

# Comparing Female Sex Offender Characteristics Using the Sexual Adjustment Inventory

by Lisa Degiorgio and Herman Lindeman\*

National concerns about sex offenders and their propensity to reoffend have increased over the last few years with expanded media attention and several high profile events (Hall & Hall, 2007; McGrath et al., 2011). Consequently there has been extensive research into identifying the risk factors associated with sexual offending as well as with sex offender recidivism (Craig et al., 2005; Hanson & Morton-Bourgon, 2005). Risk factors have been grouped into two categories: static and dynamic. Static factors are historical aspects of the offender that are considered unchangeable. Static factors for a sex offender are:

- Current age of the offender;
- Prior criminal history;
- Prior arrest history;
- Age at first conviction for an offense; and
- Victim characteristics, e.g., male victims, female victims, stranger victims (Andrews & Bonta, 2010).

Dynamic factors are considered aspects of the offender that are changeable through intervention or treatment. As reported by Yates (2009), dynamic factors for sex offender recidivism include:

- Social relationships and associations;
- Self-regulation;
- Sexual self-regulation;
- Deviant sexual interests;
- Sexual preoccupation;
- Substance abuse; and
- Antisocial orientation.

Dynamic factors not associated with recidivism include:

- Denial;
- Victim empathy;
- Psychological issues such as self-esteem and anxiety; and
- Personal distress.

These latter factors, while not predictive of recidivism, do have implications for intervention and treatment recommendations, as well as for offender treatment compliance and outcomes (Yates, 2009).

## Characteristics of Female Sex Offenders

Having established empirical risk factors for sex offenders, attention and focus have shifted to offender subtypes, including female sex offenders (FSOs). In comparing male sex offenders (MSOs) with female sex offenders, researchers have examined FSOs':

- Characteristics (Elliot & Ashfield, 2011; Elliot et al., 2010; Johansson-Love & Fremouw, 2009);
- Arrest and conviction rates (Sandler & Freeman, 2011); and

**Age Range.** The age range of FSOs extends from adolescents to over age 70 (Johansson-Love & Fremouw, 2009), which may explain why the research on age as a variable for FSOs has been mixed. Two studies found that FSOs begin offending at younger ages than MSOs; however, the FSOs were, on average, older than MSOs at the time of their first arrest. Johansson-Love and Fremouw (2009) found that the age at first offense was relatively similar for FSOs and MSOs. However, results of the same study also revealed that FSOs were older than MSOs at the time of their first conviction.

**Criminal History.** Elliot and colleagues (2010) found that 14% of an FSO sample had previous nonsexual, nonviolent convictions. The authors also found that 16% of the sample had "been the subject of local authority concern for possible sex

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**Although research suggests increased rates of female sex offending, involvement in violent arrests remains stable. This raises an important issue in female sex offender evaluation and risk prediction—violent offenses versus total overall arrests.**

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- Offending motivations and cognitions (Beech et al., 2009).

Although research about FSOs has increased, generalization has been limited largely by the small number of FSOs available for study. It is estimated that FSOs represent between 4% and 5% of all sex offenders (Johansson-Love & Fremouw, 2009).

Using the available results, however, it appears that FSOs:

- Are older than MSOs at the time of first conviction (Johansson-Love & Fremouw, 2009);
- Have fewer arrests for violent crimes such as assault, rape, and murder (Schwartz et al., 2009); and
- Are more likely to report negative interpersonal development (Elliot et al., 2010; Gannon et al., 2010).

abuse" (Elliot et al., 2010, p. 598). Moreover, in a recent exploration of national crime statistics, it was found that the rate of violent crimes and sexual assaults perpetrated by women remained constant despite an increase in overall female offending (Schwartz et al., 2009).

Criminal history is a well-documented predictor of sex offender recidivism (Craig et al., 2005), yet most work on the subject has been conducted with male offenders. Although research suggests increased rates of female sex offending, involvement in violent arrests remains stable. This raises an important issue in female sex offender evaluation and risk prediction—violent offenses versus total overall arrests.

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**Psychosocial Factors.** Recent studies examining characteristics of FSOs have consistently revealed unstable lifestyles that are characterized by patterns of interpersonal and social deficits. FSOs report more negative developmental experiences and higher rates of sexual victimization than MSOs. They also report more depression, social isolation, and higher levels of childhood sexual abuse than MSOs (Elliot et al., 2010).

FSO relationships are often exploitive and violent, and these women often find themselves coerced into offending with a male (Gannon et al., 2010). FSOs' parenting style is often neglectful, characterized by an unstable family life, difficulty coping with their children, and contact with local authorities regarding neglect or risk of abuse (Elliot et al., 2010).

Results from an extensive meta-analysis revealed that deficits in intimacy (e.g., conflicts in intimate relationships, emotionally identifying with children) were associated with recidivism (Hanson & Morton-Bourgon, 2005). Gannon, Rose, and Ward (2010) found that FSOs who perpetrated against children were often seeking sexual gratification and intimacy. FSOs are likely to have been victims of sexual abuse and victimization (Johansson-Love & Fremouw, 2009), and it has been hypothesized that these experiences contribute to FSO motivations and cognitions surrounding sexual offenses.

Identification of FSO characteristics has largely been through meta-analysis or studies with small sample sizes. The small

number of FSOs has limited the ability to develop a comprehensive psychological profile (Elliot et al., 2010). The present study was undertaken in an effort to add to the knowledge about FSOs and to explore levels of emotional distress and sexual adjustment in FSOs as compared to MSOs using the Sexual Adjustment Inventory (SAI).

The guiding hypothesis for this study is that an FSO will be older than an MSO at the time of first arrest and will have higher levels of distress and more severe problems with sexual adjustment than an MSO as measured by the SAI. In addition, studying the characteristics of FSOs who demonstrate severe problems, as measured by the SAI, will add to the emerging profile of FSOs.

**Study Procedures**

Between August 2009 and March 2012, 4,493 sex offenders completed the SAI (Behavior Data Systems, 2012). Participant data were submitted by corrections, probation, and treatment staff across the United States, who administered the SAI as part of their offender screening or clinical intake process. Of the 4,493 sex offenders tested, 206 were female, representing approximately 5% of the submitted total test data, a proportion that is consistent with prior findings (Cortoni et al., 2010). Data were retrieved from an online database held by Behavior Data Systems, Ltd. (BDS) and analyzed by BDS staff.

**Study Participants**

The average age of the FSOs was 33 years. The majority of offenders, 78%, were Caucasian; 12% were African American; 7% were Hispanic; fewer than 1% were Asian;

and 2% were Native American. Thirty-eight percent of the FSOs were single, 30% were married, 30% were divorced or separated, and 2% were widowed.

Offenders were also asked about their level of education. Approximately 40% of the offenders had graduated from high school, 22% had completed some high school, 14% had attended some college, 20% had completed either a bachelor's degree or advanced degree, and 4% had an eighth-grade education or less.

Offenders in this study provided information about their criminal history and law enforcement experience. Table 1 summarizes FSOs' self-reported court history. Eighty-two percent of the participants reported one or more arrests; 25% reported having one or more prison sentences; 16% reported one or more violence-related arrests; 64% reported one or more sex-related arrests; 19% reported one or more sexual assault arrests; 24% reported one or more child molestation arrests; 5% had one or more arrests for exhibitionism; and 7% reported one or more incest arrests. Twenty-four percent of FSOs reported one or more alcohol-related arrests, and 14% had one or more drug-related arrests. In addition, 41% of tested FSOs were registered sex offenders and 40% were participating in sex offender treatment.

**Study Measure: The Sexual Adjustment Inventory (SAI)**

The SAI has been used to measure the severity of problems, including sexual deviance and paraphilias, in people accused or convicted of sex offenses. The SAI consists of 225 items using a combination of true/

**Table 1: Offender Court History Responses**

| Number & Percent of Respondents Reporting: | 0 Arrests |    | 1 Arrest |    | 2 Arrests |    | 3 Arrests |    | 4 Arrests |    | 5 or More Arrests |    |
|--|-----------|----|----------|----|-----------|----|-----------|----|-----------|----|-------------------|----|
|  | N         | %  | N        | %  | N         | %  | N         | %  | N         | %  | N                 | %  |
| Arrests                                    | 35        | 18 | 76       | 38 | 34        | 17 | 17        | 9  | 10        | 5  | 28                | 14 |
| Prison sentences                           | 147       | 75 | 40       | 20 | 7         | 4  | 2         | 1  | 1         | <1 | 0                 | 0  |
| Violence-related arrests                   | 166       | 84 | 21       | 11 | 1         | <1 | 4         | 2  | 4         | 2  | 1                 | <1 |
| Sex-related arrests                        | 71        | 36 | 118      | 60 | 4         | 2  | 1         | <1 | 1         | <1 | 3                 | 2  |
| Sexual assault arrests                     | 160       | 81 | 36       | 18 | 1         | <1 | 0         | 0  | 0         | 0  | 0                 | 0  |
| Child molestation arrests                  | 150       | 76 | 44       | 22 | 2         | 1  | 0         | 0  | 0         | 0  | 1                 | <1 |
| Exhibitionism arrests                      | 192       | 93 | 3        | 2  | 2         | 1  | 0         | 0  | 0         | 0  | 0                 | 0  |
| Incest arrests                             | 184       | 93 | 13       | 7  | 0         | 0  | 0         | 0  | 0         | 0  | 0                 | 0  |
| Alcohol-related arrests                    | 174       | 88 | 14       | 7  | 4         | 2  | 1         | <1 | 1         | <1 | 3                 | 2  |
| Drug-related arrests                       | 171       | 86 | 18       | 9  | 2         | 1  | 1         | <1 | 1         | <1 | 3                 | 2  |

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false and multiple choice formats. The SAI is one of the few sex offender tests that include both static and dynamic factors within one instrument. Readers are referred to additional sources that review sex offender scales in greater detail, e.g., Craig & Beech (2009); Craig et al. (2005); Degiorgio & Lindeman (2012); and Grubin (2004).

The SAI has 13 scales, six of which are sex related:

1. Sex Item Truthfulness;
2. Sexual Adjustment;
3. Child (Pedophilia) Molest;
4. Sexual (Rape) Assault;
5. Exhibitionism; and
6. Incest Classification.

Seven of the scales are non-sex related:

1. Test Item Truthfulness;
2. Alcohol;
3. Drugs;
4. Violence;
5. Antisocial;
6. Distress; and
7. Judgment.

Having two truthfulness scales, sex related and non-sex related, in the same test enables evaluators to better understand sex offenders' motivations. For example, the respondent may attempt to minimize or deny sex-related questions while answering non-sex-related items truthfully. Some respondents may answer sex-related items truthfully while minimizing non-sex-related items. It is equally important to know which responses to the test questions were answered truthfully.

For each SAI scale, respondents are classified into four risk ranges:

- Low Risk (zero to 39th percentile);
- Medium Risk (40th to 69th percentile);
- Problem Risk (70th to 89th percentile); and
- Severe Risk (90th to 100th percentile).

Risk ranges, representing degree of severity, are established by converting raw scores to percentile scores by using cumulative percentage distributions (Behavior Data Systems, 2012). This is similar to the way students are assigned grades or scores for grading purposes in school. The 70th percentile is often used for passing grades, and this same percentile was initially used as a working criterion. Similarly, the 90th percentile is a benchmark for identifying severe problems.

Early instrument development included the use of content experts to confirm the proposed risk ranges. Data analyses, in combination with field reports from experienced evaluators over 15 years, have confirmed that these percentile categories provide accurate identification of problem behavior (Behavior Data Systems, 2012).

As noted above, emotional distress and sexual adjustment problems have been identified as characteristics associated with FSOs. Consequently, the Distress Scale and Sexual Adjustment Scale from the SAI were selected for this comparison of FSO and MSO characteristics.

**The Distress Scale.** The Distress Scale contains 22 items and uses a true/false format that measures two symptom clusters, anxiety and depression. Merging of these symptom clusters is clear in the definition of dysphoria (American Psychiatric Association, 2000). Moreover, emotional distress has been shown to be related to illegal activities and aggression, as well as to risk taking in sexual relationships (Cherek et al., 1997;

2012). Additional information about the SAI can be found at [www.sexual-adjustment-inventory.com](http://www.sexual-adjustment-inventory.com).

**Analysis of the Data.** Descriptive statistics, frequencies, and percentages were calculated to compare FSOs' and MSOs' responses to each criminal history item. In addition, *t*-tests were used to identify statistically significant differences between MSO and FSO mean scale scores on the SAI Sexual Adjustment and Distress Scales. There were 12 FSOs who scored in the severe risk range on the SAI. This group is labeled "Severe Risk FSOs." Comparisons between Severe Risk FSOs and all other FSOs in the sample were conducted using age, criminal history, and mean Distress Scale and Sexual Adjustment Scale scores.

## Study Results

**Age.** Analyses were conducted to determine differences in MSOs' and FSOs' ages and their age at first conviction for a sexual offense. The average age at testing was 36.7 for all offenders; 37.0 for male offenders,

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Giotakos et al., 2003). In addition, anxiety was found to be present at higher rates for sex offenders than for non-sex offenders (Lyn & Burton, 2005).

### The Sexual Adjustment Scale.

The Sexual Adjustment Scale measures clients' sexual reconciliation or adjustment. This scale reflects the respondents' satisfaction or dissatisfaction with their sex life. Elevated scores reflect sexual adjustment problems and concerns. Many sex offenders were found to have beliefs regarding gender roles and sexual dominance that influence deviant sexual behavior (Lisak & Roth, 1990). In these cases, the people involved were classified as sexually maladjusted.

The SAI scales in this study demonstrated high internal reliability (Cronbach's Alpha): Sexual Adjustment = 0.81, Child Molest = 0.87, Sexual Assault = 0.78, Exhibitionism = 0.75, Alcohol = 0.92, Drugs = 0.91, Violence = 0.89, Antisocial = 0.82, Distress = 0.91, Impulsiveness = 0.91. Validity of the SAI was established by differentiating among offenders who are known to have higher risk factors and those known to have lower risk factors by comparing mean scale scores (Davignon, 2002; Degiorgio & Lindeman,

and 32.8 for female offenders. *T*-test results,  $t(4490) = 4.43, p < 0.001, 95\% \text{ CI } [2.39, 6.18]$ , were statistically significant. The average age at conviction for all offenders was 26.8. The age at first conviction for males was 26.9 and 27.2 for females. Results were not statistically significant. For FSOs who scored in the Severe Risk range on the SAI, the average age was 37.6 and the age at first conviction was 29.17. *T*-test results between age for Severe Risk FSOs and all other FSOs were not statistically significant.

**Criminal History.** MSOs reported more lifetime arrests, sex-related arrests, and violence-related offenses than FSOs. *T*-test analyses were statistically significant for all arrests: lifetime arrests,  $t(4362) = 3.27, p < 0.001, 95\% \text{ CI } [0.560, 2.22]$ ; sex-related arrests,  $t(4372) = 2.88, p < 0.004, 95\% \text{ CI } [0.062, 0.327]$ ; and violence arrests,  $t(4320) = 4.06, p < 0.001, 95\% \text{ CI } [0.176, 0.506]$ . Forty-one percent of female sex offenders who scored in the Severe Risk range reported three or more arrests; 17% reported five or more sex-related arrests; and 8% reported five or more molestation

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arrests. *T*-test analyses comparing Severe Risk FSOs and all other FSOs revealed no statistically significant differences for lifetime arrests or violent arrests. Results were statistically significant for sex-related arrests,  $t(187) = -3.85, p < 0.001, 95\% \text{ CI} [-1.46 - 0.47]$ . Ninety-two percent of FSOs in the Severe Risk range reported being in sex offender treatment, and 100% were registered as sex offenders. These percentages were higher than for FSO respondents overall.

**Psychosocial Factors.** *T*-test analyses were conducted to examine whether the differences in mean scores for the MSOs and FSOs on the Distress Scale (12.57, 10.92) and Sexual Adjustment Scale (12.82, 16.36) were statistically significant. Results indicated that for Distress,  $t(4371) = -2.54, p < 0.04, 95\% \text{ CI} [-2.65, -0.343]$ ; and Sexual Adjustment,  $t(4371) = -11.67, p < 0.001, 95\% \text{ CI} [-5.49, -3.91]$ , the differences were statistically significant.

in that FSOs had higher distress scores than MSOs. Results for Sexual Adjustment scores did not support the hypothesis: MSOs had higher sexual adjustment scores than FSOs. This finding indicates that MSOs had more problems associated with their sexual adjustment.

FSOs who scored in the Severe Risk range were compared to all other FSOs in the sample. Offenders in the Severe Risk group were older at the time of testing and older at the time of their first conviction for a sexual offense than all other FSOs in the sample. The statistically significant findings in age seem to support meaningful differences between the Severe Risk group and other FSOs that are not associated with chance. Moreover, the Severe Risk group had higher percentages of arrests (sex related and non-sex related), as well as higher rates of sex offender registration and participation in treatment than other FSOs in the study.

Examination of psychosocial factors for Severe Risk FSOs and all other FSOs in the sample found that Severe Risk FSOs had higher distress scores and higher sexual

problem severity is matched to appropriate levels of care, recidivism is reduced among sex offenders (Hanson et al., 2010).

## Study Limitations

As noted above, the authors and test designers have limited knowledge of, or input into, the ways in which the SAI was administered to offenders by the various agencies that use the test. Inconsistencies in test administration may affect the results. For example, some agencies may administer the test individually and others may administer it in groups. Both are acceptable; however, the process used by the agency may influence some responses. Further field research should include a description of administration procedures.

Information regarding treatment recommendations and outcomes was not included in this study. Participation and completion of sex offender treatment has been associated with reduced rates of recidivism (Hanson et al., 2010). Collection of treatment information would allow for more extensive prediction models of sex offender risk, recidivism, and community reintegration. Moreover, a longitudinal recidivism study would confirm the accuracy of the SAI in accurately assessing recidivism risk among male and female sex offenders and may identify the relationship between risk categories, treatment outcomes, and successful community reintegration.

Because this study included only individuals who were charged with sexual offenses and who completed the SAI, comparisons of general male and female offenders and non-offenders were not possible. This would be another line of inquiry for test developers and field researchers. An examination of scale scores from individuals (offenders and non-offenders) from diverse cultural, racial, ethnic, and geographic groups may identify additional predictor variables that could aid in early education or intervention for offenders.

Addressing psychological issues (e.g., self-esteem, anxiety) and personal distress that are not predictors of recidivism but are dynamic factors amenable to treatment (Yates, 2009) may result in overall improvements in social and relationship dynamics. Despite the already low rates of FSO reoffending (Cortoni et al., 2010), personalized and custom treatment for FSOs may further reduce recidivism, as well as identify approaches that result in successful intervention, education, or community reintegration efforts.

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## Findings underscore the differences between female and male sex offender characteristics and treatment needs, as well as the heterogeneity of female sex offenders.

Mean scores for Severe Risk FSOs and all other FSOs were compared on the Distress Scale (15.42, 12.29) and Sexual Adjustment Scale (33.25, 11.04). Results were not statistically significant on the Distress Scale; however results were statistically significant on the Sexual Adjustment Scale,  $t(194) = -8.07, p < 0.001, 95\% \text{ CI} [-27.64, -16.78]$ .

## Discussion of the Findings

The purpose of this study was to explore characteristics of FSOs and to confirm previously reported findings surrounding psychological distress and sexual adjustment using a sample of 206 FSOs. Results from the current study were mixed. In this study, FSOs were older than MSOs at the time of their first conviction for a sexual offense, which supports recent findings (Johansson-Love & Frenouw, 2009). FSOs in the current study had fewer lifetime arrests, violence-related arrests, and sex-related arrests than MSOs. This finding was also consistent with previous research. Examination of psychosocial factors found that Distress Scale scores supported the study hypothesis

adjustment scores than all other FSOs in the sample. The results of the Sexual Adjustment Scale reached a statistically significant level and suggest meaningful differences in adjustment that are not the result of chance placement in the Severe Risk group. These findings indicate that FSOs as a group may have lower levels of psychological distress than MSOs but that they exhibit more problems associated with their sexual adjustment. FSOs who demonstrate severe problems have higher distress and sexual adjustment issues (as measured by mean SAI scale scores) than all other FSOs and MSOs in the study.

Findings from this study underscore the differences between FSO and MSO characteristics and treatment needs, as well as the heterogeneity of FSOs, a result underscored by FSOs in the Severe Risk range findings. As more information regarding specific FSO characteristics is learned, tailored treatment approaches can be provided. Expanding our understanding of FSO characteristics is a critical step in sex offender public policy. Research suggests that when the level of

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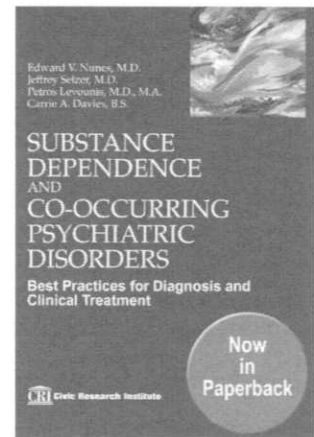
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