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An Exploratory Qualitative Study of the Self-Reported Impact of Female-Perpetrated Childhood Sexual Abuse

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PLEASE SCROLL DOWN FOR ARTICLE
The limited findings on the impact of female-perpetrated sexual abuse of children are often contradictory, particularly in relation to males. In this exploratory qualitative study, a sample of nine men and five women who reported that they had been sexually abused by women in their childhood were recruited from the general community. They completed a questionnaire that asked them to describe various aspects of their abuse experiences and the perceived consequences. For both men and women, the abuse was associated with negative outcomes across a range of functional areas in both childhood and adulthood. Many impacts were similar to those reported by victims of male-perpetrated sexual abuse. It is argued that the consequences of female-perpetrated child sexual abuse are serious, and further research is required to bring these issues to the awareness of both the public and professionals working in the field of child protection and counseling.

KEYWORDS female perpetrated sexual abuse, impact, victims, qualitative study

The impact of female sexual abuse on child and adolescent victims has been a contentious issue in both the research literature and the judicial system, particularly when the person subjected to the abuse is an adolescent male unrelated to the perpetrator. For example, in Australia in 2005, a 36-year-old school teacher named Karen Ellis admitted to having engaged in six counts of sexual penetration with a 15-year-old male pupil (Moynihan, 2005). While Ellis was convicted and imprisoned for these activities, the victim’s personal
impact statement clearly asserted that he was not in any way harmed or damaged by the sexual contact with his teacher. The victim stated that he actually “gained” from the sexual relationship with his teacher and that he would be negatively affected only if Ellis received a term of imprisonment or was harshly sentenced. In contrast to this, in the United States in 2004, the Ossining school district in Ossining, NY, was ordered by a federal jury to pay $375,000 to a former student for failing to properly supervise a female secretary who had a two-year affair with him (Olson, 2004). Presumably, this judgment was based on the evidence from the student victim that he continued to suffer emotional and psychological trauma as a result of the relationship.

In line with these examples, the limited investigations into the impact of child sexual abuse perpetrated by females have often revealed contradictory findings. Studies by Condy, Templer, Brown, and Veaco (1987), Fritz, Stoll, and Wagner (1981), Fromuth and Burkhart (1987), and Haugaard and Emery (1989) have all revealed that the majority of male victims perceived early sexual contact with a female as either having a neutral or positive overall general impact. However, such studies have not considered sexual contact between adult women and boys that involved the use of force or related female perpetrators; instead, they have examined consensual sexual contact with unrelated female perpetrators that typically occurred during the period of adolescence rather than early childhood. Factors such as lack of force, older age at the time of sexual contact, sexual contact occurring between a male and an unrelated female, and male initiation of sexual contact tend to decrease the likelihood that victims will report negative sequelae (Finkelhor, 1979). These studies have also failed to ask victims about specific domains in which the abuse may have had a negative impact, and the participants may therefore have been less likely to consider the broad range of difficulties that the sexually abusive experience triggered.

Several attempts have been made to explain why some male victims of female-perpetrated child sexual abuse do not report the sexual contact as being a negative experience. The process of masculine socialization, for example, suggests that sexual contact between an adult female and a male under the age of 16 is commonly seen as an act of seduction (Halliday-Summer, 1997) or an initiation into manhood (Lew, 1990). Hislop (2001) has argued that the belief that males have a strong interest in all forms of sexual activity makes it psychologically difficult for the male victim of female-perpetrated sexual abuse to consider the incident as abusive. Rather, as dictated by societal beliefs, males should perceive sexual contact with an older woman as a positive experience. Trivelpiece (1990) has also suggested that cinematic portrayals of male victims of female-perpetrated child sexual abuse typically fail to demonstrate that the sexual contact was in any way abusive and furthermore provide no suggestion of an association between later adjustment problems for male victims and the previous experience of
the sexual abuse. Such is the case in a recent film, *Notes on a Scandal* (Fox & Eyre, 2006), where the pubescent male who engages in sexual activities with an adult female teacher is portrayed as the seducer and undamaged by affair.

However, other studies (e.g., Denov, 2004; Duncan & Williams, 1998; Kelly, Wood, Gonzalez, & Waterman, 2002) that have examined the impact of female-perpetrated child sexual abuse of males have revealed that many report poor functioning following the abuse. Overall, these studies have found that the males who experienced female-perpetrated sexual abuse were likely to report behavioral problems, sexual and relationship problems, and emotional and psychological problems, and that the experience had a negative impact on their overall functioning. The male participants involved in these studies may have been more likely than those previously cited to perceive the abuse as having a negative effect on their lives because the results were largely based on sexual abuse committed by maternal figures, involving young males who were prepubertal and experiences that involved the use of force or coercion by the perpetrator.

Limited research has also examined the impact of female-perpetrated child sexual abuse of females, although this area remains relatively unexplored. For example, Ogilvie and Daniluk (1995), Rosencrans (1997), and Denov (2004) found that females who experience female-perpetrated child sexual abuse report similar negative effects to those of their male counterparts concerning behavioral, sexual, relationship, emotional, physical, and psychological problems and identity confusion.

The aim of the current study was to further examine the impact of female-perpetrated child sexual abuse. To do this, we conducted a community-based survey of people who had experienced such abuse using a questionnaire designed by Mitchell and Morse (1998) to investigate both the short-term and long-term self-reported consequences of female-perpetrated child sexual abuse. Although this study was largely exploratory in nature, it was broadly hypothesized that those who had experienced female-perpetrated child sexual abuse would report a range of negative sequelae that they attributed to the experience of abuse.

**METHOD**

Participants

Nine males (\(M = 45.2\) years, \(SD = 9.6\), range: 29–64) and five females (\(M = 44.0\) years, \(SD = 5.70\), range: 37–52) who reported that they had been sexually abused in childhood by a female participated in the study. One male was retired and one was unemployed. Other participants were employed in blue collar or professional jobs.
Measures
The participant survey used in this study was originally developed by Mitchell and Morse (1998). This survey consisted of five sections. The first section collected demographic information including age, sex, occupation, and sexual orientation. The second section consisted of open-ended questions asking about the respondents’ history of sexual abuse. Areas probed included how and at what age the abuse began as well as the respondents’ short-term responses and reactions to the abuse. The third section asked the respondents to describe the long-term impact of the abuse experiences on aspects of their functioning (e.g., sexual, relationships with men and women, emotional and physical adjustment). The fourth section inquired about aspects of family history, including relationships between family members, whether anyone in the family knew about the abuse, and what their response was. The final section of the questionnaire asked respondents to describe activities, people, or relationships that had been helpful in the healing process following the sexual abuse they had experienced. The data from this section are not presented here.

Procedure
Approval to undertake the study was obtained from the Deakin University Human Research Ethics Committee. Participants were recruited through a brief article on female-perpetrated sexual abuse printed in *The Herald Sun*, a daily newspaper in Victoria, Australia. Individuals who believed that they had experienced this form of sexual abuse during childhood were invited to participate in an anonymous survey. Potential participants who contacted the researchers were sent a survey package that included a plain language statement outlining the study and providing a toll-free telephone number for a statewide counseling agency that participants could contact if they experienced any distress while completing the survey. Agreement to participate in the study was indicated by the return of the completed survey in a reply-paid envelope.

In total, 25 surveys were sent to potential participants, and of these, 16 (64%) were completed and returned to the researcher. Information from two of the completed questionnaires was excluded from the analysis, because the reported experiences of abuse failed to meet the criteria of the study. For example, one male spoke about the experience of female-perpetrated sexual abuse as an adult.

RESULTS
The survey data were summarized, and the findings are presented in the following sections. In each section, the main themes arising from the responses
to the open-ended questions are presented and illustrated with examples from the participants’ responses.

The Experience of Sexual Abuse

Perpetrator

All respondents reported that the female-perpetrated child sexual abuse had been committed by an independent female offender (see Table 1 for a summary). Hence, all of the sexual abuse occurred in the absence of a co-offender (either male or female) and devoid of duress or coercion from another individual. Two respondents reported multiple experiences of female-perpetrated child sexual abuse involving different female perpetrators. It is important to note that three of the respondents also reported sexual and physical abuse perpetrated by males that occurred in isolation from that committed by female perpetrators. Due to the frequent reporting of multiple physical and sexual abuse experiences and the witnessing of severe domestic violence among the participants, it is difficult to examine the specific impact of female-perpetrated child sexual abuse. Therefore, participant reports of the short- and long-term impacts of this experience need to be considered with care. It should be noted, however, that the following accounts of the effects of sexual abuse were attributed by the participants to the experience of female-perpetrated child sexual abuse.

Age of Onset and Duration

The average age of onset of the female-perpetrated child sexual abuse was age 7, and the average age of cessation of the abuse was approximately age 12. The average duration of the sexual abuse reported was 2.5 years. The
frequency of the sexual abuse varied among respondents. Four respondents reported that the abuse occurred only once, three respondents reported that the abuse occurred frequently but on a random basis, five respondents reported the experience of abuse occurred more than once per week, one respondent reported abuse on a monthly basis, and one respondent reported that the abuse had occurred approximately eight times a year. Five of the participants reported the use of violence by the perpetrator of sexual abuse, and a further nine reported the use of force.

Nature of Abuse

In line with Hislop’s (2001) descriptions of female-perpetrated sexual abuse, the participants reported a diverse range of sexually abusive experiences, ranging from the seduction of a willing but legally underage prepubescent child to the violent, forced sexual penetration of young children with objects.

Based on Lawson’s (1993) five maternal abuse categories (subtle sexual abuse, seductive sexual abuse, perversive sexual abuse, overt sexual abuse, and sadistic sexual abuse), these cases would be considered as overt sexual abuse. One report of sexual abuse that would be classified under Lawson’s maternal abuse criteria as sadistic abuse involved the following:

She [my mother] tied my hands behind my back and inserted knitting needles into my anal area. She said that she was removing pinworms and then rubbed some of them over my mouth telling me how filthy I was . . . I would often bleed for a long time. (Female #11)

Disclosure of the Sexual Abuse

Respondents were asked whether they had told anyone of the abuse as a child and if so, what the reaction of the individual they had told had been. They were also asked whether the abuse was ever reported to the Department of Human Services and/or the police and whether they had disclosed the abuse to another individual as an adult.

Eleven respondents (79%) reported that as children they had not told anyone about the abuse. One respondent reported that following the first experience of abuse he had told a school principal but had not been believed. Subsequently, following further sexual abuse, the respondent chose not to report the behavior to anyone. Another respondent attempted to tell her parents of the abuse by stating that her babysitter was “mean” and that she “hated her” (Female #5). This participant reported that she was not taken seriously by her parents and was “made to feel bad for being upset.” Finally, one respondent reported that he had told his parents about the abuse as a child. He was the only respondent whose disclosure was believed.
Several reasons for the respondents' failure to disclose the abuse as a child were offered, and individual participants often had multiple reasons for not disclosing the abuse. Five respondents (36%) reported that they were too afraid to tell anyone about the abuse. Four respondents (29%) reported that they were made to believe that the sexual abuse was their fault and therefore felt unable to report the experience. Two respondents (14%) reported that they were threatened by the perpetrator and therefore felt that they could not disclose the experience. Three respondents (21%) reported that at the time the abuse was occurring they were not aware that the behavior was abusive, and two respondents (14%) reported that they were confused and ashamed about the abuse when it was occurring and therefore felt unable to disclose the experience. Finally, one respondent reported that she was bribed with gifts from the abuser in an effort to prevent disclosure. Additionally, this respondent reported that she did not disclose the abuse because she felt loved and received attention from the abuser.

None of the respondents reported that the experience of female-perpetrated child sexual abuse was made known to child protection authorities such as the Department of Human Services or the police when it was occurring (i.e., as a child). As adults, only two of the participants reported notifying child abuse authorities about the experience of abuse as a child. One of these respondents reported the experience to the police following traumatic flashback memories concerning the abuse. The other respondent reported abuse perpetrated by a child care worker. She claimed that the police recorded the details of the offender and that she insisted they inquire about the offender’s occupation.

As adults, all of the respondents had told another individual about the female-perpetrated child sexual abuse experienced as a child. Nine of the respondents had disclosed the abuse experience within a therapeutic relationship, such as during a counseling session, in discussion with a doctor or a psychiatrist, or within a support group for survivors of sexual abuse. The remaining respondents had disclosed the abuse to various family members such as siblings and parents. Others had told their partners about the abuse, and one respondent reported that he had discussed the abuse with particular hairdressing clients. Additionally, one male respondent reported that he had discussed the abuse with close Christian friends, whom he believed he could trust.

Participants reported negative reactions to their adult disclosure of the childhood abuse experience. One participant, who had engaged at the age of eight in fondling and oral sex with an older female babysitter over a period of approximately two years, was told by a counselor that this type of behavior was “normal stuff that kids do” (Male #9). Additionally, one male, who was forced to engage in fondling, oral sex, and intercourse with a female teacher, reported the behavior to a school principal. As a result, he was “strapped with a leather belt for making up stories” (Male #5).
Consequently, when the abuse continued, this participant chose not to report it to anybody. As an adult, this participant reported that he had told a counselor and a couple of close friends whom he trusted about the abuse. He commented that “each person’s reaction differed to a degree but [ranged from] disbelief to derision, mostly.” This same male participant, who also reported that he had been raped by two women when he was nine years old, stated that upon disclosing this experience to his brother, his brother “laughed and [called me] a lucky bastard.”

One female participant who had experienced maternal childhood sexual abuse stated that she had told her doctor about it at the age of 17. She reported that the disclosure occurred after she had entered a relationship with a male and had experienced loss of time (dissociation). The participant reported that the doctor did not believe her allegations. He subsequently called in the participant’s mother and the participant was sent to a psychiatric hospital whereupon she received electroconvulsive therapy. The participant reported that during this period she was “petrified” and “used to scream in terror until they shut me up with needles” (Female #11). Another female participant reported that she had told her two sisters and father about sexual abuse perpetrated by a female teacher. She stated that one sister was angry following her disclosure and that “no one else ever brings the subject up” (Female #13).

Another male participant who had disclosed sexual abuse perpetrated by a female family friend had told his mother, father, and several close friends about the abuse. He reported that his family members were shocked by the story. He also stated that his male friends “think that it’s great ....I don’t know whether they want to hear or understand it” (Male #3). Finally, a female participant also reported reactions of “horror and shock” when she told several of her friends about the sexual abuse perpetrated by her babysitter during childhood (Female #5).

The Short-Term Effects of the Sexual Abuse

Respondents were asked to record what they believed the impact of the female-perpetrated child sexual abuse had been at the time it was occurring. Specifically, they were asked to respond to five domains of potential impact: (a) social, (b) emotional, (c) physical, (d) self-esteem, and (e) relationships. As previously mentioned, several of the respondents reported multiple experiences of sexual and/or physical abuse throughout childhood, and this should be considered when interpreting the following data. However, it is also important to note that the respondents were specifically asked to respond to the survey questions in terms of the experience of female-perpetrated child sexual abuse. It is therefore likely that many of the consequent statements are in some way, if not directly, related to this experience.
SOCIAL IMPACT AS A CHILD

Only one respondent reported that as a child he was not affected socially by the experience of female-perpetrated child sexual abuse, although this respondent did report that he was “a little highly strung” (Male #6). Nine of the respondents reported common themes whereby as a result of the sexual abuse as children they were shy, introverted, withdrawn, lacking confidence, and self-conscious. It appears that these respondents felt particularly isolated, as the following statements reveal: “I was shy, suspicious, lacking trust, shame, fearful” (Male #2). “I felt very isolated and alone. I felt helpless and without rights. I felt inadequate and ugly and that there was something very wrong with me. I didn’t feel good enough to be friends with other kids” (Female #12).

Other respondents recalled that as children the experience of female-perpetrated child sexual abuse led them to engage in socially inappropriate behaviors. Similar to their counterparts who expressed internalized behaviors, these four respondents reported that they considered their externalized behaviors to isolate them from peers. Additionally, they too believed that the abuse made them somewhat different from other children, and this impacted their ability to socialize with others. For example, “I was very sexually aware and actively sought to find pornographic pictures of girls. I got caught peaking at the girls change rooms at school when I was seven and got detention. . . . I was very introverted” (Male #1). “I was a party animal as an adolescent . . . very outgoing and outrageous. I began to have no respect for women and had more sex with them than I care to admit” (Male #5).

EMOTIONAL IMPACT AS A CHILD

Nearly all of the respondents reported that the experience of female-perpetrated child sexual abuse had caused negative emotional consequences as a child. Such difficulties were reported by 10 of the respondents. The psychological symptoms varied but commonly included depression, suicidal ideation, extreme fear and anxiety, and an inability to express emotions.

Several of the participants reported childhood feelings that are indicative of significant sadness or depression. For example, “I cried a lot. I think I cried every single day for some reason or another until I left home. I felt that everything was unfair. I hated myself for being so weak as to cry so often” (Female #12). “I was fragile, prone to overwhelming fears, mood swings. . . . I was depressed” (Male #7). “I was sedate and depressive . . . contemplation of dying in my sleep as a form of suicide” (Male #9).

Others reported that they suffered from overwhelming feelings of terror related to the abuse experience. Although not detailed, it appears that these participants experienced traumatic flashbacks of the abuse through nightmares, which may be evidence of post-traumatic stress disorder–related
symptomatology. For example, “I suffered terror attacks and terrible nightmares” (Male #4). Female participant #11 reported that she was highly strung, that she never cried, that she was frightened, and never went to anyone. She also reported that she could not be touched, would wake up screaming, and would hide under her bed.

Another common theme that emerged from the participants’ reports was feelings of confusion regarding the abuse experience. Both female participants who reported feeling confused as a child also acknowledged that the perpetrator showered them with love and attention during the commission of the abuse. Their confusion may have resulted from the simultaneous experience of positive and negative feelings concerning the abuse.

**PHYSICAL IMPACT AS A CHILD**

Two respondents did not provide a response to this cue. Additionally, two respondents noted that they had not been aware of any significant physical consequences as result of the sexual abuse. However, it should be noted that both of these respondents reported an increased sexual desire following the female-perpetrated sexual abuse: “No noticeable [physical] changes except a craving for more sexual experiences, like it was an awakening” (Male #1), and “A little more sexually aware, curiosity with a little experience, but no significant change” (Male #9).

It was relatively common for female respondents to report that during childhood they were underweight and/or recall that they were physically unattractive (four respondents). Such responses have been noted in previous research (Andrews, 1997; Smolak & Murnen, 2002) and may represent the tendency for females to respond to abuse in ways that are inwardly self-destructive. For example, “I felt I was ugly and fat, even though I never was” (Female #12), and “Underfed, underweight, I was dirty . . . I was frightened of my body as I developed” (Female #11).

Additionally, two male respondents reported that they felt physically strong as children following the abuse. This feeling appeared to be related to the knowledge that they had experienced premature sexual activity; hence, they were forced to develop much earlier than same aged peers. One of these respondents reported, “I felt strong because I had done things that no one my age could understand, nor could I” (Male #3).

**IMPACT ON CHILD SELF-ESTEEM**

In line with the high rates of depressive symptomatology reported, all of the respondents reported that the experience of female-perpetrated child sexual abuse had impacted negatively on their level of self-esteem. Four respondents reported that their childhood self-esteem had been “very low,” four respondents described their level of childhood self-esteem as “none,”
and an additional two respondents described their childhood self-esteem as “nonexistent.”

The Long-Term Effects of the Sexual Abuse

In addition to the short-term effects, the respondents were asked to note the impact of female-perpetrated child sexual abuse on five areas of adult functioning: (a) social, (b) emotional, (c) relationships with women, (d) physical, and (e) sexual. They were also asked to provide information concerning their current view of self. In line with the short-term impact of female sexual abuse, the following results should be regarded with caution due to the frequent experience of multiple abuses reported by the respondents. For example, Denov (2004) reported that in cases of multiple sexual abuses, it is difficult to isolate the particular effects of sexual abuse by women. However, she suggested that the female-perpetrated sexual abuse can, at the very least, be considered as an influencing factor. As was the case with the impact of female-perpetrated sexual abuse during childhood, the respondents were specifically asked to discuss the effects of this form of abuse during adulthood. Hence, the following findings are likely to be related at least partially to this experience.

Social Impact as an Adult

All of the respondents reported that the experience of female-perpetrated child sexual abuse had impacted their social functioning as an adult. Common themes that emerged from the respondents’ accounts included difficulties in trusting others (particularly women), low self-esteem, isolation, and confusion. In this way, the effects seemed to continue on from those described during childhood. For example: “Socially I am terrified of women coming on to me, and I also have difficulty relating to other men at a friendship level” (Male #5). “I am withdrawn from social interactions. I have no trouble dancing or singing in front of hundreds of people but I find it difficult to attend dinners with five or six people” (Female #11).

Emotional Impact as an Adult

All of the respondents reported that the female-perpetrated child sexual abuse had impacted their emotional functioning as an adult. Although the reports varied somewhat, common themes included depression and an inability to express emotions. Ten of the respondents (five women and five men) reported varying degrees of depression that they attributed to the abuse experience. For example, “I experience dissociative episodes, anxiety, panic attacks . . . I feel overwhelmed often and ashamed, and I have
diagnosed depression” (Female #11). “I suffer depression, I have contemplated suicide. I have been violent toward one woman—the love of my life” (Male #8).

**IMPACT ON RELATIONSHIPS WITH WOMEN IN ADULTHOOD**

The majority of the respondents reported continual difficulties in relating to women in their adult life. Specifically, the inability to trust women as a result of the female-perpetrated child sexual abuse appeared to be a prominent theme: “I don’t trust women. . . . I’m able to offer them my friendship these days but it’s difficult to find one who isn’t either a victim or perpetrator of abuse themselves” (Male #5). “I never get physically or emotionally close. I can’t talk [about] babies, children, etc. . . . I don’t seek out their company and get exhausted when I have to spend time in their company. I don’t trust them” (Female #11).

**IMPACT ON SEXUALITY IN ADULTHOOD**

All of the respondents reported that the experience of female-perpetrated child sexual abuse had affected them sexually in a variety of different ways. Five respondents reported that they believed the abuse had caused them to have an excessive sexual appetite. For example: “Totally screwed up ideas about love, sexuality, and romance. . . . I became addicted to sexual fantasy from an early age. I have found it hard to experience genuine human affection without becoming sexually aroused” (Male #1). “I think of sex all day long—every day. At 52 years old I feel like sex every day” (Male #8).

Three respondents reported that they were unable to enjoy adult sexual relationships as a result of the abuse experience. For example: “While I am sexually attracted to women I have always felt that having sex was yucky. I felt that I could not bond” (Male #4). “I didn’t have my first sexual contact until I was 20. I experienced very little sexual satisfaction . . . very little libido in my 20s. . . . I had no sexual contact from 21 to 27 years of age” (Female #12).

Additionally, four respondents reported that they had chosen to remain celibate as a result of the abuse experienced. One gave the explanation, “I have made a conscious decision to be celibate. I have not had sex with a woman. . . . I can’t trust them and I have no self-esteem” (Male #2). Another respondent said the following:

Well it seems that all I am good for is sex and that’s all women want me for, so I’ve not had a relationship for nine years. I’ve not had sex in five years, choosing total abstinence unless I’m paid for it. (Male #5)
Two male respondents reported that they relied solely on prostitutes for sexual interaction. This was a result of difficulties trusting women following the abuse. Finally, two respondents (Male #9 and Female #10) reported bisexual sexuality preferences, and another respondent (Female #14) reported that she was a lesbian. These sexual preferences were attributed by the participants to the female-perpetrated sexual abuse experienced in childhood.

**Physical impact in adulthood**

Nine of the respondents reported that the experience of female-perpetrated child sexual abuse had no effect on their physical health as adults. For example, such respondents noted, “There are no physical wounds—only emotional scars” (Male #7) and “I am quite okay physically—big and strong” (Male #6).

However, other respondents reported that they continued to experience physical difficulties as adult survivors of female-perpetrated child sexual abuse. Two respondents commented on a sense of dissatisfaction with their physical appearance: “Body image is a priority. I do not like my looks. I keep myself thin” (Female #14). “Even though my body is strong I feel very weak. I can’t stand what I look like” (Female #10).

One female respondent reported that as an adult the experience of female-perpetrated child sexual abuse had affected her ability to engage in physical touch with others. She stated, “I don’t like to be touched. I can’t help it. I automatically put my hands out and block contact” (Female #11).

**Impact on current feelings about self**

The respondents were asked to record how they currently thought about themselves in relation to the experience of female-perpetrated child sexual abuse. Again, a variety of responses were provided with the majority of respondents noting that they continued to experience a negative view of self as a result of the abuse. Four respondents, however, reported that at present they generally felt good about themselves. For example, one participant said, “The counseling and now this [the survey]—without the confusion of being in a relationship has allowed me to grieve my lost innocence as both a child and adult. I feel really in my body today. That is great” (Male #2).

The respondents who reported a level of acceptance of the abuse had undertaken individual therapy specifically designed to treat the abuse experience. However, the remaining respondents continued to experience a negative self-concept as a consequence of the abuse. Particularly, three respondents reported a sense of overwhelming anger at the loss of innocence as a result of the abuse. For example: “I feel dirty, ripped off, lost my
innocence too early—became too serious too early. A six-year-old should not have to worry about sexual matters in any shape or form” (Male #1). “I feel very lonely—no, empty and angry. Sometimes I feel quite bitter” (Male #4). The five remaining respondents reported varying levels of self-loathing, such as, “I feel pretty awful, disgusted, and stupid. I have a pathological gambling addiction. . . . I do make bad choices” (Female #13). “I pray every night that when I go to sleep that I don’t wake up the next morning” (Male #8). “My dysfunctional history causes a self-loathing and an autistic confinement from society and reality” (Male #9).

DISCUSSION

The aims of this study were to explore the impacts of female-perpetrated sexual abuse of children. It was expected that the individuals who had experienced this type of abuse would report negative sequelae that they attributed directly to this experience. In line with previous research undertaken by Denov (2004) and Hislop (2001), the findings of this study supported this prediction and illustrate the serious and long-lasting negative consequences of female-perpetrated child sexual abuse. Before embarking on a discussion of the sequelae of female-perpetrated child sexual abuse reported by the participants, some comments on the abuse characteristics, offenders, and the experience of disclosure are offered.

The results of this study revealed that the experience of female sexual abuse reported by the participants involved a diverse range of female sexual offenders, including women related to the participants and women unrelated to the participants but who often were in a role that required the care and supervision of a child (i.e., teacher, babysitter). The majority of offenders described by the participants were extrafamilial offenders such babysitters, friends of the family, and teachers.

All of the participants reported that the female sex offenders commissioned the abuse independent of male coercion. The use of force and/or violence was also frequently reported by participants. Finally, although the participants did not provide the ages of the offenders, it appears that several of the female perpetrators of sexual abuse were quite young, as indicated by babysitter and sibling roles. The diverse range of roles that this study revealed female sexual offenders to represent indicates that accurately defining female-perpetrated child sexual abuse is a complex task that requires a multifactorial approach.

The sexual abuse reported by the participants typically occurred over a long period of time and covered a broad spectrum of behaviors. However, most commonly it involved severe acts of oral sex and/or sexual intercourse. Such findings are contrary to early understandings that, as reported by Mathis (1972) and Walters (1975), ultimately discounted females as being capable
of sexually offending against children and argued that the phenomenon did not exist.

The negative consequences of female-perpetrated child sexual abuse reported by participants were diverse and included many areas of functioning. These consequences were reported by both male and female participants; hence, in the current study there was no evidence that males who experienced female-perpetrated child sexual abuse are less damaged or see the experience in positive terms, as has been suggested in previous research (e.g., Condy et al., 1987; Haugaard & Emery, 1989). However, it needs to be stated that the male participants in this study were all prepubescent at the time the abuse was initiated by the female offender, the abuse typically involved the use of force and threats, and it was often perpetrated by intrafamilial family members. Such abuse characteristics have been shown to typically result in negative effects for males (e.g., Finkelhor, 1986; Rosencrans, 1997), and this appears to be the case in the present study. It should also be acknowledged that two of the male participants reported that while the sexual abuse was occurring, they experienced positive physical reactions and that this led to an increased sense of confusion when they struggled with difficulties years after the abuse. Additionally, it is likely that the males who had experienced childhood sexual abuse perpetrated by a female and who interpreted this experience as positive did not engage in the study.

The participants reported that many difficulties often developed as a child while the abuse was occurring, and these persisted into adulthood and remained prominent within their current lives. All participants, irrespective of gender, reported adult emotional/psychological difficulties following the female sexual abuse. The most common problems included symptoms of depression, anger, low self-esteem, overwhelming fear, difficulties in trusting others, suicidal ideation, self-harming behaviors, and sexual difficulties/dysfunction. These emotional/psychological difficulties appear to have affected participants’ social functioning. Common social difficulties described by the participants included difficulties trusting others (particularly women), low self-confidence, isolation, and being withdrawn from other people/social interactions.

Such findings are in line with those reported by Hislop (2001), who has suggested that when sexual abuse is perpetrated by women, the victims often experience intense feelings of isolation and desolation. She argued that such feelings occur as a result of the silence that surrounds female-perpetrated child sexual abuse. This hypothesis appears to appropriately reflect the reports provided by the participants in the current study who were unable to disclose the sexual abuse as it was occurring. Therefore, the participants in this study suffered the sexual abuse in silence. Alternatively, several male participants reported that the experience of female-perpetrated child sexual abuse caused them to engage in externalizing behaviors during
adolescence/early adulthood, such as substance abuse and bullying, and that such behaviors impacted negatively on their social relationships with others.

The inability to trust women following the abuse often led to sexual and relationship problems for participants, and some differences emerged between the genders. For example, more male participants than female participants reported an inability to form healthy intimate relationships with the opposite sex, and they either attributed this to excessive sexual needs/desires or a failure to enjoy sexual relations with women. For three men, the impact was so extreme that they chose to remain celibate. Women also reported relationship and sexual difficulties as a result of the abuse. However, in contrast to their male counterparts, they most commonly reported a lack of sexual desire and/or an inability to enjoy sexual relations with their spouses.

The aftermath of female-perpetrated child sexual abuse reported by the participants is similar to that described by those who experience sexual abuse perpetrated by males, such as difficulties in emotional and psychological functioning, sexual difficulties, and problems in relationships with others (e.g., Finkelhor, 1986; Rosencrans, 1997). However, the results of this study differ in several ways, such as the commonly identified mistrust and fear of women. Additionally, the participants involved in the current study frequently expressed intense anger/rage directed toward women following the sexual abuse. They also expressed frustration toward society in general for the perception that female sexual offending does not occur and for the differential treatment of sexual offenders based on perpetrator gender. For example, many participants expressed shock and anger that male sexual offenders receive harsher penalties/treatment than female offenders and that this is largely due to society’s perception that female-perpetrated child sexual abuse causes less harm.

The data gathered in the present study also demonstrate that female-perpetrated child sexual abuse is often not reported to appropriate child abuse authorities. Only one of the participants in the study reported the abuse while it was occurring. Such findings give credence to the argument that the current estimates of the rate of female sexual offending may underestimate the true extent of the phenomenon (e.g., Allen, 1991). In particular, this study suggests that female sexual offenders within the general community are unlikely to be identified by authorities and thus remain able to continue to engage in the sexual abuse of children. Likewise, the sufferers of this form of abuse do not receive timely, appropriate treatment that may help to decrease the severity of the symptomatology reported. This appears particularly true for many of the participants who reported that until the completion of this study survey, they had not received any form of therapeutic support to address the aftermath of female sexual abuse, although they remained very much affected by the experience.
There were several reasons why the participants did not report the female sexual abuse to authorities, and these appear to be similar to reasons reported by those who experience male-perpetrated sexual abuse. For example, they were threatened by the abuser that if they told, something terrible would happen or they would not be believed. They were also fearful, ashamed of the abuse, confused about the abuse, and were made to feel that the abuse was their fault. However, in contrast to victims of male sexual offending, the participants in this study reported that the nature of the abuse led them to believe that any disclosure would be met with disbelief. In many cases, when the participants made disclosures to others in adulthood, this fear was confirmed. The disclosures were commonly met with reactions of disbelief, shock, or in the case of several male participants, the reaction from others was that the abuse was of good fortune. It appears that many of the participants were further stigmatized upon disclosure of the female sexual abuse.

This study has several limitations that need to be acknowledged. First, the findings are based on a small sample and cannot be generalized to others who experience female-perpetrated child sexual abuse. Additionally, several of the participants reported that they had experienced abuse perpetrated by males in addition to the abuse committed by females. Other participants stated that they had suffered physical abuse and/or had witnessed domestic violence as children. Therefore, to conclude that the experience of female sexual abuse resulted in negative effects is difficult, as many alternative explanations may account for the poor functioning reported. Furthermore, employing qualitative methods of data gathering in a cross-sectional study such as this one does not allow for causal relationships among factors to be established, although inferences can be reached. The survey completed by participants also did not specifically inquire about specific effects that previous research has shown to be attributed to the experience of female sexual offending, such as self-harming behaviors, substance abuse, and fears of possibly sexually abusing others (e.g., Denov, 2004). Thus, it is possible that these effects may have been neglected and thereby underreported by the participants in the current study.

Additionally, the survey asked the participants to report their perceptions of how the experience of female-perpetrated child sexual abuse had impacted different aspects of their lives. The effects reported may not actually represent genuine difficulties. It is important to note, however, that people’s perceptions of their psychological functioning provide valuable information on how individuals define themselves and adjust. Finally, it should be noted that the results of the current study may not be reliable and valid due to the nature of the sample employed. For example, the participants remained anonymous to the researcher, and the reported experiences of childhood sexual abuse and its subsequent impacts could not be verified.
Despite these limitations, the data clearly revealed that the participants considered the experience of female-perpetrated child sexual abuse to have persistent and distressing effects on their functioning. It is clear that further research needs to be undertaken to identify the sequelae of female-perpetrated child sexual abuse and to establish more generalizable findings. This would benefit victims by providing acknowledgment that the phenomenon exists and is taken seriously, and by providing them with increased understanding of the impact of their experience. Further exploration of victim perspectives of the impact of female-perpetrated child sexual abuse would also benefit professionals who ultimately respond to allegations of abuse or provide therapeutic assistance to victims following an abusive experience. It is only when victims of female-perpetrated child sexual abuse are given the opportunity to share their experiences that this phenomenon can be more fully understood. Such an understanding will allow professionals to be better educated on potential predictors of this form of abuse as well as on how to best treat its aftermath.

REFERENCES


**AUTHOR NOTE**

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