A Leader's Guide for Treatment Providers

Why is another offense-specific workbook needed in a field already inundated with workbooks? What makes this workbook different from others? This workbook considers female adolescent development. It is both gender and offense-specific, and in that sense, the first of its kind. One of the most important aspects of this workbook is its relationship focus. This is because females develop their identities through relationships. As you will see, relationships can also tie into their motivation to sexually abuse.

A little bit of background may be useful. When I decided to work with sex offenders, which resulted from a graduate school internship, I thought I would be helping to eradicate violence at its root. I felt challenged to cross over to the other side of the fence – having originally worked with victims, I was now working with the offenders. As time went on, I started working less with adult males, more with juvenile males, then more with adult females, then with a sprinkling of adolescent females, and then with many adolescent females. What I realized was that the treatment community was failing females who engaged in sexual offending behavior. Females were ignored. There were no guidelines to work with them. Many ignored the reality that females perpetrate, but females do offend and the treatment is different.

Since I first wrote this treatment manual in 2002, much has changed in the treatment of sexually abusive youth. Initially my desire to create a female-specific framework was met with skepticism. Many believed that offense-specific treatment with females and males was the same, despite the fact the Office of Juvenile Justice and Delinquency Prevention recommended the development of gender-specific services in the early 1990s. In the last ten years, there has been a greater emphasis on viewing female aggression as gendered (Cavanaugh, 2002). More research has been conducted on girls who have engaged in sexually abusive behaviors (Hickey, McCrory, Farmer, & Vizard, 2008; Kubik & Hecker, 2005; Kubik, Hecker, & Righthand, 2002; Schwartz, Cavanaugh, Pimental, & Prentky, 2006; Sigurdsson, Gudjonsson, Asgeirsdottir, & Sigfusdot, 2010; Tardif, Auclair, Jacob, & Carpentier, 2005; Vandiver & Teske, 2006; Vandiver, 2010). Chapters have been written about this unique population (Frey, 2010, 2006; Hunter, Becker, & Lexier, 2006; Robinson, 2009, 2006, 2002), and protocols have been developed for working with girls with harmful sexual behavior (Weedon, 2011). In this workbook, I am offering a treatment approach that is informed by female development and what we know about female juveniles who sexually abuse. It is my hope that this workbook continues to fill a gap in the field of juvenile sexual abuse. It is intended to foster gender-specific treatment by providing adolescent girls an offense-specific tool, which is both developmentally and socioculturally appropriate, to better address their needs.

A female-specific framework is warranted for several reasons. First, males and females have different developmental needs. Second, sociocultural factors and their influence on males and females vary. Third, although the motivation to sexually abuse may be similar in many respects among males and females, there are also differences which need to be taken into account in our work. It is for these reasons that treatment will be different. For an overview of the clinical needs of girls who have sexually offended, which is based on the research done thus far and clinical experience, refer to Table 1.

Copyrighted Material Do Not Reproduce

Table 1 Clinical Needs of Girls Who Have Sexually Abused

1. Address and integrate complex trauma history. Understand the relationship between victimization and perpetration.
2. Address and process loss and abandonment issues.
3. Develop identity formation/authentic self and self-esteem.
4. Develop healthy relational patterns and healthy boundaries. Explore difficulties trusting others.
5. Learn to accept and express anger in appropriate ways and overcome the damaging belief that it is not "proper" for girls to display anger.
6. Develop self-care strategies, which include taking care of one's hygiene, developing self-soothing strategies (e.g., mindfulness), setting limits with others, and balancing the needs of the self with the needs of relationships.
7. Learn about female sexuality and develop healthy sexual subjectivity. Address issues of birth control, sexually transmitted diseases, precocious sexual involvements, early pregnancy and parenting.
8. Learn about the female body and develop a healthy body image.
9. Develop healthy female role models.
10. Examine and challenge the sociocultural context which adversely affects girls by perpetuating unrealistic standards of beauty, dictating how females "should" be, devaluing females, and sexualizing adolescent girls.
11. Understand that power is not always used negatively. There are differences in power: power-over (aggression), power-with (assertion), and power-under (victimization).
12. Address co-morbid diagnoses, i.e., Posttraumatic Stress, Depression, Anxiety.
13. Decrease internalization of shame, anger, and guilt.
14. Eliminate self-destructive behaviors, i.e., self-mutilation, substance abuse, unsafe sex.

One reason to develop a gender-specific treatment for female adolescents is the significant amount of research and writing which has described the differences between female and male development (Baron-Cohen, 2003; Belenky et al., 1986; Brizendine, 2006; Garbarino, 1999; Gilligan, 1982; Gilligan, Rogers, & Tolman, 1991; Gurian, 2001; 2002; Hales, 1999; Jordan et al., 1991; Miedzian, 1991; Pipher, 1994; Pollack, 1998). Although there are more similarities than differences between males and females, the disparities should not be ignored in treatment. Focusing solely on the similarities between the two sexes devalues their differences.

Some differences between female and male development/socialization worth noting from the aforementioned authors include: (1) Females tend to develop their identities through relationships of intimacy and care, whereas males tend to develop their identities through independence and success; (2) the moral judgment of females is based more on the ethics of caring, but the moral judgment of males tends to be based on logic, clear rules, and justice; (3) females think in a more contextual and narrative manner, whereas males tend to think in linear and abstract terms; (4) the emotional lives of females are expansive, but males are taught to limit their emotional displays; (5) the learning styles of females suggest group work and collaboration works best, while males tend to learn through competition and working independently; (6) females are socialized toward attachment, collaboration, and emotional responsibility, whereas males are socialized toward independence, competitiveness, and action; and, (7) Females are less responsive to the strong motivators of status and hierarchy, whereas males are socialized to be motivated toward these elements.

Copyrighted Material Do Not Reproduce

Table 2 A Few Differences Between Girls and Boys Who Sexually Abuse

Girls and boys who sexually abuse often abuse for similar reasons, in similar ways, and come from similar backgrounds. There are more similarities than differences, but there are still some differences (according to the research done so far), which should be considered in treatment.

Histories:

- Girls who sexually abuse others are more likely than boys to have been sexually abused themselves (Bumby & Bumby, 1997; Hickey et al., 2008; Kubik et al., 2002; Mathews, Hunter, & Vuz, 1997; Miccio-Fonseca, 2000; Ray & English, 1995; Schwartz et al., 2006; Sigurdsson et al., 2010). They are also more likely to be abused at younger ages (Hickey et al., 2008; Mathews et al., 1997; Miccio-Fonseca, 2000) by more than one perpetrator (Bumby & Bumby, 1997; Hickey et al., 2008; Kubik et al., 2002; Mathews et al., 1997; Schwartz et al., 2006), and experience more severe abuse (Kubik et al., 2002; Mathews et al., 1997; Ray & English, 1995; Schwartz et al., 2006).
- Girls are more likely to experience multiple forms of maltreatment when compared to boys (Kubik et al., 2002; Mathews et al., 1997; Ray & English, 1995).
- Girls are more likely than boys to have been exposed to domestic violence (Schwartz et al., 2006), sexual deviance in their families (Schwartz et al., 2006), or inadequate family sexual boundaries (Hickey et al., 2008).
- When compared to boys, many of these girls have experienced more serious neglect, starting at a younger age with a longer duration (Schwartz et al., 2006).

Offending Behavior:

- Victims of girls differ from boys'. Girls are more likely to sexually abuse someone they know, for example, a family member or a child for whom they are in a caretaking position (Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988; Mathews et al., 1997; Margolin, 1991). They are less likely to abuse strangers (Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988; Mathews et al., 1997).
- Boys who sexually abuse are more likely to penetrate their victims (Hickey et al., 2008; Mathews et al., 1997) or rape (Ray & English, 1995; Vandiver, 2010).
- Girls who sexually abuse are less likely to abuse the opposite sex and more likely to abuse both genders (Fehrenbach & Monastresky, 1988; Hickey et al., 2008; Vandiver & Teske, 2006). Girls appear to select victims out of convenience rather than genuine preference for one gender (Vandiver & Teske, 2006).
- Girls often will sexually abuse at younger ages than boys (Finkelhor, Ormrod, & Chaffin, 2009; Hickey et al., 2008; Johnson, 1989; Kubik et al., 2002; Ray & English, 1995; Silovsky & Niec, 2002; Vandiver & Teske, 2006; Vandiver, 2010).
- Girls are more likely than boys to be involved in incidents with multiple victims (Finkehor et al., 2009), especially when co-offending is present (Vandiver, 2010).
- Girls are more likely than boys to offend with adults (Finkelhor et al., 2009).
- Like adult female sex offenders, girls who sexually abuse are more likely than boys to sexually offend with a co-offender (Finkelhor, Ormrod, & Chaffin, 2009; Vandiver, 2010).

continued on next page

Copyrighted Material Do Not Reproduce

Table 2 A Few Differences Between Girls and Boys Who Sexually Abuse *(continued)*

Other Differences:

- Girls who sexually abuse often lack positive female role models in their lives (Mathews et al., 1997).
- Girls who abuse tend to have different mental health concerns than boys. In comparison studies, girls are more likely to be diagnosed with Posttraumatic Stress Disorder (Hickey et al., 2008; Kubik et al., 2002) and/or Reactive Attachment Disorder (Hickey et al., 2008). Boys are more likely to be diagnosed with conduct disorder (Kubik et al., 2002). Females are more likely to have attempted suicide and come from families in which someone had attempted suicide (Miccio-Fonseca, 2000). Typically, girls tend to internalize their feelings; therefore, they are more likely to struggle with depression, anxiety, eating disorders, self-destructive behavior (for example, self-mutilation or suicidal behavior) (Harris, Blum, & Resnick, 1991; Miccio-Fonseca 2000; Perry, 1997). Boys are more likely to externalize (act out) their feelings, resulting in other types of criminal behavior and defiance (Leschied et al., 2002, 2000; Loeber & Stouthamer-Loeber, 1998; Perry, 1997).
- It appears that the girls who sexually abuse tend to be more dependent in their relationships than boys. They also tend to sacrifice or subordinate their own needs for the needs of others to maintain their relationships (Brown & Gilligan, 1992; Jordan et al., 1991). Additionally, they are more often physically and/or emotionally abused in their intimate peer relationships than boys who abuse (Robinson, 2009, 2006).
- Girls offend sometimes for different reasons than boys. Boys may abuse to feel power, be in control, or be sexually gratified. Girls abuse sometimes for relationship reasons – to get or reestablish a connection with someone or to disengage from a relationship – or as a reaction to their own history of being sexually abused (Johnson, 1989; Robinson, 2009, 2006, 2002; Tardiff, Auclair, Jacob, & Carpentier, 2005; Turner & Turner, 1994). Females do not appear to abuse as much for sexual reasons as boys (Howley, 2001; Turner & Turner, 1994).
- Girls are more likely to engage in caretaking/altruistic justifications for sex offending behavior (Robinson, 2009, 2006).
- Girls who sexually abuse are viewed differently in our society. They may be scrutinized more harshly than boys (since it is believed it is more "normal" for boys to sexually abuse). They may also be perceived as victims needing protection, or as girls who are mentally ill (Allen, 1991; Finkelhor & Russell, 1984). Girls are more likely to be considered by investigators to be victims at the same time they offend (Finkelhor et al., 2009).
- Boys are more likely to be held legally accountable (Vandiver, 2010) and more likely to receive longer sentences (Vandiver & Teske, 2006). Girls are more likely to enter the system as victims, whereas boys are more likely to enter the system due to concerns about the safety of others (Ray & English, 1995).

Copyrighted Material Do Not Reproduce

There are some striking differences between female and male adolescents. Many female adolescents develop depression (Brizendine, 2006; NCASA, 2003), and across cultures the female to male ratio for depression is 2:1 (Solomon, 2001). During adolescence, girls are more likely than boys to attempt suicide (NCASA, 2003). They are also more likely to have anxiety disturbances (Hales, 1999). Furthermore, the development of female aggression is accompanied by depression, suicidal ideation and generalized anxiety disorders (Leschied et al., 2002). Teenage girls express anger differently than boys: rather than the overt means of boys, they often resort to covert strategies indicative of relational or indirect aggression (Lamb, 2001; Simmons, 2002). The risk factors for substance abuse also differ with gender. Girls use substances often to reduce stress and/or depression, lose weight, increase confidence, or enhance sex. Conversely, boys resort to substance use for sensation seeking and to heighten their social status (NCASA, 2003). Girls tend to experience a decrease in self-confidence but boys' confidence increases (Commonwealth Fund, 1997). Girls are more likely than boys to suffer from eating disorders during this life stage. They are also more likely to experience physical and sexual abuse (Commonwealth Fund, 1997). The differences between adolescent males and females may invoke the old debate about nature or nurture, but the etiology has less importance than the fact we notice, consider, discuss, and challenge these differences in our work with girls.

Another reason for developing gender-specific treatment is that there is a small percentage (when compared to male juveniles), yet significant amount of adolescent females who enter the criminal justice system for sexual offending behavior. In the United States alone, in 2009, 208 females under age 18 were arrested for forcible rape and 5,337 females under age 18 were arrested for other sexual offenses (excluding prostitution) (FBI, 2009). Similarly, Finkelhor et al., (2009) found that females constitute approximately 7% of juveniles who commit sexual offenses.

Although the research has grown over the last ten years, there are still caveats to consider with the research. Many of the research samples are small, therefore, it is difficult to generalize findings. The largest sample size is of 177 girls (Vandiver, 2010). There is a concern about unrepresentative samples: Caucasian females, for example, are over-represented in the research. Many studies lack statistical analysis. Additionally, there are reliability and validity concerns with archival data, and limitations of self-reported data. Despite this, there are continuing themes that emerge from the research and it seems clear that there are differences in the trauma histories and offending behavior of girls when compared to boys (see Table 2). This further solidifies the need for gender-specific treatment.

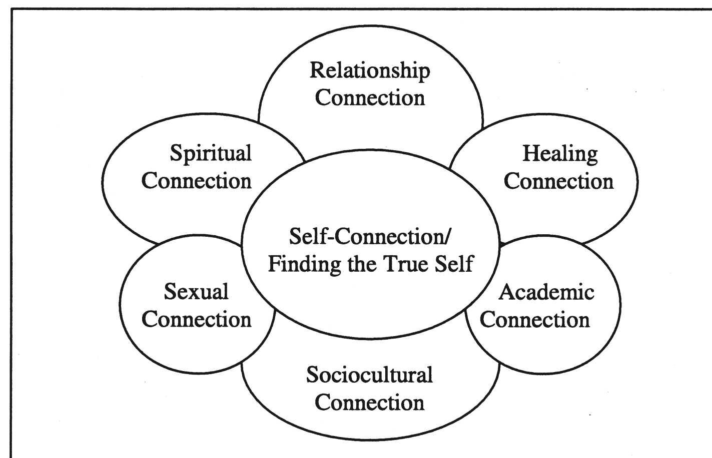
I have named this workbook *Growing Beyond* to reflect the belief that girls, like boys, can overcome sexually abusive behaviors and lead a productive life. There is a tendency in this field to label those who have been sexually abusive. "Once an offender always an offender," is a commonly promoted belief despite the fact research does not support this assumption. Recidivism rates for juveniles who have received offense-specific treatment appear low, ranging from 2% to 15% (Kahn and Chambers, 1991; Parks & Bard, 2006; Righthand & Welch, 2001; Zimring, 2004). In addition, according to the Center for Sex Offender Management (1999), there is no evidence to support the notion that the majority of adolescents who have been sexually abusive will become adult sex offenders. Labeling can cause great damage to an adolescent's development and self-esteem; therefore, it is contraindicated. I strongly believe we can help adolescents return to a healthier, more normal, sexual development. Our job involves helping our clients overcome labels, build self-esteem, learn about themselves, attain a sense of equanimity, integrate prior trauma exposures, integrate behavioral management strategies, and live free of either being abused or being the abuser. If we are successful in achieving these goals, we can be optimistic that these girls will live a victim-free, abuse-free life.

This workbook is based on this writer's "Offense-Relational Model" for female adolescent sexual offending (Robinson, 1999). This model blends the developmental needs of girls with the more traditional offense-specific treatment. It is a holistic approach to working with girls: It does not exclusively focus on the offending behavior, but inclusively focuses

Copyrighted Material Do Not Reproduce

on all aspects of the girls' development to help ensure they become healthy in many areas of their lives. The offense-relational model includes seven dimensions of connection: self, relationship, sociocultural, healing, academic, sexual, and spiritual. These are viewed as circular dimensions which are linked and interdependent with one another (see Table 3). At the center of this model is self-connection. Given the fact many girls develop a false (or inauthentic) self during adolescence, the heart of the model lies in learning about themselves. It is about uncovering the self that often lies underneath cultural scripts of how girls "should" be. The relationship connection is based on the notion that female identity is formed through relationships; therefore, focusing on healthy relational development is necessary for girls. The healing connection is based on the fact that females who offend are likely to have abuse histories that require attention. The academic connection is about helping girls appreciate learning and for those who have learning disabilities, helping them see their strengths as well as areas of deficit. The sociocultural connection requires examining how our culture influences girls and challenging some of the negative messages that are easily absorbed by girls during their adolescence. The sexual connection involves taking ownership over their sexual lives in healthy ways and learning about female sexuality. Finally, the spiritual connection is about providing girls with a beacon that can help them stay focused in a difficult developmental time. This is done by giving them skills they can access to help them stay grounded and derive some meaning in their lives. As treatment providers, we need to treat the full individual, not just the offending behavior or the aspects of the individual which contributed to sexually abusive behavior. The influence of this model in writing and conceptualizing this workbook will be further evident through the descriptions of and rationale for the workbook chapters.

Table 3 An Offense-Relational Model for Female Adolescent Sex Offending



The purpose of the first chapter, "Sharing Your Story," is to reduce the level of isolation and embarrassment a sexually abusive teenage girl may feel. The stories of other girls (whose names and some specifics of their cases have been altered to maintain their confidentiality) are shared to achieve this goal. It is still a reality that far more males are adjudicated for these behaviors; therefore, a girl who abuses may feel significantly alone, perhaps even ostracized. In addition, female sexual offending defies our socially prescribed beliefs about females: females are seen as the nurturers, not the abusers. Girls who abuse are often perceived as "sick" or "abnormal," and this perception can subsequently increase their shame and guilt. The first step towards their healing is to reduce the shame and deviancy they may feel, since both can interfere with their learning and growth.

The second chapter, "The Basics," offers the essential offense-specific tools. Offense-specific terms, safety plans, thinking errors, motivations to offend, and the sexual abuse cycle are introduced. In this chapter, readers will identify the kinds of thinking errors which contributed to their offending behavior, restructure their thinking errors, apply offense-specific terms (consent, coercion, and compliance) to different scenarios, examine their own motivations to sexually abuse, and

Copyrighted Material Do Not Reproduce

apply their sexual offending behavior to the sexual abuse cycle. Because the sexual abuse cycle is not relevant in all cases, readers will explore other factors (e.g., group dynamics) that may be salient to their offending behavior. Research over the last ten years has shown that girls often offend with co-offenders (Finkelhor et al., 2009; Hendriks & Bijleveld, 2006; Taylor, 2003; Vandiver, 2010). This is consistent with the research on adult females who sexually offend. In one study comparing 177 boys to 177 girls who sexually offended, 52% of the girls had at least one co-offender versus 19% of the boys. When girls acted with co-offenders their behavior differed significantly from girls who acted alone: They were more likely to have multiple victims as well as a female victim, and be arrested for rape (Vandiver, 2010). Another study found that when girls committed their offense with a co-offender, considerable force was used in most cases (Hendriks & Bijleveld, 2006).

Because females develop their identities within the context of relationships (Brizendine, 2006; Brown & Gilligan, 1992; Gilligan, 1982; Gilligan, Lyons, Hammer, 1990; Gurian, 2002; Jordan et al., 1991; Miller & Stiver, 1997), examining their relationships and how they operate within them is extremely important. Sexual abuse is, for many girls, a way to establish a connection with someone; for other girls, it is a way to disconnect from a relationship. Therefore, we need to help these girls learn about healthy relationships and how to interact appropriately. The goal of the third chapter, "Your Relationships," is to help them establish healthier connections that foster growth and development. This process includes learning the importance and essential qualities of relationships, and the differences between healthy and unhealthy relationships and healthy and unhealthy boundaries. Readers will also learn how girls may form relationships to unhealthy substances or behaviors, such as drugs, alcohol, binge eating, or indiscriminate sex, as a way to mitigate negative feeling states. Additionally, readers will examine the role of relationship in female sexual offending, map the healthy connections they have had with others in their lives, and examine their current relationships.

Many of these girls do not know how to form positive relationships due to attachment disruptions as a result of complex trauma. Some have learned to form relationships only through their sexuality. Many have difficulty respecting others or respecting themselves; this lack of respect is inherent in their abusive behavior. If a girl respects herself, it seems unlikely she will commit the kind of behavior that will cause a lack of respect for herself, as well as for others. If we can help these girls form better relationship connections, which include respect, perhaps their desire to sexually abuse will decrease. Girls who are not connected to their family, for example, are more likely to engage in negative behavior (Harris et al., 1991). Unfortunately, many of these girls have unstable families of origin. They are frequently raised in single parent homes (Openshaw & Nelson, 2001) and are lacking parental support (Mathews et al., 1997). As Miller and Stiver (1997) write, it is "connection, not separation, [which] leads to strong, healthy people" (p. 65). Considering that girls develop relationally, focusing on how they develop relationships and the quality of those relationships is essential.

The fourth chapter, "Your Authentic Self," is about self-examination. Research indicates that when a girl reaches adolescence, a false self is developed. A preadolescent authentic self is lost and girls start becoming what they perceive others want them to be (Brown & Gilligan, 1992; Gilligan, 1982; Hancock, 1984; Pipher, 1994; Shandler, 1999; Stern, 1991). Pipher (1994) refers to female adolescence as a time when girls "crash and burn in a social and developmental Bermuda Triangle" (p.19). The reality is this: our culture has a huge affect on female adolescent development. Girls are bombarded with images and messages of what they "should" be from movies, magazines, peers, schools, and music. Thus, they acquiesce to conventional mores and, in so doing, lose sight of themselves. Similarly, it is also true that girls with abuse histories can develop chameleon-like presentations, saying what they think others want to hear depending on their environment in order to blend in and prevent conflict. This is an adaptation to their trauma, a survival response, which also impedes the development of an authentic self. If we can help girls understand themselves better and appreciate who they are, then perhaps we can curb abusive behavior. The hope is that the stronger and healthier the authentic self, the less likely a girl will engage in sexually inappropriate behavior.

Copyrighted Material Do Not Reproduce

Furthermore, it is during female adolescence that self-esteem tends to plummet, and depression, anxiety, eating disorders, and substance abuse increase. Girls' self-esteem becomes a casualty of adolescence when our culture promotes unrealistic expectations of beauty, the objectification and sexualization of young females, and unhealthy scripts of how to act to get and please the "perfect" man (American Psychological Association [APA], 2010). It is, for example, largely because of this pressure that approximately 60% of high school girls diet, about one-third feel overweight regardless of objective measure, and nearly one in five girls in grades nine through twelve have binged and purged (Commonwealth Fund, 1997). Most of the girls I have worked with have had low self-esteem; although sometimes these girls may appear confident, this is often a façade protecting an underlying insecure and deflated core. Their air of confidence is, simply, a presentation of a false self, a self-protective shell. Enhancing their self-esteem and helping girls find an authentic voice where they can question whether certain cultural messages are something they want to accept for themselves is necessary.

Because female sexual offending is antithetical to our notion of how females should behave, a girl who believes in the cultural script, which declares that girls who sexually abuse are innately "evil" and permanently "perverted," risks having her developing identity stunted. If we can help a girl separate this cultural perception from who she is, she will have a better chance of surviving the developmental storm; instead of being left with an ineradicable scarlet letter for sexual offending behavior, she can overcome negative labeling and a sense of being damaged. It is for this reason that this chapter focuses on dispelling the cultural myths of female sexual behavior. This chapter also focuses on the general messages learned about female sexuality and female characteristics. Readers learn about themselves by evaluating their inner and outer selves, identifying their strengths and weaknesses, making a commitment to their ongoing growth, and writing about the values and beliefs that guide them. Because many of these girls have lacked positive female role models (Johnson, 1989; Mathews et al., 1997; Tardif et al., 2005; Turner & Turner, 1994), they are asked to identify positive female role models whose behaviors and beliefs can hopefully steer them to a healthier level of functioning.

The goals of the fifth chapter, "Your Sexuality," include: helping girls learn more about their bodies and their sexuality, redirecting their inappropriate sexual expressions toward those that are healthy and responsible, and defining and accepting their sexuality. It is because many girls lack sexual awareness that they need to understand how their bodies work and learn about pregnancy, birth control, sexual decision making, healthy sexual boundaries, female sexual desire, and sexually transmitted diseases. Helping them feel more comfortable and confident in this area is especially important given the fact that many of these girls feel an unease about their body and their sexuality: this unease inhibits their confidence to sexually experiment and interact with peers, which then can contribute to their sexual abuse of younger children or perhaps peers. If we teach girls about their bodies, they can have ownership over their bodies and become the sexual subjects of their own lives, not the objects of others (Pipher, 1994). Since many of the girls we work with have been sexually violated to varying degrees, they have been left with a poor sense of sexual boundaries - crossing a child's sexual boundaries may have seemed acceptable given what was previously done to them.

Specifically in this chapter, clients will learn key words about sexuality and explore their sexual rights. They will learn the differences between healthy and unhealthy sexuality, and appropriate and inappropriate sexual fantasies. They will learn about female sexual response and teenage pregnancy. The purpose of addressing teenage pregnancy is due to the fact many girls who sexually abuse will either lie about being pregnant (to get attention or fill an inner void) and/or place themselves in precarious situations where the result is pregnancy. At the end of the chapter their knowledge of female sexuality will be challenged.

There is also research indicating that during adolescence girls learn to become sexually accommodating (Jordan, 1987), and there is little discussion about female sexual desire (Thompson, 1990; Tolman, 1991, 2002; Wolf, 1997; Young-Eisendrath, 1999). Naomi Wolf (1997), in her book *Promiscuities*, suggests that during female adolescence, sex for het-

Copyrighted Material Do Not Reproduce

erosexual girls simply becomes "a performance for the benefit of boys" (p.70). It is not surprising then that boys may discover a girl's vagina and clitoris before she has discovered these for herself. She may learn about her own body, her own anatomy, through her relationships where her primary response is to please and be accepted by her partner. Her pleasure often becomes secondary, a byproduct of what has occurred rather than an intentioned goal. Girls have a tendency to be self-conscious because of their desire to please the other, and therefore, their sexual pleasure is diminished. What lies at the core of female sexuality, taught to us through our cultural lens, is the desire to be wanted. Brizendine (2006), in her book on the female brain, notes that one of the primary goals for female teens is to become sexually desirable. A female sexologist confirms the desirability quotient stating that for females, "Being desired is the orgasm" (see Bergner, 2009). This explains, for example, the behavior that many teenage girls (and many of our clients) resort to in today's technological world: placing sexual pictures of themselves online or sexting. Many of them are seeking the external validation to bolster confidence and shape their identities. As Young-Eisendrath writes, "To be the Object of Desire means to have no core self, no clear autonomy and self-determination that are under your command" (p.19). Unfortunately, this is what many girls learn, and it is this desire to be wanted, the desire to please, that leaves girls in the dark about their own sexuality. It is this cultural lens which leads Tolman (1999) to write: "[T]he 'problem' of adolescent sexuality is not the province of individual girls; rather it is a sociopolitical problem that is lived by individual girls" (p. 233). She believes girls may wish to initiate and be in control of their sexuality but because of cultural pressures, girls will respond in a "conventionally feminine" manner, which by definition means to "be passive and inexperienced" (p.235). This passivity and inexperience prevents them from being labeled a "slut" or a "whore." However, it is precisely this passivity and sexual unawareness that leads to uncomfortable and dangerous sexual situations.

In Thompson's work (1990, 1995), based on 400 interviews of teenage girls, the girls who were unsure of their sexuality were those who had sex without protection, experienced date rape, or had upsetting experiences losing their virginity. These girls were alienated from their own bodies and participated in sexual situations when they did not have adequate ownership over their sexuality. Those who respected and were aware of their sexuality (Thompson describes these girls as "pleasure narrators"), only comprised one quarter of her sample. These girls were far more likely to use birth control, practice safe sex, or wait to lose their virginity with someone they cared about. This contradicts the often-held belief that teaching adolescents about sexuality and pleasure causes them to become promiscuous; rather, the research indicates the reverse is true. This research on female sexuality provides the basis for the fifth chapter because it mirrors what is true for girls who sexually abuse; most of them are largely unaware of and fearful about their sexuality.

The sixth chapter, "Your Abuse, History and the Impact of Sexual Abuse," addresses the consequences of sexual abuse. It factors in the girls' own histories of abuse (if applicable) and provides some exercises to work through their victimization histories which may, as of yet, be unprocessed and unresolved. Many girls who sexually abuse others have histories of significant trauma. While most people who have been sexually abused do not resort to sexually abusing others, this is one factor for many girls that cannot be ignored. Research indicates that girls who sexually offend have higher rates of victimization, especially of being sexually abused, than boys who offend (Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988; Hickey et al., 2008; Kubik, Hecker, & Righthand, 2002; Mathews et al., 1997; Miccio-Fonseca, 2000; Ray & English, 1995; Schwartz et al., 2006; Sigurdsson et al., 2010). Virtually all other descriptive studies have found high rates of sexual abuse histories amongst girls who sexually abuse others (Dowdell et al., 2009; Higgs, Canavan, & Meyer, 1992; Howley, 2001; Hunter, Lexier, Goodwin, Browne, & Dennis, 1993; Kubik et al., 2002; Thompson, 2010). Furthermore, girls who sexually offend often have been sexually abused at younger ages than boys who sexually offend (Hickey et al., 2008; Mathews et al., 1997; Miccio-Fonseca, 2000). They are more likely to have been sexually abused by multiple perpetrators (Bumby & Bumby, 1997; Hickey et al., 2008; Kubik et al., 2002; Mathews et al., 1997; Schwartz et al., 2006) and their sexual victimization is quite often severe (Kubik et al., 2002; Mathews et al., 1997; Ray & English, 1995; Schwartz et al., 2006). Girls are more likely to experience multiple forms of maltreatment when com-

Copyrighted Material Do Not Reproduce

pared to boys (Kubik et al., 2002; Mathews et al., 1997; Ray & English, 1995). Girls are more likely than boys to have been exposed to domestic violence (Kubik et al., 2002; Schwartz et al., 2006), sexual deviance in their families (Schwartz et al., 2006), or inadequate family sexual boundaries (Hickey et al., 2008). When compared to boys, many of these girls have experienced more serious neglect, starting at a younger age with a longer duration (Schwartz et al., 2006). Caregiver disruption is noted in several studies (Dowdell et al., 2009; Kubik et al., 2002; Schwartz et al., 2006; Thompson, 2010).

Hunter et al. (1993) studied 10 adolescent females in residential treatment for sexual offending behavior; all reported a history of sexual abuse. In 60% of their cases, a female perpetrator molested them. There were physical abuse histories in 80% of their cases and 90% of the girls met the criteria for Posttraumatic Stress Disorder. Ray and English (1995) conducted a comparative study between sexually aggressive girls and boys. In their study, approximately 94% of the girls had sexual abuse histories compared to 85% of the boys. In addition, 94% of the girls, compared to 86% of the boys, experienced multiple types of abuse. In a 1997 study, 12 adolescent females with sexual offending behavior were studied and 100% had sexual abuse histories. More than one perpetrator abused most of these girls. 75% had physical abuse histories as well (Bumby & Bumby, 1997).

In a study comparing 67 females to 70 males with sexually abusive behavior, Mathews et al. (1997) reported that 78% of their sample of females disclosed a sexual abuse history, compared to only 34% of the males. In these victimization histories, there were three times as many girls sexually abused by females than boys. This suggests that for some girls who sexually abuse, they may need the additional female role modeling to arrive at a point where they will sexually offend. Also, 60% of the girls in this study had histories of physical abuse compared to 45% of the boys.

Howley (2001) found that out of 66 sexually abusive girls in residential treatment, 97% were victims of child sexual abuse. She found that many of the girls (75%) were sexually abused by multiple perpetrators and the average age of their sexual victimization was 3.8. A female perpetrator molested many of these girls as well. There were also high rates of physical abuse (82%) and general neglect (71%) in their backgrounds.

In a 2002 study by Kubik, Hecker, and Righthand, 63.6% of the sexual offending girls had histories of sexual abuse, compared to 50% of the sexual offending boys. Many of the girls were sexually abused by more than one perpetrator: The mean number of perpetrators for the girls was 4.83. The mean number for the boys was 1.75. When compared to the boys, the girls were more likely to have been physically abused (63.6% versus 40%), neglected (70% versus 36.4%), and exposed to family violence (62.5% versus 22.2%).

Finally, in a study by Hickey et al. (2008), 95.5% of the girls who sexually abused were victims of childhood sexual abuse, compared to 69.9% of the boys. Girls were 4.8 times more likely than boys to have been exposed to inappropriate sexual material or adult sexual activity in their families. The median age that the girls were first sexually abused was 4 years old versus 7 years old for their male counterparts. Girls were more often than boys abused by relatives (85.7% versus 57.4%) and more often than boys abused by both relatives and acquaintances (57.1% versus 28.4%). Girls were more likely than boys to be abused by both females and males (57.1% versus 30.1%). They also found that being a female, as opposed to a male juvenile with sexually abusive behavior, is predicted by having a higher number of perpetrators of their own sexual victimization history. The girls had a median number of 3.5 perpetrators of child sexual abuse whereas the boys had a median number of 1.

Given the extent of victimization in these girls' lives, they are likely to exhibit complex trauma (Cook et al., 2005) or

Copyrighted Material Do Not Reproduce

Developmental Trauma Disorder (DTD) (van der Kolk, 2005). Complex trauma and DTD is the language that is currently used to describe the extent of impact sustained with multiple trauma exposures. DTD occurs when a child has experienced repeated and severe episodes of interpersonal violence and significant disruptions of protective caregiving. This leads to affective and physiological, attentional and behavioral, and self and relational dysregulation, as well as post traumatic spectrum symptoms. Because of the complex trauma with which these girls present, treatment involves addressing their current constellation of symptoms with the hopes of achieving traumatic experience integration and improving self-regulation capacities (Blaustein & Kinniburgh, 2010). It is evident from the research on girls who have sexually abused that many of them display comorbid diagnoses and mental health problems. Thompson (2010) found that 83% of girls in her sample had at least one diagnosis. Girls often present with posttramatic stress disorder (Dowdell et al., 2009; Hickey et al., 2008; Hunter et al., 1993; Kubik et al., 2002; Mathews et al., 1997; Tardif et al., 2005; Thompson, 2010; Turner & Turner, 1994), reactive attachment disorder (Hickey et al., 2008; Thompson, 2010), depression (Bumby & Bumby, 1997; Thompson, 2010) or mood disorders (Dowdell et al., 2009: Kubik et al., 2002), conduct disorder (Tardif et al., 2005; Thompson, 2010; Turner & Turner, 1994), oppositional defiant disorder (Dowdell et al., 2009), suicidal ideation and/or prior attempts (Bumby & Bumby, 1997; Hunter et al., 1993; Kubik et al., 2002; Mathews et al., 1997; Miccio-Fonseca, 2000; Sigurdsson et al., 2010; Tardif et al., 2005), attention deficit/hyperactivity disorder (Kubik et al., 2002; Tardiff et al., 2005; Thompson, 2010), and self-mutilation (Kubik et al., 2002). Weedon (2011) recommends a dual specialization in working with these girls that is based on approaches to address complex trauma as well as approaches that are offense-specific. Chapter six is written with the hopes of building a bridge between a girl's victimization history and perpetrating behavior. If a girl can articulate and feel the impact of her own abuse history, she can begin to recognize the effects her abusive behavior has had on her victims (Saradjian, 1996).

Chapter six is divided into three sections. The first section includes examining one's own abuse history. For those without abuse histories, the information provided is important reading and the exercises are geared toward their participation as well. For example, the exercise which involves writing about one's own abuse history can also be written by those without abuse histories; those without will write about a time they felt powerless or afraid instead. Other exercises in this section include writing about trusting others (since many girls with sexually abusive behaviors have difficulty trusting others or trust too readily), identifying secrets which result from trauma, and shifting perspectives from one of a victim to one who grows beyond trauma. The second section examines the impact of sexual abuse. The girls will learn about posttraumatic stress; the thoughts, feelings, and behaviors of sexual abuse victims; and the differences between primary and secondary victimization. In the third section, the girls will apply what they have learned about victim impact and relate it to their own offending behavior. They will write about their offense through their victim's eyes and write a letter to their primary victim. They will also write a letter to a secondary victim.

The seventh chapter, "Some More Helpful Tools," focuses on further developing healthy coping skills and an inner state of calmness. The differences between passive, passive-aggressive, aggressive, and assertive behaviors are explored. Assertiveness skills, conflict resolution, positive self-talk, ways to attain happiness, and self-nurturing techniques are the focus of this chapter. Practicing gratefulness, shifting perspectives, accepting themselves, learning to forgive, and making amends are suggested as ways to help them feel better about themselves. Female adolescence is a time of developmental turmoil when many girls feel emotionally, physically, and spiritually lost. These tools help cultivate inner strength - the more centered these girls become, the healthier they will be and less likely to sexually offend.

Copyrighted Material Do Not Reproduce

In the final chapter, "Putting the Puzzle Together," the girls review what they have learned, write their Growing Beyond Plan, and write about the insight they have attained regarding their sexually abusive behavior and their life.

While this workbook was written primarily for girls who are in outpatient treatment settings, the majority of the workbook is also applicable to girls who are in residential treatment. For those of you who work with female adolescents, I hope this helps you on your journey, and I offer you my best wishes for your continued commitment to heal and empower these girls.

Copyrighted Material Do Not Reproduce