

# Evaluating Female Sex Offenders Without Prejudice

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While popular films have been used to teach about paraphilias,<sup>1</sup> they rarely involve women with paraphilias. In *American Pie*, the still-popular 1999 coming-of-age film, Finch (a high school senior) has sex with the character known in the film as “Stifler’s mom.”<sup>2</sup> This liaison is portrayed as a contemporary Mrs. Robinson’s experience. (n.b., Mrs. Robinson seduced a 21-year-old man, not a high school student in *The Graduate*).<sup>3</sup> Similarly, in the sitcom portraying a popular radio psychiatrist, *Frasier*, the titular character remembers his first sexual experiences as a high school student with his piano teacher.<sup>4</sup> Whereas other characters are seemingly impressed by this sexual prowess, only Frasier’s father is disturbed, because he paid for the piano lessons. In neither instance is the adult female–teen male sexual experiences portrayed as abusive or inappropriate. Yet, in *American Beauty*,

also from 1999, audiences watched the protagonist struggle over his attraction to his teenage daughter’s friend and ultimately get killed after the pair were about to have intercourse.<sup>5</sup> In 2000, *All-American Girl: The Mary Kay Letourneau Story* dramatized the real-life story of the teacher who had an affair with her sixth-grade student Vili Fualaau.<sup>6</sup>

Although much less frequently than their male counterparts, a significant percentage of sexual offending is perpetrated by women. This is the case despite sexual relations of a youth with an adult female sometimes being viewed as a rite of passage rather than sexual offending with long-term consequences; for example, “hot for teacher” and “hottest female sex offenders” are websites.<sup>7</sup> Debra Lafave was a 23-year-old teacher arrested for having sex with a 14-year-old student.<sup>8</sup> Female teachers, like Letourneau and Lafave, are often significantly older than their victims. Other women are noted to demonstrate less romantic and more sadistic behaviors in their offending; still other women are coerced into sexually abusing others by a male partner.

## Gender Bias in Evaluations

Psychiatry has a long history of misinterpreting sexual offending. Freud ignored reported childhood sexual abuse and rather focused on the child having Oedipal fantasies.<sup>9</sup> In 1978, Sgroi noted: “recognition of sexual abuse is entirely dependent on individuals’ inherent willingness to entertain the possibility that the condition may exist” (Ref. 10, p xvi). Historically,

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**Table 1** Potential Effects of Bias toward Female Sex Offenders

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Lack of recognition of perpetrators leading to continued perpetration against victims
Lack of understanding and appropriate treatment for victims; victim blaming
Lack of understanding of the significance of harm to victims
Victims are not taken seriously, or it is suggested that they consented
Betrayal of a child by an authority figure
Lack of arrest and prosecution of perpetrators
Lack of guilty findings; inappropriate findings of insanity and mental health dispositions for female sexual offenders
Lack of recognition of recidivism
Dearth of research about effective treatment of offenders

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the risks of misunderstanding child sexual abuse have included discounting the offender's responsibility, blaming the child for being seductive, and minimizing the impact of the abuse on that child.<sup>9</sup>

Gender role stereotypes conceptualize women as nurturing and men as more violent. Sexual agency may not be ascribed to women. Unintended consequences of these chivalrous stereotypes include allowing women to continue to sexually offend unchecked, with less likelihood of arrest, lower sentences, and less compulsory treatment than their male counterparts.<sup>7,11-13</sup> This tendency exists despite the fact that the sexual abuse of children by female and male perpetrators is of similar severity.<sup>14</sup> Table 1 lists the significant problems perpetuated by misunderstandings and gender bias regarding female sexual offenders.

Salter noted: "The average person does not seem to want to believe that women, particularly the child's mother, could do such a thing" (Ref. 9, p 77). In addition to idealized beliefs about women, confusion exists about what constitutes sexually abusive behavior. Women may perpetrate sexual abuse while bathing or dressing their children and may not be detected. Women have much more access to children alone and are seen as always nurturing. Yet, female sex offenders are more likely than men to have victims of both genders.<sup>15</sup>

Although some ask how a woman could sexually offend without having a penis, Finkelhor and Russell, as early as 1984, noted, "most sexual abusers get their satisfaction not from intercourse but from either manipulating the child's genitals or having the child manipulate their own. Women could do this too, getting satisfaction from touching or having the child manually stimulate them" (Ref. 16, p 182). Salter noted, "women offenders are capable of the same severity of sexual abuse as male offenders are. Nor does the lack of a penis stop them from penetrating a child" (Ref. 9, p 78). Myths about female sexual

offenders that this article seeks to dispel are listed in Table 2.

Male and female sex offenders have commonalities. They are demographically similar, although women are more likely to offend at a school, hospital, or jail.<sup>12</sup> Friedman noted that "women may be aggressive and have rational though unsavory reasons for horrific offenses . . . Forensic psychiatrists cannot be blind to the potential for women to be violent, else they allow violence to continue, underestimate risk, and produce inappropriate courtroom testimony" (Ref. 17, p 273). Forensic psychiatrists should consider their own gender biases so that they can objectively evaluate cases and educate the court.

### Harms of Female Sex Offending

Contrary to the belief that sexual abuse by women does not harm the victim, there is evidence that abuse by female offenders significantly affects both male and female victims.<sup>14,18</sup> This harm includes both physical damage and psychological harms such as posttraumatic stress disorder symptoms, anxiety and depression, suicidal ideation and self-harm, inability to express emotions, rage, and interpersonal difficulties, such as feelings of isolation, difficulties with trust, and sexual problems.<sup>18-21</sup> Some accounts claim that sex between an adolescent boy and an adult female is considered a rite of passage with little impact.<sup>22</sup> Yet, even a male who experiences physical pleasure at the time may subsequently experience a betrayal of trust and subsequent trauma symptoms.<sup>18,20</sup> The impact on female incest survivors may be worse when perpetrated by a female.<sup>18</sup> Victims may be further affected when they disclose the abuse because they may be subsequently physically punished or not believed, or the impact of the abuse may be minimized or the acts reframed as consensual.<sup>18</sup> Further, services primarily set up for helping victims of male perpetrators cannot adequately respond to

**Table 2** Myths about Female Sexual Offenders

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Female sexual offenders are so rare that their offending is not much of a problem.
Female sexual offenders are more likely to be victims of abuse themselves.
Sexual behavior by women toward children is benign; women are not sexual.
Sexual abuse by women does not harm the victim.
Women who sexually abuse children are all mentally ill.
Women who sexually offend are always coerced by their male partners.
Female sex offending is a single event when it does occur; females do not sexually re-offend.

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the needs of victims of female perpetrators because of a lack of understanding.

**Prevalence**

Accurate assessment of the prevalence of female sexual abuse is hampered by the belief that female-perpetrated sexual abuse is so rare that it is not much of a problem, confusion about what constitutes sexually abusive behavior,<sup>23</sup> and the amount of hidden behavior occurring in the caretaker role. In addition, given the denial and taboo surrounding female sex offending, it is less likely to be disclosed if victims believe their experience is extraordinary or if victims believe that they will not be taken seriously.<sup>24,25</sup>

In a review of studies available by 1984, Finkelhor and Russell found that “the best estimates, based on a variety of surveys of the general population, put the percent of sexual contacts by older women to be about 20 percent (range 14% to 27%) for male children and about 5 percent (range 0 to 10%) for female children” (Ref. 16, p 177). Finkelhor and Russell noted that Kinsey included data about childhood sexual abuse experiences, reporting in his 1948 study<sup>26</sup> that “[t]he record includes some cases of pre-adolescent boys involved in sexual contact with adult females, and still more cases of preadolescent boys involved with adult males” (Ref. 16, p 175).

More recently, Cortoni and colleagues<sup>27</sup> found that when averaged across nations including Australia, Canada, New Zealand, the United Kingdom, and the United States, official records data and victimization survey data demonstrated that approximately five percent of sexual offenses were committed by women.<sup>27</sup> An even more recent meta-analysis of data from 12 countries found a fixed-effect meta-analytical average of 2.2 percent of sexual offenses that were reported to authorities being perpetrated by women.<sup>28</sup> In contrast, the fixed-effect meta-analytical average of 11.6 percent prevalence of female sexual offending rates found in victimization surveys was almost six times higher.<sup>28</sup>

Moreover, in a recent study, Stemple and colleagues revealed higher prevalence rates, contradicting the idea that female sexual offending is rare.<sup>12</sup> They analyzed data from four surveys conducted by the Centers for Disease Control and Prevention (CDC) and the Bureau of Justice Statistics, two of which were in the general population and two among incarcerated persons. Strikingly, these surveys found that nonconsensual sex occurred for men and women at a similar 12-month prevalence.<sup>12</sup> Women were more likely to report having been raped during their lifetime, however. Although only 1.7 percent of men reported being raped in their lifetime, the CDC’s limited definition of rape requires the penetration of the victim. But 6.7 percent of men had reported that they were “made to penetrate” someone during their lifetime.<sup>12</sup> Those who had been “made to penetrate” reported female perpetrators in 79 percent of cases. Analysis of a national household survey of both rape and sexual assault found that 28 percent of male victims and four percent of female victims reported female perpetrators acting alone.<sup>12</sup> When men and boys were incarcerated, staff perpetrators of sexual violence were overwhelmingly female.<sup>12</sup> When inmate-on-inmate sexual assault occurs, women prisoners are more likely to be victimized by female inmates than male prisoners victimized by male inmates.<sup>12</sup>

A study examining sexual victimization revealed that of 302 undergraduate men, 51 percent reported having been sexually victimized at least once since age 16, with six percent reporting victimization by a male perpetrator, 48 percent by a female perpetrator, and three percent by perpetrators of both sexes.<sup>29</sup> In a study examining sexual coercion, 43 percent of the 284 male high school and college participants reported that they experienced sexual coercion, with 95 percent reporting women as the perpetrators.<sup>30</sup>

**Typologies of Female Sexual Offenders**

Table 3 describes several typologies of female sexual offenders. Matthews and colleagues<sup>31</sup> described a

**Table 3** Typologies of Female Sex Offenders

Author, Year	Categories
Matthews <i>et al.</i> , 1991 <sup>31</sup>	Teacher-lover Intergenerationally predisposed Male-coerced
Salter, 2003 <sup>9</sup>	Abuse young children +/- sadistically Teacher-lover Initially coerced
Vandiver & Kercher, 2004 <sup>32</sup>	Heterosexual nurturers Noncriminal homosexual offenders Female sexual predators Young adult child exploiters Homosexual criminals Aggressive homosexual offenders
Wijkman <i>et al.</i> , 2010 <sup>33</sup>	Young assaulters Rapists Psychologically disturbed co-offenders Passive mothers

sample of 16 women referred to a female sex offender treatment program in Minnesota. They described three categories: teacher-lovers, those who were intergenerationally predisposed, and those who had been coerced by men. They noted that often the teacher-lover “had a difficult time believing that her behavior was criminal since she has no malice for the children she had abused. She taught children about sexuality in discussions and games, and she fell in love with an adolescent male, who became her sexual partner” (Ref. 29, p 208). In contrast, the intergenerationally predisposed had been victims themselves, and their victims were family members. Those coerced by men were noted to be extremely passive in their relationships with feared partners. Matthews and colleagues’ typology has been noted to be a cornerstone in the field,<sup>18</sup> helpful in understanding motivations.

Salter<sup>9</sup> later described three groups of female sex offenders who offend against children. The first group are those who abuse (usually their own) young children, often with sadistic behaviors. “Many of these mothers seem to be fused with their children and unable to function as a maternal figure” (Ref. 9, p 77). The second group are teacher-lovers, who are usually approximately twice as old as their victims. “These women . . . romanticize their involvement . . . and tend to deflect the responsibility for it onto their victims” (Ref. 9, p 78). The third are women who are initially coerced into abusing. “Their initial motivations are generally to please the male or, at the least, to avoid abandonment by him. As time progresses, however, some research indicates that many of these women begin to enjoy the sex with children and eventually molest them on their own” (Ref. 9, p 78). Teacher-

lovers tend to fall into two groups; those who abuse either younger or older children preferentially.<sup>8</sup>

Vandiver and Kercher<sup>32</sup> studied the Texas sex offender registry using a cluster analysis and described six types of female sexual offenders. Their largest group was the heterosexual nurturer group, which they noted coincided with the teacher-lovers as well as a larger group of women in a mentoring or caretaking role. Other types included the noncriminal (referring to the absence of a prior criminal history) homosexual offender who was least likely to have subsequent arrests; the female sexual predator who was most likely to have a re-arrest; the young adult child exploiter; the homosexual criminal; and the aggressive homosexual offender who victimized the oldest group and was the most likely to commit a sexual assault.

In 2010, Wijkman and colleagues<sup>33</sup> analyzed data using multiple correspondence analysis on all female sexual offenders in the Netherlands, finding four prototypical offenders. Those in the psychologically disturbed co-offenders category often abuse their children; they resemble Matthews and colleagues’ predisposed type. The young assaulters category includes young women without mental illness who fondle or commit oral sex acts often during babysitting (corresponding with Vandiver and Kercher’s young adult child exploiter). Those in the rapists category engage in penetration, usually on older victims of either gender; they have a personal history of sexual abuse, resembling both the female sexual predator and the intergenerationally predisposed molester types. Passive mothers (who were often over 40 years of age) watch for or provide the opportunity for the abuse of their own children to occur, and they resemble Matthews and colleagues’ male-coerced type. As Williams and Bierie noted, “reliance on samples of offenders from the latter stages of the justice system can be problematic because the literature suggests that a proportion of [female sexual offenders] go undetected or face insubstantial penalties for their crimes” (Ref. 11, p 238).

### Characteristics of Female Sexual Offenders

Male and female sex offenders appear to share some characteristics, but important differences in the risk of recidivism and factors related to their sexually abusive behavior have been found.<sup>34</sup> Offense characteristics show that female offenders tend to offend against known victims.<sup>18</sup> Female sexual offenders

offend against both males and females; they are more likely than male offenders to offend against same-gender victims.<sup>11</sup> It had been thought that a large proportion of these women are coerced into sexual offending by a male accomplice, but studies reveal that only about one-third of cases of female sexual offending involve a co-offender. This finding means that two-thirds of women commit solo sexual offenses.<sup>11</sup> Female sexual offenders are slightly more common among juvenile offenders than adult offenders.<sup>27</sup>

With regard to pedophilic interests in women, in an online survey, four percent of women reported some likelihood of having sex with children or viewing child pornography if they knew they would not get caught.<sup>35</sup> Further, four percent of university women reported the hypothetical likelihood of sex with a child if nobody were to find out.<sup>36</sup> In a sample of female college students, 2.8 percent reported sexual attraction to a child.<sup>37</sup>

### Mental Disorder and Cognitive Distortions

It has been a commonly held belief that women who sexually abuse must invariably be mentally ill, arising from the assumption that normal women would not wish to hurt a child or engage in sexual acts with a child.<sup>38</sup> The proportion of female sexual offenders with psychosis or substance abuse is similar to that of female nonsexual violent offenders.<sup>39</sup> Female sexual offenders were often victims of sexual and other abuse.<sup>40,41</sup> The mental disorders experienced by female sexual offenders appear to be predominantly trauma-related or related to emotional regulation,<sup>40,42</sup> disorders which are not usually found legally exculpatory for such offending.

One study found that almost half (48%) of a cohort of female sexual offenders prosecuted in the Netherlands had some form of mental disorder, including depression, alcohol addiction, intellectual disability, or borderline personality disorder.<sup>43</sup> In another study of incarcerated women, no significant differences were found in the prevalence of personality disorders for sexual offenders compared with nonsexual offenders.<sup>42</sup> In a meta-analysis of 61 studies, 51 percent of a cohort of female sexual offenders had a psychiatric disorder (including intellectual disability), especially depression.<sup>41</sup> It was noted in the meta-analysis that most of the studies were undertaken in the incarcerated environment with small cohorts and that health professionals are more likely to conclude that female sex offenders have psychopathology.<sup>41</sup>

Further, most studies only include those sexual offenders who are incarcerated.

The prevalence of a psychotic disorder in female sexual offenders was no more common than in nonsexual violent offenders.<sup>39</sup> Compared with women in the general population, however, those women convicted of sexual offenses had elevated rates of psychotic disorder diagnosis.<sup>39</sup> In a nationwide Swedish study that considered 93 female sexual offenders over 13 years, 37 percent had previously been hospitalized in a psychiatric facility. Still, only eight percent of those had been diagnosed with a psychotic disorder on discharge, and only one individual had been diagnosed with schizophrenia. The other psychotic disorders were either bipolar disorder, drug-induced psychosis, organic psychosis, or another psychotic disorder.<sup>38</sup> A number of studies do not identify the proportion, if any, of psychotic disorders in calculating the prevalence of mental disorders.<sup>41,43</sup> In one study, no identifiable association was found between the type of female sexual offending and neuropsychological functioning.<sup>43</sup>

Female sexual offenders have not been found to abuse substances at a higher rate than other offenders.<sup>15,39,41,42</sup> Compared with women in the general population, however, those women convicted of sexual offenses had elevated rates of substance use disorders.<sup>39</sup>

A small proportion of female sexual offenders have been diagnosed with paraphilias,<sup>43</sup> and paraphilia may be underdiagnosed in women. A proportion of sexual offenders experience deviant arousal during sexual offending, but women may also be motivated by rejection and revenge.<sup>44</sup>

Female sexual abusers have been found to have offense-supporting cognitive distortions similar to their male counterparts (e.g., uncontrollability, dangerous world, children as sexual beings)<sup>40</sup> and can have equally significant empathy deficits.<sup>45</sup> Female offenders who sexually offend alone have increased offense-supportive cognitions, suggesting different treatment needs for solo female sexual offenders compared with those who co-offend with men.<sup>45</sup> A study of a female pedophilia website found a number of cognitive distortions similar to those associated with male sexual offending.<sup>46</sup> In a deductive thematic analysis of the website, Lambert and O'Halloran identified several themes, including sexual motivation; cognitive distortions (e.g., the child as a seducer, the relationship as consensual, sexual contact with children as a natural, positive

experience); recognition barriers; personal factors such as early sexualized experiences and poor socialization; and the role of the Internet in providing a sense of community and reinforcing distorted cognitions.<sup>46</sup>

### Recidivism and Risk Factors

It is believed that female sexual offenders re-offend at a substantially lower rate than male sexual offenders.<sup>27,47</sup> There has been a dearth of empirical data on the recidivism patterns of female sexual offenders,<sup>47</sup> however, and available recidivism data are likely to be underestimated.<sup>48</sup>

In a sample of 1,041 women convicted of a sexual offense in New York, 1.8 percent were re-arrested for a sexual offense within five years, and 27 percent had any re-arrest over the same period.<sup>47</sup> In a meta-analysis of 10 studies, female sexual offenders had a one to three percent sexual recidivism rate after being detected and sanctioned.<sup>27</sup> General (nonsexual) recidivism rates were noted to be higher, from 19 to 24 percent.<sup>27</sup> Yet, in another study of recidivism of 57 female sexual offenders against children, 18 percent were charged for a subsequent sexual crime, which is a much higher sexual recidivism rate.<sup>48</sup>

Rates of sexual recidivism in female sex offenders generally range from 1.5 to 7 percent.<sup>27,49</sup> In some studies finding a higher rate of sexual offender recidivism, prostitution-related offenses were included.<sup>47,49</sup> Including prostitution-related offenses may artificially inflate sexual offender recidivism. The true rate of female sexual recidivism (excluding prostitution-related offenses) among women is thought to be less than five percent.

Distinct groups of female sexual offenders have been found to have higher rates of re-arrest for any offense.<sup>32,47</sup> Those who sexually recidivated, like their male counterparts, were more likely to have prior nonsexual convictions.<sup>47</sup> Female sexual offenders who had a first conviction for promoting or patronizing prostitution of a minor have been found to recidivate at a significantly increased rate sexually.<sup>47</sup> The authors noted the financial aspect of promoting prostitution, in distinction to other sexual offending. In a study of all registered adult female sexual offenders in Texas, the group categorized as female sexual predators were found to be the most likely to be re-arrested after their target offense.<sup>32</sup>

### Assessment of Female Sexual Offenders

We know little about risk assessment and treatment of female sex offenders because of the small number of female sex offenders and limited research. It is difficult to develop a meaningful analysis of risk factors for sexual offender recidivism, and the static and dynamic risk factors related to sexual recidivism in women are unknown. Researchers have questioned whether a prior history of child maltreatment (nonsexual), victimization, or mental health problems may be related to sexual recidivism.<sup>47,49</sup>

The evaluation of sexual offenders consists of a psychosexual assessment based on identifying evidence-based risk factors for recidivism. In male sexual offenders, the presence of substantial data identifying risk factors is the foundation for a risk assessment.<sup>50</sup> The standard of care in evaluating male sexual offenders includes risk assessment tools such as the Static-99R and the Stable 2007.<sup>51,52</sup> These tools are based on a statistical association with recidivism across large samples. Similar tools have not been developed in female offenders because of the dearth of research on this group. As a result, there are no established risk assessment tools for female sexual offenders. The risk factors identified for male sexual offender recidivism are invalid for women.<sup>53</sup> Male sexual offender risk assessment tools are inappropriate for women because they overestimate the risk for female offenders.<sup>53</sup> The general recommendation for the use of risk assessment tools in female sexual offenders has been to consider using validated tools to assess the risk of general and violent (nonsexual) recidivism while framing opinions about female sex offender recidivism within the limits of available research.<sup>54</sup>

As with their male counterparts, the psychosexual evaluation of females should include a diagnostic assessment to determine whether a psychiatric disorder is present, including paraphilic disorders. The relationship between psychiatric disorders and sexual offending should be understood, given the recidivism and treatment implications. Women may have behaviors that resemble risk factors in male sexual offenders, such as poor problem-solving skills, or using sex as a coping mechanism. The identification of such factors may be important as targets for treatment, but their relationship to sexual recidivism is unknown for women.

The role of typologies or offense motivations in female sexual offending is important in conceptualizing the behavior. Motivations such as pleasing a

**Table 4** Tips for Managing Bias in Female Sexual Offender Evaluations

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Understand the literature about the specific gender differences for female sexual offenders.
Be cautious about making risk assessment determinations based on male sexual offending risk factors.
Know the difference between traditional female sex offenders and females who commit prostitution-related offenses.
Recognize the bias in reporting female sexual offenses, and strive for thorough evaluations that do not minimize the impact of female sexual offending.
Evaluate for paraphilic disorders, despite the scant data on paraphilic disorders in females.
Recognize that female sexual offending often goes unnoticed and that relying on others to supervise or acknowledge the behavior is insufficient.

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partner, sexual gratification, or emotional immaturity may be important as targets of treatment, but typologies and offense motivations do not quantify risk.

Given the low rate of reoffending in women after being sanctioned, referral questions concerning the risk of sexual recidivism should generally be answered as “low.”<sup>55</sup> The exceptions to low risk include cases in which the risk of committing a future sexual offense is clear, such as cases in which the female states she will commit another offense or she will commit another offense if her co-offending partner requests.<sup>55</sup>

The role of treatment in a population of low-risk offenders is unclear. Treatment guidelines have not been established for female offenders with a higher risk of reoffending. Recommendations have been made for probable treatment needs addressing offense-supportive cognitions, relationship factors (including dependency and intimacy challenges), emotional regulation, coping deficits, and the particular goals underlying the sexual offense.<sup>53</sup> Clinically, it makes sense to target inappropriate sexual interests, maladaptive coping strategies, psychiatric comorbidities, and trauma histories. The role of cognitive-behavioral therapies, such as those prescribed for male sexual offenders, is not fully understood. One approach is to adopt gender-responsive treatment programs for women who perpetrate general violence. Another approach is to focus treatment on the unique typologies of female sexual offending. This approach would take into account the similarities and differences between male and female sex offenders. Potential treatment targets are the role of sociocultural messages about sexuality and the victim–offender duality of roles that exist among some women, as well as the role of relationships and family.<sup>56,57</sup> Such treatment, however, does not specifically address sexual offending.

In summary, the evaluation and treatment of female sexual offenders is poorly understood. Women who are identified as high risk, who engage in serious sexual offenses, or who have a psychiatric disorder,

including a paraphilic disorder related to sexual offending, merit specific treatment.

## Conclusions

Suggestions for helping to manage gender bias in evaluations of female sexual offenders are given in Table 4. In the past few decades, the literature on male sexual offending has grown exponentially. Evidence-based tools are now the standard of care in determining a male sex offender’s risk of committing a future sexual offense. In contrast, the literature on female sexual offending is in its infancy. As a result, there is no standard of care in evaluating female sexual offenders, estimation of risk of recidivism, or treatment modalities. Women who engage in sexually abusive behaviors have largely been overlooked. The societal gender bias and tendency to see women as nurturing, not violent, and less sexual compared with male counterparts have obscured the path to understanding female sexual offending. Women who sexually offend should not be presumed to be mentally ill. One answer to this problem lies in gender-specific research to examine female offending, taking into account gender-specific understandings. This research approach, together with what we know about male sexual offenders, should lead to an evidence-based understanding of female sexual offenders.

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