

**Survivors of Female Perpetrated
Sexual Abuse and their Experiences
of Disclosure**

Hannah K Clements

Doctorate in Clinical Psychology

2013

Survivors of Female Perpetrated Sexual Abuse and their Experiences of Disclosure

Hannah Clements BSc (Hons)

A thesis submitted in partial fulfilment of the requirements of the
University of Lincoln for the degree of Doctor of Clinical Psychology

2013

Survivors of Female Perpetrated Sexual Abuse and their experiences of disclosure

1. Abstract

Overview

Female Perpetrated Sexual Abuse (FPSA) remains a largely under-studied and poorly understood phenomenon, despite its growing prevalence. Traditional gender constructions in relation to victimisation and perpetration as 'gendered', may be stifling its recognition, and the recognition of those affected. Survivor's perspectives on disclosure are crucial, given its known under-reporting, and how many people feel silenced. As research on FPSA is in its relative infancy, understanding the process of disclosing is particularly important in influencing professional and social change, and progression.

Method

Fourteen participants of equal gender distribution, who self identified as having been sexually abused in childhood by a female, were recruited online. The study was advertised via online survivor communities, survivor charities and forums supporting survivors. Participants were directed to a website designed by the Researcher outlining the study in its entirety. Participants then offered their consent to participation and contacted the researcher via the website. Telephone interviews were arranged and conducted with participants meeting eligibility, using a qualitative semi-structured interview protocol. Interviews were transcribed and systematically analysed using a qualitative methodology applying an Inductive Thematic Analysis approach (Braun & Clarke, 2006).

Results

Four super-ordinate themes relating to participants disclosing sexual abuse by a female were discussed, with one being a central and over-arching theme 'Perceptions of Gender and Disclosure', which influenced the three further themes;

- **Perceptions of Gender and Disclosure;** consisting of ‘social attitudes’, ‘gender roles’, ‘barrier to recognition’ and ‘barrier to disclosure’
 - **Decisions to Disclose;** consisting of ‘relationship with the perpetrator’, ‘making sense of the experience’, effects of abuse’ and ‘readiness’
 - **Process of Disclosure;** consisting of ‘experiences of services’, ‘contexts of disclosing’ and ‘nature of disclosure’
 - **Experiences of Disclosure;** consisting of ‘perceived professional responses’ and ‘impact of perceived professional responses’.

Conclusions

Constructions of gender and narrow views of ‘perpetration’ and ‘victimisation’ appear to be stifling personal, professional and social recognition of FPSA. This lack of awareness and perceived cultural denial may be silencing survivors, and restricting their ability to disclose and process their experiences. The impact of gender appears to be two-fold and future research would benefit from exploring disclosure of FPSA for males and females exclusively, as their experiences and needs may greatly differ. The value of involving survivors in educating professionals and in widening awareness is discussed.

2. Acknowledgements

I would like to thank all of the survivors, who took part in the research, and acknowledge their willingness to share their experiences and contribute to understanding FPSA. I would like to acknowledge the considerable leap of faith this must have taken given the personal nature of the experiences, and to recognise our conversations as perhaps another important disclosure experience, I am so very humbled and grateful that you shared with me. I would like to thank the online organisations, and people who supported the research by building awareness and advertising on my behalf. Further thanks are extended to the male survivor organisations for embracing the research and supporting my recruitment efforts. I would also like to express particular thanks to Dr Dave Dawson for his supervision and guidance throughout the process. Finally, I would like to thank my family and friends, for their unshaken support and patience along the way.

3. Statement of Contribution

Hannah Clements was the lead researcher for the study and was responsible for the project design, gaining ethical approval, reviewing the literature, designing the host website through which participants were recruited, collecting the data, transcribing the majority of the data, data analysis and writing the paper.

Dr Dave Dawson and Dr Roshan das Nair supervised the project, and offered guidance in relation to this process, in particular supporting data analysis, including the coding process and reviewing theme development.

Sexual abuse charities and survivor groups online assisted the recruitment process.

4. Table of Contents

	<i>Page Number</i>
1. Abstract	1
2. Acknowledgements	3
3. Statement of Contribution	4
4. Table of Contents	5
5. Systematic Literature Review	11
5.1. Abstract	11
5.2. Introduction	12
5.3. Method	13
5.3.1. Information Sources and Search Criteria	13
5.3.2. Inclusion and Exclusion Criteria	16
5.3.3. Study Selection	16
5.3.4. Data Abstraction	17
5.3.5. Methodological Quality	31
5.4. Results	31
5.4.1. Methodological Characteristics (Quantitative Studies)	31
5.4.2. Methodological Characteristics (Qualitative Studies)	34
5.4.3. Key Findings: Professional Perspectives	38
5.4.4. Key Findings: Victim Perspectives	39
5.5. Discussion	41
5.6. References	45
6. Journal Paper	51
6.1. Abstract	51
6.2. Introduction	52
6.2.1. Summary	58
6.2.2. Research Aims	58
6.3. Method	59
6.3.1. Research Design	59

6.3.2. Epistemology	60
6.3.3. Participants	60
6.3.4. Procedure	63
6.3.5. Interviews	63
6.3.6. Ethical Issues	63
6.3.7. Analysis	64
6.4. Results	64
6.4.1. The Sample	64
6.4.2. Participant Disclosure Information	66
6.4.3. Theme Overview	69
6.4.4. Theme Identification	69
6.4.5. Perceptions of Gender and Disclosure	71
6.4.6. Decision to Disclose	74
6.4.7. Process of Disclosure	75
6.4.8. Experience of Disclosure	76
6.4.9. Summary of Findings	77
6.5. Discussion	78
6.5.1. Survivor Reflections	85
6.5.2. Strengths and Limitations	86
6.5.3. Conclusions	86
6.6. References	88
7. Extended Paper	100
7.1. Extended Background	100
7.1.1. Prevalence of FPSA	100
7.1.2. Prevalence and Gender	101
7.1.3. Child Sexual Abuse: A Gender Perspective	102
7.1.4. Gender Perspectives and FPSA: Gender Roles And Constructions of Women	103
7.1.5. Gender and Perceptions of Impact	104
7.1.6. Professional Perspectives of FPSA	104
7.1.7. Professional Responses to FPSA	106
7.1.8. Disclosure	107
7.1.9. Theories of Female Sexual Offending	108

7.1.10.	FPSA and Impact on Offending	109
7.1.11.	Characteristics: Perpetrator and Victim Targeting	110
7.1.12.	Female Sex Offenders: 'Typologies'	110
7.1.13.	Women who Sexually Abuse Adults	113
7.1.14.	Juvenile Female Perpetrators	113
7.1.15.	Sampling and Recruitment in FPSA Literature	114
7.2.	Extended Methodology	116
7.2.1.	Qualitative Approaches in Psychology	116
7.2.2.	Thematic Analysis	116
7.2.3.	Epistemology: Considerations of Critical Realism	117
7.2.4.	Epistemology: Considerations of Social Constructionism	118
7.2.5.	Procedure: Recruitment Information	120
7.2.6.	Semi-Structured Interview	122
7.2.7.	Analysis in Thematic Analysis	123
7.2.8.	Evaluation and Quality of Qualitative Enquiry	126
7.2.9.	Ethical Considerations	127
7.2.10.	Ethical Considerations of Interviewing	127
7.2.11.	Managing Data	128
7.3.	Extended Results	130
7.3.1.	Long Term Effects of FPSA	130
7.3.2.	Sample Overview: Relationship with Perpetrator	132
7.3.3.	Characteristics of Abuse	132
7.3.4.	Nature of the Sexual Act	133
7.3.5.	Overview of Participant Disclosure Information:	
	Level of Disclosure	134
7.3.6.	Nature of Disclosure	134
7.3.7.	Type of Professional	135
7.3.8.	Professional Responses	135
7.3.9.	Theme 1: Perceptions of Gender and Disclosure	135
7.3.10.	Theme 2: Decision to Disclose	139
7.3.11.	Theme 3: Process of Disclosure	143
7.3.12.	Theme 4: Experience of Disclosure	148
7.4.	Extended Discussion	151
7.4.1.	Disclosure	151

7.4.2. Professional Responses	153
7.4.3. Relationship with Perpetrator	154
7.4.4. Memory: FPSA and Disclosure	154
7.4.5. Services and Support in FPSA	156
7.4.6. Strengths and Limitations: The Sample	156
7.4.7. Recruitment	157
7.4.8. Position of The Researcher	159
7.4.9. Conclusions and Clinical Implications	159
7.4.10. Current Context and Service Implications	160
7.4.11. Relevance to Clinical Psychology	162
7.4.12. Future Research	163
7.5. Critical Reflection	164
7.5.1. Reflections on Thematic Analysis	164
7.5.2. Researcher's Reflections	165
7.6. References	170
8. Appendices	189
A. Example Research Appeal	190
B. Research Website details and Screen-view	191
C. Participant Information	192
D. Image of website 'Contact Page' and Consent	195
E. Telephone Semi-Structured Interview Schedule	196
F. Confidential Transcription Agreement	200
G. Ethical Approval (final)	201
H. Reflective Diary Excerpt	202
I. Example transcript Excerpt with Codes	203
J. Example of Collating Codes and Developing Themes	204
K. Images of Researchers 'mind-map', showing Thematic Networks	205
L. Thematic Diagram (1) 'Perceptions of Gender and Disclosure' with sub-themes	208
M. Thematic Diagram (2) 'Decision to Disclose' with sub-themes	209
N. Thematic Diagram (3) 'Process of Disclosure'	210

with sub-themes	
O. Thematic Diagram (4) 'Experience of Disclosure'	211
with sub-themes	
P. Example Theme: Checking Codes under Theme Headings	212
Q. Qualitative Quality Criteria (Yardley, 2000)	213
R. Recruitment Poster	214
S. Thematic Network Diagram (Attride-Stirling, 2001)	215
T. Braun and Clarke's (2006) Check-list for conducting Thematic Analysis	216
U. Ethical Approval (Initial: August 2011)	217
V. Ethical Approval (Amendment: June 2012)	218

Tables and Figures

Systematic Literature Review

Figure 1: Quorum diagram outlining the paper selection process	15
Table 1: Characteristics and Key Findings of papers included In Systematic Literature Review	18
Table 2: Methodological Characteristics of Quantitative Studies	32
Table 3: Methodological Characteristics of Qualitative Studies	36

Journal Paper

Table 4: Participant Demographic Information	62
Table 5: Sample Overview: Nature and Experience of FPSA	65
Table 6: Sample overview: Participant Disclosure	67
Table 7: Summary of Themes and Sub-Themes	69
Figure 2: Main Thematic Map	70

Extended Paper

Table 8: Phases of Thematic Analysis	123
Table 9: Effects of FPSA in Sample	130

Systematic Review

5. Female Perpetrated Sexual Abuse: A review of victim and professional perspectives

Published in the Journal of Sexual Aggression: An International, Interdisciplinary forum for research, theory and practice, May 2013, Volume 19 (Issue 3)

Hannah Clements ^a, David L Dawson ^a & Roshan das Nair ^b

^a Trent Doctorate in Clinical Psychology, University of Lincoln, Lincoln, UK

^b Trent Doctorate in Clinical Psychology, University of Nottingham, Nottingham, UK

5.1. Abstract

Professional attitudes towards female-perpetrated sexual abuse (FPSA) reportedly reflect the gender-role expectations found in broader society, which casts males almost exclusively as sexual aggressors or willing recipients, females as sexually non-coercive or victims, and male-perpetrated sexual abuse as particularly significant or injurious. Such views, however, appear to stand in contrast to the perspectives of individuals who have experienced FPSA. This paper details a systematic review of peer-reviewed quantitative and qualitative literature examining these different (professional and victim) perspectives. Although methodological shortcomings limit the conclusions that can be drawn, findings suggest that victim and professional perspectives of FPSA remain discrepant; professionals generally considered FPSA as less serious, less harmful and less deserving of investigation than male-perpetrated abuse, whilst victims of FPSA felt their experience significantly influenced their psychological well-being and ability to form and maintain interpersonal relationships. These findings are discussed in relation to professional practice and suggestions for future research.

Keywords

Female sex offenders, sexual abuse, professionals, perspectives, attitudes, beliefs

5.2. Introduction

Recent studies suggest the disclosure of female-perpetrated sexual abuse (FPSA) is increasing (Deering & Mellor, 2011). Whilst female perpetrators remain a minority compared to males, it is estimated that they are responsible for 4-5% of sexual offences (Cortoni, Hanson, & Coache, 2010). However, given that FPSA remains significantly under-reported (Saradjian, 2010) with abused individuals often feeling unable to disclose (Denov, 2004), the prevalence of FPSA may be significantly higher. Indeed, a recent casenote release from a leading UK children's charity reported that of the children contacting them directly to disclose sexual abuse, females were cited as the main perpetrator in 36% of cases reported by boys and 6% of those reported by girls (17% of total reported cases; ChildLine, 2009).

Gender expectations and constructions of femininity have been discussed as affecting societal recognition and responses to FPSA (Allen, 1990; Hislop, 2001; Saradjian & Hanks, 1996) with some authors suggesting that a 'culture of denial' (Denov, 2001) exists which places males almost exclusively within the role of aggressor or abuser and females in the role of victim or the abused. Certainly victims often describe feeling silenced by the lack of acknowledgement of FPSA in broader society (e.g. Allen, 1990; Bader, Scalora, Casady, & Black, 2008; Hetherington, 1999; Mellor & Deering, 2010; Peter, 2006) and can feel isolated from services because of their 'unusual' experience (Ogilvie & Daniluk, 1995).

Professional attitudes towards FPSA have previously been found to largely reflect the gendered stereotypes found in broader society. Denov (2001) describes the topic of FPSA provoking disbelief and discomfort amongst healthcare and law professionals, despite these individuals having an increased likelihood of encountering victims of FPSA by virtue of their professional roles. Denov (2001) found that both police officers and psychiatrists described the professional culture and the training they had received as having an exclusively male-perpetrator focus; one participant in particular described men as the "real perpetrators" (p314) and another remarked that "a woman doesn't have the capacity to sexually assault, it's not in their nature" (p315).

Of concern is that professional attitudes appear to impact on the level of support and recognition victims of FPSA receive. Peter (2009) found that while 56.2% of referrals to child welfare services for male abuse were made by professionals, only 35% of referrals for female perpetrated abuse were made by professionals; the remaining two thirds were made by concerned non-professionals.

The general hesitancy of professionals to recognise FPSA as a significant issue stands in contrast to the experiences of victims of such abuse. The sexual acts carried out by females against children are often similar to those perpetrated by males (Rudin, Zalewski, & Bodmer-Turner, 1995) and the psychosexual impact of the abuse appears to be as serious, if not more so, to that of male perpetrated sexual abuse (Denov, 2004; Kelly, Wood, Gonzalez, MacDonald, & Waterman, 2002; Krug, 1989; Rosencrans, 1997). Still, victims of FPSA report varied professional responses to their disclosures of abuse, including disbelief or minimisation of the seriousness of the abuse (Denov, 2003, 2004; Hislop, 2001), suggesting a stark divergence between the perspectives held by professionals regarding FPSA and the experiences of victims. In this systematic review of peer-reviewed literature, we examine these different perspectives, with the view that aggregating such information may help to inform professional practice.

5.3. Method

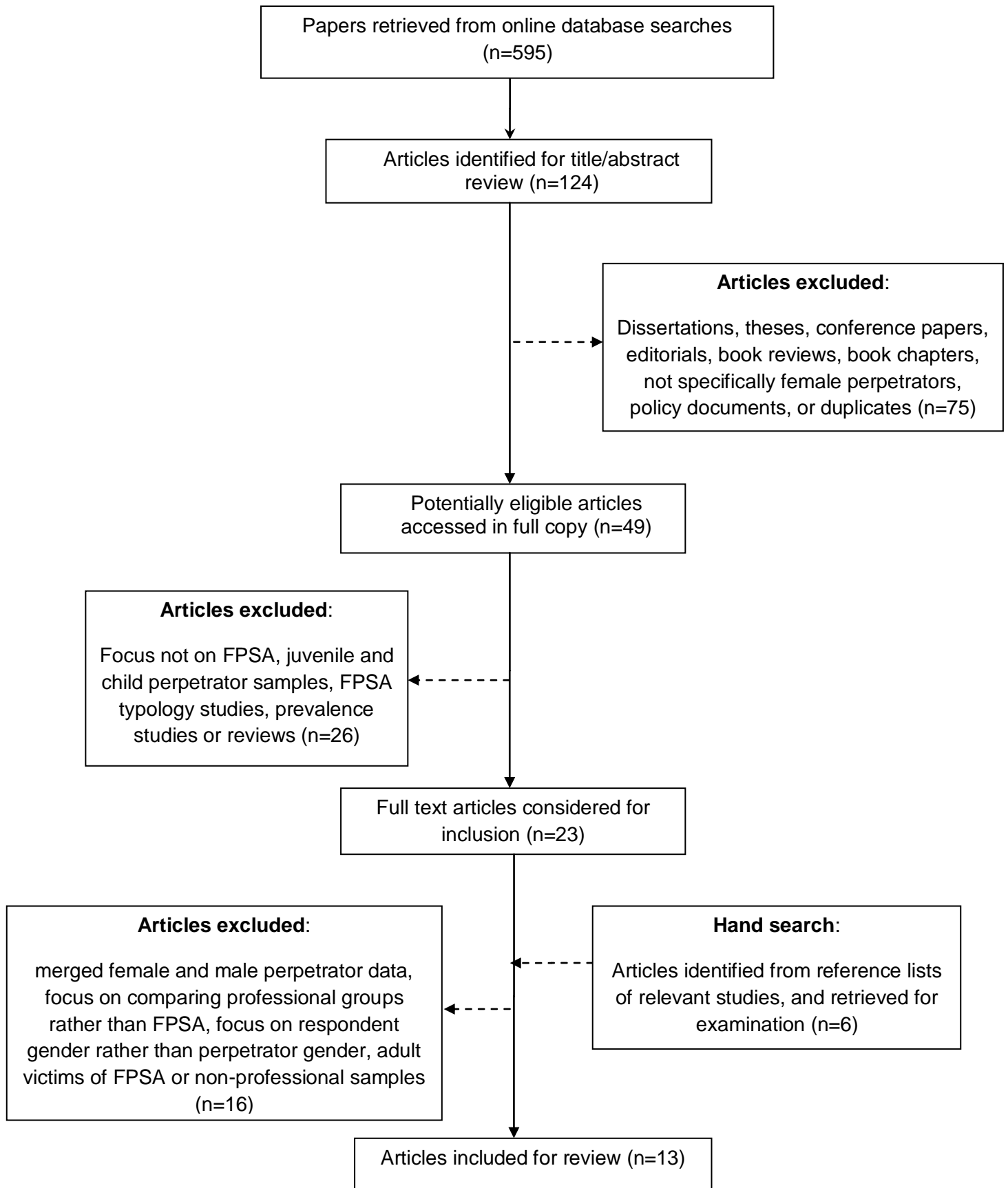
5.3.1. Information Sources and Search Criteria

An overview of the literature selection process is outlined in *Figure 1*. The following online social science and medical databases were searched (with period covered): PsycINFO (1950-2011), Medline (1969-2011), EMBASE (1980-2011), CINAHL (2001-2011), British Nursing Index AND Archive (1985-2011), AMED (1985-2011), Academic Search Elite (1985-2011), and Web of Science (1950-2011). Key terms used were: fem*¹ sex* off*, fem* perp* sex* abus*, wom* perp* sex* abus*, wom* sex* abus* child*, victim*, surviv*,

¹ The * suffix allows for truncation of the search term. For example the term fem* sex* off* will search for female sex offender, female sexual offences, female sexual offenders, etc. providing a broader search of the literature.

profession*, healthcare profession*, perspect*, attitude*, belief*, response*, incest*, and impact*. Terms were exploded and used singularly or in conjunction as appropriate to each database.

Figure 1: Quorum diagram outlining the selection process



5.3.2. Inclusion and Exclusion Criteria

Only peer reviewed academic papers were included; theses, conference papers, books, policy papers and secondary literature (meta-analyses) were excluded. Qualitative and quantitative studies available in English and published between 1950 and 2011 were included; this broad timeframe and lack of specificity regarding research methodology was in recognition of the narrow nature of the topic and potentially slim number of relevant papers.

Studies were required to detail (1) the perspectives (e.g. attitudes, beliefs, views etc.) of adult men or women who had been sexually abused by an adult female(s) in childhood; and/or (2) the perspectives (e.g. attitudes, beliefs, views etc.) of legal and/or health or social care professionals in relation to FPSA. Papers were only included if FPSA data was independently reported or extractable (thus papers exploring sexual abuse by men and women with merged data were excluded). Studies examining juvenile, child or adolescent female sex offenders were also excluded. Papers reporting incest (e.g. mother-child abuse) were included as child sex abuse appears to be most frequently intra-familial and most commonly maternal in the case of FPSA (Saradjian & Hanks, 1996).

5.3.3. Study Selection

Initial database searches identified 595 studies potentially relevant for review. A title scan and removal of duplicates by HC and DD independently saw 124 papers remain; these papers were re-examined in more detail (abstract review) and the inclusion and exclusion criteria below were applied independently by HC and DD. Any discrepancies related to the application of inclusion and exclusion criteria were resolved through discussion or through arbitration by RdN. In total, 101 papers were removed, leaving 23 papers eligible for full-text review. The bibliographies of these selected papers were also examined via hand-search by HC and potentially relevant full-text papers not identified during the initial search were obtained (n=6). Application of inclusion and exclusion criteria to full-text articles resulted in the further removal of 16 studies. Thirteen eligible studies remained and were included in the review.

5.3.4. *Data Abstraction*

Studies were classified according to group: (1) *Professional*: legal and/or health or social care professionals, and (2) *Victims* of FPSA. The following general characteristics and key findings were gathered for all studies (see *Table 1*): author(s) and location of study, methodology, sample characteristics, and summary points and key findings. Data abstraction was conducted by HC and DD independently and reviewed by RdN.

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
1. Mellor & Deering (2010) ² Australia	<p>Quantitative</p> <p>Questionnaires</p> <p>Vignettes</p> <p>Analysis</p> <p>Inferential statistics</p>	<p>Professional Perspective</p> <p>Psychologists³ (n= 127)</p> <p>Psychiatrists (n=43)</p> <p>Child Protection Workers (n=61)</p> <p>Total (N=231)</p> <p>Gender</p> <p>Females (n=172)</p> <p>Males (n=59)</p> <p>Age range</p> <p><35 years (n=75)</p> <p>35 to 50 years (n=89)</p> <p>>50 years (n=67)</p>	<ul style="list-style-type: none"> • All professionals indicated Social Services involvement**, investigation**, prosecution***, and imprisonment*** more appropriate when perpetrators are male compared to female • All professionals indicated male-perpetrated abuse more negatively affects victims than FPSA*** • Female respondents believed victims of FPSA would be less negatively affected than victims of male perpetrators** and felt prosecution of female perpetrators not appropriate** compared to male respondents • Both male and female respondents felt imprisonment of female perpetrators was less appropriate** than imprisonment of male perpetrators • Psychologists less likely to consider imprisonment of female perpetrators as appropriate than other professionals • Child Protection workers considered female sexual abuse as more serious and warranting further attention compared to other professionals***

² Only the authors' key findings and main effects ($p < .01$) are reported here to protect against potential Type 1 error associated with multiple comparisons.

³ The term 'psychologist' combines both 'psychologists' (n=99) and 'probationary psychologists' (n=28) from the original paper.

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
<p>2. Hetheron & Beardsall (1998) UK</p>	<p>Quantitative Questionnaires Vignettes</p> <p>Analysis Inferential statistics</p>	<p>Professional Perspective Social workers (n=65) Police (n=65) Total (N=130)</p> <p>Gender Females (n=64) Males (n=66)</p> <p>Age range 35 to 44 years</p>	<ul style="list-style-type: none"> • All groups highly endorsed attitudes that FPSA exists, is harmful, and felt therapy suitable for both perpetrators and victims • Evidence of minimisation of FPSA across professionals: all groups felt that registration of incidents of male perpetrated abuse was significantly more appropriate than registration of FPSA incidents* and considered imprisonment to be significantly more appropriate for male perpetrators than females** • Perpetrators gender was considered significant to professionals when rating believability of abuse allegation** • Female social workers felt prosecution was more appropriate for female perpetrators** and viewed therapy for victims as more appropriate than did police women** • Male social workers considered social services involvement less necessary in FPSA cases** • Policemen felt imprisonment less appropriate for female offenders** and perceived female abusers as less harmful compared to other professionals**
<p>3. Kite & Tyson (2004) Australia</p>	<p>Quantitative Questionnaire Vignettes</p>	<p>Professional Perspective Police (n=361) Total (N=361)</p>	<ul style="list-style-type: none"> • Overall, FPSA was considered less serious**, as having potentially less impact on the victim**, and requiring less police action** than male perpetrated sexual abuse • There was no relationship between perceived seriousness, impact or the need for action and police officer gender

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
	<p>Analysis Inferential statistics</p>	<p>Gender Females (n=202) Males (n=159)</p>	<ul style="list-style-type: none"> Length of professional police service correlated negatively with perceived seriousness*, need for further action**, and perceived impact on victim*
		<p>Age range 19 to 57 years (M=34 years)</p>	
<p>4. Denov (2001) Canada</p>	<p>Qualitative Semi-structured interviews Direct observation</p>	<p>Professional Perspective Police Officers (n=13) Psychiatrists (n=10) Total (N=23)</p>	<p>Key themes:</p> <ul style="list-style-type: none"> Professional training only focusses on males as sexual offenders/aggressors Professional language reflects these gendered stereotypes Professional narratives minimise female sexuality, violence and ability to be perpetrators Constructions of female sex offenders as harmless (e.g., educating male victim), not dangerous (e.g., women are not aggressors), and reconstructing the nature of abuse (e.g., male victim enjoyed sexual act) apparent in discourse Potential implications: <ul style="list-style-type: none"> Professionals less likely to intervene in FPSA cases Perpetrators will not develop insight Re-victimisation of victims whose accounts are overlooked or minimised
<p>Analysis Not stated - query Discourse Analysis</p>		<p>Gender Females (n=5) Males (n=18)</p>	
		<p>Age range 35 to 60 years</p>	
<p>5. Gakhal & Brown (2011)</p>	<p>Quantitative</p>	<p>Professional Perspective</p>	<ul style="list-style-type: none"> Probation officers held more positive attitudes towards female sex offenders

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
UK	Questionnaire	Public (n= 92) Probation Officers (n=20) Psychology students (n=64) Total (N=176)	than samples of the public and students*** <ul style="list-style-type: none">• Probation officers reported significantly more positive attitudes towards male sex offenders than previously published professional attitudes (prison officers, probation officers and psychologists; Hogue, 1993; Craig, 2005)***
	Analysis Inferential statistics	Gender Not stated Age range Not stated	
6. Peter (2008) Canada	Qualitative Semi-structured Interviews	Victim Perspective Total (N=8) Gender Females (n=8) Males (n=0) Age range Adults – age not stated	Key themes: <ul style="list-style-type: none">• Coping strategies (living with FPSA)<ul style="list-style-type: none">○ Resilience - school, friends, culture○ Destructive strategies – self injury, drug and alcohol use, running away○ Seeking expert help as adults – mixed disclosure experiences, feeling excluded from mainstream support services• Resisting (living through FPSA)<ul style="list-style-type: none">○ Methods - hiding, dissociation, escape and suicide○ Silent ways of ‘saying no’, showing resilience within abuse○ Betrayals – fearing disbelief of disclosure, disclosing male but not female abuse

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
		<p>Abuse Perpetrator Mother (n=6) Grandmother (n=1) Stepmother (n=1)</p> <p>Victim age at onset 6 -13 years</p> <p>Duration of abuse 7 years (mean)</p> <p>Form of abuse Genital contact/fondling (n=8) Oral sex/penetration (n=5)</p>	<ul style="list-style-type: none"> ○ FPSA was undetected by child and family services ● Surviving abuse (moving on) <ul style="list-style-type: none"> ○ Mistrust in women ○ Betrayal – shattered construction of women as caring ○ Isolation – withdrawing, feeling ‘dirty’ ○ Poverty – result of trauma, rebuilding lives ○ Race – limiting access and treatment by services ● Implications <ul style="list-style-type: none"> ○ Constructions of women and violence as barriers to recognition of FPSA ○ Wider themes around: stigmatisation, lowered self-esteem, impaired identity development and difficulty forming relationships acknowledged but not fully explored
<p>7. Ogilvie & Daniluk (1995) Canada</p>	<p>Qualitative Unstructured interview with clinician</p> <p>Analysis Phenomenological</p>	<p>Victim Perspective Total (N=3)</p> <p>Gender Females (n=3)</p>	<p>Key themes:</p> <ul style="list-style-type: none"> ● Shame and Stigmatisation <ul style="list-style-type: none"> ○ Isolation and feeling ‘different’ ○ Shame of having been abused by a female perpetrator specifically ○ Reinforced by society’s stereotypes of women ○ Responses of disgust and disbelief from professionals ● Sense of Betrayal

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
	Analysis	Males (n=0)	<ul style="list-style-type: none"> ○ Shared gender with mothers who should be ‘caring’ and ‘empathic’
		<p>Age range 34.3 years (mean)</p>	<ul style="list-style-type: none"> ● Self-Blame <ul style="list-style-type: none"> ○ Doubt, self-hate and low self-esteem ○ Self as ‘wrong’ and ‘deserving’
		<p>Abuse Perpetrator Mother (n=3)</p>	<ul style="list-style-type: none"> ● Identification with and differentiation from mother <ul style="list-style-type: none"> ○ Identity conflict and confusion ○ Fear of being a mother and abuser
		<p>Victim age at onset Infancy</p>	
		<p>Duration of abuse 6 to 11 years</p>	
		<p>Form of abuse Voyeurism, exploitation, kissing, fondling, oral sex, vaginal & anal penetration</p>	

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
8. Krug (1989) USA	Qualitative Unstructured interviews with clinician Analysis not stated	Victim Perspective Total (N=8) Gender Females (n=0) Males (n=8) Age range 29 years (mean) Abuse Perpetrator Mother (n=8) Victim age at onset Infancy to teens Duration of abuse Not specified Form of abuse	Key Themes <ul style="list-style-type: none"> • 100% (n=8) expressed difficulties maintaining long-term relationships • 88% (n=7) were carers for their parent (perpetrator) • 88% (n=7) experienced depression in adulthood • 75% (n=6) had multiple concurrent sexual partners • 63% (n=5) became significantly involved with drugs • 38% (n=3) experienced 'sexual identity problems' • 63% (n=5) participants had multiple presenting problems

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
<p>9. Kelly, Wood, Gonzalez, MacDonald & Waterman (2002) USA</p>	<p>Quantitative Questionnaires</p>	<p>Intercourse, intimate sexual contact, sexual aggression and 'seductiveness'</p>	<ul style="list-style-type: none"> • Mother-son incest found to relate to increased sexual problems*, dissociation*, aggression* , interpersonal problems** and total symptomology* on a self-report problem checklist • Individuals abused by females were more likely to report heterosexual sexual orientation than those abused by males only* • Mother-son incest linked to positive and 'mixed' perceptions of abuse*
	<p>Analysis Inferential statistics</p>	<p>Victim Perspective Total (N=19)</p> <p>Gender Females (n=0) Males (n=19)</p> <p>Age range 18 to 57 years (mean 33.7 years)</p> <p>Abuse Perpetrator Mother (n=17) Other female (n=2)</p> <p>Victim age at onset 6.8 years (mean)</p> <p>Duration of abuse</p>	

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
10. Denov (2004) Canada	<p>Qualitative Semi-structured interview</p> <p>Analysis not stated – query Thematic Analysis</p>	<p>3.8 years (mean)</p> <p>Form of abuse Not specified</p> <p>Victim Perspective Total (N=14)</p> <p>Gender Females (n=7) Males (n=7)</p> <p>Age range 23 to 59 years</p> <p>Abuse Perpetrator Mother (n=6) Mother & intrafamilial female (n=3) Sister & neighbour (n=1) Extrafamilial Female (n=4)</p>	<p>Key themes:</p> <ul style="list-style-type: none"> • 7 victims (50%) had been abused by men and women - all rated the FPSA as more harmful and more damaging • Victims abused by women reported a greater sense of betrayal • 93% (n=13) victims reported the FPSA as damaging and difficult to recover from • Reported long-term effects of FPSA included: substance misuse (57%), self-injury (36%), suicidal ideation (79%), suicide attempts (55%), depression (64%), rage (100%), rage towards abuser (36%), mistrust of women (100%), retaliation against women (29%), self-concept and identity issues (57%), discomfort with sex (100%), fear of abusing children (86%), and reported sexual abuse of children (29%)

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
11. Peter (2006) Canada	Qualitative semi-structured interviews	Victim age at onset	Key themes: <ul style="list-style-type: none"> • All victims were sexually abused by lone female and most (n=7) experienced concurrent violent abuse • Perspective of perpetrators as ‘bad’: <ul style="list-style-type: none"> ○ All participants described the female perpetrators as ‘bad’ ○ Failure of perpetrator to ‘protect’ and ‘care’ ○ Conflicting discourses - rationalisation of perpetrators behaviour by victims ○ Social influence: preferable to see women perpetrators as ‘victims’ - particularly mothers
		5 years (mean)	
		Duration of abuse 6 years (mean)	
Form of abuse Severe (n=9; intercourse; penetration) Moderate (n= 10; contact; fondling) Mild (n=14; kissing; sexual invitation)	Analysis not stated	Victim Perspective	
Total (N=8)	Gender Females (n=8) Males (n=0)	Age range Adults – age not stated	

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
		<p>Abuse Perpetrator Mother (n=6) Grandmother (n=1) Stepmother (n=1)</p> <p>Victim age at onset 6 to 13 years</p> <p>Duration of abuse 7 years (mean)</p> <p>Form of abuse Genital contact/fondling (n=8) Oral sex/penetration (n=5)</p>	<ul style="list-style-type: none"> • Perspective of perpetrators as ‘mad’: <ul style="list-style-type: none"> ○ None of the victims’ perpetrators had a formal diagnosis of mental illness ○ Most victims believed mothers had undiagnosed mental health problems ○ Coping strategy: mental illness helps ‘make sense’ of the abuse • Perspective of perpetrators as ‘victims’: <ul style="list-style-type: none"> ○ Recognition of perpetrators history of abuse ○ Recognition of social context: limitations according to gender and power ○ Discourses around perpetrator choice and responsibility • Other themes: <ul style="list-style-type: none"> ○ Victims discussed observing other mothers, feeling isolated, angry, and feeling their personal recovery is inhibited by society not acknowledging FPSA
<p>12. Duncan & Williams (1998) UK</p>	<p>Quantitative Questionnaires</p> <p>Analysis Inferential statistics</p>	<p>Victim Perspective Total (N=67)</p> <p>Gender Females (n=0) Males (n=67)</p>	<ul style="list-style-type: none"> • Sample: 62.7% (n=42) of individuals had experienced abuse by both females and males whilst 37.3% (n=25) had been abused by females only • Most participants had multiple sexually abusive experiences • Victims of FPSA involving coercion were more likely to compulsively masturbate as teens* and be sex offenders in adulthood* than those abused by men only or those with no sexually abusive histories

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
13. Deering & Mellor (2011) Australia	Qualitative Survey	Victim Perspective Community sample Total (N=14)	Key themes: <ul style="list-style-type: none"> • All victims were abused by a lone perpetrator • Two victims reported multiple experiences of FPSA by different females and three had also been separately abused by males • 79% (n=11) of participants had not told anyone about the abuse during childhood; of those who did disclose, only one participant reported being
	Analysis Not stated	Gender Females (n=5) Males (n=9)	
		Age range 22 to 35 years (mean 26.5 years) Abuse Perpetrator Acquaintances/friends of family Victim age at onset Not specified Duration of abuse Not specified Form of abuse Contact, fondling, intercourse	<ul style="list-style-type: none"> • Victims of FPSA involving coercion were also more likely to report higher violence within intimate relationships compared to a non-abused comparison group*

Table 1: General Characteristics and Key Findings

Author(s) and Location	Methodology	Sample Characteristics	Summary Points and Key Findings
		<p>Age range 29 to 64 years (M=44.6)</p> <p>Abuse Perpetrator Mother (n=2) Sister (n=2) Aunt (n=1) Cousin (n=1) Teacher (n=4) Other extrafamilial female (n=7)</p> <p>Victim age at onset 7 years (mean)</p> <p>Duration of abuse 2.5 years (mean)</p> <p>Form of abuse 'seduction' to penetration & intercourse</p>	<p>believed</p> <ul style="list-style-type: none"> • Most participants reported experiencing negative social and emotional consequences during childhood in response to FPSA including: depression, low self-esteem, suicidal ideation, anxiety, inability to express emotions, shyness and introversion • Most female participants (n=4) reported being underweight and feeling unattractive as children • 2 males reported that they felt 'physically strong' as children following the FPSA • All participants reported experiencing negative social and emotional consequences in adulthood in response to their childhood experience of FPSA including: low self-esteem, difficulties trusting women, depression, inability to express emotions and social isolation, and most continued to experience a negative self-view • All participants reported that the FPSA had affected their adult sexuality in a variety of ways, including: excessive promiscuity, difficulties in maintaining adult relationships, and celibacy

Note: For quantitative studies the following significance indicators are used: * p<.05; **p<.01; ***p<.001

5.3.5. Methodological Quality

Many standardised assessments exist to assess the methodological quality of published research although debate regarding their value in systematic reviews persists (e.g. Higgins & Green, 2008). Whilst these tools attempt to standardise the review process, research suggests many assessments are unreliable, with quality conclusions being highly variable (Jüni, Witschi, Bloch, & Egger, 1999). Furthermore, most quality assessments have been developed for specific application to randomised control trials (RCTs) and thus have little application within systematic reviews that focus on non-RCT studies.

As advocated by the Centre for Reviews and Dissemination (Tacconelli, 2010) and others (e.g., Parker, 2004) we adapted an existing framework, the Newcastle Ottawa Scale (NOS; Wells et al., 2009) for the review of quantitative papers (see *Table 2*). For the evaluation of qualitative papers, criteria were applied based on the recommendations of Tracy (2010) on qualitative best practice (see *Table 3*) as these criteria are coherent with other qualitative assessment criteria (Kitto, Chesters, & Grbich, 2008; Yardley, 2000). The quality of all studies was independently rated by HC and DD. If discrepancies between raters arose, these were resolved through discussion with RdN as arbitrator.

5.4. Results

5.4.1. Methodological Characteristics: Quantitative Studies (Table 2)

Table 2: Methodological Characteristics of Quantitative Studies (n=6)

Study	Participant Demographics	Sample Representativeness (N)	Inclusion & Exclusion criteria	Blinding	Standardised measures	Other Sources of Potential Bias
1. Mellor & Deering (2010)	Yes	Good (N=231)	Moderate	Yes	Yes	<ul style="list-style-type: none"> • Postal response (self-selecting sample; response rate $M = 41.75\%$) • Vignette Design (fictional cases) • Some participants received all vignettes thus potentially revealing true purpose of study
2. Hetheron & Beardsall (1998)	Yes	Moderate (N=130)	Moderate	No	Yes	<ul style="list-style-type: none"> • Vignette Design (fictional cases) • All participants received all vignettes thus potentially revealing true purpose of study
3. Kite & Tyson (2004)	Yes	Moderate (N=361)	Moderate	Moderate	No	<ul style="list-style-type: none"> • Postal response (self-selecting sample; response rate $M = 36\%$) • Vignette Design (fictional cases)
5. Gakhil & Brown (2011)	No	Moderate (N=176)	No	No	Moderate	<ul style="list-style-type: none"> • Limited sample representativeness: one professional group compared to undergraduates and public • Utilised adapted measure without pilot testing
9. Kelly et al. (2002)	Yes	Moderate (N=19)	Yes	No	Yes	<ul style="list-style-type: none"> • Excluded individuals with a history of sexual interest in children • Retrospective self-report (potential reporting biases)
12. Duncan & Williams (1998)	Moderate	Moderate (N=67)	Moderate	No	No	<ul style="list-style-type: none"> • Retrospective self-report (potential reporting biases) • Overlap of other abusive experiences alongside FPSA

Note. (1) **Participant Demographics:** Yes, participant demographics are clearly reported; Moderate, participant demographics are partially reported; No, participant demographics are not adequately reported. (2) **Sample Representativeness:** Yes, sample represents a range of appropriate professional or victim perspectives of different genders; Moderate, sample represents a limited range of professional or victim perspectives, such as only one professional group or a single gender perspective; No, sample has poor representation, such as student perspectives only. (3) **Inclusion and Exclusion Criteria:** Yes,

inclusion and exclusion criteria are clearly reported; Moderate, inclusion and exclusion criteria are partially or indirectly reported; No, inclusion and exclusion criteria are not reported. (4) **Blinding:** Yes, participants were blind to the purpose of the study; Moderate, participants were blind to some aspect of the study, such as being aware that the study focussed on child sexual abuse but were unaware that attitudes towards FPSA specifically were being explored; No, participants were not blind to the purpose of the study. (5) **Standardised Measures:** Yes, appropriate and standardised measures were utilised; Moderate, appropriate but adapted or modified measures are utilised; No, no standardised measures are utilised.

Six studies used a quantitative methodology; four of these focussed on professional perspectives (Gakhal & Brown, 2011; Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) and two on victim perspectives (Duncan & Williams, 1998; Kelly et al., 2002). The quality of studies was variable; participant demographics were adequately detailed in the majority of studies but not all, and sample representativeness ranged from good (detailing the perspectives of psychologists, psychiatrists and child protection workers; Mellor & Deering, 2010) to moderate (focussing on probation officers and non-professional perspectives only; Gakhal & Brown, 2011).

Sample sizes ranged from 19 to 361 with a total of 984 participants across studies. Inclusion and exclusion criteria were often indirectly reported rather than explicitly stated, and blinding to the specific nature of the research was often not achieved or factored into the research design. All studies adequately described the measures utilised therein, although some studies used non-standardised measures (Duncan & Williams, 1998; Kite & Tyson, 2004) or adapted measures (Gakhal & Brown, 2011).

Other sources of potential methodological bias were considered; three papers used analogue (vignette design) methodologies (Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) which may provide good internal validity but potentially compromise ecological validity (Holmes, Offen, & Waller, 1997). Two studies (Kite & Tyson, 2004; Mellor & Deering, 2010) used postal recruitment methods, potentially leading to self-selecting sample bias, whilst two further studies (Duncan & Williams, 1998; Kelly et al., 2002) utilised retrospective self-report methods which can be influenced by recall biases.

5.4.2. Methodological Characteristics: Qualitative Studies (Table 3)

Table 3: Methodological Characteristics of Qualitative Studies (n=7)

Study	Rich Rigor	Reflexivity	Credibility	Significant Contribution & Resonance	Ethical Clarity	Meaningful Coherence
4. Denov (2001)	No	No	Moderate	Yes	Moderate	Yes
6. Peter (2008)	Moderate	Yes	Yes	Yes	Moderate	Yes
7. Ogilvie & Daniluk (1995)	Moderate	No	Moderate	Yes	Yes	Yes
8. Krug (1989)	No	Moderate	No	Yes	Moderate	Yes
10. Denov (2004)	Yes	Moderate	Yes	Yes	Yes	Yes
11. Peter (2006)	Moderate	Yes	Moderate	Yes	Yes	Yes
13. Deering & Mellor (2011)	Moderate	Moderate	Moderate	Yes	Yes	Moderate

Note. Criteria adapted from Tracy (2010).

(1) **Rich Rigor** here relates to the degree to which a study is considered sufficiently rigorous in terms of the method, data collection and analysis utilised: Yes, the study clearly provides a rich description and rationale for the methods and forms of analysis undertaken; Moderate, the study provides a less detailed or limited description or rationale for these criteria; No, little or no information is provided to be able to adequately assess these criteria. (2) **Reflexivity** here relates to the degree to which the researchers make explicit their own subjective biases and reflect upon how these may impact on the research process and findings: Yes, the authors provide sufficient detail regarding their potential biases and reflect upon the impact of these within the research; Moderate, the study provides less detailed description of these criteria but does address some issues relating to researcher assumptions; No, little or no information is provided to be able to adequately assess these criteria. (3) **Credibility** here relates to the trustworthiness and plausibility of the research findings given the methods utilised and the depth of description conveyed regarding the analysis and findings: Yes, the research findings appear credible given the methodologies utilised and the depth of analysis described; Moderate, findings may be credible but weakened by superficial or less clear analysis and description; No, little or no information is provided to be able to adequately assess these criteria. (4) **Significant Contribution and Resonance** are combined here and relate to the degree to which the research informs the perspective of the reader, provides knowledge that can be transferred across different contexts, and makes a significant contribution to the research domain: Yes, the research provides important and significant insights regarding FPSA and has practical or theoretical utility; Moderate, the research provides some insights but is less detailed or has less applicability; No, little or no information is provided to be able to adequately assess these criteria. (5) **Ethical Clarity** here relates to the ethical adherence of the research given the sensitive nature of FPSA and the duty of care researchers have in relation to participants: Yes, ethical procedures are clearly described and the

authors acknowledge or consider the impact of broader ethical issues in relation to participants and the research; Moderate, ethical procedures are less clearly detailed or consideration of broader ethical issues and their impact is limited; No, little or no information is provided to be able to adequately assess these criteria. (6)

Meaningful Coherence here relates to the degree to which the study utilises appropriate theory, methods and procedures to achieve its stated aims: Yes, the research utilises appropriate theory and methods to achieve stated aims; Moderate, the research utilises methods that are generally appropriate but which may inhibit or fail to address some aims; No, little or no information is provided to be able to adequately assess these criteria.

Seven studies used qualitative methodologies; of these, one focussed on professional perspectives (Denov, 2001) and six on victim perspectives (Deering & Mellor, 2011; Denov, 2004; Krug, 1989; Ogilvie & Daniluk, 1995; Peter, 2006, 2008). Sample sizes ranged from 3 to 23 with a total of 78 participants across studies.

Methodological quality of qualitative studies was assessed using criteria adapted from Tracy (2010, see Table. 3). In terms of *Rich Rigour*, a common limitation across studies was the overall absence of methodological description, including research process, data collection, analysis and transcription (Denov, 2001; Krug, 1989; Peter, 2006, 2008), with only one study (Denov, 2004) providing comprehensive detail in this regard. Most studies demonstrated some level of *Reflexivity*, with two in particular offering detailed accounts of the subjective values, biases, and dispositions of the authors, promoting transparency of method (Peter, 2006, 2008). Similarly, most studies demonstrated some level of *Credibility*, highlighting the plausibility of the research findings given the methods utilised and the depth of description conveyed within the analysis. One study (Krug, 1989), however, was particularly limited in this regard, with unexplained interpretations informed by the author's 'psychodynamic lens'.

All studies were considered to have made a *Significant Contribution* to the research area or to have particular *Resonance*, either in terms of a persuasive narrative (Peter, 2006, 2008) or potential clinical impact (Denov, 2004; Mellor & Deering, 2010; Ogilvie & Daniluk, 1995). Similarly, all studies achieved a level of *Ethical Clarity* through consideration of the broader ethical implications of the research, and all achieved a level of *Meaningful Coherence* by utilising appropriate theory, methods and procedures to address the stated research aims.

5.4.3. Key Findings: Professional Perspectives

Although professional respondents broadly recognised FPSA as a serious issue (Hetherington & Beardsall, 1998; Mellor & Deering, 2010) there was a general trend across studies to minimise the gravity and impact of FPSA – particularly

when compared to abuse perpetrated by males (Denov, 2001; Gakhal & Brown, 2011; Hetheron & Beardsall, 1998; Kite & Tyson, 2004). Professionals commonly reported more favourable attitudes towards female than male perpetrators (Gakhal & Brown, 2011), with a tendency across studies for professionals to indicate that social services involvement (Hetheron & Beardsall, 1998; Mellor & Deering, 2010), and police investigation, prosecution and imprisonment (Hetheron & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) were significantly less appropriate in FPSA cases than in cases involving a male perpetrator. Interestingly, Hetheron and Beardsall (1998) also found that perpetrator gender was considered a significant factor when assessing the believability of an abuse allegation, and Kite and Tyson (2004) found that length of professional service appeared to negatively correlate with perceptions of seriousness of FPSA and the need for further investigation amongst police officers. Although some discrete examples were apparent within the literature (e.g. Hetheron & Beardsall, 1998; Mellor & Deering, 2010), no consistent significant differences between the perspectives of male and female professional respondents, or between different professional groups, were strongly evident across studies.

5.4.4 Key Findings: Victim Perspectives

The majority of studies detailing victim perspectives focussed on the effect of FPSA on interpersonal relationships. Recurrent themes of victims feeling betrayed by their female abuser (Denov, 2004; Ogilvie & Daniluk, 1995; Peter, 2006, 2008) having significant difficulties forming, maintaining, or functioning within adult relationships (Deering & Mellor, 2011; Duncan & Williams, 1998; Kelly et al., 2002; Krug, 1989; Peter, 2008) having a deep mistrust of women (Deering & Mellor, 2011; Denov, 2004; Peter, 2008) and feeling socially isolated (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995; Peter, 2008) were evident across studies. Victims of FPSA also reported mistrust of professionals, either through fearing that their disclosure of FPSA would be disbelieved (Peter, 2008) or through having direct experience of such professional responses (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995).

The impact of FPSA specifically on sexual relationships was also highlighted within some studies, with participants reporting increased sexual difficulties (Kelly et al., 2002), sexual discomfort (Denov, 2004), sexuality confusion (Deering & Mellor, 2011; Denov, 2004; Duncan & Williams, 1998) or in some cases increased sexual promiscuity or problematic sexual behaviour during adolescence (Duncan & Williams, 1998) and/or adulthood (Deering & Mellor, 2011; Duncan & Williams, 1998; Krug, 1989).

All studies focussing on victim perspectives detailed some aspect of the impact of FPSA on psychological wellbeing. Victims reported self-hatred, low self-esteem, and self-loathing (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995), deserving of further abuse (Ogilvie & Daniluk, 1995), feeling dirty (Peter, 2008), and feeling stigmatised and shamed (Ogilvie & Daniluk, 1995; Peter, 2008). Increased prevalence of depressive symptomology was also commonly reported (Deering & Mellor, 2011; Denov, 2004; Krug, 1989) as was suicidality, self-injury (Denov, 2004) and dissociation (Kelly et al., 2002) in addition to potential maladaptive coping strategies such as substance misuse (Denov, 2004), drug addiction (Krug, 1989; Peter, 2008) and increased alcohol consumption (Peter, 2008). Victims also commonly reported elevated anger and aggression (Deering & Mellor, 2011; Denov, 2004; Kelly et al., 2002; Peter, 2006), either in response to what they perceived as their 'loss of innocence' (Deering & Mellor, 2011), their current level of overall functioning (Kelly et al., 2002) or anger directed specifically towards their female abuser (Denov, 2004).

It is important to note, however, that not all victims reported negative psychological sequelae as a result of FPSA; some individuals reported a sense of confusion regarding their experiences, feeling a mix of positive and negative emotions towards the abuse, themselves (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995) and the perpetrator (Peter, 2006). One participant in Denov's (2004) study felt that the abuse had not caused him any long-term harm, although Denov notes that that individual also had adult convictions for sexual offences against children. Kelly et al. (2002) found that some individuals who had experienced mother-son incest had positive and mixed feelings about the abuse at the time of the abuse, although due to the retrospective nature of the question posed (e.g. *at the time of the [abuse] did you feel that this sexual*

experience was abusive?) it is not clear from the study whether these perceptions were accurate (e.g. retrospective bias) or continued into adulthood. Two participants within Deering and Mellor's (2011) study reported feeling 'physically strong' following their experience of FPSA, a finding the authors suggested may be related to the different sexual experiences of these participants compared to their age-related peers. Positive initial perceptions of FPSA have previously been identified amongst male survivor samples (Haugaard & Emery, 1989) suggesting that perceptions may be influenced by gender. However, FPSA has been suggested to be most affecting when the perpetrator is related to the victim, if the abuse occurred during childhood or infancy, and if the abuse was experienced as coercive (Kelly et al., 2002).

5.5. Discussion

This review explored perspectives of FPSA from the viewpoint of both victims of such abuse and the individuals who may come into contact with them by virtue of their professional roles. In general terms, the findings suggest a level of disparity between the two groups; whilst no professionals entirely dismissed the potentially harmful impact of FPSA, there was a tendency for the seriousness of such abuse to be minimised or to warrant less professional or legal attention than male-perpetrated abuse. In contrast, however, the majority of victims of FPSA reported that the abuse had had a significant impact on their psychological wellbeing, including their ability to form and maintain healthy social and sexual relationships.

The reasons for discrepancies between victim and professional perspectives are likely to be complex, but are perhaps rooted in the way in which society understands womanhood and femininity. Culturally, women are viewed as nurturers, mothers and sexually submissive when compared to males (Allen, 1990). The suggestion that women may be sexually predatory provokes unease and disbelief, and as Mayer observes (1992, p.5): "society does not perceive females as abusers; they are stereotyped as physically and psychologically incapable of victimising". Indeed, the concept of sexually abusive women appears to provoke such discomfort that society may try to reframe or transform

the phenomenon into something explainable (e.g. women perpetrators are coerced by men or are profoundly mentally unwell; Denov, 2004). Traditional sexual scripts not only potentially constrict the ability of society to acknowledge 'unconventional' narratives about sexual abuse (Finkelhor & Russell, 1984), but also appear to facilitate more lenient (or sometimes dismissive) attitudes and beliefs amongst professionals towards females who sexually abuse and the victims of such abuse.

Given such a societal context, it perhaps not surprising that many victims do not disclose FPSA, and of those who do, significant proportions report not being believed (Deering & Mellor, 2011). Professional minimisation has damaging implications for victims who already fear judgement (Ogilvie & Daniluk, 1995) and there appears to be a need for professionals to broaden their conceptualisation of sexual abuse to account for the experiences of these individuals.

Another common finding across studies was the impact of FPSA on intimate and social relationships, under-pinned by a mistrust of others (particularly women; Deering & Mellor, 2011; Duncan & Williams, 1998; Krug, 1989; Peter, 2008). Pervasive mistrust has implications for therapeutic relationships and is likely to lead to hesitation when confiding in professionals; in turn, disbelieving or invalidating professional responses may have serious deleterious effects for individuals trying to move towards re-building their capacity to trust others and receive support. Furthermore, FPSA also appears to impact on some individuals' senses of self and esteem, with some victims reporting that they 'deserve' further abuse (Ogilvie & Daniluk, 1995); this may reduce these individuals' abilities to challenge unhelpful professional responses, or to feel further shamed and stigmatised by such responses. In contrast, positive and informed professional responses are likely to be important if victims are going to seek help and to benefit from the therapeutic process; professionals thus have a duty to ensure that such experiences are acknowledged, accepted, and discussed as sensitively as male perpetrated abuse. However, it appears from the literature sourced for this review that more research on the specific factors that contribute to therapeutic progress with individuals who have experienced FPSA would be beneficial, as would a clearer understanding of the factors that

may facilitate or inhibit their disclosure of FPSA to relevant professionals. This research would inform professional practice and would help to bridge the current gap between victim and professionals' perspectives of FPSA.

This review offers a systematic overview of the current literature in the field, providing a comparative view of perspectives on FPSA at a time of increased media attention and interest in female violence and 'dangerous women' (McIvor, 2004). However, there are a number of limitations within the current review and the broader literature, which limit the conclusions that can be drawn. Firstly, only academic peer-reviewed literature was included, excluding unpublished and published non-peer-reviewed findings. Although this exclusion criterion was introduced in order to theoretically improve quality, given the limited research in this area and the potential for publication bias, future reviews would benefit from sourcing so-called 'grey literature' and policy documentation.

Secondly, the selected studies varied significantly according to quality, and whilst all papers were considered as offering a meaningful contribution to a largely under-researched area, the absence of methodological clarity and transparency (particularly within the sourced qualitative papers) is noted. In the current review, considerable differences in methodology (e.g. vignette design, semi-structured interviews, postal questionnaires etc.), procedural robustness, sample sizes, and poor transparency of analysis (particularly in qualitative papers) were all apparent across studies, limiting the ability to synthesise findings into a fully coherent narrative and to generalise to broader samples.

Thirdly, our decision to include studies which used both qualitative and quantitative methodologies undoubtedly compounded the heterogeneity within the reviewed studies, although excluding research on the basis of the methodology utilised rather than on methodological quality alone is similarly problematic and may overlook key information.

Finally, the terminology we adopted (e.g. victim) may have had a significant effect on the literature identified and reviewed, and therefore the perspectives obtained: individuals who have similar experiences to those reported here – but who do not identify with the label 'victim' – may hold very different perspectives regarding their experiences. Future research examining the effects of

terminology on perceptions, disclosure decisions, and psychological sequelae would be beneficial to further clinical and academic understanding of these potentially complex interactions.

5.6. References

- Allen, C. (1990). Women as perpetrators of child sexual abuse: Recognition barriers. In A. Horton, B. Johnson, L. Roundy & D. Williams (Eds.), *The incest perpetrator: A family member no one wants to treat* (pp. 108 -125). Newbury Park: Sage Publications.
- Bader, S. M., Scalora, M. J., Casady, T. K., & Black, S. (2008). Female sexual abuse and criminal justice intervention: a comparison of child protective service and criminal justice samples. *Child abuse & neglect, 32*(1), 111-119.
- ChildLine. (2009). *ChildLine Casenotes: Calls to ChildLine about Sexual Abuse*. London, UK: NSPCC.
- Cortoni, F., Hanson, R. K., & Coache, M. È. (2010). The recidivism rates of female sexual offenders are low: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 22*(4), 387-401.
- Deering, R., & Mellor, D. (2011). An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of child sexual abuse, 20*(1), 58-76.
- Denov, M. S. (2001). Culture of Denial: Exploring Professional Perspectives on Female Sex Offending. *Canadian Journal of Criminology, 43*, 303.
- Denov, M. S. (2003). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child abuse & neglect, 27*(1), 47-61.

- Denov, M. S. (2004). The Long-Term Effects of Child Sexual Abuse by Female Perpetrators. *Journal of Interpersonal Violence, 19*(10), 1137-1156.
- Duncan, L. E., & Williams, L. M. (1998). Gender role socialization and male-on-male vs. female-on-male child sexual abuse. *Sex roles, 39*(9), 765-785.
- Finkelhor, D., & Russell, D. (1984). Women as perpetrators: Review of the evidence. *Child sexual abuse: New theory and research, 171-187*.
- Gakhal, B. K., & Brown, S. J. (2011). A comparison of the general public's, forensic professionals' and students' attitudes towards female sex offenders. *Journal of sexual aggression, 17*(1), 105-116.
- Haugaard, J. J., & Emery, R. E. (1989). Methodological issues in child sexual abuse research. *Child abuse & neglect, 13*(1), 89-100.
- Hetherington, J. (1999). The idealization of women: Its role in the minimization of child sexual abuse by females. *Child abuse & neglect, 23*(2), 161-174.
- Hetherington, J., & Beardsall, L. (1998). Decisions and attitudes concerning child sexual abuse: does the gender of the perpetrator make a difference to child protection professionals? 1. *Child abuse & neglect, 22*(12), 1265-1283.
- Higgins, J. P. T., & Green, S. (2008). *Cochrane handbook for systematic reviews of interventions* (Vol. 5): Wiley Online Library.
- Hislop, J. (2001). Female sex offenders: What therapists, law enforcement and child protective services need to know. *Recherche, 67*, 02.

- Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review, 17*(1), 69-88.
- Jüni, P., Witschi, A., Bloch, R., & Egger, M. (1999). The hazards of scoring the quality of clinical trials for meta-analysis. *JAMA: the journal of the American Medical Association, 282*(11), 1054-1060.
- Kelly, R. J., Wood, J. J., Gonzalez, L. S., MacDonald, V., & Waterman, J. (2002). Effects of mother-son incest and positive perceptions of sexual abuse experiences on the psychosocial adjustment of clinic-referred men. *Child abuse & neglect, 26*(4), 425-441.
- Kite, D., & Tyson, G. (2004). The impact of perpetrator gender on male and female police officers' perceptions of child sexual abuse. *Psychiatry, Psychology and Law, 11*(2), 308-318.
- Kitto, S. C., Chesters, J., & Grbich, C. (2008). Quality in qualitative research. *Medical Journal of Australia, 188*(4), 243-246.
- Krug, R. S. (1989). Adult male report of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences. *Child abuse & neglect, 13*(1), 111-119.
- Mayer, A. (1992). *Women sex offenders: Treatment and dynamics*. Holmes Beach: FL:Learning.
- Mclvor, G. (2004). *Women who offend* (Vol. 44): Jessica Kingsley Publishers.

- Mellor, D., & Deering, R. (2010). Professional response and attitudes toward female-perpetrated child sexual abuse: a study of psychologists, psychiatrists, probationary psychologists and child protection workers. *Psychology, Crime & Law, 16*(5), 415-438.
- Ogilvie, B., & Daniluk, J. (1995). Common Themes in the Experiences of Mother-Daughter Incest Survivors: Implications for Counseling. *Journal of Counseling & Development, 73*(6), 598-602.
- Parker, I. (2004). Criteria for qualitative research in psychology. *Qualitative Research in Psychology, 1*(2), 95-106.
- Peter, T. (2006). Mad, bad, or victim? Making sense of mother–daughter sexual abuse. *Feminist Criminology, 1*(4), 283-302.
- Peter, T. (2008). Speaking About the Unspeakable. *Violence Against Women, 14*(9), 1033-1053.
- Peter, T. (2009). Exploring Taboos Comparing Male-and Female-Perpetrated Child Sexual Abuse. *Journal of Interpersonal Violence, 24*(7), 1111-1128.
- Rosencrans, B. (1997). *The last secret: Daughters sexually abused by mothers*: Safer Society Press (Brandon, Vt.).
- Rudin, M. M., Zalewski, C., & Bodmer-Turner, J. (1995). Characteristics of child sexual abuse victims according to perpetrator gender. *Child abuse & neglect, 19*(8), 963-973.
- Saradjian, J. (2010). Understanding the Prevalence of Female Perpetrated Sexual Abuse and the Impact of That Abuse on Victims. In T. A. Gannon

- & F. Cortoni (Eds.), *Female Sexual Offenders: Theory, Assessment and Treatment* (pp. 9-30). Chichester, West Sussex: Wiley-Blackwell.
- Saradjian, J., & Hanks, H. G. I. (1996). *Women who sexually abuse children: From research to clinical practice*: John Wiley & Sons New York, NY.
- Tacconelli, E. (2010). Systematic reviews: CRD's guidance for undertaking reviews in health care. *The Lancet Infectious Diseases*, 10(4), 226.
- Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry*, 16(10), 837-851.
- Wells, G., Shea, B., O'Connell, D., Peterson, J., Welch, V., Losos, M., & Tugwell, P. (2009). The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. Ottawa Health Research Institute.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215-228.

Journal Paper

6. Survivors of Female Perpetrated Sexual Abuse and their Experiences of Disclosure

Hannah Clements, David L Dawson and Roshan das Nair

6.1. Abstract

Female Perpetrated Sexual Abuse (FPSA) is an under-recognised phenomenon, particularly survivors' perspectives and there is a need to better understand their experiences of disclosure. Fourteen survivors⁴ were recruited online via supportive communities, and Thematic Analysis (Braun & Clark, 2006) was used to analyse the data. Four super-ordinate themes emerged; the central theme (1) 'Perceptions of Gender and Disclosure', which influenced (2) Decisions to Disclose, (3) Process of Disclosure, and (3) Experiences of Disclosure⁵. Stereotypes about 'victimisation' and 'perpetration', social constructions of gender and societal attitudes may be stifling recognition of female perpetration, and disclosure. Future research should explore male and female survivors distinctly, and the involvement of survivors in raising awareness is advocated.

Key Words

Disclosure, Perpetration, Survivors, Sexual Abuse

⁴ The terms 'survivor' and 'victim' have been used interchangeably as this paper recognises that people self-identify with terms differently, or discuss progression from 'victim' to 'survivor'

⁵ In this paper 'disclosure' will refer to giving or revealing information to others (in this context therapeutic health or social care professionals) unless otherwise stated.

6.2. Introduction

Female perpetrated Sexual Abuse (FPSA) has received greater attention over time, with a comparative rise in research (Grayston & De Luca, 1999). In particular, there has been a rise in research into female sex offender 'typologies' (Vandiver & Kercher, 2004), including their mental health profiles (Christopher, Lutz-Zois & Reinhardt, 2007), treatment needs (Gannon & Rose, 2009) as well as their use of online communities for sexual offending (Lambert & O'Halloran, 2008). A growth in interest is encouraging and may reflect shifts in recognition of FPSA; nevertheless, victim experiences have been (and remain) a relatively neglected area (Denov, 2004b).

Estimates of FPSA prevalence vary notably across studies, due to known underreporting, variations in sampling and definitions of FPSA (Bader, Scalora, Casady & Black, 2008). Despite this, it has been estimated that around 5% of child sexual offenders are female (Cortoni, 2009). A leading UK children's charity reported that 17% of their received sexual abuse disclosures were perpetrated by women (ChildLine, 2009). The same UK charity reports a 132% rise in FPSA since 2004-2005 (ChildLine, 2007). There appears to be a degree of progression with increased reporting, however a 'dark figure' of silent people who feel unable to disclose is likely to remain (Denov, 2004a, p18).

The idea of females as sexual perpetrators has evoked opposing responses including social outcry and rage (Bexson, 2011), as well as minimising responses (Higgins & Ireland, 2009). Whilst these responses differ they may be underpinned by similar thinking; the disbelief that women can be sexually abusive (Denov, 2003b) as this notion violates social expectations of women (Hislop, 2001). This gender assumption is not exclusive to females, and gender stereotypes may be more widely constricting. Traditional sexual scripts have been discussed as contributing to difficulties acknowledging 'unconventional' discourses about sexual abuse (Finkelhor, 1984).

Arguably the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, APA, 1994 & 2000), also reflects traditional gender scripts in psychiatric discourses around sexual offending. Female sex offending literature has noted the DSM's discussion of paraphilias as almost exclusively male perpetrated,

and it's sidelining of female perpetration (Denov, 2001), for example; "paraphilias are almost never diagnosed in females" (APA, 1994, P. 524). The suggestion that females are 'almost never' sexual perpetrators will contribute to the little known about the paraphilias of female sex offenders (Nathan & Ward, 2002) and stifle professional and public awareness.

Socially, women are viewed as nurturing and sexually submissive, under the shadow of male power and sexuality (Hislop, 2001). People may deny, trivialise or reconstruct female perpetration in different ways. Peter (2006) discusses the rationalisation of female perpetrators as 'mad' women, 'bad' women, or 'victims', as an attempt to make sense of why females sexually offend. A 'transformational process' has been discussed in which the rationale for FPSA is reframed alongside something more acceptable. These processes imply the diminished responsibility of female aggressors. For example, suggesting female perpetration only occurs when the perpetrator is very mentally unwell, that females who sexually offend are particularly 'deviant' compared to other females, or explaining perpetration as resulting from the woman's own traumatic abuse history; something we may be far less likely to explore in male perpetrated cases. Under-recognition of FPSA may also relate to it being less detectable, hidden behind care-taking behaviours (Hislop, 2001). The intrinsic trust in women means that a greater degree of closeness is permitted between women and children, and rarely questioned.

Gender roles and stereotypes may influence how society construes the predicted impact of FPSA, and how victims themselves interpret the experience. Masculine socialisation theories and sex as an 'initiation into manhood' have been discussed as affecting how it may be viewed by others (Lew, 1990). Men may be more readily viewed as sexual beings, and are assumed to enjoy their sexuality which may make it psychologically challenging for some to consider FPSA of males as invasive (Rogers & Davies, 2007). Therefore, there may be barriers in our ability to consider women as abusers, but equally, in our ability to view men as abused. Studies exploring the impact on males reveal mixed findings.

Some studies have found that males can perceive early sexual experiences with older females, either neutrally or positively at first, although longer symptoms very often emerge (Haugaard & Emery, 1989). FPSA has been found to be more negatively affecting typically where the perpetrator is related or maternal, where the victim was in childhood or infancy, and where the experience was considered coercive (Kelly, Wood, Gonzalez, & Waterman, 2002). Research has illuminated profound effects in female victims also (Denov, 2004b), and where the abuse of boys may be minimised as an initiation into sexuality, often girls report feeling their experiences have been overlooked or assumed to be a confused form of love (Saradjian, 2010). In both situations, social assumptions about female-male and female-female relationships shape attitudes and assumptions about the nature of the experience, and in both cases the potential for the situation to be viewed as abusive is down-played and re-framed according to how society views these relationships ought to be.

Studies exploring the impact of FPSA on victims show the gravity of impact across different areas of functioning including; interpersonal relationships (Peter, 2008), experiences of sex (Denov, 2004b) and sexuality, (Duncan & William, 1998) psychological wellbeing including low self esteem (Ogilvie & Daniluk, 1995) and impacts on emotional functioning (Deering & Mellor, 2011). Studies have also found a relationship between FPSA and subsequent offending behaviour, with a number of sex offenders reporting their own FPSA histories (e.g. Petrovich & Templer, 1984). Gender may influence how impacted those abused report being, for example some studies have found participants to report being initially less impacted by FPSA, compared to male perpetrated abuse, particularly male samples (Kelly et al., 2002). This may reflect how males report or cope with emotional distress rather than offering a true reflection of how impacted they are (Holmes, Offen & Waller, 1997). Fromuth and Burkhard (1987) discussed how people may experience detrimental effects but may not frame their experience as 'abusive', with certain groups, less likely to view their experiences as such, including adolescent boys (Kelly et al., 2002). This may reflect cultural difficulties in viewing females as 'abusive', and people may discuss 'sexual experiences', 'sexual contact' and in some cases 'sexual abuse' depending on perceptions of the act. Negative outcomes of the

experience appear common, despite personal and social labelling of experiences.

Studies exploring professional responses and attitudes have been illuminating, and have shown a lack of awareness about the possibility of female perpetration (Bunting, 2005). In a study by Mellor and Deering (2010) attitudes and responses of 231 psychiatrists, psychologists, probationary psychologists and child protection workers were explored. All groups considered that a child would be significantly less affected by FPSA when compared to abuse by a male. Furthermore, social services involvement, and perpetrator prosecution and imprisonment were considered less necessary in FPSA cases. These results highlight how FPSA may often be minimised, and that criminal justice professionals are more inclined to dismiss FPSA cases (Denov, 2004a). These findings demonstrate how the same 'abusive' scenario can be interpreted entirely differently according to perpetrator and victim gender. A further study by Denov (2003b) exploring professional responses to FPSA disclosures found that 43% reported positive responses. A smaller percentage described only negative experiences (14%) and a further 43% had mixed experiences. Professional responses may encompass a small but crucial part of a wider disclosure process, and their potential to shape future wellness, and ability to disclose thereon is implicated.

The number of FPSA disclosures does not mirror the known negative impacts on survivors, as there is a disparity between the self-reported damage of abuse (100%) and decisions to disclose (only 3%) (Rosencrans, 1997). Survivors may fear professional reactions, or be deterred by previous invalidating responses (Hislop, 2001). Female victims may fear judgements about sexuality due to the same sex nature of the experience (Saradjian, 2010), while males may expect their disclosure to be trivialised (Struckman-Johnson & Struckman-Johnson, 1994) or may fear blame (Lisak, 1994) or judgements about their masculinity (Hislop, 2001). Equally, many people may feel ambivalent or confused about the experience particularly as the perpetrator is very often although not exclusively, a known female in a caretaking role, most commonly their mother (Faller, 1995). Subsequently the relationship with the perpetrator brings with it a layer of

complexity alongside gender. Studies suggest abusive acts are most commonly disguised within caring roles (Vandiver & Kercher, 2004), which can leave children feeling confused by the experience which is not explicitly abusive, and many may assume their experiences are 'normal'. Equally, dependency on care-givers may leave them with limited opportunities to disclose anyway (Saradjian, 2010). Survivors have discussed profound difficulty in telling a professional and it has been found that survivors report disclosing sexual abuse by their mothers harder than disclosing experiences of male perpetration (Sgroi & Sargent, 1993). Wider social contexts which warn of male perpetrators and dismiss women as sexual aggressors is a barrier to realisation and subsequent disclosure, and this 'culture of denial' has concerning implications of those affected who may feel fearful of or unable to seek support (Denov, 2004a).

Research suggests this 'culture of denial' not only influences broader society, but also health and social care professionals. In a systematic review of literature, examining professional and victim perspectives, professional attitudes were highly discrepant compared to individuals who had experienced FPSA (Clements, Dawson & das Nair, 2013). Overall, professionals deemed FPSA less serious and harmful when compared to male perpetration, casting males almost exclusively as sexual aggressors, and women as generally non-coercive, victims. These findings are concerning, and hold grave clinical implications for victims, who may approach their clinicians looking for support and guidance, but may be met with an invalidating and potentially damaging response.

There is a greater body of research on female perpetrators when compared to victims with most latter studies involving small samples, or case study accounts (Saradjian, 1997). The dearth of literature with victims seems curious given that the impacts are known (Elliott, 1993), and with reports of FPSA rising in Western communities (Gannon & Rose, 2008). Nevertheless, we can draw some tentative conclusions from the literature. In over 75% of FPSA cases, the victims and perpetrators are either related or the victim is known to the perpetrator (Wijkman, Bijleveld & Hendriks, 2010). Furthermore, studies exploring relationship with perpetrators have found that mothers or adults in

maternal care-giving roles are the most frequent inflictors (Bunting, 2005). Studies suggest that more male victims report FPSA compared to females, with approximately 21.3% of sexual assaults against boys being perpetrated by a female (Allen, 1991; Motz, 2001). Conversely, others have found females comprise the majority of victims, suggesting that women may co-perpetrate with a male accomplice and males may be more likely to target female victims (Vandiver & Kercher, 2004). Victim experiences are extensive, with the research citing 'severities' ranging from touching, vaginal and oral contact to penetration (Vandiver & Walker, 2002). Victim ages vary across studies; with samples between 6 and 12 years, averaging 11 years and 9 months (Sandler & Freeman, 2007). Similarly, Vandiver and Kercher (2004) found victims to be 11 years and 6 months on average. Peter (2009) found a wider age range, with victims being between birth and 15 years. The latter study comparing male and female perpetration, found victims of females to be considerably younger, with 92% being younger than nine, compared to 57% of males' victims.

Women who sexually perpetrate are heterogeneous (Johansson-Love & Fremouw, 2006). Understanding the nature of the experience, types and 'severities' of perpetration is likely to help professional's better support this process of sharing for survivors. The limitations of typological studies have been discussed, with often small sample sizes or sampling skews (Vandiver & Kercher, 2004). Nevertheless, some studies exploring offender typologies are noteworthy, with a widely cited paper offered by Mathews, Matthews and Speltz (1989). The sample of 16 convicted female sex offenders, revealed 5 predominant types of perpetrator, these being; (a) teacher-lover, (b) predisposed molester, (c) male-coerced molester, (d) experimenter/exploiter, and (e) psychologically disturbed. Vandiver and Kercher (2004) added to this, and offered the first large-scale study of registered adult female sexual offenders (N=471). Their findings concluded six predominant typologies; (a) heterosexual nurturers, (b) non-criminal homosexual offenders, (c) female sexual predators, (d) young adult child exploiters, (e) homosexual criminals, and (f) aggressive homosexual offenders.

Perpetrator typologies further our understanding, however arguably categories might replicate or mirror gender biases implicit in FPSA. It is impossible to

eliminate the societal influences on how perpetration is understood by the survivors, the public and also academics. Categories offered by Mathews, Matthews and Speltz (1989) might mirror the 'transformational' processes discussed by Denov (2004a), in which our culture attempts to rationalise or make sense of abusive women. For example, the 'predisposed molester' highlights the perpetrator as a victim herself, the 'male-coerced' suggests a compliant rather than leading female abuser, and the 'psychologically disturbed' highlights females as unwell, reducing implied responsibility from perpetration. This prompts an important and challenging question, are typologies extensions of our cultural gender perceptions of females, and are the 'types' of females discussed in preceding studies shaped by this gender lens? The answer to this question is likely to be complex and difficult to answer.

6.2.1. Summary

The number of adults disclosing FPSA is increasing. However developing awareness is slow and the social construction of women and the roles they hold in our communities appears to be blocking recognition. In our thinking, the concept of femininity brings with it a construction of how women, mothers, grandmothers and friends *ought to be*; care takers who love and protect children, rather than harming them. Of course, like there are many men who are not sexual abusers, there are also many women who are not. However, this study suggests that both men and women alike have the propensity to be, and children may experience either gender as sexually abusive. Professionals hold an important role both in responding to disclosures, but also in leading on raising awareness and shaping attitudes towards FPSA. As an under-resourced area it is important that future research be carried out in this area to improve clinical practice (Gannon & Rose, 2008).

6.2.2. Research Aims

The primary aims of this paper are: to explore the disclosure experiences of participants who self identify with having had a sexually abusive experience perpetrated by a female during their childhood, and the barriers and facilitators they encountered in disclosure. The paper aims to widen understanding of

participants' (in)ability to disclose to professionals, the influence of perpetrator gender, and the experiences of professionals they encountered, with a view to further sensitising clinicians to FPSA and to inform the clinical support survivors receive.

Secondary aims of the paper are: to discuss wider factors relating to FPSA, including, an overview of the impacts in adulthood of FPSA, the nature and overview of the experience, relationship with the perpetrator, onset duration and frequency, type of perpetration (e.g. lone or co-perpetrated), also victim demographics including age, gender, ethnicity and marital status.

6.3. Method

6.3.1. Research Design

This paper employed a Thematic Analysis (TA) methodology to explore the process of disclosure for a sample of female perpetrated sexual abuse (FPSA) survivors. As FPSA remains under-researched, qualitative methods have been recommended as they offer a rich explanation of data (Denov, 2003b). Thematic Analysis provides a systematic approach to synthesising a large amount of information into central themes, which communicate rich descriptions about the data (Braun & Clarke, 2006). TA specifically is advocated as a useful methodology in under-researched fields (Boyatzis, 1998) and is not committed to a theoretical framework, so offers a flexible approach. The six-phase approach outlined by Braun and Clarke (2006) was followed, and researcher's judgement was used to determine salient themes, in terms of patterns (Boyatzis, 1998), prevalence of important themes, and codes that captured something of meaning. The approach was 'inductive' and themes were extracted as they appeared in the data, however familiarity with the topic context and theory is acknowledged. Fereday and Muir-Cochrane (2006, P. 80) discuss a 'hybrid process of inductive and deductive TA', an integrated approach which considers data-driven and theory-driven codes as a complementary process that acknowledges underlying context whilst allowing themes to be extracted explicitly from the data inductively. To divorce codes from their wider social context may have meant important meanings were lost,

and qualitative methods have been praised for their prioritisation of context as critical to understanding (Patton, 2002). The researcher, mindful of this pre-existing awareness of the literature, used a reflective diary to separate the influence of this thinking from semantic data (Elliott, Fischer & Rennie, 1999)

6.3.2. Epistemology

It is important that investigators clearly state the epistemological paradigm guiding their research (Holloway & Todres, 2003). This study was approached from a critical realist perspective. Critical realism is a 'post-positivist' position, developed following discontentment with positivist traditions (Archer & Bhaskar, 1998). It suggests that an underpinning truth or way of knowing can be held by a number of people, but that individual experiences will vary, Danermark (2002, p.15) describes; "Reality has an objective existence but our knowledge of it is conceptually mediated: facts are theory dependent but they are not theory-determined". In this sense critical realism acknowledges that findings are 'value mediated' (Guba & Lincoln, 1994) as the 'concepts or meanings individuals assign 'the real world' are the focus of the research process' (Danermark, 2002, p15). Braun and Clarke (2006) support the application of TA under a realist framework.

6.3.3. Participants

Purposive sampling was used to recruit 14 participants, of equal gender, who self-identified as being survivors of female perpetrated sexual abuse during childhood, and or adolescence (See Table 4: Participant Demographic Information). The researcher consulted existing qualitative studies exploring victims' experiences of FPSA to help guide sampling [Deering & Mellor, 2011 (n=14); Denov, 2004b (n=14); Ogilvie & Daniluk, 1995 (n=3); Peter, 2006 (n=8); Peter, 2008 (n=8)]. The sample size was considered robust alongside existing literature which suggests a minimum of 6 interviews and saturation beyond 12 (Guest, Bunce & Johnson, 2008). Interviewing concluded at 14 when little new information emerged (Lyons & Coyle, 2007).

Participants⁶ were included if they were over 18 years old, and self identified with having had a sexually abusive experience perpetrated by a female during their childhood or early adolescence⁷. Participants were included if they had had an experience of disclosing, or experiences of feeling unable to disclose during adulthood or childhood, to a therapeutic health or social care professional. People were unable to participate if; they were under 18 years, unable to consent, or unable to take part in telephonic interviewing.

⁶There is no universal definition of child sexual abuse, and this study employed an international sample. Therefore, for the purposes of this study, victims of child sexual abuse were considered non-consenting children under 16 years old (Home Office, 2004) who self-identified with having been sexually abused by adult or juvenile female.

⁷ This can involve physical and non-physical contact. Children with experience of a female being present during abuse, either in an active (physically involved) or passive (observatory) role were invited to participate

Table 4. Participant Demographic Information

Pseudonym	Age⁸	Gender	Relationship to perpetrator	Ethnicity / Nationality	Marital Status
Jill	50-55	Female	Carer	White other background, living in UK	Separated
Ben	35-40	Male	Mother	White British	Single
Shaun	35-40	Male	Mother	White British	Co-habiting
Olive	55-60	Female	Grandmother	White American, living in UK	Married
Sally	55-60	Female	Mother	White Canadian	Divorced
Holly	20-25	Female	Juvenile cousin	White Canadian	Single
James	50-55	Male	Mother	White American	Single
Jen	50-55	Female	Mother	White American	Divorced
Ellen	40-45	Female	Mother	White American	Married
Elliott	45-50	Male	Family friend	White American	Married
Thomas	50-55	Male	Aunt	White Australian	Single
Jason	40-45	Male	Juvenile baby-sitter	White American	Divorced
Carl	40-45	Male	Foster Mother	White Canadian	Married
Eve	30-35	Female	Juvenile acquaintance	Mixed race American	Married

Notes: pseudonyms have been used for confidentiality purposes. For the purposes of this study the term 'Juvenile' refers to perpetrators under the age of 18 years at the time of abuse

⁸ Age ranges have been provided to further protect the anonymity of participants

6.3.4. Procedure

Participants were recruited online, via charities and supportive communities for sexual abuse survivors between April and September 2012. Charities and voluntary support providers advertised the study via 'Appeals Pages', in which a brief overview of the study was provided, followed by a web-link to a website designed by the researcher advertising the study, and via which participants could read information, consent, and contact the researcher directly.

6.3.5. Interviews

Telephonic semi-structured interviews were conducted with interviews ranging between approximately 66 and 161 minutes. Interviews were flexible to foster rapport, something that may be challenging with telephonic methods. The semi-structured protocol was assembled and delivered in line with guidelines by Whiting (2008) to allow a reflexive, yet structured process. The interview schedule was subject to checking, and reviews by the second author. Telephone interviewing was considered advantageous due to its scope, as well as the degree of anonymity it may offer participants. Research comparing telephonic and face-to-face interviewing has been encouraging (Rohde, Lewinsohn & Seeley, 1997). Interviews were audio-recorded, and transcribed promptly following interviews (n=9) and a confidential transcription service (n=5).

6.3.6. Ethical Issues

Participants consented to involvement by marking the 'yes' box on the researcher website. Consent was also implied, due to the opt-in recruitment strategy, and was revisited prior to interviewing along with confidentiality and outlining participants rights to withdraw. Due to the topic's sensitivity, a flexible debrief was provided to all participants following the interviews. Participants were supported if they became distressed, and a list of supportive agencies was provided on the research website for participants. Ethical approval was granted by the Research and Development department at the University of Lincoln.

6.3.7. Analysis

The six phases of Thematic Analysis proposed by Braun and Clarke (2006) allowed for a structured, yet reflexive approach to analysis. The researcher maintained a stance of curiosity throughout the process, including during transcription (Boyatzis, 1998). A reflective diary throughout the study was kept, including during interviewing and analytic stages. Initial codes were identified across narratives as being prevalent or potential meaningful (Tuckett, 2005). Codes were collated and refined, and provisional themes were noted. The researcher collated a mind-map to develop an overarching sense of themes and their relationships (Attride-Stirling, 2001) and this information was deducted and informed a Key Thematic Map (See Figure 2), and four Thematic Diagrams detailing each super-ordinate theme and their sub-theme constructions. During this process, thematic descriptions were solidified and codes were checked to ensure their 'fit' with themes. Second and third authors were involved in triangulation and cross-checking the credibility of the analytic process including coding, and thematic deduction. Quality criteria on conducting robust qualitative research guided the process (Yardley, 2000).

6.4. Results

Tables 5 and 6 have been provided to offer a succinct, yet detailed description of the sample.

6.4.1. The Sample

The sample consisted of 14 males (n=7) and females (n=7) an overview of their experiences of perpetration according to gender, is provided (See Table 5). This includes; their relationship with the perpetrator, characteristics of the abuse including age of onset, duration and frequency, and whether the perpetration was lone or co-abusive, and finally, descriptions of the act.

Table 5. Nature and Experience of FPSA

	Male Victims	Female victims
Relationship to perpetrator (n)	Mother (n=3) Family Friend (n=1) Baby-sitter (n=1) Aunt (n=1) Foster mother (n=1)	Mother (n=3) Carer children's home (n=1) Grandmother (n=1) Cousin (n=1) Acquaintance (n=1)
Characteristics of abuse	<p>Average age of onset (range) 9 years 6 months (4.5 yrs – 15yrs)</p> <p>Average Duration (range) 6 years 9 months (2 weeks – 18yrs)</p> <p>Frequency (n) Daily (n=2) Weekly (n=2) Twice (n=1) Variable (n=2)</p> <p>Type of perpetration (n) Lone (n=7)</p>	<p>Average age of onset (range) 2 years 8 months (infancy – 8yrs)</p> <p>Average Duration (range) 5 years 1 month (9 months – 9.8yrs)</p> <p>Frequency (n) Daily (n=1) Monthly (n=1) Once (n=1) Variable (n=5)</p> <p>Type of perpetration (n) Lone (n=7) Observed by other (n=2) / Co-perpetration (n=1)</p>
Sexual Experience (n)	Sexual intercourse (n=3) Kissing (n=3) Genital fondling by perpetrator (n=2) Sexual harassment (n=2) Encouraging victim masturbation (n=2) Genital fondling by child (n=1) Oral sex (n=1) Perpetrator masturbation (n=1) Observing sexual abuse of sibling (n=1) Observing sexually inappropriate activity (n=1)	Genital fondling by perpetrator (n=3) Anal penetration with fingers and/or objects (n=2) Oral sex (n=2) Vaginal penetration of fingers and/or objects (n=2) Encouraging sexual contact with peer (n=1) Genital cutting (n=1) Perpetrator masturbation (n=1) Child exploitation and prostitution (n=1) Perpetrator exposing genitals (n=1) Sexual intercourse (n=1)

Note: For female victims, **frequency** does not total 7, as one participant experienced two abusive acts by the perpetrator. Equally, **type of perpetration** does not total 7 as three participants reported both lone, and co-perpetrated or observed abuse in addition to lone perpetrated abuse. **Sexual Experiences** have been presented in order of frequency according to each gender.

6.4.2. Participant Disclosure Information

An overview of participant disclosure information is provided according to gender (See Table 6), including professional and non-professional disclosure, age and time taken to disclose, number of disclosures, context of disclosure, type of professional disclosed to and professional responses.

Table 6. Participant Disclosure

	Male victims	Female victims
Professional Disclosure (n)	Yes (n=7) Professional & non-professional disclosure (n=7)	Yes (n=5) No (n=2) Unsure of number of disclosures (n=2) Professional and non-professional disclosure (n=4) Non-professional disclosure only (n=2) Professional disclosure only (n=1)
	Age at first disclosure (n) 18-30 yrs (n=2) 31-50 yrs (n=5) Range: 29 yrs – 44 yrs	Age at first disclosure (n) 0 – 17 yrs (n=1) 18-30 yrs(n=1) 31-50 yrs(n=2) Over 50 yrs (n=1) Range: 6 to 52 yrs
	Time taken to disclose (n) 0-19 yrs (n=2) 20-30yrs (n=5) Range: 19 yrs – 30 yrs	Time taken to disclose (n) 0-1 yrs (n=2) 20-30 yrs (n=2) Over 40 yrs (n=1) Range: immediate disclosure – 45yrs
	Average number of professional disclosures discussed (range) 2 (1-4)	Average number of professional disclosures discussed (range) 3 (2-6)
Nature of Disclosure (n)	One to one (n=2) One to one & Group (n=5) Online (n=5)	One to one (n=2) Group (n=1) One to one & Group (n=3) Online (n=1)

Type of Professional (n)	Initial	Initial
	Counsellor (n=2) Psychological work with trainer (n=1) "Therapist" (n=2) Doctor (n=1) Psychologist (n=1)	Police (n=2) Psychotherapist (n=1) Counsellor (n=2)
	Subsequent	Subsequent
	"Therapist" (CBT=1) (n=2) Psychologist (n=1) Psychiatrist (n=1) Survivor charities (n=1) Counsellor (n=1)	Psychotherapist (n=1) Counsellor (n=3) Social Worker (n=1) Psychologist (n=1) University Counsellor (n=1) GP / Doctor (n=2)
Professional Responses (n)	Helpful (n=3) Unhelpful (n=1) Mixed (n=3)	Helpful (n=1) Unhelpful (n=0) Mixed (n=4)

Note: Disclosure refers to sharing the experience with a professional and may or may not have been understood as 'abuse' when disclosing. The mean figures represent a collation of the information gathered, however the above information may not have been gathered for all participants as some may have been unable to answer.

6.4.3. Theme Overview

Table 7: Summary of Themes and Sub-Themes.

Super-Ordinate Themes	Sub-Themes
Perceptions of Gender and Disclosure	<ul style="list-style-type: none"> • Gender Roles • Barrier to Recognition • Barrier to Disclosure • Social Attitudes
Decision to Disclose	<ul style="list-style-type: none"> • Making Sense of the Experience • Relationship with the Perpetrator • Readiness • Effects of Abuse
Process of Disclosure	<ul style="list-style-type: none"> • Experiences of Services • Contexts of Disclosing • Nature of Disclosure
Experience of Disclosure	<ul style="list-style-type: none"> • Perceived Professional Responses • Impact of Perceived Professional Responses

6.4.4. Theme Identification

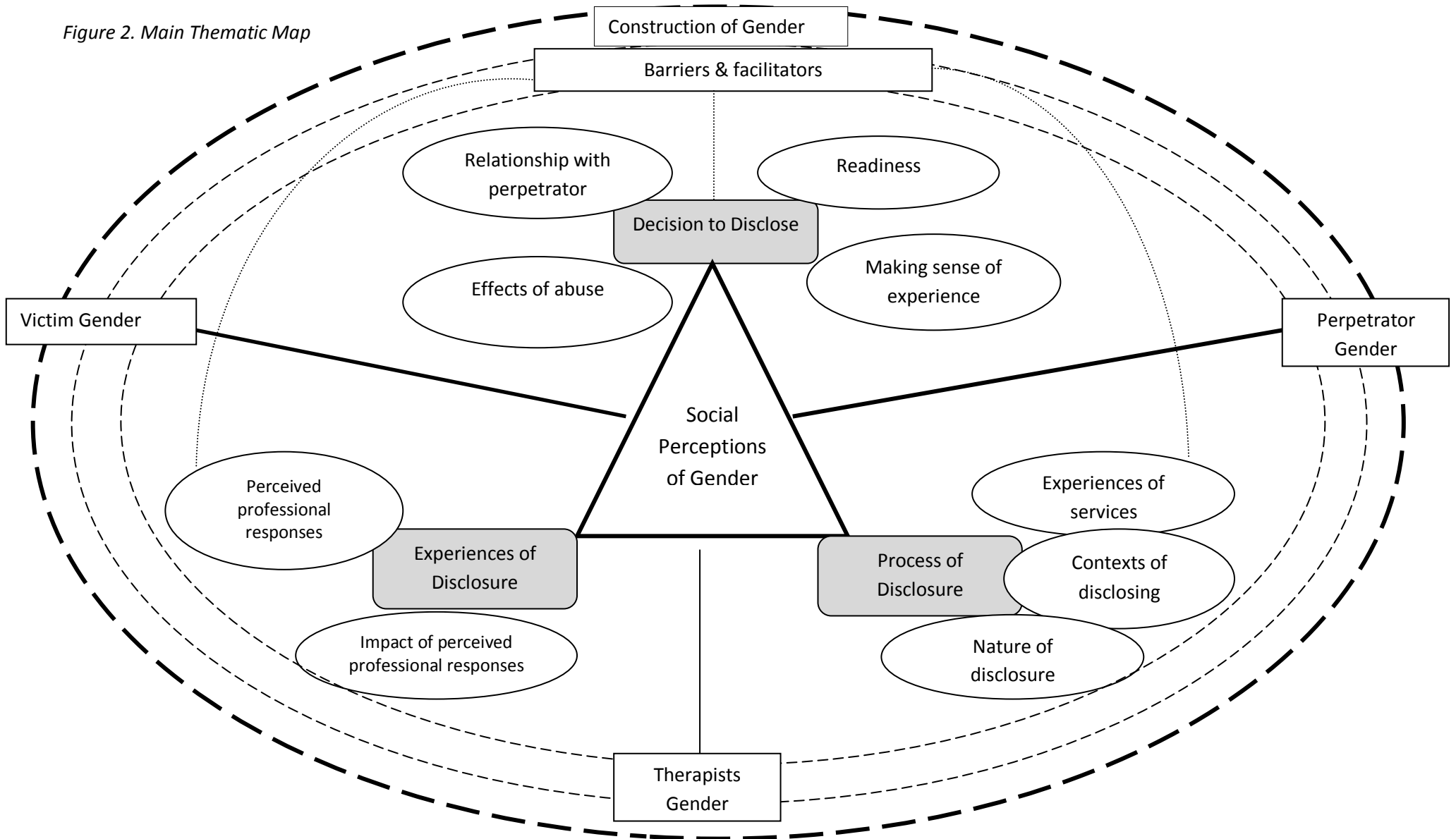
Four super-ordinate themes relating to disclosing female perpetrated sexual abuse were identified (See Figure 2: Main Thematic Map). These included, the central theme (i) 'Perceptions of Gender and Disclosure', (ii) 'Decision to Disclose', (iii) 'Process of Disclosure', and (iv) 'Experience of Disclosure'.

The first theme 'Perceptions of gender and Disclosure' emerged as central and inter-woven with the further three themes. All themes were considered salient; however, it is beyond the scope of this paper to cover each theme in detail. Therefore this paper will focus on key narratives from the central theme 'Perceptions of Gender and Disclosure', followed by a summary of key findings for themes two, three and four.

Main Thematic Map Key

—————	Minor super-ordinate, sub-theme
----- &&.....	Universal barriers and facilitators, across themes
—————	Over-arching super-ordinate theme
—————	Dominant super-ordinate, sub-themes

Figure 2. Main Thematic Map



6.4.5. Perceptions of Gender and Disclosure

The central super-ordinate theme was the impact of gender constructions on disclosing. There seemed to be a binding discourse around gender, and how this shapes perceptions of perpetration and victimisation. This impacted on people's understanding of their experiences, and experiences of support.

Gender as a Barrier to Recognition

Many⁹ survivors discussed how the female gender of the perpetrator delayed their personal recognition of the experience as abusive. This led to a profound sense of confusion they may not have felt had the perpetrator been a male.

“If that had been a man that would have been sexual abuse straight away... in my head I'm seeing that straight away that would have been abusive, I would have been complaining et cetera” (Jill)

Participants (n=3) referred to sexual abuse perpetrated by males as 'traditional' or 'conventional' by comparison, and there seemed to be a sense that understanding and disclosing abuse by a female felt more difficult due to its perception as strange, or unconventional.

“I don't know what else, other word to use, but 'strange'...it is easier when it's a um, I hate to use this word, 'traditional' perpetrator” (Jen)

Some survivors discussed how the female gender of their perpetrator had also led to barriers in professional recognition of their experience as 'abusive'. Most commonly, this lack of recognition appeared to be expressed as disbelief.

“When I disclosed what had happened with my (perpetrator) I wasn't believed...he's like have you ever heard of the story of the little boy who cried wolf? At first I'm like, what? He was like, have you ever heard of the story of the little boy who cried wolf? You think I'm telling you a story?” (Carl)

⁹ General unspecified 'quantifiers' are used for descriptive purposes and do not relate to specific frequencies or 'significance' of endorsements. Saliency of themes was not quantified by frequency or prevalence only, but the researcher's judgement in relation to extracts capturing meaning or patterned responses (Braun & Clarke, 2006)

Perceptions of Gender Roles and their Impact on Disclosure

Survivors discussed how views of men and women may shape how easily individuals view them as victims and perpetrators, including how greater flexibility and open-mindedness needs to happen in order for sexual abuse by females to be recognised:

“More equality basically of men being viewed as, as possible victims and perpetrators and women as being victims and perpetrators equally...masculinity and being a man has been (.) er seen as a very negative thing” (Ben)

Participants discussed how men and women are expected to behave, and in this case, abuse differently and in line with their gender ‘roles’. Narrow expectations of female and male behaviour may be limiting, and whilst female violence may be less explicit, it is equally damaging:

“Experience with men has been er, if they’re going to be abusive they’re going to be violent and obvious about it you know. Where a woman will bond with you, and tear your heart out” (Ellen)

Furthermore, gender roles and perceptions of women as unquestionably gentle or nurturing may be a barrier to recognising the potential that woman, like men may be sexually abusive:

“You think of a woman as (long pause) a ... a nurturer, a ... a ... you think of a woman as a nurturer, a gentle person” (Elliott)

Twelve participants were abused under the guise of care-taking behaviours, such as washing, bathing, medical treatment, affection/love, and care-taking roles including sexual behaviour disguised as care-taker rule setting or disciplining. Gender stereotypes of women may mean that female abuse remains hidden and less detectable:

“It was all coercive and manipulative and done under the guise of loving” (Ben)

Social Attitudes and their Impact on Disclosure

All survivors referred to social attitudes towards FPSA, and their impact on disclosure. Perhaps the most dominant narrative discussed perceptions of public denial as related to gender (n=8). Denying female sexual perpetration was discussed as stifling progression. A number of survivors discussed denial as a 'convenient' belief:

"That's what people expect to hear, it, it helps them feel safe you know that mums aren't ever going to do this and we can trust our kids with the women" (Ellen)

Others also discussed how denial may be closely related to the female gender, but how it also related to social views of women in our communities:

"You can't talk about the abuse of a mother; she's the saint in all cultures" (James)

The concept of men as sexual was discussed as being much more acceptable, when compared with female sexuality, something that society seems to find inherently more unsettling. One participant felt the taboo nature of female abusers related to society's discomfort with viewing women as sexual:

"I mean the use of female sexuality as a weapon is the great taboo topic" (James)

Gender as a Barrier to Disclosure

The majority of participants felt perpetrator gender as a woman, made it harder for them to disclose (n=10), while three survivors felt gender made it no more challenging. One participant felt the gender of the abuser as female made the process of disclosing easier than it may have been if the perpetrator were a male. Most survivors discussed a consuming sense of shame that markedly delayed or restricted seeking help:

"The fact that it was a female really intensifies the shame exponentially" (Ellen)

"Um there's, there shouldn't be but there's shame, there's wanting to hide you know" (Jen)

Associated with shame, was the fear of judgement from others, including professionals, leading to survivors delaying or not disclosing. Fears included, being seen as deviant, being blamed, being seen as 'more' defective and the fear that others would label them as a potential abuser:

"I think that maybe I believe that if it's a female the person who was targeted by that female is more defective, or deserves it more or is the cause of it more than if you're targeted by a male, isn't that interesting?"
(Olive)

6.4.6. Decision to Disclose

The second super-ordinate theme portrays factors influencing participants' decisions or ability to disclose their sexually abusive experience.

Making Sense of the Experience

Perhaps deciding to disclose begins with understanding the experience as 'abuse'. Many participants described confusion, and feeling the experience was distressing, but hadn't connected the experience with the term 'abuse'. Ideas about 'abuse' were discussed as narrow or limiting:

"I knew it was wrong but somehow it doesn't fit what you'd call abuse"
(Jill)

"What we understand by abuse is usually somebody penetrating another person in one form or other" (Jill)

The majority of survivors (n=12) also described difficulties remembering, or 'lost memories', as affecting their decision to disclose. For 6 survivors lost memories were understood to be related to the abuse, and as a way that survivors could continue to function:

"I have repressed it, yes? It's the only way I could exist...I didn't want to remember it" (Olive)

Relationship with the Perpetrator

Many survivors described how their relationship with the perpetrator had affected their decision to share with a professional (n=6). Despite the abuse some felt ambivalent towards their perpetrator, particularly where the perpetrator was a primary care-giver:

“There’s a lot of ambivalent feelings towards my mother, I, she damaged me very, very deeply but I cannot bring myself to hate her” (Ellen)

For those who experienced abuse by their mothers in particular, they described a sense of shame relating to this relationship specifically, as well as the gender of the perpetrator:

“The biggest point of shame for me is that it was my mother and the relationship was so close and bonded” (Ellen)

Effects of the Abuse

Many survivors described their decision to disclose to professionals as affected by their wellness, or mental health. For most survivors, the abuse had led to many difficulties in their lives that had delayed their disclosure:

“But I was just, I was so cowed and so beaten down and I was so dissociated” (Olive)

6.4.7. Process of Disclosure

This theme portrayed experiences of services, contexts participants disclosed in and sharing with fellow survivors; also, the nature of disclosure in terms of collaboration, planning and number of disclosures.

Experiences of Services

The majority of survivors described difficulty in accessing the services they needed in order to disclose (n=13). Many discussed services as either lacking, or being so hidden that survivors didn’t know where to find them:

“I didn’t know what to, what to do, what to say or who to go to” (Carl)

Another predominant theme was also experience of services being affected by survivor gender. Survivors discussed a gender inequality in service provision, with fewer spaces for male survivors to disclose:

“I don’t see that it’s available for, for guys eh, I don’t see it. We’ve got all sorts of women’s shelters. Do you see any men’s shelters?” (Jason)

A perceived paucity in safe spaces to disclose for both genders was discussed. A powerful narrative centred on people’s experiences of sharing within groups, or survivor communities generally. Commonly, participants described the experience as freeing and supportive:

“We’re all in that room together and we’ve all had, in general lots of horrific things happen, it kind of put the stigma out of it in a way” (Olive)

6.4.8. Experiences of Disclosure

Participants who had disclosed to a professional discussed their experiences of sharing and the nature of the responses. Those who had felt unable to disclose discussed this experience and what professional qualities they had experienced or thought they might experience as helpful or unhelpful.

Perceived Professional Responses

Participants reported finding a climate of non-judgement to be an important facilitator during disclosure:

“Just not shocked and not disgusted with me really, not being, not being judged I guess that’s the key thing isn’t it of being a good Counsellor isn’t it? Being non-judgemental” (Ben)

Another narrative was the helpfulness of perceived therapist coping, or containment. Feeling like therapists could contain the disclosure led to a sense of normality, and many described how a therapist simply listening and supporting them was helpful, rather than trying to ‘solve’ or ‘fix’ the problem:

“I don’t need people to kind of like ‘oh poor you’ or ‘oh well done you’, I, I don’t really need that it’s, it’s just more kind of meeting me half way and ‘Ok’ you know?” (Olive)

There were also less helpful experiences that survivors discussed which may have made the process of sharing more distressing; the experience of not being believed, trivialised, feeling disclosures had been dismissed, and a lack of action (n=5). Here, survivors felt their abuse had been deflected or left without response, leaving them confused:

“It does mystify me why somebody in a therapeutic relationship wouldn’t zone in on that and say shouldn’t we discuss this a little more.... nothing at all. It’s been ... it’s been (sigh) a complete lack of interest” (Elliott)

Impact of Professional Responses

Survivors discussed the impact of helpful or unhelpful responses as shaping their experiences thereon. Positive responses led to people feeling more supported, and connected with others; some described how initial discomfort disclosing gave way to a longer term sense of feeling understood:

“Those feelings will feel really nasty for a few days afterwards, but then long term there will be a greater understanding that’s worth it” (Ellen)

The impact of less helpful responses was also discussed by those with such an experience (n=7). Survivors discussed feeling angered, defective or hesitant to disclose again:

“It was reinforced that I was bad if you like, you know the, the me being bad... You know that some-, there’s something intrinsically wrong with me” (Jill)

“And I was somewhat eh reluctant and...to disclose it because I know what he, I know what the attitudes are and I’ve seen it first-hand” (Carl)

6.4.9. Summary of Findings

Whilst narratives reflect individual experiences of disclosure, there were powerful unifying themes; deciding to disclose was influenced by a person's wellness, sense of strength and safety, their understanding of the experience and the nature of their relationship with the perpetrator. Their process of disclosing was affected by ability to access services, and the forums people disclosed within (e.g. individual, group, online). The experience of disclosing appeared to be shaped by the professionals they encountered and whether these experiences felt productive and healing, or unhelpful and limiting. This journey appears to be enveloped by gender constructs, and the way in which women and men are regarded by society, and the various 'agents' of the state (e.g. healthcare services, police, social services, etc.). There seems to be a common message: gender stereotypes are silencing recognition that women can be sexual perpetrators. Eve captured how denial based on gender may be detrimental:

“These women and these people are allowed to flourish in our society and in our communities because they are hiding behind denial I really feel that we are providing a safe place for them to hide”

6.5. Discussion

This study explored how male and female survivors of female perpetrated sexual abuse in childhood discussed their experiences of disclosing and not being able to disclose to therapeutic professionals. Four key themes were found, with one central and binding theme: 'Perceptions of gender and disclosure', which served as a thematic bridge to the other super-ordinate themes, and their associated sub-themes. The known under-reporting by survivors (Bader, Scalora, Casady & Black, 2008), and the limited understanding of FPSA when compared to male perpetrated abuse provided the rationale for this study.

Research suggests that adults in maternal care-taking roles, such as relatives, mothers and babysitters are most commonly perpetrators (Vandiver & Walker, 2002) as was found in the present study. A further three participants were

abused by a primary care-giver in a long term caring capacity. Three participants were abused by females in temporary care-giving 'roles'. Only one participant's experience did not occur within a care-taking capacity. On average, the age of onset of abuse was higher for boys (mean: 9 years, 6 months) than for girls (mean: 2 years, 8 months). Onset ages vary in the literature; however, both average ages in this study are lower than Vandiver and Kercher's (2004) sample, which cited a mean age across the sample of 11 years and 6 months. In line with wider disclosure literature (e.g., Bruck, Ceci & Shuman, 2005), most participants did not disclose their experiences as children, with only one participant disclosing as a child.

Previous studies exploring disclosure in FPSA have focussed primarily on the patient-professional interaction, but haven't explored the process more broadly. Alaggia (2004) examined the methods of disclosure in 24 child CSA survivors, and some findings may translate to FPSA. The paper describes disclosure as a cumulative process which may include a series of attempts to share, indirect comments, non-verbal signals, and both conscious and unconscious attempts to share over time. These component steps in disclosure mirror findings in the present study, as participants discussed disclosure much more broadly, as a 'decision', 'process' and then finally the explicit or tangible experience of telling professionals (and wider narratives about sharing with non professionals). This paper arguably contributes to understanding disclosure for this population, as a wider process.

The ways in which survivors made sense of the sexual abuse in childhood and later in adulthood appeared to be a powerful theme which affected decisions to disclose. A pervasive sense of confusion, and difficulty understanding the experience was connected to the perpetrators female gender. This echoes previous literature which discusses how societal views of femininity and womanhood do not match with images of sexual predators (Allen, 1991). Mayer captures this theory (1992, p. 5) "society does not perceive females as abusers; they are stereotyped as physically and psychologically incapable of victimising". Survivors commented on a disparity between their understanding as children, and later as adults; moving from a position of understanding the abuse as a distressing normality, to coding it as 'abusive'. Survivors in this study continued

to doubt or minimise their experiences, questioning whether they 'qualified' as victims due to gender and relationship with the perpetrator. A sense of uncertainty and denial around the sexual abuse has been discussed as a common theme in previous research (Denov, 2003b). Festinger's Theory of Cognitive Dissonance (1962) provides one explanatory framework in understanding societal minimisation of FPSA, including the 'transformational process' described by Denov (2004a), in which FPSA is reframed to create a consistent belief system between feminine ideals, and reality.

Problems remembering were commonly discussed by participants, In particular, lost or 'repressed' memories and dissociative symptoms. Vague memories, and difficulties remembering was a common theme in relation to the sexual abuse, and for some, the experience of disclosing, with a small portion of the sample (n=2, 14%) being uncertain of the number of times they had disclosed to professionals. Other studies have found similarly, that 'forgetting' may be common in CSA cases, and high levels of non-disclosure may relate to specific memory mechanisms such as dissociative symptoms which mean memories are less accessible, and therefore disclosure is delayed (e.g. Williams, 1994b). A debate surrounds repressed memories, with people questioning whether memory mechanisms are different in relation to traumatic experiences. Some ally with the argument around 'recovered memories', in their belief that trauma such as child sexual abuse can be so traumatic, that people enter dissociative states to cope (McNally, 2003). Others have opposed the notion of repression, and suggest that traumatic memories in circumstances such as CSA survivors are likely to be even more pronounced, not forgotten (Loftus & Davis, 2006).

In this study most participants recalled an experience that was invasive, however many did not label that experience as 'abusive' until adulthood, or did not recognise the sexual nature of the experience until later. Difficulties remembering was a significant theme, however the reasons for this may differ from the male CSA literature, due to perceptions of gender. Survivors of female perpetrated abuse may be less certain their experiences are 'abusive' due to our socio-cultural view of women as nurturing and of our socio-typical frame of reference that women tend to be the victims, not perpetrators and are rarely sexual instigators (Hislop, 2001). A number of participants did discuss

'repression' and dissociative symptoms, and so the impact of repressive memory mechanisms on delaying recognition of FPSA and disclosure must be considered. Remembering may be complex and idiosyncratic, but we might tentatively conclude that a combination of repressive mechanisms, and a lack of recognition due to constructions of the female gender, may have influenced people's process of recognising, and thus disclosing.

Most survivors described trouble disclosing as children for many reasons, including dependence on the perpetrator, fear, confusion and ambivalent relationships. The way in which people disclose and how professionals respond will naturally be shaped by the age people disclose at. This highlights the social responsibility professionals at all levels hold, not just health and social care professionals. For example, professionals in schools or those running services for children (e.g. clubs). The powerful impact of terminology such as 'victim' and 'abuse' was discussed as potentially 'labelling', and most survivors discussed the importance of language, and reaching these particular terms in their own time. This holds important implications for the way people talk about the experience, and how professionals should be responding, for example, children and adults may associate the term 'abuse' exclusively with males. By asking a different question children and adults alike may provide a different answer.

The theme of denial was discussed by survivors in relation to professional responses, as well as societal attitudes towards FPSA. Wider literature has reported ambivalent or dismissive professional responses in relation to FPSA. For example, studies exploring professional attitudes have found that professionals may consider FPSA less harmful or warranting less input from social services, when compared with male perpetrated abuse (Hetherington & Beardsall, 1998; Mellor & Deering, 2010). Therefore, finding denying or dismissive attitudes is arguably not surprising given the literature. Participants in this study also described public attitudes of denial that influenced their (in) ability to share with professionals. This was discussed in relation to their experiences of professionals invalidating personal disclosures, wider 'minimising' media portrayals of abuse dependent on victim or perpetrator gender, and perceptions that comparatively fewer female perpetrators received custodial or criminal sentences (Embry & Lyons, 2012). The issue of gender

inequality in criminal justice cases has been discussed particularly in the feminist literature. The 'Evil Woman Hypothesis' suggests women may receive harsher sentences than men when crimes are incongruent with their gender (e.g. such as FPSA), with the implicit suggestion that women must be particularly 'evil' to commit such crimes, when compared to men of whom such crimes might be more readily accepted. The alternative 'Chivalry Hypothesis' accounts for a similar inequality in how criminal justice professionals respond to gender, with some women receiving more lenient sentencing due to others under-playing their dangerousness (Embry & Lyons, 2012).

Another finding was participants feeling their experience of FPSA violated traditional gender roles. This echoes previous studies which have discussed the 'idealisation of women' as a barrier to recognition (Hetherington, 1999). For female participants, experiences of shame and concerns about their sexuality being judged were discussed. Meanwhile, males feared blame or their experiences being trivialised. There appear to be important differences in the barriers perceived by male and female survivors. Fears about judgement or perceived barriers may be related to gender socialisation theory (Chafetz & Stockard, 2006), which posits that individuals and the society within which they exist, are gendered and alliances with a particular gender implies particular roles and responsibilities relating to that gender. Females are expected to be nurturing and gentle, and our normative constructions of males as potential abusers and females as victims, 'blinds us to disconfirming examples' (Mendel, 1994, p.21). Violating conventional roles appears to be a source of shame for survivors, and leaves them feeling their experiences were more unusual when compared to victims of 'traditional', male-female sexual abuse, which thus increases the hesitation they feel about disclosing.

Equally, most discussed a fear of not being believed due to these gender constructions, and some had even experienced negative professional responses including disbelief and dismissal. This holds serious implications for the responses female perpetrators may encounter if they told professionals they had sexually assaulted a child. If disbelieving attitudes surround the phenomena, we can tentatively assume perpetrators may also not be taken 'seriously' or be believed. Awareness of FPSA therefore has wider clinical

implications for both the survivors seeking help, and for the treatment pathways offered to perpetrators. If perpetrators are disclosing that they have sexually perpetrated, we have a professional obligation to respond to the risk, treatment and criminal implications of this disclosure.

Another finding relates to constructs of gender and perceptions of victimisation. The literature discusses how male victims may be particularly overlooked or considered to be less affected by FPSA (Struckman-Johnson & Struckman-Johnson, 1994). This may be underpinned by images of men as capable of protecting themselves, or able to manage conflict situations powerfully (Davies, Pollard & Archer, 2001). Equally, they may be conditioned not to reveal doubts, weaknesses or fears when compared to females (Faller, 1989). Male participants in this study reported fearing that their experiences would be minimised, and rejected the suggestion that males are less affected, with all male participants discussing the assumption that they were either not affected, or 'lucky' as inaccurate, and limiting their ability to disclose. Other studies exploring impact on victims echo this finding, with both males and females reporting a range of negative outcomes across childhood and adulthood, due to their FPSA (Deering & Mellor, 2011). In the present study, some males with unrelated female perpetrators described a sense of confusion, or initial positive perception (21%). All described this initial perception as short term, often feeling like they were expected to enjoy the encounter(s). In line with the literature, Kelly et al. (2002) suggest that positive or mixed initial perceptions may be attempts to cope with the distressing experience. The long term impact of child sexual abuse, including female perpetrated abuse suggests a similarity in the degree to which victims are affected, with the similar negative health, behavioural and social impacts (Dube, Anda, Whitfield, Brown, Felitti, Dong & Giles, 2005). 'Feminism' has been discussed as limiting discussions about FPSA, but also limiting the recognition of flexible 'victim' and 'perpetrator' roles (Young, 1993).

The finding that female perpetrated abuse was negatively impacting to some degree for all participants has been found in other studies (Denov, 2004b; Ogilvie & Daniluk, 1995; Peter, 2008). However the relationship between negative outcomes and their impact on decisions to disclose may not have been

previously discussed. Azjen's Theory of Planned Behaviour (1991) may provide a model for understanding variability in disclosure experiences. Azjen (1991) discusses the decision to take action as related to both context and personal mediators; and impact alone is unlikely to be the sole mediating factor in survivors telling. He describes three factors shaping a person's decision to carry out a behaviour, including; (a) Attitudes towards the behaviour, in this case positive or negative evaluations of disclosure and beliefs about the outcome, (b) The influence of normative beliefs, in this case around FPSA and the degree of stigma associated with telling, and (c) Beliefs about one's ability to perform the behaviour, which may translate to survivors ability to disclose, their coping and resources following disclosure, ability to financially afford, or readiness to engage with treatment following disclosure. This model corresponds with accounts of survivors in the present study who describe their decisions to tell being shaped by evaluations of the possible outcomes (i.e. 'perceived professional responses sub-theme), the influence of normative beliefs (i.e. 'social attitudes sub-theme) and beliefs about the ability to perform the behaviour (i.e. 'readiness' to disclose sub-theme, including strength and resilience). Equally, decisions to disclose were confounded by a sense of self-protection, and issues with self esteem impacted on people's ability to perceive themselves as 'deserving' of 'qualifying' for professional help. Given the plethora of personal and relationship difficulties people described facing; it is understandable that these would play out in difficulties trusting services, therapists including female therapists particularly, and other survivors.

This study observed the abundant use of online communities for survivors as an opportunity to seek out advice, information and the solace of others with shared experiences. This was particularly the case for male participants, most of whom reported having used online spaces as a key part of their recovery. This may hold some generalisable value, certainly the internet provides anonymous spaces for people to seek support and given the lack of services, and reports of shame and stigma, it would a fitting space to seek out help. Nevertheless, given the current online sampling strategy these assumptions are not conclusive as this study may have found discourses about online support to be very powerful due to the way people were recruited, and it may have captured particular

participants who were already actively seeking support and information on the internet.

The lack of appropriate services was discussed as a barrier to disclosure. Survivors perceived the lack of services as further compromised by gender inequalities, with a much heavier emphasis on providing groups for females. The investment in, and proportion of services might reflect society's construction of who victims are likely to be; females rather than males. Despite shifts in traditional roles and views of masculinity (Connell & Messerschmidt, 2005) there are still difficulties in viewing men as vulnerable or needing support, despite clear need (Durfee, 2011). Some female survivors reported feeling ostracised in therapeutic groups for women due to the gender of their perpetrators, and described feeling more interested in mixed groups or joining groups with males. Some female survivors said they would prefer to join groups with male survivors of male perpetrated abuse, feeling they would be more able to relate to men with experiences of same-sex abuse.

6.5.1. Survivor Reflections

Each interview was concluded with a reflective debrief, in which participants shared their thoughts about participation. It was recognised that the interview itself was a point of disclosure, with a female researcher. Involvement was therefore accompanied by apprehension, but motivated by a need for more research. All participants discussed attempts to widen awareness of FPSA either via advocacy and survivor involvement (57%) or by entering therapeutic training or professions themselves (36%). Some discussed the need for early intervention, and an awareness of the ways in which children might try to disclose, feeling that this lack of action in their own childhoods was long impacting, and avoidable. Many felt the interview had prompted their current therapy, or intention to disclose. Participants reported a need for open knowledge sharing, as survivors would benefit from resources, but often have the least access to them. Participants discussed research, and the value of involvement:

*“I mean you’re getting the research, but I’m the one getting paid because it helps people to explore through, through the, the channel of giving”
(Jen)*

6.5.2. Strengths and Limitations

A qualitative methodology allowed for data to be examined in rich detail, with the sample size being reasonable. The aim of the study was to capture important themes in this sample, which might form the basis of hypotheses and inform directions for further research, rather than making generalisable claims about survivors of FPSA. Nevertheless, findings did echo previous studies (e.g. Denov, 2003b), suggesting credible thematic conclusions, and given the slim amount of research in this field, arguably it offers a further contribution to developing knowledge. A limitation may be the value-laden nature of qualitative analysis, as interpretations may be subjective (Kvale, 2006). The active role of the researcher in co-constructing meaning to some degree is therefore acknowledged (Banister, 2011). Perhaps a strength and limitation of this study was its International sampling. This allowed for a culturally diverse group of participants; however this did mean that people had experiences of international healthcare systems, and the training of professionals in therapeutic services is likely to be variable, making generalisations about ‘services’ challenging. In addition, this study would have benefitted from asking participants when they disclosed to professionals, as the chronology of when people told is likely to be central. Public awareness of sexual abuse issues in general continues to grow, and whilst awareness of FPSA remains far less pronounced, it is reasonable to assume that this is a progressive context. Finally, many of the participants described wider problematic home-lives and other experiences of physical, sexual and emotional abuse. Disentangling the impact of female perpetration specifically and the particular role of gender, from the impact of wider abusive or turbulent family dynamics is hard, and for many their difficulties may be complex and inter-twined.

6.5.3. Conclusions

This study aims to enrich understandings of FPSA, and amplify the voices of survivor's that have experiences of disclosing or struggling to disclose to professionals. It has illuminated the centrality of gender role and socialisation theories, and how gender constructions seem to be underpinning. It demonstrates the need for both professional and public perceptions of sexual abuse to undergo shifts, and the universalism of the "good mother" idea would benefit from challenge (Peter, 2006); so that survivors do not remain undisclosed. The clinical implications of this study suggest that a lack of awareness will hinder clinical progression with people not reporting their experiences, and this in turn will delay progression in developing services for survivors, and female perpetrators also. Although female perpetrators and their victims constitute a smaller portion of perpetrators and survivors, there are nevertheless many individuals who are struggling alone and who constitute a growing unmet healthcare need.

There is a need to enhance training about FPSA for professionals. Many participants discussed the value of involving FPSA survivors in educating professionals who might encounter disclosure, and with the values of service-user and ex-survivor involvement known (Tait & Lester, 2005) this proposal holds important implications for generating knowledge, and for clinical practice. The central theme of perpetrator gender, but also survivor gender emerged, and the complexities around this 'gendered victim-perpetrator relationship' warrant more consideration. Future research would benefit from exploring the experiences of disclosure and service needs for men and women distinctively in greater depth.

6.6. References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
- Alaggia, R. (2004). Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect*, 28(11), 1213-1227.
- Allen, C. M. (1991). *Women and Men who Sexually Abuse Children: A comparative Analysis*. Orwell, VT: Safer Society Press.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR (4th ed., text rev.)*. Washington DC: Author.
- American Psychiatric Association. (2000), *Diagnostic and statistical manual of mental disorders: DSM-IV (4TH ed.)*. Washington DC: Author.
- Archer, M. S., & Bhaskar, R. (1998). *Critical Realism: Essential Readings*. London: Routledge.
- Attride-Stirling, J. (2001). Thematic Networks: An analytic tool for qualitative research. *Qualitative Research*, 1, (3) 385-405.
- Bader, S. M., Scalora, M. J., Casady, T. K., & Black, S. (2008). Female sexual abuse and criminal justice intervention: A comparison of child protective service and criminal justice samples. *Child Abuse & Neglect*, 32, (1) 111-119.
- Bexson, L. (2011). *'The ultimate Betrayal' Female Child Sex Offenders: An exploration of theories, media representations, and the role of the*

internet in relation to female perpetrators of child sexual abuse. Internet Journal of Criminology (Dissertation). Retrieved November 17, 2012, from http://www.internetjournalofcriminology.com/Bexson_Female_Child_Sex_Offenders_IJC_July_2011.pdf

Boyatzis, R. E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Sage Publications, Inc.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Bunting, L. (2005). *Females who sexually offend against children: Responses of the child protection and criminal justice systems*. London: NSPCC.

Chafetz, J. S., & Stockard, J. (2006). Gender Socialization. In H. Kaplan (Ed.), *Handbook of the Sociology of Gender, Handbooks of Sociology and Social Research* (pp. 215–227). Springer US. Retrieved November 14, 2012, from <http://www.springerlink.com/content/u852565n232472k6/abstract/>

ChildLine (2007) *ChildLine Casenotes: Calls to ChildLine about Sexual Abuse*. London: NSPCC.

Childline (2009) *ChildLine Casenotes: A series of reports on issues facing children today*. London: NSPCC.

Christopher, K., Lutz-Zois, C.J., & Reinhardt, A. R. (2007). Female sexual-offenders: Personality pathology as a mediator of the relationship

between childhood sexual abuse history and sexual abuse perpetration against others. *Child Abuse and Neglect*, 31, 871-883.

Clements, H., Dawson, D. L., & das Nair, R. (2013). Female-Perpetrated Sexual Abuse: A review of victim and professional perspectives, *Journal of Sexual Aggression*, 19 (3): pages to be confirmed.

Connell, R. W., & Messerschmidt, J. (2005). "Hegemonic Masculinity: Rethinking the Concept." *Gender and Society*, 19 (6): 829.

Cortoni, F. (2009). *Recidivism rates of female sexual offenders: A meta-analytic review*. Paper presented at the annual meeting of the American Society of Criminology, Philadelphia.

Danermark, B. (2002). *Explaining Society: Critical Realism in the Social Sciences*. Psychology Press.

Davies, M., Pollard, P., & Archer, J. (2001). The influence of victim gender and sexual orientation on judgements of the victim in a depicted stranger rape. *Violence and Victims*, 16, 607-619.

Deering, R., & Mellor, D. (2011). An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of Child Sexual Abuse*, 20(1), 58-76.

Denov, M. S. (2001). Culture of Denial: Exploring Professional Perspectives on Female Sex Offending. *Canadian Journal of Criminology*, 43, 303-329.

Denov, M. S. (2003b). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child Abuse & Neglect*, 27(1), 47-61.

- Denov, M. S. (2004a). *Perspectives on female sex offending: a culture of denial*. Ashgate Publishing, Ltd.
- Denov, M. S. (2004b). The Long-Term Effects of Child Sexual Abuse by Female Perpetrators. *Journal of Interpersonal Violence, 19*(10), 1137 -1156.
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-Term Consequences of Childhood Sexual Abuse by Gender of Victim. *American Journal of Preventive Medicine, 28*(5), 430–438.
- Duncan, L. E. & Williams, L. M. (1998). Gender role socialisation and male-on-male vs. Female-on-male child sexual abuse. *Sex Roles, 39*, 9-10.
- Durfee, A. (2011). 'I'm Not a Victim, She's an Abuser' Masculinity, Victimization, and Protection Orders. *Gender & Society, 25*(3), 316–334.
- Elliott, M. (1993). *Female Sexual Abuse of Children* (ed.). New York: Guilford Press.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215–229.
- Embry, R., & Lyons, P. M. (2012). Sex-Based Sentencing: Sentencing Discrepancies Between Male and Female Sex Offenders. *Feminist Criminology, 7*(2), 146–162.
- Faller, K. C. (1989). Characteristics of a clinical sample of sexually abused children: How boys and girl victims differ. *Child Abuse & Neglect, 13*, 281-291.

- Faller, K. C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse, 4*, 13-30.
- Festinger, L. (1962). *A Theory of Cognitive Dissonance*. California: Stanford University Press.
- Finkelhor, D., & Russell, D. (1984) Women as perpetrator: Review of the evidence. In D. Finkelhor (Ed.), *Child Sexual Abuse: New Theory and Research* (pp. 171-187). New York: Free Press.
- Fromuth, M. E., & Burkhart, B. R. (1987). Childhood sexual victimisation among college men: Definitional and methodological issues. *Violence and Victims, 2*, 241-253.
- Gannon, T. A., & Rose, M. R. (2008). Female child sexual offenders: Towards integrating theory and practice. *Aggression and Violent Behavior, 13* (6), 442-461.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In E. G. & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). Oaks, CA: Sage publications.
- Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods, 18*(1), 59–82.
- Haugaard, J. J., & Emery, R. E., (1989). Methodological Issues in child sexual abuse research. *Child Abuse & Neglect, 13*, 89-100.
- Hetherington, J. (1999). The Idealisation of women: Its role in the minimisation of sexual abuse by females. *Child Abuse & Neglect, 23*, 161-174.

- Hetherington, J., & Beardsall, L. (1998). Decisions and Attitudes Concerning Child Sexual Abuse: Does the Gender of the Perpetrator Make a Difference to Child Protection Professionals? *Child Abuse & Neglect: The International Journal*, 22(12), 1265-83.
- Higgins, C., & Ireland, C. (2009). Attitudes towards males and female sex offenders: A comparison of forensic staff, prison officers and the general public in Northern Ireland. *The British Journal of Forensic Practice*, 11, (1)14-19.
- Hislop, J. (2001). *Female Sex Offenders: What Therapists, Law Enforcement and Child Protective Services Need to Know*. Ravensdale, WA: Idyll Arbor, Inc.
- Holloway, I., & Todres, L., (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, 3 (3) pp. 345-357.
- Holmes, G., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why relatively few males who have been sexually abused receive help for abuse-related issues in adulthood. *Clinical Psychology Review*, 17, 69-88.
- Johansson-love, J., & Fremouw, W. (2006). A critique of the female sexual perpetrator research. *Aggression and Violent Behavior*, 11(1), 12-26.
- Kelly, R. J., Wood, J. J., Gonzalez, L. S., MacDonald, V., & Waterman, J. (2002). Effects of mother-son incest and positive perceptions of sexual abuse experiences on the psychosocial adjustment of clinic-referred men. *Child Abuse and Neglect*, 26, 425-441.

- Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214–222.
- Lambert, S., & O'Halloran, E. (2008). Deductive thematic analysis of a female paedophilia website. *Psychiatry, Psychology and Law*, 15, (2), 284 -300.
- Lew, M. (1990). *Victims no longer: Men recovering from incest and other sexual child abuse*. New York: Harper & Row.
- Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress*, 7(4), 525–548.
- Loftus, E. F., & Davis, D. (2006). Recovered Memories. *Annual Review of Clinical Psychology*, 2, 469-498.
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell? *Psychology, Public Policy, and Law*, 11(1), 194–226.
- Lyons, E. & Coyle, A. (2007) *Analysing qualitative data in psychology*. London: Sage
- Mathews, R., Matthews, J. and Speltz, K. (1989) *Female Sexual Offenders: An exploratory study*. Orwell, VT: Safer Society Press.
- Mayer, A. (1992). *Women Sex Offenders: Treatment and Dynamics*. Holmes Beach, FL: Learning Publications, Inc.

- McNally, R. J. (2003). Psychological mechanisms in acute response to trauma. *Biological Psychiatry, 53*(9), 779–788.
- Mellor, D., & Deering, R. (2010). Professional response and attitudes toward female-perpetrated child sexual abuse: a study of psychologists, psychiatrists, probationary psychologists and child protection workers. *Psychology, Crime & Law, 16*(5), 415-438.
- Mendel, M. P. (1994). *The Male Survivor: The Impact of Sexual Abuse*. California, TO: Sage Publications, Inc.
- Motz, A. (2001). Female Sexual Abuse of Children. In A. Motz (Ed.), *The Psychology of Female Violence: Crimes against the body* (pp. 15-58). Philadelphia, PA: Taylor & Francis.
- Nathan, P., & Ward, T. (2002). Female sex offenders: Clinical and demographic features. *Journal of Sexual Aggression, 8*(1), 5–21.
- Ogilvie, B. & Daniluk, J. (1995). Common themes in the experiences of mother-daughter incest survivors: Implications for Counselling. *Journal of Counselling and Development, 73*, 598-602
- Peter, T. (2006). Mad, Bad, or victim? Making sense of mother-daughter sexual abuse. *Feminist Criminology, 1*, 283-302.
- Peter, T. (2008). Speaking about the unspeakable. Exploring the impact of mother daughter sexual abuse. *Violence against Women, 9*, 1033-1053.
- Peter, T. (2009). Exploring taboos: comparing male- and female-perpetrated child sexual abuse. *Journal of Interpersonal Violence, 24*(7), 1111-1128.

- Petrovich, M., & Templer, D. (1984). Heterosexual molestation of children who later become rapists. *Psychological Reports, 54*, 810.
- Rogers, P., & Davies, M. (2007). Perceptions of victims and perpetrators in a depicted child abuse case: Gender and Age Factors. *Journal of Interpersonal Violence, 22*(5), 566-584.
- Rohde, P., Lewinsohn, P. M., & Seeley, J. R. (1997). Comparability of Telephone and Face-to-Face Interviews in Assessing Axis I and II Disorders. *American Journal of Psychiatry, 154*(11), 1593–1598.
- Rosencrans, B. (1997). *The Last Secret: Daughters sexually abused by mothers*. Brandon, VT: The Safer Society Press.
- Sandler, J. C., & Freeman, N. J. (2007). Topology of Female Sex Offenders: A Test of Vandiver and Kercher. *Sexual Abuse: A Journal of Research and Treatment, 19*, 73-89.
- Saradjian, J. (1997). Factors that specifically exacerbate the trauma of victims of childhood sexual abuse by maternal perpetrators. *Journal of Sexual Aggression, 3* (1), 3-14.
- Saradjian, J. (2010). Understanding the Prevalence of Female Perpetrated Sexual Abuse and the Impact of That Abuse on Victims. In T. A. Gannon & F. Cortoni (Eds.), *Female Sexual Offenders: Theory, Assessment and Treatment* (pp. 9-30). Chichester, West Sussex: Wiley-Blackwell.
- Sgroi, S., & Sargent, N. (1993). 'Impact and treatment issues for victims of childhood sexual abuse by female perpetrators', in Elliott, M. (ed.) *Female Sexual Abuse of Children* (pp. 14-36). New York: Guilford Press.

- Smith, J. A., Jarman, M. & Osborn, M. (1999). Doing Interpretive phenomenological analysis. In M. Murray & K. Chamberlain (eds.), *Qualitative health psychology* (pp. 218-240). London: Sage.
- Struckman-Johnson, C., & Struckman-Johnson, D. (1994). Men pressured and forced into sexual experience. *Archives of sexual behaviour*, 23 (1), 93-114.
- Tait, L., & Lester, H. (2005). Encouraging user involvement in mental health services. *Advances in Psychiatric Treatment*, 11(3), 168–175.
- Tuckett, A. G. (2005). Applying Thematic Analysis theory to practice: a researcher's experience. *Contemporary Nurse*, 19, 75-87.
- Vandiver, D. M., & Kercher, G. (2004). Offender and Victim Characteristics of Registered Female Sexual Offenders in Texas: A Proposed Typology of Female Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16(2), 121-137.
- Vandiver, D. M., & Walker, J. T. (2002). Female Sex Offenders: An overview and analysis of 40 cases. *Criminal Justice Review*, 27 (2), 284-300.
- Whiting, L. S. (2008). Semi-structured interviews: guidance for novice researchers. *Nursing Standard Royal College of Nursing*, 22(23), 35-40.
- Wijkman, M., Bijleveld, C., & Hendriks, J. (2010). Women Don't Do Such Things! Characteristics of Female Sex Offenders and Offender Types. *Sexual Abuse: A Journal of Research and Treatment*, 22 (2) 135-156.

- Williams, L. M. (1994b). What does it mean to forget child sexual abuse? A reply to Loftus, Garry, & Feldman (1994). *Journal of Consulting and Clinical Psychology, 62*, 1182-1186
- Yardley, L. (2000). Dilemmas in Qualitative Health Research. *Psychology and Health, 15*, 215-228
- Young, V. (1993). Women Abusers: A Feminist View. In M. Elliott (Ed.), *Female Sexual Abuse of Children (pp. 100-114)*. New York: Guilford Press.

Extended Paper

7. Extended Paper

Survivors of Female Perpetrated Sexual Abuse and their experiences of Disclosure

7.1. Extended Background

7.1.1. Prevalence of FPSA

There appears to be a skew in literary endeavours into FPSA, with Elliott (1993) describing the 'discovery' of the female sex offender in the 1980's, following reports of women abusing minors in day or nursery care in America and Canada (Crawford & Conn, 1997). This prompted interest in the field, primarily in relation to understanding perpetrators and their 'typologies' (Mathews et al., 1989). Following this literary 'boom' interest settled, and there are now ongoing streams of research in the area, but comparatively fewer when compared to male perpetrated abuse.

Female perpetrated sexual abuse is becoming more widely acknowledged, and statistics released by a British Children's Charity (ChildLine, 2009) recently reported that of 36% of sexual abuse disclosures by boys, women were the lead perpetrators. Equally, in 6% of sexual abuse disclosures by girls, they reported women as the sexual perpetrators. Prevalence estimates may be affected by the under-identification of FPSA due to the social and cultural constructions of women; survivors may not have their experience recognised as sexually abusive (Saradjian, 2010). This is a reasonable prediction, given that literature suggests FPSA may be treated with lesser importance compared to male perpetrated sexual abuse (Grayston & De Luca, 1999), and it's seriousness and harm comparatively minimised (Hetherington, 1999). There are further difficulties in estimating prevalence relating to the ways in which cases may be handled. It has been noted, that female perpetrated cases are more likely to be reported and dealt with by child protection services, rather than the criminal justice system, and in some cases may be overlooked completely (Bader, Scalora, Casady & Black, 2008). In cases where the criminal justice system does

reprimand female perpetrators, research indicates more lenient custodial sentencing when compared to male perpetrators (e.g. Embry & Lyons, 2012). This will have a considerable influence on how FPSA is perceived by victims, professionals and the wider public.

7.1.2. Prevalence and Gender

Gender differences in reporting may reflect genuine differences in prevalence, but equally, ability to report abuse may be influenced by wider socio-cultural issues relating to gender. For example, it may be that adolescent males find it less stigmatising to report when compared with females (Saradjian, 2010), or that their interpretation is likely to be culturally biased or not framed as 'abusive' (Catanzarite & Combs, 1980). Furthermore, initial perceptions may differ greatly from longer term perceptions. Whilst males are more likely than females to consider the experience 'neutrally' (Fritz, Stoll & Wagner, 1981) at first, the reporting and interpretation of the experience as 'female sexual abuse' is likely to emerge later, when the psychological impacts manifest (Catanzarite & Combs, 1980).

Despite such impacts including; emotional disturbances, sex and sexual identity difficulties, mental health problems, dissociative problems, anger, substance misuse and subsequent sexually abusive behaviours (Hunter, 1990), males may feel obligated to frame the experience(s) as gender-typical socialisation, which may alleviate stigma associated with the experience. Equally, others may respond in this way to fit with the social expectations about how males should feel, and cope with distress (Banyard, Williams & Siegel, 2004). And so, a male victim may be less inclined to label the experience as abusive and thus disclose. Ogilvie and Daniluk (2001, p598) describe how under-reporting by female victims may relate to social stigma attached to this victim-perpetrator relationship. They describe girls abused by females as, 'the breaking of two primary cultural taboos', both incest and same sex perpetration or 'homosexuality'. Stigma associated with a same-sex abusive experience may prevent disclosure for females (Holmes, Offen & Waller, 1997).

7.1.3. Child Sexual Abuse: A Gender Perspective

Awareness of Child Sexual Abuse issues (CSA) overall has increased, with particular growth in understanding prevalence and consequences in relation to female victims of male abuse. Literature, and therefore understandings of perceived 'minority groups' including female perpetrators and male victims is comparatively under-developed (Kia-Keating, Grossman, Sorsoli & Epstein, 2005).

Research statistics in relation to prevalence of CSA in the UK have recently been published by a British Charity (Radford, Corral, Bradley, Fisher, Bassett, Howat, & Collishaw, 2011). Almost a quarter of young adults (24.1%) have experienced sexual abuse of some form by an adult or peer in childhood. Furthermore, one in nine young people (11.3%) reported an experience of contact sexual abuse, during childhood. They note one in three young people between 11 and 17 years old (34%) who had been sexually abused by an adult in childhood, did not tell anyone about it, and remained undisclosed.

Wider CSA literature echoes FPSA literature, with most perpetrators targeting victims they know, with approximately 80% of incidents committed in the home of the victim or perpetrator (Grubin, 1998). In terms of victims, between 60 and 70% of child sex offender's targeted girls, with around 20-33% of victims being male; approximately 10% targeted either gender. In addition, between 23 and 40% of child sexual abuse is thought to be perpetrated by a juvenile or adolescent peer (Grubin, 1998). The aforementioned author acknowledged FPSA, but stated that arguing for a shift in literary emphasis, onto female perpetrators is difficult, due to FPSA being far less prevalent. It has not been refuted that survivors of female perpetration constitute a minority; however their numbers are substantial enough for the balance of research into male and female perpetrated CSA to be redressed (Scheidegger, 2008).

This paper has referred to 'traditional and non-traditional' views of sexual abuse, and the experiences of boys abused by men should also be acknowledged here. Equally, male-male abuse may be understood as non-traditional, and therefore shares a similar level of social taboo or stigma to FPSA, due to the same-sex nature of the perpetration, and, it's violation of male

socialisation theory, as males assume the role of 'victim' (Duncan & Williams, 1998).

7.1.4. Gender Perspectives and FPSA: Gender Roles and Constructions of Women

Peter (2006) discusses the unifying experience of all human beings, of being born, and to differing degrees, mothered. This notion of motherhood carries implicit messages about nurturing and caring, and the notion shares these expectations with wider constructions of femininity. Peter (2006) discusses attempts to rationalise or make sense of FPSA as it sits uncomfortably alongside social expectations and norms. Within this framework abusive or aggressive behaviours are traditionally associated with constructions of men, not women. Exploring FPSA from a critical feminist framework, Peter (2006) refers to a "disconnection between societal expectations of mothers with survivors' experiences of sexual violence" (p.283). Peter (2006) suggests that the 'taboo' nature of female perpetrated abuse, alongside constructions of women, and mothers in particular, means that survivors (and society) will attempt to reconstruct experiences of FPSA to be in line with cultural expectations about how women should treat children. She refers to how abusive females might be classified as; 'mad' themselves, with perpetration being understood as a result of their own mental illness. 'Bad' women are distanced from *normal women*, being epitomised as evil and their perpetration explained within this deviance framework. 'Victims' have their perpetration explained in relation to their own traumatic histories of abuse, with subsequent abusing being understood as an intergenerational pattern of victimisation (Lewis & Stanley, 2000). Another suggestion, or proposed explanation for female perpetration is that women lack capacity or clarity of mind when deciding to, or during perpetration, however this has been met with opposition, and Matthews, Mathews and Speltz (1991) found that the majority of the female offenders they examined were not psychotic, intoxicated or using drugs when they perpetrated. The disharmony between cultural concepts of women and survivor narratives leaves survivors feeling over-looked and misunderstood, and there is a call for more flexible gender role recognition. Certainly, women's roles' appear to be

becoming less exclusive in other areas of social living (e.g. occupation, childcare responsibilities within families), and as gender roles expand this is likely to have implications for attitudes and recognition of FPSA; certainly observations of the changes are likely to be interesting.

7.1.5. Gender and Perceptions of Impact

Literature exploring the impact of FPSA suggests a plethora of negative effects on victims including difficult relationships with women, impact on mental health, substance (mis)use, self harm and, sex and sexual identity (Denov, 2004b). However notably, that negative impacts of child sexual abuse more widely have been challenged (Rind, Tromovitch & Bauserman, 1998). This controversial publication suggests that family environments may be more causal in long term adjustment problems, rather than sexual abuse specifically. In particular, they found that males were less negatively affected by sexual abuse than females and reported more positive, than negative initial perceptions, and that these initial positive perceptions may be predictive of healthier social adjustment. Conversely, subsequent studies have responded, and suggest victims who consider their experiences to have not been abusive may still display marked difficulties with psychosocial adjustment including subsequent offending behaviours (Briggs & Hawkins, 1996). Kelly et al (2002) suggest that positive initial perceptions of abuse may be attempts to deny or cope with the distressing experience. They suggest this method of coping may be avoidant, and in the long term detrimental, and found that positive initial perceptions of the abusive experience may in fact predict more severe difficulties in long terms functioning among males. In conclusion, the literature on the long term effects of CSA is largely unanimous, showing long terms distress relating to childhood abuse. Nevertheless, this controversial publication (Rind et al., 1998) prompted debate in relation to the effects of CSA and victimisation that warrant acknowledgement.

7.1.6. Professional Perspectives on FPSA

A few studies have explored professional perspectives in relation to FPSA (Denov, 2001; Gakhal & Brown, 2011; Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) of which an overview will be provided here. Hetherington and Beardsall (1998) used un-gendered sexual abuse vignettes and accompanying questionnaires with a mixed sample of social workers and police (n=130). All groups considered FPSA as warranting attention; however there was evidence of minimisation across all professional groups. All groups felt the criminal registration of male offenders was more necessary compared to female perpetrators. In addition, all felt imprisonment was significantly more appropriate in male-perpetrated cases. Perpetrator gender was considered a significant factor for professionals, when rating believability of abuse allegations. Mellor and Deering (2010) conducted a similar study, following on from the findings of Hetherington and Beardsall (1998). They also used un-gendered sexual abuse vignettes and accompanying decision questionnaires with a mixed sample of psychologists, psychiatrists and child protection workers (n=231). Whilst both female and male perpetrated abuse were considered serious and warranting action, all professionals indicated social services involvement, investigation, prosecution and imprisonment to be significantly appropriate when perpetrators were male, compared to female. Equally, all professionals reported male-perpetrated abuse to be significantly more negatively impacting on victims, when compared to FPSA. In addition, psychiatrists and psychologists indicated prosecution and imprisonment to be significantly less appropriate for female perpetrators, when compared to male perpetrators. A further study was conducted by Denov (2001) in which qualitative interviews were conducted with both police officers and psychiatrists (n=23). Professional narratives were found to minimise female sexuality, and the propensity of females to be sexual perpetrators. Equally, professionals were found to re-construct the nature of abuse in discourses (e.g. male victims 'enjoying' underage sexual activity with females). In addition, professionals reported a lesser likelihood of intervening in cases perpetrated by females, when compared to males. A further quantitative study conducted by Kite and Tyson (2004) used questionnaires and vignettes with 361 police officers of mixed gender. Echoing previous literature, overall FPSA was considered significantly less serious, less impacting and necessitating less police action,

when compared to male-perpetrated cases. Finally, a further study by Gakhal and Brown (2011) using a quantitative questionnaire methodology examined the perspectives of the general public, probation officers and psychology students, of which 20 participants were 'professionals' within this sample. The key finding relating to professional attitudes in this study was that probation officers held significantly more favourable attitudes towards female perpetrators, when compared to both public and student participants. This might reflect a greater narrow-mindedness towards the phenomenon of female perpetration, which would be understandable given that the general public are likely to have a lesser understanding of, and contact with people who offend (including sexual offenders). The majority of the professional perspectives evident in the literature represent legal professional perspectives (e.g. police officers, probation or child protection samples). This reflects the majority sampling with female perpetrators, as criminal justice or incarcerated samples. There appears to be a dearth of literature examining the professional perspectives of health and social care professionals, and professionals in community care. In summary, studies examining professional perspectives in the literature show a lean toward the under-identification, and under-estimation of harm that can be caused by female perpetrated sexual abuse. This suggests that professional attitudes and perspectives still have considerable need for expansion and growth in relation to the acceptance and treatment of FPSA.

7.1.7. Professional Responses to FPSA

The process of professional disclosure for victims of FPSA specifically, has been explored by Denov (2003b), who primarily examined the impact of professional responses on this experience of disclosing. Semi-structured Interviews were conducted with 14 survivors of equal gender distribution. Perceptions of professional responses were categorised into 'positive' or 'negative' experiences. Predominant negative responses were reported to be 'professional discomfort', 'minimisation' and 'shock', and 14% of the sample reported exclusively negative encounters with professionals. Encouragingly, positive responses were more common (43%) and included, a supportive stance and the disclosure being treated with seriousness. A number of

participants reported both positive and negative professional responses (43%). The study highlighted the pivotal role of professional intervention, and appropriate management of disclosures, in its discussion of the potential detrimental impact of negative responses, such as distrust and betrayal, anger and self-denial or doubt. Equally, the scope for healing and recovery that can follow a positive professional encounter was discussed.

7.1.8. Disclosure

Gender differences in reporting and prevalence, as well as known under-disclosing have prompted the exploration of victim gender and its relationship with disclosing CSA. Whilst literature suggests an overall delaying of disclosure for both men and women, the reasons for this delay are likely to be different. One finding is that male and female survivors may anticipate certain professional responses or appraisals. In a study with 30 survivors of CSA, by Alaggia (2005) exploring survivor gender and experiences of disclosure, barriers to disclosure reported by males included fears of being judged as homosexual, and concerns about being viewed as a 'victim'. Female survivors described fear of being blamed or not believed by professionals, and ongoing personal struggles with feelings of responsibility.

A further explanation for gender differences in disclosing or sharing, relates to gender socialisation theory (Dhaliwal, Gauzas, Antonowicz & Ross, 1996). Within this theory, women may have learnt that it is socially acceptable to seek help, and to admit to feeling victimised or vulnerable. Concurrently, men may have learnt that they are expected to cope inwardly, to be strong and not share as is expected of their gender. Some research suggests that women are more likely to disclose personal difficulties when compared to males (e.g. Dindia & Allen, 1992), which prompts us to consider whether males report less mental health problems, rather than it suggesting they are less affected. Furthermore, socialisation processes may shape how men and women express their emotional distress, and how emotional difficulties manifest (Aldao & Nolen-Hoeksema, 2012). The literature suggests that women may use more coping strategies to manage emotions, compared to men (Tamres, Janicki, &

Helgeson, 2002), that are both adaptive and maladaptive including; rumination, social support, positive self-talk, and suppression. Therefore, the way in which men and women present may influence their ability to disclose. Males particularly may experience a 'masculine gender role conflict' when help seeking, leading to sexual abuse issues presenting under the guise of more socially acceptable male problems, such as anger, substance misuse (Galdas, Cheater & Marshall, 2005).

There is limited specific research exploring disclosure for males and females sexually abused by women, and many CSA studies do not include female perpetrators in their perpetrator samples. However Risin and Koss (1987) did consider perpetrator gender in their study exploring the sexual abuse of boys. Of their recruited college sample 50% disclosed their perpetrator to be a female, and of this 50% only 19% had disclosed to someone with 81% of the boys abused by women, disclosing for the first time, within the context of the study.

7.1.9. Theories of Female Sexual Offending

A theoretical understanding of FPSA is in its formative years and theories of sexual perpetration have been developed almost entirely on male populations, due to reluctances to recognise the propensity for female criminal behaviour (DeLisi & Conis, 2011). Nevertheless, some tentative theories around female sexual violence have been proposed. One such theory is the suggestion that intergenerational patterns of abuse may be contributory, as the abused female goes on to abuse as a form of re-enactment (Saradjian & Hanks, 1996). 'Emotion-motivated' perpetration, driven by high states of emotional arousal or stirred feelings relating to their own trauma histories, has also been suggested (Mayer, 1992). Furthermore, theories of the coerced female have been discussed alongside 'battered woman syndrome' (Walker, 2009), suggesting some women become helpless or submissive when following male co-perpetrators (Davin, Hislop & Dunbar, 1999).

Some have suggested that theories of female perpetration have been stifled by the 'feminist' paradigm which would oppose the notion of FPSA as it brings into question feminist ideologies (e.g., Young, 1993). There may be a temptation to

apply theories of male sexual offending to this population, however whilst the offending behaviours of male and female offenders may appear comparable the drivers or theories underpinning the perpetration may differ greatly. Schatzel-Murphy, Harris, Knight and Milburn (2009) found that sexually coercive behaviours may differ between genders, with women more likely to coerce to achieve a sense of interpersonal closeness when they feel out of control. Furthermore, Vandiver and Kercher (2004) suggest similarly, that motivators may include a desire for closeness or intimacy with the victim or in some cases economic gain (i.e. by facilitating prostitution of victims). Meanwhile, male perpetrators may engage in coercive behaviour to achieve a sense of powerfulness or dominance within their partnerships (Schatzel-Murphy, Harris, Knight & Milburn, 2009). Theories of why men and women sexually offend are both evolving, but may hold limited explanatory value to one another.

7.1.10. FPSA and Impact on Offending

Research suggests that some victims may go on to perpetrate themselves (Allen, 1991). Understanding this and that female and male offenders may have sexual abuse histories involving women as well as men is likely to help shape the clinical care they received. For example, Condy, Templer, Brown and Veaco (1987) discovered that of their 212 male prison sample the following percentages reported childhood sexual contact with an older female; 37% of child sex offenders, 57% of rapists and 47% of people with non sexual offences. Overall, 45% of the male sex offenders disclosed that they had been sexually abused by a female in childhood. Travin, Cullen and Protter (1990) also found that for 5 female sex offenders in their sample, mothers or care-takers had not intervened or helped them during their own childhood physical, sexual or psychological abuse. Petrovich and Templer (1984) found that approximately 14% of an imprisoned male sex offender sample disclosed having been sexually abused by more than one female in childhood. It is reasonable to draw from these findings, that many female and male sexual perpetrators have their own histories of sexual victimisation, by both men and women.

In relation to recovery Rosencrans (1996) found that survivors felt hopeless about the prospect of recovery following FPSA, with 73% of females and 56% of males reporting a slim chance of recovery and improvement. Social denial and minimisation may serve to further damage or exacerbate the impact of the experience on survivors who may feel further traumatised by this lack of recognition (Saradjian, 2010).

7.1.11. Characteristics: Perpetrator and Victim Targeting

Sandler and Freeman (2007) found an interesting relationship between perpetrator age and age of victim targeted. They found younger perpetrators between 18 and 25 years were most likely to target older victims between 12 and 17 years old, with no significant link to types of relationships. Older perpetrators between 33 and 78 years were found to target much younger children, between birth and 5 years old, that were unrelated. This may echo previous suggestions that opportunities to victimise are impacted by the age and circumstances of perpetrators (Hanson, 2002). Women who target adolescents or teens may choose victims of their sexual preference, however it seems that women who target younger children may be less concerned with age, and perpetration may be more directed by the relationship or permitted closeness between the child and adult (Saradjian, 1996b). Women targeting younger children are more likely to be 'deviant' in their offending, with sadistic or violent acts and fantasies characterising the perpetrative behaviours (Cortoni, 2009).

7.1.12. Female Sexual Offenders: 'Typologies'

One area of research that has generated increased understanding of female offending, are typological approaches to FPSA. Here, studies explore the types of women who abuse children, with the aim of increasing understanding to ultimately inform treatment and intervention opportunities for both victims and perpetrators. Studies have attempted to better understand female offending by looking for similar characteristics across groups in terms of age of perpetration, lone or co perpetration, perpetrator's early experiences and victim or target

characteristics (Gannon & Rose, 2008). Typology's of female aggressors, and the nature or types of abuse they may orchestrate is important to understand, as victim's perception of their experience will greatly influence their process of disclosing.

Mathews, Matthews and Speltz (1989) produced the first and most comprehensive paper of typologies of female offenders at that time. They concluded five broad categories of female perpetrators; the 'teacher-lover' may reject the act as abusive, and perceive the relationship as reciprocal, usually with an adolescent. The 'predisposed molester' has her own history of abuse and trauma, which she re-enacts as the abused who abuses. The 'male-coerced' female is passive and co-perpetrates with a leading male abuser. This category has been expanded by Nathan and Ward (2002) who suggest the co-perpetration may not be exclusively passive, but may also involve 'male-accompaniment: rejected / revengeful', in which the female initiates the abuse. The 'experimenter/exploiter' typology may commonly be an adolescent female, who may target a young male victim. Finally, the 'psychologically disturbed' perpetrator presents as mentally unwell or psychotic during perpetration. Since this study, other studies have found similar typologies, as well as proposing new or novel ones.

Vandiver and Kercher (2004) developed the typologies offered by Mathews et al. (1989) much earlier, also suggesting six broad typologies of female perpetrators. Of note, the largest group were the 'heterosexual nurturers', a category that presents very similarly to the 'teacher-lover' category suggested by Mathews et al. (1989). Importantly however, Vandiver and Kercher (2004) expanded their category to include females in broader care-taking roles rather than solely teachers. In a more recent study conducted by Sandler and Freeman (2007) testing the typologies derived by Vandiver and Kercher (2004), only two categories had overlapping characteristics, these were 'heterosexual nurturers' (Vandiver & Kercher, 2004) and 'criminally-limited hebephiles' (Sandler & Freeman, 2007). In both cases, perpetrators targeted adolescent victims however differences were found in gender; the 'heterosexual nurturers' targeted male victims only, whereas 'criminally-limited hebephiles' predominantly targeted adolescent males (70%) but this was not exclusive.

Similarities were also drawn between, 'young adult child exploiters' (Vandiver & Kercher, 2004) and 'young adult child molesters' (Sandler & Freeman, 2007) including young age at time of offence, and young age of targeted victims.

The majority of studies appear to focus on 'active' or covert abuse, meaning perpetrators directly involved with the act. The role of 'passive' abuse is acknowledged in the literature in relation to women who facilitate or observe sexual abuse, although this area is much less developed in the literature, perhaps due to difficulties with sampling or accessing the subgroup (Green & Kaplan, 1994). And so, whilst the phenomenon of co-perpetration has been given attention little is known about the impact of this experience on victims (Syed & Williams, 1996). It is known that co-perpetration most commonly occurs by intimate partners (Grayston & DeLuca, 1999). Certainly there have been developments in how the role of women within co-perpetration is understood. Early typologies proposed a passive female accomplice (Mathews et al., 1989), however subsequent studies expanded this proposal, suggesting that women can be both active and passive co-abusers (Nathan & Ward, 2002), which may reflect wider social shifts or expansions in the roles of women, or how women are viewed.

And so the area of typologies is an ever growing, and evolving one that is likely to change as time passes. Certainly, the existing key studies into offender typologies and characteristics have been diverse in terms of their conclusions, with some overlapping findings. There may be limitations in 'typology' studies, with often small sample sizes or sampling skews. Clinical samples may give the impression of pronounced psychological difficulties which may not be generalisable. Equally, women within the judicial system may not be representative of 'typical' female perpetrators, and skews in the existing typology data must be held in mind (Vandiver & Kercher, 2004). Typology studies provide a guide for understanding this heterogeneous and understudied group of women but the shortcomings of categorisation, as arguably minimising or confining has been acknowledged (Sandler & Freeman, 2007).

7.1.13. Women who Sexually Abuse Adults

Studies exploring female perpetrated sexual abuse suggest that the numbers of women who abuse or sexually assault adult women are far fewer than those who target children or adolescents. Within this typology, a group of women who aggressively target adult males has been found, including 'dominant woman abuse' (Mayer, 1992); the 'female rapist' (Sarrel & Masters, 1982) and the 'angry-impulsive' female offender (Syed & Williams, 1996). The latter study by Syed and Williams (1996) sought to add to the developing typologies offered by Mathews et al. (1989), and proposed this further category of female offender. They proposed that a sub-group of females violently assault adult men, emotionally motivated by anger. They suggest an overlapping between this category of female offender, and male perpetrators, thus narrowing the perceived gap between male and female sexual offenders. Furthermore, Vandiver and Kercher (2004) found that only 8.3% of 471 female offenders had targeted adults, and were categorised as 'homosexual criminals' (n=22) and 'aggressive homosexual offenders' (n=17). The former group were arrested for forcing or coercing sexual behaviour, such as prostitution, and were not sexually assaultive. The majority of victims were female adults (73%) with an average victim age of 32 years old. The latter category 'aggressive homosexual offenders' were proportionally older than other perpetrators, and targeted older victims (Mean=31 years). Like the 'homosexual criminals', the majority of victims were females (88%), however in this case the offence was usually sexually motivated, usually driven by the offenders' sexual preference for females. In conclusion, women who target adult males and females exist in the literature, as a minority and under-studied sub-group of female sexual offenders.

7.1.14. Juvenile Female Perpetrators

Sexual perpetration by juvenile or non-adult females is an equally under-studied area of the female offending literature. Despite this, many young people are arrested annually for sexual offences, such as prostitution, and although the number of female juveniles arrested for female sexual assaults is lower than

males, it appears substantial at approximately 6.6% as estimated in America (US Department of Justice, 2002). Much like adult female offenders, it may be largely hidden or less detectable, or perhaps dismissed by criminal justice officials (Denov, 2004a) or it may be overlooked as natural sexual curiosity or discovery, common in developing children. Given that female offenders often have very turbulent home-lives, characterised by their own sexual victimisation (Kaplan & Green, 1995), and that commonly adult sex offenders begin sexually offending at a young age (Groth, Longo & McFadin, 1982) it is unsurprising that juvenile female perpetration is more common than previously thought. Victims are likely to be known to the perpetrator, as either relatives and often under the role of being 'baby-sat' (Fehrenbach & Monastersky, 1988). The ages of child or juvenile offenders has ranged across studies such as 7 years and 6 months (Johnson, 1989) and 15 years (Hunter, Lexier, Goodwin, Browne & Dennis, 1993). Typically juvenile offender samples in the literature appear to be around 12 or 13 years of age (Vandiver & Teske, 2006). Victim ages appear to be most commonly under 12 years of age (e.g. Fehrenbach & Monastersky, 1988; Fromouth & Conn, 1997). Vandiver and Teske (2006) found average victim age was younger for female perpetrators (7.6 years) when compared to males (8.4 years). Furthermore, females more commonly targeted very young children between infancy and 5 (33%) when compared to male juveniles (22%). Overall findings suggest that juvenile female perpetrators may be more likely to target younger children, when compared to males. This appears to mirror adult FPSA literature, with adult female offenders more likely to target younger children, when compared to male perpetrators (Peter, 2009). In terms of victim gender or preference, findings are inconsistent indicating no gendered pattern, in fact some studies have found that juveniles may be likely to perpetrate against both genders, or target according to convenience rather than sexual preference (Hunter et al., 1993). Despite this previous finding, Vandiver and Teske (2006) found that of 61 juvenile female sexual perpetrators, both male (70%) and female perpetrators (59%) were increasingly likely to target females.

7.1.15. Sampling and Recruitment in the FPSA Literature

The largest proportion of research on female sexual offenders has been conducted with imprisoned samples, or women within the criminal justice system (Grayston & DeLuca, 1999). This may lead to difficulties in making generalisations to other female perpetrators, due to differing approaches to recruitment and sampling (Gannon & Rose, 2008). Victim studies use largely clinical samples (Denov, 2004b; Kelly et al, 2002; Krug, 1989), child protection samples (Duncan & Williams, 1998) or community samples (Deering & Mellor, 2011). The majority of studies have been conducted in America or Canada with a slim number of studies having been conducted elsewhere including Germany, Australia and England, and so results should be interpreted with this distribution in mind (Wijkman, Bijleveld & Hendriks, 2010).

Few studies within the FPSA field have recruited via the worldwide web, despite the rapid rise in internet communication, with a 208.7% growth in the use of the internet between 2000 and 2007 (Lambert & O'Halloran, 2008). It may be a valuable font of information and a way to gather 'unsolicited' or lesser known narratives (Robinson, 2001). It may provide access to many forms of internet communication or sharing including blogging, chat rooms and forums. Some have suggested that qualitative clinicians have been tentative in using the internet for recruitment or data gathering, and the advantages and disadvantages have been touched on (Evans, Elford & Wiggins, 2008). Some studies have examined internet usage as a medium of communication between deviant subcultures including female paedophilia websites (Lambert & O'Halloran, 2008). And so, whilst there appear to be a slim number of studies examining the use of the internet by female sex offenders, there appear to be no known studies in which online FPSA survivor narratives have been explored, and no known studies in which these survivors have been recruited for research purposes. It may provide a freeing space for survivors, as well as information about FPSA, and an opportunity to meet and learn from others with similar experiences (Willig & Stainton-Rogers, 2008). The internet may a largely untapped resource that widens opportunities to reach survivor sub-groups and communities internationally, and people within them who remain unable to disclose.

7.2. Extended Methodology

7.2.1. Qualitative Approaches in Psychology

The notion of *methodological pluralism* posits that investigators should select research approaches flexibly, choosing the most appropriate methods for the research question at hand (Payne, 2006). Equally, this flexibility in methodological application should be accompanied by a tolerance of other methods, and an appreciation for their potential value. Qualitative approaches are arguably preferable for studies with a 'discovery-oriented' structure that are seeking to explore a neglected area in the literature (Barker, Pistrang & Elliott, 2002). Within the field of clinical psychology specifically, qualitative methodologies have shown growing acclaim and use, and have been advocated (e.g. Henwood & Pidgeon, 1992). Furthermore, qualitative approaches (e.g. interviewing) allow for different perspectives and narratives to be shared, without prior categorisation 'fencing off' findings. They allow investigators to capture the perspectives of participants without predetermining responses, using narrow 'categories' (Patton, 2002). Within the context of this study, a qualitative approach was considered appropriate, given that it is an under-studied phenomenon, and to allow for a rich exploration of the information (Holloway & Todres, 2003).

7.2.2. Thematic Analysis

The methodology used in the present study was Thematic Analysis informed by Braun and Clarke (2006). Thematic analysis is a method by which important themes are extracted from the data that relate to the phenomenon or research question (Daly, Kellehear, & Gliksman, 1997). It structures the researchers search for meaningful patterns across the data, and these 'patterns' or themes are the focus for the analyst (Fereday & Muir-Cochrane, 2006). Thematic analysis was identified as a suitable methodology as it can be applied to a large pool of data, and through synthesis, communicate key themes of meaning. The theoretical freedom of TA is considered one of its key strengths, as it allows important aspects of the data to surface without pre-judgement or expectation

(Patton, 2002). However, its flexibility should not be confused with a lack of transparency about its application, and the value of conducting TA rigorously has been noted. Braun and Clarke's (2006) guidelines were followed, as they offer a current, comprehensive and detailed approach to its application (See Table 8 & Appendix T).

Qualitative approaches may differ significantly to each other, but still offer valuable approaches to qualitative analysis. Despite their methodological differences and different epistemological commitments they share a common purpose, Elliott, Fischer and Rennie (1999) describe, "their central purpose is to contribute to a process of revision and enrichment of understanding, rather than to certify conclusions of theory".

7.2.3. Epistemology: Considerations of Critical Realism

It is important that investigators clearly state their epistemological alliance, and the paradigm guiding their research (Holloway & Todres, 2003). Braun and Clarke (2006) espouse that TA can be conducted within a realist, constructionist or contextualist framework, and that it has no rigid theoretical commitments. Critical realism sits between positivist paradigms in which an independent reality is assumed to exist, and post positivist paradigms which suggest that there are multiple ways of knowing rather than any objective truth (Hoffman & Kurzenberger, 2008). In this sense, critical realism that reality exists but is informed by subjective meaning and interpretation; Danermark (2002, p.5) summarises this, "there exists both an external world independently of human consciousness, and at the same time a dimension which includes our socially determined knowledge about reality". In relation to the present study, the experience of sexual abuse was accepted as a shared truth as indicated by each person's self-identification as a 'survivor of abuse', and the study sought to explore shared or conflicting 'truths' and meanings about the experience of disclosing. Terms such as 'abuse' and 'victims' are used sensitively and were discussed with participants before interviewing, as they presume a position that may disempower individuals who have not made their feelings known. Importantly, this study accepts sexual abuse as a legal reality and as a lived

reality for those who apply this meaning to their experience and who describe themselves as having been abused. It also understands that individuals may self-identify with having been abused to differing degrees or in some cases not at all.

In their study, Braun and Clarke (2006) do specifically explore two approaches to TA, 'realist' and 'constructionist', and also suggest that interpretive or 'top-down' approaches compliment a constructionist paradigm, meanwhile, semantic or 'bottom-up' approaches compliment the realist researcher. Therefore both epistemological positions were explored prior to the commencement of the research, as these are explicitly discussed by Braun and Clarke (2006) as fitting epistemological stances. Considerations of a social constructionist epistemological stance shaped the thinking of the researcher, in reflecting on her epistemological position. For the purposes of epistemological considerations, an overview has been provided in relation to the possible strengths and limitations of social constructionism's explanatory value when applied to FPSA.

7.2.4. Epistemology: Considerations of Social Constructionism

A social constructionist stance posits that language is used to negotiate or 'order' the world. It suggests understandings and power are constructed according to social discourses (Burr, 2003). In particular, this study explores how gender roles are constructed or discussed, as connotations about female sexuality, nature and lifestyle are likely to influence peoples discourses about perceived effects of FPSA, the meanings they give the experience, and whether these constructions of gender facilitated or hindered disclosure in each case. Braun and Clarke (2006) suggest TA compliments a constructionist approach for those interested in the ways in which meanings are derived, as influenced by wider socio-cultural discourses.

Exploring the complex issue of sex and sexual abuse using a constructionist approach may be challenging. Within this framework sexual behaviour is understood to be a socio-culturally defined idea, with acceptable and unacceptable sexual behaviour and the meaning people assign to experiences,

being subjective. In this sense, a constructionist paradigm rejects the concept of a singular reality (Willig & Stainton-Rogers, 2008) in favour of multiple realities that each person constructs when making sense of their experience, which is informed by wider social discourses about sex and gender. From a constructionist stance the researcher respects multiple survivor accounts, or 'multiple knowledge's' as co-existing (Guba & Lincoln, 1994), rather than assigning her own judgement on experiences. Terms such as 'abuse' and 'victim' are understood to be constructed ideas informed by social discourses. Post-modern social constructionist thinking embraces 'multiple ways of knowing' (Winslaid & Monk, 1999) and in relation to this study, would embrace the way in which different survivors consider their experiences in different ways.

Constructionist approaches actively support multiple-voices in their construction of meaning, and constructionist researchers amplify participant experiences in the role of 'passionate participants' themselves (Lincoln & Guba, 1985). Degrees of alignment with social constructionism have been suggested and the researcher may not identify with radical social constructionist ideas, which posit that no objective reality exists altogether (Barker, Pistrang & Elliott, 2002). The constructionist position highlights the importance of social discourses in constructing gender, as is pivotal in this study. Reicher (2000, p.3) summarises the influence of language as shaping understandings, and to some degree maintaining social equilibrium: "...language is a form of social action which we use in order to create our social world. The focus is on how apparent descriptions serve to manage our social relations." Perhaps this can be understood in terms of how masculinity and femininity are managed, and how language is used to understand these roles and male and female propensities for sexual violence, or not. A powerful critique of postmodernism and social constructionist is their rejection of reality, in areas where ethical realities are important to acknowledge. Its tentative stance might minimise moral and legal injustices including abuse (Barker, Pistrang & Elliott, 2002; Minuchin, 1991). Using an entirely discursive approach may invalidate a person's experiences or even deny them, something that some survivors of abuse may have experienced previously. The researcher felt a constructionist approach might seem to de-value or deny her acknowledgement of participant experiences, and

so for this reason a critical realist position felt more complimentary. Nevertheless, the strengths of the social constructionist lens have been recognised, particularly in their discussions around constructions of gender.

7.2.5. Procedure: Recruitment Information

Fourteen participants were recruited in total, which was felt to be an appropriate sample size for the present study. Guidance on suitable sample sizes in qualitative research is variable, and should be based on researcher judgement in relation to the phenomenon being investigated, the particular method and the sampling 'strategy' (Sandelowski, 1995). In relation to sister studies in the FPSA literature, (e.g. Denov, 2003b), and guidance on sampling in TA suggesting at least 12 participants (Guest, Bunce & Johnson, 2006), the sample was considered robust. Sampling was purposeful, aiming to recruit 14 people meeting the inclusion criteria (Robson, 2002).

Eighteen international organisations involved in supporting male and female adult survivors of sexual abuse were initially approached by the researcher. In each case the details of the study were shared, and an appeal was made for support to advertise and reach survivors connected to each organisation (Appendix A). In each case consultation with charities and online organisations happened by both email, and telephone contact. In total, twelve online international organisations agreed to support the advertising of the study including, 4 UK registered charities for abuse survivors, 2 UK based survivor-led voluntary organisations, and 4 online sites offering information, survivor blogging and forums. Participants were also recruited via a leading social media organisation, via online survivor or support groups. As the study expanded, other survivor organisations voluntarily advertised the research without notification. Eight of the twelve organisations advertising the study were supportive services for males only, three were online resources for both genders and the social media recruitment was aimed at both genders. Five participants were recruited via social media (academic / survivor group affiliations on social media sites), two were recruited via UK user-led voluntary organisations for male survivors, one via a UK sexual abuse support charity,

one via a survivor forum, two via an information and blog site about FPSA, one via a men's rights website advertising the study and finally, two via online support sites providing information and blogging to male survivors. For two organisations also running therapeutic groups for survivors, posters were also emailed for circulation to maximise recruitment (Appendix R).

In each case the study was advertised via a 'blurb' or specially written summary appeal containing a link to the research website which contained a number of different pages describing the study (Appendix B). Including; 'home' which provided a summary of the study, 'Research' which provided a summary of the study including inclusion and exclusion criteria, 'Researcher' which provided an summary about the researcher, her affiliation and research interests, 'Background' which provided a brief overview of the FPSA literature, 'Ethics' which confirmed that the study was both ethically sound and approved, 'Information' which contained all of the details relating to participation (Appendix C), and finally 'Contact me' (Appendix D) in which survivors consented and contacted the researcher. The use of the internet and blogs to both gather and analyse qualitative data, and recruit has been discussed (Hookway, 2008).

Interested individuals were then emailed by the researcher in response to their 'contact' form being received. Within this initial email the researcher thanked the individual for their interest, and asked the person about their preferred method of contact from this point. Emails were deliberately empathic, and the nature and length of email correspondence was variable, depending on whether individuals had questions about the study. In each case, individuals were offered a pre-interview telephone or email conversation. Due to the international sample, scheduling interviews was as flexible as possible given the international time zones. In total, the majority of participants were based in the United States of America (n=6, 43%), four were based in the United Kingdom (29%), three were based in Canada (21%) and one in Australia (7%). The option of using Voice over Internet Protocols (VoIP) such as SKYPE or, telephone interviewing was detailed on the study website. All participants had access to a telephone and chose this method of communication.

Interviewing began without being recorded to allow participants to orientate to the phone call and to ask any questions (Appendix E). In addition, consent, and limits to confidentiality were revisited. A flexible debrief was conducted with each participant, and followed by the researcher making an entry in her reflective diary. Given the sensitive and often traumatic nature of much of the material discussed, the log helped the researcher to reflect on her interview style and questioning, and reflect on personal feelings evoked by the interview. Research supervision with the second author, DD also helped the researcher manage the emotional impact of interviewing, although no confidential information relating to the content of the interviews was discussed.

7.2.6. Semi-Structured Interview

Interviews are a commonly used research tool in psychological studies, and they comprise a key approach in qualitative enquiry in particular. Through the use of open ended questioning the researcher can elicit detailed responses about people's experiences, perceptions, emotions and understanding (Patton, 2002). They are discussed as a flexible and useful way of gathering information face-to-face or via telephone interviewing (Polit & Beck, 2006), as was used in this study. Interviews can be structured, semi-structured or unstructured, depending on the nature of the research (Whiting, 2008). For the purposes of this study a semi-structured framework was most appropriate, as it allows for narratives to develop and flourish, whilst still being guided by the researcher and the overarching research question. Authors, DiCicco-Bloom and Crabtree (2006) describe, "open, direct, verbal questions are used to elicit detailed narratives and stories." (p. 317)

The purpose of the interview was to support participant exploration of their experiences of sexual abuse disclosure. The schedule was developed by the first author, and shaped by comments and guidance by the second author, who has experience in using TA and experience in developing interview schedules. Certainly Whiting (2008) advises consultation and accessing 'expert advice and support' (p. 35) when developing a high quality interview transcript. The degree to which interviewers contribute has been debated, with some advocating a

detached questioning stance, and others developing a more reciprocal or 'giving' interviewing style (Melia, 2000). The semi-structured protocol was delivered in line with guidelines by Whiting (2008) who discusses key features of semi-structured interviews, and highlights the importance of working reflexively. Reflexivity is highlighted as a key quality in competent qualitative interviewing (Hand, 2003), and so strategies were taken to enhance the researcher's awareness of personal biases. As advised in the literature a reflective log was kept throughout the process of interviewing, in which thoughts about the interview, before and after were noted down (Clarke, 2006). Furthermore, notes about the process of the interviews, were made during the debriefing period following them. In addition, the interviewers noted key emotions and reflective observations that arose, and the ways in which interviewing might be strengthened.

7.2.7. Analysis in Thematic Analysis

Braun and Clarke's (2006) six phased approach to conducting TA was followed (See Table 8)

Table 8: Phases of Thematic Analysis (summary)

	Phase
1	Familiarising yourself with your data
2	Generating Initial Codes
3	Searching for themes
4	Reviewing themes
5	Defining and naming themes
6	Producing the report

Note: Please see Braun and Clarke (2006, p. 87) for descriptions of each process

As advised by Boyatzis (1998) TA informed the entire analytic process, including listening actively to participants during interviewing, and noting any potential patterns of interest, as well as keeping a reflective log during the interviewing process. This immersion in the data continued throughout transcription, with the researcher remaining curious throughout this phase of

'familiarising with the data' (Braun & Clarke, 2006). The researcher transcribed the majority of the audio-interviews (n=9, 64%) which allowed for an emersion in the data. For those which were transcribed by a confidential transcription company, the researcher familiarised herself with the data through the recursive process of "careful reading and re-reading of the data" (Rice & Ezzy, 1999, p.258). The use of transcription services was felt to be an efficient use of resources given the time limitations of the study. Furthermore, it allowed the researcher to use the time immersing herself in familiarising with the data.

Following this, initial codes were identified in the narratives, codes were patterned, interesting or potentially meaningful narratives (Tuckett, 2005). Coding was done line-by-line and involved the researcher looking for 'important moments' in the narrative; 'good codes' were extracts capturing meaningful information relating to the essence of the research question (Boyatzis, 1998, p. 1) (Appendix I). A provisional list of codes was generated, and data extracts with similar codes were grouped, and codes were merged (Appendix J). Importantly, Braun and Clarke (2006) address the question of "what counts as a theme?" Prevalence alone did not determine *keyness*, and the guideline advises flexibility and researcher judgement in concluding themes of meaning. It is beyond the scope of TA to be able to capture all narratives across participants, and so for the purposes of this paper themes with some level of patterned response within the data set were reported, and key themes were considered as capturing importance in relation to the research. It is important to acknowledge the role of researcher subjectivity on the process of extracting themes of meaning for the data. A reflective log was kept throughout the process of analysis, including the coding process to foster a reflexive stance. It was acknowledged that reading, and re-reading of multiple transcripts may influence judgement and what the researcher was 'searching for' in line with the researchers own thinking and expectations of the data including, 'values, assumptions, prejudice' (Hand, 2003).

Transcripts were revisited as part of the recursive process and checked alongside provisional codes. Codes were then brought together into possible broader themes, and all codes and data relating to each theme was gathered

together. Themes were then reviewed in relation to the coded extracts to ensure coherency between themes and codes (Appendix P). This process of searching for themes involved bringing together, all codes and extracts from the data. For this stage of the process, the researcher also found making a mind-map helpful (Braun & Clarke, 2006) and spreading the information out visually helped understand relationships between themes (Boyatzis, 1998) (Appendix K). Due to the high volume of data a Thematic Network was used as an aid at this stage, to help organise and systematise the codes into levels of themes, Attride-Stirling (2001) describes thematic networks as, “web-like illustrations (networks) that summarise the main themes constituting a piece of text” (p. 386). Whilst illustrative tools are not a new idea in qualitative methods, thematic networks provide a means by which to gather together data and order information into levels or a hierarchy of ‘themes’; (a) basic, (b) organising and (c) global themes (Appendix S). The rationale for using a thematic network (Attride-Stirling, 2001), alongside phase 4 or the ‘reviewing themes’ phase in Braun and Clarke’s (2006) method, was to ensure all coded data was included, and not lost. It helped the researcher to remain sensitive to the data, and to visualise overt structures between levels of themes, and underlying or unifying patterns. It therefore allowed the researcher to corroborate actual saliency, by seeing the data visually, to ensure themes were salient rather than this being driven by researcher bias or opinion. It also offered a working structure to a large amount of information and provided an overall picture of the findings to inform the report writing phase.

Formation of the detailed thematic network then fed into a concise summary ‘Thematic Map’ of main themes and sub-themes, and their relationships devised by the researcher [See Figure 2: Main Thematic Map]. In addition, Individual Thematic Diagrams for each of the 4 themes were drawn together, to display significant subthemes and their components (Appendices L, M, N, and O). It was at this stage that themes were solidified and defined, and given appropriate themes names. Following the establishment of themes and subthemes, derived from the data, codes were once again checked against them to ensure fit with the broader themes (Appendix: P). Four super-ordinate themes were identified with one central and unifying theme: ‘Perceptions of gender and disclosure’,

which related to, 'decision to disclose', 'process of disclosure', and participants' 'experience of disclosure'.

7.2.8. Evaluation and Quality of Qualitative Enquiry

The credibility and value of qualitative approaches have been discussed (e.g. Potter & Hepburn, 2005). Their position as a comparatively new methodological approach when compared to quantitative methods, their diversity and their often vague explanation in academic papers, mean there has been difficulty in demonstrating their value at times, and in measuring their integrity (Yardley, 2000). Nevertheless, developments in making qualitative analysis more rigorous, structured and more transparent is happening (Tracey, 2010; Yardley, 2000). For the purposes of this paper, quality criteria on conducting robust qualitative research was held in mind (Yardley, 2000), in terms of being sensitive to literary and participant contexts, being rigorous with the depth of the analysis and in making this process transparent and coherent (Appendix Q). In addition, the researcher hopes the paper will make a contribution to developing professional and public knowledge about FPSA.

Braun and Clarke (2006) also highlight the need to measure qualitative quality, and provide a checklist of criteria to consider when determining 'good' or rigorous TA (Appendix T). Measuring the quality of qualitative approaches is naturally different to quantitative quality 'control', and the strength of qualitative research, including TA lies in the application of methods, or following the process of analysis in a structured way, whilst also preserving researcher reflexivity. The checklist provided by Braun and Clarke (2006) provided a clear structure for the analytic process of this study.

A further way, in which the quality of study was reviewed, was through the use of triangulation. Collaboration through triangulation and cross-checking preserves the richness and uniqueness of qualitative enquiry but offers the structure and rigor of quantitative approaches (Yeh & Inman, 2007). Triangulation may allow for multiple ways of measuring, rather than solely relying on a singular perspective on the data (Patton, 2002). Initial codes were generated by the first author and the generation of initial codes was subject to

consultation by DD, and random samples of transcripts were blind-coded and coded together with RdN. The researcher also met with DD when searching for themes and organising codes into initial themes, which allowed for process checking. Following this the researcher met with RdN to review and define the themes.

7.2.9. Ethical Considerations

This study was ethically approved by the University of Lincoln Ethics Committee, and ethical permissions were given in August 2011 (Appendix U). Following this, the researcher contacted the ethics board in relation to two ethical amendments, these were to change the title of the project from 'victims' to 'survivors', and to gather online consent, rather than gathering paper copies. Both amendments were deemed minor and so were authorised directly by the Chair of the Ethics Board, without an ethical certificate needing to be issued. In June 2012 the researcher applied for a further amendment; to widen inclusion to include participants with juvenile female perpetrators or non-adult female offenders. This was accepted by the board (Appendix V). A final ethical amendment was applied for in August 2012, for permissions to use confidential transcription services; this was accepted (Appendix G).

7.2.10. Ethical Considerations of Interviewing

Ethical considerations were also extended to the interview and participation process. Due to the personal nature of the topic, semi-structured interviewing was intentionally relaxed and empathic. Prior to the interview, participants were offered a relaxed, unrecorded telephone contact. This was an opportunity for participants to ask any questions about the research, the researcher, as well as ethical queries relating to confidentiality. Furthermore, it was intended to give participants the opportunity to 'meet' the researcher prior to the recorded interview, and orientate themselves to the process of telephone interviewing. All participants were advised to read the participant information before taking part, and this was also checked with participants prior to the formal interview. Time allocated to conduct interviews was flexible, and an open-ended debrief was

provided, in which recording terminated and an informal reflective conversation was facilitated with participants, to ensure their wellbeing. Participants were made aware of their right to stop the interview, or request a break if necessary. Further still, consent was revisited and participants were made aware of their rights to withdraw from the study should they wish to. Also, the researcher is a Trainee Clinical Psychologist, with experience of responding to emotional distress so was able to support participants during emotional moments. The participant's information detailed important details about how the researcher would respond to safeguarding concerns. No safeguarding concerns arose during the interviews, and so this protocol was not actioned. Any safety concerns about the participant or others would have been assessed in each case, and the researcher would have consulted the second author. In the eventuality that previously undisclosed abuse were shared, participants would have been advised to contact their GP, and directed to supportive organisations provided in the participant information. Limited information is known about participants, their location and personal information, but the researcher would have a professional obligation to share concerns with the participant, as is described in the interview schedule, and advise them to contact the Police and Social Services directly if they have concerns about their or another's welfare.

As the study used an 'opt in' methodology, participants were able to consider participation, and contact the researcher at their own pace, or should they need more information to make an informed decision. It was stated on the research website, that the semi-structured interview could be emailed to anyone at their request, should they wish to look over the questions prior to making their decision to participate; three participants requested and were sent the interview schedule. All participants were made aware that a summary of findings would be made available following the commencement of the study, and made available on the research websites through which they were recruited.

7.2.11. Managing Data

Data was managed confidentially throughout the study, with each participant having a pseudonym. Pseudonyms were applied to demographic information,

used in the reflective log, and interview transcripts. Age ranges have been provided in the demographic information to further protect the identity of participants. Demographic information sheets and audio-recordings of interviews are stored securely and separately, in locked filing cabinets at the University of Lincoln. Only academic staff in the Trent Doctorate in Clinical Psychology department, at the University of Lincoln are able to access confidential participant information. In situations where confidential data was transported between sites, a locked bag was used and audio material was transferred to an encrypted safe-stick at the nearest opportunity.

The protection of participant data was a priority and the minimum amount of personally identifiable information was gathered (i.e. gender, age, ethnicity, marital status). Participants contacted the researcher via a secure server online, in which they gave their consent to be contacted. Contact email addresses were then transferred to a secure encrypted stick, and stored there securely along with any correspondence emails. Following recorded telephone interviews, data were immediately transferred onto secure electronic storage, such as an encrypted data stick. Audio recordings were removed and deleted from the Dictaphone recording device following interviews, following their safe and secure transfer to electronic storage. The researcher developed a website for the purposes of this study, along with a safe and password protected confidential email server, in which to receive correspondence. Emails containing identifiable information such as names and telephone contact numbers were immediately transferred to an encrypted safe-stick. Telephone interviews were conducted in confidentially in a private room at the University of Lincoln. In the cases where interview transcripts were transcribed by an external agency (n=5, 36%), consent was sought from participants. External transcription was bound by a confidentiality agreement (Appendix F). In line with the University of Lincoln's Research Ethics Policy, participant data will be securely stored and retained for seven years only, and will be destroyed thereafter.

7.3. Extended Results

7.3.1. Long Term Effects of FPSA

An overview of self-reported effects of FPSA has been included as a secondary finding in this study (See Table 9). It is beyond the scope of this extended paper to discuss these in detail, however a summary of findings will be provided.

Table 9: Effects of FPSA in adulthood (Adapted from Denov, 2004b)

Long Term Effects	N° of Female Victims	N° of Male Victims	Total Percentage of Sample
Substance abuse	2	3	36
Self Harm	0	1	7
Anger and Rage	4	4	57
Emotional Difficulties	1	5	43
Depression	2	4	43
Anxiety and Panic	6	1	50
Physical Health	3	1	29
Relationships	5	5	71
Relationships with women	4	7	79
Suicidal Ideation	1	2	21
Sexual Functioning	2	5	50
Sexuality	3	0	21
Identity	2	2	29
Isolation / Withdrawal	1	5	43
Fear of Abusing children	2	0	14
Dissociation	3	3	43
PTSD	4	4	57
Self esteem and self concept	3	3	43
Other addictive behaviours (e.g. workaholic)	0	3	21
Parenting	4	4	57
Financial / costs	2	2	29

Note: Figures were derived from the qualitative interviews according to whether they were mentioned explicitly by participants during interviewing. Therefore frequencies of effects should be read as approximations, as participants may be affected in ways not specifically discussed.

Table 9 provides a detailed overview of key effects discussed by participants. The most common effect reported across all participants was the effect on relationships with women in adulthood. This was a particularly dominant theme amongst males, with 100% of the sample describing this. Furthermore, the

impact on relationships generally was a common narrative and whilst discourses were vast, participants commonly described difficulties trusting, fear of exploitation, turbulent and volatile relationships, difficulties maintaining relationships, difficulties understanding healthy relationships and negotiating boundaries, being excessively over-protective or self-sacrificing in relationships, and experiences of being in abusive relationships as adults. Another common theme around impact on sex and sexual functioning emerged, particularly amongst male participants, with 71% of males describing impacts. Common narratives across all participants included anxiety around sex and intimacy, a preference for masturbation rather than intercourse, impacts on libido and feeling asexual, using sex as a coping mechanism, and sexual pain or discomfort. Only women reported impact on their sexuality, and narratives included sexual confusion and confused sexual identity.

In terms of mental health effects, males commonly reported an impact on their emotional functioning, including feeling emotionally disconnected, difficulties controlling or managing emotions, feeling emotionally distant in relationships and feeling a separation between emotions and sex. Far more women than men reported anxiety and panic symptoms, whereas a higher number of males reported having experienced depression as a result of their FPSA. Many participants, of equal gender distribution discussed trauma or PTSD symptoms related to the experience, including flashbacks and nightmares in adulthood. Equally an equal number of both men and women described the long term impact on their self esteem and self concept. Common narratives relating to this included feelings of shame and stigma, a lack of confidence and feeling 'held back' in life due to the experience, also feeling defective, abnormal or deviant.

A number of participants, particularly males described social impacts, in particular being socially isolative or withdrawn. Narratives around difficulty with social skills, negotiating new environments, meeting new people and preferring to be alone rather than with others were common. Another prominent theme was around the impact of FPSA on people's parenting decisions. This included participants being hesitant to trust others with their children, over-protective parenting, meticulous and careful in their physical care behaviours, deciding not to parent, discussing sex and sexual issues openly in their own families. A

number of participants described using substances including cannabis, alcohol, and addictions to prescription medication, and other addictive behaviours were also discussed, in particular using work or their occupation as a coping strategy. Two female participants discussed their fear and acknowledgement of intergenerational patterns of sexual abuse, and discussed their own anxieties about being sexual perpetrators. No participants disclosed having sexually perpetrated against an adult or a child in the study. Some participants also discussed the impact of the FPSA on their physical health including difficulties with stress and tension, cardiac problems, difficulties managing weight and pain. A number of other participants also discussed effects including self harm, difficulties with anger and rage in adulthood, thoughts of suicide, identity issues, dissociative symptoms, and the financial impacts of therapy on their adult lives (please refer to Table 9 for more detail).

A summary of Impacts of female perpetrated sexual abuse was considered important and relevant, because 'Effects of Abuse' was found to be a sub-theme of Theme 2 'Decision to Disclose'. In particular, participants discussed their mental health and difficulties with relationships as two key barriers to disclosure. Findings in this study echo previous literature discussing the largely serious and complex impact of female perpetrated abuse on victims (Deering & Mellor, 2011; Denov, 2004b; Duncan & Williams, 1998)

7.3.2. Sample Overview: Relationship with Perpetrator

Of the total sample 10 (71%) participants had been abused by a family member, and of this sample 6 (43%) named the perpetrator as their birth mother. One participant described abuse by their foster mother, and 3 participants were abused by other relatives. Four participants (29%) were abused by unrelated females. All participants had experience of abuse by at least one female, with 11 (79%) participants being abused by an adult female offender, and 3 (21%) participants being the victims of juvenile perpetrators.

7.3.3. Characteristics of Abuse

The average age of onset for male victims was 9 years and 6 months, which was significantly higher than the average age of onset calculated for females, at 2 years and 8 months. The average duration of abuse was more comparable across genders, with the average duration for males being 6 years and 9 months, when compared to a marginally shorter duration reported by females at 5 years and 1 month. Estimations of frequency were harder to estimate, with the majority of participants discussing the variability of the experience due to the pervasiveness of the roles (n=7, 50%). Three participants (21%) discussed the most frequent experience as a daily occurrence. One participant (7%) experienced a singular direct experience with the perpetrator, however did report a different form of non-direct sexual abuse monthly. The entire male sample experienced sexual abuse by a lone female perpetrator (n=7, 50%), and similarly all females experienced the same (n=7, 50%). However, 2 females (14%) also reported concurrent experiences of being observed indirectly by others, and 1 female (7%) also experienced co-perpetration, as well as abuse by a lone female.

7.3.4. Nature of the Sexual Act

All abusive experiences were considered individually damaging and severe across 100% of the sample; therefore descriptions of the experiences have not been grouped according to perceived severities, as has been done previously in the FPSA literature (Denov, 2004b). In most cases, participants reported more than one type of sexual act usually occurring as part of the sexual abuse. Commonly female participants reported genital fondling by the perpetrator (n=3, 21%). The most common experience for males was sexual intercourse (n=3, 21%) and kissing (n=3, 21%). Other common experiences for females included; anal and vaginal penetration with fingers and/or objects (n=2, 14% consecutively) and oral sex (n=2, 14%). Other common experiences for males included genital fondling by perpetrator, sexual harassment and encouraging masturbation (n=2, 14% consecutively). In 13 (93%) cases the experience was direct and physical, and 2 participants experienced indirect sexual abuse not involving physical touch (i.e. harassment and orchestrating sexual exploitation by others).

As above, all participants experienced at least one lone female perpetrated sexual experience. Twelve participants (86%) reported wider experiences of abuse, including physical and emotional abuse. Of these 12 participants, 7 (50%) said these wider experiences of abuse were also perpetrated by the named female. Four participants (29%) reported more than one experience of female perpetrated sexual abuse or assault by another female perpetrator. The nature and type of sexual experiences were diverse; please refer to Table 6 for further descriptions of sexual acts.

7.3.5. Overview of Participant Disclosure Information: Level of Disclosure

All male participants reported having disclosed to a professional and non-professionals. Five females (36%) reported having disclosed to a professional, the majority of whom (n=4, 29%) had also disclosed to non professionals also. Two female participants had not yet disclosed to professionals (14%) although had disclosed to non-professionals. Two women (14%) reported difficulty recalling the number of professional disclosures they had made, recalling 'multiple' disclosures. The majority of males and females disclosed between the ages of 31 and 50 years (n=7, 50%) with the majority of males taking between 20 and 30 years to tell a professional, and females between 0 and 1 year, or 20 to 30 years to share the experience. On average, female participants had disclosed to more professionals (3), compared to males (2).

7.3.6. Nature of Disclosure

The majority of participants had disclosed in more than one context, and for males the majority had disclosed to professionals in both individual, and group therapy (n=5, 36%), a further 5 males (36%) had also made non-professional disclosures within online survivor communities. Similarly, the majority of females had disclosed to professionals in both individual and therapeutic groups (n=3, 21%). Two females (14%) had disclosed in individual therapy only, and a further one participant (7%) had disclosed in a therapeutic group only. Far less women when compared to males, reported disclosing online (n=1, 7%).

7.3.7. Type of Professional

Most commonly males reported their initial disclosures being to a counsellor (n=2, 14%), with two males (14%) referring to a “therapist” without describing their designation. Females also reported the majority of initial disclosures being to a counsellor (n=2, 14%) or alternatively, to a legal professional (n=2, 14%). Subsequent professionals disclosed to are variable, but males most commonly described disclosing to ‘therapists’ (n=3, 21%), while females described most commonly disclosing to counsellors after their initial disclosure (n=3, 21%). The majority of participants disclosed initially during adulthood (n=13, 93%) and one person disclosed as a child and subsequently in adulthood (7%).

7.3.8. Professional Responses

Participants, who had disclosed, were asked about this experience and the perceived helpfulness or unhelpfulness of these responses. Most commonly males reported either helpful (n=3, 21%) or mixed responses (n=3, 21%) with only one male (7%) describing unanimously unhelpful professional responses. The majority of females (n=4, 29%) described mixed experiences of professionals, with one female describing only positive professional responses to disclosures (n=1, 7%). No females described entirely negative responses to their abuse disclosures.

7.3.9. Theme 1: Perceptions of Gender and Disclosure

All participants discussed issues related to gender, and how this to varying degrees affected their disclosure experience.

Gender as a Barrier to Recognition

A number of participants felt that the gender of the perpetrator as female was not the only reason that their experience hasn’t been recognised as sexually abusive. For some, their own, survivor gender and in the following instance age, led to a lack of recognition of their abuse.

“I’m male and people just don’t think of teenage males as victims when it comes to sex” (Elliott)

This comment by Elliott suggests that some people are more easily recognised as vulnerable, based on assumptions made about gender, and even a combination of gender and victim age. These assumptions might shape the responses people receive and the support they are offered. These discourses also blend with issues around gender roles, and how culture views individuals as potentially ‘predatory’ or ‘victimised’ according to their gender.

Perceptions of Gender Roles and Impact on Disclosure

Some female participants felt their disclosure was made more difficult by the same sex nature of their experience. Participants felt this violated the usual heterosexual gender roles of relationships, but also women are traditionally perceived as holding the less explicitly sexual role in relationships, with the idea of female sexual aggression being described as *less acceptable* when compared to male sexual aggression:

“It is more acceptable for a, a you know like someone who comes into the house like, like I did, I was molested by a neighbour... a male neighbour um that would be more, so much more acceptable” (Jen)

Narratives around sexuality and sexual orientation emerged, and some participants felt the gender of the perpetrator as a female may lead some people to make judgements about her sexuality:

“I believe that I would feel as though I might be, um – if I, if I disclosed and it was a female, that I might be, um, ah, misidentified... that my sexuality, um, would be, um ... interpreted or judged by someone ...” (Sally)

Some participants felt their victim gender role led to professionals, and non-professionals assumptions about the nature and degree to which they had been affected. Males who were not abused by a family member (n= 2) discussed how

their experiences were assumed to be less damaging do our gender role constructions:

“Like it was just something that made me stud-ly and desirable and manly and, ah, and then let’s just move on and you can tell me about your sexual adventures and, er, we’re done, we don’t have anything else to talk about (sigh)” (Elliott)

The theme of therapist gender also emerged, although to a significantly lesser degree compared to discourses around perpetrator and victim gender. Some clients discussed the gender of the therapist they had disclosed to as important. Two participant described mixed feelings about therapists he had encountered, but felt that he had felt more comfortable sharing with female therapists:

“This is a woman’s game; I instinctively know I need a woman” (James)

“...counsellor and she was a woman so I think in some ways, with it being a woman it made it easier” (Shaun)

Not all participants felt this way, with some feeling that therapist gender was less important in their process of sharing. One female participant felt that telling a female therapist may present its own challenges:

“Um but no, I mean I don’t think that females for the reasons I’ve given you...um have any more understanding of this than males, in fact it might be the other way around you know where a woman...if she were a nurturing mother It would be almost even harder for her than it would be for a father...you know I think if anything it would be easier for me to tell him...and there might be a little bit of a hesitation in the defence of the females of the species being nurturers” (Jen)

Social Attitudes and their Impact on Disclosure

Some participants discussed how denial led to questioning the experience and degree of responsibility. One participant explained how others had responded to him as though his experience were acceptable, which had led to him considering whether it had been 'consensual', or if he were to blame. Despite feeling coerced, and that it had felt wrong, he questioned his role in the sexual experiences and found himself asking, how it could be abusive, if he has the penis:

"Well, you know, I ... I grabbed her boobs and I put my penis into her vagina, what's ... how ... ? (Elliott)

Some male survivors (n=4) discussed how they had encountered wider attitudes of denial due to their gender as males, but also their anatomy. Thomas discussed how people may deny female responsibility, on account of males having penises:

"There's also a lot of inference that if I've had an erection then, um, it's not a rape or it's not, it's not abuse"

Another emerging narrative was how some survivors felt that female perpetration was often excused, or the female's role may be downplayed or made more congruent with our social view of women as passive or submissive:

"No one made her do it, I mean that was all you know, and I, and I think that whole thing about you know that, that, that these women are made to do it" (Olive)

Gender as a Barrier to Disclosure

Participants felt stigmatised by societies perception that victims who have been sexually abused by a female will go on to abuse others (n=6). Two female survivors discussed the influence of this perception, as shaping their own meticulous parenting, while four survivors discussed this as a common 'pattern' or cycle that is often assumed survivors will follow. Fear of being judged to be a potential perpetrator did affect some participants' journey towards sharing:

“They’ll think I’m nuts, crazy, perverted, that I’ll go out and molest their little girls um you know” (James)

7.3.10. Theme 2: Decision to Disclose

All participants discussed the course of making the decision to disclose to a healthcare professional.

Making Sense of the Experience

Difficulties in making sense of the experience was a salient theme across the narratives, including a sense of confusion, difficulties remembering, a delay in coding the experience as ‘abusive and sudden experiences of realisation or connecting the experience to difficulties in the present day.

“Because it was so confusing I couldn’t see it, feel it, it took me decades to figure out” (James)

Many participants described this lengthy process of understanding, and related this to a difficulty in coding the experience as ‘abusive’:

“I didn’t feel as if what I had experienced counted as sexual abuse” (Eve)

Many connected this delay in coding the experience as abusive, to the gender of the perpetrator as female:

*“I didn’t know if I qualified as the victim...Because I had not been abused by a *man*” (Eve)*

In particular, whilst many described recognising physical or emotional maltreatment, the sexual aspects of experiences were less clear:

*“The first few times that I attempted to disclose though, I had not really identified it as um, as *sexual abuse*” (Ellen)*

Many participants described confusion around specifically understanding the experience as ‘sexual’, and discussed this in connection with their perceptions of the perpetrators experience:

“It was sexual in nature but in a different way, not for her pleasure” (Jen)

Others described how their ability to code the experience as ‘sexual abuse’ was affected by gendered stereotypes of abuse as something done by men, to women:

“People that abuse kids, it’s not the stranger on the corner in the mac is it? It’s the people, it’s in your own home, its caregivers, its people close to you men and women that do it” (Ben)

Many participants described problems with remembering that affected understanding and disclosing, but these lost memories or difficulties remembering were thought to be protective, or functional:

“I remembered the other parts recently...I have a habit of forgetting things, not a habit, I, I did it on purpose to just survive” (Jen)

Many also described a sense of recognition and realisation much later in life, an experience of fostering a connection between their difficulties and the female perpetrated abuse. It was this process of connecting the abuse, with current difficulties that led to a sense of realisation:

“I suddenly became aware of it, it was like, it was like I was in this very dark room, and a light-bulb went on” (Sally)

Readiness

Deciding to share the experience with a healthcare professional was discussed as a progressive journey towards being ready. Some survivors described needing to reach a level of acceptance, before being able to disclose further:

“I knew that I needed to be honest” (Olive)

Having made greater sense of the experience, or reaching a sense of acceptance, survivors described being driven by a sense of needing resolution:

“I just really, really wanted to, um, get some healing around this” (Sally)

Most survivors in the sample described being ready to disclose due to few other perceived choices, with disclosing and working on the impact of their female abuse being fundamental to survival:

“It took a whole menagerie of, of crisis’s before I would, I would go seek help... it was either that or I was gonna be dead” (Jason)

Decisions to disclose were also prompted by the worsening impact of the abuse on their lives; almost all survivors described spiralling problems which led them to disclose:

“The main reason I sort of, I confronted it now is because I was on the verge of losing my whole family and everything over it” (Shaun)

A number of survivors discussed the importance of resilience and strength before deciding to approach therapy to disclose their experience of FPSA:

“Before I disclose I need to know that I can defend myself against the obvious risks out there and that my identity is strong enough to defend myself” (James)

Survivors also described being ready to disclose when they felt safe enough to both in terms of their therapeutic relationships, as well as physical safety outside of the therapeutic context. Some participants disclosed when they felt settled and safe in relationships outside of therapy:

“Once that door was up then it was safer to proceed into some of these other areas” (Ellen)

“It took so long for me was because I was in a, quite an abusive marriage....so for me to even contemplate talking to someone, ah, I had a great deal of fear that he would become abusive” (Sally)

While for some, like Shaun, there appeared to be a tipping point which prompted disclosure, for others, there was a sense of needing to be resilient ‘enough’ to be able to disclose. Survivors discussed trepidation and readiness as dependant on their strength to address the abuse:

“I couldn’t do it, I could not, I hadn’t, I wasn’t strong enough...to be stable enough, sober enough, believe in myself enough, know myself enough, trust myself enough” (Olive)

Relationship with the Perpetrator

A frequent narrative amongst survivors was how the relationship with the perpetrator had affected their decision to disclose. This sense of ambivalence or confusion was most commonly reported amongst participants sexually abused by a family member or an immediate caregiver (n=6, 43%). The nature of this relationship for some, led to them doubting the authenticity of their abusive experiences:

“I keep telling myself that she couldn’t have” (Ellen)

Many described how they denied or doubted their experiences due to how they expected women, or mothers to behave. The violation of this implied gender role led to some survivors feeling stigmatised, with the gender and implied social role of their perpetrator adding a layer of complexity when deciding to disclose:

“It’s the mother, right? [laughs] [So it’s just the], it’s the source that we normally go to for protection...when I use the term ‘mother’, there’s a whole implicit number of other values, social values, that goes with that [laughs] that really runs again- ..., against, you know, the belief systems that people have..it’s also a female defined as my mother” (Sally)

Effects of Abuse

For a number of survivors, their decision to seek therapy, and more widely, embark on disclosure was affected directly by the sequelae of the abuse. This included a lack of mental wellness, including dissociative experiences which had affected their ability to function congruently enough to embark on therapy (n=4, 29%). A number of people also discussed the impact on their relationships in terms of being able to trust others, including therapists. A number of survivors also recalled how the abuse had greatly affected their

relationships in other ways, in particular, experience of being forced into secrecy had affected their decision to share in later life:

“Because of course, while it was all going on, I was... she made sure that I never told anybody...until the last few years, it was a secret” (Elliott)

Equally, some survivors recalled feeling afraid as children and silenced by the perpetrators. This early learning of being forced into silence still affected some survivors much later in their adult lives:

“One of the things I learnt then yeah you don’t, you don’t say anything you eh, because if you did you, you would get eh, you would get hurt” (Jason)

The experience of female abuse also clearly impacted on people’s ability to form trusting and secure therapeutic relationships within which to disclose:

“I’d been seeing one or two counsellors cos I needed to find somebody that I could, I knew I could trust?” (Jill)

A powerful narrative also centred on the impact on people’s emotions, including a sense of feeling emotionally disconnected, which links to Olive’s description of feeling ‘dissociated’. This appeared to be a common experience among the male survivors, who described difficulties in disclosing or sharing in therapy, as well as wider impacts on relationships:

“You do feel just dead inside a lot of the time, you feel quite you know, I suppose held back... you sort of feel like you don’t deserve to be loved, you don’t deserve to have someone care about you or be with you, so you know, the automatic thing is, to push them all away” (Shaun)

7.3.11. Theme 3: Process of Disclosure

Issues relating to the process of disclosure emerged as a salient theme, including people’s experiences of services, the circumstances and contexts of their sharing and also the nature of the process and the often multiple, rather than linear nature of this process of sharing.

Experiences of Services

A dominant narrative materialised around people's difficulties in accessing appropriate services for their abuse issues. This was an almost unanimous narrative across the sample; however one participant felt differently, although described his experience as unique, describing the variability in service provision for survivors of FPSA:

"Yes um, very privileged in the part of the world I'm in though" (Thomas)

Difficulties in accessing services were considered a barrier to disclosure, with many describing the costs of therapy as a barrier, as well as the lack of any specific services for people abused by females specifically:

"There's a lot of pseudo services" (Sally)

One participant described how even within the existing information on FPSA, there were limitations, with most of the information not being specific to her particular experience:

"The vast majority of the stuff I've found on female perpetrated abuse was mother perpetrated abuse, erm, and that's totally different from my experience" (Holly)

Many survivors also described how services were very difficult to find, with most survivors describing a very active approach to seeking services or support (n=10, 71%). Many participants described how they were unaware of services existing, that services were slim and largely hard to find for survivors:

"I don't I think there's anything out there, if there is I think it's so well hidden you wouldn't find it anyway" (Shaun)

One participant expressed how a silence seemed to permeate around abuse by females, which in turn affects people's personal understandings, but more widely people didn't know about services, because it was not talked about:

"Huge taboo on it, not just, ah, for, you know, dealing with it, but for talking about it" (Sally)

Another dominant theme centred on perceived service availability and victim gender. Survivors discussed the value of separate or exclusive services, both in individual and group therapy:

“Much greater help knowing that I’m talking specifically to other men, and frankly, only men, I don’t have to worry about the judgements of a woman” (Elliott)

Contexts of Disclosure

All survivors discussed how they had disclosed and the arena’s in which they had disclosed in throughout their journey. Most participants had experiences of different levels of disclosure, both professional and non-professional (n=11, 79%), and experiences with non-professionals emerged as a very powerful experience in most case, however a salient theme developed as peoples discussed the value of lay disclosure, but it’s inherent limitations. A number of participants talked about the importance of professional support due to the potential dangers of sharing with family:

“Can’t talk to their family around them because ((laughs)) you know, because they’re the people that abused them” (Jill)

Many survivors also disclosed within the context of receiving therapy for another problem, rather than seeking therapy for abuse issues specifically, and then disclosing within this context:

“It was all under the guise of anger management” (Ben)

A number of participants also described needing a different response from professionals, as opposed to non-professional respondents (n=4, 29%). In particular wanting a level of emotional expression from non-professionals, that may feel unsettling with professionals. One participant recalled the relief she felt when a friend responded angrily on her behalf:

“Thank you, because I can’t do that, I can’t do anger very well” (Jen)

A number of people also discussed therapeutic groups as a disclosure point, and experiences of group support were generally positive. One participant

described how it helped him progress in individual therapy, until the group became his primary source of support:

“If it hadn’t been for that I’d, I wouldn’t have um, I, my therapy would have stopped and I wouldn’t have got to where I am today” (Ben)

However, whilst groups had offered solace for some, others described groups as limited. Some female survivors felt their ability to disclose within groups was affected by the gender of their perpetrator as female:

“I’ve felt very much excluded from the groups” (Eve)

One participant, described feeling more comfortable in a group dominated by male survivors, rather than survivors of her own gender due to her greater ability to relate to their experiences as either abused by a woman, or managing same-sex abuse issues like her:

“I’m comfortable among men because a lot of them had er, same sex offenders issues like I did or, if it was a female, then female abuser issues like I did” (Ellen)

The majority of male survivors (n=5, 36%) also felt there were a lack of groups for men, but those that had accessed them felt their exclusivity as male spaces were sacred, due to their abuse and consequential difficulties trusting women:

“There’s nothing for male survivors, plenty of women’s groups around but I’ve got, or joint groups, but I had no trust in women and no way was I going into a room full of women” (Ben)

Six participants (43%) had experience of sharing online as part of their process of disclosure, the vast majority of these were male (n=5, 36%). The context of the internet as a solace for male survivors was a very powerful narrative, and seemed to play a larger role in their process of disclosing when compared to females:

“I mean, it’s like we have to find each other online, I need ... I- I- it’s like ... it feels like what I would call a male safe space” (Elliott)

Nature of Disclosure

Another important theme centred on the nature of telling including how or whether this process was collaborative or not, whether disclosures were planned, unplanned or prompted and the number of disclosure experiences they had had. Some people described a sense of collaboration during the process of disclosure, in which professionals helped shape the process of understanding:

“It was a counsellor who, who helped me bring it all together” (Thomas)

Equally, Thomas also describes the way in which he disclosed, discussing the process as fast paced, and unplanned:

“I’ve got to admit it happened very quickly... there wasn’t really much thinking involved”

A further participant described how his therapist shaped the nature of how he disclosed, by sharing her perspectives on the term ‘abuse’, he described a sense of collaboration while sharing:

“I’ve told my therapist about some of it but she took a different tack than I think a lot of people do” (Jason)

Another important theme was the number of times survivors reported having disclosed, with both males (mean=2 disclosures) and females (mean= 3 disclosures) on average experiencing multiple disclosures. This suggests the process of telling is not a linear process, in which people disclose and then proceed into therapy, but rather experiences were far more idiosyncratic:

“I disclosed the abuse I’ve had counselling on and off” (Holly)

Another important theme was narratives about the nature of disclosure, in terms of the process of meaning making with their therapist and whether participants had intended to disclose. Many described a sense of stepping into the unknown, with little prior planning of how they might share:

“I don’t remember going into any details, I didn’t intend to actually say anything, it was you know it was just kind of a train of thought” (Shaun)

However, other survivors described feeling prompted or guided in their process of disclosing, and for Ellen who had not planned to disclose, this was a very powerful moment:

“I mean she didn’t say, this is what your mother did to you, she just said ‘are you thinking what I’m thinking?’...And I heard myself and everything that she had described and I was, it was like someone dropped a bucket of ice water on me, I was just cold and I said ‘yes’”

The majority of survivors reported an experience of both professional, and personal disclosure (n=11). People’s experiences of personal disclosure, emerged as an important part of their move towards disclosing to professionals. Most described some support from non-professionals including spouses, siblings and friends (n=11) however there was a dominant narrative about the limitations of disclosing at this level only. Most saliently, participants reported not wanting to burden loved ones, the need to protect them or an inability to manage the disclosure:

“The only thing it would do now is create other victims” (Thomas)

“It’s too much for him, too big for him” (James)

7.3.12. Theme 4: Experience of Disclosure

A powerful narrative around experiences of professionals, and how these helpful and helpful experiences had shaped future disclosures, also materialised. The impact of perceived responses on future disclosure was apparent, and implicates the centrality of the professionals’ role in shaping the experience of telling.

Perceived Professional Responses

A dominant theme in the narratives centred on the importance of professionalism, training and a ‘fit’ with the therapist. These qualities helped survivors feel safe and confident in their disclosure and discussions about the abuse:

“Total confidence, my therapist is you know, takes his job extremely seriously... find a therapist where you and the techniques are OK with each other” (Jen)

In terms of helpful qualities or responses, survivors discussed the importance of professional open-mindedness to the concept of FPSA:

“Almost anyone else that has not already been sort of been indoctrinated” (Ellen)

As well as the qualities of professionalism and training highlighted by Jen, survivors also discussed the value of professional flexibility, supervision and experience with survivors of abuse specifically:

“That’s the way I look at it cos there’s not enough Counsellors out there who are experienced enough” (Shaun)

Survivors also discussed less helpful or negative professional responses or qualities. One participant recalled an experience of not being believed, this invalidating experience and the rupture it caused in her relationships with one therapist:

“He was, at the end of each session, mentioning how, memories can be implanted and I, I knew that he did not believe me” (Ellen)

Many survivors reported feeling like upon disclosure, their experiences had been minimised, or responded to casually rather than being responded to or treated as serious (n=6, 43%). A common experience for male participants was the assumption that the experience was enjoyable, or not damaging:

“I was told I was lucky... stunned silence or you know ‘you’re lucky, you’re privileged’ (Thomas)

Some survivors felt that their experiences had not been disbelieved, minimised, or simply dismissed entirely. For some this lack of response also led to a lack of action, and to people feeling unsupported or unprotected:

“I didn’t get any sense of seriousness um and certainly no sense of protection” (James)

Participants described how this minimising may be influenced by wider social denial:

“If a woman does it then it doesn’t count you know, the sexy nurse with the enema bag... made fun of in the media, it’s almost like there’s this big shroud of silence about most female abusers” (Ellen)

Impact of Professional Responses

All survivors described a sense of profound relief when they received what they needed from professionals:

“It was like a huge relief, it was like wow you know this is, it was quite amazing that somebody (.) Could if you like empathise” (Jill)

A connection between professional encounters and recovery and future disclosure appeared to materialise. For those who had received helpful or positive responses, a sense of feeling less alone and more supported was discussed:

“It’s like moving from a place of being extremely isolated, like you’re locked away” (Sally)

Less helpful responses were also reported, and a common theme was the short term emotional impact of invalidating responses. Many participants discussed feeling very emotional following negative experiences with therapists:

“I was very angry and I felt very betrayed” (Olive)

The potential for negative responses to limit disclosure was discussed extensively. What participants described as helpful or unhelpful responses were varied and subjective, but overall themes about feeling supported and validated were common. Negative experiences were also varied, however some participants described how silent or unresponsive reactions were unsettling or made them uneasy:

“Well then I’ll cut off the conversation” (Sally)

Many survivors also discussed the impact of unhelpful responses as making peoples question the abuse, and the seriousness and distress caused by the experience. Participants described needing her therapist's validation in order to move forward:

"I needed to hear that because I, I was still doubting in my mind that that in itself was sexually abusive" (Jill)

"But knowing what happened, and knowing that you can call it sexual abuse helps me to feel like I have a right to my feelings" (Jen)

"I guess I'm looking for a validation in a way although I, why I need validation externally I don't know cos my truth is my truth" (Olive)

7.4. Extended Discussion

7.4.1. Disclosure

The finding that in the process of disclosing, most survivors had had multiple experiences of sharing mirrored findings by Denov (2003b) who had an equivalent sample size of 14 survivors, of which 8 (57%) had disclosed to more than one professional. The process of disclosure is nuanced and has been discussed as a complex process, rather than a singular event. It may involve many experiences of telling, or trying to tell both verbally and non-verbally over time (Lindblad, 2007), as was found in the present study. Ways or processes in disclosing have been explored in relation to general CSA samples, but not in FPSA. A qualitative paper by Alaggia (2004) examined the methods of disclosure in 24 child CSA survivors. They highlight disclosure as a cumulative process which may include a series of attempts to share, indirect comments, non-verbal signals, both conscious and unconscious attempts to share across a period of time. These component steps in telling described by Alaggia (2004) might fit with the findings in the present study, as participants discussed disclosure as a 'decision', 'process' and then finally the explicit or tangible experience of telling professionals (and wider narratives about sharing with non professionals).

Alaggia (2004) also explored how survivors of CSA disclosed, and proposed a series of categories that survivors tended to fit with. These were; 'accidental disclosure' when the abuse is found out, 'purposeful disclosure' in which survivors tell deliberately, and 'prompted' disclosure, in which professionals supported disclosure. Naturally, not all survivors 'fit' with distinct categories such as this, showing the vastness in the different ways victims tell. Other findings relating to disclosure included survivors commonly discussing attempts to disclose indirectly, choosing not to tell altogether and finally, disclosure being prompted by 'triggered' remembering (i.e. triggering recovered memories of the abuse within therapy).

In the present study, a common narrative centred on collaboratively making sense of the abuse with therapists or being 'prompted' (Alaggia, 2004). Many felt this helped shape understandings of the experience as specifically 'sexual', by naming it as *abusive*. For the majority, this process was liberating and validating, with participants discussing collaborative meaning-making as helpful. However, others described feeling that their experiences were prematurely labelled, and the resonance of certain language was discussed as particularly powerful (e.g. 'abuse', 'molest'). Certain terms such as 'abuse' led some to feeling like the experience had been labelled, and problems associated with therapists applying labels such as 'victim' or assuming this position have been discussed.

It seems important to discuss with patients whether they identify as being 'survivors', 'victims' or perhaps differently, as was done in the present study, because assumptions may feel derogatory or carry connotations about coping capabilities or someone's stage in their recovery (Dignan, 2005). Further still, some have suggested that leading interviewing or questioning styles may shape how people and children in particular recall experiences, as it might lead to recalling events inaccurately, or be heavily informed by the views of the respondent (Lamb, Sternberg & Esplin, 1998). Disclosure is complex, with professional encounters constituting an important, yet singular part of a larger process for survivors. This study sought to build on the benchmark paper by Denov (2003b) which explored professional responses and their impact, by

continuing to explore the process of disclosure in its fullest sense as a larger process beyond just the experience of professional responses.

In addition, in the present study, shame was discussed as a salient theme in delaying disclosure, and other studies have found similarly; that shame has a mediating effect on adult adjustment following CSA (Feiring, Taska, & Lewis, 1996). Whilst this study concluded that shame was a powerful theme for males and females, they suggest females may be more likely to attribute the abuse to something internal and blame themselves, which holds negative implications for recovery and disclosure. Shame was a powerful theme in this study, particularly amongst female participants, showing an alignment with the literature (Gross & Hansen, 2000).

7.4.2. Professional Responses

Broadly, reports of helpful responses were not dissimilar to previous research with 'supportive and understanding' approaches and the abuse being responded to with 'seriousness' being discussed (Denov, 2003a). In addition, survivors in this study discussed the value of professional containment and coping. *Professional discomfort* has been discussed by Denov (2004a) as a negative response, particularly 'shock from professionals', and so where this has been discussed as a negative attribute in the past, the opposite, *professional coping*, was discussed as a therapeutic quality here. Survivors in this study reported professional dismissal or lack of action as the most commonly encountered unhelpful professional response. Perceptions of the abuse being ignored, sidelined, glossed over, deflected in favour of focussing on a competing problem, were particularly re-traumatising. This is understandable given the existing confusion and self-doubt surrounding the experience. Equally, some participants in this study discussed their fear of 'ridicule' or that the professional may be titillated by their disclosure, and histories of previous negative responses to their attempts to disclose were further preventative. This finding is concurrent with other studies, that both fear of ridicule, and previous negative experiences are hindering factors in professional disclosure of FPSA (Longdon, 1993). Victims are less likely to

disclose and confide in professionals when they feel it may not be treated with seriousness (Hetherington, 1999), and so professional responses, their awareness and attitudes have the potential to open, or 'shut down' survivors in the process of disclosure. The theme of 'readiness' in peoples decision to disclose was drawn out of the data, including participants feeling safe enough to be able to share with clinicians. Fear of stigmatisation and feeling that the experience is 'too taboo' has been discussed as a barrier in previous research (Elliott, 1993). Research has also found that people not only fear judgement, but also hostility from the respondent (Denov, 2004b).

7.4.3. Relationship with Perpetrator

In addition, survivors in this study reported that the nature of the relationship with the perpetrator limited decisions to disclose. A sense of ambivalence towards perpetrators, for both related and unrelated survivors emerged. This sense of conflict is perhaps understandable, given the way that female perpetrators commonly abuse under the guise care-taking or love (Elliott, 1993). For some, initial positive perceptions (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002) or believing experiences were normative as children, may make the realisation that the experience was abusive particularly hard to re-frame. Some sexual experiences may have been less obvious or more subtle (e.g., under the guise of medical treatment) leaving victims confused or questioning their experiences, which may delay disclosure and support seeking (Sardjian, 1996b).

7.4.4. Memory: FPSA and Disclosure

Problems remembering were commonly discussed by participants here, in particular, lost or 'repressed' memories were discussed or dissociative symptoms which had led to people questioning the accuracy of their recollections. Vague memories, and difficulties remembering was a common narrative in relation to both the sexual abuse, and for some, the experience of disclosing, with a small portion of the sample (n=2, 14%) being uncertain of the number of times they had disclosed to professionals. Other studies have found

similarly, that 'forgetting' may be common in CSA cases, and high levels of non-disclosure may relate to specific memory mechanisms such as dissociative symptoms which mean memories are less accessible, and therefore disclosure is delayed (e.g. Williams, 1994b).

A debate surrounds repressed memories, with people questioning whether memory mechanisms are different in relation to traumatic experiences. Some ally with the argument around 'recovered memories', in their belief that trauma such as child sexual abuse can be so traumatic, that people enter dissociative states to cope (McNally, 2003) which affects remembering. Others have suggested that repression may be no different to usual forgetting, and that it should not be assumed that poor memory relates to repressive mechanisms necessarily (Loftus, Garry & Feldman, 1994), especially in circumstances where victims were young at the time (Goodman, Ghetti, Quas, Edelstein, Weede-Alexander, Redlich, Cordon & Jones, 2003). Others have opposed the notion of repression, and suggest that traumatic memories in circumstances such as CSA survivors are likely to be even more pronounced, rather than forgotten (Loftus & Davis, 2006). Furthermore, it is suggested that whilst details may be forgotten or lost, the actual event is unlikely to be in cases of trauma (Schacter, 2001). In the present study most participants recalled an experience that was invasive and uncomfortable, however many did not label that experience as 'abusive' until adulthood, or did not recognise the sexual nature of the experience until later either. Many also described vague recollections as demonstrated by this quote from Ellen:

"OK, um well mostly, most of what I actually can remember are like before and after scenes with the during parts blocked out"

Difficulties' remembering was a significant narrative in this study; however the reasons for this may differ from the male CSA literature, due to perceptions of gender. Arguably, survivors of female perpetrated abuse may be less certain their experiences are 'abusive' due to our socio-cultural view of women as nurturing and of our socio-typical frame of reference that women tend to be the victims, not perpetrators (Moriarty, 2003). Furthermore, experiences were perhaps less easily recognised as being sexually driven, due to our perceptions

of women as rarely being sexual instigators (Hislop, 2001). A number of participants did discuss 'repression' and dissociative symptoms or identities, and so the impact of repressive memory mechanisms on delaying recognition of FPSA and disclosure must be considered. Therefore problems remembering may be complex and interwoven for each person, but we might tentatively conclude that a combination of repressive mechanisms, and a lack of recognition due to constructions of the female gender, may have interfered with people's process of recognising, and thus disclosing.

7.4.5. Services and Support in FPSA

Participants discussed a wealth of available information and services for certain sub-groups of survivors, but felt resources on, and services suitable for survivors of FPSA was comparatively lacking. Studies have echoed this deficit and concluded the need for professional training programmes to raise awareness of FPSA so that services can grow and more tailored support can be provided (Deering & Mellor, 2011; Mellor & Deering, 2010). Perhaps the implications here are two-fold, a greater need for professional training within the arena of FPSA in order to develop services, and shape the attitudes of the professionals within them. Equally, raising awareness of FPSA may lead to improved treatment opportunities for female perpetrators, something that was discussed as important by some participants in this study. Survivors reported the varied contexts within which they had disclosed. Perhaps the most valuable common denominator was sharing experiences with other survivors. This study echoed known values of co-support including 'universality' and observing others in recovery as a source of hope (Yalom & Leszcz, 2005). Participants discussed sharing with survivors as an opportunity to feel supported, and also help others.

7.4.6. Strengths and Limitations: The Sample

A sample of 14 participants were recruited for the purposes of the research, and given that survivors of FPSA are potentially a minority group in comparison to other survivor groups, challenges with recruitment were anticipated; given this challenge the final sample size was considered generous. In relation to sample

sizes in the TA literature, Guest, Bunce and Johnson (2006) explored data saturation or the point at which new themes emerged using TA. They suggest that saturation may occur within the first twelve interviews, with basic or meta-themes presenting within the first six. Others have also suggested six interviews as a minimum recommended sample size in qualitative research (Smith & Eatough, 2007). Therefore a sample size of 14 was considered ample given the literature, as it was sizable enough to make credible thematic claims, supported by the fact that few new themes were emerging towards the end of recruitment. But equally, the sample was not so big as to limit the scope of the researcher, and a detailed analysis of the data set was still achievable (Sandelowski, 1995).

A limitation in relation to the sample is that co-morbidity data, or co-existing conditions data was not formally gathered. A number of participant reported con-current anxiety, depression, PTSD, dissociative identity disorder (DID) and one participant reported being autistic. The impact of concurrent developmental conditions and mental health issues may have offered further insight into people's experiences of disclosure, and the potential mediating impact of other conditions that were not measured is acknowledged as a limitation. As a strength, the sample did include equal genders and was mixed, rather than being entirely 'clinical' (i.e. individuals engaged in therapy) so levels of psychological distress were unlikely to be proportionately elevated at the point of participation. The study did include both contact and non-contact sexual abuse (e.g. harassment); something FPSA research has advocated the need for (e.g., Denov, 2003b).

7.4.7. Recruitment

A strength of the research is that it hopes to make a valuable contribution to a comparatively slim field of research, and to access the narratives of survivors of FPSA; arguably an even more challenging sample to locate, given that often perpetrators may be incarcerated and arguably less accessible. Given that accessing survivors was anticipated to be challenging, an online recruitment was chosen. The recruiting approach may have strengths and limitations; online sampling widened recruitment, however telephone interviewing may have led to

some people feeling cautious about participating. There are likely to be complex reasons for this, not least the personal nature of the study and its sensitive focus. In total, the research website was viewed in excess of 2,801 times, and 14 people took part. It should be noted that a number of people contacted the researcher but did not proceed to interview. Four people contacted the researcher via the website, but then did not respond to the initial message. Four further people contacted the researcher and arranged an interview but then did not answer. Three people contacted the researcher to say they wanted to take part but were unable to (e.g. not feeling mentally well enough, or practical arrangements), and three further people contacted the researcher to thank her for the study and emphasising the need for research via the blog, but did not intend to participate. This might suggest a recruitment limitation, as some people appear to have sought information about the study, but felt unable to progress to participation. The high volume of website interest is encouraging nevertheless, and the page-views by country suggest details of the study were far-reaching. Most predominantly people in the UK viewed the website (1253), followed by the United States (1031), Canada (172), Australia (47), Germany (25), New Zealand (21), and many other countries internationally. This is likely to suggest an International interest in, or demand for more information relating to FPSA.

Further consideration should be given to the method of online recruitment. Whilst this may be neither a strength nor limitation, the nature of the sample should be considered. Due to the lack of services, it is reasonable to assume that survivors often find solace in online communities. Certainly, the internet as a 'host' for online sub-cultures has been discussed, with people using the internet to meet others in the search for, 'shared meanings' (King, 2008). Furthermore, the political use of the internet for 'online activist subcultures' has also emerged, as a virtual space for people to share views and enter debate (Kahn & Kellner, 2004). In addition, the use of the internet to discuss issues around feminism and male rights has grown (Keller, 2011), and so the influence of this sub-culture and some of the emergent themes around feminism and male-survivor issues may have been captured, due to the online nature of sampling, which 'accessed' these survivor groups. Furthermore, within the sub-

ordinate theme 'Process of Disclosure', the sub-theme 'contexts of disclosing' was strongly comprised of themes relating to survivor communities and the value of sharing in groups, and online. Therefore, one of the findings in this study which was the value of online communities may be influenced by the nature of the sample as they were recruited online. Therefore, the value of online survivor spaces was evident in this sample, but may not be generalisable to wider survivors of FPSA. Nevertheless, it is reasonable to hypothesise that the internet is likely to be a source of support for survivors. Rosenmann and Safir (2006) discuss how the internet provides people with relative anonymity to share and to be "part of a group, from which validation can be drawn, and sexual scripts exchanged" (p.77).

7.4.8. Position of the Researcher

A rigorous qualitative clinician should be aware of their own perspectives, and take measures to 'bracket' off existing knowledge, and their own viewpoints so that participant experiences can be clearly represented (Elliott, Fischer & Rennie, 1999). Whilst traditionally quantitative approaches have been criticised for being value-laden, due to their positivist roots and often deductive or categorical data gathering, qualitative approaches are arguably not entirely value-free themselves, and the active role of the investigator or interviewer is important to acknowledge. The question of whose 'voice' is being amplified in qualitative research has been discussed alongside a call for researchers to take ownership of this interactive process (Banister, 2011). Kvale (2006) suggests that discourses are a co-construction of 'subjectivity', rather than objective claims about the world and knowledge. Acknowledging this transparently, including the researcher working reflectively, as was done in the present study using a reflective log, and using supervision where appropriate allows this to be strength of qualitative research, and in this case TA, rather than a weakness.

7.4.9. Conclusions and Clinical Implications

In conclusion, this study found that experiences of disclosure were highly unique, but that some common and binding narratives exist. In line with

previous literature, most commonly perpetrators were relatives, or known to the victims. A pervasive narrative around difficulty making sense of the experience, confusion and the way in which this was impacted by gender constructs was central. The complexity of often bonded or intimate relationships with the perpetrator under the guise of love or care-taking, and the impact of this on recognising the experience as abusive was also central. Experiences of denial or minimisation were common amongst both genders, with particular discussions around how men were assumed to be either un-impacted or to have benefitted from the experience. Conversely, females discussed the nature of the experience as 'same-sex' perpetration as adding a layer of complexity to their experience, in terms of adjustment and disclosure. Overall, people described positive and negative therapeutic experiences when disclosing, or trying to disclose, which echoes previous findings. Therapist containment and coping, skills and experience and non-judgemental responding were common narratives, and the importance of raising professional awareness was discussed. The influential and powerful position of professionals was discussed, as they may be most equipped to promote knowledge and awareness of FPSA outwards, in order to influence educational, public and legal professionals. Thomas described his experience of services as reasonably positive, but that they remain insular, rather than communicating outwardly:

“They’ve accepted male victims in but they don’t communicate outwardly about them. Again I think it’s been um, that what hasn’t happened is the, the shift has happened in terms of where the service is offered, but there hasn’t been a commensurate shift in the education output at all levels... So it’s at a public level, at an education system level, at a judicial level, at a media level”

7.4.10. Current Context and Service Implications

In relation to Child Sexual Abuse, there are some relevant guidelines issued by the National Institute of Clinical Excellence (NICE; 2005; 2009) and the Government (DCSF; 2010) advocating professional awareness, multi-professional services to protect children suspected of maltreatment, and

recommending appropriate professional responses to sexual abuse disclosures. All existing guidelines refer to child sexual abuse or maltreatment, and no specific guidelines apply to the experience of sexual abuse perpetrated by a female. In their definition of *sexual abuse*, DCSF (1.35; 2010) do make reference to perpetration, and state that sexual abuse can be perpetrated by females: “sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children” (p. 38).

The DCSF (2010) also recommend that educational and clinical services should be *working together to safeguard children*, and state the importance of, ‘interagency working in combating child abuse’ (p. 10). Equally, all professionals are expected to be able to recognise and respond to the possible abuse and maltreatment of children. NICE (2009) discuss potential obstacles for healthcare professionals in recognising abuse, one such barrier is: “An understanding of the reasons why the maltreatment might have occurred, and that there was no intention to harm the child” (p.2). This suggests that professional judgement may include the belief that there was no intention to harm or hurt the child concerned, which can lead professionals misidentifying abuse. Given the existing literature on professional responses to disclosing sexual abuse by a female, as often denying or minimising (Denov, 2003b), it is encouraging that NICE are recognising the potential for professionals to over-look the degree of harm, as an obstacle, and are recommending that this be addressed. The DCSF (2010) also refer to “all professionals delivering universal services have key roles to play both in the identification of children who may have been abused or neglected and those who are likely to be; and in subsequent intervention and protection from harm” (p. 61). Here multi-professionals are implicated as having an important role to play in recognising and responding appropriately to suspicions, and disclosures of child abuse, including General Practitioners, who may be the first point of disclosure for many young people and adults disclosing sexual abuse (Section 2.87, p. 62). Finally the same guideline highlights the importance of appropriate and supportive (professional) responses to sexual abuse disclosures, and the potential impact of this response on recovery: “A child’s ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-

abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and on his or her feelings of self worth" (p. 260).

The clinical and educational guidelines discussed are relevant, as they implicate professionals and their responsibility to recognise, and intervene in suspected child sexual abuse cases, and actual disclosures. There appear to be no equivalent guidelines for adult victims of child sexual abuse despite clear need. Guidelines for adults appear to focus on specific symptoms or clinical presentations for which specific treatment pathways are recommended (e.g. depression, PTSD). For some, CSA issues might underpin these presentations, which manifest as clinical symptomology. This prompts important questions about how adult survivors access help and support, which seems dependent on whether they present with a clinical 'disorder' or problem and meet 'clinical criteria' for referral. For groups of adult survivors who want to disclose and address their abuse, but manage to function day to day otherwise, there may exist a clinical 'loop-hole' and private therapy, online spaces, and group support may provide a much needed and arguably absent, safe space in which to share.

7.4.11. Relevance to Clinical Psychology

Although impact and effects of FPSA were not the focus of this paper, the findings suggest survivors are impacted in many ways (See Table 6). A finding within the study was how participants had most commonly entered therapy under the guise of another condition, such as depression, anger management, or stress. It was within the context of this therapy that people most commonly embarked on disclosure. The importance of clinicians recognising attempts to disclose, or enhancing patient's ability to share is implicated. Professional responses including warmth, listening, coping, all within the context of a solid and safe therapeutic relationship were discussed. Therapists may be in a position to 'prompt' (Alaggia, 2004) or support patients to discuss and in some cases, name the experience. For many, Clinical Psychologists and other direct and frontline therapeutic professionals are likely to be respondents at the initial

point of disclosure for patients in childhood and adulthood, and so an awareness of FPSA is crucial. Rigid gender identities, of female victims and male perpetrators may be stifling acknowledgement of FPSA both publically, but also in health and social care arenas. Furthermore, studies have shown that professional training appears limited, with an almost exclusive focus on male sex offenders (Denov, 2004a). It is hoped that this paper will enhance awareness of FPSA in clinical practice, and encourage professionals to shape professional training packages to include a better understanding of FPSA. It is felt that involving survivors to lead on this initiative would be beneficial.

7.4.12. Future Research

This research comprises a small contribution to a vast and largely under-researched area of disclosure of female perpetrated sexual abuse. The findings implicate a number of areas that would benefit from future exploration;

- To explore the relationship between ‘severity’, degree of coercion or force, and impact on disclosure
- To explore non-professional disclosure in more detail, and it’s influence on the decision to disclosure to therapeutic professionals
- To explore public attitudes in relation to female perpetrated sexual abuse
- Further exploration of relationship with the female perpetrator and decisions to disclose
- Introducing and evaluating training initiatives with specific focus on FPSA with professional groups, with a view to increasing recognition and raising awareness
- Exploring disclosure for male and female survivors distinct from one another, as a number of distinctive gender-related issues emerged in relation to disclosure, needs and service provision
- To examine the use and function of online communities accessed by survivors of FPSA, including male and female survivor sub-cultures and ‘victim blogging’.

7.5. Critical Reflection

7.5.1. Reflections on Thematic Analysis

In line with Braun and Clarke's (2006) guidelines to TA, the researcher identifies with the inductive stance, with theming being primarily linked to the data rather than being motivated by theoretical expectation. However, the influence of an underpinning knowledge base around FPSA should be acknowledged. The latter may arguably better 'fit' with a theoretical or 'deductive' analytic style. Deductive analysis is informed by a pre-existing knowledge of and interest in certain elements of a literary area, and can inform the level at which you code data. Braun and Clarke (2006) also discuss levels of interpretation with a degree of separateness, as either 'semantic' and explicit, or 'latent' and interpretive. And so, the guidelines provided by Braun and Clarke (2006) may be somewhat restrictive, as they suggest that researchers should align with either a 'semantic, inductive' approach, or a 'latent, deductive' approach to analysis. Importantly, Braun and Clarke (2006) do note this as a guide, stating; "there are no hard-and-fast rules in relation to this" (p. 86). Therefore, whilst the data was analysed semantically or 'explicitly' according to the verbatim data, in the interests of working transparently (Yardley, 2000), a pre-existing awareness of the literature is acknowledged here. By having an awareness of pre-existing thoughts about disclosure, the researcher was able to be mindful of this and note down thoughts about the literature that the semantic data triggered. Therefore arguably, the researcher analysed the data neither entirely semantically nor latently, and whilst the data was coded at an explicit level the wider underlying issues shaping narratives were also considered. Braun and Clarke (2006) do note the benefits of a progressive analytic approach, where descriptive data is synthesised initially to allow for broader meanings and interpretations to be drawn. To divorce the codes from their wider social context around gender constructs may have meant important meanings were lost. Indeed, qualitative methods more generally have been praised for their prioritisation of context as critical to understanding (Patton, 2002). An integrated approach has been used in prior TA studies, for example Fereday and Muir-Cochrane (2006) describe a 'hybrid process of inductive and deductive thematic

analysis to interpret raw data' (p. 80). They espouse the rigor of an integrated approach to TA that considers data-driven and theory-driven codes as a complementary process that acknowledges underlying context whilst allowing themes to be extracted explicitly from the data inductively.

7.5.2. Researcher's Reflections

Throughout the research process I engaged in reflective practice, suggested by Johns (2011) who describes a process of 'being' and 'becoming', as perspectives grow and evolve through learning and experience. In particular this might relate to my own development from the beginning of the process, to the end. In particular, I feel that I learnt a great deal from participants in relation to female perpetrated sexual abuse, and the challenges that face survivors on their journey to wellness. Anderson and Goolishian (1992) discuss clients as experts on their experiences, and the importance of language in shaping understanding and meaning. I feel my position as a researcher, and interviewer strengthened as the project progressed, in my ability to adopt a listening 'interviewing' position, rather than being drawn into a 'therapist' role. I feel this was a particular challenge, given the highly emotive conversations I was having with survivors about their experiences of sexual abuse. In addition, telephone interviews meant that I was unable to portray warmth, encouragement and empathy non-verbally. Finding the balance between responding empathically, and structuring conversations was hard in some cases. Melia (2000) discusses how semi-structured interviewing can adopt a 'giving style' in certain contexts, of which I feel this was one. I also learnt the importance of tracking participant emotions and listening carefully throughout conversations, to ensure they felt heard and comfortable to proceed (Hayward, 2009). It seems that the removed 'listening' approach of the interviewer enhanced some people's ability to share, and gain their own insight and understandings along the way:

"I thank you deeply for allowing me to speak since in voicing there is much insight and deeper awareness. As I said few have listened and with your only purpose to record and not "help" I made a great stride forward in the process of self awareness. So thank you for that. I think it

may be an effect that is not intended but is positive. I think what "helps" is allowing one to speak without any desire to change the way the thing is. Acceptance of it exactly as it is without desire to change it. We cannot change it we can only move into a deeper awareness of it. I think that is the other learning that has become me. I see the process as less a need to change someone or some situation but as a need to see more of things exactly as they are. From this point, we can move forward"
(Sally)

Given my epistemological position as a 'critical realist' (Guba & Lincoln, 1994), I aligned myself with the belief that each participant shared a common truth, that they had been sexually abused by a female during childhood. However, within the stance, I also acknowledged that the meanings assigned to this experience were diverse. Therefore, my use of language such as 'abuse' and 'victim' were discussed prior to interviewing and used tentatively. In some cases, participants described a sense of ambivalence towards their perpetrators, with some describing an ongoing relationship with them, or continued difficulties in accepting the experiences as sexually abusive. A number of participants were angered by others blaming or vindicating the perpetrator, particularly in cases of related perpetrators:

"Making sure that these experiences were separate from the essence of the person, cos the essence of her person is the essence of me...when a therapist talks about ... um, how bad the mother is as a person, then they're actually saying how bad I am as a person" (Sally)

Theoretically, I accept this position, however emotionally I felt saddened and in some cases confused by peoples accounts. The use of a reflective diary (Appendix H) helped me to notice and contain these reactions, as demonstrated in the extract below:

"...when he mentioned that he still sees her as she is still his mother. I was really surprised, as he had just told me about the abuse going on for so long. I noticed in my head, that I wanted to advise him to think about whether that was good for him, as it doesn't sound like the relationship is a positive one. She still invades his privacy now, as a grown man. I didn't

say anything. I wonder how he felt saying he still saw her, I got the sense he didn't mean to mention it."

The process of interviewing was emotive, and the nature of conversations was highly personal and sensitive in each case. In addition, interviews were international and often conducted at the University late in the evenings. This meant that there were rarely opportunities for supervision following conversations, and so I developed ways in which to process and manage the impact of the conversations, in particular using my reflective log.

Furthermore, due to the fact that this is a comparatively neglected area in research and survivors already feel stigmatised and ostracised due to their unconventional sexual abuse experiences (Saradjian, 2010), I felt a considerable responsibility to each participant. The emotional involvement of researchers in their endeavours has been discussed, particularly in relation to researching traumatic experiences (Campbell, 2002). Traditionally, affect has been seen as a potential source of bias, and so separating 'thinking and feeling' has been advocated, and researchers have perhaps been socialised to separate their feelings, and their research. In addition, where influences have been acknowledged, researchers are usually encouraged to consider cognitive components (e.g., personal beliefs and values they hold) rather than affective influences. Being more aware of our affective responses to research and our participants has been promoted, as it might offer insight or be a helpful (Campbell, 2002). I felt deeply touched by participant's experiences, and their ability to place their trust in me, particularly in my position as a female researcher. Given the literature around the impact on survivors' relationships with females in adulthood, particularly their ability to trust them (e.g. Peter, 2008). I feel that this emotional and cognitive investment, and at times entanglement, with my research has been both strength and a limitation. I feel that it has given me a genuine and truthful interest in my research, which has allowed me to work through each stage thoughtfully and with interest. However, the sense of pressure, to capture the narratives of my sample in its entirety led to difficulties in negotiating my themes and pulling out key narratives, and so this part of the research was lengthy and emotionally demanding. It is acknowledged that the analytic process should always be meticulous and

detailed (Braun & Clarke, 2006), however I feel this part of the process was particularly 'involved' for me.

During the process of the research, the interviews as a point of disclosure themselves was discussed by a number of participants. Therefore, I became aware of how my own 'professional responses' might impact participants. Equally, many survivors described the cathartic quality of participating, and how this had prompted their plans to further address their FPSA:

"I want to add about yesterday that it was afterward quite insightful for me to have shared things. I had new insights and new ideas" (Sally)

I feel that this is a positive move towards validating participants, so they feel able to address their experiences in therapy, if this is something they need to do. However, given that the under-recognition of FPSA remains, and that dismissive or denying professional responses have commonly been reported (Denov, 2004a), participants may go on to encounter less helpful responses. Encouragingly, many had encountered positive and validating responses, and so it is hoped that these would be equally probable.

The literature discusses denial as a wider socio-cultural concern, relating to constructions of the female gender, and how in order for survivors to be able to disclose and access help, professional attitudes need to encourage people in "processing and resolving confusion and conflicts about female attributes, roles and functions in today's society" (SgROI & Sargent, 1993, p.31). Therefore, there needs to be shifts in how women are viewed, including their ability to be both victims and perpetrators much like their male counter-parts. During the research, I became aware of many of the political connotations associated with conducting research on FPSA, and feel it is important to reflect on the social context of the study in relation to theories of female criminality and feminist theory. Feminism was discussed by some participants as being perceived as an undercurrent of resistance, stifling attempts to widen awareness of FPSA. In my role as a researcher in this study, I received warnings about how communities of feminists might respond to the paper, as well as being contacted by the media. Equally, I experienced challenge and resistance from male survivors in terms of participation, due to fears that I may be a 'feminist' seeking to mis-

portray male experiences. My experiences of entering a potentially highly political arena brought a sense of trepidation. Certainly, feminist theories of criminology are deeply political, and have been described as, “diverse perspectives that focus on women’s interests, are overtly political, and strive to present a new vision of equality and social justice” (Flavin & Desautels, 2006, p. 12). Feminist theory in criminology views the dominance of men in relation to women, and how this impacts criminal behaviour by and towards women. Within this framework criminology and criminal justice systems are seen as male-dominated, and this is viewed by feminists as oppressive and attempting to maintain conventional gender roles of dominant men and compliant women (Titus Reid, 2011). The political tensions between the feminist viewpoint and female sexual offending have been discussed, including by those within the FPSA academic field who hold a feminist position, but also recognise female sexual offending as a phenomenon (Peter, 2006; Young, 1993). Such researchers call out for the need to recognise the propensity for terms such as rape, aggression, violation, paedophilia to be used in relation to men and women, with less exclusivity to male perpetration alone. Young (1993) describes a need for ‘feminists’ to adopt a positive role in sending a clear message to abusers, irrespective of gender, and stresses that “equal rights means equal responsibility” (p. 110). Here she stresses the responsibility of all people, despite gender to work towards stopping child sexual abuse, as this is the priority, above and beyond perpetrator gender.

7.6. References

- Alaggia, R. (2004). Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect*, 28(11), 1213-1227.
- Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma*, 10 (5), 453-470.
- Aldao, A., & Nolen-Hoeksema, S. (2012). When are adaptive strategies most predictive of psychopathology? *Journal of Abnormal Psychology*, 121 (1), 276-281.
- Allen, C. M. (1991). *Women and Men who Sexually Abuse Children: A comparative Analysis*. Orwell, VT: Safer Society Press.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: A non-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Attride-Stirling, J. (2001). Thematic Networks: An analytic tool for qualitative research. *Qualitative Research*, 1, (3) 385-405.
- Bader, S. M., Scalora, M. J., Casady, T. K., & Black, S. (2008). Female sexual abuse and criminal justice intervention: A comparison of child protective service and criminal justice samples. *Child Abuse & Neglect*, 32, (1) 111-119.
- Banister, P. (2011). *Qualitative Methods in Psychology: A Research Guide* (2nd ed.). Berkshire: McGraw-Hill International.

- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2004). Child sexual abuse: A gender perspective on context and consequences. *Child Maltreatment, 9*, 223-238.
- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners, 2nd Edition* (2nd ed.). John Wiley & Sons.
- Boyatzis, R. E. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Sage Publications, Inc.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77.
- Briggs, F., & Hawkins, R. M. F. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be non-offenders. *Child Abuse and Neglect, 20*, 221-233.
- Burr, V. (2003). *Social Constructionism* (2nd ed.). London: Routledge.
- Campbell, R. (2002). *Emotionally Involved: The Impact of Researching Rape*. New York: Routledge.
- Catanzarite, V. A., & Combs, S. A. (1980). Mother-son Incest. *Journal of the American Medical Association, 243* (18), 1807-1808.
- Childline (2009) *ChildLine Casenotes: A series of reports on issues facing children today*. London: NSPCC.

- Clarke, A. (2006). Qualitative Interviewing: Encountering ethical issues and challenges. *Nurse Researcher, 13* (4), 19-29.
- Condy, S. R., Templer, D. I., Brown, R., & Veaco, L. (1987). Parameters of sexual contact of boys with women. *Archives of sexual behaviour, 16*, 379-394.
- Cortoni, F. (2009). *Recidivism rates of female sexual offenders: A meta-analytic review*. Paper presented at the annual meeting of the American Society of Criminology, Philadelphia.
- Daly, J., Kellenhear, A. & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.
- Danermark, B. (2002). *Explaining Society: Critical Realism in the Social Sciences*. Psychology Press.
- Davin, P. A., Hislop, C. R., & Dunbar, T. (1999). *Female Sexual Abusers*. Brandon, VT: Safer Society Press.
- Deering, R., & Mellor, D. (2011). An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of Child Sexual Abuse, 20*(1), 58-76.
- DeLisi, M., & Conis, P. J. (2011). *Violent Offenders: Theory, Research, and Practice* (2nd Ed.). Burlington, MA: Jones & Bartlett Learning.
- Denov, M. S. (2001). Culture of Denial: Exploring Professional Perspectives on Female Sex Offending. *Canadian Journal of Criminology, 43*, 303-329.
- Denov, M. S. (2003a). The myth of innocence: Sexual scripts and the

recognition of child sexual abuse by female perpetrators. *The Journal of Sex Research*, 40, 303-314.

Denov, M. S. (2003b). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child Abuse & Neglect*, 27(1), 47-61

Denov, M. S. (2004a). *Perspectives on female sex offending: a culture of denial*. Ashgate Publishing, Ltd.

Denov, M. S. (2004b). The Long-Term Effects of Child Sexual Abuse by Female Perpetrators. *Journal of Interpersonal Violence*, 19(10), 1137 -1156.

Department for Children, Schools and Families (DCSF, 2010). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. Retrieved November 17, 2012, from <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010>

Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review*, 16, 619–639.

Dignan, J. (2005). *Understanding Victims & Restorative Justice*. Berkshire: McGraw-Hill International.

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The Qualitative research interview. *Medical Education*, 40 (4), 314-321.

- Dindia, K., & Allen, M. (1992). Sex differences in self-disclosure: A meta-analysis. *Psychological Bulletin*, 112, 106-124.
- Duncan, L. E. & Williams, L. M. (1998). Gender role socialisation and male-on-male vs. Female-on-male child sexual abuse. *Sex Roles*, 39, 9-10.
- Elliott, M. (1993). *Female Sexual Abuse of Children* (ed.). New York: Guilford Press.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving Guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Embry, R., & Lyons, P. M. (2012). Sex-Based Sentencing: Sentencing Discrepancies Between Male and Female Sex Offenders. *Feminist Criminology*, 7(2), 146–162.
- Evans, A., Elford, J., & Wiggins, D. (2008). Using the Internet for Qualitative Research. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage Handbook of Qualitative Research in Psychology* (pp. 315-333). London: Sage Publications Ltd.
- Fehrenbach, P. A., & Monastersky, C. (1988). Characteristics of female adolescent sexual offenders. *American Journal of Orthopsychiatry*, 58, 148-151.
- Feiring, C., Taska, L., & Lewis, M. (1996). A process model for understanding adaptation to sexual abuse: The role of shame in defining stigmatization. *Child Abuse & Neglect*, 20(8), 767–782.

- Fereday, J., & Muir-Cochrane, E. (2008). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, 5(1), 80–92.
- Flavin, J. & Desautels, A. (2006). Feminism and Crime. In C. M. Renzetti., L. Goodstein, & S. L. Miller (Eds.), *Rethinking Gender, Crime, and Justice: Feminist Readings* (pp. 11-28). Los Angeles: Roxbury.
- Fritz, G. S., Stoll, K., & Wagner, N. N. (1981). A comparison of males and females who were sexually molested as children. *Journal of Sex & Marital Therapy*, 7 (1), 54-59.
- Fromuth, M. E., & Conn, V. E. (1997). Hidden perpetrators: Sexual molestation in a nonclinical sample of college women. *Journal of Interpersonal Violence*, 12(3), 456-465.
- Gakhal, B. K., & Brown, S.J. (2011). A comparison of the general public's, forensic professionals' and students' attitudes towards female sex offenders. *Journal of Sexual Aggression*, 17, 1, 105-116.
- Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and help-seeking behaviour: Literature review. *Journal of Advanced Nursing*, 49 (6), 616-623.
- Gannon, T. A., & Rose, M. R. (2008). Female child sexual offenders: Towards integrating theory and practice. *Aggression and Violent Behavior*, 13 (6), 442-461.

- Goodman, G. S., Ghetti, S., Quas, J. A., Edelstein, R. S., Weede-Alexander, K., Redlich, A. D., Cordon, I. M., & Jones, P. H. (2003). A Prospective Study of Memory for child sexual abuse: New findings relevant to the repressed-memory controversy. *Psychological Science, 14* (2), 113-118.
- Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4*, 93-106.
- Green, A. H., & Kaplan, M. S. (1994). Psychiatric impairment and childhood victimization experiences in female child molesters. *Journal of the American Academy of Child and Adolescent Psychiatry, 33* (7), 954–961.
- Gross, C. A., & Hansen, N. E. (2000). Clarifying the experience of shame: the role of attachment style, gender, and investment in relatedness. *Personality and Individual Differences, 28*(5), 897–907.
- Groth, N., Longo, R., & McFadin, J. (1982). Undetected recidivism among rapists and child molesters. *Crime and Delinquency, 28*, 450-458.
- Grubin, D. (1998). *Sex Offending against Children: understanding the risk*. London: Home Office. Retrieved November 16, 2012, from <http://library.npia.police.uk/docs/hopolicers/fprs99.pdf>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In E. G. & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). Oaks, CA: Sage publications.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), 59–82.

Hand, H. (2003). The mentor's tale: a reflexive account of semi-structured interviews. *Nurse Researcher*, 10 (3), 15-27.

Hanson, R. K. (2002). Recidivism and Age: Follow-Up Data From 4,673 Sexual Offenders. *Journal of Interpersonal Violence*, 17(10), 1046–1062.

Hayward, M. (2009). Is Narrative Therapy Systemic? *Context*. Retrieved September 14, 2012, from, <http://www.theinstituteofnarrativetherapy.com/papersandresources.html>

Henwood, K. L. & Pidgeon, N. (1992). Qualitative research and psychological theorising. *British Journal of Psychology*, 83, 97-111.

Hetherington, J. (1999). The Idealisation of women: Its role in the minimisation of sexual abuse by females. *Child Abuse & Neglect*, 23, 161-174.

Hetherington, J., & Beardsall, L. (1998). Decisions and Attitudes Concerning Child Sexual Abuse: Does the Gender of the Perpetrator Make a Difference to Child Protection Professionals? *Child Abuse & Neglect: The International Journal*, 22(12), 1265-83.

Hislop, J. (2001). *Female Sex Offenders: What Therapists, Law Enforcement and Child Protective Services Need to Know*. Ravensdale, WA: Idyll Arbor, Inc.

- Hoffman, L., & Kurzenberger, M. (2008). The miraculous in mental illness. In J. H. Ellens (Ed.), *Miracles: God, science, and psychology in the paranormal* (pp. 65-93). Westport, CT: Praeger Books.
- Holloway, I., & Todres, L., (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, 3 (3) pp. 345-357.
- Holmes, G., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why relatively few males who have been sexually abused receive help for abuse-related issues in adulthood. *Clinical Psychology Review*, 17, 69-88.
- Hookway, N. (2008). 'Entering the blogosphere': some strategies for using blogs in social research. *Qualitative Research*, 8(1), 91–113.
- Hunter, M. (1990). *Abused Boys: The neglected victims of sexual abuse*. New York: Ballantine Books.
- Hunter, J. A., Lexier, L. J., Goodwin, D. W., Browne, P. A., & Dennis, C. (1993). Psychosexual, attitudinal and developmental characteristics of juvenile female sexual perpetrators in a residential treatment setting. *Journal of Child and Family Studies*, 2, 317-326.
- Johns, C. (2011). *Guided Reflection: A Narrative Approach to Advancing Professional Practice* (2nd ed.). Oxford: Wiley-Blackwell.
- Johnson, T. C. (1989). Female child perpetrators: children who molest other children. *Child Abuse and Neglect*, 13, 571-585.
- Kahn, R., & Kellner, D. (2004). New Media and Internet Activism: From the 'Battle of Seattle' to Blogging. *New Media, and Society*, 6 (1), 87-95.

- Keller, J. M. (2011). Virtual Feminisms. *Information, Communication and Society* (pp. 1-19). Retrieved November 11, 2012, from http://www.academia.edu/1364158/Virtual_Feminisms_Girls_blogging_communities_feminist_activism_and_participatory_politics
- Kelly, R. J., Wood, J. J., Gonzalez, L. S., MacDonald, V., & Waterman, J. (2002). Effects of mother-son incest and positive perceptions of sexual abuse experiences on the psychosocial adjustment of clinic-referred men. *Child Abuse and Neglect, 26*, 425-441.
- Kia-Keating, M., Grossman, F. K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men and Masculinity, 6*, 169-185.
- King, A. B. (2008). Finding Online Subcultures in Shared Meanings. *Social Science Computer Review, 26*(2), 137–151.
- Kite, D., & Tyson, G. (2004). The impact of perpetrator gender on male and female police officers' perceptions of child sexual abuse. *Psychiatry, Psychology and Law, 11*(2), 308-318.
- Krug, R. S. (1989). Adult male report of childhood sexual abuse by mothers: case descriptions, motivations and long-term consequences. *Child Abuse and Neglect, 13*, 111-119.
- Kvale, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing* (1st ed.). London: Sage Publications, Inc.
- Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative*

Inquiry, 12 (3), 480-500.

Lamb, M. E., Sternberg, K. J., & Esplin, P. W. (1998). Conducting investigative interviews of alleged sexual abuse victims. *Child Abuse & Neglect, 22(8), 813–823.*

Lambert, s., O'Halloran, E. (2008). Deductive thematic analysis of a female paedophilia website. *Psychiatry, Psychology and Law, 15, (2), 284 -300.*

Lewis, C. F., & Stanley, C. R. (2000). Women accused of sexual offenses. *Behavioral Sciences and the Law, 18, 73–81.*

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Lindblad, F. (2007) Reflections on the concept of disclosure. In: Pipe, M., Lamb, M., Orbach, Y. and Cederborg, A (eds) *Child Sexual Abuse: Disclosure, Delay, and Denial* (pp 291-301). London: Lawrence Erlbaum Associates, Publishers.

Loftus, E. F., & Davis, D. (2006). Recovered Memories. *Annual Review of Clinical Psychology, 2, 469-498.*

Loftus, E. F., Garry, M., & Feldman, J. (1994). Forgetting sexual trauma: What does it mean when 38% forget? *Journal of Consulting Clinical Psychology, 62, 1177-1181.*

Longdon, C. (1993). A Survivor's and Therapist's viewpoint. In M. Elliott (ed.). *The Female Sexual Abuse of Children* (pp. 47-56). London: Guilford Press.

- Mathews, R., Matthews, J. and Speltz, K. (1989) *Female Sexual Offenders: An exploratory study*. Orwell, VT: Safer Society Press
- Matthews, J., Mathews, R., & Speltz. (1991). Female sex offenders: A typology. In M. Patton (Ed.), *Family Sexual Abuse: Frontline research and evaluation* (pp. 199-219). Newbury Park, NJ: Sage Publications, Inc.
- Mayer, A. (1992). *Women sex offenders*. Florida: Learning Publications.
- McNally, R. J. (2003). Psychological mechanisms in acute response to trauma. *Biological Psychiatry*, 53(9), 779–788.
- Melia, K, (2000). Conducting an Interview. *Nurse Researcher*, 7 (4), 75-89.
- Mellor, D., & Deering, R. (2010). Professional response and attitudes toward female-perpetrated child sexual abuse: a study of psychologists, psychiatrists, probationary psychologists and child protection workers. *Psychology, Crime & Law*, 16(5), 415-438.
- Minuchin, S. (1991). The Seductions of constructivism. *Family Therapy Networker*, 9, 47-50.
- Nathan, P., & Ward, T. (2002). Female sex offenders: Clinical and demographic features. *Journal of Sexual Aggression*, 8(1), 5–21.
- National Institute of Clinical excellence (2005). *CG26 Post-traumatic stress disorder (PTSD)*. Retrieved November 16, 2012, from <http://www.nice.org.uk/nicemedia/pdf/CG026quickrefguide.pdf>

- National Institute of Clinical Excellence (2009). *CG89 When to suspect child maltreatment: full guideline*. NICE. Guidance/Clinical Guidelines. Retrieved November 17, 2012, from <http://www.nice.org.uk/>
- Ogilvie, B. & Daniluk, J. (1995). Common themes in the experiences of mother-daughter incest survivors: Implications for Counselling. *Journal of Counselling and Development, 73*, 598-602
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods (3rd ed.)*. Thousand Oaks, CA: SAGE Publications, Inc.
- Payne, G. (2006). Social Divisions as a sociological perspective. In G. Payne (ed.), *Social Divisions* (pp. 25-64). Basingstoke: Palgrave.
- Peter, T. (2006). Mad, Bad, or victim? Making sense of mother-daughter sexual abuse. *Feminist Criminology, 1*, 283-302.
- Peter, T. (2008). Speaking about the unspeakable. Exploring the impact of mother daughter sexual abuse. *Violence Against Women, 9*, 1033-1053.
- Peter, T. (2009). Exploring taboos: comparing male- and female-perpetrated child sexual abuse. *Journal of Interpersonal Violence, 24(7)*, 1111-1128.
- Petrovich, M., & Templer, D. (1984). Heterosexual molestation of children who later become rapists. *Psychological Reports, 54*, 810.
- Polit, D. F. & Beck, C. T. (2006). *Essentials of Nursing Research: Methods, appraisal, and utilisation (6th ed.)*. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology, 2(4)*, 281–307.

- Radford, Corral, Bradley, Fisher, Bassett, Howat & Collishaw. (2011). *Child Abuse and Neglect in the UK today*. London: NSPCC
- Reicher, S. (2000). Against methodolary: Some comments on Elliott, Fischer, and Rennie. *British Journal of Clinical Psychology*, 39 (1), 1-6.
- Rice, P., & Ezzy, D. (1999). *Qualitative research methods: A health focus*. Melbourne: Oxford University Press.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examinaiton of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, 124 (1), 22-53. Retrieved October 30, 2012, from <http://digilib.bc.edu/reserves/sc563/mcgu/sc56310.pdf>
- Risin, L. I., & Koss, M. P. (1987). The sexual abuse of boys: prevalence and descriptive charateristics of childhood victimisations. *Journal of Interpersonal Violence*, 2 (3), 309-323.
- Robinson, K. M. (2001). Unsolicited Narratives from the Internet: A Rich Source of Qualitative Data. *Qualitative Health Research*, 11(5), 706–714.
- Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers* (2nd ed.). Oxford, UK: Blackwell.
- Rosencrans, B. (1996). *The Last Secret: Daughters sexually abused by mothers*. Brandon, VT: The Safer Society Press.
- Rosenmann, A., & Safir, M. P. (2006). Forced online: Pushed factors of Internet sexuality: A preliminary study of paraphilic empowerment. *Journal of Homosexuality*, 51, 71-92.

- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179–183.
- Sandler, J. C., & Freeman, N. J. (2007). Topology of Female Sex Offenders: A Test of Vandiver and Kercher. *Sexual Abuse: A Journal of Research and Treatment, 19*, 73-89.
- Saradjian, J. (2010). Understanding the Prevalence of Female Perpetrated Sexual Abuse and the Impact of That Abuse on Victims. In T. A. Gannon & F. Cortoni (Eds.), *Female Sexual Offenders: Theory, Assessment and Treatment* (pp. 9-30). Chichester, West Sussex: Wiley-Blackwell.
- Saradjian, J., & Hanks, H. (1996b). *Women who sexually abuse children: From research to clinical practice*. Chichester: Wiley.
- Saradjian, J. (1997). Factors that specifically exacerbate the trauma of victims of childhood sexual abuse by maternal perpetrators. *Journal of Sexual Aggression, 3* (1), 3-14.
- Sarrel, P. M., & Masters, W. H. (1982). Sexual molestation of men by women. *Archives of Sexual Behaviour, 11*(2), 117–131.
- Schacter, D. L. (2001). *The seven sins of memory: How the mind forgets and remembers*. Boston: Houghton Mifflin.
- Schatzel-Murphy, E. A., Harris, D. A., Knight, R. A., & Milburn, M. A. (2009). Sexual Coercion in men and women: Similar Behaviours, different predictors. *Archives of sexual behaviour, 38* (6), 974-986.
- Schiedegger, A. R. (2008). Female Sex Offenders – Does anyone really get hurt? In L. J. Moriarty (ed.), *Controversies in Victimology* (pp. 147-158). Newark, NJ: LexisNexis Group.

- Sgroi, S., and Sargent, N. (1993). 'Impact and treatment issues for victims of childhood sexual abuse by female perpetrators', in Elliott, M. (ed.) *Female Sexual Abuse of Children*, London: Guilford Press.
- Smith, J. A. & Eatough, V. (2007). *Interpretative phenomenological analysis*. In Lyons, E. & Coyle, A. (Eds.). *Analysing qualitative Data in Psychology* (pp. 35-50). London: Sage.
- Syed, F., & Williams, S. (1996). *Case studies of females sex offenders in the Correctional Service of Canada*. Ottawa, Canada: Correctional Service Canada. Retrieved November 16, 2012, from, http://www.csc-scc.gc.ca/text/pblct/so/female/female-05-eng.shtml#P224_33932
- Tamres, L., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behaviour: A meta-analytic review. *Personality and Social Psychology Review*, 6, 2-30.
- Titus Reid, S. (2011). Sociological Theories of Criminal Behaviour 1: The social-structural approach. In S. Titus Reid (13th ed.), *Crime and Criminology* (pp. 94-141). USA: Oxford University Press. Retrieved November 19, 2012, from, http://www.us.oup.com/us/pdf/reid/Reid_Chapter5.pdf
- Tracy, S. J. (2010). Qualitative quality: Eight 'big-tent' criteria for excellent qualitative research. *Qualitative inquiry*, 16(10), 837–851.
- Travin, S., Cullen, K., & Protter, B. (1990). Female Sex Offenders: Severe Victims and Victimizers. *Journal of Forensic sciences*, 35 (1), 140-150.
- Tuckett, A. G. (2005). Applying Thematic Analysis theory to practice: A researcher's experience. *Contemporary Nurse*, 19, 75-87.

- U.S. Department of Justice. (2002). *Uniform Crime Report: 2001*. Washington, DC: Government Printing Office. In D. M. Vandiver, & R. Teske, Jr. (2006) Juvenile female and male sex offenders: A comparison of offender, victim, and judicial processing characteristics. *International Journal of Offender Therapy and Comparative Criminology*, 50 (2), 148-165.
- Vandiver, D. M., & Kercher, G. (2004). Offender and Victim Characteristics of Registered Female Sexual Offenders in Texas: A Proposed Typology of Female Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16(2), 121-137.
- Vandiver, D. M., & Teske, R. Jr. (2006) Juvenile female and male sex offenders: A comparison of offender, victim, and judicial processing characteristics. *International Journal of Offender Therapy and Comparative Criminology*, 50 (2), 148- 165.
- Walker, L. E. A. (2009). *The Battered Woman Syndrome (3rd ed.)*. New York: Springer Publishing Company.
- Whiting, L. S. (2008). Semi-structured interviews: guidance for novice researchers. *Nursing Standard Royal College of Nursing*, 22(23), 35-40.
- Wijkman, M., Bijleveld, C., & Hendriks, J. (2010). Women Don't Do Such Things! Characteristics of Female Sex Offenders and Offender Types. *Sexual Abuse: A Journal of Research and Treatment. Sexual Abuse: a journal of research and treatment*, 22, 2, 135-156.

- Williams, L. M. (1994b). What does it mean to forget child sexual abuse? A reply to Loftus, Garry, & Feldman (1994). *Journal of Consulting and Clinical Psychology, 62*, 1182-1186
- Willig, D. C., & Stainton-Rogers, D. W. (2008). *Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications Ltd.
- Winslade, J. & Monk, G. 1999: *Narrative Counselling in Schools: Powerful & brief*. Thousand Oaks, CA: Corwin Press.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.
- Yardley, L. (2000). Dilemmas in Qualitative Health Research. *Psychology and Health, 15*, 215-228
- Yeh, C. J., & Inman, A. G. (2007). Qualitative Data Analysis and Interpretation in Counseling Psychology: Strategies for Best Practices. *The Counseling Psychologist, 35*(3), 369–403.
- Young, V. (1993). Women Abusers: A Feminist View. In M. Elliott (Ed.), *Female Sexual Abuse of Children* (pp. 100-114). New York: Guilford Press.

Appendices

8. Appendices

- A. Example Research Appeal
- B. Research Website details and Screen-view
- C. Participant Information
- D. Image of website 'Contact Page' and Consent
- E. Telephone Semi-Structured Interview Schedule
- F. Confidential Transcription Agreement
- G. Ethical Approval (final)
- H. Reflective Diary Excerpt
- I. Example transcript Excerpt with Codes
- J. Example of Collating Codes and Developing Themes
- K. Images of Researchers 'mind-map', showing Thematic Networks
- L. Thematic Diagram (1) 'Perceptions of Gender and Disclosure' with sub-themes
- M. Thematic Diagram (2) 'Decision to Disclose' with sub-themes
- N. Thematic Diagram (3) 'Process of Disclosure' with sub-themes
- O. Thematic Diagram (4) 'Experience of Disclosure' with sub-themes
- P. Example Theme: Checking Codes under Theme Headings
- Q. Qualitative Quality Criteria (Yardley, 2000)
- R. Recruitment Poster
- S. Thematic Network Diagram (Attride-Stirling, 2001)
- T. Braun and Clarke's (2006) Check-list for conducting Thematic Analysis
- U. Ethical Approval (Initial: August 2011)
- V. Ethical Approval (Amendment: June 2012)

Appendix A Example Research Appeal

The screenshot shows a website with a blue and black color scheme. At the top, there is a logo that says "...break the silence" in a blue, handwritten-style font. To the right of the logo are three social media icons: a Twitter bird with the text "Follow us", an envelope icon with "Email us", and a Facebook 'f' icon with "Join our page". Below the logo is a dark navigation bar with white text for "Home", "About Us", "Impact", "Survivors Support", "Supporters", "Breaking The Silence", "News", and "Blog". Underneath the navigation bar is a blue breadcrumb trail: "Home » News » Research into survivors of female perpetrated sexual abuse".

The main content area has a white background. The title "Research into survivors of female perpetrated sexual abuse" is in a large blue font. Below the title, it says "Posted on June 17, 2012 by Duncan in News". The text of the article begins with a redacted name: "██████████ has been contacted by Hannah Clements, a Trainee Clinical Psychologist studying at Lincoln University. Hannah is currently undertaking a Doctorate Thesis and is looking at a subject she has a standing interest in... survivors of female perpetrated sexual abuse and the experience of disclosure. Hannah has worked in forensic services with offenders, as well as with trauma, and she feels female perpetrated sexual abuse is an understudied area of rising concern. She told us

Below this is a quote in italics, preceded by a large quotation mark: "I feel there is a huge silence that surrounds female sexual abuse, and my aim is to build awareness, reduce stigma and hopefully build on the literature base in this area so professionals know what survivors of this form of abuse need when they disclose. Essentially, the purpose of my study is to offer this under-recognised and largely silenced group of people sexually abused by females, a voice. It is hoped that this will inform professional responses to disclosure and improve support and clinical care, so people affected feel more able to approach professionals."

The article continues with another redacted name: "██████████ wants to support all good, strong, ethically approved research and we wholeheartedly support Hannah in her work. You can find out more about Hannah and her research by going to her website [Survivors of Female Perpetrated Sexual Abuse and Their Experiences of Disclosure](#)".

On the right side of the page, there is a vertical sidebar with three blue buttons: "Breaking the Silence", "Media & Downloads", and "DONATE TODAY...". The "DONATE TODAY..." button features a red hand icon with the text "Everyclick" and a pink arrow pointing to the right. Below the buttons is a white box with blue text: "The simplest way you can help is by donating. Times are hard, money is tight but don't forget (no matter how many times you've heard the phrase) every penny counts! ██████████ registered with [Everyclick.com](#)." At the bottom of this box is a blue "Donate" button.

Appendix B

Research Website: www.fpsaresearch.blogspot.com

The screenshot shows a research website with a light brown background and a white title. The title is "Survivors of female perpetrated sexual abuse and their experiences of disclosure". Below the title is a navigation menu with links: Home, Research, Researcher, Background, Ethics, Contact me, and Information. The date "Monday, 20 February 2012" is displayed. The main content area contains two paragraphs of text. The first paragraph thanks visitors for clicking through and offers to share more about the study and the researcher. The second paragraph provides instructions for those who wish to participate in a telephone interview. On the right side, there is an "About Me" section with a "Researcher" icon and a link to "View my complete profile". At the bottom, there is a search bar with the text "Find: label" and navigation buttons for "Next", "Previous", "Highlight all", and "Match case".

Survivors of female perpetrated sexual abuse and their experiences of disclosure

[Home](#) | [Research](#) | [Researcher](#) | [Background](#) | [Ethics](#) | [Contact me](#) | [Information](#) | 

Monday, 20 February 2012

Thanks for clicking through to read more about my study exploring people's experiences of being sexually abused by a female and their personal experiences of disclosure. I will now share a little bit about me, and my study. If you have any comments or questions that come up later on, please go to the '[contact me](#)' section, and provide your details. From here, I can email you further information should you be interested to find out more.

If you still wish to take part having read more here, then please '[contact me](#)' (above) and provide your telephone number and email address. You will also be asked for a contact name, which can be real or not, depending on whether you would rather keep this information private. I will then email you to discuss when would be a good time for me to telephone you, and to arrange an appropriate time to carry out the relaxed telephone interview, should you still wish to be involved.

About Me

 **Researcher**

[View my complete profile](#) 

x Find:  Next  Previous  Highlight all Match case

Appendix C Participant Information

Participant Information Sheet

Study title: *People who have been sexually abused by women during their childhood and their experiences of disclosure*

I am a trainee clinical psychologist at the University of Lincoln and I would like to invite you to take part in a research study. Before you decide to take part you need to understand why the study is being done and what it would involve for you. Please take your time to read the following information in your own time. If you have any questions along the way, feel free to ask me.

What is the purpose of study?

- To hear about peoples experiences of disclosing or not disclosing having been abused by a woman to Healthcare Professionals, and what they found helpful or unhelpful in this process.
- To develop a better understanding of what made telling people difficult, and what helped them to share, to inform the way professionals work, and respond to people with these experiences.
- To contribute to the lack of research around victim/survivor experiences
- To ask wider questions about the nature of sexually abusive experiences, including whether abusers were alone or accompanied by another person. Also, the woman's role in the abuse, whether physically involved, partly involved or in another role not physically involved. Sometimes, this might be referred to as 'active' or 'passive' abuse.

Why have I been invited?

The Investigator has contacted people who are members of supportive organisations, who use online support websites, and who have experienced early sexually abusive experiences. The study hopes to invite people to take part and share their experiences.

Do I have to take part?

It is your choice, the investigator will be recruiting people over six months, and you will need to let her know in this time if you want to have a telephone or SKYPE interview (voice over internet). After this, interviews will be arranged for a suitable time for you. Consent will be revisited prior to the interview. You can withdraw from the study if you change your mind, without needing to give a reason. You will be able to withdraw your information within 3 weeks following the interview; as the information you provide will be anonymous, removing your data from the final analysis after this time may not be possible.

What will I have to do?

If you feel you want to take part, the Investigator will then contact you to arrange a suitable time for you to do the telephone interview. This interview will be recorded; this is so the Investigator can listen to it again in case they miss anything important, and so notes of important information can be taken. Afterwards there will be some time to have a supportive debrief and talk about how you found the interview.

Will my taking part in the study be kept confidential?

The information you provide during the course of the research will be kept confidential. Your name and telephone contact number will be collected when you consent to taking part, so I can get in touch with you; any other identifiable information will be removed so that your privacy is protected. You may wish to share your first name for the purposes of the telephone conversation but if not, you may wish to use an alias. The Investigator and her Research Supervisors will be the only persons analysing the information, which will be stored securely, on an encrypted system. Confidential information will be locked and stored for a period of seven years after which it will be confidentially destroyed.

Limits to Confidentiality

You will be encouraged to try and avoid discussing people's names in the interview for confidentiality reasons. If adult or child protection concerns arise and the Investigator becomes privy to information that a previous abuser continues to have contact with children, the Investigator will have a professional responsibility to telephone and pass this information on to the Police and Social Services. The Investigator will also suggest that you pass on any concerns about the welfare of another, to Police or Social Services where appropriate. If you share with the investigator potentially incriminating facts about yourself or others (e.g. criminal behaviour) you will be advised to contact the Police and the investigator may have a professional obligation to pass on this information to the relevant authorities.

In the eventuality that you need additional support, or you share something new with me that you have not had the opportunity to talk about before, you will be advised to contact your GP or the organisations listed below;

- Incest and Sexual Abuse Survivors (ISAS)
- Abused Empowered Survivor Thrive (AEST)
- Healing Our Past Experiences (HOPE)
- Trauma and Abuse Support Centre: help for adults sexually abused in childhood (TASC)
- The National Association for People Abused in Childhood (NAPAC)
- The Samaritans

Who has reviewed the study?

This research has been approved by a Research Ethics Committee at the University of Lincoln. It has been ethically approved by the University to protect your safety, rights, wellbeing and dignity. This study has been overseen and reviewed by academic staff at the University of Lincoln.

What are the possible benefits of taking part and what will happen to the results of the study?

You will be given feedback of the general outcomes of the study; however the identification of persons will be protected. The individual benefits of taking part are likely to vary; however, the information we learn is likely to be very important in helping others in the future. It will develop our understanding of what helps and doesn't help people to disclose female abuse, and inform clinical practice.

Possible Adverse Consequences

You might find some of the questions thought provoking or upsetting. If this happens you will be offered verbal support and the opportunity to postpone the interview. If you shared suicidal thoughts or thoughts about hurting yourself or others, I would advise you to see your GP, and you would be reminded of the withdrawal information if you felt unable to continue with the study.

This is a piece of research and an opportunity for you to share your experiences, and should not be viewed as a session of therapy. Whilst the Investigator will offer support in the interview, you should contact your GP should you feel you need therapeutic help to address your experiences.

What if there is a problem

If you have any questions or concerns about the study, please contact the Investigator using the 'contact me' section of her website, or using the email address provided (DCLinPsyThesis@gmail.com). Furthermore, if you have problems with ethical aspects of the project itself, please contact the Investigator who can refer you on to the School's Ethics Committee.

Thank you for taking the time to read this information, and thank you in anticipation, for taking part.

Appendix D 'Contact Me' Page of Research Website, with Consent Section

Contact me

Name *

E-mail address *

Telephone number *

Questions or comments


By choosing Yes, I confirm that I have read and understand the participant information sheet provided, and consent to be contacted by the researcher. *

Yes
 No

Continue »

* indicates required fields

About Me

 Researcher

[View my complete profile](#)

Appendix E Semi-Structured Interview Schedule



Trent Doctorate
in
Clinical Psychology



The University of
Nottingham

Title of project: “Survivors of female perpetrated sexual abuse and their experiences of disclosure”

Date: January – September 2012

Telephone Semi Structured Interview schedule

- Greeting and open interview
- Confirm the participant feels happy to continue
- Revisit confidentiality: encourage participant to refrain from using people’s names in the interview, and reiterate that the interview is confidential, outlining any limits to this confidentiality
- Explain that the interview will last approximately 45 minutes to one hour, with a flexible debriefing period at the end.
- Before the interview begins I will explain my use of some terms to the respondent, and ask if these feel comfortable for the participant. The participants language will be employed throughout and participants will be asked whether they self-identify with the term ‘victim’ or ‘survivor’ more closely;

The reason we are sharing some definitions: “We recognise that not all people feel it is an abusive experience, and people feel differently in each case about what has happened. We are interested in your view”

- ‘Abuse’: The involvement of children or adolescents in sexual activities they do not truly comprehend, and to which they are unable to give informed consent (Schechter & Roberge, 1976).
- ‘Victim’: A person who suffers from a destructive or injurious action or agency

- 'Disclosure': Giving or revealing information to others, in this context, therapeutic professionals
- Revisit topic and focus on interview: "So, this interview will ask about your personal experiences of female sexual abuse, and your perceptions of disclosure. I'd like to hear about this in your own words, so take as much time as you need".
- Any Questions?

Nature of the Abuse

"We talked a moment ago about some terms related to female sexual abuse and about what they might mean. Would you consider that you have experienced such an event?"

1. Can you tell me about the sexual abuse you experienced?

Prompts

- a. You can tell me as much or as little as you feel able to, in as much detail as you feel comfortable to, regarding your experiences?
- b. Onset: How old were you when ... was carried out
- c. Duration: How long did it happen for
- d. Frequency: How often did it happen

2. Can you tell me about the role of the female in your abuse?

Prompts

- a. What was your relationship with the female
- b. During the majority of the abuse, was the female alone or with someone
- c. Could you describe the woman's role in the abuse (you may want to think about whether she was physically involved, partly involved, or present but not physically involved). Please describe this in your own words in as much detail as you feel comfortable to
- d. How did these things affect you

Abuser as a female

3. Did the gender of your abuser affect you disclosing?

Prompts

- a. How
- b. Why
- c. What did that feel like

4. Can you tell me how your experience of abuse, and disclosure made you feel, and did it feel different to if it were a male?

Disclosure

5. Did you ever tell anyone about the sexual abuse as a child or as an adult?

Prompts

- a. Who did you disclose the information to
- b. How old were you when you told someone
- c. How did you disclose your experiences and did you have any concerns
- d. How did the persons respond
- e. Could you tell me about what that felt like disclosing or not

6. When you disclosed the abuse to a professional what did you find helpful or what made you feel more at ease?

7. When you disclosed the abuse to a professional what did you find unhelpful or what made you feel uneasy?

8. Other than disclosing to a professional, have you shared your experiences with anyone else?

Prompts

- a. Who
- b. How did that feel

9. Before you made the decision to disclose your abuse what were your thoughts?

Prompts

- a. Duration: How long did it take you to disclose
- b. Why

10. Since disclosing the abuse, do you feel have you got the support you need?

- a. Service
- b. Family/friends
- c. Responses: How have people responded to you and how has that felt

- Thank you for taking the time to talk to me
- Debrief: flexible, according to the persons needs and wishes, and offer the participant the list of supportive agencies.

Prompts available to the Interviewer (Russell Bernard, 2000)

- Silence
- Echo: Interviewer repeats the respondents statement, encouraging him/her to elaborate
- Verbal agreement: encouraging statements such as 'I see' and 'okay'
- Tell me more: Interviewer asks for more information (e.g. "that's interesting, could you tell me more about that")
- Long question: a long question can elicit a more in depth response
- Leading: prompts and explanation, reason or meaning of information
- 'Baiting': Interviewer recalls information and encourages more detail (e.g. You mentionedearlier, could you tell me a bit more about that")

Appendix F Confidential Transcription Agreement



Data Protection Act 1998 Confidentiality Agreement for Transcribers

This Agreement is made as of 31/08/2012 (Date), by and between the University of Lincoln, with principal offices at Brayford Pool Lincoln LN6 7TS (the University) and TRANSCRIPT DIVAS with principal offices at SUITE 1504, LOWER GLEBE ROAD, FLOOR 145-157, (the Transcriber).
ST. JOHN STREET, LONDON EC1V 4PN

The Transcriber has been appointed by the University of Lincoln to transcribe audiotapes/audio files and documentation resulting from research undertaken by HANNAH CLEGG which will involve the disclosure to the Transcriber of personal data held by the University. Accordingly the Transcriber is required to deal with any such information in accordance with the terms of this Agreement and the Data Protection Act 1998.

The Transcriber undertakes to respect and preserve the confidentiality of personal data. Accordingly, for an indefinite period after the date of this Agreement the Contractor shall:

- maintain the personal data in strict confidence and shall not disclose any of the personal data to any third party;
- restrict access to employees, agents or sub-contractors who need such access for the purposes of the contract (and then only if the employee, agent or subcontractor is bound by conditions of confidentiality no less strict than those set out in this agreement, which the Transcriber shall enforce at the University's request);
- ensure that its employees, agents or sub-contractors are aware of and comply with the Data Protection Act 1998; and
- not authorise any sub-contractor to have access to the personal data without obtaining the University's prior written consent to the appointment of such sub-contractor and entering into a written agreement with the subcontractor including conditions of confidentiality no less strict than those set out in this agreement, which the Transcriber shall enforce at the University's request.

The Transcriber agrees to indemnify and keep indemnified and defend at its own expense the University against all costs, claims, damages or expenses incurred by the University or for which the University may become liable due to any failure by the Transcriber, its employees, agents or sub-contractors to comply with any of its obligations under this Agreement.

For the avoidance of doubt, the confidentiality imposed on the Transcriber by this Agreement shall continue in full force and effect after the expiry or termination of any contract to supply services.

The restrictions contained in this Agreement shall cease to apply to any information which may come into the public domain otherwise than through unauthorised disclosure by the Transcriber.

This Agreement shall be governed by and construed in accordance with the laws of England and the parties hereby submit to the exclusive jurisdiction of the English courts.

Signed for and on behalf of _____

Signed: [Signature] Name: ALAN WILLIAMS
Title: PROJECT MANAGER Date: 31/08/2012

Signed for and on behalf of the University of Lincoln

Signed: [Signature] Name: JUDITH TOMPKINS
Title: ADMIN OFFICER Date: 03.09.2012

Appendix G Ethical Approval



Lincoln, 1-8-2012

Dear Hannah,

The Ethics Committee of the School of Psychology would like to inform you that the changes to your project on "Victims of female perpetrated sexual abuse and their experiences of disclosure" as submitted on 25-7-2012 have been:

- approved
- approved subject to the following conditions:
- invited for resubmission, taking into account the following issues:
- is rejected. An appeal can be made to the Faculty Ethics Committee against this decision (cawalker@lincoln.ac.uk).
- is referred to the Faculty Ethics Committee. You will automatically be contacted by the chair of the Faculty Ethics Committee about further procedures.

Yours sincerely,

Emile van der Zee, PhD

Chair of the Ethics Committee of the School of Psychology
University of Lincoln, Department of Psychology
Brayford Pool
Lincoln LN6 7TS
United Kingdom
telephone: +44 (0)1522 886140
fax: +44 (0)1522 886026
e-mail: evanderzee@lincoln.ac.uk
<http://www.lincoln.ac.uk/psychology/staff/683.asp>

Appendix H

Reflective Diary Excerpt

12th July 2012, 19:35: 'Sally'

I have just finished speaking with Sally, and the interview was long today – 1hour45. She talked a lot about the interview as a new and important point of disclosure for her which was interesting (quote: “New Point of Disclosure”). Make a note to discuss the interviewing as a recognised point of disclosure for some people. She mentioned something interesting about me having a ‘listening attitude’ and that she felt my inner attitude was positive. I think it is important for Sally, and others who have emailed me to feel that I have this, I guess it is about being able to trust my intentions or opinions? She described it as cathartic and said some positive things about the interview including feeling like she wasn’t being judged. I have spent a lot of time writing my website and correspondence emails to people so this was good to hear I think. An important quote for study – “there was a willingness to see the bigger picture / whole picture which was *huge* for me” (therapist response? Open-mindedness?) Sally told me she had been diagnosed with Dissociative Identity Disorder (DID) and so I discussed with her how to best manage this if she dissociated in the interview (theme – impact on MH / identity?). She feedback about the telephone interviewing at the end, saying she found it easier to re-ground herself when she got upset, than she often found it with people face to face, as she could move quickly off the triggering topic (value of telephone interviewing?). I was aware that she works as a therapist, and so was careful not to change my language or presume she knew about psychological processes. I felt a bit more self aware, and she picked up on my language a few times (e.g. she didn’t like the term ‘helper’ and she feels therapists shouldn’t help but should hear) – I am not sure how this affected my interviewing. She said the emails before talking helped her move from ‘remembering’ to thinking differently about the experience (process of understanding?). I stuck to the process of questioning but need to ensure I do not ask leading questions – at times I feel like expressing my support or empathy is harder over the phone so perhaps I am overly empathic? I need to keep a balance between being Hannah the therapist, and being a researcher – I am less familiar with the interviewing style of the latter so I am remaining mindful of this issue. I still feel very humbled that people are sharing their experiences for my research and find it hard not to express this – but need to ensure open conversations that are not interrupted by me. Must remember to ask where people hear about the study, and the terms they self-identify with. Must also be careful of the language I use to allow people to express their experiences as they understand them (e.g. remember not to say repressed...say ‘difficulties remembering’ instead or whatever participant says – as could be leading).

Appendix I Example Transcript with Codes

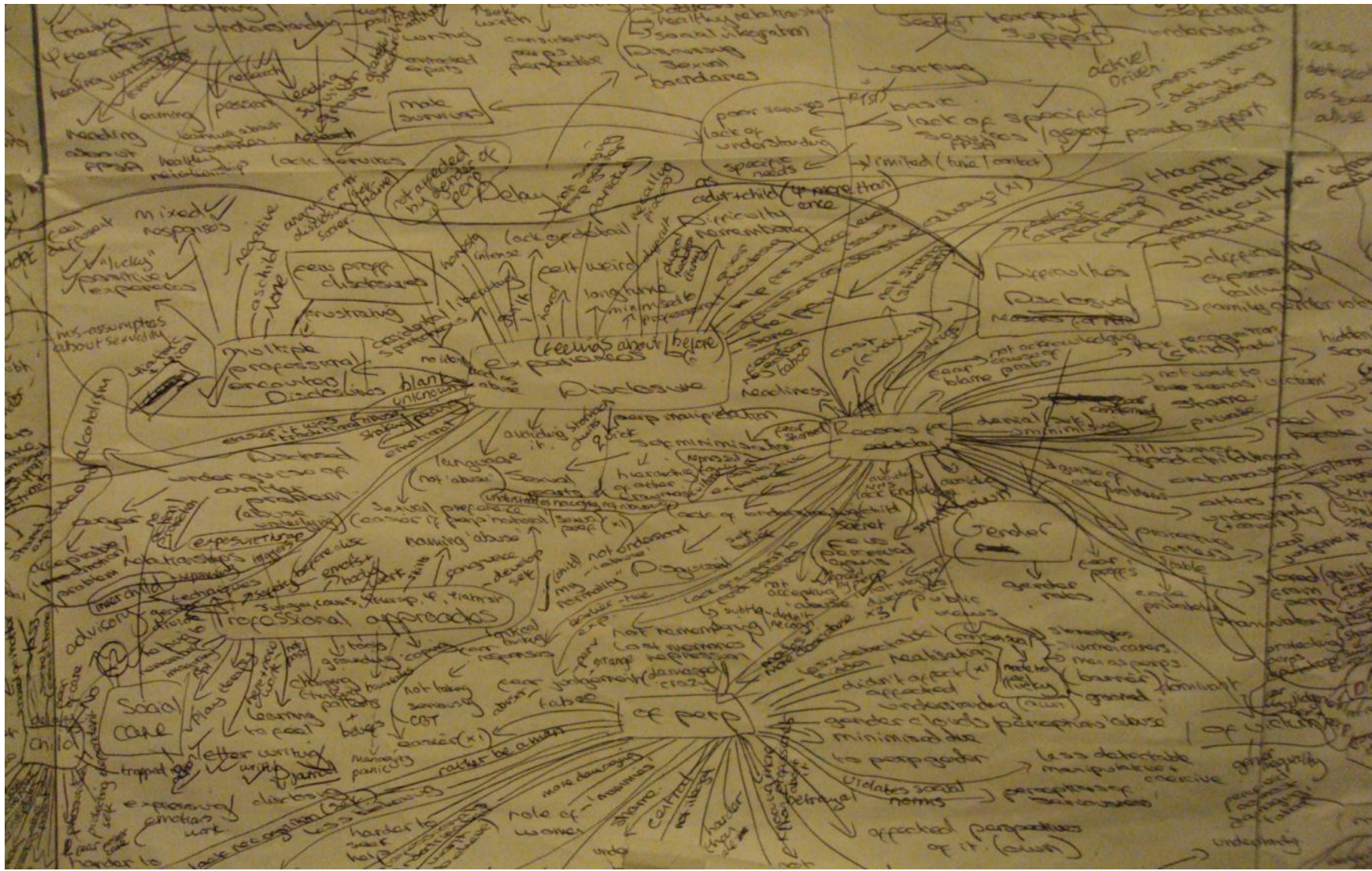
Line	Speaker	Verbatim	Coding
116	INT	Sure	
117	P	But er, I didn't understand that as a child, I just knew I was doing these things like to my dolls and stuff that had not, you know that were not right	Understanding Not right
118	INT	Yeah	
119	P	Just didn't feel right	Not right feeling
120	INT	Yes	
121	P	There was a lot at shame and couldn't, I couldn't um (.) er, I couldn't have a lot of friends because I was afraid they would find out	Shame Few friends – (relationships) Find out
122	INT	Yeah	
123	P	And er, it got worse as I got older because I, at no point growing up did I ever consider it to be um, sexual abuse, I considered it um, medical treatment and I was some kind of pervert reading into it	Got worse Not considered abuse (concept), medical pervert (doubt, self concept)
124	INT	I see	
125	P	So there was a lot of shame er	shame
126	INT	Umm hmm	
127	P	That I carried um, I became quite a perfectionist, a goody-two-shoes, trying to always (.) do everything right, never get in trouble	perfectionist not get in trouble (compliance)
128	INT	Umm hmm	
129	P	Er somehow to atone for it, of course when you feel that flawed even being perfect is not going to be good enough	flawed not good enough
130	INT	Yes	

Appendix J Collating Codes and Developing Themes

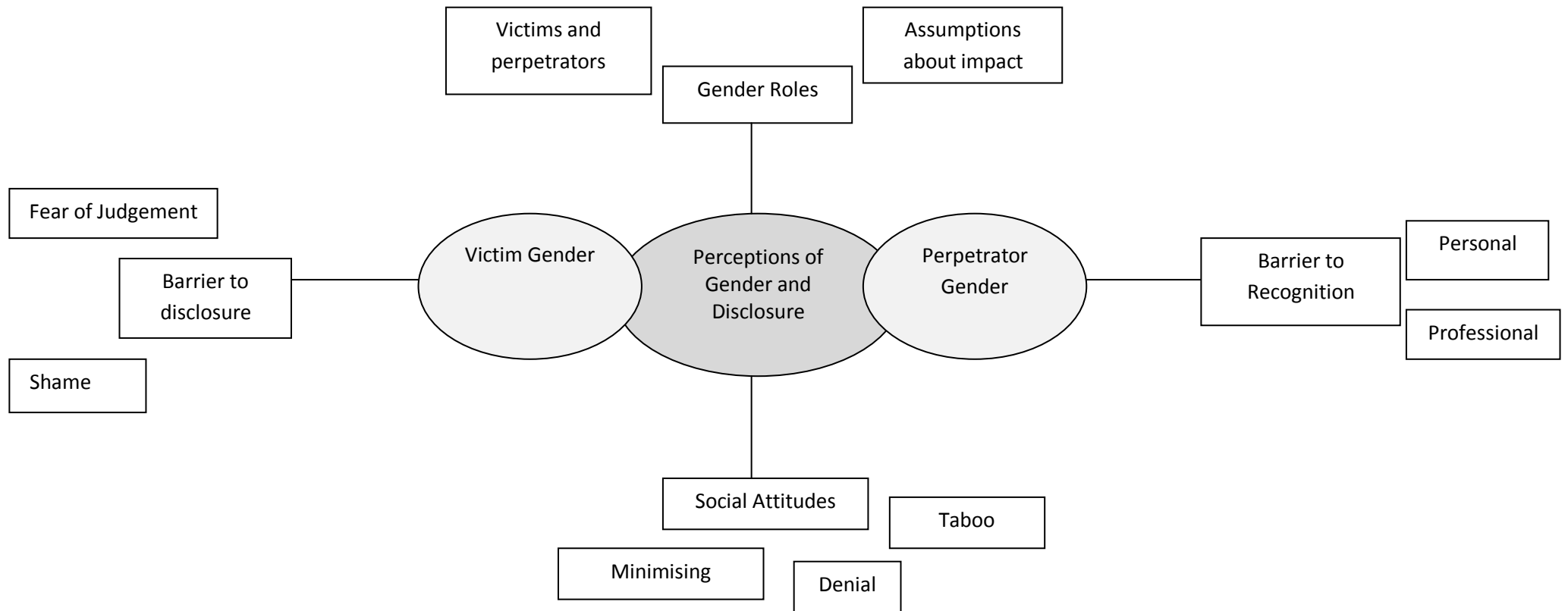
there's something intrinsically wrong with me I dropped a therapist after two visits...he didn't believe me	Impact of professional response
lots of different experiences of telling people I disclosed some things to other professionals	Multiple disclosure experiences
don't remember going into any details I didn't intend to actually say anything, it was you know, it just kind of a train of thought And that was something that you didn't plan is that right, that it just came out	Nature of disclosure (how)
It is always going to make me feel dirty and gross and kind of hate myself for a while after I've got to admit it happened very quickly.. there wasn't really much thinking involved	Process of disclosure
I'm an avid reader of self help books I trained as a psychotherapist I viewed it as a learning process for myself	Active process of wellness, working / learning
I'd like to see, particularly professionals um, be um aware there's been no literature about it	Awareness
it's also a female defined as my mother this woman is still my mother The biggest point of shame for me is that it was my mother and the relationship was so close and bonded	Relationship with perpetrator
believes that I am going to have to now write down and work on developed some really good coping mechanisms set boundaries	Experiences of therapy following disclosure
in our desire to blame them on behalf of the victims, we end up interfering with treating abusers. I hate to use the word sympathise with abusers, but it's just why I've always been willing to listen	Empathy for perpetrator
it was all coercive and manipulative and done under the guise of loving she would see it as having fun or tickling	Guise of perpetration
People that abuse kids, it's not the stranger on the corner in the mac is it? It's the people, it's in your own home, its caregivers, its people close to you men and women that do it there is a picture you would have in your head of what someone would look like or who they'd be	Concept of abuse / abusers
Some online groups are very negative, and they just sort of swallow you up into complaining it's a faceless, um relatively anonymous environment	Online support
Kind of put the stigma out of it in a way Very valuable for me. I, I pretty much think it saved my life	Sharing with other survivors

Appendix K Pictures of drawn 'mind map' based on Thematic Network Technique (Attride-Stirling, 2001)

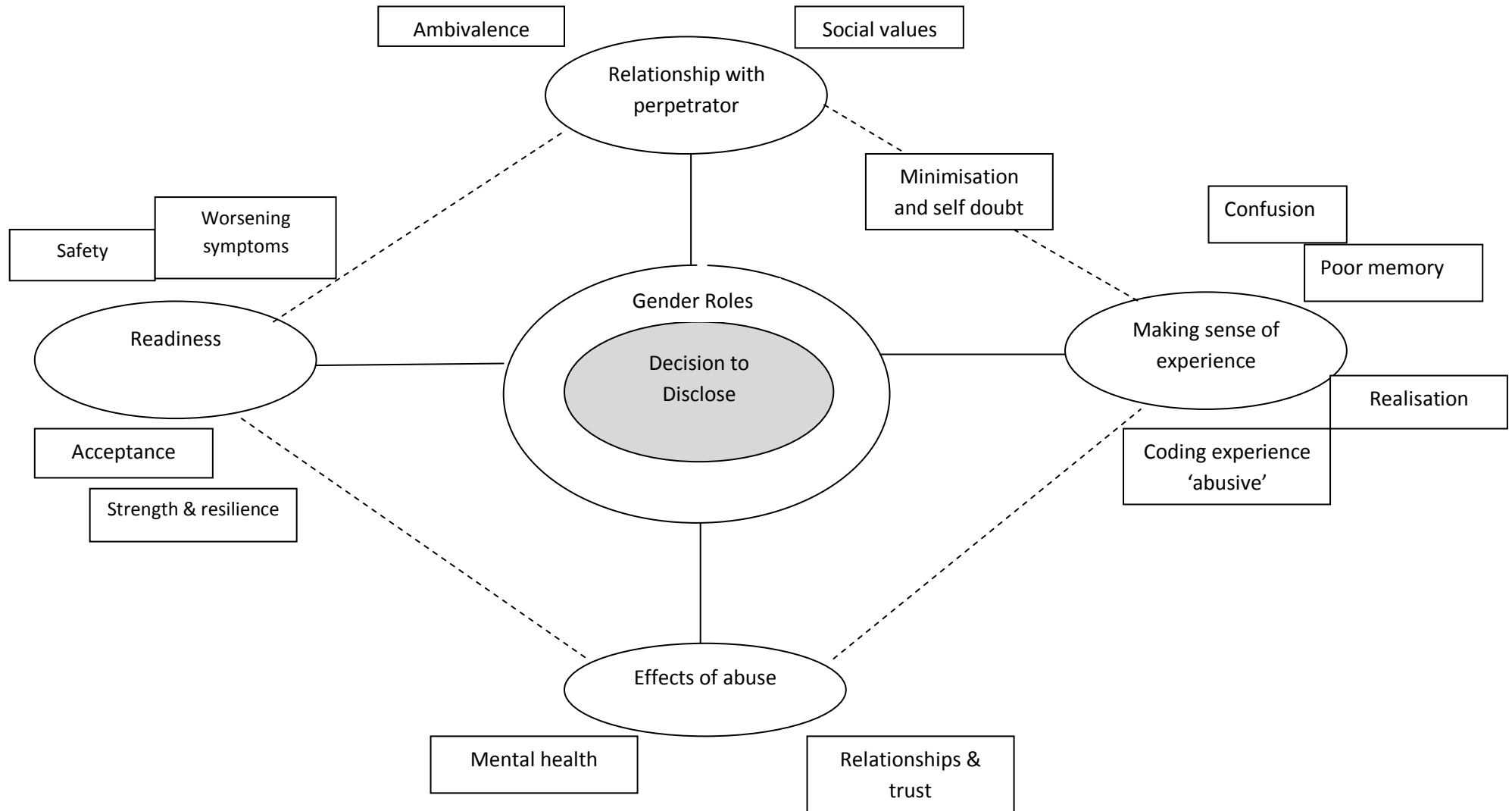




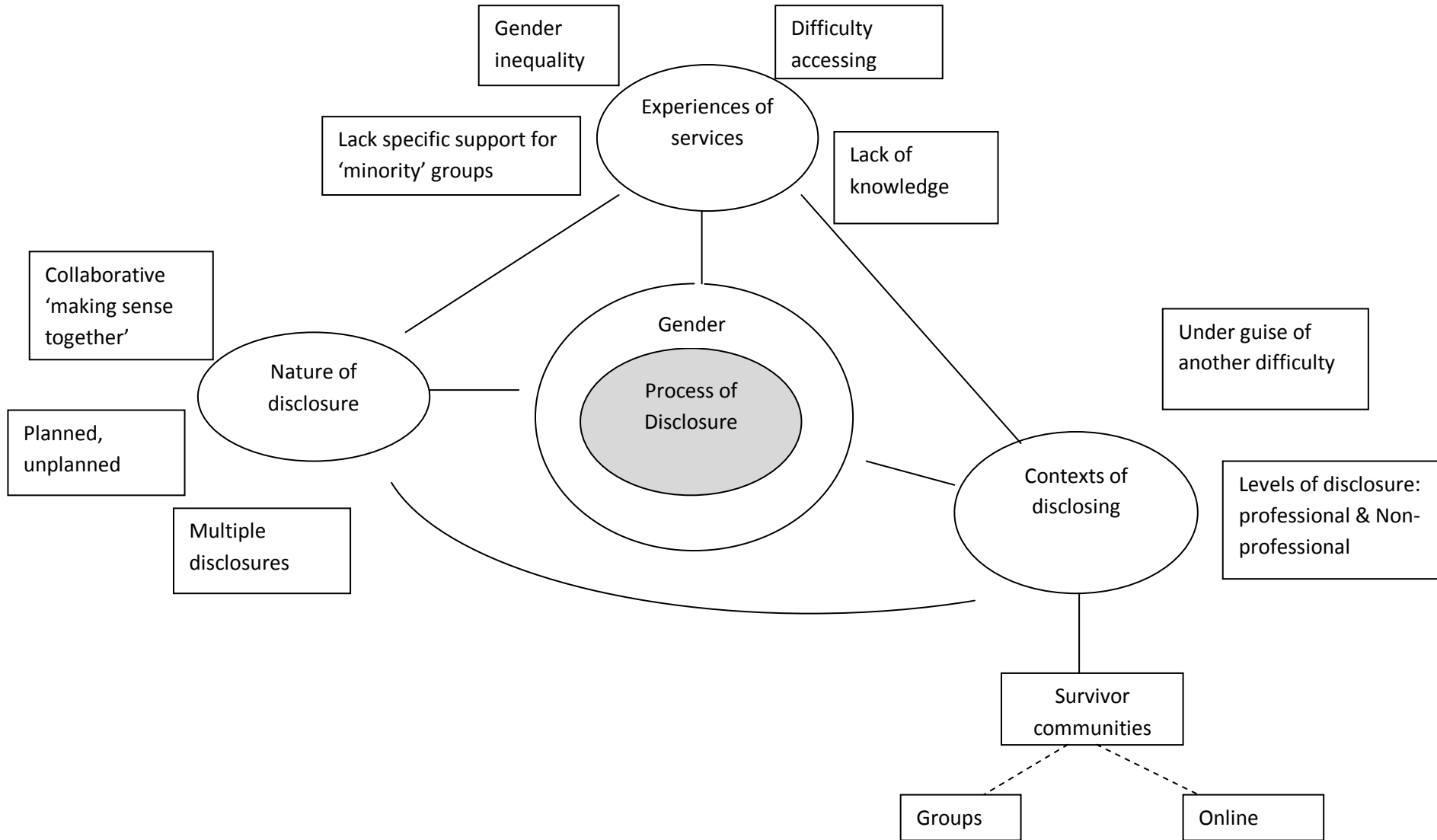
Appendix L Thematic Diagram 1: Central Theme, “Perceptions of Gender and Disclosure”



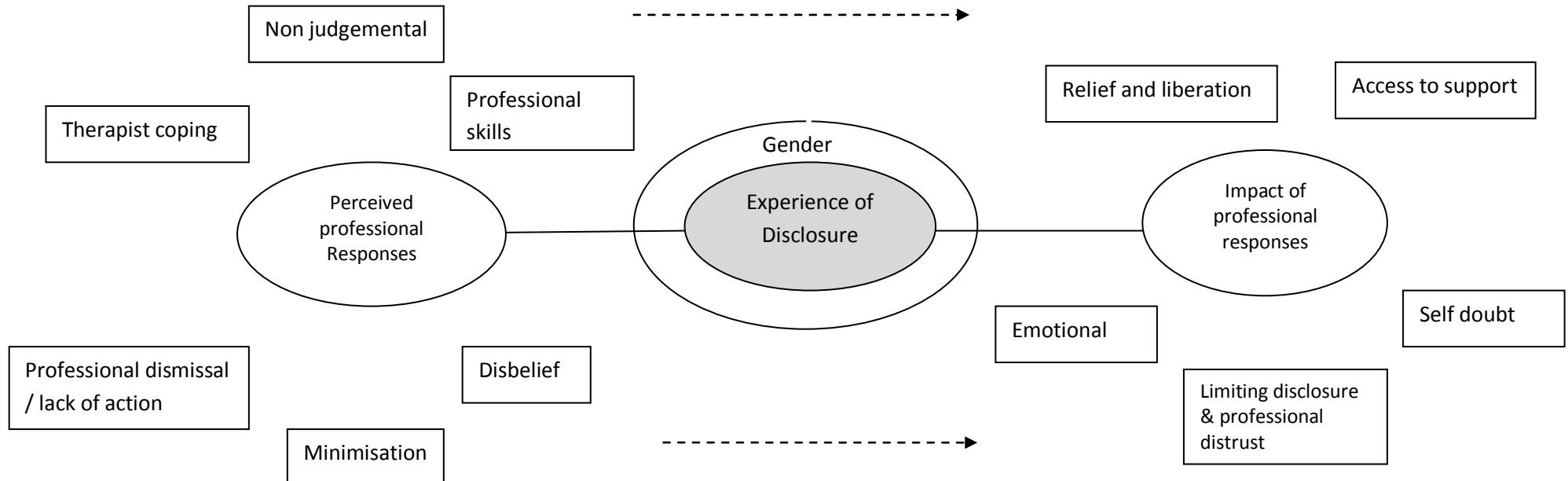
Appendix M Thematic Diagram, Theme (2) “Decision to Disclose”



Appendix N Thematic Diagram, Theme (3) “Process of Disclosure”



Appendix O Thematic Diagram, Theme (4) “Experience of Disclosure”



Appendix P Example Theme (1): Checking Codes under Theme Headings

Decision to Disclose			
Making Sense of the Experience	Readiness	Relationship with Perpetrator	Effects of the abuse
<p>Knew it was wrong but somehow it doesn't fit what you'd call abuse</p> <p>I never saw myself as being someone who had been abused</p> <p>'am I blowing this out of proportion, maybe I shouldn't be feeling what I feel'..Well I, I do minimise things that I don't want to look at</p> <p>I was very confused, very confused</p> <p>Took a long time for me to register, that actually this was wrong</p> <p>am I making this up, am I making a big deal out of it</p> <p>So I under-cut its importance</p> <p>It took me a long while real- to sort of acknowledge the abuse</p> <p>Made the connection that it was abuse..at last I know what's wrong</p> <p>it was like I was in this very dark room, and a light-bulb went on</p> <p>I'm just still kind of bowled over cos it's just very, brand new to me</p> <p>What we understand by abuse is usually somebody penetrating another person in one form or other</p> <p>No concept of anything you know</p>	<p>I feel the need to talk about it and I feel the need to unravel it in my head</p> <p>I was basically just having flash backs of that all the time</p> <p>Verge of losing my whole family and everything</p> <p>I knew that, knew I needed to be honest</p> <p>I just really, really wanted to, um, get some healing around this</p> <p>Safer to proceed into some of these other areas</p> <p>So I kind of was feeling hopeful</p> <p>I want... at least some type of healing... something so that, you know, I don't have, I don't have this stuff happening for the rest of my life.</p> <p>Finally it just snowballed to the point where I just couldn't, couldn't deal or deal or handle it anymore.</p> <p>To be stable enough, sober enough, believe in myself enough, know myself enough, trust myself enough</p>	<p>Took a lot of therapy to be able to, to be angry at her</p> <p>It's the mother, right? [laughs] [So it's just the], it's the source that we normally go to for protection</p> <p>When I use the term 'mother', there's a whole implicit number of other values, social values, that goes with that [laughs] that really runs again- ..., against, you know, the belief systems that people have</p> <p>it's also a female defined as my mother</p> <p>You can imagine my confusion</p> <p>... the women in the family, they're the care-takers and the mummies</p> <p>It would have been more difficult you know because it is more acceptable for a, a you know like someone who comes into the house</p> <p>There's a lot of ambivalent feelings towards ((perpetrator)), I, she damaged me very, very deeply but I cannot bring myself to hate her</p> <p>The biggest point of shame for me is that it was my mother and the relationship was so close and bonded</p>	<p>Emotionally I shut myself off um I don't ever put myself in, into a relationship or you know, into a position where I can get hurt</p> <p>I developed dissociative identity disorder</p> <p>I mean the costs were huge</p> <p>it affected my ability, um, ah, to live, ah, you know, a, um, a life that was in some way holistic</p> <p>Paralysing, suicidal, confusing when I first started, extremely damaging, they will take a couple of decades off my life</p> <p>Label me with Post Traumatic Stress Disorder</p> <p>Panic attacks</p> <p>I didn't have an identity I was, there was no identity</p> <p>It affects eh, your ability to trust and to love</p> <p>My, my boundaries weren't very clear</p> <p>I grew up thinking in my family you don't talk about problems.</p> <p>One of the things I learnt then yeah you don't, you don't say anything you eh, because if you did you, you would get eh, you would get hurt.</p>

Appendix Q Qualitative Quality Criteria

Characteristics of good (qualitative) research (Yardley, 2000)

Sensitivity to context

Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.

Commitment and rigour

In-depth engagement with topic; methodological competence/skill; thorough data collection; depth/breadth of analysis.

Transparency and coherence

Clarity and power of description/argument; transparent methods and data presentation: fit between theory and method; reflexivity.

Impact and importance

Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers).

Appendix R Recruitment Poster

Have you been sexually abused by a woman, or women during your childhood?

If so I would like to hear your story

Hello, my name is Hannah; I am a Trainee Clinical Psychologist looking to find people who are able to take part in my thesis.

My study explores survivors of female-perpetrated sexual abuse and their experiences of disclosure. I am looking to speak with adult men or women who have childhood experiences they understand to be sexually abusive, committed or perpetrated by a female. I am looking to explore what things helped or made it harder to disclose sexual abuse to health or social care professionals. Also, to understand the experiences of people who have previously been unable to tell others about their abuse. I am looking to understand how the gender of abusers as females is discussed and may have affected this process of seeking help.

Most research exploring survivors of sexual abuse focuses on male abusers, and a hidden and growing number of people abused by females seem to be over-looked in research. This study hopes to offer this silenced group a voice, and it hopes to inform the clinical care and support healthcare professionals offer when they seek help; to raise awareness, and make the process of sharing as sensitive and supportive as it can be.

I am looking to invite people to consider taking part via online supportive communities such as this. If you are interested in reading more please go to <http://fpsaresearch.blogspot.co.uk/> where you can read more on my blog, about me and my study. Or, if easier for you, please email DCLinPsyThesis@gmail.com. Also follow me on Twitter on @FPSA_research.

If you would like to take part, speak with me or learn more, please go to the 'contact me' section of my website <http://fpsaresearch.blogspot.co.uk/> and leave your number, and I will telephone you to arrange a relaxed telephone 'interview'. The sensitivity of this area is not underestimated, and you will be supported throughout, including with the telephone interview which can be at your pace, and when you choose it to be.

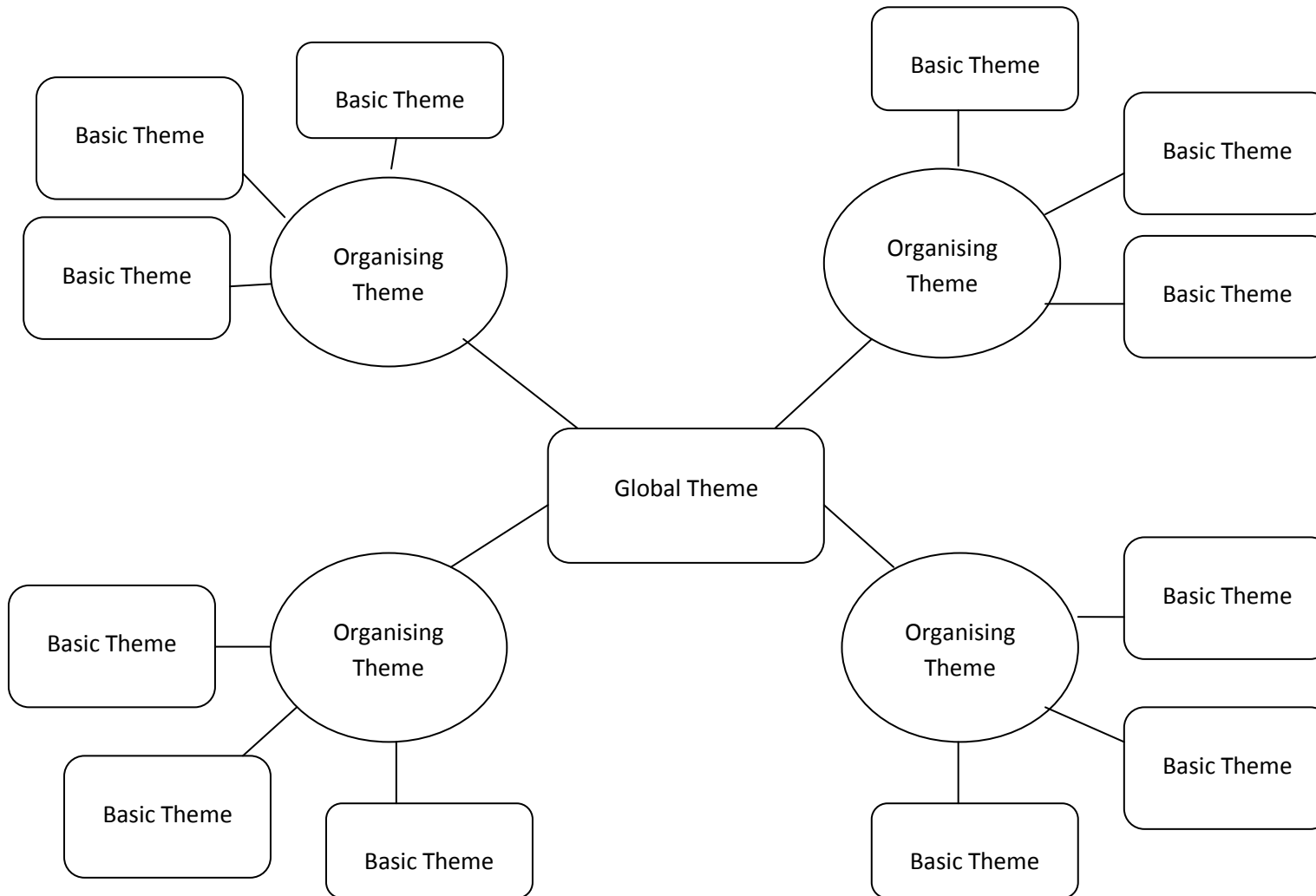
Your potential contribution is hugely valuable, and thank you for taking the time to consider being involved. Please do visit my blog above if you want to ask me anything, or to learn more,

Thank you very much, and with my warmest wishes,

Hannah



Appendix S: Structure of a Thematic Network (Attride-Stirling, 2001)



Appendix T: A 15-point checklist of criteria for good thematic analysis (Braun & Clarke, 2006, p. 96)

Process	No	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organised story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over lightly.
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

Appendix U Ethical Approval (Initial: August 2011)



Lincoln, 1-8-2011

Dear Hannah Clements,

Many thanks for your answers to our questions in our letter from 6-7-2011. The Ethics Committee of the School of Psychology would like to inform you that your project on "Victims of female perpetrated sexual abuse and their experiences of disclosure" is:

- approved
- approved subject to the following conditions:

That the telephone data relating to the participants that were interviewed are removed from the memory and SIM card of the mobile phone which you use for the interviews directly after each interview, or that the telephone is pass-word protected up to the moment that all data have been removed after the last interview and before the telephone is used for any other purposes or is destroyed.

- invited for resubmission, taking into account the following issues:
- is rejected. An appeal can be made to the Faculty Ethics Committee against this decision (cawalker@lincoln.ac.uk).
- is referred to the Faculty Ethics Committee. You will automatically be contacted by the chair of the Faculty Ethics Committee about further procedures.

Good luck with your project.
Yours sincerely,



Emile van der Zee, PhD

Chair of the Ethics Committee of the School of Psychology
University of Lincoln, Department of Psychology
Brayford Pool
Lincoln LN6 7TS
United Kingdom
telephone: +44 (0)1522 886140
fax: +44 (0)1522 886026
e-mail: evanderzee@lincoln.ac.uk
<http://www.lincoln.ac.uk/psychology/staff/683.asp>

Appendix V: Ethical Approval (June 2012)



Lincoln, 21-6-2012

Dear Hannah Clements,

Many thanks for your email from 7-6-2012. The Ethics Committee of the School of Psychology would like to inform you that the minor changes to your project on "Victims of female perpetrated sexual abuse and their experiences of disclosure" have been:

- approved
- approved subject to the following conditions:
- invited for resubmission, taking into account the following issues:
- is rejected. An appeal can be made to the Faculty Ethics Committee against this decision (cawalker@lincoln.ac.uk).
- is referred to the Faculty Ethics Committee. You will automatically be contacted by the chair of the Faculty Ethics Committee about further procedures.

Good luck with your project.

Yours sincerely,

A handwritten signature in blue ink that reads "Emile van der Zee" with a long horizontal line underneath it.

Emile van der Zee, PhD

Chair of the Ethics Committee of the School of Psychology
University of Lincoln, Department of Psychology
Brayford Pool
Lincoln LN6 7TS
United Kingdom
telephone: +44 (0)1522 886140
fax: +44 (0)1522 886026
e-mail: evanderzee@lincoln.ac.uk
<http://www.lincoln.ac.uk/psychology/staff/683.asp>