

Female Perpetrators of Sexual Abuse

Kadın Cinsel İstismarcılar

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Öz

Kadınların cinsel istismarcı olabileme potansiyeli yakın zamana kadar kabul edilmemiştir. Özellikle kadınların cinsel saldırılarda "saldırgan"dan ziyade "mağdur" olarak tanımlanması, ayrıca çocuklar için temel bakıcı figürü olarak değerlendirilmeleri onların istismarcı olabileme potansiyellerinin göz ardı edilmesinin temel nedenlerinden biri olabilmektedir. Elde edilen son bulgular kadınların tanıdıkları ve özellikle bakım verdikleri çocukları istismar edebileceklerini göstermektedir. Kadın cinsel istismarcılar konusunda yakın dönemli çalışmaların da artmasıyla kadın istismarcıların yaygınlığı ve özellikleri hakkında bilgiler edinilmeye başlanmış olsa da bu grup hakkında erkek cinsel istismarcılar kadar detaylı bilgileri henüz elde edilememiştir. Kadın cinsel istismarcıların yaygınlığı konusunda da henüz net bir oran bulunmamakla birlikte yakın dönemli çalışmalarda düşünüldüğünden çok daha fazla olduğu ifade edilmektedir. Yapılan çalışmalarda kadın cinsel istismar mağdurlarında sıklıkla kadınlarla sorunlu ilişkiler, depresyon, madde kullanımı, intihar girişimleri, kaygı bozuklukları, cinsel bozukluklar, benlik karmaşası, ihanete uğrama hissi rapor edilmektedir. Kadın cinsel istismarcıların tedavisinde erkek istismarcılar için uygulanan programlar sıklıkla kullanılmakta ancak bu programlar kadın istismarcıların ihtiyaçlarına yanıt vermemektedir. Ülkemizde kadın cinsel istismarcılara yönelik düzenli verilerin olmadığı görülmekle birlikte, konu hakkında yürütülecek çalışmalara ihtiyaç duyulmaktadır.

Anahtar sözcükler: Kadın istismarcılar, cinsel istismar, kadın pedofiller

Abstract

Women's potential for sexual abuse was not recognized, until recently. Defining women as "victims" rather than "aggressors" in sexual assaults and also considering women as "primary caregivers" for children may be one of the main reasons for ignoring their potential to be sexually abusive. Recent findings showed that women sexually abuse children they closely know, and care for. Although, the information about prevalence and characteristics of female-perpetrated sexual abuse has started to be obtained with the increase in research on female sexual abusers, detailed information as much as male sexual abusers are still necessary. Although the prevalence of female-perpetrated sexual abuse is not precise, recent research suggest that is much higher than thought. Studies reported problematic relationships with women, depression, substance abuse, suicide attempts, anxiety problems, sexual problems, identity confusion, feelings of betrayal in the victims of female-perpetrated sexual abuse. Treatment programs for male sexual abusers are frequently used in the treatment of female abusers, but these programs do not respond to the needs of female sexual abusers. There is an absence of regular data on female sexual abusers in Turkey, so studies on female sexual abusers and the victims are required.

Keywords: Female abusers, sexual abuse, female pedophiles

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THE literature on sexual crimes has primarily focused on male sexual criminals, which results in limited attention on their female counterparts and their sexually abusive behaviors (Gannon and Cortoni 2010). As females are defined as victims of sexual abuse rather than perpetrators, they took little place on research related to sexual abuse (Grayston and De Luca 1999).

The believability of female-perpetrated sexual abuse was opposed, and it was strange to believe that females can be sexually aggressive toward males and children (Denov 2004a). Scarce and contradictory data on female sexual abusers make the evaluation difficult about their characteristics. Existing data on female sexual abusers, based on classifications derived from a small number of cases, (sometimes less than ten cases) are contradictory and judged personally or politically (Grayston and De Luca 1999, Johansson-Love and Fremouw 2006).

Although females have been acknowledged as physical abusers for many years, accepting females as a sexual abuser and take it seriously is quite new among clinicians and researchers. Research about the characteristics of female sexual abusers, treatment programs and protocols, and long-term effects of victimization are present in abroad literature. However, there is no study on this subject in Turkey. This paper aims to fill this gap in the Turkish literature on female sexual abusers.

Females and the perception of sexual abuse

The perceptions of women reflect stereotypes despite the changes in the traditional roles of women, and the idea of “women do not commit crimes” is one of these stereotypes (Herzog and Oreg 2008). Sexually abusive women undermine social perceptions of femininity because there is a tendency to define women as caregivers and victims rather than perpetrators (Mendel 1995). The perceived role of women in society is caring and nurturing, and women who go beyond this identity are treated with suspicion, disgust, or ignoring (Yoder, 2003). Females are seen as sexually harmless to children. “What harm can a woman do without a penis?” is a common idea (Boroughs 2004). It is hard to understand the concept of female-perpetrated sexual abuse without penetration. Alternatively, while female-perpetrated sexual abuse is recognized, the effects of abuse are minimized (Akdemir and Gölge 2019), and male-perpetrated sexual abuse is seen as more harmful (Elliot 1994). Thus, in a study of 50 female abuse inmates, half of the perpetrators stated that they enjoyed inflicting pain to the victims (Eliott 1994, Boroughs 2004).

According to Banning (1989), who worked with sexually abusive mothers, since mothers are responsible for taking care of their children, the range of contacts they establish with children is quite broad, while the society does not tolerate men who take care of their children. Typically, it is accepted for a mother to sleep with her son, but when a father sleeps with his daughter, it is not tolerated in society (Banning 1989). The main

reason behind this tolerance toward mothers is the caregiver role of mothers. According to Denov (2004b), women are described as mothers and caregivers; this leads to a “culture of denial” that refuses to accept that women can commit sex crimes. Furthermore, in traditional gender roles, men are depicted as the party controlling all sexual contact, while women are described as sexually passive and submissive (Becker et al. 2001). Hence, the reluctance to acknowledge that women may commit sexual crimes continues through traditional gender roles and sexual behavior attributed to men and women (Cain and Anderson 2016). As a result of this, female-perpetrated sexual abuse is interpreted as less harmful and less serious than male-perpetrated sexual abuse (Broussard et al. 1991, Finkelhor et al. 1988). For some, the abuse of a boy by an adult woman is every boy’s fantasy and/or less traumatic than the abuse of a girl by an adult man (Hetherington and Beardsall 1998).

Prevalence

Although there is a consensus that “sexual intercourse between children and adult women constitutes a small part of sexually abusive relationships” (Finkelhor and Russell 1984:175), that women are involved in a significant portion of sexual abuse against children and adolescents (Kaufman et al. 1995). Ford (2006) emphasizes the importance of whether female-perpetrated sexual abuse is rare or underreported. After self-report studies conducted with victims, she stated that the rates of female abusers are higher than the rates in legal records. It used to be thought that men were rarely abusive either, and the percentage of sexual abuse was low, but later on, those rates changed with the increase in reports of sexual victimization (Elliot 1994). Abusive women often disguise their sexual contact with children under nursing, and the estimated rates are higher than reported (Ferguson and Meehan 2005).

Available data indicate that women constitute approximately 5% of all sexual offenders (Cortoni et al. 2010), though this might not reflect the actual numbers (Levenson et al. 2015). In their study, Bourke et al. (2014) found that the percentage of female abusers was 6% in the recollection of victims who abused in childhood or adolescence. Peter (2009) found that female sexual abusers constituted 10.7% of sexual abusers. There are inconsistencies between official and self-report data (Denov 2003). Denov (2003) stated that despite the percentage of female sexual abusers are less than 10% in official statistics, self-reported victimization of female-perpetrated sexual abuse is much higher than the rates in legal statistics. According to Denov’s (2003) synthesis of two research, conducted with university students, among 582 males and 586 females, 38 reported sexual abuse. Of these 38 participants, 22 of them stated the gender of the abuser as female and 16 as male. One of the most comprehensive studies attempting to estimate the prevalence of sexual abuse by Finkelhor et al. (1990). Among randomly selected 2626 participants contacted by phone,

16% of men and 27% of women reported sexual abuse history. In most cases, the abuser was male, but the female abuser rate was 17% among male victims, while 1% among female victims (cited in Gannon and Rose 2008).

In a review of calls to the UK children's charity (NSPCC) in 2007, 82% of victims stated the gender of the abuser. Among the ones who identified the gender of the abuser as female, 5% was a girl, 44% was a boy (cited in Gannon and Rose 2008). In a study with 2516 participants by Gerke et al. (2019), 10.5% of the participants reported sexual abuse, in which 9.9% of them were female-perpetrated. They also determined that victims are mostly males and a quarter of the abusers are the mother of victims.

Above rates vary according to the target group (Tardif et al. 2005), the methodology of the study (Bourke et al. 2014), the number of participants, and the definition of sexual abuse (Denov 2003). Cases of maternal abuse emerge at higher rates in clinical studies. Especially sexual abuse cases without penetration and coercion are more common in the clinical literature (Lawson 1993). As a mother defined as a caregiver, her sexual contact with a child is not regarded as sexual abuse (Kelly et al. 2002).

Petrovich and Templar (1984) found that a great number of men convicted of sexual assault were sexually abused more than once and by more than one perpetrator. Gölge (2005) had similar results in her study. Of sexual offenders against women and children, one-fourth of them had their first sexual intercourse between the ages of 10-15, and approximately half of them had their first sexual intercourse with an adult woman (mostly "prostitute") but they did not consider this as sexual abuse. Evaluation of "sexual intercourse" with an adult woman, especially "prostitute", not as abuse but as an experience stems from both sexual myths and social codes created by patriarchy. The belief that females are not sexually active and aroused results in a denial of accepting them as sexual aggressors (Walfield 2018). Male victims of female-perpetrated sexual abuse are rarely defined as victims and are more often considered voluntary participants. Even in the media, female abusers are not considered as dangerous and harmful (Frei 2008). In society, especially in patriarchal ones, sexual intercourse between an adult woman and underage males are glorified (Helen 2009).

Characteristics of female sexual abusers

Findings from recent studies have demonstrated that although there are some similarities between male and female sexual abusers, there are significant differences that require further research (Gannon and Rose 2008, Gannon and Cortoni 2010, Bourke et al. 2014). For example, William and Briere (2015) compared female and male sexual offenders by examining 802,150 cases reported to police between 1991 and 2011, and found that female sexual offenders committed a sexual offense at a younger age than male offenders, and the target of females was mostly their own child, while males targeted their stepchild. The

qualitative study by Denov (2004), in turn, investigated the traumatic experiences of adult victims, who stated that they were abused by females and the long-term effects of the abuse. In the in-depth interviews with 14 adult victims (7 men and 7 women) who were sexually abused, 64% of the victims reported sexual abuse by a relative (67% mother, 22% grandmother and mother together, 11% mother and sister together), 29% by a stranger and 7% by a sister and a stranger. Another study established that 1/3 of females sexually abused their own children, 46% an acquaintance, 12% a relative, and 9% a stranger (Wijkman et al. 2010).

Compared to males, females mostly prefer children under the age of 12 as victims and may abuse children of both genders (Freeman and Sandler 2008). Most of the victims are preschool and school-age children, while the abuser is responsible for a significant part of their care as mother/stepmother or babysitter (Denov 2004). The study by Vandiver and Krecher (2004) found that young female sexual abusers (18-25 years old) usually abused victims aged 12-17, while older female sexual abusers (33-78 years old) targeted children under the age of 6.

Female abusers rarely inflict sexual violence on their victims, but often physically abuse them, especially if the abuser is the mother/stepmother of the victim (Denov 2004). The common types of abuse include sucking breasts, forced mutual masturbation (Elliot 1994), sexual fondling, and oral sex (Elliot 1994, Denov 2004). Like male sexual abusers, females can also perpetrate aggravated sexual abuse (Peter 2009).

According to the literature, female abusers are more likely to act with an accomplice when compared to males (Mathews 1993, Grayston and De Luca 1999, Wijkman et al. 2010). However, Hetherington and Beardsall (1998), as well as Denov (2004) suggest that this point of view causes law enforcement to develop prejudice towards “women are forced to commit sexual crimes”. In this regard, Atkinson’s (1995) study, which was based on Canadian forensic records, did not find the presence of accomplices as high as thought. It was also demonstrated by Nathan and Ward (2002) that females mostly act alone.

Females who abuse children alone were reported to suffer from severe sexual abuse before the age of 10 compared to females with a male accomplice (Faller 1987). Physical, sexual, and emotional abuse are quite common in the past of these females. It is believed that female sexual abusers suffer from more sexual abuse and emotional neglect in childhood compared to male sexual abusers (Miccio-Fonseca 2000, Levenson et al. 2015). These females have problematic relationships with their mothers, and physical and psychological abuse are very likely in almost all of their relationships (Lawson 2008, DeCou et al. 2015). Perhaps as a result of this, some studies have found that these females have a lack of self-esteem, have been exposed to domestic violence, and experience other types of family problems (Hendriks and Bijleveld 2006, Tewksbury 2004). Most of the female abusers

have been sexually abused during childhood, often by a family member (Colson et al. 2013).

The meta-analysis by Colson et al. (2013) on a large sample of 61 recent studies revealed that, in most of the cases, female abusers grew up in homes with limited opportunities and without any control, and their parents showed little compassion/affection and/or had abandonment problems, and they have a personal history lack of love and instability. This was also clearly demonstrated in the study by Roe-Sepowitz and Krysik (2008), which identified emotional instability in a significant majority of females - much more likely than male sex offenders - likely to result from a lack of care or affection and a highly unstable home environment. It is quite often that female sexual offenders come from families where incest is common, physical, sexual, and psychological violence prevails, and all these are usually passed down from generation to generation (Colson et al. 2013).

The review of the literature points out that most publications have emphasized the importance of psychiatric disorders in female abusers. Some studies demonstrate that the majority of female sexual abusers are not psychotic but exhibit depression and other personality disorders (Grayson and De Luca 1999, Green and Kaplan 1994). In their study with imprisoned female criminals, Green and Kaplan (1994) found that most females have a history of post-traumatic stress disorder and major depression, as well as one or more personality disorders (e.g. borderline personality disorder or antisocial personality disorder), including impulse control problems. Likewise, Mathews et al. (1989) identified various psychological problems such as passivity, male dependency, low self-esteem, poor social skills, fear of rejection, sense of insecurity and shame, suicidal thoughts, anger, and antisocial behaviors in sexually abusive females. Childhood abuse and the intensity of various past traumatic experiences are likely to be associated with several mental health disorders in female sexual abusers (DeCou et al. 2015).

Although several studies have concluded that female abusers tend to have psychiatric disorders and depression, Hislop's (2001) view is that females who do not have mental problems can escape from being caught more easily. Peter (2006) suggests that health professionals' conclusion that female sexual abusers have psychopathologies may reinforce the stereotype that a female without psychiatric disorder cannot commit a sexual offense. Vandiver and Kercher (2004), in turn, believe that the link between mental illness and sexual assaults is exaggerated because of working with the clinical group.

It has been argued that females cannot become pedophiles because they do not experience prolonged sexual arousal (Chow and Choy 2002, Hall and Hall 2007). According to Hastings (2000), the sexual arousal component is not applicable to female abusers because, compared to males, females sexually abuse their victims without arousal. In fact, Rosencrans (1997)

argues that females who abused their own daughters commit sexual abuse as a reflection of their hatred of their own bodies or femininity, or that they see their daughters as an extension of their own bodies. On the other hand, in some studies, female sexual abusers stated that they abused for pleasure (DeCou et al. 2015) and for sexual arousal (Nathan and Ward 2002).

Effects of female sexual abuse on the victims

Studies examined whether the effects of female or male perpetrated sexual abuse differ on the victims. Compared to the victims of a male abuser, violence to partner, problematic masturbation in adolescence, sexual assault, difficulty in relationships are more prevalent in the victims of female abusers (Duncan and Williams 1998).

In the study by Dube et al. (2005), with approximately 17.000 participants, they found that victims of sexual abuse reported similar symptoms after abuse regardless of the gender of the abuser. However, male victims reported 1.4 times more substance abuse and 1.5 times more family problems than the control group had in male sexual abuse. They also reported 1.9 times more substance abuse and 1.8 times more family problems than the control group had in female sexual abuse. Male victims compared to the control group also reported a suicide attempt as 1.3 times more in male perpetration and 2.6 times more in case of female perpetration. On the one hand, society expects boys to enjoy female abuse (Walfield 2018) on the other hand, male abuse is judged as a degrading experience of masculinity, and victims of it receive less support (Kia-Keating et al. 2005), which can be the reasons, leading male victims to attempt suicide more in case of male-perpetrated sexual abuse. In the study by victims brought to the child protection center, Curti et al. (2019) found that victims suffered from anxiety disorders, atypical sexual behaviors and masturbation, depression, and aggression.

In a clinical population, victims abused by their mothers reported more symptoms of post-traumatic stress disorder, dissociation, sexual problems, social problems than the victims of non-maternal female abuse (Kelly et al. 2002). Among the victims of mother abuse, they accuse themselves, feels guilty, and believe that their bad actions lead his/her mother to behave like this (Tsopelas et al. 2012). It was observed that victims of maternal incest suffered from impairments of reality, depression, and isolation compared to the control group in the Rorschach test (Wald et al. 1990). Saradjian (1997) identified traumatic sexuality, difficulties in separating from mother, self-mutilate behaviors, aggression, dissociation, and sense of betrayal in the victims of mother incest.

Maternal incest could be more traumatic than the paternal one, as it brings mistrust in the primary caregiver (Kelly et al.2002, Tsopelas et al.2012). In their study with 67 sexually abused men referred to the clinic, Kelly et al. (2002) compared the psychological symptoms of 11 victims of maternal abuse and 12 victims of paternal abuse. The victims

of mother incest showed more sexual problems, dissociation, aggression, interpersonal problems, stigma, and self-mutilate behaviors than the victims of father incest. The victims of mother incest stated that as the abuse comes from the most reliable adult in their life, that strengthens the sense of betrayal. Similarly, in a study by Denov (2004a), victims abused by both parents described maternal incest as more traumatic and aggressive. Female victims experience identification with an abuser, feelings of shame, and distortion in case of father incest (Haliburn 2017), while they experience confusions of femininity and motherhood in maternal incest (Reckling 2004).

Maternal incest leads to a different problem for both genders. It was asserted that males abused by a mother/stepmother use emotional coping mechanisms for intimacy and the fear of abandonment, which constitutes a risk factor for borderline personality disorders (Gil 2014). Problems in emotional and sexual relations, depression, and substance abuse were frequently revealed in in-depth interviews with male victims of maternal incest (Krug, 1989).

Female victims of maternal incest suffer from an embarrassment of their body, self-blame, running away from home in the short-term, and identity problems, interpersonal problems, and avoiding contact with their children in the long run (Tsopelas et al. 2012). These female victims reported secondary traumatization due to lack of support and disbelief, and they suffered from mistrust in women, hopelessness, professional help-seeking, inability to deal with problems (Peter 2008), sense of betrayal, loss of self-confidence, self-blame, identity confusion (Ogilvie and Daniluk 1995), fear of becoming a mother (Ogilvie and Daniluk 1995, Reckling 2004), and efforts to get control of sexual urges towards their children (Reckling 2004).

Treatment of female sexual abusers

Although there are several treatment programs for sex offenders around the world, these programs have been developed for male perpetrators and there is no standard treatment program or protocol that directly targets female sexual abusers. Giguere and Bumby (2007) indicate that most of the current interventions for female sexual abusers are based on models used for male sexual abusers. Available studies, in turn, seem to mostly use individual interviews and treatments. For example, LF (The Lucy Faithful Foundation), an independent child protection agency operating in the UK, has been conducting one-to-one treatment programs with convicted or suspected female child sexual abusers since the early 1990s. The program focuses on problems in belief systems, schemas, sexual arousal, self-management, relationships, and meeting human needs in prosocial and positive ways, as well as addressing the victim's own victimization history (Eldridge et al. 2009, Bunting 2005).

It seems difficult to predict which therapeutic approach will work due to the limited information on the treatment of female abusers, and the limited and quite low number of

female abusers included in available studies. However, various researchers have different recommendations. In this sense, Nathan and Ward (2001) suggest that clinicians should identify psychiatric disorders or mental health problems that may affect the abuser's capacity to properly interact with infants, children and adolescents, and interpersonal or marital problems that impair the abuser's ability to cope with daily life requirements. Nathan and Ward (2002) further propose a comprehensive treatment program consisting of strategies that target the factors specific to the crime committed. The authors indicate that this program should involve such areas as identifying the factors like thoughts and emotions that trigger perpetration as well as sexual offense patterns; controlling sexually deviant preferences; targeting cognitive distortions and dysfunctional thinking about sexual offense and the victim; anger, stress, loss and depression management; social skills and preventing recidivism.

Another treatment model, the Good Lives Model (GLM) is a strength-focused rehabilitation program that aims to create meaningful life plans for individuals, who have committed a crime, for themselves and not to recidivate in the future. According to the researchers, the basic rationale of the model is that all people have a motive to reach certain human experiences (e.g., relatedness, knowledge, creativity, spirituality), and the problems experienced in acquiring these experiences lead to sexual offense and abuse (Ward and Gannon 2006, Ward and Stewart 2003). Matthews (1993) believes that it is also critical to know the physical, emotional, sexual, and psychological abuse history of the abuser in childhood, adolescence, or adulthood for the assessment and treatment of female sexual abusers.

Conclusion

Within the scope of this article, the literature on female abusers has been reviewed. This review has revealed that the information on female abusers is still quite scarce. In the limited number of studies, the rate of female sexual abusers was found quite low compared to males. However, female abusers can engage in wider contact behaviors that they can expose to children without being labeled as an abuser due to the female's caregiver role. Daily activities undertaken as part of maternal roles such as bathing and dressing children may also hide abuse or inappropriate behaviors. Female abusers are a serious problem for society, despite being few in number, due to the possibility of females hiding behind their maternal and caring role. The results of Abel and Harlow's (2001) *Prevention of Sexual Harassment Against Children* draw attention to this issue. Only 601 of 16,000 people included in the study sample were female. Only 1.4% of 4000 people who accepted being a child abuser were female. However, females account for 40% of abusive child care center employees. Therefore, prevention activities should focus on raising awareness about the existence and risks of female abusers.

Many standard theoretical frameworks, assessments, and clinical treatment procedures have been developed for male sex offenders, and clinicians are well trained in this regard, but these assessments and clinical procedures have never been validated or tested for female abusers. Competent clinical practice regarding sexual offenders is developed within the framework of the valid science-practice model, and it is necessary to have knowledge about the available empirical data in order to establish this practice also for female abusers. Research evidence should (a) compare various aspects of the psychological functioning of male and female sexual offenders, and (b) examine female sex offenders independently of male sex offenders to uncover etiologically important factors specific to female sexual abusers (Gannon and Rose 2008). Future research in this regard should focus on the rehabilitation of female sexual abusers and clinical methods. Empirical studies would also promote more effective clinical applications.

Furthermore, the results of research within this study revealed that there are no significant and systematic data on female sexual abusers in Turkey. In our country where child abuse is common, the importance of this issue becomes even more prominent. Accordingly, there is a need for research that will be conducted in Turkey regarding female sexual abusers.

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