Susan grew up with an authoritarian, career military officer for a father and a weak role model for a mother. She was rarely allowed to make a decision. Susan lived with her parents until she married. Her husband was also authoritarian, but unfortunately did not have the positive values of her father. Susan blindly accepted her husband’s lead and took no responsibility for her own actions. She followed her husband into abuse of children and was incarcerated for her criminal sexual conduct.

When Heather was an infant, her father died. She remained alone with her mother who had a long history of psychiatric problems, some of which required hospitalization. As a child, Heather was sexually abused by a young man next door and a female adolescent babysitter. At age 13 Heather sexually abused a young boy in her care when she became angry at him for misbehaving. Heather was placed with an aunt due to her mother’s instability and while living there she sexually abused her nine-year-old cousin approximately three times per week for nearly a year.

Fran lived with her daughter and two sons. When the children were between ages four and nine, she initiated sexual contact with them. She said that she felt isolated and neglected by her boyfriend. All the incidents occurred when Fran was “high” on marijuana. The abuses continued over a seven-year period.

Little attention has been paid to female sexual offenders. Few, for example, in a thorough annotated bibliography on incest, were there only four citations for mother-daughter incest and the total number of cases discussed in these publications was five (de Young, 1985).

Incidence

Women, in general, have been thought to be responsible for only a small fraction of sexual crimes. Certainly official figures support this idea. The Uniform Crime Reports (UCR) for 1975-78 show women as 0.9 percent of total rape victims (cited in Brown, Hall, and Ponsness, 1985). The UCR for 1980-81 showed that adolescent females arrested for rape were 2 percent of all rape arrests (reported in Mathews, 1987). A 1967 study by O’Connor found similar figures. The convictions for sex offenses in England and Wales from 1975 to 1984 showed 45,234 offenses by men and 462 by women (women were 0.99 percent of the total).

Data from clinics that specialize in treatment of sexual offenses is similar to crime statistics. For instance, over a three-year period the Dallas Incest Treatment Program identified 29 mothers who were incest offenders. The mothers constituted only 4 percent of the offender population (McCarty, 1987). Of 600 adolescent sex offenders treated by PHASE (Program for Healthy Adolescent Sexual Expression) in Minnesota, only 1 percent were females (Mathews, 1987). Of the 305 adolescent sex offenders referred to the University of Washington’s Adolescent Clinic between 1976-81, only 3 percent were females (Fehrman, Smith, Monastery, and Deitzer, 1980).

In a carefully conducted random population survey of women, Russell (1984) found that 4 percent of all incest perpetrators and 4 percent of the perpetrators of extramilial child sexual abuse were female. In a review of studies on both extramilial and incestuous child sexual abuse, Russell (1984) concluded that only about 5 percent of all sexual abuse of girls and about 20 percent of all sexual abuse of boys is perpetrated by older females.

However, retrospective studies of adults yield a somewhat different picture. Finz, Smoll and Wagner (1981) surveyed 952 male undergraduate students. Approximately 5 percent reported childhood sexual victimization, and 60 percent of these incidences involved women perpetrators. Connolly, Tempel, Brown, and Venco (1987) surveyed college men and women about heterosexual activity with adults when the men were children. Approximately 14 percent of college men and 57 percent of the female prison population report such activity. Further, Connolly et al. found that 0.48 percent of college women and 7.56 percent of prison women admitted to sexually exploiting a male five or more years younger than themselves since age 16.
The Governor’s Advisory Board on Child Abuse and Neglect

Award Nominations for Child Abuse and Neglect Advocates Sought

The Governor’s Advisory Board on Child Abuse and Neglect is seeking nominations from individuals, organizations and agencies for the 1989 Certificate of Appreciation Awards to recognize persons whose activities in the area of child abuse and neglect have shown exceptional merit. Deadline for submission to the board is July 15, 1989.

Nominations contribute significantly, clearly setting them apart from their peers. Award recipients will be characterized by an evident quality of caring that permeates throughout all of their activities. The impact of the recipient’s efforts on those affected will be of utmost importance, and any lasting contributions to overall program quality will also be considered.

Eligibility

Nominate(s) must be a resident of the commonwealth of Virginia. Award recipients will represent the public practitioner, private practitioner, corporate, governmental or volunteer communities.

Nominating Procedure

1. Using the nomination form, outline the specific contribution(s) the nominee has made in the area of child abuse and neglect to include: a brief summary of events/activities; the number of children involved; and the results and/or resolution to the situation(s).

2. Submit letters of support with the nomination form that address the specific contribution(s) listed in #1 above. The letters can be from such sources as citizens, agencies, churches or social and civic organizations.

3. Send nomination form and letters of support by July 15, 1989, to:

   Awards Committee
   Governor’s Advisory Board on Child Abuse and Neglect
   c/o Virginia Department of Social Services
   8001 Discovery Drive
   Richmond, VA 23229-8699

   * * * * *

   For nomination forms and further information, contact:

   Ann Childress
   Virginia Department of Social Services
   8001 Discovery Drive
   Richmond, VA 23229-8699
   (804) 662-3081.

Corporal Punishment Banned in Public Schools!

This spring, the Virginia General Assembly approved a bill to prohibit corporal punishment in public schools. Virginia is now the 13th state, and the first in the south, to adopt such a measure. Prior states to abolish corporal punishment are California, Hawaii, Maine, Massachusetts, Michigan, Nebraska, New Hampshire, New Jersey, New York, Rhode Island, Vermont and Wisconsin.

While abolishment of corporal punishment is a new concept for the United States, elsewhere in the world most developed countries long ago have ended the use of physical punishment in public schools. For example, France ended its use in 1981. The Soviet Union has managed without corporal punishment in schools since 1917. Even Great Britain, where “caning and spanking” were a part of tradition, has abolished corporal punishment. The practice is, however, common in Iran and South Africa.

Many Virginia child advocate groups have long supported a ban on corporal punishment in public schools. The Governor’s Advisory Board on Child Abuse and Neglect studied the issue for a number of years, then in 1984 issued a recommendation that the General Assembly abolish corporal punishment. SCAM (Stop Child Abuse Now), a statewide chapter of the National Committee for the Prevention of Child Abuse, has staunchly supported a ban on corporal punishment in the schools. The Virginia Bar Association’s Commission on the Needs of Children has been another supporter.

Yes, despite efforts of such groups, past attempts to pass legislation banning corporal punishment have failed. Delegate Thomas Forchard of Chesapeake introduced a bill in the 1987 session to repeal the use of corporal punishment in schools. This bill was opposed by the Virginia Education Association. “Some educators believed that the statute allowing corporal punishment was a protection against lawsuits from parents. Their belief was false. An assault by a teacher on a student is not corporal punishment,” explained Forchard. “Why, then, did this year’s effort succeed?”

Support from the Virginia Education Association for the legislation banning corporal punishment was the crucial difference in this year’s effort, according to Robert E. Shepherd, Jr., professor of social work at the University of Richmond and chairman of the Virginia Bar Association Commission on the Needs of Children. Madeline Wade, president of the Virginia Education Association, was instrumental in obtaining the support of the VEA.

Last year Forchard, Wade, Shepherd and Barbara Kawa, director of SCAM, attended the National Conference to Abolish Corporal
Punishment held in Chicago. Wade was one of only two teachers who attended the conference. "It was a very negative conference," said Wade, "as the presenters were 'bash- ing' teachers instead of initiating discussions with their own educational associations. State educational associations have their own obstacles to overcome. Through open communication, these obstacles can be placed away." Shepherd adds, "They told us it was an insurmountable task to try to abolish cor- poral punishment in the schools. They told us that teachers would never be on our side. I took those words to heart.

Wade stressed the importance of crafting legislation that protected teacher's rights. The bill passed in Virginia specifies permit- ted uses of force or physical contact by teachers. The use of "incidental, minor or reasonable physical contact or other actions" may be used to maintain order and control. "Reasonable and necessary force" may be used to quell a disturbance or remove a stu- dent from the scene of a disturbance which threatens persons or property. Force may be used to prevent a student from self-harm or in self-defense as the defense of others. Force may be used to regain possession of a weapon or other dangerous object or to obtain posses- sion of controlled substances. To determine whether a school employee was acting within the exceptions, "due deference shall be given to reasonable judgments at the time of the event which were made by a teacher, principal or other person employed by a school board . . ."

The Virginia bill also defines corporal pun- ishment. The definition is limited to infliction of physical pain on a student as a means of discipline. Physical pain or discomfort caused by participation in sports or physical education is not included in the definition.

Defining teacher's rights and limiting the definition of corporal punishment were cru- cial in gaining the support of teachers, according to Wade. "We worked with principals and our PTA's. We believe that it is possible to stop corporal punish- ment while protecting teachers. Virginia is the first state to work cooperatively with the state education association on this issue."

Fordham praises the lobbying efforts of several groups, saying, "One key organiza- tion was the PTA which made the corporal punishment bill its top legislative priority. There was a strong, united, tough, but un- treated. Groups that are usually as divided forces to support the effort. This was the only piece of legislation supported by VEA, the Virginia School Boards Association, the State Department of Education, the Appalachian stu- dents' Association, the PTA and the Princi- pal's Association.

The reason Fordham sought to eliminate corporal punishment in schools was per- sonal one. "My experience with corporal punishment leads me to believe that it does not work. Hitting someone is a wrong thing to do. The more I thought about someone the

April Was Prevention Month

Governor Bailes signs Prevention Month Proclamation

behind my child, especially when I was not present, the more I increased I became," states Fordham.

Shepherd offers a more formal analysis. In a presentation to the legislators, he cited many reasons to support alternatives to corporal punishment:

- Public schools were the only publicly oper- ated institutions that allowed corporal punish- ment. Facilities run by the Department of Corrections, Education, Social Services and Mental Health, Mental Retardation and Substance Abuse Services all prohibit use of corporal punishment in their facili- ties and in these private facilities approved for placement of children.

- There is frequently a very gray area between corporal punishment and child abuse.

- The use of corporal punishment increases liability risks and aids in raising insurance costs.

- The use of corporal punishment is not -educationally sound or necessary. It dis- courages the development of more effective and positive alternatives.

- Studies show corporal punishment leads to greater disciplinary problems, greater numbers of assaults on teachers and fellow pupils and increased vandalism of school property.

- Use of corporal punishment increases the level of violence in society and contributes to a "cycle of violence" where children

Corporal punishment is used in a discrimi- natory fashion, with a higher incidence of its use for minority children, children who are handicapped (especially those learning dis- abled and emotionally disturbed), children who are younger (and thus more vulnerable to injury) and those who are low-income.

- Studies show that schools using corporal punishment have higher dropout and sus- pension rates.

Shepherd concludes by noting that more than 15 national groups concerned with edu- cation and/or children have favored a ban on corporal punishment. These include the National Education Association, the Ameri- can Academy of Pediatrics, the American Psychological Association, the National Par- ent Teacher Association and the American Medical Association.

Wade emphasizes that teachers now have available many alternatives to punishment. She has compiled a four-page, double-spaced list of strategies for classroom use, program- ming alternatives and specific discipline pro- grams. The National Education Association has compiled an impressive array of resources on discipline and classroom management, including a guarantee training program with eight workshops.

Wade's strategies are aimed at minor class- room discipline problems, most often asso- ciated with younger children. These include
Crisis, build resilience into their programming and provide a stimulating environment with choices. Instructors can be helped by training, encouragement, and support to identify and address problems with the child. The Mandated Family Life Education program will include problem-solving and decision-making, enhancement of self-esteem, building better relationships and assumption of responsibility.

The Drug Abuse Resistance Education, offered in many schools, stresses similar skill building.

Wade summarizes the current teaching philosophy, saying, "There are many ways available to teachers. Education can be an exciting partnership between students, parents, teachers and the community." Wade notes that the times are ripe to end corporal punishment. "Philosophically it is right. Discipline should be done through positive management. You don't have to use force and violence to change behavior," she said.

The Governor's Advisory board on Child Abuse and Neglect coordinates the efforts of Delgate Forehand, Macdonald Windle, Robert Shepherd and Barbary Rawlins. These exceptional individuals have once again proven that caring and individual effort can make an appreciable difference for society at large.

New Professional Society

The Ameristat Professional Society on the Abuse of Children (APSC) is a new multidisciplinary professional society formed to support professionals who work with maltreated children and adults. Goals of the group include:

- providing forums for information exchange
- promoting research
- encouraging multidisciplinary education
- articulating needs and concerns of professionals at the national level
- developing standards for assessment, intervention and treatment of child victims, offenders and their families

Membership in APSC includes a subscription to the quarterly newsletter, "The Advocate," discounts for conference and workshop registrations and reduced subscription fees to The Journal of Interpersonal Violence.

Costs of membership vary according to income and student status from $15 to $75. A life membership is available for $75. For further information, contact: APSC c/o The University of Chicago School of Social Service Administration 969 East 66th Street Chicago, Illinois 60637

Resources


This working paper examines the extent of the use of corporal punishment in schools and suggests successful ways to make schools safer for students. It includes information about the legal aspects of corporal punishment in schools in detail. A listing of recent publications and national organizations that provide resources is included.
Female Sex Offenders

A second reason cited for under-reporting is that sexual offenses by women are more likely to be incestuous and child offenders are less likely to report sexual abuse (Grove, 1979). Some (Grove, 1979) also feel that boys who are victimized are less likely to report abuse than are girls. If boys are more frequent targets for female offenders, then the reporting rate may be lower. In support of this, a study of adult males by Condy, et al., found that one-half to four-fifths of those who had sexual contact with adult women when under 16 felt that the experience was a positive one. Some clinicians (Krug, 1988) are finding support for the idea that males seldom report sexual abuse. After two clients spontaneously offered information about sexual abuse by male mothers, Krug trekked to the local station and questioned all male patients in his general prac- tice of psychotherapy about sexual violations by either parent. He discovered a "relatively high rate" (no figures were offered) of report of inappropriate sexual activity between mothers and sons. The sexual activity typically involved a mother satisfying her own emotional and physical needs for intimacy and security by seeking out her son, sometimes on a nightly basis, during times when the mother had no male partner or was in conflict with her partner. Krug described eight cases in his report. The sexual activity between mother and son included sexual intercourse, mutual masturbation and sleeping over together with no evidence of abuse with but not genital contact. A third idea is that the sexual abuse by women goes unnoticed as it is not subtle. Finkelhor and Russell (1984) dispute claims that females may be a considerable proportion of those who sexually abuse children. They question the claim of Kraemer that women are more likely to stop abuse than boys. Finkelhor and Russell acknowledge that boys are less likely to report abuse, but note that females are not prone to abuse more frequently than boys. In a recent series of studies of off-enders, they note that women appear most likely to abuse female children, not males. Since there is little evidence to sexu- al contact between older adult females and male children, Finkelhor and Russell feel the figures in self-report surveys should be considerably higher if female offenders were considered. Finkelhor and Russell also reject arguments that female sexual abuse is not underestimated because it is subtle. They set it is not clear that women engage in more subtle abuse than men. Fathers, they claim, can have seductive relationships that never cross the line into incestuous sexual abuse. Males also appear more likely to abuse their daughters more frequently than their sons. The authors go on to note how possible sexual activity was covertly encouraged in the context of sexual abuse. The authors argue that when female perpetrators are dis- cussed it includes activities such as "keeping a daughter emotionally dependent" or being "severely sexually suggestive" (p. 287). Such activity is not called sexual abuse in discussion of male perpetrators.

Finkelhor and Russell further state that it is in small groups that the female offender clusters. They claim the group setting is a protective one and that it is necessary to understand the social and psychological factors involved in female group activity, whether that activity is sexual or not. Males and females are seen as using the group setting differently. Males use the group to "send messages" to other group members. In contrast, females see the group as necessary for the group to function. Finkelhor and Russell feel that females are simply less inclined to sexually abuse children. "Women do not seem to use children as often as men do for their direct physical sexual gratification" (p. 272). As an example, they note that boys receiving penises is common and seems fraught with possibilities for abuse. Yet cases of inappropriate breast- sucking between groups and children occur rarely and are rarely reported by adults in retrospective studies.

Finkelhor and Russell conclude, "All evi- dence cited supports the conclusion that the traditional view of child molestation as a primarily male deviation is essentially cor-
rect" (p. 288). It is difficult to have confidence in any of the incidence data. Our helping systems have not been organized to detect the female offender. It is important that the earlier keep in mind that the remainder of the article is based on extremely small and perhaps only sam- ple of females offenders. What is known about the characteristics of female offenders and their treatment needs, comes from small groups of women. Some are in prison, others are in the outpatient population. The majority have engaged in behaviors extreme enough to require legal intervention.

Characteristics of Female Offenders

Therapists appear to agree that female offenders differ from their male counterparts. "The females I have treated report expe- riences and issues that are different than male off-enders," states Laura Colligan, program coordinator for the Positive Sexual Behavior Program offered by E.Y.E. in Escondido, Calif.
Female Sex Offenders

A number of clinicians have noted that females frequently commit their offense in concert with a male offender, who may be a spouse or boyfriend. For example, approximately one-third of the adult female offenders referred to the Genesis II program in Minneapolis have committed sexual abuse in concert with a male (Mathews, 1987). In contrast, it is rare for men to commit offenses with sexual adult as a co-offender. Further, when females participate in pairs or group sexual victimization with one or more males, they generally play an adjacent, rather than primary, role. In these cases, the motive may be to please the co-offender, to preserve marital relationship, or it is the fear of not complying with the co-offender, rather than sexual gratification. Thus, it is not surprising that orgasm is less likely in female perpetrators than in male offenders (Wolfe, 1985). Females appear to use violence less frequently than male offenders (Jacobs and Shaw, 1987; McSwain, 1987; Wolfe, 1985). " Adolescent male offenders have more violence in their behavior and thought patterns," notes Joan Kassels, program director for Partin's Anonymous of Delaware. " In the adolescent female offender, violence is generally absent.

Females are also more likely than males to know their victims and/or victimize their own children (Coakham and Druker, 1984, Fallis, 1987). "Availability is the key criteria for victim selection," says Kassels, "and the type of relationship reflects the nurturing role towards their victims."

The number of victims per female offender appears to be low and the duration and frequency of the abuse appears to vary as a group to be less (Wolfe, 1985). For example, Kassels (1984) found that one female relative who contributed to sexually abuse her victim over a period of 14 years. Of the eight different kinds of interest perpetrators compared in his study, females were the most likely to abuse their victim more than once. Seventy percent of the incestuous abuse by females occurred once only compared to 61 percent for male perpetrators.

Compared to male offenders, females appear to be less likely to have a wide range of deviant sexual behavior. For instance, O'Connor (1987) found that none of the female perpetrators for 23 cases had engaged in intercourse with their victims. Pathomancies were not identified. This may account for the observation that few female offenders identify themselves as having a sexual problem.

Female offenders appear to share some characteristics with male offenders. Wolfe (1985) has noted a high degree of isolation. Like male perpetrators, female offenders report a high fear of legal sexual norms. In one child maltreatment study, Wolfe (1985) sample had a 58 percent rate of childhood victimization; in John's group 50 percent reported sexual abuse in their past.

It has been found that a high incidence of psychiatric history in female offenders. O'Connor (1987) found a history of sexual abuse in 60 percent of his sample of 25 female offenders, a similar finding to Falter's (1987) raising, where abuse above and of all the offenders were actually reared, bruised damaged or psychotic. As in the male population, substance abuse is common. For example, Wolfe (1985) reported five of 12 female offenders were substance abusers, about half of Fallers sample of 40 women were chemically dependent.

A large-scale research study funded by NCAN may yield some helpful data about the characteristics of female offenders. In cooperation with the Iowa Department of Human Services, Craig Allen, Ph.D., associate professor of psychology at the University of Iowa, is contacting every woman sexual abuse the Iowa's central registry from January 1984 to present. Women are offered the opportunity to participate in a two-hour structured interview.

Craig remarks that most of the women on the registry were "passive" offenders. They did not participate in the abuse but allowed it to occur. These women, along with any perpetrator under 14, were eliminated, leaving a subject pool of 120-130 females. About one-fourth have agreed to participate in the research. "They are a very mobile group," comments Craig, "and we still have many to contact."

Craig has also gotten seven subjects from Minnesota and is planning to work with the central registry in Missouri to ask female perpetrators in that state to be subjects. A control sample matched for age, sex, income and education will be interviewed. "Of course," notes Craig, "one never knows how many unsolicited offenders will be in the central group. Funding will limit the study, but Craig is philosophical. "Better something than nothing at all. I am hoping that my work will stimulate other research.

Typologies

Even though knowledge is still relatively limited, the Minnesota Multiphasic Personality Inventory and other interviews and family history questionnaires, have fairly distinct categories of offenders. These typologies vary from the "Teacher/Lover" to the "Prey/Defender" and the "Male Co-Offender." Offenders in the "Teacher/Lover" group had a difficult time believing that the sexual abuse was real or inappropriate and minimized the impact of their behavior. The offenders in this group had no malice towards their victims. They taught children about sexuality in discussions and games or felt "in love" with an adolescent. The women believed that the adolescents would not have become involved sexually unless it was a positive and desirable experience. They generally endorsed the notion that adolescent males were ready and willing for sexual contact as any opportunity.

The offenders in the "Teacher/Lover" group were not always victims of sexual abuse as a child, but had backgrounds of severe emotional and verbal abuse. Often, they had experienced as a "trustee person" when an adolescent and the sexual transgressions as an adult was not inappropriate and minimized the impact of their behavior. The women in this group, as adolescents, had no malice towards their victims. They taught children about sexuality in discussions and games or felt "in love" with an adolescent. The women believed that the adolescents would not have become involved sexually unless it was a positive and desired experience. They generally endorsed the notion that adolescent males were ready and willing for sexual contact at any opportunity.

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food, alcohol, drugs or cigarettes, rapidly escalating into self-abusive patterns. Work histories were dismal.

A statement by "Bonnie, one of the women in this category, describes some of the forces that resulted in her sexual abuse of her daughter: "I just felt like a little kid that needed something and I didn't feel like I had anybody or anywhere to get it. I think there was some sexual arousal, but it was more just needing to feel/doit to somebody physically or in any kind of way. I didn't know how else to do it and I just didn't care anybody. When I did I felt better for awhile, then it was awful again - I felt guilty and ashamed. Then I would do it again. It was a vicious cycle." (Matthews, et al., 1989, 49).

The women in the "Male-Controlled" category were passive and felt powerless in interpersonal relationships. They all endorsed, directly or indirectly, a traditional lifestyle with males as the breadwinners and females as the homemakers. The husband was in charge, and the women generally feared his anger. All were subjected to verbal abuse and some were physically abused by their mates. All had married young, had limited work histories and had few marketable skills.

All the women in the "Male-Controlled" group had been sexually victimized as children. All were afraid of losing their mates and being unable to attract another. These women were isolated and relationships were shallow and one-dimensional.

In all of the cases in the study by Matthews, et al., the man was involved first in the sexual abuse and then brought the woman into it. Most of the women were unwilling participants. A few eventually initiated sexual abuse by themselves.

Matthews, et al., relate the case history of Kris, who married her abusive husband young and had several children in quick succession. Her husband initiated a game of "play the role." Kris describes her involvement:

"The kids would start crying and we would try bribing them and if they didn't do what we wanted them to do then we'd beat them up a little bit. There was all kinds of sex acts performed. . . . It was unsustainable at first, but then I remembered all the times my ex-husband made, and I was afraid he was going to hurt me, so I did it willingly, even though I knew it was wrong. . . . After a while it got to the point where I liked it. Having sex with my husband was more enjoyable than having sex with my boyfriend, because I had some control over what was going to happen instead of being around and told what to do." (Matthews, et al., 1989, 56).

A number of other clinicians have suggested categories for female offenders.

Sexual Animalism: an Experiential Study by Ruth Mathews, one of the women involved in the Genesis II program in Minnesota, given the scarcity of literature on female offenders, this packet offers a general overview of published literature on the topic.

The packet describes the sexual offender treatment program started by Mary Kusun Kasl and Don L. Larson (see article). The program is at the Sandspur Correctional Facility in Minnesota. A great deal of data is offered on the 16 women who participated in treatment. The histories of those of the women included. The treatment program is described in some detail, with an extensive outline of the sexual offender's treatment included. A description of evaluation measures and extensive data collection is needed to those contemplating starting a program. The conclusions and recommendations serve to integrate the findings. Although the focus of this program is to provide a program the programs which are working in an excellent setting with far a great deal of data is needed to conclude what is extremely valuable.
England's Children in Care

Great Britain's children in care are a mixed group. The most recent statistics available (October 1985) say about 97,000 children in England and Wales who are in the care of local authorities (local governments). About 40 percent entered care on a voluntary basis—due to illness of the parent or guardianship, unsatisfactory home conditions or the inability of a single parent to cope after being deserted by the other parent. About 50 percent of the children in care are subject to a Care Order, which grants custody of the child to the local authority but does not terminate parental rights. Care Orders can be issued because of abuse or neglect, fulfill other acts of the child or severe educational problems.

This heterogeneous group of children, ranging in age from a few days to 19 years, lives in a variety of settings while in care. About 45 percent live in foster homes, an equal number live in residential settings and the rest are placed in their own homes under supervision.

Prior to the Children Act 1975, there were 5,000 children in long-term care in Great Britain who remained in orphanages. They had been a useful tool for long-term planning, but the law did not provide for it. Corrected adoptions were rare. If the parents did not consent for adoption, it was not usually pursued. Only 15 percent of children who entered care were returned to live with their parents.

The Children Act 1975, which created children in long-term care in Great Britain who remained in orphanages. They had been a useful tool for long-term planning, but the law did not provide for it. Corrected adoptions were rare. If the parents did not consent for adoption, it was not usually pursued. Only 15 percent of children who entered care were returned to live with their parents. Of those, the rate for six months or more, 65 percent would remain in care until age 18.

Responding to research such as Rowe and Lambert's findings, published in "Children Who Wait," Parliament passed the Children Act 1975. This legislation substantially strengthened children's rights and made changes in adoption law. Permanency planning was speeded up and incentives for adoption, such as allowances to families adopting handicapped children with uninsured expenses, were approved.

The act has led to a resurgence of interest and activity in adoption waiting—a 20 percent increase over the last 10 years in the number of children in care placed for adoption. Campaigns similar to those in process in Virginia have been launched to facilitate the adoption of handicapped, older and minority children.

Pat Verity, resources officer of the National Foster Care Association (NFCa), described some of the new schemes, saying, "There is an intensive campaign on 12 place waiting children. The adoption resources exchange has now stopped doing visits of the children so that prospective parents can get a view of a child that is different from reading reports or looking at a photograph. Some of the agencies get the children to create posters about themselves to offer information to prospective parents. Adoption agencies where these interested can meet a group of children, have been tried and some agencies even sponsor camping weekends for a more in-depth introduction."

The act also increased the powers of the local departments of social services. One change deals with children placed in care by their parents. Pat Verity in the act, such children could be removed from care by the parents at any time, regardless of the child's wishes or welfare. The Lewisham council, for children who have been in care for six months or more, a 28-day notice from the parents of their intention to remove the child. This time period allows the local authority time to apply to the courts for a compulsory care order, if this is considered necessary. Alternatively, the law allows for a smooth transition back into the natural home.

Another major effect of the act has been to increase the likelihood that children who live in care be subject to parole rights for children in their care. Parental Rights Sanctions deprived parents of their rights over the child. The resolution is granted not by a court but by the local authority's social services committee. Parents may protest their views to the local authority and appeal to the courts. If the parents object, court proceedings are begun. In 1975, 20 percent of the children in voluntary care were subject to parole rights resolutions. By 1981, the figure had increased to 41 percent (Owen, Turnbill, White, Trilling and Rowe, 1980).

The act has provided for a new option for foster parents and other carers to assume legal custody of children. The procedure, known as guardianship, is similar to permanent foster care status in Virginia's system. Caregivers who have been responsible for a child for three years or more may apply to the courts for legal custody of that child. Relatives may apply after they have been caring for the child for at least consecutive months. Custody gives the same rights and duties of parenthood to the caregiver as a custodian cannot consent to a child's adoption of emancipation, nor can a custodian change a child's name. Guardianship fees prevent the Department of Social Services from removing a child from a foster home. The option of guardianship became available since 1980, and it is difficult to know how effective it will be in offering permanence to children in care.

In summary, one effect of the act has been to increase the use of the courts is increasing for children in care. The act also considerably strengthened children's rights. As one might expect, the current movement is to equalize the powers and to provide greater protection for parents' rights. Verity explains, "There was a backlash from the act and parents formed parents and family rights groups. They have been effective lobbying and in having their opinions heard. Recent legislative changes now give the parents more ability to challenge plans."

Foster Care

Foster care was once accorded priority by legislation as the placement of choice for children in care. This is no longer the case, with placement selected on the basis of the child's need. However, foster care remains the most popular category, and its use has increased since the act, while the percentage of children in residential care has declined. The system for foster care in Great Britain is different from that in the United States, and both systems are grappling with similar issues and problems. NFCA's resource officer, Pat Verity, was extremely helpful in explaining the foster care system. Verity is an energetic lady with a great deal of experience in foster care. She began as a foster parent. Two of her five children, ranging in age from 5 to 23, are
Payments to cover the cost of care for foster children also vary widely. Verity noted, "Each local authority sets its own payment rates. There is no established pay rate. Currently, rates vary from £29 per week to £39 (£94.50) per week. Authorities are slowly recognizing that they will have to pay more." In Virginia, the allocations range from $46 per week for a child up to four years old to $73.50 for children over 13.

Verity emphasized, "There is a correlation between the reimbursements for child minders (babysitters) and foster parents. "Child minders receive an average of $25 per week ($75) or $60 per hour ($80). Foster parents are compensated an average of 14 per cent per hour ($2.12)."

The National Foster Care Association has recommended a minimum per week for foster care or household allowances ranging from £30 ($45.45) for a child up to four years of age, to £40 ($50.75) for a child aged 16-18. For London, the recommended rates are somewhat higher. At £39 per week, a family's standard of living would not fall due to accepting a foster child. The rates do not include any allowances for the child for clothing, health care, or social services. Local authorities have discretion in determining supplementary benefits to foster parents. Inadequate support for charges has resulted in recruitment problems. There is no stable number of foster families to meet the demand. Verity noted, "In the 1980s, showing that 75 per cent of foster parents quit within the first year. "Money was a big fac-
tor," she noted.

Minority families are especially difficult to recruit. Verity noted, "In England, the foster parents can find black foster parents for teens, because teens receive a higher monetary support. But it was hard to get people to take care of black foster children. Verity asked that few VCPN asked. Verity emphasized that the pilot projects in Kent and other districts had shown that an increase in support was an effective incentive for foster parents to accept the teens. The project was replicated in about 70 local areas. The scheme also involves a process of contracting among the agencies, agency and foster parents to ensure that expectations are clear."

A second difference between the American and British systems is the status of foster parents. In England, the foster parents are treated much more as professionals than is typical in the United States. Foster parents are more likely to be involved in discussing foster care in the event of an emergency. English law stipulates that the social service team meets about the child. A third difference is the relationship between adoption and fostering. British care is more generic and integrated system for handling such cases. It is possible for those interested in adoption to accept foster children placed out to Care Orders and/or parents' rights resolutions if the agency is clear about its plans for the child. If the placement works well, the foster parents may proceed to the point of adoption by applying to the court for dispensation of parental consent. This concept is not endorsed by all agencies or the NCPA.

As in Virginia, there is no statutory requirement for training prior to becoming a foster parent. Local authorities have discretion in determining recruitment and training. The importance of training is generally recognized, and many authorities provide some instruction for new foster parents. The NCPA provides training to social workers in how to set up effective foster parent training courses in their home areas. About 120 local authorities now have social work staff who have been through the NCPA training.

The NCPA was established in 1974 by parents and social workers out of a concern for the children in care. "It took ten years for the system to get working," states Verity. Major projects have been the passage of the 1975 Child Care Act and the establishment of two working parties (a group appointed by the government to study specific issues) on foster care. The organization provides education through publications, newsletters, and seminars. They collect data on various issues such as the reimbursements for foster care. The organization does a great deal of training, sponsoring conferences and training workshops.

The NCPA is proactive. This year's special projects list is impressive. The association is working on a series of guidelines for specific issues. These include a two-part hearing concerned abuse of children in foster care and one outlining procedures for handling complaints and the other aimed at educating foster parents about the risks of allegations, procedures for handing complaints and sources of support to cope in the event of an allegation. A leaflet on fostering an abused child is also in the planning stage.

The NCPA is also working to improve the care and is pursuing a program to run a program of data collection and maintaining data on the social services and the responsibilities of each party. The National Foster Care Association is a vibrant, exciting organization. In a system
Spotlight on Minnesota

In a pioneering effort to treat female sexual offenders, Sally Mason, Ph.D., and Noel Larson, Ph.D., were asked to offer treatment to women incarcerated at the Minnesota Correctional Facility at Shakopee for sexual offenses against children. In 1981, when their efforts started, very little information was available to guide the two psychologists. A literature search unearthed three articles and recognition of only 88 cases.

Undaunted, Mason and Larson proceeded. They knew little about prisoners. They did not know who the women were or their clients. The therapists brought with them skills in treating victims of sexual abuse, skills in treating sexual dysfunction, a "systems" orientation to therapy and enthusiasm.

Their orientation was at odds with prison philosophy. "The correctional system is about compliance, not about therapy, and that's how it has to be," Mason said. However, prison officials had requested the program and supported it, making group attendance mandatory for any offender who wanted to progress. The therapists were also protected from having to chart or record information about the group which might violate confidentiality and destroy the women's trust in the therapists. The prison asked only for an evaluation every six months on each group participant. Each woman wrote her own evaluation, which was sent to be included in her file. The therapists' evaluations were read by the inmates. Inmates were never asked to participate in the therapy.

The program was a therapy group. Led jointly by Larson and Mason, it met weekly for two hours. Therapy with the inmates was a formidable task. In addition to the sexual crimes that brought them to prison, the women had drug and alcohol problems, came from lives of class and discrimination, had low educational levels and were disenfranchised. Some of the women had committed other crimes.

A support group was developed. The support group was led by a blind therapist. A major goal was matching women, how to have friendships with other women. The concept was a novel one. For the women in the group, major relationships in their lives were with men and were typically sexual. Women were considered as competitors for men, not allies.

Mason and Larson soon added a relaxation component. "We were horrified by the state of knowledge of these women," states Larson. "Women who had done outrageous sexual activities had almost no information about sex." The therapists put together a sexual learning seminar covering nearly 20 units. Areas covered ranged from normal sexual development to understanding the meaning of sex to sexual dysfunctions to sexual abnormalities. Included was a two-day intensive, implosive, sexually explicit mediasphere seminar. The group members were allowed to go out of the prison under guard to attend this session with several groups of non-prison clients.

Staff training was an important component. The therapists came to conceptualize prison as yet another system organized around the concept of some individuals acting as victims and some individuals in the role of perpetrators. Women who sexually abused children were considered the "lowest of the low" in the prison hierarchy. They were called "baby rapers" and were subject to harassment by fellow offenders and, on occasion, staff. Efforts were made to assist prison staff in understanding the women and their crimes, an understanding which might alleviate some of the dislike the staff felt towards these women.

Finally, Mason and Larson applied for and received a research grant from the National Institute of Corrections. All 15 women in the group were tested with five instruments: three focused sexual behavior and attitudes, one was a self-concept scale and one was an objective personality test. In addition, the program was able to hire an outside evaluator to assess the treatment, training and education programs.

Results of testing suggested that many of the women coped by denial. Women who denied the offense generally had normal profiles and reported few symptoms or little discomfort. The denial allowed them to live comfortably. Those who admitted the offenses were in more distress, had lower self-concepts, showed some confusion in thinking and were not as well adjusted. One woman showed evidence of serious disturbance; one woman appeared to be antisocial. All in the sample had many symptoms of depression. Five symptoms, a sign of not only lack of empathy toward the victim but also an indicator of acceptability of the prison environment.

The first therapeutic task was establishing trust and confidentiality. Many mistakes passed before the therapists were able to get past the hardened exterior and to "the little girl" inside. These women had no clue about how a relationship could be," commented Mason. Some women never began the true process. However, other women slowly made progress. The group began to assume confidentiality. One woman who always "leaked" information was only allowed to stay while she was talking — "then she had to leave," noted Larson.

Psychosexual development of the women ranged from two years to 14 years Larson said, "We asked them to estimate their own development age. It was fascinating to see that the age they chose corresponded to the age of the child they molested." The women were profoundly ignorant about sex. They lacked ownership of their bodies (which explains the endless numbers of sexual patterns) and had no concept of "protective" sexual behavior (getting one's own sexual needs met). Their professed values were very conservative and at extreme odds with their behavior. Sexually, most had been abused and treated poorly by sexual partners. For some of these women, sex with a child was the most and only non-violent sex they had known, noted Larson.

Larson and Mason are reluctant to evaluate their therapy. "It seemed to help some women and not others," states Mason. Some of the women have disappeared, others moved to distant locations, until we are left with an outpatient follow-up group. The outpatient group, once started, was made a condition of parole for the women.

None of the women have had an easy adjustment to life outside the institution. Lacking supports, some have returned to the men who, in most cases, committed the sexual abuse in concert with them. A few have been able to break past relationships, begin new jobs and find support through a halfway house program. Mason and Larson offer advice to others undertaking work with this very difficult population. "Support for the therapists is so important," says Larson. "The therapists must be good at listening to the women and a safe haven for us," notes Mason. "Be prepared for a long-term effort."
Female Sex Offenders

prior history of being a sexual abuse victim themselves and explain their behavior as experimental. Adolescents in this category are described as loners with few friends and poor social skills, who are either withdrawn or overactive.

Finally, a category of "Male Accompanied" has been suggested (Mathews, 1987). Unlike the "Male-Goeritd," these women offenders often initiate the sexual activity and one of the reasons by their male co-offenders is evident. Women in this group tend to be more violent than other female perpetrators. They have a history of severe psychological problems that may have resulted in hospitalization or contact with authorities due to sexual behavior. Substance abuse is common, as in low school and job performance.

Assessment

Only sketchy information is available to guide the clinician in assessing female offenders. A wide variety of techniques are utilized, but NCPN staff could not find any well-developed protocol for assessment. Knopp and Lackey (1987), in a report of the practices of 44 treatment providers, identify some sources of assessment data. Information from law enforcement or court reports were used by 97 percent, as were self-reports from the offender. Victim reports were used by 92 percent. Information from client journals and records (71 percent) and other agencies (55 percent) were frequent data sources. Knopp and Lackey found that clinicians identified five types of testing data used for assessment. Projective tests were used by 59 percent of the clinicians, with half or more using the Rorschach, Thematic Apperception Test, and Draw-a-Person. About one-third use sexual inventories, with two-thirds of those using the Multiphasic Sexual Inventory. However, 14 different sexual inventories were in use. One-fourth use psychological tests and measures, such as the polygraph or vaginal photophotograph. Fifteen percent use the Wesker/Clark Risk Cognit.

In addition to the above instruments, Knopp and Lackey's sample included 33 other psychological tests and instruments that they used for assessment. Of these, the Minnesota Multiphasic Personality Inventory (MMPI) was the most popular.

Only two interview guidelines were encountered. Both were authored by Ruth Mathews. A three-page intake interview is published in the appendix of "Female Sexual Offenders: An Exploratory Study" (Mathews, et al., 1989, see book review, this issue). A three-page interviewing outline entitled "PHASE Female Sexual Offender Case Construction" is included in the Safe Society information packet on female sexual offenders (Knopp and Lackey, 1987, see review this issue).

Treatment of Female Offenders

Clinical staff interviewed were in agreement that treatment of female sex offenders differed in many ways from treating male offenders. Ruth Mathews, M.A., is a therapist with the Genesis II Female Offender Program located in Philadelphia, Pennsylvania. Genesis II is a social services agency that has provided comprehensive day treatment to women and their children since 1976. Genesis II has served two primary client populations, women with criminal offenders and children referred from child protective services (CPS) for abuse and neglect. The program has been receiving referrals of female sex offenders. The program offers female offenders comprehensive services, including assessment, group therapy and case coordination.

Mathews states that several of the women were served initially in the program for male offenders. However, the women clients reported that their experiences and issues were different from their male counterparts and were largely ignored.

Mathews feels there are several specific treatment issues for women. One is male dependency. Females at Genesis II describe severe isolation coupled with near-total dependency on or male partner for need fulfillment. Many describe being kept or pressured into the abuse and some expressed feeling that there was a choice about the abuse.

The prevalence of denial of the offense is often immediate issue. Larson and Matson, working with a prison population, note that denial helps the women cope with pain. "Those who deny the offense show the best adjustment on standardized measures such as the Minnesota Multiphasic Personality Inventory (MMPI) or the Tennessee Self-Concept Scale. They lack depression basically because they do not empathize with the victim," states Larson.

Jane Mathews, a therapist with Genesis II, notes that women with "the Teacher/Lover" profile may lack the abusiveness of their behavior. "While they admit to the sexual contact, they have elevated the child, generally a teenage boy, to adult status. Thus, they feel the offense, and their behavior, is normal," she said.

Carolyn Casey, coordinator of Child Sexual Abuse Treatment Services at Addison County's Counseling Service in Middlebury, Vt., has also noted severe isolation in her female offender clients. While Casey's sample is very limited (two adolescents and one adult), all were socially isolated, "almost to the point of agoraphobia." The isolation, exacerbated by immature social skills, was a focal point of treatment.

Thus, training in attractiveness and independence is a key factor in preventing future incidents of sexual abuse. If the women cannot break their relationship(s) with abusive males, the prognosis is poor.

A second issue noted by Ruth Mathews is the importance of de-stigmatizing treatment models which incorporated developmental, cultural and stereotype roles issues regarding females. She notes that females at Genesis II hold rigid role stereotypes for women.

Similar observations have been made by Noel Larson and Sally Matson who developed a psychosocial treatment program for female sexual offenders at the Minnesota Correctional Facility at Shakopee (see separate article, this issue). Rigid role stereotypes seem related to findings that women offenders enter treatment with little ego or self-development (Mathews, Matthews and Speltz, 1985).
Female Sex Offenders

Others suggest that female offenders deny their offenses because of interest shame. Collins notes, “The female-offenders appear to have more trouble than the males talking about their offenses. They have a harder time in general discussing sexually and have more shame. Many minimize the effects of their offenses. Females don’t.” Matthews, et. al., (1985) continue. Their data suggest that “female offenders … understand that their behavior is wrong, exhibit empathy for their victims and rarely present blame on their victims’” (p. 100). At the same time, the shame focuses the offender on how horrible she is, rather than on how much the victim has suffered.

Thus, therapists struggle first with getting their clients to acknowledge their crimes, then struggle to understand the self-deception. Both acknowledgment of the actions and feeling of self-worth seem necessary to developing victim empathy. Victim empathy appears to trigger remission of the offender’s own childhood victimization. When we discuss victim empathy,” states Cates, “their own victimization comes out.” Not all female offenders are former victims, but many have backgrounds of sexual abuse.

Victimization is a primary focus for the treatment program offered through Parents Anonymous of Delaware, according to Jowen Kasuba, program director. Lawson and Mason agree that “four primary concerns is the victimized past of the female offender” according to Mason. “Since victimization happened early on in the life of the offender, and serves as an underlying condition which are the stage for perpetration, we believe it is necessary to begin there.” Thus, a primary focus of the treatment process is the woman’s focus of control. Empowering the women, encouraging decision making and having the women take responsibility for her life is important in both small and large groups.

Those who deny victimization report easy dysfunctional families, especially with their mothers. One part of the treatment process, according to Cates, is to have the offender improve her relationships with her mother. The behavior changing can make theaptive parenting possible. Lawson and Mason have also noted the lack of bonding. “The mother gives safety and a sense of security.” These things are more important and more in line with maternal bonding. “The behavior is less structured,” states Lawson, “and their relationships are more dysfunctional.”

A lack of sex education has been noted by several therapists. Collins has observed this in her adolescent female clients. She says, “One of the motivating factors seems to be curiosity rather than anger.” Lawson and Mason use a structured approach to sexual education, having been “horrified” by their clients’ state of knowledge.

With too many things, when does the therapist begin? Cates replies without hesitation, “We work first on offending. The client must gain control of the impulse pattern. A cognitive-behavioral approach works best in this phase.”

Therapy is a painful process for most female offenders, according to Matthews, et. al., (1985). Emotional trauma for the women like children. A re-parenting effort is initiated early. For many offenders it will be the first time anyone has taken them seriously, helped them define problems and formulated plans to alter negative behaviors.

Changes in trust, autonomy, self-worth “The mothers give up easily and do not seem to experience the problems as trivially.” As children, the female offenders learned that they could not trust anyone. Many in Lawson and Mason’s group first form dyadic relationships in treatment which later transfer. Rarely is anybody in the group trusted, however.

Women need to be encouraged to address their own personal issues. Developing assertiveness and independence alleviates the problems of male dependency. Acknowledge ment of the problems in their families of origin allows issues of power, loss and their victimization to be addressed. The importance of boundaries and how to establish them is difficult. Because of their need for acceptance, women perpetrate because they do not want to do what others want, they will not go on to things not in their best interest.

According to Markews, et. al., (1989), the statements of the women who have improved in treatment are important to the importance of a developmental treatment approach. The women identify a caring, nonjudgmental, direct treatment model as the most effective in creating change. Through learning about sexual abuse, healthy sexuality, parenting, and through being nurtured, many women have been able to develop a sense of self.

Evaluating Treatment: How Well Does It Work?

Programs vary in the time and energy devoted to evaluation research. Particularly when embarking upon a new endeavor, in this instance the treatment of a newly identified population, evaluation is formidable task.

The most complete evaluation effort to date has been that of Mason and Lawson with the women’s group at Minnesota’s Shakopee Correctional Center. Women in the group were asked to complete two mastery and self-esteem surveys each month. The mastery scale is a seven-item instrument to which the subjects respond on a four-point scale ranging from Low to Very High. (Pearlis and Schooler, 1978). The self-esteem scale is a six-item instrument with the same score on the mastery scale (Rosenberg, 1965).

Nine of the 16 women completed this part of the research. One woman showed an increase in mastery over time, four stayed the same and four showed declines. Lawson and Mason cite several possible explanations. As treatment progressed, the women showed less denial, which may have caused a decline in scores. On the self-esteem measure, four women showed increases, two stayed the same and two declined. Lawson and Mason also evaluated the treatment through therapists ratings on a pilot instrument, the Clinical Rating Scale for Female Therapists. (Gilmour, 1987) They note that reliability and validity for this scale are not yet available. Of the 10 women for whom there is complete data, all showed progress ranging from 0 to 13 points with from 0 to 12 points the possible range. Lawson and Mason’s Sexual Learning Seminar was evaluated by the Minnesota Sexual Attitude Scale (MAS), developed by the University of Minnesota Medical School Program in Human Sexuality. Of the 63 times scored, only one showed significant attitude change.

Finally, Lawson and Mason used an anecdotical method to track therapeutic gains. A total of 17 goals were developed. Of these, 17 were written and read by the clients. Thirteen of the 17 goals in the self-evaluation
The NRCCSA is an informational, training and technical assistance center for professionals working in the field of child sexual abuse. The center is funded by a grant from the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services, and is jointly managed by the National Children's Advocacy Center in Huntsville, Ala., and The Chesapeake Institute in Wheaton, Md.

The NRCCSA information services, when fully operational, will include:

- information on exemplary, successful or newly developed programs
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The NRCCSA's toll-free number is 1-800-KIDS-006.

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Huntsville, Alabama 35801
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11141 Georgia Avenue
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that is fragmented by local opinion, it provides a place for "pulling together" and a focus for positive change.

Residential Homes for Children
In 1980, there were nearly 5,000 children's homes of various sizes and descriptions in England and Wales. Most of these (86 per cent) were administered to local authorities while 15 percent were established by voluntary organizations and five percent were privately owned. Brettidge (1985) estimates that the number of children's homes has declined over the last several years by approximately 20 percent. He attributes the decline, in part, to an influential report by the Curtis Committee (a governmental study committee) which was highly critical of residents' child care and endorsed the expansion of foster care. Still, about 25 percent of children coming into care are placed first in a residential facility, either because there is no alternative placement or in order to perform further assessment.

Residents of England's children's homes are a heterogeneous group ranging in age from infants to teens approaching their 18th birthday. Some are headed or female, others are severely educationally handicapped. About 15 percent are from ethnic minorities.

Despite such differences, children in community homes share common characteristics. They tend to come from the poorest sections of society and have backgrounds of unsatisfactory and disrupted parenting, and more than half have been judged to be abused or neglected.

Children in community homes are characterized by a succession of failed placements prior to residential care. Also, the largest group (78 percent) are adolescents. It is not unusual to find children with mental deficiencies, behavior problems, depression, drug and alcohol abuse, school refusal and promiscuity listed as the reasons for the youth served.

Residential homes serve a number of functions other than serving as recreation centers. They may be used in order to keep sibling groups together, house emotionally shattered children whose foster placements have broken down or care for children too disturbed to be in a family setting. Adolescents or older children may prefer a residential placement that allows them to contact with their family to try to integrate into another family unit.

Berridge's study of children's homes demonstrated a wide variation in services and quality of care. He classifies homes according to two key variables — size and leadership style. In Berridge's system, three types of children's homes are identified. The "family

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Group" approach is a small residential unit where the head of the household is the main provider of care and is also responsible for the daily running of the establishment. The second group of homes adopts a "hostel" model. These homes are medium in size where the person in charge operates as part of a wider team. Finally, there are "mini-purpose" homes in which the head occupies the role of director and has only limited involvement with the daily care of the children.

According to Berdridge (1985), residential homes for children have, over the years, gotten better and smaller. They are increasingly becoming more specialized in their services, and their goals are narrower and more realistic. The importance of residential care has become recognized in this integration with the local community is sought.

Despite these gains, there are still deficiencies. The need to train residential care workers, and to widen their career structures, is unmet. Additionally, Berdridge identified a "serious mismatch between the needs of children and the potential care contributions of each residential style" of home (1985, p. 123). This translates into homes taking inappropriate referrals and accepting tasks (such as preparing food for a resident living on their own) for which they are not adequately resourced. Staff turnover and instability of the homes has also been a consistent concern.

Berdridge's findings are similar to other reports. An inspection of community homes by the Department of Health and Social Security in September 1985 found wide variations in quality and a lack of difference in physical plant characteristics. Some homes were poorly situated, well-maintained, comfortable and appropriate. However, a greater number were in poor condition, with the problems of overcrowding, inadequate lighting, heat, and furnishings, and unsatisfactory fire and safety precautions. Some homes were also understaffed to achieve individual objectives for the children served. However, a more common finding was that the lack of manpower and management resources meant that the complex task of ensuring the individual child was severely compromised.

Cambria Community Home

VCNP readied Cambria/Berradune, angroup home for children run by the Royal Borough of Kingston-Upon-Thames. Cambria is a 1-bed therapeutic home. The staff team as a group are members of the Association of Therapeutic Communities. Four principles underlie the work at Cambria. The first is democracy. Although staff make most decisions, the process of those decisions is visible in all. The second is non-judgmental. This aims at acceptance of unusual behavior, allowing feelings to emerge without judgment. This stance does not constitute uncritical acceptance, nor does it prevent the staff from setting limits to ensure safety. Rather, it means this behavior and feelings are open to examination and children are encouraged to learn self-understanding. The third principle is reality confrontation. The child's behavior is reflected back to him or her, in order to provide information that will help modify future actions. Finally, the principle of communication, in which the sharing of work is upheld. Through shared work, children develop enhanced self-esteem, can deal with interpersonal problems and can develop a sense of community.

Jas Chorle

Cambria's principal (director), Jas Christie, is an energetic and personable person. The facility reflects her personal qualities — it is a warm and friendly place where children 'grow' from the games in places to the kitchen for a snack. There is a steady routine for the children. Christie explains that the main building has 11 beds. An additional four individuals aged 7-16 are housed nearby in a separate building known as Berradune. This unit specializes in assist
ing the teenagers towards independent living. Christie has split the 11-bed facility into two units in order to create a more homelike atmosphere and to house the majority of children of differing ages. One unit houses children under 14, the other has 14-16 year-olds.

Children may be admitted for either short or long-term stays. After care services in the form of temporary accommodation after hospitalization or major loss, holidaying services and Sunday lunches are provided for those who have graduated to other settings. Cambria/Berradune has 13 paid staff members plus a part-time cook, domestic help and clerical assistance. Christie also has recruited and trained backup staff. While the government has no specific requirements for persons working in children's homes, Christie is enthusiastic about the need for training. She is a certified social worker. Her staff has backgrounds in areas as diverse as nursery training and work with delinquents. She encourages them to attend school if they desire, even though a combination of school and training can create stress. The staff has regular in-service training.

"One area of interest for us right now is learning how to work with children who have been sexually abused. We have had some help from Dr. Tony Baker, a local psychiatrist, as well as from the child-abuse team in Kingston. Christie continues, "It means that as the staff has developed greater sensitivity around issues of abuse, pupils have responded by disclosure. As far as we know that nine of our young people have been victimized, and there is in question about several others."

In an effort to improve their response to children who disclose sexual abuse, Christie has worked with the local Department of Social Services on the investigation procedures, making this process as painless as possible for the child. There is now a multidisciplinary steering group within the borough to estimate the coordination of child sexual abuse cases among the various agencies.

Cambria, with its vibrant, capable yet "live staff", its development of specialist services, commitment to staff training and relatively stable staff base, appears to represent the best in management of children's homes. Such facilities compensate for gaps and deficiencies in other services, and it is probable that the need for residential settings will continue, despite efforts to move towards the use of foster care. Research has suggested that children's therapeutic needs are highly variable, and therefore due to the development of the individual child and the facility. Thus, debates about how to improve residential care will likely continue, as there are no easy answers when pursuing dovunable and effective processes of caring by those who have graduated to other settings. Cambria/Berradune has 13 paid staff members plus a part-time cook, domestic help and clerical assistance. Christie also has recruited and trained backup staff. While the government has no specific requirements for persons working in children's homes, Christie is enthusiastic about the need for training. She is a certified social worker. Her staff has backgrounds in areas as diverse as nursery training and work with delinquents. She encourages them to attend school if they desire, even though a combination of school and training can create stress. The staff has regular in-service training.

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Community-based group homes have gained gradual acceptance as an alternative for caring for troubled youths. From 1986 to 1991 these facilities have increased 600 percent, to 2,006 in number, and are the fastest-growing component of residential care for youth. Group homes in this volume are defined as facilities that are small (six to 12 residents) and few restraints on the interactions between youth and community, and rely on public schools and recreation. Group homes are community-based agencies that are part of the effort to deinstitutionalize youths in residential care. Group homes have also expanded to serve new populations such as youth who are runaway or substance abusers.

Shostack's book attempts to summarize practical recommendations about how to plan and operate group homes. He states the importance of helping group home operators evaluate resources, assemble a sound therapeutic program, develop community support and anticipate problems that have in the past threatened group homes.

The volume covers topics crucial to starting a group home such as choosing which children to serve, taking financial considerations, location and staffing. Emphasis is placed on gathering community acceptance. The everyday details of operating a group home are considered. The book covers how to develop a therapeutic social milieu and address issues to handle and modify negative behaviors. Finally, issues of termination and aftercare are discussed.

This guidebook is an excellent resource for groups that suffer from burnout, but the book is an excellent introduction to group homes. Community members who are contemplating starting a group home, those interested in a career in residential care, board members of group homes and those who work with community policy will find this book to be an excellent introduction to the field.

Children's Homes
By David Berdine
1985, pp. 131, approx. $8 in U.K.
Available from: Basil Blackwell Ltd., 108 Cowley Road, Oxford OX4 1LF, England

Berdine brings back to all of the group homes in this study, and that the average service is the critical stage in the process of choosing which maximally effective. This work offers a great deal of advice on choosing among placement and identifying key factors in the future residential home. Those working in residential settings, supervising residential settings or involved in placement decisions that include residential care as an option would benefit from the insights offered by Berdine's book.

Book Reviews

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Helping Others Through Teamwork: A Handbook for Professionals
By Howard Glenn Garner
1986, 137 pp., $16.95 (soft)
Available from: Child Welfare League of America
CN 9, 300 Rankin Center Parkway
Edison, New Jersey 08818

Has the book stimulated you any suggestions for other books or materials that you would recommend for students or practitioners in the field? How might these be used in your own work or in the work of others?

Group Homes for Teenagers: A Practical Guide
By Albert L. Shostack
1987, 172 pp., $34.95 (hard)
Available from: Human Sciences Press, Inc., 77 Fifth Avenue, New York, New York 10011

Child in Residential Care: Critical Issues in Treatment
Edited by Charles E. Schaefer and Arthur J. Swanson
1986, 204 pp.
Available from: Van Nostrand Reinhold Company
115 Fifth Avenue
New York, New York 10003

An impressive list of 15 contributors, some very well-known, blended their ideas and created a book that is well-written and informative. The volume is aimed at the clinical staff working in residential settings. It focuses on critical issues in treatment and management, rather than on general theoretical formulations.

The first section covers specific critical issues in depth. These include helping children deal with separation and loss, using intervention responding to sexual acting-out, handling special problems, managing aggressive youth and dealing with injured children. Chapter titles are dealt with by the editors and like any book, it is easy to recommend.

The second section considers management issues. Professional development for staff and coping with burnout are discussed. Appendices provide an overview of the issues and what they are and that the work is like.

As a time when much emphasis is placed upon foster care and residential issues are declining in popularity, it is still recognized that residential care is the choice of choice for some individuals. For those concerned with helping such placements maximally effective, this work offers a great deal of advice on choosing among placement and identifying key factors in the future residential home. Those working in residential settings, supervising residential settings or involved in placement decisions that include residential care as an option would benefit from the insights offered by Berdine's book.
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