

Female Sexual Abusers: A Theory of Loss

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ABSTRACT: Awareness about female sexual abuse perpetrators has increased in recent years. However, some of the recent literature is likely to have included cases of false accusations which gives a misleading picture of the frequency of female sexual abuse and the characteristics of such women. There is a great range in the estimated frequency from different studies and the definition of sexual abuse, sample selected, and methodology must be considered. Taken as a whole, the literature indicates that although most sexual abusers are males, child sexual abuse by females does occur and is probably less rare than was once believed. There are widely different circumstances in which women sexually abuse children and these circumstances may often differ from those causing men to do so. Many studies depict female abusers as socially isolated, loners, alienated, coming from abusive backgrounds, and having emotional problems, although most are not psychotic. A theory of loss as one circumstance underlying female sexual abuse is described and four case studies are discussed in detail.

Men do most of the aberrant and deviant sexual behaviors. Men do most of the sexual abuse of children. In the past women were not believed to be perpetrators of child sexual abuse except in rare circumstances. Those women who did commit sexual abuse were seen as seriously disturbed. Maternal incest in particular has been considered to be extremely rare (Arroyo, Eth, & Pynoos; Herman, 1983; Meiselman, 1990; Wahl, 1960).

Recently, however, there has been much more discussion of women as possible perpetrators of child sexual abuse. Some researchers suggest it is not as rare as previously assumed. However, there is still considerable disagreement and confusion about just how frequently women sexually abuse children, what type of women, and under what circumstances.

In reviewing information on women as perpetrators, Finkelhor and Russell (1984) note that some studies indicating that women sexually abuse children more frequently than has been believed contain definitional problems which inflate the statistics. For example, the National Incidence Study figures suggest that almost half of the sexual experiences of children included a female perpetrator. However, according to the study definitions, a caretaker could be a perpetrator if she "permitted acts of sexual contact to occur." If a mother neglected a child while a father sexually abused the child, the mother would be listed as a sexual abuse perpetrator. Also, a mother could be listed as an active perpetrator if she failed to adequately supervise the child's voluntary sexual activities. When the data were reanalyzed to exclude these types of cases, the figures indicated 14% of perpetrators against boys and 6% of perpetrators against girls were females acting alone.

Self-report studies are another source of information. Finkelhor and Russell (1984) report that such studies indicate sexual contact between children and older women is a distinct minority of child-adult sexual contacts. They conclude that "The data

collated from a variety of studies seem to support clearly the presumption that most sexual offenses against children are perpetrated by males" (p.177). They believe the best estimates put female perpetrators of sexual abuse at about 20% for male children and 5% for female children. They note, despite ample opportunities for sexual abuse, remarkably few mothers seem to take advantage of them and conclude that the literature "leads fairly persuasively to the conclusion that the traditional view about child molestation as a primarily male deviation is essentially correct. Women do not use children for their own direct sexual gratification very frequently" (p.181).

Since writing this, Finkelhor, along with others, has reported greater frequencies of females as sexual abusers. However, some of the more recent literature purporting to show higher frequencies of female sexual abusers are based on suspicious data. For example, Finkelhor, Williams, and Burns (1988), in a national study of 270 day care cases, report that 40% of the perpetrators were women. These women tended to be intelligent, educated, highly regarded in their communities, and not likely to have a history of known deviant behavior. Many of these apparently normal women were alleged to have engaged in extremely deviant, low frequency behavior, including oral-genital penetration, urolagia and coprophagia, and ritualistic, mass abuse.

However, although the authors required the abuse to be "substantiated," their definition of substantiation was if any one of the agencies believed that abuse was real, despite whoever else may have thought it was false (Coleman, 1989). This comes down to the decision of one person to substantiate an allegation, "... we included the case if the investigator had labeled the case 'substantiated' ..." (Finkelhor et al., 1988, p.14). Therefore, their sample includes an unknown number of cases which ended in dismissals or acquittals, or the cases had not yet been tried, of which the McMartin case is only the most publicized example. They say "our way of defining substantiation is only a way of approximating the truth ... Whenever we refer to cases, the reader should not automatically assume that we, or anybody else, knows with absolute certainty that these are cases of abuse rather than mistaken allegations" (p.14-16). No conclusions whatsoever can be drawn about the characteristics of perpetrators from studies with such a flawed and questionable criterion measure.

The Finkelhor et al. (1988) book is the most obvious example of the problem of cases of false accusations knowingly included in the sample. In defending their choice they claim there is no reason to believe investigators err on one side or the other (p.16). Given the extensive theoretical discussion and empirical research on the cognitive activity of the clinician, the research on the reliability of diagnosis, the wide and broad research on decision theory, the more than forty years of research on clinical versus statistical decisions with not a single study supporting confidence in clinical observations and judgment, and the failure of research to demonstrate any efficacy to clinical experience, this is a surprising claim (Dawes, Faust, & Meehl, 1989; Faust, 1989; Dawes, 1988; Dawes, 1989; Meehl, 1959; Meehl, 1989; Meehl, 1990). It can only be the result of ignorance or a deliberate choice to obscure and obfuscate the issues.

In other instances researchers may have inadvertently included falsely accused persons in their sample. However, the possibility of women wrongfully convicted or falsely accused must always be considered when reviewing the recent literature on female perpetrators.

Allen (1990) claims that women may be perpetrators more often than is realized and believes that there are several barriers preventing the recognition of female child sexual abuse. The first barrier suggested is an overestimation of the strength of the incest taboo, in which the taboo was thought to be so strong that sexual abuse by women was an extremely rare aberration. When it occurred, it was seen as evidence that the woman was seriously impaired.

A possible second barrier to recognition has been an overextension of feminist explanations of child sexual abuse. Here, child sexual abuse is considered to be a direct result of culturally-based socialization which leads to male dominance and subsequent exploitation of women and children.

The third proposed barrier is the overgeneralization of the empirical observation that female-perpetrated child sexual abuse is rare. That is, the frequency of reports in the literature may not accurately reflect the frequency of its actual occurrence. Allen notes that even if there are far fewer female than male perpetrators, there may still be a significant number of females who abuse children. Allen concludes by recommending the strategy suggested by Bolton and Bolton (1987):

Awareness of female sexual abuse perpetration is increasing.... It seems wise to withhold judgment about such cases until more is known (p. 146).

Banning (1989) also believes that the incidence of child sexual abuse by women is underestimated. She notes that the feminists view child sexual abuse as a crime committed against girls by men and until recently mother-child incest was considered to be virtually nonexistent. She claims that female sexual abuse is not recognized because of the disbelief that this can occur. In addition, women are permitted a freer range of sexual contact with their children through caregiving activities and sexually abusive behavior may be more difficult to recognize. Although more recent studies have shown a higher incidence of female perpetrators, there has been little research on them and their psychopathology may be different from that of male perpetrators. Banning believes, however, that the incidence of female sexual offenders will probably remain much lower than that of males.

Faller (1989) reports on a clinical sample of 87 boy victims and 226 girl victims of validated sexual abuse. The female victims were more likely than male victims to be sexually abused by a man. Neither boys nor girls were very likely to be victimized by a woman alone, but this happened with boys ten times more often than with girls. Of the 87 boys, 55 (63.1%) were victimized by a man alone, 7 (8%) were victimized by a woman alone, and 25 (28.7%) were victimized by both females and males together. Faller reports that the largest category of offenders was professionals, including day care workers.

In this study, the validation criteria was primarily the child's statements and a clinical interview, although other evidence such as perpetrator confession, witnesses, and medical findings were also relied upon when present. Therefore, this sample may include an unknown number of false accusations. The fact that Faller reports the largest category of offenders was professionals, including day care workers, suggests this study may have similar difficulties to the Finkelhor, Williams and Burns (1988) day care study discussed earlier.

Risin and Koss (1987) surveyed 2972 male college students and found that 216 (7.3%) met one of their three criteria for sexual abuse (age discrepancy between

child and perpetrator, use of coercion, or perpetrator who was a care giver or authority figure). Their definition was very broad, and included some consensual activities with adolescent females. The abusive behaviors ranged from exhibition to penetration.

Risen and Koss report that there were almost as many female perpetrators (42.7%) as male (53.3%), with a small proportion involving both a male and a female together (4.2%). Almost half of the females perpetrators were adolescent babysitters. Almost half of the boys involved with female perpetrators reported that they participated in the incidents voluntarily and did not feel victimized. The authors note that this suggests qualitatively different experiences were tapped in this study compared to other surveys.

The need to consider how sexual abuse is defined, particularly in studies of male victims, is emphasized by Fromuth and Burkhart (1987). They surveyed 582 men from two colleges and found that, depending upon the definition of childhood sexual abuse, prevalence rates varied from 4% to 24% being defined as "abused." The majority of the perpetrators of sexual abuse were females. They also found that, compared to women in college survey studies, men are less likely to perceive childhood sexual experiences as abusive. This is consistent with the Risen and Koss (1987) survey. It may be that women perceive such experiences as sexual violation, while men perceive them as sexual initiation. Male socialization encourages men to define sexual experiences as desirable as long as there is no homosexual involvement.

The differences in rates obtained among different studies is likely to be due to the different definitional and methodological framing of the research questions. Fromuth and Burkhart emphasize the importance of considering how abuse was defined and the sample selected when studying male sexual abuse victims.

The necessity of considering differences in the type of sample and research method is demonstrated by contrasting these results to those reported by Reinhart (1987), who found that only 4% of 189 boy victims were alleged to be abused by females, and Farber, Showers, Johnson, Joseph, and Oshins (1984), who reported that only 2% of 162 children (half boys and half girls) were sexually abused by a female acting alone (6% were abused by both a male and a female). Both Reinhart and Farber et al. used clinical as opposed to college samples, and their studies were of current cases in a hospital as opposed to a retrospective survey. Neither are clear as to how the abuse was substantiated.

A still smaller percentage of female perpetrators was found by Rowan, Rowan, and Langelier (1990), who report that only 9 (1.5%) of 600 sex offenders referred for evaluations were females. This study, however, was on sex offenders rather than on victims. The previous studies focused on victims.

The necessity of specifying the sample and methodology before drawing conclusions is also shown by contrasting the Fromuth and Burkhart and the Risen and Koss retrospective surveys of college males to a report by Johnson and Shrier (1987) on eleven cases of molestation in a community-based sample of adolescent male outpatients. Eight of these boys experienced the molestation as intensely traumatic. The female molesters were usually acquaintances of the victims — most often a neighbor, baby sitter, or other trusted older adolescent or young adult. All but one of the female molesters used persuasion rather than physical force or threats and three-quarters of the female molesters attempted to get their victims to

ejaculate, and nearly half succeeded. Johnson and Shrier therefore conclude that childhood sexual victimization of boys by women as well as men is a high-risk and traumatic experience. In contrast, the two college surveys indicate that many men did not feel victimized by the experience.

Bolton, Morris, and MacEachron (1989) conclude that male perpetrators "far exceed" female perpetrators of child sexual abuse. They observe, however, that the interest in studying female offenders has increased markedly in the past few years. They note that no matter how the differing rates found in the various studies are explained, the fact remains that females are sometimes perpetrators.

In summary, the different studies report widely varied frequencies of sexual abuse by women. The definition of sexual abuse used, the type of sample selected, and the methodology employed affects the results obtained. Although child sexual abuse by females may not be as rare as was once believed, it does occur. However, some of the recent studies may be inadvertently including cases of false allegations, which adds to the confusion.

Characteristics of Female Sexual Abuse Perpetrators

What are the circumstances under which women sexually abuse children? What are the characteristics of such women? Are the etiological factors similar to those in male perpetrated sexual abuse?

There are beginning to be studies which address these questions. Many of these are based on small samples and case studies. Although any generalizations from such reports must be made cautiously, this information provides a necessary starting point in understanding female sexual abuse perpetrators.

Mathews, Matthews, and Speltz (1987) and Patton (1987), report on a study of 16 female sexual offenders who were in the Genesis II treatment project in Minnesota. All but one of the women studied were themselves victims of childhood sexual abuse and many were also victims of physical abuse. There were strong and consistent patterns of childhood social isolation, alienation, and lack of development of interpersonal skills and competence among perpetrators. Three categories of female sex offenders were described: Teacher/Lover, Predisposed (intergenerational), and Male-Coerced.

The *Teacher/Lover* is generally involved with prepubescent and adolescent males with whom she relates as a peer. Her motive is, ostensibly, to teach her young victims about sexuality.

The *Predisposed* offender is usually a victim of severe sexual abuse that was initiated at a very young age and persisted over a long period of time. She initiated the sexual abuse herself and the victims are her own children. Her motives are nonthreatening emotional intimacy.

The *Male-Coerced* offender acts initially in conjunction with a male who has previously abused children. She exhibits a pattern of extreme dependency and nonassertive behavior, and she may eventually initiate sexual abuse herself. Her victims are children both within and outside of the family.

Faller (1987) reports on a clinical sample of 40 women who were judged by staff to have sexually abused at least 63 children. These women represented 14% of the total of 289 perpetrators of sexual abuse. Many of the women had significant

difficulties in psychological and social functioning. About half had mental problems, both retardation and psychotic illness. More than half had chemical dependency problems, and close to three-fourths had maltreated their victims in other ways in addition to the sexual abuse. The women fell into five case types (four were sexually abusive in more than one context).

1. *Polyincestuous abuse*. Twenty-nine (72.5%) of the women fit into this category. In such cases, there are at least two perpetrators and generally two or more victims. Usually, a male rather than the female offender instigated the abuse. The woman went along with the male and played a secondary role.

2. *Single-parent abuse*. Six (15%) of the women who sexually abused were single parents. These mothers did not have ongoing relationships with men and the oldest child seemed to serve as a surrogate partner for the mother, often having adult role responsibilities.

3. *Psychotic abusers*. Only three (7.5%) of the women were classified as psychotic at the time of the sexual abuse. Therefore, this study does not support the clinical assumption that most female perpetrators are highly disturbed and often psychotic at the time of the sexual abuse.

4. *Adolescent perpetrators*. Three (7.5%) were adolescent girls who had difficulty with peer relationships and lacked alternative sexual outlets.

5. *Noncustodial abusers*. There was only one woman who was the noncustodial mother of her victims and sexually abused them during visitation. Fallor believes that in such cases the noncustodial parent is apt to be devastated at the loss of her spouse and the children become the source of emotional gratification.

Fallor concludes that the circumstances that lead women to sexually abuse children can be differentiated from those causing men to do so.

McCarty (1986) describes the characteristics of 26 mother-child incest offenders. These women were identified by the Dallas Incest Treatment Program over a three-year period and constituted 4% of the offender population. The cases had been validated by a protective service investigation. Nine of the mothers were co-offenders with a male partner, while 12 were independent offenders (a male offender was also involved in half of these).

All but two of the women described their childhood as difficult and abusive. When the mother was a co-offender, her dependency on her spouse was the major contributing factor. Half of these women were of borderline intelligence.

The independent offenders in particular were characterized as experiencing themselves psychologically as loners and lacking any sense of attachment or belonging. They were likely to have married as teenagers. Half were characterized as seriously emotionally disturbed and almost half had a serious chemical abuse problem. However, all were at least of average intelligence. In three of the cases of mother-son incest, the father was out of the home and the mothers seemed to treat the boys as age mates. However, the women who abused daughters seemed to treat the daughters as extensions of themselves.

Vander Mey (1988) reviews the research on sexually abused boys and reports that there is so little information on sexual abuse of males that findings must be considered tenuous. She tentatively posits that male incest victims are abused

more often by males than by females and that both mother and father incest perpetrators tend to have emotional, social, and psychological problems compounded by poor impulse control, low self-esteem, and alcohol abuse.

Finkelhor (Finkelhor, 1984; Araj & Finkelhor, 1986) suggests that there are four components that contribute, in different degrees and forms, to the making of a child molester. These four components present complementary processes which help explain the diversity of the behavior of sexual abusers. These four factors are sexual arousal, emotional congruence, blockage, and disinhibition:

Sexual arousal: In order for an adult to be aroused by a child, there has to have been cultural or familial conditioning to sexual activity with children or early fantasy reinforced by masturbation.

Emotional congruence: For emotional congruence, there is comfort in relating to a child and satisfaction of emotional need through the abuse. This is apt to be due to arrested development through limited intelligence, immaturity, or low self-esteem.

Blockage: Age appropriate sexual opportunities may be blocked by bad experiences with age appropriate adults, sexual dysfunction, limited social skills, or marital disturbance.

Disinhibition. The abuser may lose control through impulse control deficits, psychosis, alcohol, drugs, stress, or nonexistent family rules.

Finkelhor believes that examination of these factors can help explain why sexual abusers are predominately male.

Rowan, Rowan, and Langelier (1990) examined 600 sex offender evaluations in New Hampshire and Vermont and found that in only nine (1.5%) was the perpetrator a woman. These nine cases are discussed in terms of Finkelhor's (1984) four-factor model. In five of the cases, the abuse occurred in conjunction with a dominant male partner; in four the woman acted independently. The case histories of several of the women showed a history of childhood abuse and all had serious psychological problems or limited intelligence. The four women who acted independently abused boys. Of the five who acted in conjunction with a male, three had female victims, one a male victim, and one victimized both a son and a daughter. The authors conclude that none of these cases were true paraphilics according to the DSM-III-R but that the female molesters did fit the model proposed by Finkelhor.

James and Nasjleti (1983), in reporting on their clinical experience with sexually abusive families, report that a minority of their cases involved female perpetrators. Although the psychological profiles of these mothers is sketchy, in general they have infantile and extreme dependency needs, a marriage relationship that is absent or emotionally empty, possessive and overprotective attitudes toward child victims, and alcohol used as a crutch. These women expect their children to meet their emotional needs and because of the mothers' traditional role as a caretaker, they are able to hide the sexually explosive nature of these contacts.

Chasnoff, Burns, Schnoll, Burns, Chisum, and Kyle-Sproe (1986) report on three cases of sexual abuse by a mother of her infant. The mothers all were separated from their sexual partners, had demonstrated some confusion regarding sexual identity, and had sought assistance with chemical dependency during pregnancy. Two of the three were diagnosed as borderline personality disorder and two had

been raped. All three women were isolated in their living arrangements and the authors believe that the sexual abuse was motivated by loneliness. The social alienation and isolation of the mothers were significant facts in the molestation of their infants.

Goodwin and DiVasto (1989) review six reported cases of mother-daughter incest and two cases of grandmother-granddaughter incest. These cases deviate from the usual descriptions of incest and the authors note that physical closeness between mothers and daughters is less subject to taboo than are father and daughter contacts. The greater toleration of physical intimacy between mothers and daughters makes it more difficult for the child, the parent, and eventually the therapist to recognize when these contacts become incestuous. Although Goodwin and DiVasto acknowledge that since the reports of mother-daughter incest are few and brief, any conclusions must be tentative, they find that the mothers seem to be similar to those mothers who initiate mother-son incest. They describe the mothers as aggressive women who have abandoned their maternal role for an exploitive relationship with their children. Their need for nurturance precipitates a sexual relationship with the child. In all five cases of mother-daughter incest, the mothers were involved in deteriorating marriages. Goodwin and DiVasto believe that mother-daughter incest is more common than the rare case reports suggest.

Kempe and Kempe (1984) suggest that with the high divorce rate, an increasing number of boys are living alone with their mothers and become a source of comfort and closeness which may sometimes substitute for the companionship previously experienced in marriage. Although this in itself is normal, it can lead to problem behaviors, such as taking the boy to bed for comfort. Kempe and Kempe note that society is more ready to believe that there is a sexual aspect to fathers who sleep with daughters compared to mothers who sleep with sons. They describe two case studies in which sleeping arrangements also included overt sexual behavior and state that in their experience, the psychological effects to the boy can be devastating.

Krug (1989) reports on eight case histories of men who were sexually abused by their mothers as children in which seven of the mothers slept with their sons regularly until the boys were teenagers. The mothers, who were either divorced or had troubled marriages, appeared to be trying to satisfy emotional and relational needs through their sons. Some were clearly socially insecure and isolated. In four of the cases, the mothers initiated actual sexual contact, in the others there was no overt sexual behavior. None of these mothers were described as psychotic.

Although these case studies are interesting, we question Krug's classifying all of them as sexual abuse. The behaviors of the mothers sleeping with their sons into adolescence may be inappropriate and infantilizes the boys, but to label all such cases as sexual abuse is to use a very inclusive definition of sexual abuse. Krug reports that all these men had psychological and adjustment problems. However, since this was a clinical sample we would expect the men to report emotional and adjustment problems in that this is why they sought therapy.

In an early article describing different types of incest, Lukianowicz (1972) discusses five cases of female perpetrators — three mother-son and two aunt-nephew. In one case of mother-son incest, the mother was a widow, and in a second, the mother's married life was very unhappy. Both of these women became very dependent on their eldest sons, in whom they saw the idealized young lovers of their own youth. The third mother was a chronic schizophrenic of low intelligence.

One of the aunts was hypomanic and seduced her nephew during a manic phase; the other was generally promiscuous. Lukianowicz reports that in many of the cases studied, social isolation was a very important etiological factor.

O'Connor (1987) reports on a group of 62 convicted and imprisoned female sex offenders in Great Britain. In 39(63%) of the sex offenses with individual victims; the victims were children and in 9 cases the offender was the mother or stepmother. In most (25) of the cases the women were convicted of aiding and abetting a male offender. Almost half of the women convicted of child sexual abuse had a previous history of psychiatric disorder. Sexual gratification was never noted as a motivation for the women involved in sex offenses with a victim.

Conclusions from Literature

Several conclusions can be drawn from the review of the literature on female perpetrators.

1. Awareness about women perpetrators of sexual abuse use has greatly increased in recent years. However, sexual contact between children and women is a minority of child-adult sexual contacts and the traditional view of child sexual abuse as a primarily male problem is correct.
2. However, child sexual abuse by females does occur and is probably not as rare as the earlier literature indicates.
3. There is a great range in the estimated frequency of sexual abuse by women from different studies and the definition of sexual abuse used, sample selected, and methodology employed must be considered.
4. Some of the recent literature which discusses female perpetrators is likely to have included cases of false accusations which gives a misleading picture of both the frequency with which females abuse children and the characteristics of such women.
5. Female child sexual abusers are less likely than men to fit the psychiatric definition of "pedophile."
6. There are widely different circumstances in which females may engage in behavior that is defined as "child sexual abuse" and the circumstances that lead women to sexually abuse children can often be differentiated from those causing men to do so. One example of this is sexual abuse which occurs in conjunction with a dominate male and in which the woman plays a secondary role. Another is found by the retrospective surveys of college men in which many of the boys reported that they had engaged in the incidents voluntarily and did not feel victimized.
7. Many studies depict women who sexually abuse children as being loners, socially isolated, alienated, likely to have had abusive childhoods, and apt to have emotional problems. However, most are not psychotic.

A Theory of Loss

Based upon our experience of evaluating and treating women who have sexually abused children we suggest an additional theoretical construct that may account for some of the instances of actual sexual abuse by women. This suggested conceptualization is based upon a case study approach. The methodology of

single case study material can be used in the beginning stages of a research effort. Case studies can provide a basis for the development of theory and hypotheses which can then be subjected to a controlled experimental approach (Fantuzzo & Twentyman, 1986; Plotkin, Azar, Twentyman, & Perri, 1981). The following case studies are specific instances in which we propose that a significant loss experienced by the women created a vulnerability and a readiness to become involved in sexual abuse of a child.

One type of perpetrator we have observed is a woman who has a history of losses in her background along with a lack of healthy, secure childhood relationships. The woman is not psychotic but is apt to be insecure and emotionally isolated. The sexually abusive behavior is triggered by a particular loss and the relationship between the female perpetrator and the victim is emotional as well as sexual and appears to be engaged in primarily to satisfy the woman's emotional needs.

While there is no empirical research data yet available to support this hypothesis, there are a number of studies that demonstrate a relationship between mothers' experience of stress and a heightened risk or potential for child abuse. Holden, Kosisky, Willis, and Foltz (1990) report significantly higher scores on the Child Abuse Potential instrument and higher levels of stress on the Parent Stress Index for mothers who were in a treatment program for maltreating children. Nicholas and Bieber (1990) found that male and female college students who gave retrospective accounts of sexual abuse reported higher sexual abuse by fathers than by mothers but no other significant effects. However, mothers were reported acting more overprotective than fathers. Santrock, Warshak, and Elliott (1982) suggest the possibility that in divorces a child of the opposite sex may become a substitute for the now absent spouse. This could lead to a smothering, overly nurturant relationship that may elide into emotional or sexual abuse. These authors also suggest from their observations of child-stepmother interactions that a remarriage of a biological father and the advent of a stepmother is more difficult and conflicted for boys than for girls.

These studies are representative of the many efforts to locate regularities in the interactions between parents and children and the occurrence of abuse. This body of research literature suggests that stress is an important factor in the experience of mothers who are maltreating children and that stressful life experience may precipitate abusive relationships. Loss is a stressor event (Dohrenwend & Shrout, 1985). Under the impact of a significant emotional loss, a woman may be more needy, less controlled, and more responsive to a relationship which can be misperceived as affectionate and positive. Given environmental stimuli, opportunity, and availability of a child, a woman may progress in a gradual step by step movement into a full blown sexual exploitation of a child.

Case #1 - Nancy

Case #2 - Sylvia

Case #3 - Janet

Case #4 - Ellen

Discussions and Conclusions:

Sexual psychopathology, whether seen in men or women, may be seen in the context of object relations theories. (See Scharff [1982, 1990] for a comprehensive

treatment of these issues.) The development of the ability to relate to others begins with the mother/child relationship and internalizing that experience. The problems in development where that attachment is disrupted in young children are well known (Bowlby, 1969, 1973, 1980; Mahler, Pine, & Bergman, 1975). Positive experiences with the mother are internalized and aspects of the mother which are experienced as rejecting or painful are hypothesized to become unconscious and to be projected into external relational objects (Fairbairn, 1952, 1954; Segal, 1973; Klein, 1975a & b).

Scharff (1990, p.442) believes that most sexual difficulties can be understood as attempts to communicate with others while imposing an aspect of the patient's internal object relations into these relationships. At certain stages in development, the child's emerging identity and sexuality will become the focus. At these particular points, aspects of loss can be expressed through the development of sexual symptoms or sexualization. There is not, however, any exact link between a specific trauma or insult and the subsequent sexual problem. Even while taking into account the child's temperamental predispositions, developmental factors, and the life matrix of relationships, as well as the specific meaning of events to the child, such specific predictions cannot be made.

In this model, sexual paraphilias reflect the development of fixations of early experiences which would ordinarily be more transient in nature. Sexual arousal is often fused in these symptom patterns, which allow for the expression of anxiety and aggression. Family reinforcement patterns, incorporating the use of projective identification, may then overtly or subtly reinforce such aberrant solutions to relationships outside the family. Each person's particular set of responses or paraphilic syndrome is a product of complex relational factors centering around how object loss is handled. The specific paraphilia typically expresses and symbolizes the history of the person's object relations and her fantasies, which, if understood, will help make sense of the symptom.

It is probable that in the case of women perpetrators the development of sexual symptomatology may be more obviously related to specific losses and less a reflection of a full-blown repetitive paraphilic pattern as is more often the case in males. Certainly, however, the impact of losses can be traced in males as well. Some males who apparently previously functioned normally sexually and who are not diagnosable as pedophilic may at times act out sexually in response to a specific loss, as seen in the work of Van Couvering (1988).

In the four cases we have described, there was an admission on the part of each woman that the offense had occurred, and there was a wealth of supporting data to corroborate their admissions. There was no indication of prior sexual misconduct involving a minor, with the exception of Ellen. In each case, there was a turbulent early childhood with losses or rejections of various kinds. Sylvia had a rejecting alcoholic father and experienced rejection by her siblings. Nancy's parents were divorced when she was three, and there were multiple caretakers up to age seven. She had the perception that her stepmother wanted to get rid of her. Janet lost her dad at age eleven, and then functionally lost her mother who had to go to work to support them. Ellen felt displaced by foster siblings and later her natural sibling for her parents' attention, and her parents were experienced as willing to give to others more freely than to her.

In some there were significant losses during adolescence which damaged their ability to relate to peers, as in the case of Sylvia whose boy friend was drowned.

Janet experienced a teen-age pregnancy and gave up her baby boy for adoption.

Such disturbed histories may also be found in male offenders, but in females the impact of losses in family contexts may be expressed in a more open way. Women are typically more prone to define themselves and to build their identities around relationships and it is more culturally acceptable for them to express their dependencies overtly. Women are also more prone to feel that their failures in relationships are the mark of their personal inadequacies and that they are therefore less adequate as women.

All of these women were likely to be unusually vulnerable to losses as adults, and were highly sensitive to changes in their environment. The relational patterns for all four had been dissatisfying, and, prior to their offenses, there had been a move to a different locale by the woman and/or by her spouse, followed by feelings of disruption. Sylvia lost her adoptive son, Josh, and was without him at the holidays.

Nancy's husband, Steve, left for military duty, and her baby died at six weeks of age. While Steve returned briefly, she was then left to manage her grief on her own. Janet moved to another state, and her 12-year-old son remained with his father. It was after a summer visit when the boy returned home that she experienced her loss very strongly. Ellen had moved away to go to college and had not successfully made that transition, in that she did not establish satisfactory peer relationships. She went through two losses of boy friends, the latter one about three weeks prior to the offense.

In three of the four cases, a young adolescent male was available at the time the woman was feeling the greatest need and vulnerability, and it was to him that she turned. For Sylvia and Janet, the victim may have represented a substitute for a lost or unavailable son. In Nancy's case, her husband was away in the military and she was struggling with the death of her infant. In cases where such losses have occurred and there are available young males who play some sort of substitute role, such women may be at greater risk for sexual acting out.

Each woman described her victim as an aggressor in some manner, where increasingly she felt unable to stop the incidents. In this regard, these women are not significantly different than many male perpetrators who also may unconsciously relate to their victims as peers and who may report that the child was the instigator. Such descriptions are significant clues as to the level of object relations attained by the perpetrator which are being expressed through the sexual acting out behaviors.

Ellen's view of her victim was directly tied to her unresolved conflicts and losses as a child, where she felt directly competitive with foster children in the home and later with her sister. There was clearly an element of jealousy of the victim's relationship with her parents, and Ellen projected sexual trauma into her inferences about what the child was being exposed to by sleeping in the same room as her parents. The five-year-old victim was the recipient of her rage and loss, most likely triggered by being in an unwanted caretaking role and seeing her old boy friend on campus that day. In the other cases, there was not so much obvious expression of anger as there was of loss and substitution of the victim to replace those losses.

As is seen in literature, women in child care roles are sometimes vulnerable to sexual acting out patterns. It would be important for clinicians working with such women to explore their past attitudes and experiences in caretaking roles and assess their risk to any current children from a standpoint of any form of physical, sexual, or emotional abuse or neglect. Sexual abuse in women is often

unexpected and may go unrecognized but it can occur.

References

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