Women Who Molest Children

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In only nine of approximately 600 cases of child molestation in New Hampshire and Vermont was the perpetrator found to be a woman. Case histories and some testing data show a history of sexual assault as a child, frequent offense in the company of a dominant male partner, and a major disinhibition as a result of severe character disorder or limited intelligence. These factors not only interfered with maternal bonding and nurturing behavior but also contributed to suspension of judgment about the appropriateness of sexual contact with children.

The incidence of child sexual molestation by women is quite small, and the dynamics appear to be quite different from the dynamics of men who sexually molest children. It is inappropriate to refer generically to either group as "pedophiles." Pedophilia is narrowly defined by the DSM-III-R¹ as one of the paraphilias, or "recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children." In our experience, offenders with such insistently and involuntarily repetitive imagery or acts necessary for sexual excitement are a relatively small group.

Araji and Finkelhor² considered "pedophilia" in its broadest and most general sense as encompassing all sexual activity with or molestation of children. They reviewed the literature and attempted to summarize all the theoretical formulations within a four-factor model:

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sexual arousal, emotional congruence. blockage, and disinhibition.

Sexual Arousal In order for an adult to be "turned on" by a child, there has to have been cultural or familial conditioning to sexual activity with children, victimization as a child, or early fantasy reinforced by masturbation.

Emotional Congruence For emotional congruence, there is a level of comfort and satisfaction in relating to a child and a fit of emotional need. Frequently, this is due to arrested development either through retardation, immaturity, or low self-esteem.

Blockage Adult sexual opportunities may be blocked by traumatic experience with adult sexuality, sexual dysfunction, inadequate social skills, or marital disturbance.

Disinhibition The pedophile may be disinhibited or lose control characterologically via impulse disorder, chronically via organicity or psychosis, acutely via alcohol, drugs, or situational stress, or culturo-familially via nonexistent family rules. This broad definition reflects the population seen in clinical settings and the judicial system and therefore will be our definition of "pedophilia."

Review of the literature showed no data on the incidence of child sexual molestation by females prior to 1986. Spencer and Dunklee³ evaluated 1748 children for alleged sexual abuse. Of these, 140 were boys and two of these had been abused by women. The only description was "one mother and two male relatives molested one boy and one child was assaulted by his 16 year-old sister." No information was available on the number of girls abused by women. Travin *et al.*⁴ provided a profile of sex offenders seen in a court clinic. Of 400 individual referrals, five were women: however, none of these five women reported for evaluation. O'Connor⁵ reviewed Home Office Criminal Statistics for the 10-year period between 1975 and 1984 in the United Kingdom, Women committed 0.95 percent of all 48,700 sex offenses; however, in looking more closely at the offenses, a significantly high number were "indecent exposure" and "unlawful sexual intercourse," the latter defined as aiding and abetting a man in committing a sexual offense.

In studying nonsex-offender populations Condy *et al.*⁶ questioned college students and prisoners without sexual offenses regarding sexual contacts of males under the age of 16 with females at least five years older. Sixteen percent of college men and 46 percent of male prisoners reported such contact as did 0.5 percent of college women and 8 percent of female prisoners. At the time of sexual contact, the average age of the males was 12, a majority of the incidents included intercourse, were mutually consensual, and were expressed as good unless the female was a family member. Johnson and Shrier⁷ reported that of 1000 boys in an adolescent medicine clinic, 25 reported that they had been sexually abused, 11 of these by women.

With regard to offender characteristics. O'Connor⁵ reviewed the records of 19 imprisoned women who had sexually assaulted children under the age of 16. Half had a psychiatric diagnosis and a history of psychiatric treatment. The number of male and female victims was the same. Several of the women had acted with dominant male partners. Larson *et al.*⁸ reported that 12 of 125 women in a Minnesota prison were convicted sex offenders. All had acted with male partners and had a low psychosexual developmental age. Six reported incest as children. None were described as mentally retarded or suffering from maior mental illness.

The present cases of female molesters come from two sources: sex offender evaluations done over a two-year period for the New Hampshire judicial system and similar evaluations done over a fiveyear period for Vermont social service agencies and courts. Of the 200 New Hampshire cases, four were women as were five of the 400 Vermont cases. These are summarized below.

Case 1

This 33-year-old woman was convicted of assisting her husband in the assault of a 13-year-old girl. She held the victim down and threatened her with a knife. She stated that her husband was drunk and would have beaten her if she hadn't helped and that the girl had "been to bed with so many men, another didn't matter." She believed that sex with adolescents was normal as this had been her experience. Her tested IQ was 78 on the Wechsler Adult Intelligence Scale, Revised (WAIS-R)

Case 2

This 22-year-old woman was convicted of sexual assault. She had taken her four- and seven-year-old daughters for a visit while she was living with her boyfriend and both had sexual contact with the children while taking pictures of each other. She had had a sexual relationship with her father when she was 12 and had her first child at 13. Her various sexual activities were well known to the police. Her tested IQ was 77 on the WAIS-R.

Case 3

This 27-year-old woman was charged with performing fellatio on her two-yearold son. She was drinking and "under the power of a being from another dimension who made me steal and do sexual things." This woman was a college graduate with a previous sojourn into witchcraft and she had been in a cult for a year. She gave no history of sexual contact as a child and at the time of the evaluation was not psychotic. The diagnosis was borderline personality.

Case 4

This 44-year-old woman was evaluated with regard to termination of parental rights over her seven-year-old son. In addition to physical abuse and neglect by both parents, this mother also had sexual contact with the boy. The retarded father openly inserted his fingers into mother's rectum and vagina and the child was observed to do the same. He also unbuttoned mother's blouse to touch her breasts and exposed his penis while asking to be touched. The boy slept with mother after father was jailed on unrelated sexual assault charges. This woman was epileptic, had multiple hospitalizations for chronic schizophrenia, and her WAIS-R measured IQ was 70.

Case 5

This 20-year-old woman was sent for evaluation after her seven-year-old son told his aunt that his mother had sucked his penis. She denied it. This woman had literally been found in a garbage dump by the father of the child after she had been victimized by a group of men. She had had an incestuous relationship with her own father and was living alone with her son at the time of the incident. Her IQ on the WAIS-R was in the mildly mentally retarded range.

Case 6

This 25-year-old woman was evaluated after her six-year-old son told his father that she had touched his penis. These parents were never married and the mother was living alone with the child at the time of the incident. She had been sexually abused as a child and had an extensive police record including the use of drugs. Testing showed borderline intelligence and the MMPI, although invalid, showed high scores for depression, psychopathic deviance, and paranoia.

Case 7

This 65-year-old woman was evaluated after her 10-year-old foster son reported to a neighbor that she masturbated him regularly. He had been found performing similar activity with the neighbor's child. The woman had been victimized as an adolescent, was a chronic alcoholic and socially isolated, and, because of her husband's physical illness, had slept with the boy for years. Her MMPI was invalid.

Case 8

This 30-year-old woman reportedly inserted her fingers and other objects into the vaginas of the five- and eightyear-old daughters of her boyfriend in his company. She reportedly had a chaotic childhood and adolescence and had lost custody of her own daughter for sexual abuse. She was described by her boyfriend as a "sociopath." She failed to report for evaluation and so was not tested.

Case 9

At the direction of her husband, this 30-year-old woman participated in "games" with her eight-year-old son and five-year-old daughter. The children would act out the roles of insects, and the game would culminate in sodomy by the father or the children's performing fellatio on the father or cunnilingus on the mother. Both parents were socially isolated and of borderline intelligence. Her MMPI• was invalid but depression and psychopathic deviance scales were high.

In summarizing the characteristics of these nine cases, eight had Axis II diag-

noses and one had an Axis I diagnosis (schizophrenia.) Only one was mildly retarded but five tested in the borderline range of intelligence. At least six had been sexually active as early adolescents. Six acted in the company of a dominant male. Five sexually abused girls. None met the DSM-III-R criteria for paraphilia.

Discussion

Our incidence rate of 1.5 percent of the child sexual molester population as female appears consistent with the 1 to 2 percent figures in the literature. The frequency of contact acknowledged by nonsex-offender populations suggests that the true incidence of female sexual contact with children is under-reported. There are many possible explanations for this. Given the traditional care-giving role of women, it is probable that most psychosocial histories do not include questions about sexual contact with older women, especially if the questionee is female. Because of the cognitive dissonance inherent in care-giving and abuse, such a report may not be believed. Female offenders may be embedded in family systems and difficult to detect. Prepubescent victims may not report and pubescent victims may not see the behavior as victimization. Under-reporting, however, cannot wholly account for the low proportion of female offenders. Females are socialized to a nurturing, care-giving role, and the bonding of child-bearing and child-rearing may mitigate against sexual molestation.9 Women have more opportunities for touch than do men and may not build tension for tactile contact which

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then results in inappropriate sexual contact. Some men are socialized to a sexual and generational power differential where women and children are objects and the dominant male has a "right" to do with them as he pleases.¹⁰ In several of our cases, that dominance extended to directing the women to offend in company with the male partner.

Based on the histories of those offenders who have been identified, female molesters do fit the model proposed by Finklehor. The roles of children as sexual objects have been conditioned through personal experience; there is emotional congruence with children through retarded psychosocial development or identification with the victim; adult sexual outlets may be blocked. The most important factor seems to be disinhibition due to personality disorder and/or borderline intelligence and, perhaps more significantly, offending in the company of a dominant male.

None of our cases were true paraphilics and we are aware of no such cases among women. In our experience a very small percentage of male child molesters are paraphilic pedophiles and given the relative proportions of male:female and molester:paraphilic pedophiles, the theoretical number of paraphilic female molesters would be very small.

Awareness of the existance of female

molesters should result in our asking more questions of both patient and nonpatient populations in order to assess the true frequency of such behavior. We must also collect more data from identified offenders in order to understand the dynamics and to develop treatment interventions.

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