

# Females who sexually abuse children and young people: quick guide

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## Learning points

- Examine some common myths about females who sexually abuse and their victims, and learn what research actually says.
- Understand models and pathways of sexually abusive behaviour by women, with case studies demonstrating how the abuse happens.

- Consider what is needed to help protect children, given the limited evidence base in this area.

## Introduction

If the reality and extent of intrafamilial child sexual abuse is a topic society does not like to acknowledge, female perpetration of sexual abuse is a phenomenon we are even less willing to face. The concept of women abusing children runs counter to our broad societal representations of women – and by extension, mothers – as nurturers and carers. In addition, when a woman sexually abuses a male adolescent, societal representations of male sexuality frequently lead to the assumption that the adolescent is the lucky recipient of sex, rather than a victim of sexual abuse.



Images of women are stereotypically nurturing. Drawing: Tama/Fotolia

The taboo around female sexual abuse acts as yet another contributing factor to the considerable forces that silence children and prevent disclosures of all types of sexual abuse. When considering how to plan and act around disclosures of female sexual abuse, it is generally useful to consider how we might think and act if the allegation were being made about a male. It's likely this will give us a differing perspective. Often, women who may present a sexual risk to a child remain in the home and aren't prosecuted due to the force of gendered assumptions.

### Myths and 'truths'

To introduce this topic, it's helpful to examine our own prejudices and what is known from research.

Consider whether you think each of the following statements is true or false to get a sense of your existing assumptions against the current and, as will be further explained, limited research base on females who sexually abuse. Then click on the + sign to reveal whether the statement is true or false, according to available research.

**Women only sexually abuse children when forced to do so by a male perpetrator**  
**Sexual abuse by females is less damaging than abuse perpetrated by males**  
**Women are less likely to engage in penetrative acts of abuse than men**  
**Male and female perpetrators of child sexual abuse have equal rates of adverse childhood experiences**  
**All female sexual abusers have a mental illness**  
**Around 5% of all sexual abuse is committed by females**  
**Female offenders frequently abuse their own children**  
**Sexual abuse by females, like sexual abuse by males, can be sadistic in nature**  
**Victims of female sexual offenders tend to be older children and adolescents**  
**Female sexual offending is a relatively new phenomenon**

## **Predicting risk**

Partly due to our reluctance to acknowledge the reality of women sexually abusing children, it is vital to stress that research in this area is in its infancy, meaning that, as yet, there are no statistically verifiable risk assessment tools that enable practitioners to accurately predict whether a woman poses a risk of sexually abusing a child. While there may be some overlap with the known risk factors for male offending, many researchers have voiced caution in applying such models, highlighting that unreflectively doing so is likely to miss features and characteristics unique both to women and to female sexual offending.

Current research appears to suggest that female perpetrators are more likely to have been the victims of childhood and adult trauma, have mental health issues and relationship dependency issues (Gannon et al, 2010); however it is wise to repeat the need for caution due to the early stage of such research.

While this gap will hopefully be addressed in the near future, efforts have been made at developing typologies for females who sexually abuse, most notably by

Gannon et al (2008, with a 'reexamination' in 2014) in their *Descriptive Model of Female Sexual Offending*. This model described three pathways into sexually abusive behaviour by women:

1. Explicit-approach offending
2. Directed-avoidant offending
3. Implicit-disorganised offending

## **1. Explicit-approach offending**

In this pathway, a woman plans the abuse to achieve her own goals (for example, sexual gratification, intimacy with the victim, revenge or financial reward) and derives a positive emotional response from it (for example, experiencing excitement, a sense of power or sexual arousal). This pathway would encapsulate the frequently reported cases in the media of female teachers offending against adolescent pupils. Little or no coercion is required.

### **Case example**

*Janet experienced significant sexual abuse as a child. As an adult, she married a man who had a sexual interest in children. They had a baby daughter. As a feature of Janet's own childhood abuse, she was groomed to believe that sex with children was an expression of love and internalised a script that children were sexual beings. Janet found that watching her husband abuse their baby daughter was sexually arousing and, alongside him, planned the abuse, deriving sexual pleasure and excitement from the preparation and the abuse itself. After some time, Janet went on to abuse her daughter independently of her husband, justifying the abuse to herself by believing it was an expression of love and normal to a child's sexual development. Janet clearly planned the offending alongside and independent to her partner (explicit approach) and derived positive feelings of excitement and sexual pleasure.*

## **2. Directed-avoidant offending**

This pathway describes women who abuse out of extreme fear for their lives or because they want to obtain/maintain intimacy with their male co-abuser and have dependency issues. They may be oblivious or passive to the early planning of child sexual abuse by their male co-abuser and experience negative emotional states accompanying the abuse such as guilt, disgust and remorse.

### **Case example**

*Emma grew up in a home characterised by domestic abuse, parental substance misuse and neglect. When she was 15, she became involved in a relationship with the older brother of a school friend. He was 10 years older than her. She became*

*pregnant aged 18; after the child was born, her partner became increasingly controlling, and physically and sexually violent towards her. Over a period of two years, his violence increased and, as a result of his controlling and intimidating behaviours, Emma became isolated from her friends and family. Emma's partner would tell her that she and their daughter were his and, in addition to regularly raping her, also began to sexually abuse their daughter. Emma began to be suspicious that her daughter was being abused but was too frightened to challenge him. Her partner also convinced her that she was worthless and no other man would be interested in her. She worked in her partner's business and did not think she could get another job to be able to provide for herself and her daughter. One evening, Emma's partner confirmed her suspicions and insisted she take part in sexually abusing their daughter. Scared for her life, Emma abused her daughter as she was instructed to do so by him. She felt self-disgust and self-loathing but continued to co-offend against her daughter on a regular basis.*

Emma was initially oblivious to her husband's offending against their daughter and responded passively once her suspicions were confirmed. She went along with her husband's offending out of fear for her life and a sense of dependency; however, the offending resulted in negative feelings of disgust and self-loathing (directed-avoidant).

### **3. Implicit-disorganised offending**

This pathway describes a woman who abuses a child or adult with little planning and may derive either positive or negative emotional states from the abuse.

*Stephanie developed an alcohol dependence during her twenties, trying to self-medicate against anxiety and depression rooted in witnessing domestic abuse as a child and later experiencing this in her first significant adult relationship. With great difficulty, at the age of 35, Stephanie managed to leave her abusive relationship and commenced a same-sex relationship with a neighbour. This relationship ended after a year, which coincided with the death of her mother. Stephanie began to binge drink and, whilst intoxicated one Saturday afternoon, suddenly forced herself sexually on her 14-year-old niece who had been sent round by her mother to check Stephanie was okay. The niece managed to free herself and Stephanie immediately felt great shame and remorse for her actions. She was unclear as to her motivations for assaulting her niece and voiced that it seemed to happen out of the blue.*

Stephanie hadn't planned her offence (disorganised) against her niece yet it arose from her whilst intoxicated (implicit disorganised). In her case, it was accompanied by negative feelings of remorse and shame.

## **Conclusion**

Research into females who sexually abuse is in its infancy, however we must consider the reality of this form of sexual abuse if we are to act protectively towards victims and potential victims and find support and justice for them.

Currently, it is not possible to make predictions of the risk posed by individual females as the necessary risk assessment tools have yet to be fully developed and robustly tested. Similarly, treatment programmes for female sexual offenders also lack clear evidence of efficacy and are still in the development stages. As Gannon (2010) notes:

*"...professionals who work with female sexual offenders must remain patient, since it is likely to take some considerable time before the literature associated with female sexual offending reaches a level deemed to be acceptable for the convincing implementation of evidence-based practice."*

However the clear message for practice is that unless we consider and take seriously the possibility of women sexually abusing children, we will fail in our safeguarding duties towards a significant minority of childhood sexual abuse victims.