie et al., 2015). Females who do offend
with a male partner are often involved in a sexual relationship with the male (Comartin et al.,
2018; Nathan & Ward, 2002; ten Bensel et al., 2019a; Wijkman et al., 2011), are more likely to
abuse her own children (Wijkman et al., 2011), and engage in more acts of penetration than
females who offend independently (Budd et al. 2017; Nathan & Ward, 2002). Victims of co-
offenders may view their mother’s partner as a father figure, and according to Beard et al. (2019,
p.20), females who have experienced father-daughter incest are likely to feel psychologically
damaged and describe themselves as “damaged goods.” Females who co-offend are more likely to have dependent personality disorder or intellectual disability than solo offenders, which would increase the likelihood of their involvement in multiple illegal activities including sexual offending to please their significant other (Ferguson & Meehan, 2005; Gillespie et al., 2015; Wijkman et al., 2011). Comartin et al. (2018) identified two types of co-offenders – accompanied women and coerced women. Accompanied women voluntarily participate in the offense, and coerced women are pressured to participate in the offense. Female sex offenders who are generalists in their offending behavior begin offending at a younger age than specialists and continue abusing children for a longer period of time than specialists (Wijkman et al., 2011). Additionally, females are less likely to reoffend than males, but females who do reoffend are more likely to be acquainted with their victim, have a history of child maltreatment, misdemeanor convictions, and property damage (Marshall & Miller, 2019).

**Treatment for Female Pedophiles**

Because female pedophilia and female sexual offenses in general are understudied, there are not many treatment programs that have been specifically created and designed for female offenders (Lawson & Rowe, 2010; Pflugradt et al., 2018). Many of the treatment programs that are used with female offenders, both juvenile and adult, follow programs designed for males (Ferguson & Meehan, 2005; Roe-Sepowitz & Krysik, 2008; Wijkman et al., 2011). The main purpose of treatment for sex offenders is to prevent future sexual offenses. Secondary goals include improving self-esteem, communication skills, and social skills (Miller et al., 2009). Because the treatment programs are designed to be used with males, treatment does not take into consideration the specific needs of female offenders, differences in individual and family problems, or differences in types of sexual offending between males and females (Miller et al.,
2009; Roe-Sepowitz & Krysik, 2008; Wijkman et al., 2011). Additionally, according to Marshall and Miller (2019), female sex offenders have much lower rates of recidivism than males, which is more evidence that females who sexually offend need treatment tailored towards their needs and not adapted from programs designed for males. Pflugradt et al., (2018) suggest using a strengths-based approach to build upon the skills that the female already has to get their needs met in healthy, adaptive ways.

According to Seto (2012), the way that pedophilia is viewed, whether as a deviant sexual act or a sexual orientation, will also influence the focus and plan of treatment. It is possible to use behavioral interventions to reduce the risk of engaging in acts of pedophilia, but those changes are not often permanent. So, viewing pedophilia as a sexual orientation and teaching individuals to use self-regulation skills may have better results than trying to completely change an individual’s sexual preference. Additionally, according to Gillespie et al. (2015), when determining the most appropriate treatment modality for a female sex offender, it is important to take into consideration the nature of her deviant sexual behavior. Females who offend independently often have a more positive outlook towards treatment and report having partner and familial support of finding a resolution and seeking treatment.

**Purpose of the Present Study**

The purpose of the current study is to expand the literature surrounding adult females who engage in sexual activity with minors by examining the following hypotheses:

1. Adult females who engage in sexual activity of any kind with an underage male, female, or both will have experienced an unstable, dysfunctional home life that includes having experienced physical, sexual, or verbal abuse by their father, mother, or both.
2. Adult females who engaged in sexual activity of any kind with a male under the age of 18 while they were also under the age of 18 are more likely to become a perpetrator against underage males.

3. Adult females who engaged in sexual activity of any kind with a female under the age of 18 while they were also under the age of 18 are more likely to become a perpetrator against underage females.

4. Adult females who engaged in sexual activity of any kind with a male over the age of 18 while they were under the age of 18 are more likely to become a perpetrator against underage males.

5. Adult females who engaged in sexual activity of any kind with a female over the age of 18 while they were under the age of 18 are more likely to become a perpetrator against underage females.

6. Adult females who participate in sexual activity of any kind with underage males or females will have experienced one or more of the following variables: a.) exposed to their mother’s or father’s nude body, b.) exposed their nude body to their mother or father, c.) shared a bed with a male or female, and/or d.) shared a bathtub with a male or female.
CHAPTER 2

Method

Participants

All study participants were over 18 years of age. The catchment area for study participants included six college campuses in West Virginia and the general population from the same geographic areas. Because no unique identifiers or racial or other identifiers were collected that would allow participant identification by data sorting to protect the anonymity of the participants, there is no data on the racial or ethnic make-up of the participants. Similarly, there is no data allowing identification of the site of participation or the mode of recruitment.

The average age of the 2,828 female participants was 24.3 years old ($SD = 9.1$; Median = 21.0). The youngest participants were 18 years old at the time they participated in the survey and the oldest participants were 78 years old. Twelve percent of the participants were mental health or healthcare providers. Of the 2,828 participants, 1.3% had a doctoral degree, 5.3% had a master’s degree, 17.1% had a bachelor’s degree, 73.5% had a partial college education but no degree, and 2.8% had only a high school education. The distribution of the religious beliefs of the participants was 49.4% Protestant Christian, 9.2% Roman Catholic, 0.5% Jewish, 24.7% Other, and 16.2% not religious.

Procedure

The current study is part of a much larger research project entitled: “Effects of Recalled Family Attitudes and Childhood Sexual Experiences on Adult Sexual Attitudes and Adjustment.” Institutional review boards at Charleston Area Medical Center/West Virginia University, Concord University, Marshall University, West Virginia State University, and West Virginia University in Morgantown reviewed and approved all aspects of this study including the contents
of the computerized questionnaire, the protections to the anonymity of the study participants, the way in which study participants were recruited, and the wording of the informed consent form. Data collection began in 2002 and ended in 2018. The (unsigned) anonymous consent forms contained the following warning about risks of study participation. “Some individuals may become quite upset when recalling childhood sexual experiences. If you feel at any time before (or during) the study that this will happen to you or that participation is or will be too painful for you, please do not participate or stop participating in the study. Your participation in the study indicates that you have voluntarily accepted the risks in an attempt to help others. You may quit the study at any time with a click of the mouse on the ‘Quit Study’ button.”

Informed consent was obtained using forms approved by the local institutional review boards of six moderate-sized mid-Atlantic colleges. At all six campuses we used bulletin board announcements, and professors made announcements to their own classes to promote the study as a “cradle to the grave study of human sexuality.” Diversity in the sample was increased by recruiting faculty and adults in the general population near the campuses. Participants were also recruited at “Pride” parades and picnics and institutions selectively frequented by gay and lesbian individuals. In addition, “snowball” recruiting, inviting potential participants to bring their adult friends and acquaintances as participants, was also used to gather participants. Participants were not paid, but many students did receive extra credit. All volunteers over 18 years of age were accepted as participants in the study. After a 15-minute period during which the participants were oriented to the computer-assisted self-interview (CASI) program, the three levels of behavioral screening items, and the protections for the anonymity of the data provided, participants entered their own data into computers in the large participating university computer laboratories. The following anonymity protections were securely in place. The computers were
not aware of the identity of the participants. No identifiers or data that could be used to sort out identifiable minorities were collected. The compiled CASI program was installed directly on the computer the participant was using to minimize computer delay and to allow the extensive code used to tailor future questions to prior responses.

The data collection was designed to support multiple natural, quasi-experimental (Shadish, Cook, & Campbell, 2002, pp. 13–17), pseudoprospective designs (Douglas, Otto, & Borum, 2003) while taking advantage of data collection practices usually only found in truly prospective studies (Douglas et al., 2003): For example, all data necessary for the present research were collected directly from the participants using an instrument and items specifically designed to support the planned research. Also, the order of data collection was designed to minimize criterion contamination. Furthermore, to prevent criterion contamination based on seeing later items, the computer program did not permit participants to return to earlier items to change prior inputs.

The previously mentioned three levels of screening items within the sexual behavior screen sped the participants through a total of 388 sexual behavior items by presenting only the subsets of behavior items that they could have logically engaged-in, based on their responses to the screening items. The program allowed participants to take breaks by issuing a nine-digit randomly generated password number, saving the encrypted data in a special location known only to the compiled program, exiting the program, and then returning using the password number to ensure that there was no mix-up between participants. This allowed participants to meet class or other obligations and return to study participation later in the day or on a subsequent day. Participants were seated at computers positioned so that others could not see their screens. On average, based on an internal clock that recorded only the time that the program
was running, data entry took two hours of steady work. No data were permanently filed until the questionnaire had been completed.

All data were encrypted before being randomly filed into a random-access file filled with fake data hidden on an undisclosed remote server, and multiple additional fake lines were created and filed simultaneously. Decoding the data was performed en masse at a remote time and location using a program only available to the database manager. The program allowed the database manager to prospectively add or suppress statement items (with agree/disagree responses) or preference items (with multiple choice responses) over the course of the study without interfering with the functioning of the database.

**Measures**

Items from the CASI program S-SAPE1©S-SAPE, LLC reproduced by permission of S-SAPE, LLC, 2002, P.O. Box 11081, Charleston, WV 25339 appear within this paper in quotation marks. To reuse items, permission must be obtained from the rights holder.

**Home Life**

The following questions were used to assess an individual’s home life:

"Select the choice which best describes your family of rearing whether by biological parents or adoptive parents."

“1.) My parents remained married (including common-law) and together until I reached 18”

“2.) My parents divorced or separated, and there was no remarriage or new partner in my home before I reached 18”

“3.) My parents divorced or separated, and there was a remarriage or a new partner in my home before I reached 18”
“4.) My parents never married (excludes common-law marriages) before I reached 18 and did not live together”

“5.) One of my parents died, but there was no remarriage or new partner in my home before I reached 18”

“6.) One of my parents died, and there was a remarriage or a new partner in my home before I reached 18”

“7.) I was raised almost exclusively in an orphanage”

“8.) I was raised in a series of foster homes”

“9.) I was raised by my grandparent or grandparents”

“10.) I was adopted later, and I don’t remember my biological parents”

“11.) I was adopted later, and I do remember my biological parents.”

“The best way to describe my parents’ relationship while I was growing up is.”

“1.) My parents’ relationship was not good: there was verbal fighting, anger, criticism, distance, and little or no love or affection”

“2.) My parents’ relationship was very mixed: there were periods of love and affection interspersed with verbal fighting, anger, criticism, or distance”

“3.) My parents’ relationship was reserved: I did not see fighting, criticism, or physical display of affection, but I believe that there was quiet love and respect underneath”

“4.) My parents’ relationship included a lot of physical fighting and/or brutality”

“5.) My parents’ relationship was very good with lots of love, support, and physical affection and few times when there was fighting, anger, criticism or distance.”
Abuse

The following questions were used to assess if an individual was abused by their mother or father:

“S23 I was verbally abused by my father or father figure.”

“S117 I was verbally abused by my mother or mother figure.”

“S51 I was physically abused by my father or father figure.”

“S74 I was physically abused by my mother or mother figure.”

“S93 I was sexually abused by my father or father figure.”

“S149 I was sexually abused by my mother or mother figure.”

Sexual Activity of Any Kind while the Participant was Under Age 18

Participants were asked to answer yes or no to the following questions to determine their participation in sexual activity of any kind with a male or female under the age of 18 while they were also under the age of 18:

“B22 Your age range: 1-17 years; Behavior: Sexual experimentation of any kind with a female age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B39 Your age range: 1-17 years; Behavior: Sexual experimentation of any kind with a male age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”
Sexual Activity of Any Kind with Someone 18 or Older when the Participant was Underage

Participants were asked to answer yes or no to the following questions to determine their participation in sexual activity of any kind with a male or female who was at least 18 and at least 4 years older than them when they were ages 1-17:

“B166 Your age range: 1-17 years; Behavior: Sexual experimentation of any kind with a female age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B183 Your age range: 1-17 years; Behavior: Sexual experimentation of any kind with a male age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

Sexual Activity of Any Kind with Someone under 18 as an Adult

Participants were asked to answer yes or no to the following questions to determine their participation in sexual activity of any kind with a male or female under the age of 18:

“B354 Your age range: 18-99 years; Behavior: Sexual experimentation of any kind with a female age 1-17. Give your best guess for numbers – don’t get hung up on being precise!”

“B371 Your age range: 18-99 years; Behavior: Sexual experimentation of any kind with a male age 1-17. Give your best guess for numbers – don’t get hung up on being precise!”

Coerced Sexual Activity of Any Kind

Participants were asked to answer yes or no to the following questions to determine their participation in coerced sexual activity of any kind with a male or female:
“B57 Your age range: 1-17 years; Behavior: Coerced sexual situations of any kind with a female age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B72 Your age range: 1-17 years; Behavior: Coerced sexual situations of any kind with a male age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

**Being exposed to parental nudeness and being nude in front of parents**

Participants were asked to answer yes or no to the following questions regarding exposure to parental nudeness and being nude in front of their parents:

“S8 Before I hit puberty in my family of rearing, it was common for me to see my father nude while he was dressing or in the bathroom etc.”

“S47 Before I hit puberty in my family of rearing, it was common for me to see my mother nude while she was dressing or in the bathroom etc.”

“S70 Before I hit puberty, in my family of rearing it was common for my father to see me nude while I was dressing or in the bathroom etc.”

“S88 Before I hit puberty in my family of rearing, it was common for my mother to see me nude while I was dressing or in the bathroom etc.”

“S104 After I hit puberty in my family of rearing, it was common for me to see my father nude while he was dressing or in the bathroom etc.”

“S115 After I hit puberty in my family of rearing, it was common for me to see my mother nude while she was dressing or in the bathroom etc.”

“S125 After I hit puberty in my family of rearing, it was common for my father to see me nude while I was dressing or in the bathroom etc.”
“S147 After I hit puberty in my family of rearing, it was common for my mother to see me nude while I was dressing or in the bathroom etc.”

**Sharing a Bed While Under Age 18**

The following questions were used to determine if an individual shared a bed with others while under age 18:

“B18 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a female age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B19 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a male age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B90 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a female age more than 4 years older than yourself but under 18. Give your best guess for numbers – don’t get hung up on being precise!”

“B91 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a male age more than 4 years older than yourself but under 18. Give your best guess for numbers – don’t get hung up on being precise!”

“B162 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a female age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B163 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a male age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”
“B234 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a female age more than 4 years younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B235 Your age range: 1-17 years; Behavior: Sharing a bed for sleeping with a male age more than 4 years younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

**Sharing a Bathtub While Under Age 18**

The following questions were used to determine if an individual shared a bathtub with individuals while under age 18:

“B20 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a female age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B21 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a male age no more than 4 years older or younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B92 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a female age more than 4 years older than yourself but under 18. Give your best guess for numbers – don’t get hung up on being precise!”

“B93 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a male age more than 4 years older than yourself but under 18. Give your best guess for numbers – don’t get hung up on being precise!”
“B164 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a female age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B165 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a male age 18 or older and more than 4 years older than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B236 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a female age more than 4 years younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”

“B237 Your age range: 1-17 years; Behavior: Taking a bath in the same tub with a male age more than 4 years younger than yourself. Give your best guess for numbers – don’t get hung up on being precise!”
CHAPTER 3

Results

Of the 2,828 female participants in the study, 166 endorsed participating in sexual activity of any kind with underage males, and 22 endorsed having participated in sexual activity of any kind with underage females. Five of those women engaged in sexual activity of any kind with both underage males and females. A total of 45 variables were screened as potential predictors of a study participant becoming a sexual perpetrator who preyed on underage males based on the value of the Score Statistic at step zero of the logistic regression as shown in Table 2 (see Appendix B). Similarly, total of 45 variables were screened as potential predictors of a study participant becoming a sexual perpetrator who preyed on underage females as shown in Table 3 (see Appendix C). In both tables the tested variables were entered in order of decreasing predictive power, with twelve significant predictors in Table 2 and nine significant predictors in Table 3. Because the number of females who reported participating in sexual activity of any kind with both underage males and females was so small, data from these participants were not analyzed separately.

**Hypothesis 1** – “Adult females who engage in sexual activity of any kind with an underage male, female, or both will have experienced an unstable, dysfunctional home life that includes having experienced physical, sexual, or verbal abuse by their father, mother, or both.”

As shown in Methods, the “Home” variable was a multiple-choice variable. It was recoded to produce a total of 10 different 0/1 dummy variables for testing. As can be seen from Table 2 which contains the results from screening 45 potential predictors for becoming a sexual perpetrator preying on male victims, Home6 was the only one of the individual tested choices to be statistically significant ($p = .005$). After applying the Bonferroni correction of 10 times, the
resulting $p$-value was of borderline significance: $p = .05$. As can be seen in the right-most column of Table 2, only 4.9\% (8) of the 166 perpetrators had selected choice Home6, indicating that, at most, the Home6 could explain only 4.9\% of the 166 perpetrator cases. The 0/1 dummy variable representing respondents who selected choice Home5 was not statistically significant. The Home5,6 dummy variable representing respondents who selected either choice 5 or choice 6 (a total of 7.3\% (12 cases) was statistically significant ($p = .036$)). However, applying the Bonferroni correction by multiplying the $p$-value by 10, made that variable non-significant.

Other tested variables that were not significant included S23, S51, S74, S93, S117, and Pref5.

There were only 22 study participants who admitted preying on underage female victims, a fact which reduces the power of the statistical analyses to identify risk factors for engaging in the behavior. As can be seen from Table 3 which contains the results from screening 45 potential predictors for becoming a sexual perpetrator preying on female victims, only Home23 was statistically significant ($p = .014$). However, applying the Bonferroni correction by multiplying the $p$-value by 10, made that variable non-significant. Again, other tested variables that were not significant included S23, S51, S74, S93, S117, and Pref5. The results of the statistical analyses provide very scant support for hypothesis 1, and the borderline significance of the one tested variable is suspected to be a type-2 error (erroneous identification of a causal relationship).

Lastly, since there were a small number of participants ($n = 5$) who endorsed participating in sexual activity of any kind with both underage males and females, data from these participants were not analyzed separately.

**Hypothesis 2** – “Adult females who engaged in sexual activity of any kind with a male under the age of 18 while they were also under the age of 18 will become a perpetrator against underage males.”
Hypothesis 4 – “Adult females who engaged in sexual activity of any kind with a male over the age of 18 while they were under the age of 18 will become a perpetrator against underage males.”

One logistic regression analysis was used to test hypotheses two and four to compare and contrast the effects of participating in sexual activity of any kind with underage and adult males while being under the age of 18 on the likelihood of engaging in sexual activity of any kind with an underage male as an adult. As shown in Table 2, there were two variables identified as statistically significant predictors. The strongest predictor of engaging in sexual activity of any kind with an underage male as an adult was ever having participated in voluntary or coerced sexual activity with a male under the age of 18 while also being under the age of 18. The second strongest predictor was ever having participated in voluntary or coerced sexual activity with a male over the age of 18 while being under the age of 18. However, when we used stepwise logistic regression to adjust for the predictive power of the strongest variable, the second strongest predictor, ever having participated in voluntary or coerced sexual activity with a male over the age of 18 while being under the age of 18 was no longer statistically significant, resulting in Model #1 in Table 4 with only one predictor. As shown by Model #1, ever having participated in voluntary or coerced sexual activity with a male under the age of 18 while also being under the age of 18 increased the likelihood of becoming a sexual perpetrator who preyed on underage males by approximately 1.9 times.
Table 4: Logistic Regression Models for Predicting Behaviors Involving Sexual Activity of Any Kind with Underage Males

<table>
<thead>
<tr>
<th>#</th>
<th>Predictors in the model</th>
<th>B</th>
<th>Std. error</th>
<th>p</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMU18 Ever voluntary or coerced sex with a male under 18 before 18</td>
<td>.660</td>
<td>.168</td>
<td>&lt;.001</td>
<td>1.935</td>
</tr>
<tr>
<td></td>
<td>Constant</td>
<td>-</td>
<td>.135</td>
<td>&lt;.001</td>
<td>.043</td>
</tr>
</tbody>
</table>

Model #2 – Hypothesis 6-Tub & Bed Variables: Nagelkerke $r^2 = .026$, N = 2,828, n1 = 166, for predicting endorsing: E371: Offending against underage males during adulthood 6265 E371FNT1

<table>
<thead>
<tr>
<th>#</th>
<th>Predictors in the model</th>
<th>B</th>
<th>Std. error</th>
<th>p</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ever235 Your age 1-17; Sharing a bed for sleeping with a male age more than 4 years younger than yourself.</td>
<td>.878</td>
<td>.254</td>
<td>.001</td>
<td>2.406</td>
</tr>
<tr>
<td></td>
<td>EMU18 Ever voluntary or coerced sex with a male under 18 before 18</td>
<td>.591</td>
<td>.170</td>
<td>.001</td>
<td>1.806</td>
</tr>
<tr>
<td></td>
<td>Constant</td>
<td>-</td>
<td>.136</td>
<td>&lt;.001</td>
<td>.041</td>
</tr>
</tbody>
</table>

**Hypothesis 3** – “Adult females who engaged in sexual activity of any kind with a female under the age of 18 while they were also under the age of 18 will become a perpetrator against underage females.”

**Hypothesis 5** – “Adult females who engaged in sexual activity of any kind with a female over the age of 18 while they were under the age of 18 will become a perpetrator against underage females.”

One logistic regression analysis was used to test hypotheses three and five to compare and contrast the effects of participating in sexual activity of any kind with underage and adult females while being under the age of 18 on the likelihood of engaging in sexual activity of any kind with an underage female as an adult. As shown in Table 3, there was only one of the two variables that was statistically significant. The strongest predictor of engaging in sexual activity
of any kind with an underage female as an adult was ever having participated in voluntary or coerced sexual activity with a female under the age of 18 while also being under the age of 18. It was statistically significant and clinically significant, indicating that it is likely a reliable predictor of engaging in sexual activity of any kind with an underage female as an adult. As shown in Model #3 in Table 5, ever having participated in voluntary or coerced sexual activity with a female under the age of 18 while also being under the age of 18, increased the risk of becoming a sexual perpetrator who preyed on underage females by about 6.9 times.

Table 5: Logistic Regression Models for Predicting Behaviors Involving Sexual Activity of Any Kind with Underage Females

Model #3 – Hypothesis 3&5: Nagelkerke $r^2 = .079$, N = 2,828, n1 = 22, for predicting endorsing: E354: Offending against underage females during adulthood 6250 E354FNTI

<table>
<thead>
<tr>
<th>#</th>
<th>Predictors in the model</th>
<th>B</th>
<th>Std. error</th>
<th>p</th>
<th>$e^B$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EFU18fnt Voluntary or coerced sex with a female under 18 before 18</td>
<td>1.935</td>
<td>.446</td>
<td>&lt;.001</td>
<td>6.926</td>
</tr>
<tr>
<td></td>
<td>Constant</td>
<td>-</td>
<td>.354</td>
<td>&lt;.001</td>
<td>.004</td>
</tr>
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</table>

Model #4 – Hypothesis 6-Tub & Bed Variables: Nagelkerke $r^2 = .093$, N = 2,828, n1 = 22, for predicting endorsing: E354: Offending against underage females during adulthood 6250 E354FNTI

<table>
<thead>
<tr>
<th>#</th>
<th>Predictors in the model</th>
<th>B</th>
<th>Std. error</th>
<th>p</th>
<th>$e^B$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EFU18fnt Voluntary or coerced sex with a female under 18 before 18</td>
<td>1.804</td>
<td>.453</td>
<td>&lt;.001</td>
<td>6.072</td>
</tr>
<tr>
<td></td>
<td>Ever162 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age 18 or older and more than 4 years older than yourself</td>
<td>.955</td>
<td>.472</td>
<td>.043</td>
<td>2.599</td>
</tr>
<tr>
<td></td>
<td>Constant</td>
<td>-</td>
<td>.367</td>
<td>&lt;.001</td>
<td>.003</td>
</tr>
</tbody>
</table>

Hypothesis 6 – “Adult females who participate in sexual activity of any kind with underage males or females will have experienced one or more of the following variables: a.) exposed to their mother’s or father’s nude body, b.) exposed their nude body to their mother or
father, c.) shared a bed with a male or female, and/or d.) shared a bathtub with a male or female.”

Predictors for preying on underage males. As can be seen from Table 2, none of the variables related to nudity were statistically significant predictors of adult females engaging in sexual activity of any kind with underage males. Although we were careful to indicate the items should be interpreted as describing “innocent” sleeping and “innocently” sharing a tub bath during the 15-minute orientation immediately prior to their beginning data entry to avoid study participants from using the common American euphemism of “sleeping with” to mean “having coitus with,” it was also possible that the described innocent sleeping or tub bathing had occurred with established sex partners. As can be seen from Table 2, the Score Statistics for Ever235 and EMU18 were 18.4 and 15.9, respectively, and both were statistically significant (p < .001). A total of six variables describing sharing beds and one variable describing sharing a tub bath were statistically significant in Table 2: Those with left-hand column numbers 1, 3, 4, 6, and 9, 11, and 12 with variables Ever235, Ever237, Ever19, Ever163, Ever91, Ever162, and Ever234, respectively. We used a multiple logistic regression analysis in an attempt to differentiate between the predictive effect of “sleeping” and acknowledged sexual behavior by including all six of the above variables as well as EMU18 in a single stepwise logistic regression, resulting in Model #2 in Table 4. As can be seen from the higher score statistic in Table 2 and fact that sharing a bed for sleeping increased the risk 2.4 times while ever having engaged in voluntary or coerced sex increased the risk only 1.8 times (Table 4, Model #2, e^B), we interpret the bed sharing to have been a different activity with a partner who was not identical with the sexual partner described by the second predictor in Model #4. Table 6 shows correlations among all of
the significant predictors for adult females engaging in sexual activity of any kind with underage males.

**Table 6: Correlations Among Significant Predictors of E371FNTI**

<table>
<thead>
<tr>
<th>Variable Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>E371FNTI</td>
<td>1</td>
<td>.081*</td>
<td>.075*</td>
<td>.071*</td>
<td>.062*</td>
<td>.049*</td>
<td>.048*</td>
</tr>
<tr>
<td>Ever235 Your age 1-17; Sharing a bed for sleeping with a male age more than 4 years younger than yourself.</td>
<td>1</td>
<td>.143*</td>
<td>.519**</td>
<td>.175**</td>
<td>.222**</td>
<td>.112**</td>
<td></td>
</tr>
<tr>
<td>EMU18 Ever voluntary or coerced sex with a male under 18 before 18</td>
<td>1</td>
<td>.097**</td>
<td>.571**</td>
<td>.210**</td>
<td>.269**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever237 Your age 1-17; Behavior: Taking a bath in the same tub with a male age more than 4 years younger than yourself.</td>
<td>1</td>
<td>.098**</td>
<td>.136**</td>
<td>.107**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever19 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age no more than 4 years older or younger than yourself.</td>
<td>1</td>
<td>.217**</td>
<td>.142**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever163 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age 18 or older and more than 4 years older than yourself.</td>
<td>1</td>
<td>.588**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOEM01 Ever voluntary or coerced with adult male partners before 18 years of age.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level; * Correlation is significant at the 0.05 level.

Predictors for preying on underage females. As can be seen from Table 3, none of the variables describing nudity within the nuclear family were statistically significant predictors of adult females engaging in sexual activity of any kind with underage females. The strongest predictor of engaging in sexual activity of any kind with an underage female as an adult was ever having participated in sexual activity of any kind with a female under the age of 18 while also being under the age of 18. A total of four variables describing sharing beds and three variables describing sharing a tub bath were statistically significant in Table 3: Those with left-hand column numbers 2-5, and 7-9, namely variables Ever18, Ever164, Ever162, Ever90, Ever236, Ever20, and Ever234, respectively. We used a multiple logistic regression analysis in an attempt
to differentiate between the predictive effect of “sleeping” and acknowledged sexual behavior by including all of the above variables as well as EFU18 in a single stepwise logistic regression, resulting in Model #4 in Table 5. Ever162, ever having shared a bed for sleeping with a female age 18 or older and more than 4 years older than yourself was the second (less powerful) variable included in Model #4. None of the remaining variables in the list above were statistically significant predictors after adjusting for the two variables already in the model. Because EFU18fnti describes behavior with an individual under 18 and Ever162 describes behavior with an adult female, these two variables are obviously describing different events. Table 7 shows correlations among all of the significant predictors for adult females engaging in sexual activity of any kind with underage females.

Table 7: Correlations Among Significant Predictors of E354fnti

<table>
<thead>
<tr>
<th>Variable Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 6250-E354FNTI</td>
<td>1 .095** .063** .057** .057** .057** .045*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 EFU18fnt Voluntary or coerced sex with a female under 18 before 18</td>
<td>1 .416** .127** .134** .182** .089**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Ever18 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age no more than 4 years older or younger than yourself.</td>
<td>1 .145** .244** .351** .139**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Ever164 Your age 1-17; Behavior: Taking a bath in the same tub with a female age 18 or older and more than 4 years older than yourself.</td>
<td>1 .582** .163** .208**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Ever162 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age 18 or older and more than 4 years older than yourself.</td>
<td>1 .264** .212**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Ever90 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age more than 4 years older than yourself but under 18.</td>
<td>1 .173**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Ever236 Your age 1-17; Behavior: Taking a bath in the same tub with a female age more than 4 years younger than yourself.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level; * Correlation is significant at the 0.05 level.
CHAPTER 4

Discussion

The results of this dissertation provided partial support for all hypotheses; however, the results did not fully produce the expected results. For all hypotheses, data regarding females who engaged in sexual activity of any kind with underage males, and females who engaged in sexual activity of any kind with underage females were analyzed separately. Again, the number of females who reported participating in sexual activity of any kind with both underage males and females was so small that data from these participants were not analyzed separately. Since there has been a lack of research regarding females who participate in inappropriate sexual behaviors, particularly with minors, it was important to analyze these individuals separately to gain as much knowledge as possible about the relationship between early life experiences and adult perpetrating behavior (Cooper et al., 1990; Cortoni et al., 2017; McLeod, 2015; Nathan & Ward, 2002; Stroebel et al., 2018a; Stroebel et al., 2013; Tewksbury, 2004). Additionally, there has not been a consensus regarding females’ preferences for biological sex of underage partners in the literature, so analyzing these groups separately also addressed that issue. It should be noted that 166 females reported participating in sexual activity of any kind with an underage male, but only 22 females reported participating in sexual activity of any kind with an underage female. Only five females reported participating in sexual activity of any kind with both underage males and females.

The overarching theme in the results is that participating in sexual activity of any kind with a partner under 18 while also under the age of 18 was a strong predictor of adult sexual activity with partners under the age of 18. These findings were predicted by the combined influences of Pavlovian and operant conditioning, critical period learning, and sexual imprinting.
For females who had underage male partners after becoming adults, the two strongest predictors were sharing a bed for sleeping with a male whose age was within four years of the study-participant’s age and ever having participated in sexual activity of any kind with a male under the age of 18 while also being under the age of 18. Participating in sexual activity of any kind with an adult male while under the age of 18 was not a significant predictor of later having male partners under the age of 18 after adjusting for the effects of the two aforementioned predictors, Model #D in Table 5. The strongest predictor for an adult female having sex with an underage female was ever having participated in sexual activity of any kind with a female under the age of 18 while also being under the age of 18. These results indicate that adult females tend to have a preference for underage partners who are of the same biological sex as their partners with whom they engaged in either voluntary or coerced sexual activity while being underage themselves. This finding is similar to information in Steele et al. (2019) and Stroebel et al. (2018b) that states that early experiences with same-sex partners or perpetrators is linked with a same-sex orientation as an adult.

Despite the expectation from the literature review that a dysfunctional home life and having a history of abuse would lead to adult women engaging in sexual activity with minors (Hypothesis 1) (e.g., Chow & Choy, 2002; Cortoni et al., 2017; Ferguson & Meehan, 2005; Gillespie et al., 2015; Johansson-Love & Fremouw, 2009; McLeod, 2015; Nathan & Ward, 2002; Roe-Sepowitz & Krysik, 2008) our study produced extremely little support for Hypothesis 1. As detailed in the Results, our findings after adjustment for the high number of comparisons within the multiple-choice variable Home, suggested a type-2 error: erroneously identifying a variable as statistically significant when there was no underlying actual causal connection. One stark difference between the populations addressed in the above articles reviewed for the current
study and the population in the current study is that the populations in the reviewed articles were either incarcerated or had been identified by the legal system/authorities in some way. The current study used a community sample that consisted mostly of college students. Our results suggested that there is a difference between females who are caught and those who are not, which could be a result of several factors including intellectual ability or socioeconomic status (Grasmick et al., 1983). Our findings also support the idea that participating in sexual behaviors with minors is not confined to a particular demographic; these behaviors are found in females with a variety of backgrounds.

Hypotheses 2 and 4 were analyzed together to compare and contrast the effects of early sexual experiences with male partners who were also under the age of 18 and with adults over the age of 18. Early sexual experiences with underage partners while under the age of 18 was a significant predictor of participating in sexual activity of any kind with underage males as an adult, supporting Hypothesis 2. However, Hypothesis 4 was not supported. After adjusting for this stronger predictor in a multiple linear regression analysis, early sexual behaviors with adult males became non-significant as would be predicted from conditioning theory.

As stated by Nathan and Ward (2002), females are motivated to participate in sexual activity with minors for a variety of reasons. Our findings support the idea that early sexual experiences set the stage for adult sexual experiences, most likely through learning with classical and/or operant conditioning. Another implication is that females who later go on to engage in sexual activity with underage males do so as a result of either believing that it is an acceptable behavior or that there are no consequences for themselves or long-term effects on the underage partner. Females who later participate in sexual activity with underage males may have developed a preference for underage males due to having a positive sexual experience with an
underage male, thus potentially creating an attraction to underage males throughout life. The other common speculation in the reviewed literature was that adult males who engaged in sexual activity with females while they were minors set the stage for learning by example or modeling that sexual activity with minors is an acceptable behavior was not supported by our data and the appropriate statistical analyses. Additionally, this data does not support the idea that engaging in sexual activity of any kind at an early age creates an individual who is overly sexed and is willing to have sexual activity with anyone as they age, which supplies more support for the idea that conditioning is largely at play.

Hypotheses 3 and 5 parallel hypotheses 2 and 4 by analyzing the effects of early sexual experiences with female partners who were also under the age of 18 and with adults over the age of 18. Interestingly, the results fully parallel those found after analyzing hypotheses 2 and 4. Hypothesis 3 which states, “Adult females who engaged in sexual activity of any kind with a female under the age of 18 while they were also under the age of 18 will become a perpetrator against underage females,” was supported by the results, but hypothesis 5 was not supported. For females who participated in sexual activity with underage females, early sexual experiences with underage females while also being underage was a valid predictor of adult behavior. This was consistent with the idea that learning through classical or operant conditioning is the driving force for females who choose underage female partners. Again, females who participate in inappropriate sexual behaviors can be motivated by a variety of factors, and some research suggests that females who participate in sexual activity with other females while under the age of 18 have same-sex preferences as adults (Nathan & Ward, 2002; Stroebel et al., 2013).

The idea behind hypothesis 6 is that females who later go on to have underage sexual partners see that behavior as acceptable due to having loose boundaries regarding appropriate
and inappropriate sexual behavior. Exposure to parental nudity, being nude around parents, sharing a bathtub, and sharing a bed with others all have the potential to allow for inappropriate sexual behaviors. For females with underage male partners and underage female partners, exposure to nudity or being nude around their parents was not a significant predictor of inappropriate behavior with minors as an adult, providing no support for such concerns. However, situations in which bathtubs and beds were shared were significant predictors of adult behavior.

Eight variables related to sharing a bathtub or a bed were statistically significant predictors of adult females engaging in sexual activity with underage males. The strongest predictors were sharing a bed for sleeping with a male aged more than 4 years younger than the participant and ever participating in sexual activity of any kind with a male under the age of 18 while also being under the age of 18. After adjusting for the two strongest predictors the other aforementioned variables were not statistically significant. The fact that sharing a bed for sleeping with a male more than four years younger than the participant’s age was a stronger predictor than having had a sexual experience with a male under 18 suggests that it was attachment to – or affection for – the underage male with whom the bed was shared that was the driving force behind the behavior becoming a risk factor. This could also be explained by the individual having familiarity or comfort with their partner. Indeed, adult women who have been apprehended by the authorities after having sex with underage males describe being in love with them, and some go on to marry them when it becomes legally possible to do so (Steele et al., 2019).

Sharing a bathtub or a bed with another person regardless of age, gender, or relationship provides an opportunity for sexual behavior. The females who experienced these situations had
opportunities for sexual experimentation. Taking into account the geographic area in which the data was gathered, West Virginia has a high rate of poverty, so it is possible that the females surveyed shared a tub or a bed due to a lack of resources in their family of rearing. It is also possible that these females could have been charged with babysitting or helping with activities of daily living which provided opportunities for sexual experimentation. Females are more likely to be asked to help with the care of younger children, and inappropriate sexual behavior most often occurs in caregiving situations such as babysitting (Lamy et al., 2016; Cooper et al., 1990; Nathan & Ward, 2002; Roe-Sepowitz & Krysik, 2008; Ferguson & Meehan, 2005). Additionally, it is common to share a bed for sleeping after participating in sexual activity, so in some ways, it may be hard to distinguish which behavior came first – sharing a bed for sleeping or sexual experimentation/activity with a partner.

Seven variables related to sharing a bathtub or a bed were statistically significant predictors of adult females engaging in sexual activity with underage females. The strongest predictors were ever having participated in sexual activity of any kind with a female under the age of 18 while also being under the age of 18, sharing a bed for sleeping with a female aged no more than 4 years older or younger than the participant, and taking a bath in the same tub with a female aged 18 or older and more than 4 years older than the participant. As with the females who had underage male partners, it is difficult to know if the females who had underage female partners shared a bed or a bathtub for sexual gratification or due to a lack of resources. Again, it is also hard to distinguish which came first – sharing a bed for sleeping or sexual experimentation/activity with a partner. With this population, though, it seems that the females who later go on to have underage female partners were more likely to have engaged in sexual activity, sharing of a bed, and sharing of a bathtub with similar aged peers or with adult females.
at least four years older than themselves. This is in contrast to the females who chose underage male partners who had more experiences with males at least four years younger than themselves while they were also underage. A likely explanation for these findings is that the early behaviors with older female partners contributed to the development of a sexual preference for females that could be generalized to underage females, as described by Stroebel, et al. (2018b).

**Implications**

According to Cortoni et al. (2017), continuing to study females who engage in inappropriate sexual behaviors will help bring recognition and awareness that females can and do sexually offend against others. This could help authority figures and professionals understand that inappropriate sexual activity completed by females should be taken as seriously as inappropriate sexual activity completed by males (Cortoni et al., 2017; Oliver & Holmes, 2015). Additionally, it is important for professionals to treat individuals who are attracted to minors with respect and recognize that individuals who have those sexual attractions should not be ostracized (Fagan et al., 2002). Particularly with females under the age of 18, it is important to remember that they might not understand the implications of sexual experimentation with children younger than themselves and that sexual experimentation is likely due to curiosity (Oliver & Holmes, 2015). It could also help victims feel more comfortable with reporting sexual abuse by a female (Cortoni et al., 2017).

Furthermore, equal treatment in society is important for all people. It is important to acknowledge and recognize that females can participate in harmful and inappropriate sexual activity just like males. Acknowledging this and continuing to study this population will allow for treatment opportunities specific for female perpetrators to be developed. Females who participate in inappropriate sexual behaviors can have commonalities with males, but because
they have some unique presentations and additional concerns, it is important to develop
treatment programs specifically for females rather than trying to adapt a program specifically
designed for males (Nathan & Ward, 2002). Fagan et al. (2002) state that treatment should focus
on helping individuals with sexual attraction to minors control their behavior. These researchers
also suggest that successful treatment needs to be highlighted and reported in the media to
promote treatment efficacy. Some suggestions for treatment for juvenile female sex offenders
include: “a.) start teaching girls at a young age about what constitutes sexual abuse and about the
harm it causes, b.) design educational programming for female youth that includes components
discussing why it is both morally wrong and illegal to have sexual contact with younger children,
c.) offer greater support to female children and adolescents who report having been sexually
abused, and d.) provide professionals who work with young females with specific education and
training about female sex offenders,” (Oliver & Holmes, 2015, p. 706). Other suggestions for
treatment include targeting offense-supportive cognitions, relationship problems and intimacy
deficits, emotion regulation, and fantasy management (Gillespie et al., 2015). In a study
conducted by Lawson and Rowe (2010), female sex offenders identified wanting help with
preventing problems and seeing situations from others’ perspectives. If the female co-offended
with a male, treatment should also address self-esteem, assertiveness, and building healthy
relationships (Comartin et al., 2018). Female sex offenders would also benefit from
psychoeducation regarding child rearing practices that are protective of children and reduce
opportunities for abuse as well as family therapy to help the entire family heal. One additional
thing to be mindful of when providing treatment to females who commit sexual offenses is the
potential societal shaming of females who have been required to register on sex offender
registries (Tewksbury, 2004). Stigma, fear of judgement, and shame are all barriers of seeking
treatment for minor attracted persons, and Grady et al. (2019) note that it is important for mental healthcare professionals to put their biases aside and recognize that working with minor attracted persons can prevent them from having sexual relationships with minors.

Limitations

The results of the current study should be interpreted with the following limitations in mind. Participants were able to report participating in sexual activity of any kind with underage males, females, or both and the number of times in which they participated in certain behaviors. However, participants were not asked to provide the age of their sexual partner, so it is difficult to know, for example, if their underage partner was close to reaching adulthood (i.e., 17 years old), pubescent, or pre-pubescent. Because of this, it is not possible to classify the females in this study as pedophiles, hebephiles, or ephebophiles. Logistic regression analyses were used to make predictions about the likelihood of early childhood and sexual experiences on adult sexual behaviors. The data in the current study are the same as the data used in Steele et al. (2019). As noted in Steele et al. (2019), this study’s design was able to show cause and effect because information regarding events that happened before the age of 18 and information regarding events that have happened in adulthood was gathered. The results are not correlational because the ages at which events happened was obtained. It is also difficult to say if behaviors like sharing a bathtub or a bed preceded sexual activity or vice versa. Additionally, some of the variables are missing data due to an operating system malfunction with the computers being used to administer the survey. The participants in the study were gathered from six colleges and universities in West Virginia and the surrounding geographic areas. Because the study was not based on a randomized sample obtained across a wide sample of the US, the data on incidence, means, and standard deviations are not generalizable. However, the data were suitable for
logistic regression analysis, regression analysis, and correlation analysis because the dependent variables were random variables. Because classical and operant conditioning, sexual imprinting, and critical learning periods have been studied in human and animal populations (Steele et al., 2019), the causal relationships identified by this study can accurately be attributed to those causes. Lastly, mistakes in reporting accurate information or human errors are a possibility with self-report surveys. Such problems result in random errors of the type that have been adjusted for in our statistical analyses. More importantly, criterion contamination caused by the study participant seeing later questions was guarded against by not allowing study participants to go back and change their answers.

**Future Directions**

If this particular study were to be replicated, it would be important to determine the age of the underage partner at the time the adult engaged in sexual activity with them, the type of activity they engaged in, and the number of times the activity occurred to have a better understanding of the motivations behind the adult’s behavior. Studying the behaviors and early life experiences between females who are caught and punished after engaging in inappropriate sexual activity with minors and females who are not could provide additional information about the similarities and differences between these individuals. This information could impact treatment and help authorities better identify perpetrators. It would also be helpful to explore the difference in treatment needs for men and women sex offenders. Additionally, studies such as this that utilize a community sample should continue to be done because sexual offenses are underreported, especially those completed by females (Cortoni et al., 2017), so conducting anonymous surveys such as this can allow for a more accurate picture of inappropriate sexual behavior. Five females in this study reported participating in sexual activity of any kind with
both underage males and females. Although there are not enough cases to analyze to make
generalized statements, it could be beneficial to further explore the answers these individuals
provided to the survey questions to develop a case study to understand factors that influence
perpetrating against underage victims of both genders. This study could also be expanded by
determining if the females participated in sexual activity of any kind independently or if they co-
offended. Additionally, gathering information about socioeconomic status and the region in
which the participant lives could help determine if there are cultural differences in child rearing
practices like sharing a bed or a bathtub that impact later sexual preferences.

**Conclusion**

Females can and do participate in inappropriate sexual behaviors, including harmful
behaviors with minors. Females can act of their own accord or with a co-offender. Females who
participate in sexual offenses have a variety of typologies and motivations for their behavior.
Some live productive lives and seem to be functioning members of society, and thus are more
effective at avoiding detection and punishment for their actions. However, it is important to
remember that sexual abuse at the hands of a female is just as harmful as sexual abuse at the
hands of a male (Christensen, 2018; Christensen & Darling, 2019; Cortoni et al., 2017; Lamy et
al., 2016; Oliver & Holmes, 2015; Stroebel et al., 2013). Furthermore, until society recognizes
that females do sexually offend against others and takes their actions seriously, female sex
offenders will continue to be seen as a rare population.

Sexual perpetration has occurred throughout history and will likely continue. Psychology
as a field needs to be more active in exploring issues related to this topic and be proactive in
identifying risk factors for perpetration in patients. Females who have been caught and punished
for their sexual offenses as well as those who have not should continue to be studied to
understand the relationship between early childhood experiences and behavior patterns to reduce the risk of sexual perpetration and victimization.
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Abnormal Psychology, 126(8), 1114-1119. doi:http://dx.doi.org.marshall.idm.oclc.org/10.1037/abn0000291


APPENDIX A: APPROVAL LETTER

Office of Research Integrity

February 14, 2020

Cassandra Hershman
11 Barnett Drive
St. Albans, WV 25177

Dear Ms. Hershman:

This letter is in response to the submitted dissertation abstract entitled “Understanding the Influence of Childhood Experiences on the Development of Female Sexual Perpetrators Against Underage Individuals.” After assessing the abstract it has been deemed not to be human subject research and therefore exempt from oversight of the Marshall University Institutional Review Board (IRB). The Code of Federal Regulations (45CFR46) has set forth the criteria utilized in making this determination. Since the study does not involve human subjects as defined in DHHS regulation 45 CFR §46.102(e) it is not considered human subject research. If there are any changes to the abstract you provided then you would need to resubmit that information to the Office of Research Integrity for review and determination.

I appreciate your willingness to submit the abstract for determination. Please feel free to contact the Office of Research Integrity if you have any questions regarding future protocols that may require IRB review.

Sincerely,

Bruce F. Day, ThD, CIP
Director
### Table 2: Initial Screening of Potential Predictors for Women to Engage in Sexual Activity of Any Kind with Underage Males 6265 E371fnti

<table>
<thead>
<tr>
<th>Variable</th>
<th>Score</th>
<th>N</th>
<th>p</th>
<th>Controls¹</th>
<th>Perpetrators²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statistic</td>
<td></td>
<td></td>
<td>N = 2,662</td>
<td>N = 166</td>
</tr>
<tr>
<td>1</td>
<td>Ever235 Your age 1-17; Sharing a bed for sleeping with a male age more than 4 years younger than yourself.</td>
<td>18.356</td>
<td>2,828</td>
<td>&lt;.001</td>
<td>4.9%</td>
</tr>
<tr>
<td>2</td>
<td>EMU18 Ever voluntary or coerced sex with a male under 18 before 18‡</td>
<td>15.930</td>
<td>2,828</td>
<td>&lt;.001</td>
<td>49.7%</td>
</tr>
<tr>
<td>3</td>
<td>Ever237 Your age 1-17; Behavior: Taking a bath in the same tub with a male age more than 4 years younger than yourself.</td>
<td>14.257</td>
<td>2,828</td>
<td>&lt;.001</td>
<td>2.1%</td>
</tr>
<tr>
<td>4</td>
<td>Ever19 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age no more than 4 years older or younger than yourself.</td>
<td>10.835</td>
<td>2,828</td>
<td>.001</td>
<td>38.4%</td>
</tr>
<tr>
<td>5</td>
<td>Home6 One of my parents died, and there was a remarriage or a new partner in my home before I reached 18§</td>
<td>7.811</td>
<td>2,821</td>
<td>.005</td>
<td>1.8%</td>
</tr>
<tr>
<td>6</td>
<td>Ever163 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age 18 or older and more than 4 years older than yourself.</td>
<td>6.922</td>
<td>2,828</td>
<td>.009</td>
<td>15.7%</td>
</tr>
<tr>
<td>7</td>
<td>AOEM01 Ever voluntary or coerced with adult male partners before 18 years of age.†</td>
<td>6.420</td>
<td>2,828</td>
<td>.011</td>
<td>15.5%</td>
</tr>
<tr>
<td>8</td>
<td>Ever92 Your age 1-17; Behavior: Taking a bath in the same tub with a</td>
<td>5.759</td>
<td>2,828</td>
<td>.016</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>9</td>
<td>Ever91 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age more than 4 years older than yourself but under 18.</td>
<td>4.809</td>
<td>2,828</td>
<td>.028</td>
<td>13.3%</td>
</tr>
<tr>
<td>10</td>
<td>Home56 Recode of 5&amp;6; 5 parent died with no remarriage; 6 parent died with remarriage§</td>
<td>4.400</td>
<td>2,821</td>
<td>.036</td>
<td>4.0%</td>
</tr>
<tr>
<td>11</td>
<td>Ever162 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age 18 or older and more than 4 years older than yourself.</td>
<td>4.305</td>
<td>2,828</td>
<td>.038</td>
<td>11.0%</td>
</tr>
<tr>
<td>12</td>
<td>Ever234 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age more than 4 years younger than yourself.</td>
<td>4.016</td>
<td>2,828</td>
<td>.045</td>
<td>8.7%</td>
</tr>
<tr>
<td>13</td>
<td>Ever164 Your age 1-17; Behavior: Taking a bath in the same tub with a female age 18 or older and more than 4 years older than yourself.</td>
<td>2.786</td>
<td>2,828</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Home8 I was raised in a series of foster homes§</td>
<td>2.504</td>
<td>1,312</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Ever93 Your age 1-17; Behavior: Taking a bath in the same tub with a male age more than 4 years older than yourself but under 18.</td>
<td>2.248</td>
<td>2,828</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Home23 Recode of 2&amp;3; 2 parents divorced and no remarriage; 3 parents divorced remarriage§</td>
<td>2.193</td>
<td>1,312</td>
<td>ns</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Home2 My parents divorced or separated, and there was no</td>
<td>2.134</td>
<td>1,312</td>
<td>ns</td>
<td></td>
</tr>
</tbody>
</table>
remarriage or new partner in my home before I reached 18§

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Mean</th>
<th>N</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>State74 I was physically abused by my mother or mother figure</td>
<td>2.046</td>
<td>1,312</td>
<td>ns</td>
</tr>
<tr>
<td>19</td>
<td>Ever165 Your age 1-17; Behavior: Taking a bath in the same tub with a male age 18 or older and more than 4 years older than yourself.</td>
<td>2.020</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>20</td>
<td>State93 I was sexually abused by my father or father figure.</td>
<td>1.994</td>
<td>1,312</td>
<td>ns</td>
</tr>
<tr>
<td>21</td>
<td>Ever20 Your age 1-17; Behavior: Taking a bath in the same tub with a female age no more than 4 years older or younger than yourself.</td>
<td>1.853</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>22</td>
<td>AOEF01 Ever voluntarily or coerced with adult female partners before 18 years of age</td>
<td>1.764</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>23</td>
<td>Ever18 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age no more than 4 years older or younger than yourself.</td>
<td>1.740</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>24</td>
<td>Ever90 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age more than 4 years older than yourself but under 18.</td>
<td>1.714</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>25</td>
<td>Ever236 Your age 1-17; Behavior: Taking a bath in the same tub with a female age more than 4 years younger than yourself.</td>
<td>1.169</td>
<td>2,828</td>
<td>ns</td>
</tr>
<tr>
<td>26</td>
<td>Home4 My parents never married (excludes common law marriages)</td>
<td>1.222</td>
<td>1,312</td>
<td>ns</td>
</tr>
</tbody>
</table>
Before I reached 18 and did not live together.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Ever21 Your age 1-17; Behavior: Taking a bath in the same tub with a male age no more than 4 years older or younger than yourself.</td>
<td>1.066</td>
</tr>
<tr>
<td>28</td>
<td>State23 I was verbally abused by my father or father figure</td>
<td>.846</td>
</tr>
<tr>
<td>29</td>
<td>Pref5 The best way to describe my parents’ relationship while I was growing up is:</td>
<td>.835</td>
</tr>
<tr>
<td>30</td>
<td>EFU18fnt Voluntary or coerced sex with a female under 18 before 18‡</td>
<td>.964</td>
</tr>
<tr>
<td>31</td>
<td>EFU18fnt Voluntary or coerced sex with a female under 18 before 18‡ - Hypothesis 1</td>
<td>.790</td>
</tr>
<tr>
<td>32</td>
<td>449 SPNNS Saw parents nude (S8, S47, S104, S115)</td>
<td>.709</td>
</tr>
<tr>
<td>33</td>
<td>Home3 My parents divorced or separated, and there was a remarriage or a new partner in my home before I reached 18§</td>
<td>.356</td>
</tr>
<tr>
<td>34</td>
<td>448 ETPNS Exposed to parents (S70, S88, S125, S147)</td>
<td>.353</td>
</tr>
<tr>
<td>35</td>
<td>State117 I was verbally abused by my mother or mother figure</td>
<td>.330</td>
</tr>
<tr>
<td>36</td>
<td>State149 I was sexually abused by my mother or mother figure</td>
<td>.326</td>
</tr>
<tr>
<td>37</td>
<td>State51 I was physically abused by my father or father figure</td>
<td>.234</td>
</tr>
<tr>
<td>38</td>
<td>Home9 I was raised by my grandparent or</td>
<td>.174</td>
</tr>
</tbody>
</table>
grandparents§  
39  451 APNS After puberty nudity scale (S104, S115, S125, S147)  .114  2,824  ns  
40  Home5 One of my parents died, but there was no remarriage or new partner in my home before I reached 18§  .055  1,312  ns  
41  447 FNS Family nudity scale (S8, S47, S70, S88, S104, S115, S125, S147)  .018  2,824  ns  
42  Home1 My parents remained married (including common-law) and together until I reached 18§  .017  1,312  ns  
43  446 MNS Maternal nudity scale (S47, S88, S115, S147)  .017  2,284  ns  
44  445 PNS Paternal nudity scale (S8, S70, S104, S125)  .004  2,824  ns  
45  450 BPNS Before puberty nudity scale (S8, S47, S70, S88)  .003  2,824  ns  

The number of controls and perpetrators were reduced to 2,662 and 166, respectively. Some variables are missing data due to an operating system malfunction, thus the different values for “N.” The data shown in the respective columns are either the percentage who agreed with the statement or who engaged in the behavior for binary variables or the M±SD for scale variables. Crosstab analysis was not performed for variables that were not statistically significant predictors of behavior. ‡This variable contains the combined data from a total of six variables representing voluntary or coerced behaviors with male partners within four years of the study participants age, more than four years older, and more than four years younger at the time that the behavior occurred. †This variable represents the combined data from a total of two variables representing voluntary and coerced behaviors with partners. §These behaviors occurred before the study participant reached 18 years of age.
## APPENDIX C: TABLE 3: INITIAL SCREENING OF POTENTIAL PREDICTORS FOR WOMEN TO ENGAGE IN SEXUAL ACTIVITY OF ANY KIND WITH UNDERAGE FEMALES 6250 E354FNTI

**Table 3: Initial Screening of Potential Predictors for Women to Engage in Sexual Activity of Any Kind with Underage Females 6250 E354fnti**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Score Statistic</th>
<th>N</th>
<th>p</th>
<th>Controls¹</th>
<th>Perpetrators²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 EFU18fnt Voluntary or coerced sex with a female under 18 before 18‡</td>
<td>25.296</td>
<td>2,828</td>
<td>&lt;.001</td>
<td>20.2%</td>
<td>63.6%</td>
</tr>
<tr>
<td>2 Ever18 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age no more than 4 years older or younger than yourself.</td>
<td>11.282</td>
<td>2,828</td>
<td>.001</td>
<td>46.0%</td>
<td>81.8%</td>
</tr>
<tr>
<td>3 Ever164 Your age 1-17; Behavior: Taking a bath in the same tub with a female age 18 or older and more than 4 years older than yourself.</td>
<td>9.330</td>
<td>2,828</td>
<td>.002</td>
<td>4.5%</td>
<td>18.2%</td>
</tr>
<tr>
<td>4 Ever162 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age 18 or older and more than 4 years older than yourself.</td>
<td>9.288</td>
<td>2,828</td>
<td>.002</td>
<td>11.2%</td>
<td>31.8%</td>
</tr>
<tr>
<td>5 Ever90 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age more than 4 years older than yourself but under 18.</td>
<td>9.225</td>
<td>2,828</td>
<td>.002</td>
<td>16.6%</td>
<td>40.9%</td>
</tr>
<tr>
<td>6 Home23 Recode of 2&amp;3; 2 parents divorced and no remarriage; 3 parents divorced remarriage§</td>
<td>6.013</td>
<td>2,821</td>
<td>.014</td>
<td>30.4%</td>
<td>54.5%</td>
</tr>
<tr>
<td>7 Ever236 Your age 1-17; Behavior: Taking a bath in the same tub with a female age more than 4 years younger than yourself.</td>
<td>5.725</td>
<td>2,828</td>
<td>.017</td>
<td>3.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>Std. Err</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>----</td>
<td>--------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>8</td>
<td>Ever20 Your age 1-17; Behavior: Taking a bath in the same tub with a female age no more than 4 years older or younger than yourself.</td>
<td>2,828</td>
<td>5.198</td>
<td>.023</td>
<td>31.8%</td>
</tr>
<tr>
<td>9</td>
<td>Ever234 Your age 1-17; Behavior: Sharing a bed for sleeping with a female age more than 4 years younger than yourself.</td>
<td>2,828</td>
<td>5.169</td>
<td>.023</td>
<td>8.8%</td>
</tr>
<tr>
<td>10</td>
<td>Home2 My parents divorced or separated, and there was no remarriage or new partner in my home before I reached 18§</td>
<td>2,821</td>
<td>3.412</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>11</td>
<td>Ever235 Your age 1-17; Sharing a bed for sleeping with a male age more than 4 years younger than yourself.</td>
<td>2,828</td>
<td>2.976</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>12</td>
<td>Ever92 Your age 1-17; Behavior: Taking a bath in the same tub with a female age more than 4 years older than yourself but under 18.</td>
<td>2,828</td>
<td>2.868</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>13</td>
<td>AOE01 Ever voluntary or coerced with adult female partners before 18 years of age†</td>
<td>2,828</td>
<td>2.859</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>14</td>
<td>Ever19 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age no more than 4 years older or younger than yourself.</td>
<td>2,828</td>
<td>2.219</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>15</td>
<td>State117 I was verbally abused by my mother or mother figure</td>
<td>1,312</td>
<td>2.120</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>16</td>
<td>Home3 My parents divorced or separated, and there was a remarriage or a new partner in my home before I reached 18§</td>
<td>2,821</td>
<td>1.967</td>
<td></td>
<td>ns</td>
</tr>
</tbody>
</table>
partner in my home before I reached 18§

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Home1 My parents remained married (including common-law) and together until I reached 18§</td>
<td>1.753</td>
</tr>
<tr>
<td>18</td>
<td>449 SPNNS Saw parents nude (S8, S47, S104, S115)</td>
<td>1.586</td>
</tr>
<tr>
<td>19</td>
<td>Ever165 Your age 1-17; Behavior: Taking a bath in the same tub with a male age 18 or older and more than 4 years older than yourself.</td>
<td>1.268</td>
</tr>
<tr>
<td>20</td>
<td>Ever21 Your age 1-17; Behavior: Taking a bath in the same tub with a male age no more than 4 years older or younger than yourself.</td>
<td>1.262</td>
</tr>
<tr>
<td>21</td>
<td>Home4 My parents never married (excludes common-law marriages) before I reached 18 and did not live together§</td>
<td>1.140</td>
</tr>
<tr>
<td>22</td>
<td>Home56 Recode of 5&amp;6; 5 parent died with no remarriage; 6 parent died with remarriage§</td>
<td>.959</td>
</tr>
<tr>
<td>23</td>
<td>AOEM01 Ever voluntary or coerced with adult male partners before 18 years of age.†</td>
<td>.771</td>
</tr>
<tr>
<td>24</td>
<td>State74 I was physically abused by my mother or mother figure</td>
<td>.720</td>
</tr>
<tr>
<td>25</td>
<td>446 MNS Maternal nudity scale (S47, S88, S115, S147)</td>
<td>.640</td>
</tr>
<tr>
<td>26</td>
<td>Ever237 Your age 1-17; Behavior: Taking a bath in the same tub with a male age more than 4 years younger than</td>
<td>.530</td>
</tr>
</tbody>
</table>
yourself.

27 Home5 One of my parents died, but there was no remarriage or new partner in my home before I reached 18§

28 447 FNS Family nudity scale (S8, S47, S70, S88, S104, S115, S125, S147)

29 Home6 One of my parents died, and there was a remarriage or a new partner in my home before I reached 18§

30 450 BPNS Before puberty nudity scale (S8, S47, S70, S88)

31 Ever91 Your age 1-17; Behavior: Sharing a bed for sleeping with a male age more than 4 years older than yourself but under 18.

32 451 APNS After puberty nudity scale (S104, S115, S125, S147)

33 State93 I was sexually abused by my father or father figure.

34 Ever93 Your age 1-17; Behavior: Taking a bath in the same tub with a male age more than 4 years older than yourself but under 18.

35 State51 I was physically abused by my father or father figure

36 Home9 I was raised by my grandparent or grandparents§

37 EMU18 Ever voluntary or coerced sex with a male under 18 before 18‡

38 Ever163 Your age 1-17; Behavior: Sharing a bed
for sleeping with a male age 18 or older and more than 4 years older than yourself

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>I was raised in a series of foster homes §</td>
<td>.050</td>
<td>1,312</td>
<td>ns</td>
</tr>
<tr>
<td>40</td>
<td>I was sexually abused by my mother or mother figure</td>
<td>.033</td>
<td>1,312</td>
<td>ns</td>
</tr>
<tr>
<td>41</td>
<td>The best way to describe my parents’ relationship while I was growing up is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>I was raised almost exclusively in an orphanage §</td>
<td>.008</td>
<td>2,821</td>
<td>ns</td>
</tr>
<tr>
<td>43</td>
<td>I was verbally abused by my father or father figure</td>
<td>.004</td>
<td>2,821</td>
<td>ns</td>
</tr>
<tr>
<td>44</td>
<td>PNS Paternal nudity scale (S8, S70, S104, S125)</td>
<td>.002</td>
<td>2,824</td>
<td>ns</td>
</tr>
<tr>
<td>45</td>
<td>ETPNS Exposed to parents (S70, S88, S125, S147)</td>
<td>.000</td>
<td>2,824</td>
<td>ns</td>
</tr>
</tbody>
</table>

1,2 The number of controls and perpetrators were reduced to 2,806 and 22, respectively. Some variables are missing data due to an operating system malfunction, thus the different values for “N.” The data shown in the respective columns are either the percentage who agreed with the statement or who engaged in the behavior for binary variables or the M±SD for scale variables.

‡This variable contains the combined data from a total of six variables representing voluntary or coerced behaviors with female partners within four years of the study participants age, more than four years older, and more than four years younger at the time that the behavior occurred. †This variable represents the combined data from a total of two variables representing voluntary and coerced behaviors with partners. §These behaviors occurred before the study participant reached 18 years of age.
# Appendix D: Vita

*Cassandra Marie Hershman, MA, NCC*  
11 Barnett Drive ● St. Albans, WV 25177 ● 304.290.7307 ● hershman1@marshall.edu

## Education

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates</th>
<th>Degree/Program</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marshall University</td>
<td>August 2016 – August 2018</td>
<td>Master of Arts in General Psychology</td>
<td>3.94</td>
</tr>
<tr>
<td>Marshall University</td>
<td>August 2016 – August 2018</td>
<td>Dually enrolled in M.A. and Psy.D. Programs</td>
<td></td>
</tr>
<tr>
<td>West Virginia University</td>
<td>August 2014 – May 2016</td>
<td>Master of Arts in Clinical Mental Health Counseling</td>
<td>4.00</td>
</tr>
<tr>
<td>West Virginia University</td>
<td>August 2010 – May 2014</td>
<td>Bachelor of Science in Psychology</td>
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</tr>
<tr>
<td>West Virginia University</td>
<td>August 2010 – May 2014</td>
<td>Magna Cum Laude</td>
<td></td>
</tr>
<tr>
<td>West Virginia University</td>
<td>August 2010 – May 2014</td>
<td>Cumulative GPA:  3.70</td>
<td></td>
</tr>
<tr>
<td>Fairmont State University</td>
<td>January 2009 – May 2010</td>
<td>Dual Credit Classes in High School</td>
<td></td>
</tr>
<tr>
<td>Fairmont State University</td>
<td>January 2009 – May 2010</td>
<td>Cumulative GPA:  4.00</td>
<td></td>
</tr>
</tbody>
</table>

## Honors & Awards

**Doctoral Degree**
- Madeleine Hoffman Feil Memorial Scholarship  
  January 2020
- Collaborative Care in Rural Mental Health Conference 2019  
  Student Committee Co-Chair of Conference Planning  
  September 2018 – April 2019
- Lamina F. Maynard Queen Memorial Scholarship  
  October 2018

**Master’s Degree**
- National Certified Counselor (NCC), National Board for Certified Counselors, Inc.  
  June 2016
- Volunteer Service Certificate of Appreciation, Federal Correctional Institution (FCI), Morgantown  
  April 2016
Bachelor’s Degree

The President’s Volunteer Service Award April 2014
Certificate of Achievement – WVU Department of Psychology April 2014
PROMISE Scholarship August 2010 – May 2014
WVU Rhododendron Scholarship August 2010 – May 2014
WV Higher Education Grant August 2010 – May 2014
The Mountaintop Foundation Scholarship August 2010 – May 2014
The Greater Kanawha Valley Foundation Scholarship August 2010 – May 2014
The Foundation of Mon General Hospital Scholarship August 2010 – December 2012
The Kingwood Volunteer Fire Department August 2010
Queen Ceres Scholarship
President’s List (Required GPA of 4.0) Fall 2012, Spring 2013, Fall 2013, Spring 2014
Dean’s List (Required GPA of 3.5) Fall 2010, Spring 2011

PRACTICUM EXPERIENCE

Doctoral Degree

Practicum – FamilyCare Health Center August 2019 – May 2020
Teays Valley, WV
Supervisor: Dr. Kathryn Adams

Duties include working in an integrated primary care setting, working with patients in the OBMAT Program, conducting therapy intake interviews, writing therapy intake reports, conducting individual and group therapy, administering and scoring psychological assessments, writing integrative psychological evaluation reports, having weekly individual supervision, and using Time2Track to monitor practicum hours.

Practicum – Diversified Assessment and Therapy Services (DATS) August 2018 – August 2019
Kenova, WV
Supervisor: Dr. Sandra Kiser-Griffith

Duties include participating in and contributing to treatment planning with residents of Golden Girl Group Home, administering and scoring psychological assessments, writing integrated psychological evaluations, attending weekly individual and group supervision, attending didactic trainings, and using Time2Track to monitor practicum hours.

Practicum – Marshall University Psychology Clinic August 2017 – August 2018
Marshall University, Huntington, WV
Clinic Director: Dr. Penny Koontz
Supervisors: Dr. Jeffery Boggess, Dr. Jennifer Tiano, Dr. Brittany Canady, & Dr. Thomas Linz

Duties include conducting therapy intake interviews, writing therapy intake reports, conducting individual therapy with clients from the community or from Marshall University, administering and scoring psychological assessments, writing integrative psychological evaluation reports,
having weekly individual and group supervision, keeping track of scheduling and payments using Titanium software, and using Time2Track to monitor practicum hours.

**Master’s Degree**

**Internship – Fremouw-Sigley Psychological Associates, PLLC**
Site Supervisor: Terry Laurita Sigley, M.A.

Duties included conducting intake and therapy sessions with adolescent and adult clients, maintaining electronic medical records for clients, and having bi-weekly supervision with site supervisor. Therapy techniques and theories used included Cognitive-Behavioral Therapy, Transactional Analysis, Attachment Theory, and Reality Therapy.

**Internship – Federal Correctional Institution (FCI), Morgantown**
Morgantown, WV  January 2016 – April 2016  
Site Supervisor: Dr. Edward Baker, Chief Psychologist

Duties included providing individual counseling sessions to inmates with CARE1-MH and CARE2-MH care level statuses, formulating diagnostic and care treatment plans, completing intake assessments, completing risk of sexual victimization assessments, conducting yearly medication reviews, leading group counseling sessions, learning about the residential drug abuse program (RDAP), writing progress notes, administering intelligence tests (WAIS-IV) to help inmates receive accommodations for GED testing, receiving weekly supervision and case consultation, and learning the culture of a federal corrections institution.

**Practicum – Federal Correctional Institution (FCI), Morgantown**
Morgantown, WV  August 2015 – December 2015  
Site Supervisor: Dr. Edward Baker, Chief Psychologist

Duties included providing individual counseling sessions to inmates with CARE1-MH care level status, completing intake assessments, completing risk of sexual victimization assessments, conducting yearly medication reviews, writing progress notes, administering intelligence tests (WAIS-IV) to help inmates receive accommodations for GED testing, receiving weekly supervision and case consultation, and learning the culture of a federal corrections institution.

**OTHER PROFESSIONAL EXPERIENCE**

**Doctoral Degree**

**Counselor – Hovah Hall Underwood Children’s Home**
Ona, WV  August 2017 – November 2018  
Clinic Director: Delvin Johnson  
Supervisors: Emily Wilson, M.A. & Dr. Thomas Linz

Hovah Hall Underwood Children’s Home is a 15-bed temporary facility for adolescents who are wards of the state. River Valley Associates, owned by Emily Wilson, M.A., and Hovah Hall Underwood Children’s Home have a contract that allows an employee from River Valley Associates to provide counseling services to the residents of Hovah Hall Underwood Children’s
Home. Duties of the counselor include conducting individual therapy with the residents of the shelter, writing treatment goals for master treatment and care coordination plans, completing quarterly reviews of treatment goals, and attending weekly treatment team meetings.

Master’s Degree
Psychometrist - Fremouw-Sigley Psychological Associates, PLLC
Morgantown, WV
July 2013 – July 2016
Senior Partners: Dr. William Fremouw & Terry Laurita Sigley, M.A.
Junior Partner: Dr. Edward Baker

Duties included administering and scoring intelligence, achievement, malingering, vocational, and other psychological tests. Such tests include: WASI-II, WAIS-IV, WISC-V, WRAT, BDI-II, BAI, PAI, PAI-A, PIY, SPS, MAQ, CPT-III, CAPI, AARS, NASPI, WIAT-III, SASSI-2, Cognistat, Conners-3 (Parent, Teacher, and Self-Report forms), and AAPI. Assisting psychologists with evaluations to determine the presence of learning disabilities, ADHD, behavior disorders, giftedness, sexual offending risk assessments (adult and juvenile), parental fitness assessments, social security disability evaluations, and bariatric surgery eligibility evaluations. Assisting the office staff in scheduling, sending appointment letters, mailing out invoices, transcribing reports, communicating with insurance companies, and recording payments. Responsible for directing calls on the office crisis cell phone to the appropriate psychologist/social worker.

TEACHING EXPERIENCE
Graduate Teaching Assistant – Introduction to Human Development, Psychology 241
West Virginia University, Morgantown, WV
January 2016 – May 2016
Advisor: Dr. Elizabeth Levelle

Duties included teaching lectures, holding office hours, tutoring students, proctoring exams, grading assignments and exams, and entering grades into gradebook.

Graduate Teaching Assistant – Introduction to Psychology, Psychology 101
West Virginia University, Morgantown, WV
August 2014 – December 2015
Advisor: Dr. Constance Toffle

Duties included teaching lectures, holding office hours, tutoring students, proctoring exams, grading assignments and exams, and entering grades into gradebook.

Undergraduate Teaching Assistant – Exceptional Children
West Virginia University, Morgantown, WV
January 2014 – May 2014
Advisor: Dr. Cheryl McNeil

Duties included helping proctor exams, grading exams and papers, entering grades into gradebook, holding office hours, and teaching lectures.

Undergraduate Teaching Assistant - Abnormal Psychology
West Virginia University, Morgantown, WV
August 2013 – December 2013
Advisors: Dr. Christina Duncan, Patricia Hopkins, B.A.

Duties included attending class lectures, helping proctor exams, grading exams, running review sessions, holding office hours, and teaching part of a lecture. This class was taken as a Senior Capstone Project. Capstone requirements included writing a 10 page research paper about an original idea/experiment and presenting a poster at the capstone poster session.

PRESENTATIONS

Senior Capstone Poster Presentation  December 2013

Let’s Talk About the Birds and the Bees: Sex Education for Young Adults. Students in an abnormal psychology class at WVU were surveyed concerning where they first learned about sex education, who they thought should teach sex education to individuals, if it is appropriate to teach sex education in a college classroom, and if colleges should be responsible for teaching sex education to students before they graduate. Parents were the primary source of information, and the participants endorsed that it is appropriate to teach sex education in college classrooms. This poster was presented at the December 2013 Capstone Poster Session as part of the senior capstone requirements.

RESEARCH EXPERIENCE

Dissertation – Understanding the Influence of Childhood Experiences on the Development of Female Sexual Perpetrators Against Underage Individuals

Marshall University, Huntington, WV  Passed defense on April 24, 2020

Dissertation Committee Chair: Dr. Keith Beard
Dissertation Committee Members: Dr. V. Ray Haning & Dr. Sandra Stroebel

Data used for this study was obtained through the computer-assisted self-interview, S-SAPE1, © S-SAPE, LLC, 2002, P.O. Box 11081, Charleston, WV 25339, as part of a larger study entitled “[127810-12] Effects of Recalled Family Attitudes and Childhood Sexual Experiences on Adult Sexual Attitudes and Adjustment.” Approval for this study was granted by the institutional review boards at Marshall University, Charleston Area Medical Center/West Virginia University, West Virginia University, West Virginia State University, and Concord University. The present study includes 2,818 adult females.

Undergraduate Research Assistant - Mental Health and Aging Lab

West Virginia University, Morgantown, WV  August 2013 – May 2014
Advisors: Dr. Amy Fiske and Elizabeth Price, M.A.

Assisted Elizabeth Price with her dissertation data collection. Dissertation topic was help seeking in older adults. Duties included recruiting participants, scheduling participants, running participants in the research study, coding data, entering data, and attending biweekly lab meetings.

PUBLICATIONS


**MEMBERSHIPS**

<table>
<thead>
<tr>
<th>Membership</th>
<th>Dates</th>
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<tbody>
<tr>
<td>West Virginia Rural Health Association</td>
<td>October 2019 – Present</td>
</tr>
<tr>
<td>ORCID</td>
<td>April 2019 – Present</td>
</tr>
<tr>
<td>West Virginia Psychological Association</td>
<td>February 2018 – Present</td>
</tr>
<tr>
<td>American Counseling Association</td>
<td>October 2015 – October 2017</td>
</tr>
<tr>
<td>Association of Military Psychology (AMP)</td>
<td>August 2014 – May 2016</td>
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<tr>
<td>Psychology Club</td>
<td>January 2013 – May 2013</td>
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**ADDITIONAL EXPERIENCE**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Details</th>
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<tbody>
<tr>
<td>West Virginia Area Health Education Centers Rural Community Health Scholars Program</td>
<td>October 2018 – Present</td>
</tr>
<tr>
<td>Program Coordinator: Jessica Stidham, MA</td>
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<td>Two-year program with the following goal: “to enhance your ability to make a difference in health care by facilitating clinical, didactic, and community based activities in rural/underserved areas of WV that positively impact the lives of West Virginia’s communities.” Responsibilities include completing 40 hours of annual didactic training (80 hours total) and 40 hours of annual practicum experience in a federally designated rural county (80 hours total). Benefits include receiving a $1,300 stipend and national recognition for program participation.</td>
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<tr>
<td>Graduate Assistant – Marshall University Psychology Clinic</td>
<td>May 2018 – May 2020</td>
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<tr>
<td>Clinic Director: Dr. Penny Koontz</td>
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<tr>
<td>Duties included recording demographic information for new clients, scheduling therapy intake appointments for clients, auditing clients’ files, monitoring active and inactive clients, assisting clinicians with tracking billing and documentation in Titanium, meeting regularly with the clinic</td>
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director, maintaining an inventory of assessment materials, and mailing therapy and assessment satisfaction surveys to former clients.

**Graduate Assistant – Marshall Artists Series**
Marshall University, Huntington, WV  
Supervisor: Simone Kompanek  
August 2016 – August 2017

Duties included using Ticketmaster software to sell tickets for shows the Marshall Artist Series hosts, answering the office phone, running errands and delivering corporate sponsor packets throughout the community and on campus, organizing financial documents to compare costs from season to season, and working at the Keith-Albee Performing Arts Center on the days of the shows.

**WVU Athletics Tutor**
West Virginia University, Morgantown, WV  
Advisor: Erin Brady  
May 2014 – August 2014

Duties included attending an orientation meeting, tutoring an undergraduate female student athlete, and writing reports of each tutoring session.

**WVSSAC Coach – Assistant Volleyball Coach**
Preston High School, Kingwood, WV  
Head Coach: Mike Daugherty  
2012 & 2013 Seasons

Attended a 14.5 hour coaching class. Ran practices, coached during games, checked eligibility for athletes, and taught fundamentals, team work, and positive attitudes.

**Pharmacy Technician**
Valley Pharmacy, Reedsville, WV  
August 2011 – November 2013

Completed an online course. Interned at Valley Pharmacy for 26 hours as part of course requirements. Assisted pharmacists in filling prescriptions, ordering supplies, and customer service. Passed a certification exam to become a pharmacy technician.

**Bob Evans Restaurant, Inc.**
Westover Location, Morgantown, WV  
May 2011 – August 2013

Worked as a server and as a hostess. Served as a communication medium between the customer and the cook. Helped provide a pleasant dining experience. Improved time management skills, multitasking abilities, stress management, and communication skills.