The Impact of Female-Perpetrated Sexual Abuse on Male Youths Who Subsequently Sexually Offend

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ABSTRACT

The Impact of Female-Perpetrated Sexual Abuse on Male Youths Who Subsequently Sexually Offend

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The present study explored the differential effect of sexual abuser’s gender and familial cultures of incest on the adaptation of male juveniles who subsequently sexually offended (JSOs; n = 176; age, M = 16.05 years, SD = .27, range = 12-22). Although female-perpetrated childhood sexual abuse is usually theorized to be less harmful than male-perpetrated abuse, JSOs who were sexually abused by females reported the same levels of Emotional Dysregulation, Callousness/ Manipulativeness, and Sexualization as did JSOs who were sexually abused by males. Implications of these findings are discussed.

Keywords: juveniles, sexual abuse, sexual aggression, female sexual offenders
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Introduction

Juveniles who have sexually offended (JSOs) constitute a heterogeneous group that is diverse in background, offender behavior, and social functioning (Hunter, Hazelwood & Slesinger, 2000; Knight & Prentky, 1993). Until recently the assumption that sexually coercive adolescents were comparable to their adult counterparts has often informed assessment, treatment, and policy in a direction that largely ignores the needs and true trajectories of JSOs (Hunter, Figueredo, Malamuth, & Becker, 2003). Direct study of JSOs rather than inferences from research on adults who sexually offend (ASOs) is essential to provide crucial information for treatment and management, and to yield the data on which models for the prevention of sexual assaults by youths can be constructed.

Prominent among the developmental experiences that differentiate both JSOs and ASOs from their non-sexual criminal counterparts and from community samples is the experience of child sexual abuse (CSA). CSA encompasses a diverse set of experiences and results in highly varied outcomes for survivors. Estimates of CSA prevalence in the general population vary widely, but the rates have been found to be higher among both male youths who have sexually offended (JMSOs; Seto & Lalumière, 2010) and male adults who have sexually offended (MSOs; Jespersen, Lalumière, & Seto, 2009) than both criminal and general population controls. Moreover, JMSOs report CSA more frequently than MSOs. Approximately 31 to 71% of JMSOs report experiencing sexual abuse as children (e.g., 71.4%, Edwards et al., 2005; 60.5%, Gunn, 2008; 43.3%, Hunter & Figueredo, 2000; 31%, Worling, 1995), whereas between approximately
19 to 42% of MSOs report a history of CSA (e.g., 38%, Glasser et al., 2001; 41.7%, Graham, Kimonis, Wasserman, & Kline, 2012; 19%, Kukla, 2003). In the present study, 65% of participants \((n = 116)\) reported at least one experience of CSA.

Although the vast majority of survivors of childhood sexual abuse do not go on to commit acts of sexual aggression (e.g., Salter et al., 2003), such abuse has been shown to increase the probability of serious negative consequences (Dube et al., 2005). Models of sexual offending suggest that CSA is a key developmental predecessor in the etiology of sexual coercion and aggression thus it is critical to understand which aspects of such abuse are most damaging. One area that remains seriously under-explored is the relationship of the offender to the victim/survivor of CSA. Previously, we found that in JMSOs CSA by a cohabitant perpetrator predicted higher scores of impulsivity, callousness/manipulativeness, and hypersexual behaviors than having experienced no CSA, or CSA by a non-cohabitant. CSA by a known as opposed to an unknown perpetrator or a related as opposed to an unrelated perpetrator did not have the same effects (Berman & Knight, 2014). We also found that the gender of the perpetrator of CSA covaried significantly with the JMSOs’ victim gender-choices (Berman & Knight, 2012). The current study further explored the predictive role of the perpetrator of CSA’s gender by examining its effects on three proposed key variables important to subsequent sexual offending in male youths. In this introduction we aim to elucidate the phenomena of female sexual perpetration, associated reporting issues, and traits important to subsequent sexual offending.

Despite long standing evidence that both men and women perpetrate CSA, the vast majority of research and available treatment options are geared MSOs, and largely disregards or minimizes the existence of and harm done by female-perpetrated sexual offenses. To date few
studies have examined the short and long-term effects of perpetrator gender on survivors of CSA, perhaps due in part to the long-standing taboo against studying female-perpetrated CSA, even among psychologists (e.g., Abramson & Pinkerton, 2001; Denov, 2004; Peter, 2009; West, Friedman & Kim, 2011). Additionally, low rates of reporting female-perpetrated CSA may be at least partially a result of the way researchers define sexual abuse and the way questions pertaining to sexual experiences are framed for participants (Dhaliwal et al., 1996; Duncan & Williams, 1998; Shumba, 2004). In studies that have asked participants about ‘sexual contact’ rather than ‘sexual abuse’ respondents have reported higher than expected percentages of CSA on males in general, more CSA on males perpetrated by females (sexual contact: e.g., Briere & Elliot, 2003: 39.4%, n = 66; Dube et al., 2005: 40%, n = 7970; Duncan & Williams, 1998: 64%, n = 105; Fromuth & Burkhart, 1987: 15%, n = 253 & 11.6%, n = 329), and higher rates of female-perpetrated CSA against boys than against girls across a range of definitions of CSA (e.g., Briere & Elliot, 2003; Burton, 2003; Dube et al., 2005; Finkelhor, Hotaling, Lewis, & Smith, 1990; Fromuth & Burkhart, 1987; National Society for the Prevention of Cruelty to Children, 2007; Peter, 2009). It is important to note that a minority of these studies (e.g., Nathan & Ward, 2002) have reversed these trends. In the following section we will examine some of the possible reasons that despite compelling data, female-perpetrated CSA is not regularly acknowledged as harmful, abusive, or possible, as well as some of the proposed effects of this mass denial.

**Female Sexual Offending**

Medical, psychological, and public health domains have all acknowledged the existence of females who have sexually offended (FSOs) since at least the 19th century. It has been present in art and literature for significantly longer (e.g., the rape of Pannychis orchestrated by Quartilla,
Satyricon, Petronius 27-66, CE). CSA committed by women was specifically identified by French forensic physician Ambroise Tardieu who reported on hundreds of cases of intrafamilial physical and sexual abuse against children (Tardieu, 1857). Although later in the same century Sigmund Freud acknowledged the existence of FSO-perpetration, specifically by female caregivers (e.g., 1896, 1931), he later insisted that he had invented those claims to protect incestuous fathers (Westerlund, 1986). In the early 20th century, Bender and Blau presented the case of Frank B., a six year-old boy who was abandoned at a hospital when his mother’s new boyfriend caught the child and mother having intercourse. Despite the child’s age he was blamed for “sex advances with his mother” (Bender & Blau, 1937, p. 502). Bender and Blau described Frank B. as restless, neglected, intelligent, charming, and deeply ashamed of his sexual behavior. Yet, despite the mother’s having allowed Frank to share her bed when he was supposedly sexually assaulting her regularly while she slept and her permission of these circumstances “until her new husband objected,” the authors placed the onus of responsibility on the child, who “appeared to be trying to repress his sex tendencies and memories” (p. 503).

In the past decade dozens of chapters and hundreds of articles about FSOs have emerged, but there is little evidence that public and even professional perceptions of the frequency or effects of female sexual perpetration have changed to reflect these data. In their 2013 review of perspectives on FSOs, Clements, Dawson, and das Nair found that professionals working with sexual offenders in Australia, Canada, and the United Kingdom believed that although sexual abuse by an FSO constitutes a serious issue, it is less harmful than sexual abuse perpetrated by a MSO. Additionally, a majority of these professionals indicated that it was less appropriate to provide social services to, or charge, convict, and imprison FSOs than MSOs. Some professionals also indicate that they consider perpetrator gender to be a significant variable when
judging the believability of reports of sexual abuse (e.g., Hetherton & Beardsall, 1998). Denov (2004) found similar beliefs shared by Canadian psychiatrists who insisted that FSOs were inherently less dangerous and less harmful than MSOs. Thus, despite centuries of literature and decades of research shedding light on the existence and universality of the phenomena, widespread under-recognition of FSOs and minimization of the impact of the abuse they perpetrate continues to plague those on the front lines of therapeutic and criminal justice intervention. This trend holds true even in countries such as the U.K., where estimates of FSO-perpetrated CSA are reported by major news outlets (e.g., “up to 20% of a reported 320,000 pedophiles” are women, Hayes & Carpenter, 2013; “up to 64,000 women in the UK are sex offenders,” Townsend & Syal, 2009, both in The Observer newspaper), yet minimization by professionals such as social workers, probation officers, and police is evident (1998-2011; Clements et al, 2013; Hayes & Carpenter, 2013; NSPCC, 2007). Multiple theories have been proposed to explain the resistance to the acceptance of the phenomena of female sexual perpetration, and we will explore three of these major theories in turn.

One major theory behind the rejection of the existence of FSOs expands on societal dependence on beliefs about the nature of femininity, womanhood, and sexual desire. In 19th century USA the characteristics attributed to women were “piety, purity, submissiveness, and domesticity” (Welter, 1966), the qualities that made her a “true” woman. Sexual purity, then, in the face of men’s passionate (or barbaric) sexual appetites was virtuous, and women’s sexual desire or display was considered un-womanly. It was also in the 19th century that a romanticized bond of ‘mother-love’ dominated cultural beliefs about female caregiving (e.g., Hayes & Carpenter, 2013). Together these concepts constructed a picture of women as without sexuality, but with a romantic attachment to children. These conceptualizations of gender and sexual desire
are still largely accepted today; they likely play a role in the differential understanding and categorization of CSA perpetrated by men and women.

Hayes and Carpenter (2013) took this gender construct theory further and posited that whereas men’s sexual offending behaviors (although negative) are still “located on a continuum of normative masculinity,” women’s sexual offending behaviors are significantly more difficult to place. Thus, when a man sexually offends, his behaviors are legible as an extension of his aggressive or sexually voracious masculine nature, but when a woman sexually offends, we cannot locate her on the spectrum of femininity (e.g., Hayes & Carpenter, 2013). Instead, we tend to portray FSOs as insane, irrational, or essentially damaged by their own victimization; female sexual offending is viewed as categorically aberrant rather than as a detrimental extension-or sexually aggressive dimension-of femininity. Removing FSOs from the spectrum of femininity, rather than acknowledging sexual offending behaviors as a possible female behavior allows us to maintain our naive but reassuring beliefs about the gentle nature and inherent safety of women.

A second theory, which is related to the first, is that woman is a natural caregiver and if she sexually offends it is only because she was incited to do so by a man. This theory allows societal cognitive dissonance around FSOs to be resolved. If believed at all, the CSA can then rightfully be blamed on a MSO, and the woman, who is stripped of agency for her behaviors, can be restored to her ‘natural’ place as a caregiver. This theory seems to permeate psychiatric, criminal, and social work systems (e.g. Clements et al, 2013; Denov, 2004), and is echoed by FSOs who committed their crimes in tandem with a MSO (e.g., Gannon & Rose, 2008). By constructing caregiving and sexual aggression as two starkly dichotomized categories, society is then able to maintain the comforting illusion that strangers, not caregivers, pose the greatest
sexual threat to children.

A third common theory extolls female sexual perpetration as simultaneously unintentional and harmless; “that she might seduce a child into sex play is unthinkable and even if she did so what harm could she do without a penis?” (Mathis, 1972, p. 53). This theory both minimizes the effect of all sexual assaults that occur in the absence of penile penetration, and simultaneously idealizes and infantilizes FSOs, rendering them irreproachable and blameless. This theory and the caregiving theory together are especially important given the differential access of men and women to basic caregiving practices of bathing, clothing, putting to bed, and changing diapers of infants and young children--intimate daily behaviors in which sexual abuse easily remains hidden (e.g., Hetherton, 1999; Margolin, 1991). In fact, many authors have indicated that within a caregiving context is the most common relationship for FSO-perpetrated CSA (FSO-CSA) to occur and is particularly difficult to recognize because women are afforded such unquestioned access to the bodies of children in their care (Deering & Mellor, 2007; Denov, 2004; Groth, 1979; Hetherton, 1999; Turton, 2010; Wijkman, Bijleveld, & Handriks, 2010).

Together these broadly accepted stereotypes about women, caregiving, and sexual abuse inform not only how the larger society views FSOs, but also how FSOs perceive themselves, and how victim/survivors of FSO-CSA perceive and process their experiences. A multitude of difficulties stem from our culture of denial of CSA in general and FSO-CSA in particular. These issues include (a) a dearth of resources for women at risk to sexually offend, (b) under-informed social workers, emergency services personnel, therapists, and physicians, who over-look indications of FSO-CSA because it is “unthinkable” or they believe that it is “so uncommon as to be of little significance” (Mathis, 1972, p. 54), and (c) children who are taught to be wary of strange men but not to recognize any actions of the women who take care of them as sexually
abusive. The same gendered stereotypes that insist on the natural sexual submissiveness of females also render males as naturally sexually aggressive, so boys who experience CSA at the hands of FSOs are twice unexpected: unlikely because of their gender, and the gender of their abusers.

The social assignments of sexual agency and dominance to males and sexual passivity and victimhood to females seem to persist across age when it comes to the FSO-CSA perpetrator relationship—i.e., the case of Frank B.—and are often reflected in the self-reported willingness in CSA experienced by males (e.g. Rind, Bauserman, & Tromovitch, 1998; Risin & Koss, 1987). If, as Duncan & Williams (1998) posited, FSO-CSA threatens a victim/survivor’s masculine gender identity, reframing the incident(s) as consensual, and/or subsequent compensation through negative masculinity are expected reactions. The failure to recognize female-perpetration as abusive may also be necessary for the re-framing of FSO-CSA as a rite of passage, or an ex post facto sexual conquest on the part of the young male victim/survivor. This revision of roles from victim to sexual agent may allow a child to regain some of the control lost in the assault, and ease cognitive dissonance about gender-role reversal (Duncan & Williams, 1998), but is also part of what makes FSO-CSA experiences particularly insidious and difficult to trace. This is relevant to both clinicians and researchers and speaks to the aforementioned differences in reporting FSO-perpetration when asked about all sexual experiences rather than sexual abuse specifically.

Many additional gendered stereotypes likely affect the disclosure of FSO-CSA against males. Some of these are FSO-specific, such as those messages that promote early sexual experiences with older girls and women as normal, or accept those experiences as proof of the virility, heterosexuality, and masculinity of even young boys (e.g., Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Lisak, 1993). Other stereotypes are broader, such as messages that
males are always interested in and willing to have sex, and that arousal during any sexual experience is equivalent to consent (e.g., Dhaliwal et al, 1996; Duncan, 2010).

That these gendered stereotypes influence the perceptions of laypeople and professionals alike is expected. Psychiatrists make up a particularly powerful professional group, so their entrenched denial about FSO-CSA is alarming in its lack of insight as well as its potential for harm. Denov (2004) uncovered a deeply-entrenched belief structure that reflects--and with their position of influence, reinforces--all of the aforementioned theories of resistance to FSO-CSA from minimization of an FSO’s involvement (i.e., “Well, what’s he [the male victim] afraid of?”), p. 113) to direct disavowal (i.e., “women are not erotically attracted to children,” p. 111). For those psychiatrists interviewed, systemic denial of FSOs’ agency extended to their beliefs about mental illness (e.g., “I think female sex offenders are more likely to be mental ill than the males”; “they wouldn’t do what they did if they weren’t acutely psychotic. Most are psychotic”; but “in male sex offenders I don’t see illness as a major part at all,” p. 123). Importantly, Sarajian (1996) and Denov (2004) both explain the insistence that FSOs (but not MSOs) abuse children because they are mentally ill as a distancing technique that allows those who benefit from doing so to soothe their discomfort and reinforce their beliefs.

The prevailing widely held beliefs explored above indicate that we should expect FSO-CSA to be less harmful than MSO-CSA. FSO-CSA has been associated, however, with many of the same long-term effects as MSO-CSA in community samples. Although boys are less likely than girls to report CSA, and more likely than girls to experience FSO-CSA, like their female victim/survivor counterparts they experience lower self-esteem and more negative self-perceptions than their non-abused peers (e.g., Duncan, 2010; Duncan & Williams, 1998). Dube et al.’s (2005) findings also indicate that experiences of FSO-CSA and MSO-CSA in a large
community sample are both associated with long-term negative consequences such as depression, illicit drug use, and current family problems in male victim/survivors. Given that JMSOs and MSOs tended to have histories remarkable for CSA experiences generally, and have experienced FSO-CSA in particular (i.e., Burton, 2003; Groth, 1979), it is essential that we explore the differential effect of perpetrator-gender on traits associated with sex-offending behaviors.

**Traits**

Emotional dysregulation and sexualized behaviors have been linked to CSA in multiple samples across genders, risk-levels, and ages (Berman & Knight, 2014; Fergusson, Horwood, & Lynskey, 1997; Paolucci, Genuis, & Violato, 2001; Senn, Carey, & Vanable, 2008). Along with callous/unemotional (CU) traits, these two factors have been identified as critical features of sexual offending (Daversa & Knight, 2007; Frick & White, 2008; Hare, 2003; Knight & Sims-Knight, 2004; Ronis & Knight, 2013; Ward & Beech, 2006). Consequently, it is hypothesized that CSA will covary both with greater emotional dysregulation and sexualization.

Although sexualized behavior in the CSA literature can refer to any number of emotionally or physically risky sexual acts, for the purposes of this study sexualization specifically refers to the internal processes of sexual compulsivity and sexual fantasizing, as well as the frequency of sexual behaviors. With nearly as many constructs of sexual behaviors/sexualization as theories or tools to measure it, it is difficult to compare results across studies. The conceptualization of sexualization in the present study has been found to constitute a potential risk factor for persistent sexual offending (Driemeyer, Yoon, & Briken, 2011; Kafka & Hennen, 2003; Kingston & Bradford, 2013; Knight, Ronis, & Zakireh, 2009).

**Hypotheses**
In the present study we examined in JSOs the relation between the gender of CSA perpetrators subsequent cognitive and behavioral development in core variables related to sexual offending. We analyzed these relations by operationalizing the victim-perpetrator relationship in which the JSO was victimized in three ways: the perpetrators of CSA were (a) all female, (b) all male, and (c) both males and females. There was a fourth additional group of JMSOs who self-reported no CSA and whose files also contained no indication of CSA. Although no data currently support the predictive superiority of CSA by one gender over another, CSA by an FSO is generally considered to be less harmful than CSA by an MSO, but both adult and youth male sex offender populations report more FSO-CSA than community samples (Berman & Knight, 2012; Burton, 2003). Based on our previous findings that cohabitation was a potent predictor of these categories, and research that indicates that FSOs are more likely to be caregivers for their victims we hypothesized that sexual trauma perpetrated by an FSO would disturb the victim’s ability to form healthy relationships as measured by aggression/emotional dysregulation, callousness/manipulativeness, and sexualization at least as much as CSA perpetrated by an MSO.

We hypothesized that (a) female-perpetrated CSA would be higher than the average reported in studies using a narrow definition of CSA, and (b) outcomes would not significantly differ for those JMSOs who experienced CSA by females only and those who experienced CSA by males only.
Method

Participants

The 176 JMSOs assessed in the present study were sampled from inpatient treatment centers in Maine, Massachusetts, and Minnesota. All participants had been adjudicated for at least one sexual crime (an assault that was sexually motivated and involved physical contact) against a victim of any age. All index offenses occurred before the JMSO turned 18 years of age. The average period of institutionalization at the time of testing was 1 to 2 years. The mean age of the sample at the time of testing was 16.05 years ($SD = .27$, range = 12-22). The sample was ethnically diverse (African-American = 15.3%, Asian = 2.3%, Caucasian = 57.4%, Hispanic = 9.7%, Native American = 2.3%, Other = 13.1%). Approximately two thirds of participants ($n = 115$) reported experiencing CSA as a child. Of this group, approximately 34% ($n = 39$) reported only female perpetrators, approximately 28% ($n = 32$) reported only male perpetrators, and approximately 38% ($n = 44$) reported both female and male perpetrators. Additional information, not analyzed in this paper, such as the number of total JSOs who experienced any female or male perpetrators, and the number of perpetrators they identified is described in Table 1. The number of perpetrators in different relationship categories, although not explored in depth for this study, varied by category.

Institutional Review Boards (IRB) at Brandeis University and at each of the sites where juveniles were tested approved both the participant selection and administration protocols.

Procedure
Selection and administrative procedures. A two-step process was followed in selecting participants. First, on-site institutional personnel identified and approached potential volunteers either directly or after advertising. Both parental consent and juvenile assent were obtained prior to testing. Second, the research team met with groups of 6-15 prospective participants and provided more detail about a) the nature of the questions they would be asked, b) the protection of their confidentiality guaranteed in the study by a Certificate of Confidentiality awarded by the National Institute of Mental Health, and c) the $18 remuneration for participation. Participants were assigned random research identification numbers and neither their names nor their institutional identification numbers were included on any part of the testing protocol. A master list linked participants’ research numbers to their names so that supplemental information abstracted from their criminal records could be coupled with their inventory responses. After the information abstraction, the master list was destroyed. When the testing was introduced the potential future benefits of improved assessment for those who had sexually abused were emphasized, and a strong plea was made for honest responding.

Each participant was administered the most recent version available (Version 4, 5, or 6) of the Multidimensional Assessment of Sex and Aggression (the MASA). The MASA is a computerized, contingency-based, retrospective, self-report inventory that assesses multiple domains relevant to the development and course of coercive sexual behavior (see The Multidimensional Inventory of Development, Sex, and Aggression, 2011; www.midsa.us). The MASA is written for a fourth-grade reading level. For individuals who were unable to read at that level, questions were read aloud for them in a separate room by one of the investigators.

The MASA. The MASA gathers detailed information on development, social environment, social competence, expressive aggression, sadism, juvenile and adult antisocial
behavior and aggression, undifferentiated anger, offense planning, and various aspects of sexual behavior (e.g., sexual preoccupation, feelings of inadequacy, paraphilias, deviant sexual arousal). The versions of the MASA used in this study incorporated language written for juveniles and included age-appropriate questions on social competence and sexual attitudes, behavior, cognitions, and fantasies. The scales developed for the MASA, including those used in the present study, have shown adequate to high test-retest reliabilities in samples of JMSOs. Moreover, 87% of the 53 scales yielded Cronbach alphas equal to or greater than .70; 63% of the scales produced alphas equal to or greater than .80; and none of the scales yielded alphas below .60 (Knight & Cerce, 1999; Knight, Prentky & Cerce, 1994; MIDSA, 2011). Both JMSO and MSO samples have shown considerable consistency in their factor structures among scales across MASA domains, and JMSO samples have shown test-retest reliability and internal consistency comparable with MSO samples (Knight, 2004; Knight & Cerce, 1999; MIDSA, 2011). The present study focused on the portions of the MASA that explored sexual abuse history, and the scales that assess emotional dysregulation, callousness/manipulativeness, and sexualization.

**File review.** We performed a directed file review for all subjects who self-reported sexual abuse by a sibling, other relative, neighbor or babysitter - all of the categories that did not directly insinuate age and power. File reviews revealed the relative ages of the subject’s sexual partner, and information about instances of CSA that the subject either was too young to remember, or did not report on the MIDSA. The file review was particularly important for assisting us in identifying two different types of distortions in reporting. We identified Type A distortions as those where the participant a) reported willingness or b) coercion on their part in sexual contact with a significantly older individual - where it was clear from the file review that
they had not coerced the older individual. We identified Type B distortions as those where the participant reported that they were manipulated into sexual contact by a significantly younger individual - where it was clear from the file review that the JMSO was in fact the one who had coerced that younger individual. For those JMSOs without useable files, we closely investigated their MIDSA answers and attempted to make judgments based on other information. We used information about the relative age of the sibling (younger or older) to make an educated guess when the JMSO indicated that the sexual contact was willing, forced by them, or forced by their sibling.

Measures

Developmental measures of sexual abuse. The developmental interview section of the MASA used contingency-based questioning to assess sexual abuse victimization history in detail. Sexual abuse was defined as any physical sexual contact with an adult, older child, or family member. To create these scales we focused on three dimensions of sexual abuse: the gender of the perpetrators, the number of perpetrators, and the cohabitation relationship between the perpetrators and the participant.

The MASA initially asks the respondent to report sexual experiences with particular individuals that occurred before the respondent’s 18th birthday. Through follow-up questions it explores the nature and extent of the sexual contact. In the present study we used a combination of self-report and file-supported ratings to explore the gender of perpetrators of CSA against the JMSO participant. In the cases where there was file support or no refutation for a self-report claim of sexual abuse by a sibling, neighbor, or extended family member perpetrator, we coded the sexual abuse as present. For cases where no file was available, or where the pertinent information was unclear, we used available measures, such as number of older sisters, number of
younger sisters, to make determinations of accuracy. For example: a participant with no available file who claimed in the MASA to have only older sisters, and to have been sexually abused by his sister we let his self-report account stand and count that as one female perpetrator. For each JMSO, we coded sexual abuse perpetrator gender on a 4-point ordinal scale (0 = *no CSA*, 1 = *sexual abuse by female perpetrators only*, 2 = *sexual abuse by male perpetrators only*, 3 = *sexual abuse by both male and female perpetrators*).

**Dependent outcome scales.** MASA scales contained items with either 5 or 6 response options. The 5 response-option items ranged from 0 (*definitely false*) to 4 (*definitely true*) and the 6 response-option from 0 (*never*) to 5 (*very often, >50 times*). The average of the Cronbach alphas for these scales was .79, range .69 to .90 (see Table 2). All scales were generated from exploratory factor analyses on ASOs and confirmatory analyses on JMSO and community control samples (see MIDSA, 2011). Three theoretically cohesive domain clusters: aggression/emotional dysregulation, callousness/manipulativeness, and sexualization assessed outcome. Outcome scale intercorrelations can be found in Table 3.

**Aggression/emotional dysregulation.** This cluster captures difficulties controlling emotions, disinhibitory psychopathology, and aggressive behavior.

**Constantly Angry.** This scale consists of eight items that assess instances of anger and failure to control one's temper. Respondents who scored high on this scale reported grouchiness, frequent anger, and temper tantrums. The internal consistency for JMSOs was .86. An example of an item on the scale is, “I get grouchy about little things.”

**Impulsivity.** The internal consistency for this seven-item scale was .80. Respondents who scored high on this scale reported acting on impulse, losing control, and moodiness. An example of an item on the scale is, “I have acted impulsively or without thinking.”
Juvenile Fighting and Assaultive Behavior Scale. This factor scale is made up of five subscales with a total of 26 items measuring instances of fighting, bullying, aggressive, and impulsive acting-out behavior. High scorers had a high incidence of fighting and impulsivity. The internal consistency of this scale for JMSOs was .81. An example of an item measuring fighting is, “Before my 18th birthday I was involved in physical fights.”

Physical Fighting. The internal consistency for this four-item scale assessing enjoyment and perseverance of assaultive behavior (physical fights) against both males and females was .75. An example of an item on the scale is, “I enjoy getting into physical fights.”

Callousness/manipulativeness. The two scales in this cluster assess callous manipulation of others and difficulties taking another’s perspective.

Conning and Superficial Charm. The internal consistency for this six-item scale was .74. Respondents who scored high on this scale admitted to conning others, taking advantage of others, manipulating others by lying, and charming others into doing what one wants. An example of an item on the scale is, “I have conned someone to get what I wanted.”

Lack of Perspective Taking. This scale consists of six items. Respondents who scored high on this scale reported difficulty seeing another's perspective and considering both sides of an issue. The internal consistency for JMSOs was .70. An example of an item on the scale is, “I find it difficult to see things from the ‘other guy’s point of view.”

Sexualization. The scales in this cluster assess various aspects of appetitive and consummatory sexual behavior and sexual fantasy.

Hypersexuality. This is the only scale that was created using rational scale construction and not factor analysis. It consists of five items that measure components of sexual drive that Kafka (2010; Kafka & Hennen, 2003) recommended to assess hypersexuality. Respondents who
scored high on this scale reported frequent sexual activity and/or the need to have sex frequently. The internal consistency for the juvenile scale was .69. An example of an item on the scale is, “I need to masturbate or have sex every day so that I feel less tense.”

**Sexual Compulsivity.** This factor scale consists of nine items. Respondents who scored high on this scale reported being a slave to their sexual urges/being unable to control their sexual urges. The internal consistency for the juvenile scale was .85. An example of an item is, “I have had a very strong urge to peep or secretly watch people having sex.”

**Sexual Preoccupation.** This factor scale consists of seven items. Respondents who scored high on this scale reported that they think, daydream, and dream about sex frequently. The internal consistency for the juvenile and scale was .90. An example of an item on the scale is, “There have been times when I thought about sex all of the time.”
Results

Analyses

The perpetrator-gender scale served as the independent variables for multivariate analyses of variance (MANOVAs). To reduce familywise error univariate analyses of variance (ANOVAs) were only calculated for measures with significant (at least $p < .05$, one-tail) overall MANOVAs. Familywise error was also reduced through the use of data aggregation (i.e., use of factor scores). For all variables in the perpetrator-gender categories with one exception, Levene’s tests of homogeneity of variance showed that the variances were equal across groups.

Correlations

Table 3 presents intercorrelations among perpetrator types and CSA experiences, including those commonly used to measure a latent trait of CSA when modeling etiological pathways to sexual coercion (i.e., Grabell & Knight, 2009). Interestingly, although the correlation between female-only and both male and female-perpetrated CSA indicated a relationship with cohabitant-perpetrator CSA, unlike cohabitant-perpetrator CSA, FSO-only CSA was not significantly intercorrelated with the number of perpetrators, or the frequency, force, or degree of penetration used in the abuse. Both cohabitant-perpetrator CSA, and both male and female-perpetrated CSA were significantly correlated with all four of those measures of CSA.

Perpetrator-gender Multivariate Analyses

Perpetrator-gender MANOVAs were significant for the emotional dysregulation and sexualization domains, but not for the callousness/manipulativeness domain (see Table 4). The
cluster of scales in the emotional dysregulation domain (Constantly Angry, Impulsivity, Juvenile Fighting and Assaultive Behavior, and Physical Fighting) differentiated significantly among groups on the overall MANOVA, Wilks’ $\lambda = .83$, $F(12, 447.42) = 2.74, p = .001$ (two-tailed). In the callousness/manipulativeness domain the two scales (Conning and Superficial Charm and Lacking Perspective Taking/Planning) did not approach significance on the overall MANOVA, and did not meet our requirements for post hoc analysis Wilks’ $\lambda = .97$ $F(6, 342) = .81, p = .559$. Finally, the sexualization cluster (Sexual Compulsivity, Sexual Preoccupation, and Hypersexuality) reached significance on the overall MANOVA, Wilks’ $\lambda = .89$ $F(9, 413.89) = 2.17, p = .023$. Based on these results, we performed univariate follow-up analyses on the emotional dysregulation and sexualization domains.

**Perpetrator-gender Univariate Analyses**

Table 5 presents both the univariate analyses of the dependent measures in both significant domains in the perpetrator-gender analyses and the post hoc Fisher’s LSD tests were calculated for each significant dependent variable ($p < .05$, two-tailed). Groups that do not share the same subscript were significantly different ($p < .05$, two-tailed).

For the emotional dysregulation domain, Impulsivity, $F(3, 172) = 6.43, p < .001$, yielded significant univariate results. Fischer’s LSD post hoc tests revealed that JMSOs who had not experienced CSA were significantly lower on Impulsivity than JMSOs who had experienced sexual assault by both females and males, but there was no difference between JMSOs who experience female-only or male-only CSA and either those who experienced no CSA or CSA by both females and males. In addition, there were no significant differences among groups on the Juvenile Assault scale, the Constantly Angry scale, or the Physical Fighting.

For the sexualization domain, both Sexual Compulsivity, $F(3, 172) = 3.87, p = .01$, and
Hypersexuality yielded significant univariate results, $F(3, 172) = 2.72, p < .05$. Fischer’s LSD post hoc tests revealed that JMSOs who had not experienced CSA were significantly lower on Sexual Compulsivity than JMSOs who had experienced sexual assault by both females and males, and that those JMSOs who experienced no CSA were also significantly lower on Hypersexuality than JMSOs who had experienced sexual abuse by females only and JMSOs who had experienced sexual abuse by males only. However, JMSOs who experienced CSA by both males and females were not significantly different from those who never experienced CSA. Sexual Preoccupation yielded no significant results, $F(3, 172) = 1.90, p = .13$. 
Discussion

In this study we explored how the gender of perpetrators of CSA covaried with subsequent sexual behavior and fantasies and with scales assessing various components of psychopathic behavior and emotional dysregulation. The data supported both of our hypotheses: (a) female-perpetrated CSA was higher than the average reported in studies using a narrow definition of CSA, and (b) outcomes after FSO-only CSA were not significantly different from outcomes after MSO-only CSA among JMSOs. We found that FSO-CSA and MSO-CSA were the best predictors of subsequent hypersexual behaviors, and that experiencing CSA by both males and females was the best predictor of sexual compulsivity and general impulsivity.

Correlations

The intercorrelations of abuser-types and measures of CSA corroborate a number of previous findings about gender and CSA perpetration (see Table 3). Female-only perpetration and cohabitant perpetration were correlated as theorized ($r = .28$, $p < .001$; e.g. cohabitation and caregiving, Berman & Knight, 2014; Vandiver & Walker, 2002), however, unlike cohabitant-perpetrator CSA and both male and female-perpetrated CSA, female-only CSA was not significantly intercorrelated with the number of perpetrators, nor the frequency, force, or degree of penetration used in the abuse. Although these findings parallel previous theories about coercive, rather than forceful tactics of FSOs as compared with MSOs (e.g. Grayston & De Luca, 1999; Harris & Sims-Knight, in press; Schatzel-Murphy, Harris, Knight & Milburn, 2009) it is likely that we are missing some of the effect of female-perpetrated CSA by exploring that subset of JSOs who did not report additional sexual abuse by a male.
Emotional Dysregulation

The emotional dysregulation domain can be split into two smaller theoretical categories: anger (Pervasive/Constant Anger) and impulsivity (Fighting, Juvenile Assault, and Impulsivity). We found that post hoc analyses demonstrated higher scores on the impulsivity scale for juveniles abused by both males and females compared to juveniles who were never sexually abused. Juveniles who experienced FSO-only CSA or MSO-only CSA were not significantly different from the No CSA or the both male and female CSA categories. These results indicate that CSA perpetrated by both males and females and/or a greater number of perpetrators is linked to subsequent higher impulsivity or disinhibition.

Impulsivity

Impulsivity, which is a frequently found consequence of CSA (e.g., Kendall-Tackett, 2002), is also a common sequela of such abuse as indicated by the covariation of CSA and increases in the frequency of eating disorders, substance abuse, unprotected sex, and other self-injurious and impulse-control behaviors (Cohen et al., 2010). Impulsivity is also a frequent outcome of a combination of emotional, physical, and sexual child abuse (e.g., Braquehais, Oquendo, Baca-García, & Sher, 2010). Additionally, it is a core trait in etiological models for both juveniles who offend against peers (Knight & Sims-Knight, 2004) and against children (Daversa & Knight, 2007), and ASOs (Knight & Sims-Knight, 2011). Correlational analysis also indicated a relation between impulsivity and the other outcomes present within this study (Berman & Knight, 2014).

Although measures of impulsivity consistently emerge as important covariates of sexual offending in youth (Seto & Lalumière, 2006), the precise nature of the processes underlying the behaviors remains unclear. Impulsivity and other measures of disinhibitory psychopathology and
externalization are consistently found to predict general criminal recidivism in JMSOs, but these constructs have been inconsistent predictors of sexual recidivism (Caldwell, 2007, 2010; Carpentier & Proulx, 2011; Driemeyer, Yoon, & Briken, 2011; Worling & Långström, 2006). So, although impulsivity increases with FSO-only CSA and MSO-only CSA, its direct consequences for sexual offending and reoffending require further investigation.

**Callousness/Manipulativeness**

Callousness/manipulativeness (also known as callous/unemotionality or CU traits) has been found to be a core component of etiological models of sexual offending in youth. CU traits center on disregard for the needs and feelings of others, using others for one’s personal ends, callousness, and remorselessness. CU traits have been found to be especially important for designating JSO youths with antisocial behaviors who (a) exhibit the most severe and violent behaviors, (b) have greater numbers of victims, (c) show more offense planning, and (d) whose behavioral stability over time (Caputo, Frick & Brodsky, 1999; Frick & White, 2008; Lawing, Frick & Cruise, 2010). Additionally, such traits in youths with conduct problems may signal a deficit in conscience and affect development, reactive and instrumental aggression, and fearlessness, as well as low distress over punishment and consequences (Frick & White, 2008). Although these traits tend to be relatively stable between late childhood and adolescence, (Caputo, et al., 1999; Frick, Kimonis, Dandreaux, & Ferrell, 2003; Frick & White, 2008; Muñoz & Frick, 2007), there is preliminary evidence that supports malleability of CU traits especially in youth (Frick et al., 2003; Lynam, Caspi, Moffitt, Loeber, & Stauthamer-Loeber, 2007). Interestingly, although having a cohabitant perpetrator was linked with impulsivity, perpetrator gender was not found to be linked with callousness/manipulativeness in this study.

**Sexualization**
The final domain, sexualization, has been linked to CSA in multiple populations across genders, risk-levels, and ages (Fergusson, et al., 1997; Paolucci, et al., 2001; Senn, et al., 2008). Although sexualized behavior can refer to any number of emotionally or physically risky sexual acts, here sexualization specifically refers to the internal processes of sexual compulsivity and sexual fantasizing, as well as the frequency of sexual behaviors. With nearly as many constructs of sexual behaviors/sexualization as theories or tools to measure it, it is often difficult to compare results across studies. Further exploration of the components of sexualization should allow for the development of more useful risk-assessment instruments, increase researchers’ ability to look across populations, provide a better understanding of the etiology and outcomes of hypersexuality, and determine more effective treatment options (Knight, et al., 2009). Among JSOs sexualization is a potential risk factor for persistent sexual offending in youth and our findings indicate that this complex set of cognitions and behaviors may be differentially influenced by perpetrator-gender in CSA (Driemeyer, et al., 2011; Kafka & Hennen, 2003).

Although we did not find any significant differences between groups on Sexual Preoccupation, the No-CSA group consistently scored lower across sexualization scales, and this scale was not an exception. These results suggest that CSA - regardless of perpetrator gender - may have a greater effect on sexualized compulsivity and behaviors than cognitions among JMSOs.

The results presented above corroborated our hypotheses that (a) asking about sexual experiences rather than sexual abuse captured greater numbers of FSO-CSA experiences, and (b) there was no differential effect of perpetrator gender on subsequent cognitive and behavioral development related to sexual offending in this sample of JSOs. This study is only one of many
in recent years to highlight the necessity of examining preconceived notions about harm at the hands of women.

FSO-CSA can result in harmful outcomes for those victim/survivors who experience it yet professional and social opinion suggests that MSO-CSA causes significantly greater harm. In our directed file review we found further evidence that FSO-CSA experiences were not taken seriously or considered abusive by professionals working with JMSOs in their care. In multiple files we found notes that JMSOs who indicated experiencing FSO-CSA in their self-report were “sexually experienced” rather than “sexually abused” by older girls and women from a young age. This difference in language and the avoidant discursive construct around FSOs it reflects is explored in greater detail by Hayes & Carpenter (2013). Our results suggest that FSO-CSA is not only harmful, but it predicts the same extreme difficulties that MSO-CSA does. For these reasons FSO-CSA should be treated as a serious public health risk and receive equal attention as MSO-CSA.
Limitations and Future Directions

Several factors limit the generalizations that can be drawn from this study -- the selectivity of the sample, the absence of any comparison non-offending groups, and the lack of neuropsychological or physiological measures.

Self-report data are vulnerable to response biases and depend on the accuracy of respondents’ memories. In the present study participants were ensured confidentiality, their low social desirability scales indicated that their response biases were minimal, and the added measure of directed file review likely increased our predictive power. Moreover, child reports of early abuse and symptoms of trauma and depression may in some instances have superior predictive power when compared with caseworkers’ and parents’ reports (Eckenrode, Izzo, & Smith, 2007). They provide supplements to parental reports (Skilling, Doiron, & Seto, 2011). By adding a directed file review to the self-report assessment some of the difficulties associated with self-report may have been minimized in this study.

Although retrospective reporting is vulnerable to many potential distortions, including memory failures and biased reporting of stressful experiences, especially if viewed through the lens of later adjustment problems (Widom, Raphael, & DuMont, 2004), it still remains the optimal way to gather data about some types of abuse (Kendall-Tackett & Becker-Blease, 2004). Much of sexual abuse goes undetected as it occurs, and if it were known prospectively, ethical requirements for intervention would affect prediction. Also, because the computerized inventory asked about particular events and not about attitudes or feelings, it was likely that participants
were more accurate in their recall and reporting (Henry, Moffitt, Caspi, Langley, & Silva, 1994). Nonetheless, its limitations must be acknowledged when interpreting the data.

Because the data for this study were collected exclusively from male JSOs residing in inpatient sexual-offender treatment facilities, a highly specialized sample, one cannot generalize these results to female JSOs, all adolescents, all survivors of CSA, or ASOs. Juveniles in this sample had been convicted of, or were in treatment for, unacceptable sexual behavior and were selected because of this difficulty. Both dispositional and developmental factors that covary with this selection process might have affected the results. Additionally, parental (or guardian) consent was required for all participants under the age of 18 at the time of testing. It is possible that despite anonymity and confidentiality assurances some parents who perpetrated abuse against their children would not provide consent, leading to an underrepresentation of the incidence of parental sexual abuse. Moreover, the youths were viewing their abusive experiences through the lens of their own abusing behavior. It is not clear from this study whether a relation between perpetrator-gender and outcome would be found in community controls or in ASO populations.

Despite these limitations our study yielded important results about the nature of FSO-CSA and MSO-CSA on JMSOs, and about factors important to perpetration. This study also introduced new data about the impact of FSO-CSA on male youths who subsequently sexually offend, illustrating the necessity for more nuanced assessments in the future and the importance of revisiting assumptions about gender, harm, and perpetrator-relationship in CSA. In addition to refining definitions of abuse and including assessments of genetic vulnerability, future research should investigate the interaction of gender with instances of abuse over time, cohabitation, the
number of perpetrators, and a familial culture of incest and poor sexual boundaries on outcomes in young non-sexual offenders, community samples, and adult populations.
References


Berman, A.K. & Knight, R.A. (manuscript in revisions). The relation of familiarity with sexual abusers to subsequent developmental adaptation in youth who have sexually offended.


of victim and professional perspectives. *Journal of Sexual Aggression: An international, interdisciplinary forum for research, theory and practice.*


10.1177/0886260508322194


Table 1

*Frequency of Perpetrators by Number and Relationship Type*

<table>
<thead>
<tr>
<th>Perpetrators</th>
<th>Frequency</th>
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<tr>
<td>None</td>
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<td>34.70</td>
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<tr>
<td>Any</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>176</strong></td>
<td><strong>100</strong></td>
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<table>
<thead>
<tr>
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<th>Frequency</th>
<th>Valid Percent</th>
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<td>47</td>
<td>26.70</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>9.10</td>
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<td>≥3</td>
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<td><strong>Total</strong></td>
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<td><strong>47.73</strong></td>
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<table>
<thead>
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</thead>
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<td>2</td>
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</tr>
<tr>
<td>≥3</td>
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<td>8.40</td>
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<td><strong>Total</strong></td>
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<td><strong>43.18</strong></td>
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<table>
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<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>22.20</strong></td>
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<table>
<thead>
<tr>
<th>Male Only</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
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<td>1</td>
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<td>11.93</td>
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<tr>
<td>2</td>
<td>8</td>
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<tr>
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<td>3</td>
<td>1.70</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>18.20</strong></td>
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<table>
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<th>Both Male &amp; Female</th>
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<th>Valid Percent</th>
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<tr>
<td>2</td>
<td>13</td>
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<td><strong>Total</strong></td>
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<td><strong>25.00</strong></td>
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Table 2

*Cronbach αs for Dependent Outcome Scales*

<table>
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<tr>
<th>Variable</th>
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<tbody>
<tr>
<td>Emotional Dysregulation</td>
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<tr>
<td>Juvenile Assault</td>
<td>.81</td>
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<tr>
<td>Constantly Angry</td>
<td>.86</td>
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<tr>
<td>Physical Fighting</td>
<td>.75</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>.81</td>
</tr>
<tr>
<td>Callousness/Manipulativeness</td>
<td></td>
</tr>
<tr>
<td>Lack of Perspective Taking</td>
<td>.70</td>
</tr>
<tr>
<td>Conning and Superficial Charm</td>
<td>.74</td>
</tr>
<tr>
<td>Sexualization</td>
<td></td>
</tr>
<tr>
<td>Sexual Compulsivity</td>
<td>.85</td>
</tr>
<tr>
<td>Sexual Preoccupation</td>
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<tr>
<td>Hypersexuality</td>
<td>.69</td>
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Table 3

Correlations for Perpetrator-Types and Sexual Abuse

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<th></th>
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<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
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<tr>
<td>2. Female-only</td>
<td></td>
<td>-.25**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Female-only</td>
<td></td>
<td></td>
<td>-.25**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Both male and female</td>
<td></td>
<td></td>
<td>-.27***</td>
<td>-.31***</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Cohabitant</td>
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<td>-.02</td>
<td>.28***</td>
<td>.31***</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Total number of perpetrators</td>
<td></td>
<td></td>
<td>-.06</td>
<td>-.02</td>
<td>.70***</td>
<td>.50***</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. Frequency</td>
<td></td>
<td></td>
<td>.10</td>
<td>.08</td>
<td>.41***</td>
<td>.60***</td>
<td>.50***</td>
<td>1</td>
</tr>
<tr>
<td>7. Force</td>
<td></td>
<td></td>
<td>.38***</td>
<td>-.03</td>
<td>.41***</td>
<td>.46***</td>
<td>.52***</td>
<td>.58***</td>
</tr>
<tr>
<td>8. Degree of Penetration</td>
<td></td>
<td></td>
<td>.10</td>
<td>.09</td>
<td>.36***</td>
<td>.61***</td>
<td>.46***</td>
<td>.70***</td>
</tr>
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Note. *p ≤ .05, **p ≤ .01, ***p ≤ .001 (two-tailed).
Table 4

*Multivariate Analysis of Variance on the Categories and Domains*

<table>
<thead>
<tr>
<th>Category</th>
<th>Domain</th>
<th>$\lambda$</th>
<th>$F$</th>
<th>$p$</th>
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<td>Gender</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
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<td>.83</td>
<td>2.74</td>
<td>.001***</td>
</tr>
<tr>
<td>Callousness/Manipulativeness</td>
<td></td>
<td>.97</td>
<td>.81</td>
<td>.559</td>
</tr>
<tr>
<td>Sexualization</td>
<td></td>
<td>.89</td>
<td>2.17</td>
<td>.023*</td>
</tr>
</tbody>
</table>

*Note. $^*p \leq .05$, $^{***}p \leq .001$ (two-tailed).*
Table 5

*Follow-up Univariate Analyses for Perpetrator Gender*

<table>
<thead>
<tr>
<th>Variable</th>
<th>No CSA</th>
<th>CSA: Female-only</th>
<th>CSA: Male-only</th>
<th>CSA: Female &amp; Male</th>
<th>F</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Assault</td>
<td>1.27</td>
<td>.67</td>
<td>61</td>
<td>1.37</td>
<td>.60</td>
</tr>
<tr>
<td>Constantly Angry</td>
<td>2.79</td>
<td>1.16</td>
<td>61</td>
<td>2.89</td>
<td>.77</td>
</tr>
<tr>
<td>Physical Fighting</td>
<td>2.13</td>
<td>1.08</td>
<td>61</td>
<td>2.21</td>
<td>.92</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>2.12_a</td>
<td>1.19</td>
<td>61</td>
<td>2.52_ab</td>
<td>1.07</td>
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<tr>
<td>Sexualization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Compulsivity</td>
<td>1.40_a</td>
<td>.96</td>
<td>61</td>
<td>1.72_ab</td>
<td>.94</td>
</tr>
<tr>
<td>Sexual Preoccupation</td>
<td>2.80</td>
<td>1.15</td>
<td>61</td>
<td>3.11</td>
<td>1.09</td>
</tr>
<tr>
<td>Hypersexuality</td>
<td>1.72_a</td>
<td>.88</td>
<td>61</td>
<td>2.14_b</td>
<td>.98</td>
</tr>
</tbody>
</table>

*Note: *p ≤ .05 (two-tailed), **p ≤ .01 (two-tailed), ***p ≤ .001 (two-tailed)*.

No CSA refers to participants who reported no history of sexual abuse. CSA: Female-only refers to participants who reported histories of sexual abuse only by female abusers, CSA: Male-only refers to participants who reported histories of sexual abuse only by male abusers, CSA: Male & Female refers to participants who reported histories of sexual abuse by both female and male abusers. In this table means that share common subscripts across rows are not significantly different, whereas means with different subscripts are significantly different from one another at the p < .05 level.