

Adolescent Girls With Illegal Sexual Behavior

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Introduction

Over the past decade, illegal sexual behavior by adolescents has become a growing concern in the United States. Although most cases of illegal sexual behavior (AISB) coming to the attention of the juvenile courts involve adolescent boys, cases involving teenage girls appear to be increasing. Snyder and Sickmund (2006) reported that between 1997 and 2002, the number of juvenile cases for forcible rapes by adolescent girls rose by 6%, 62% for other violent sex offenses and 42% for nonviolent sex offenses. Despite these reported increases, adolescent girls continue to be responsible for only a small percentage of total numbers of delinquent sexual offenses (3% of forcible rapes, 5% of other violent sex offenses, 19% of nonviolent sex offenses) (Snyder & Sickmund, 2006). As a result, limited attention has been paid to understanding this population. Because much of the existing literature on adolescent girls with illegal sexual behavior was drawn from studies involving single cases and inpatient samples, it is unlikely that this information adequately represents the overall population of female AISB. Similar to their male counterparts, these girls are a diverse population with diverse needs.

Individual Characteristics

The average female AISB is 14 years of age, which is slightly younger than the typical male AISB, and has an average IQ (Fehrenbach & Monastersky, 1988; Hunter, Lexier, Goodwin, Browne, & Dennis, 1993; Mathews, Hunter, & Vuz, 1997). Studied samples have mirrored the overall AISB population with respect to racial/ethnic diversity, with the majority being Caucasian, followed by African American and Hispanic. Although some female AISB have histories of multiple nonsexual behavior problems or prior nonsexual juvenile offenses, others are well-functioning adolescents with limited behavioral problems. Kubik, Hecker, and Righthand (2002) found that adolescent females with histories of illegal sexual behavior had significantly fewer antisocial behavior problems (e.g., substance abuse, peer violence) than juvenile females with only nonsexual offenses. However, Bumby and Bumby (1997) found an inpatient sample of female AISB to have high levels of substance abuse and previous mental health treatment. The research on female AISB is similar to that on male AISB in that the findings appear to be clearly related to the subgroup being studied (i.e., outpatient, inpatient, or incarcerated).

There is great variability in the levels of family psychopathology of these adolescents, with some girls experiencing significant family dysfunction and others having limited psychological problems (Chaffin, Letourneau, & Silovsky, 2002). A majority of female AISB have sustained more extensive and severe physical and sexual maltreatment during their childhoods than their male counterparts (Bumby & Bumby, 1997; Hanson & Slater, 1988; Hunter et al., 1993; Matthews et al., 1997). The adolescent girls with histories of childhood sexual abuse typically have been sexually victimized at younger ages, most commonly by a relative or acquaintance, and are more likely to have had multiple perpetrators. Common symptoms found in female AISB are the presence of anxious,

depressive, and posttraumatic stress related to their sexual and/or physical victimization (Bumby & Bumby, 1997; Hunter et al., 1993; Matthews et al., 1997).

Offense Characteristics

Both genders of AISB share certain similarities with regard to illegal sexual behavior. They appear to exhibit greater variability in their sexual arousal and behavior patterns than is exhibited by adult sex offenders. Both genders engage in a variety of sexual behaviors, including exposure, fondling, oral sex, vaginal sex, and anal intercourse (Fehrenbach & Monastersky, 1988; Hunter et al., 1993; Matthews et al., 1997). Male and female children appear to be at similar risk for sexual victimization by adolescent females. Some studies found that female AISB selected female victims at a slightly higher rate than male victims (e.g., Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988). Other studies found the opposite, with males having been victimized at a somewhat higher number (e.g., Hunter et al., 1993; Matthews et al., 1997). Each study found a small percentage of females who offended against children of both sexes.

The average victim of female AISB is approximately 5 years old (Fehrenbach & Monastersky, 1988; Hunter et al., 1993; Matthews et al., 1997). A review of 183 registered juveniles with illegal sexual behavior in Texas found the average age of victims of females was 7.6 as compared with 8.4 for males (Vandiver & Teske, 2006). In addition, adolescent girls are more likely than boys to victimize children from the ages of infancy to age 5 (33% versus 22%). Both genders tend to select victims who are acquaintances or relatives. Females, however, are more likely to commit their offense within the context of a caregiving act such as babysitting (Bumby & Bumby, 1997, Matthews et al., 1997). As stated by Vandiver and Teske (2006), the combined research suggests that many female AISB are likely seeking victims of convenience rather than displaying a clear preference for victim age or gender.

Typology

To date, Mathews and colleagues (1997) have provided the only typology to differentiate between subgroups of female AISB. Based on a sample of 67 girls, they identified three subgroups:

- Adolescent girls motivated by sexual curiosity who commit a limited number of offenses against a nonrelated child while babysitting. Girls in this group had minimal histories of abuse, family dysfunction, and mental health problems. They were described as naïve and sexually inexperienced.
- Adolescent girls with personal victimization histories who abuse younger children in a manner similar to their own victimization. They had moderate histories of abuse and personal difficulties but appeared to be functioning relatively well interpersonally.

- Adolescent girls who engaged in more frequent and extensive illegal sexual behavior with children. They had more severe individual and familial dysfunction and significant early personal victimization histories.

Larger studies are needed to further evaluate the applicability of this typology within the larger population of female AISB.

Assessment and Treatment

The current literature on AISB provides limited information on the assessment and treatment of adolescent girls. At present, there is no scientifically validated risk assessment system designed for use with this population. Although a number of risk assessment tools are being developed for use with male AISB, these instruments will require further validation to determine their applicability to adolescent girls. Caution is suggested in the use of these tools as they may overestimate the relevance of certain risk factors in girls and may underestimate or fail to identify factors that may be unique to recidivism with female AISB.

As with male AISB, a broad approach should be taken when evaluating the treatment and placement needs of adolescent girls with illegal sexual behavior. In consideration of the research indicating the high incidence of childhood sexual trauma in this population, evaluations for these adolescents should assess their trauma exposure history and the presence of posttraumatic symptomatology in addition to a standardized psychological assessment (Mathews et al., 1997; Grayston & deLuca, 1999).

At present, no evidence exists to support the use of traditional male AISB treatment methods with females or the inclusion of females in male group treatment programs. Current clinical opinion suggests that the treatment needs for female and male AISB may differ with respect to such issues as victimization history, relationship development, and sexual health (Mathews et al., 1997; Grayston & deLuca, 1999). Given the variability of female AISB, it is recommended that treatment and placement decisions be made on a case-by-case basis to best meet the needs of each adolescent (Mathews et al., 1997). While the girl's illegal sexual behavior should be a significant component of therapy, other areas may be of equal importance, such as treatment for PTSD, depression, or substance use. For example, an empirically validated abuse-focused clinical intervention, such as trauma-focused cognitive behavioral therapy (Cohen, Mannarino, & Deblinger, 2006), should be incorporated into the treatment plan of girls experiencing posttraumatic symptomatology related to childhood victimization.

Conclusion

In summary, the current literature on adolescent girls with illegal sexual behavior provides only a limited picture of this diverse population. Areas in need of further investigation include the following:

- Sexual and nonsexual recidivism rates,
- Tools and methods for assessing reoffense risk,
- Further investigation into the relationship between early childhood sexual abuse and illegal sexual behavior,
- Development of methods for treating adolescents who

are experiencing symptomatology related to personal childhood victimization, and

- Controlled outcome studies investigating the effectiveness of existing intervention methods.

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