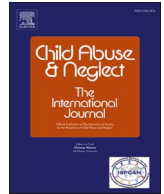




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## Comparing female- to male-perpetrated child sexual abuse as presumed by survivors – A qualitative content analysis

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### ABSTRACT

**Background:** Female-perpetrated child sexual abuse (CSA) is taboo topic in society and an under-recognized issue in research and mental health care.

**Objective:** The aim of the present study was to examine perspectives of individuals surviving female-perpetrated CSA (in parts in addition with male-perpetrated CSA) on the question whether female-perpetrated CSA and its sequelae were considered different compared to male-perpetrated CSA.

**Participants and setting:** The perspectives of 212 survivors of female-perpetrated CSA were captured in a cross-sectional online study.

**Methods:** Answers to the questions “How does female-perpetrated CSA differ from male-perpetrated CSA?” and “How do consequences of female-perpetrated CSA differ from those of male-perpetrated CSA?” were analyzed using qualitative content analysis.

**Results:** The analyses reveal ten categories of differences, such as a more subtle approach, different levels of violence, and more psychological manipulation. Further, the analyses suggest ten categories of different personal consequences, such as less belief and support, more psychological sequelae, and disturbed relationships with women.

**Conclusions:** Approaches to raise awareness about gender stereotypes in the context of CSA are needed and special needs of survivors of female-perpetrated CSA in psychotherapeutic treatment can be derived from the results of this study.

### 1. Introduction

Child sexual abuse (CSA) occurs in all cultures and socio-economic backgrounds (Mathews & Collin-Vézina, 2019) and is associated with a variety of serious psychosocial consequences as well as mental and physical illnesses in those affected (Hailes et al., 2019). According to a meta-analysis of 55 studies from 24 countries, prevalence estimates of CSA range from 8 % to 31 % for girls and from 3 % to 17 % for boys (Barth et al., 2013). While the survivors' sex or gender is commonly reported, the perpetrators' sex or gender is mostly not. One reason for this information gap is that CSA is stereotypically imagined with a male perpetrator and a female survivor (Hayes & Baker, 2014). Not only but especially within sexuality, masculine gender roles are associated with independence, assertiveness, and exploration, whereas feminine gender roles are based more on ideals of behavioral restraint and personal control (Lippa,

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2001). It can be assumed that gendered sexual scripts influence societal views of sexuality and sexual abuse. In particular, Denov (2003) supports the view that gendered sexual scripts hinder the disclosure of the abuse by those affected as well as the prosecution and conviction of female sex offenders. The implicit denial of women's potential for sexual aggression can, according to this author, contribute to the fact that sexual abuse by women is underrecognized. According to this, research on female-perpetrated CSA is scarce (Tozdan et al., 2019) and female sex offenders are rarely recognized in the health care and justice system (Kramer & Bowman, 2011; Mellor & Deering, 2010).

Furthermore, children who survived female-perpetrated CSA often have difficulties classifying sexually abusive behavior by women as such (Hayes & Baker, 2014), especially since it is not uncommon for female perpetrators to commit CSA in the context of care work (Denov, 2004). When survivors identify sexually abusive behavior by a women, many of those affected have difficulties in speaking up, resulting in a significantly lower disclosure of CSA by female offenders compared to male offenders (Davidson, 2008; Goldhill, 2013). The existing body of research with its notable gaps highlights the “ultimate taboo” surrounding CSA by women (Elliot, 1994). This is particularly manifested in a high number of unreported cases, or in a notable divergence between the prevalence rates reported in official statistics and prevalence estimates in studies using survivor reports (Davidson, 2008; Tozdan et al., 2019). Beyond the high estimated number of unknown cases, it is important to report published prevalence rates of female perpetrated CSA in a careful manner as the numbers strongly diverge, for example from 5 to 20 % (Augarde & Rydon-Grange, 2022), according to different methodological approaches and/or definitions used in the studies. A representative German study postulated that in 10 % of all cases of sexual abuse involving physical contact to a person up to the age of 18, a woman was either the offender or the co-offender (Gerke et al., 2019).

With regards to mental health consequences for survivors of female-perpetrated sexual abuse, research results are more homogeneous as compared to results on prevalence rates. In a study by Denov (2004), most of the seven male and seven female interviewed survivors reported dependence on psychoactive substances, self-injurious behavior, suicidal tendencies, depressive symptoms, tantrums, strained relationships with women, problems with their self-concept/identity, and problems in several aspects of their sexuality. In this participant group, the perpetrator was in all cases a single offender, which was in most cases the mother (which is in line with other studies: Gewirtz-Meydan et al., 2022; Schröder et al., 2021), in some cases the grandmother or babysitter, and in single cases the sister, a neighbor or a nun (Denov, 2004). The participants mostly reported repeated acts of CSA. From this study it can be inferred that, contrary to the assumptions of psychiatrists and police officers (Denov, 2001), sexual abuse by women is followed by enormous psychological distress in those affected (Denov, 2004). This result from qualitative data is supported by results from two quantitative studies where one indicated a prevalence of 71 % for a posttraumatic stress disorder (PTSD) in survivors of female-perpetrated sexual abuse (Munroe & Shumway, 2022) and the other indicated 9 % of PTSD and 42.5 % of complex posttraumatic stress disorder (CPTSD) in survivors of female-perpetrated CSA (Schröder et al., 2021). PTSD is characterized by recurrent re-experiencing of the traumatic events, avoidance of traumatic triggers, and hypervigilance, whereas in CPTSD, these symptoms are further accompanied by persistent disturbances in affect regulation, self-concept, and relationships with others (Maercker et al., 2022). The study by Schröder et al. further showed that internalized stigmatization explains adverse effects of a victim-blaming by female perpetrators on the severity of (C)PTSD symptoms in the survivors (Schröder et al., 2021). As several abuse context factors play a major role in the adverse effects of CSA in general (Paolucci et al., 2001), it is important to investigate specific characteristics of female-perpetrated CSA.

Previous research suggests some differences in how female versus male CSA perpetrators are portrayed. For example, female perpetrators are more likely to perceive themselves as innocent than male perpetrators (Burgess-Proctor et al., 2017). Further, there is evidence that the majority of female solo-perpetrators of CSA were more likely to assault male children, while those who co-offend with a male accomplice were more likely to assault female children (Ten Bensele et al., 2016). It was further found that the survivor age was younger in female- compared to male-perpetrated CSA, whereas increased opportunity might be one possible reason beyond sexual preference, as younger children are more likely to have increased contact with female caregivers compared with older children (Curti et al., 2019). A higher rate of biological relationships between perpetrator and survivor in female compared to male perpetrators (Johansson-Love & Fremouw, 2009) might also be due to increased opportunity in caregiving roles.

Most of the existing research in the context of female-perpetrated CSA focuses on profiling female child sexual offenders, which can be seen in the comprehensive review of the clinical and empirical literature by Augarde and Rydon-Grange (2022). Beyond some research in the last two decades (Denov, 2004; Gewirtz-Meydan et al., 2022; Kelly et al., 2002; Lin et al., 2022; Schröder et al., 2021), it is important to add further research on the perspectives of survivors of female-perpetrated CSA. In this context, we consider further research on differences between female- and male- perpetrated CSA as fundamental for enhancing detection rates of female-perpetrated CSA and optimizing survivor support in psychotherapy and professional consulting. Therefore, the aim of the present study was to examine the perspectives of individuals surviving female-perpetrated CSA (and in parts also male-perpetrated CSA) on the question whether female-perpetrated CSA was different when compared to male-perpetrated CSA. More precisely, we asked whether they assume (1) differences in female- versus male-perpetrated CSA as well as (2) differences in its consequences.

## 2. Methods

### 2.1. Study design and material

In 2016, based on a decision by the German parliament (Bundestag), the *Independent Commissioner for Child Sexual Abuse* appointed the *Independent Commission for the Study of Child Sexual Abuse*. This Commission aims to investigate contexts, causes, conditions, and consequences of CSA in Germany. In co-work with survivors, the commission informs society about these topics (UKASK, 2019). One survey in the framework of the Commission aimed to shed light on the experiences of individuals who have experienced female-

perpetrated CSA: Based on a cross-sectional anonymous online study in the period from mid-April to early August 2020, individuals who had experienced CSA by a woman up to the age of 16 were asked about these experiences and their personal consequences. Further inclusion criteria were an age of at least 18 years at the time of the survey and a subjective assessment of the participants that they were mentally stable enough to deal with this topic. The survey consisted of a minimum of 79 and a maximum of 85 single or multiple-choice questions and open-ended questions with text fields. The number of items depended on the reported experiences of the participants and the content of the questions related to the socio-demographic background, the circumstances as well as psychological processing of the sexual abuse, the relationship to the perpetrator, and the social, psychological as well as general health consequences of the female-perpetrated CSA. The ethical conditions of the study were reviewed by the Local Psychological Ethics Committee of the University Medical Center Hamburg-Eppendorf (reference number: LPEK-0110).

In order to investigate whether there are specific characteristics that are related to the gender of the perpetrator, the aim of the present study was to explore them using a qualitative content analysis. The analyses are based on the following questions, which were openly asked to the study participants with a text field option: “How does sexual abuse by a female person differ from sexual abuse by a male person?” and “How do the consequences of sexual abuse by a female person differ compared to the consequences of sexual abuse by a male person?”

## 2.2. Qualitative content analysis

The text material was categorized manually in Microsoft Excel using content-structuring and quantifying qualitative content analysis (Mayring, 2003). In qualitative content analysis, data is coded systematically with the aim to identify and categorize content patterns in the text. After getting familiar with the data and gaining understanding for the content, initial codes were generated by identifying segments of the data that were relevant to the research question. Inductive coding was used, that is, only based on the data itself and without building codes based on pre-assumptions. In a second coding run, the code system was refined and validated by ensuring that the codes accurately reflected the content of the data. Once the data has been coded, the codes were thematically clustered into categories. The subsequent quantification of the categories was based primarily on the frequency of codes and secondarily on the case level, so that one person's quote can be found in several categories, but the same category did not appear multiple times within one case. The sample of individuals who reported having experienced or assuming differences served as a reference for the percentages. As a measure of validity, the interrater reliability was estimated by two independent raters using a computer-generated random selection of 20 citations. The Krippendorff's  $\alpha$  was calculated with the ‘irr’ package (Gamer et al., 2019) in the software R (R Core Team, 2017). An  $\alpha$  value of .82 was found, which corresponds to a substantial agreement.

## 3. Results

### 3.1. Sample characteristics

As already delineated in a previous publication out of the same sample of 212 individuals reporting female-perpetrated CSA (Schröder et al., 2021), the average age was 46.2 years ( $SD = 12.5$ ), 58 % of the sample reported a female sex assigned at birth, 41.5 % male, and one person (0.5 %) checked the answering option “other”. Most participants were highly educated, with 69.8 % having a technical college degree or high school diploma, and almost half of them were fully or part-time employed (48.1 %). Regarding the context of the female-perpetrated CSA, the participants reported an onset at the age of 6.3 on average ( $SD = 6.0$ ,  $Mdn = 4.0$ ) and a duration of the abuse of 7.0 years on average ( $SD = 7.3$ ,  $Mdn = 5.1$ ). In most of the reported cases, the violence was exerted repeatedly

**Table 1**

Categories of a content analysis examining differences in female-versus male-perpetrated CSA from the perspective of individuals who have experienced female-perpetrated CSA ( $n = 109$ ).

	$\Sigma$
More subtle approach	28
Different levels of violence	21
<i>Lower intensity (15)</i>	
<i>Higher intensity (6)</i>	
More psychological manipulation	13
More perfidious approach	11
Camouflage as care-taking behavior	10
Different motives	9
<i>Lower pleasure motive (8)</i>	
<i>Higher pleasure motive (1)</i>	
Rarer classification as sexual abuse	8
Different levels of mental stress	6
<i>More stressful (3)</i>	
<i>Less stressful (3)</i>	
Physical differences	4
Less resistance by survivors	4

by one woman (60.4 %) or repeatedly by different women (31.1 %), whereas a one-time perpetration by one woman (8 %) and different women (0.5 %) was reported comparatively rarer. Most participants reported their mother as their perpetrator (62.3 %), 30.2 % other known persons, 23.6 % other unknown persons, 14.2 % their grandmother, 10.4 % their aunt, and 5.7 % their sister. Further, 56.1 % reported to have additionally experienced CSA by a male person and in 75 % the participants reported knowing of further affected children/youths besides themselves and knowing of their female perpetrator networking with other perpetrators, indicating organized CSA structures. As assessed with the *International Trauma Questionnaire* (Cloitre et al., 2018), 9 % of the sample reached the cut-off for a PTSD and 42.5 % for a CPTSD.

### 3.2. Differences in female- versus male-perpetrated CSA

Table 1 shows the categories that were developed using a qualitative content analysis in the examination of survivors' responses to the question if and how sexual abuse by a woman differs from sexual abuse by a man. A total of 109 individuals (51.4 %) assumed such a difference and described it in the text box. This subsample consisted of 58.1 % female, 41.2 % male, and 0.7 % diverse participants. A percentage of 58.1 % reported having also experienced CSA by a male perpetrator.

A more subtle approach by the perpetrators was described most frequently (25.7 %): *“Much more subtle, to the outside it seems more normal when a woman touches a child frequently and seeks physical contact”; “She’s more subtle. The lines between maternal tenderness and abuse blur, it wasn’t until I grew up that I realized it was abuse.”* Furthermore, different intensity levels of violence were reported by 19.3 % of the participants, whereas a lower intensity (*“She seems less violent, which makes it more difficult to recognize it as violence”*) was described more often than a higher intensity (*“The sexual violence by the female perpetrator was also more brutal than that by the men”*). The participants further assumed that psychological manipulation is exerted to a greater extent by female compared to male perpetrators (11.9 %): *“They manipulate more with words and feelings than with physical violence”; “The strategies of the female perpetrators are thought through more thoroughly. Feelings of shame are used to keep the victim silent”*. In addition, a more perfidious approach is described (10.1 %): *“It is more perfidious, more covert, more disgusting, more horrible”; “I have experienced sexual abuse by women as more perfidious, more deeply hurtful, even more confusing than by men”*. The participants assume that CSA by female perpetrators is more likely to be camouflaged as care-taking behavior than in the case of male perpetrators (9.2 %): *“It can be more easily hidden as a care-taking (e.g., changing diapers, washing, creaming, putting the child to bed); “I felt like everything was done under the disguise of care-taking behavior”*. Furthermore, a different motive for the offense is assumed (8.3 %): female perpetrators are more often ascribed a lower pleasure motive (*“More dominance, power, and control than desire and pleasure”; “Women want more intimacy than sexual satisfaction from their victims”*). However, one participant ascribed female perpetrators a higher pleasure motive (*“Men want to penetrate and dominate, women want to arouse and be aroused”*). The participants assumed that sexual abuse by a woman is perceived as such less often (7.3 %) both by the affected individuals (*“Yes, their own perception of the act as sexual abuse. If a female person commits the offense, in my view, it is more difficult to classify it as sexual abuse”*) and by other individuals (*“Yes, women are not believed to be capable of it and access is easier because everyone thinks women are natural providers”*). In another category, the participants described different levels of mental stress (5.5 %), which were in equal parts more stressful (*“I was also abused by men, the abuse by the woman was the worst thing that happened”*) and less stressful (*“Both sexes can do a lot, be brutal, men are worse”*). Some participants (3.7 %) reported physical differences, for example, less penetration by female perpetrators (*“Maybe less connected with physical penetration”*) or indicated penetration with other objects than a penis (*“Just that she doesn’t have a real penis”*), whereas the latter statement can be interpreted as penetration still being possible with other objects or body parts. Lastly, some participants (3.7 %) assumed that male survivors showed less resistance to female perpetrators compared to male perpetrators (*“Men are more likely to participate”; “Yes, maybe I would have defended myself [note: in the case of male-perpetrated CSA]”*).

### 3.3. Differences in the consequences of female- versus male-perpetrated CSA

Table 2 shows the categories that were worked out from the responses to the question if and how the consequences of sexual abuse

**Table 2**  
Categories of a content analysis examining differences in the consequences of female- versus male-perpetrated CSA from the perspective of individuals who have experienced female-perpetrated CSA (n = 90).

	Σ
Less belief and support	15
More severe psychological sequelae	14
Disturbed relationships with women	11
More shattered trust	11
Higher barriers to disclosure	11
Later classification as sexual abuse	9
Extent of general consequences	9
Less severe (6)	
More severe (3)	
Stronger emotional reactions	6
Changes in sexuality	6
Perpetrator less likely to be held accountable	2

by a female differ from the consequences of sexual abuse by a male. A total of 90 individuals (42.5 %) assumed such a difference and described it in the text box. This subsample consisted of 52.3 % female, 46.6 % male, and 1.1 % diverse participants. A percentage of 47.7 % reported having also experienced CSA by a male perpetrator.

A lower level of belief and support from others was most frequently mentioned by the participants (16.7 %): *"I would have been more likely to be believed [note: in the case of male-perpetrated CSA]. Would have gotten professional help sooner"; "There's a fundamentally different response, more support [note: After reporting male-perpetrated CSA]".* More severe psychological sequelae were described by 15.6 % of the participants, for example: *"I think that experiencing sexual violence and abuse by female perpetrators is more shocking, since it is not usually attributed to women who are said to be loving and protective"; "I've experienced both. The consequences were different. I was better able to distance myself from male perpetrators".* Further, the participants described having experienced a disturbed relationship with women as a result of the female-perpetrated CSA (12.2 %): *"I feared and despised women unconsciously, that was probably due to the woman as the perpetrator"; "[note: in the case of male-perpetrated CSA] I would have fewer problems with being close to women. It is often difficult to bear. In a professional context, too, a hierarchical relationship with women is very stressful".* In addition, the participants feel that trust is shattered more when having survived female-perpetrated CSA (12.2 %; *"I've experienced both - but I still have more difficulties trusting women than men"; "even more existential and more serious abuse of confidence"*). Furthermore, the participants reported that disclosing female-perpetrated CSA is more difficult and the reasons for this are primarily attributed to social taboos (12.2 %; *"because of taboos and denial, can talk to nobody"; "impossible to talk about it outside of therapy due to multiple social taboos, therefore even more difficult to deal with"*). It is also assumed that female-perpetrated CSA is later perceived as such compared to male-perpetrated CSA (10 %; *"I would probably have perceived it as abuse earlier"* [note: in the case of male-perpetrated CSA]). Further, 10 % of the participants described a different extent of general consequences: more individuals assessed them as more severe (*"yes, more serious"*) and fewer individuals as less severe (*"I would have experienced it as 'worse' subjectively from a man"*). In another category, the participants specified stronger emotional reactions as a result of female-perpetrated CSA (6.7 %), which were shame, guilt, and disgust in particular: *"The sexual abuse by a woman shames me even more and I find it very difficult to even hint at it in therapy, where male abuse has been a topic already for years"; "Yes, my guilt was deep and enduring (50 years). However, this was not the case with the abuse by my father"; "I feel more disgust towards the memories of female perpetrators".* Reports of some participants indicate that the female-perpetrated CSA had an influence on different areas of their sexuality (6.7 %): *"Perhaps I would only be a feminine homosexual instead of a hidden transsexual [note: in the case of male-perpetrated CSA]"; "Maybe I would have felt attracted to women today [note: in the case of male-perpetrated CSA]"; "It may have a different impact on female self-image".* Some of the participants also assume that female perpetrators are held accountable for their offences less often compared to male perpetrators (2.2 %): *"Male perpetrators are treated as the criminals they are, female perpetrators are given moral support especially by other women"; "Women are more sophisticated and less likely to be held accountable".*

### 3.4. Additional responses

Some answers of the participants, although not exactly answering the two research questions, were nevertheless deemed interesting and important by the authors. These answers elucidate that not only the perpetrators' gender but also other factors may play an important role in the experience of CSA and its consequences. These factors include, for example, same-sex sexual abuse: *"abuse by a person of the same sex is more difficult to endure"; "Because you're the same sex, you're even more disgusted with yourself".* Both participants associated with these two statements reported being female and "exclusively heterosexual" on the Kinsey Scale (Kinsey et al., 1948). Another factor seems to be the closeness of the relationship between survivor and perpetrator or intra- versus extrafamilial CSA: *"I've experienced both. The difference lies more in that it was my mother rather than gender"; "I think the difficult part was that she was my sister rather than that she was female".*

## 4. Discussion

The aim of the current study was to examine survivors' perception of (1) differences in female- versus male-perpetrated CSA as well as (2) differences in its consequences. Using qualitative content analysis on reports of individuals who have experienced CSA by a female person, ten categories were identified for each topic. The rate of additional offences by male persons is in line with previous research on CSA indicating that female perpetrators are more often co-offenders (38.1 %) than male perpetrators (11.8 %) and that the accomplices of the female perpetrators are mostly male persons (Williams & Bierie, 2015). The current data show an early onset of the female-perpetrated CSA, which took place repeatedly and lasted over years. In about half of the cases, several affected children/youths and networking female perpetrators were reported, which might reflect organized CSA structures (Salter & Richters, 2012) or situations in which, for example, co-offending parents abuse several of their children. Whether a possible overlap with organized structures is representative for female-perpetrated CSA should be further investigated in future studies by other research groups, since a sampling bias due to previous studies by the authors in this research field cannot be ruled out. In any case does the high percentage of organized CSA structures fit the severity of the reported mental health problems, in particular the high rate of CPTSD (Maercker et al., 2022).

### 4.1. Differences in female- versus male-perpetrated CSA

The results on differences of female- compared to male-perpetrated CSA describe a more subtle and perfidious approach that is characterized by more psychological manipulation and that can be camouflaged under the disguise of care-taking behavior. Survivors of female-perpetrated CSA also perceive a different violence intensity, with more people reporting a lower intensity and fewer people

reporting a higher intensity. This result suggests a rather heterogeneous violence intensity, which is in line with study results indicating that violence intensity in female CSA perpetrators is positively correlated with their age (Ferguson & Meehan, 2005). Further, it can be assumed that the described different offense motives of the female perpetrators influence their violence intensity. A qualitative content analysis by (Gebhardt et al., 2022) suggests four different types of female perpetrators with regards to their motives and their behavior: one sadistic type exerting extreme levels of violence, a second “parentification” type who strategically places children with other offenders in order to gain financial or other profit, a third type who uses their own children as partner substitute, and a fourth type who instructs children about sexual behavior and trains them in order to be obedient in with other offenders, mostly in organized structures.

In the present study, lesser sexual pleasure motives were assumed and power or attachment motives were ascribed to the female perpetrators instead. This would most likely fit the sadistic and the parentification type described by Gebhardt et al. (2022). However, the described types are partly overlapping and further types are possible (Miller, 2013), and so is a broader variance of motives than described in the current study. In future studies it would be interesting to compare motives and strategies of female- compared to male perpetrators with a quantitative approach. The participants further report a rarer classification as CSA at the time of the assault when the perpetrator is female compared to male. Quantitative results from the same sample showed that 38.2 % of the participants perceived the CSA as normal at that time, 19.3 % as sexual abuse and 42.5 % were unsure (Schröder et al., 2021). This can be both due to the subtle approach of the female perpetrators and to the delineated gender stereotypes (Hayes & Baker, 2014) that might influence the perception of survivors as well and result in a blind spot. A study on the long-term impact of mother-son sexual abuse showed that men who did not initially perceive the CSA as abusive at that time endorsed more PTSD symptoms than did men who perceived it as abusive at the time at the offense (Kelly et al., 2002). The authors assume avoidant coping or denial as a possible mediating factor with regard to symptom severity. In the current results, the participants describe different levels of mental stress during female- versus male-perpetrated CSA, which were in equal parts described as more and less stressful. This heterogeneous result suggests that other individual factors may play a greater role for the survivor's mental stress than the perpetrator's gender.

A few of the participants assume that there is less penetration in female-perpetrated CSA, however, 42 % of the same sample agreed to the sentence in the quantitative part of the survey that their female perpetrator has penetrated their vagina, anus, or mouth with her finger, tongue, or an object in order to sexually arouse herself or the survivor. It is thus important to understand that penetration does not always have to involve a penis. A study of (Peter, 2009) reported a lower incidence of penetration carried out by female compared to male CSA perpetrators. In the sample of Peter (2009), the most common form of abuse for perpetrators of both sexes involved touching or fondling of the genitals. This is partly in line with results from the current sample, where this also constituted the most prevalent abusive act. The assumption of a few participants that there is less resistance to CSA in survivors of female-perpetrated CSA has to be further examined in future studies.

#### 4.2. Differences in the consequences of female- versus male-perpetrated CSA

The results on differences in the consequences of female- compared to male-perpetrated CSA describe that survivors are less believed and supported when disclosing their abuse experiences. Because this is already anticipated before a possible disclosure, the barriers are experienced as higher, which was in most cases attributed to the taboo associated with this topic. The psychological sequelae are further experienced as more severe, which contradicts the common assumption that female-perpetrated CSA is less serious and damaging compared to male-perpetrated CSA (Broussard et al., 1991). This is in line with a study from Denov (2004), where 93 % of participants who were abused by men and women reported that the sexual abuse by women was more harmful than the sexual abuse they had experienced by men. Denov (2004) survivor interviews reveal a variety of psychological long-term effects, for example depression, substance abuse, and suicide attempts.

One category in the current study highlights stronger emotional reactions in the aftermath of female-perpetrated CSA, which are predominantly shame, guilt, and disgust. This fits the high rate of (C)PTSD symptoms in the current sample, as shame and guilt are associated with compounded affective processes in posttraumatic symptoms (Wilson et al., 2006). Interestingly, the participants in the study of Denov (2004) reported rage rather than shame, guilt, and disgust, which in turn was not that often mentioned in the current study. It would be interesting for future studies to examine predictors for internalizing versus externalizing emotions in the context of CSA.

The reported overall magnitude of the consequences of CSA is heterogeneous, although twice as many participants report more severe consequences than less severe consequences in female- compared to male-perpetrated CSA. However, the responses of the participants were vague with regards to what consequences the survivors were referring to. Negative attitudes towards women or disturbed relationships with women and more shattered trust is often mentioned by the participants, which was likewise reported in the study of Denov (2004). This also fits the high rate of CPTSD symptoms in the current sample, with regard to the CPTSD symptom pattern of negative interpersonal relationships (Maercker et al., 2022).

The participants further report higher barriers to disclosing female-perpetrated CSA compared to male-perpetrated CSA, associated with the taboo and the reported lack of belief and support, which survivors often experience and anticipate, for example, described in a study on mother-daughter sexual abuse (Lin et al., 2022). Next to the higher disclosure barriers, the participants reported higher barriers to even detecting their abuse experiences: Not only did they describe a rarer classification of CSA in the context of female perpetrators in the situation itself, but also a later classification of CSA in the aftermath. This again can be due to the subtle approach of the female perpetrators and to the delineated gender stereotypes (Hayes & Baker, 2014) that might influence the perception of survivors as well and result in a blind spot. These results illustrate the relevance of educational work in society: stereotypes need to be challenged and we need to be aware that anyone can be a perpetrator, regardless of gender, social background, and appearance. Stereotypes that frame men as the sole perpetrators of sexual aggression and women as the sole victims need to be challenged by

acknowledging that gender can also be seen as social construct than as a binary solely biological concept with fixed characteristics (Cislaghi & Heise, 2020), and that the phenomenon of sexual aggression can be a product of a variety of biological, psychological as well as social-cultural context factors (Hall & Barongan, 1997).

Reports of some participants indicate that the female-perpetrated CSA had an influence on different areas of their sexuality, which not only included several sexual dysfunctions, but also alterations in sexual orientation and gender. Therefore, it is important to assess sexual health and wellbeing in patients who have experienced CSA and to focus on sexual self-schemas in psychotherapy, which we consider important regardless of the perpetrators' gender. In a last category, a few participants stated that a female perpetrator is less likely to be held accountable for the offense when compared to male perpetrators. This is in line with a study of Hetherington and Beardsall (1998) who identified gender biases in the decisions of social workers and police workers in child protection. These professionals considered social service involvement and investigation less warranted when the perpetrator was a woman compared to a man. The failing to recognize or minimizing the harm which is caused for the survivors of female-perpetrated CSA has been found in several studies (Akdemir & Gölge, 2022; Hatchard et al., 2017; King & Roberts, 2017; Leone et al., 2019; Mellor & Deering, 2010; Muniz & Powers, 2020). It can generate even more psychological sequelae to the survivors of female-perpetrated CSA, which is why these blind spots and this taboo in society must be overcome.

#### 4.3. Limitations

Additional responses of the participants suggested that not only the perpetrators' gender may play an important role in the experience of CSA and its consequences. These factors include same-sex sexual abuse and relationship closeness between the female perpetrator and the survivor. This leads insofar to limitations of the current study that focusing solely on the perpetrators' sex in an examination of characteristics and consequences of female-perpetrated CSA does not seem to complete the picture. It is therefore important to keep an eye on the intersections and interactions between various relevant variables in future studies. Further, it should be emphasized that the recruitment strategy did not apply any special selection criteria and the resulting ad-hoc sample therefore neither wins cases that are particularly rich in information, nor cases that could claim representativeness for the population. However, the comparatively large number of cases might compensate for this limitation to a certain degree. When interpreting the results, it is important to note that a bit more than half of the participants have also experienced sexual abuse by male persons and a bit less than a half have not. Accordingly, the reported differences may be partly based on assumptions and partly on experience. The value of the results is insofar limited that the assumptions of individuals who survived solely female-perpetrated CSA might be influenced by stereotypes when comparing their experiences with male-perpetrated CSA. Still, we decided to keep this subsample in the analysis, because only analyzing a subsample with male co-offences would bias the results in several other ways. However, it is important in future research to validate the current result in a study explicitly aiming at comparing experiences of individuals female- versus male-perpetrated CSA.

#### 5. Conclusions

The results of this study suggest that, in the perspective of survivors, female-perpetrated CSA differs from male-perpetrated CSA in several aspects of its general appearance and in several aspects of its sequelae. Being aware of these differences would improve prevention work, for example, by knowing strategies of female perpetrators, such as subtle approaches and psychological manipulation. Further, greater awareness would improve psychosocial and psychotherapeutic health care, for example, by focusing on relevant topics, such as feelings of shame and guilt as well as trust issues and sexual problems. Additionally, the current results highlight the importance of breaking the taboo surrounding female-perpetrated CSA in general. This requires a multi-faceted approach. Increasing awareness and educating about this topic would be a big step in order to reduce psychological defenses and to encourage an open dialogue in the general population. The suggested educative interventions should address the nature of gender-stereotypes and their possible effects on perception and decision-making. A key policy priority should be supporting the continuation or formation of independent commissions working for reprocessing and preventing CSA. The work of such commissions might reinforce destigmatizing several forms of CSA in society, first, by giving survivors a voice and highlighting that reporting CSA is validated, and second, by making public how diverse and damaging CSA can be.

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#### Data availability

The authors do not have permission to share data.

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