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Long-term mental health consequences of female- versus male-perpetrated child sexual abuse

Jelena Gerke^{a,*}, Thomas Gfrörer^c, Frederike-Kristina Mattstedt^a, Ulrike Hoffmann^a, Jörg M. Fegert^{a,b}, Miriam Rassenhofer^{a,b}

^a Department of Child and Adolescent Psychiatry/Psychotherapy, University Hospital Ulm, Germany

^b Center for Child Protection in Medicine in Baden-Württemberg, Germany

^c Hector Research Institute of Education Sciences and Psychology, University of Tübingen, Baden-Württemberg, Germany

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ABSTRACT

Background: Research on child sexual abuse increasingly focuses on sexually offending females; however, there is a lack of research that focuses on the individuals being affected. Studies have suggested that the consequences for those affected by sexually offending males and females are comparable.

Objective: The aim is to compare mental health consequences of sexual abuse perpetrated by women versus men in quantity and type.

Participants and setting: Data was anonymously retrieved from the German-wide contact point “help line sexual abuse” from 2016 to 2021. Details of abuse cases, gender of the offending individuals, and reported mental disorders of the person affected were analyzed. The sample consisted of $N = 3351$ callers with experiences of child sexual abuse.

Method: The relationship between gender of the perpetrating person and mental disorders of the victimized person was computed using logistic regression models. To account for rare events data, Firth’s logistics regression model was used.

Results: The consequences were similar in quantity, albeit different in type. Callers with experiences of female-perpetrated abuse were more likely to report suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol/ drug addiction, and schizophrenia, while people with experiences of male-perpetrated abuse rather reported post-traumatic stress disorder, affective disorders, anxiety disorders, dissociative disorders, eating disorders, externalized disorders, and psychosomatic disorders.

Conclusions: The differences may be due to stigmatization leading to dysfunctional coping mechanisms. Societal gender stereotypes must be reduced, especially within the professional helping system to ensure support for people who have experienced sexual abuse, regardless of gender.

1. Introduction

In recent years, there has been a growing research body of literature on female-perpetrated child sexual abuse (FCSA). Prevalence

* Corresponding author at: University Hospital Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Steinhövelstr. 5, 89075 Ulm, Germany.

E-mail address: jelena.gerke@uniklinik-ulm.de (J. Gerke).

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studies have found significant, however due to differences in samples and methodology strongly varying, numbers of sexually offending females: Internationally, official (crime) statistics report prevalence rates in one-digit areas (BKA, 2020; Savage, 2019; Snyder, 2010), while prevalence rates based on affected individuals' reports are rather in low two-digit areas, i.e. 10 % to 13 % (Bourke et al., 2014; Gerke et al., 2019; Stadler et al., 2012; for a short review, see Tozdan et al., 2019). A meta-analysis by Cortoni et al. (2017) comparing official data and a victimization survey found the same: According to police reports, only 2.2 % of sexual offenses on children and adults had been committed by females; however, in victimization surveys, prevalence rates of sexually offending females were much higher, namely 11.6 %. The most recent review on FCSA found approximately 5 % to 20 % of all child sexual abuse is committed by females (Augarde & Rydon-Grange, 2022). Those affected by FCSA are significantly more often males (Gerke et al., 2019), such that about 14–17 % of all males with experiences of child sexual abuse and about 2–6 % of all females with such experiences were abused by a female peer or adult (Bieneck et al., 2011; Finkelhor & Russell, 1984). A recent study with a representative German sample found slightly lower numbers for minor boys sexually offended by an adult female, i. e. eight out of 87 (9 %) (Tozdan et al., 2021).

For the interpretation of the numbers and the discussion of the question whether affected individuals (especially males) would report FCSA, general socio-cultural aspects play an important role, because gender roles and expectations are a central component: According to Bourdieu (2001), masculinity as a social construct contributes to the subordination of women and the maintenance of male dominance. The understanding of gender can also be an instrument and an effect of Foucault's (1978) modern power (see also Kramer, 2015). Therefore, based on general socio-cultural aspects, stereotypical roles emerge, for women as caring mothers, submissive wives, and less assertive employees and on the other hand, men as the dominant, aggressive and leading parts. Sexual scripts follow these significantly gendered scripts, so that women are perceived as more harmless, caring, and emotionally needy in the sexual realm, while the male sexual script follows rather characteristics such as aggressive and dominant (Simon & Gagnon, 1986; Wiedermaier, 2005). Accordingly, stereotypically women are seen as affected and men as offending individuals in cases of (sexual) violence (McCartan et al., 2015).

Media representations play an important role in shaping the understanding of gender roles and reinforcing masculine norms (Bourdieu, 2001; McCartan et al., 2015). The U.S.-American influencer Andrew Tate (Tate, 2023) may be a role model for some men with his chauvinistic and misogynistic remarks on social media, shaping an image of masculinity, which would not allow males to experience violence by a woman. Gender stereotypes are also shaped somewhat more indirectly by the media, e. g. in the movie "American Pie" (1999, by P. Weitz & C. Weitz) represented by a teenage boy who provokes and enjoys the (first) sexual experience with an older woman.

With sexually offending females, the common social practice is confronted with new classifications and attributions which evoke, in regard to the common social practice, protective reactions, such as shame or denial, and societal stigma, such as "victim blaming", to ensure the maintenance of the current social practice (Bourdieu, 2001; Kennedy & Prock, 2016). Accordingly, individuals affected by FCSA seem to fear and experience trivialization or disbelief of their experiences when disclosing (Deering & Mellor, 2011) resulting in potential higher hesitation regarding the disclosure or even lying to the professionals about the gender of the offending person (Tozdan et al., 2019). Males appear generally less likely than females to disclose experiences of child sexual abuse (Rudin et al., 1995; Spencer & Tan, 2000). The question whether (especially male) affected individuals can or do disclose their experiences has been assessed for the context of the Global South in an interview study with affected males in South Afrika (Kramer & Bowman, 2021). Results indicate that normative constructions of gender and sexuality play a critical role in the process of identifying as an affected individual and reporting experiences of FCSA (Kramer & Bowman, 2021). Besides the rarity of FCSA itself, possible harmful consequences are regarded unlikely (Kramer, 2015). Sexual violence, however, seems to be inevitably linked to negative mental health outcomes, which is at odds with male stereotypes of strengths (Kramer & Bowman, 2021). The attribution of "female weakness" and "male strengths" thus leads to conceptual difficulties to map FCSA and possible mental health consequences onto this normative template (Kramer, 2015; Kramer & Bowman, 2021).

In Germany, child sexual abuse has been addressed primarily since the 1980s, with the aim to shift away from a stranger as the offending person and more towards the discussion of girls as affected individuals of sexual violence in the family (Kavemann & Lohstöter, 1984). Women as offending individuals also became a topic of discussion when the concept of complicity was described and women were seen as active participants rather than just passive victims of a social system (Thürmer-Rohr, 1989). In 2010, in the so-called "abuse scandal", people turned to the public and disclosed their experiences of sexual violence in recognized schools or the Catholic Church. As many of those who spoke out were men, abuse of boys became part of the discussion (Fegert et al., 2013). However, the combination of both, female offending and male affected individuals, had not been thoroughly considered, so far. A widely publicized case in southern Germany, in which a mother and her partner severely sexually abused their 7-year-old son and a 3-year-old girl and sold them to other sexually offending men (Eddy & Schuetz, 2018), brought the topic of sexually offending women and especially mothers back into the discourse of research and public.

There is consensus in research that FCSA is no less severe than sexual abuse perpetrated by males (Dube et al., 2005; Rudin et al., 1995; Saradjian, 1997) and there are similar long-lasting consequences to those, that have been suggested for child sexual abuse in general, i. e. difficulties in emotional and psychological functioning, identity problems, problems in relationships, difficulties with physicality and sexuality as well as the development of mental disorders (Deering & Mellor, 2011; Tsopelas et al., 2012). Specific sequelae to FCSA were intense feelings of isolation and desolation as sexual perpetration by females is such a tabooed topic due to above discussed aspects (Deering & Mellor, 2011; Hislop, 2001). Moreover, males affected by FCSA were in the aftermath unable to trust women or engage in healthy heterosexual intimate relationships, as they might develop excessive sexual needs or fail to enjoy sexual relationships with women at all, might even remain celibate, according to Deering and Mellor (2011). Denov (2004) found that males with experiences of FCSA describe a feeling of humiliation because they were abused by a woman, often seen as the "weak

gender". Interviews with affected men in South Africa suggested a significant effect of the socio-cultural context as they were described to align with a type of "triumphant masculinity" (Kramer & Bowman, 2021, p. 847) as an expression of power, masculinity and strength. In their study with 105 males affected by sexual abuse, Duncan and Williams (1998) describe that male adults who were abused by a woman during their childhood or adolescence are more likely to commit sexual offenses as an adult compared to males with experiences of MCSA. They argued that this could be due to an exaggeration of masculine gender role characteristics, i. e., aggression and dominance in heterosexual contacts, following specifically female-perpetrated coerced abuse (Duncan & Williams, 1998). Females affected by FCSA seem to struggle even more with their identity and self-concept compared to males (Denov, 2004). A woman with experiences of FCSA interviewed by Denov describes a sense of betrayal and wonders: "How can a woman face a world that belittles and condemns us because we're women ... and still turn her hand against her own sex?" (Denov, 2004, p. 1144).

Overall, the long-term consequences of FCSA seem to be similar to those reported in general studies on child sexual abuse, mostly considering MCSA. The present study aims to support this assumption that FCSA and MCSA can both be followed by long-lasting consequences. Moreover, it is investigated whether there are differences between the type of consequences of FCSA and MCSA.

2. Method

2.1. Study background and procedure

Data for the current study was retrieved from the Germany-wide anonymous contact point "help line sexual abuse" (www.hilfe-portal-missbrauch.de/hilfe-telefon), which is funded by the German Independent Commissioner for Child Sexual Abuse Issues. Data collection started in 2016 and is ongoing; however, the data for the present analysis was collected from 2016 to 2021. The provider of the counseling telephone is *Nationale Infoline, Netzwerk und Anlaufstelle zu sexualisierter Gewalt an Mädchen und Jungen* (N. I. N. A. e. V.; engl. National info line, network and contact point for sexualized violence against girls and boys). The "help line sexual abuse" offers support for people affected by child sexual abuse, their relatives, professionals, and other interested persons. During a help line call, those affected by sexual abuse can anonymously share their experiences, are provided with information, and get counseling. The telephone conversations are conducted by trained psychosocial professionals with three to 45 years of experience in the field of sexual violence against children and adolescents. The conversations are free and according to the needs of the callers. Aspects of the conversation are documented, but not queried in a standardized manner.

Documentation of the conversation and data collection is only carried out with the consent of the caller. After consent is given, the trained professional documents the content of the conversation in a web-based and password-protected data grid with mostly predefined template categories as well as few free text fields. As the main purpose of the help line is to provide counseling to individuals with experiences of child sexual abuse, it is not possible to collect all information that might be relevant from every caller in a standardized manner. The trained professionals therefore have a certain freedom concerning the information they collect during a help line call. If possible, professionals query relevant information about the sexual abuse as well as mental disorders, and other sequelae of the abuse; however, nothing is asked in a standardized nor systematic manner in every conversation performed.

The accompanying research of the help line is conducted by a research group of the department of child and adolescent psychiatry/

Table 1
Frequency of reported mental disorders of the affected individuals separated by gender of the affected individual as well as the offending person.

Mental disorder of the affected individual	Separated by gender of the affected person			Separated by gender of the offending person	
	Female affected person (n = 2356)	Diverse affected person (n = 17)	Male affected person (n = 695)	Affected individuals of sexually offending females (n = 116)	Affected individuals of sexually offending males (n = 1349)
	n (%)	n (%)	n (%)	n (%)	n (%)
Post-traumatic stress disorder	734 (31 %)	2 (12 %)	183 (26 %)	43 (37 %)	686 (51 %)
Affective disorder	478 (20 %)	2 (12 %)	148 (21 %)	37 (32 %)	473 (35 %)
Suicidality	245 (10 %)	2 (12 %)	81 (12 %)	22 (19 %)	228 (17 %)
Non-suicidal self-injury behavior	118 (5 %)	2 (12 %)	23 (3 %)	8 (7 %)	97 (7 %)
Anxiety disorder	420 (18 %)	0 (0 %)	96 (14 %)	25 (22 %)	397 (29 %)
Personality disorder	197 (8 %)	2 (12 %)	69 (10 %)	16 (14 %)	193 (14 %)
Dissociative identity disorder	105 (4 %)	0 (0 %)	10 (1 %)	4 (3 %)	77 (6 %)
Other dissociative disorders	62 (3 %)	0 (0 %)	8 (1 %)	1 (1 %)	55 (4 %)
Eating disorder	210 (9 %)	0 (0 %)	11 (2 %)	4 (3 %)	172 (13 %)
Alcohol addiction	76 (3 %)	0 (0 %)	89 (13 %)	19 (16 %)	117 (9 %)
Drug addiction	65 (3 %)	0 (0 %)	47 (7 %)	11 (9 %)	76 (6 %)
Externalized disorder	81 (3 %)	0 (0 %)	28 (4 %)	6 (5 %)	89 (7 %)
Psychosomatic disorder	301 (13 %)	0 (0 %)	80 (12 %)	23 (20 %)	287 (21 %)
Schizophrenia	43 (2 %)	0 (0 %)	21 (3 %)	5 (4 %)	30 (2 %)
Occurrence of any disorder	1050 (45 %)	0 (0 %)	361 (45 %)	71 (61 %)	1017 (75 %)

psychotherapy of the University Hospital Ulm (<https://tinyurl.com/ycyju5c3>). The documentations of the counseling conversations entered by the trained professionals are downloaded and evaluated by the research team in Ulm. The study was conducted in accordance with the Declaration of Helsinki and voted by the Ethics Committee of Ulm University (no. 66/15).

2.2. Measures

The callers had the possibility to state multiple cases of child sexual abuse. However, one case is documented as the “index case”, i. e., the case of sexual abuse which is most relevant for the caller. For the current study, merely the information of the index case was used, because it can be assumed that the index case, consequently the most relevant case, has the greatest impact on the consequences experienced by the caller. In addition, only a small number of callers indicated more than one relevant case of sexual abuse (i. e., 81 indicated a second case of sexual abuse, 24 indicated a third case of sexual abuse, 6 indicated a fourth case of sexual abuse and 2 indicated a fifth case of sexual abuse).

2.3. Gender of the individual affected by child sexual abuse

The callers were asked about their own gender. In the following study the value 1 represents the gender male and the value 0 represents the gender female. For the current study we decided to include only callers with these two genders, as there were only 20 callers with a diverse gender identity, which makes the group too small for a valid comparison. However, we included the diverse gender group in the [Tables 1 to 3](#) to enable a descriptive comparison of data.

Table 2
Descriptive statistics of affected individuals separated by gender of the affected individual as well as sexually offending person.

	Female affected person		Diverse affected person		Male affected person		Affected individuals of sexually offending females		Affected individuals of sexually offending males	
	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>n</i> (%)	<i>M</i> (<i>SD</i>)	<i>n</i> (%)	<i>M</i> (<i>SD</i>)
Sample Size	2356		17		695		116		1349	
Age of caller		42.52 (15.37)		34.70 (15.08)		43.35 (16.04)		40.80 (15.51)		42.11 (15.64)
Education										
Highest school track	779 (44 %)		6 (46 %)		231 (42 %)		35 (37 %)		535 (45 %)	
Intermediate school track	446 (25 %)		0 (0 %)		123 (22 %)		23 (24 %)		286 (24 %)	
Lower school track	223 (13 %)		0 (0 %)		93 (17 %)		13 (14 %)		134 (11 %)	
No school degree or else	309 (18 %)		7 (54 %)		101 (19 %)		23 (24 %)		225 (19 %)	
Sexually offending person										
Female	37 (3 %)		0 (0 %)		76 (20 %)		37 (33 %)		1032 (77 %)	
Male	1032 (97 %)		3 (100 %)		301 (80 %)		76 (68 %)		301 (23 %)	
Most severe type of abuse										
Abuse through digital media	8 (1 %)		0 (0 %)		1 (0.3 %)		0 (0 %)		9 (1 %)	
Hands-off sexual abuse	27 (3 %)		0 (0 %)		10 (3 %)		0 (0 %)		31 (3 %)	
Hands-on sexual abuse	451 (43 %)		1 (33 %)		172 (48.7 %)		66 (67 %)		507 (44 %)	
Sexual abuse including penetration	553 (53 %)		2 (67 %)		170 (48 %)		32 (33 %)		601 (52 %)	
Frequency of abuse										
Once	142 (13 %)		0 (0 %)		60 (15 %)		13 (13 %)		171 (15 %)	
Multiple times	463(42 %)		1 (50 %)		212 (53 %)		40 (40 %)		520 (44 %)	
Regularly	509 (46 %)		1 (50 %)		126 (32 %)		47 (47 %)		482 (41 %)	

2.4. Gender of the sexually offending person

People who called the help line and experienced sexual abuse were asked about the gender of the sexually offending person. If they were not sure or could not remember the gender of the sexually offending person the variable was coded as missing. Cases with two or more sexually offending individuals of both genders were not included in the current analysis. For the analysis, the value 1 represents males and the value 0 represents females.

2.5. Type of abuse

Type of abuse could be coded in the following predefined categories: *Digital sexual abuse* (i. e., sending sexual messages or pictures, asking for sexual pictures or videos), *hands-off sexual abuse* (i. e., watching pornography with a child, sexually exposing the child to genitals, masturbating in front of the child), *hands-on sexual abuse* (i. e., touching the child in a sexual way or forcing bodily contact with the child), and *sexual abuse with penetration* (i. e., including penetration of objects, hands, penis etc.). The professional coded the one type of abuse that was experienced by the caller as the most severe type of sexual violence. Therefore, type of abuse was coded based on a four-point Likert scale. The professionals coded digital sexual abuse with the value 1, hands off sexual abuse with the value 2, hands on sexual abuse with the value 3, and sexual abuse that included penetration with the value 4.

2.6. Frequency of abuse

Frequency of abuse was coded based on a three-point Likert scale. The trained professionals coded sexual abuse that occurred only once with the value 1, sexual abuse that occurred multiple times with the value 2, and sexual abused that occurred regularly with the value 3. Repeatedly means that the abuse took place on specific occasions (and not necessarily always according to the same pattern) and the individual events may even be remembered specifically, for example, "The perpetrator was my music teacher. He must have touched me six or seven times. Then I told my parents." Regularly recurring means systematic abuse over a longer period of time. As a rule, those affected can hardly name individual events in concrete terms. The memories blur. For example, "It just kept happening. Over a long period of time. Whenever my mom was not around."

2.7. Mental disorders

During the telephone counseling, the trained professionals coded whether a person indicated a particular mental disorder. The professionals did not question whether a mental disorder was officially diagnosed by a doctor or psychotherapist to not interrupt the counseling conversation. The variables were coded with 1, indicating that the caller had a mental disorder (e. g., post-traumatic stress disorder, schizophrenia, or depression) and 0 indicating the absence of the disorder. A total of 14 different disorders could be reported (see Table 1 for an overview). It was possible that a person named multiple mental disorders.

A possibility for this variable was the coding of the category 0. Considering the free speaking elements of the telephone counseling, some callers did not mention whether they had a mental disorder. These callers were coded with the category 0. For these callers, the value 0 could therefore imply that they were not asked or did not mention the respective mental disorder on the telephone, instead of not having a mental disorder. However, this was rather rarely the case, as the sequelae of the abuse are often a topic of the counseling.

2.8. Sample

The sample of the present study consisted of $N = 3351$ callers of the help line who were affected by child sexual abuse. The overall data set of the study consists of more cases, because it also includes callers who were, for example, relatives of a person who experienced sexual abuse. For the current study however, merely callers who experienced sexual abuse themselves were selected, because they could most reliably report their experienced consequences of the sexual abuse. In the following, the term "caller" includes only callers who reported their own experience of child sexual abuse. On average, the callers were $M = 42.82$ years old ($SD = 15.53$),

Table 3

Overview of valid answers and missing values separated by gender of the affected individual.

Variable	Female		Diverse		Male	
	valid answers	missing values	valid answers	missing values	valid answers	missing values
Gender of the affected person	2356	0	17	0	695	0
Gender of the offending person	1069	1287	3	14	377	318
Type of abuse	1039	1317	3	14	355	340
Frequency of abuse	1114	1242	2	15	398	297
Education degree	1757	599	13	4	548	147
Mental disorder	2356	0	17	0	695	0
Professional help	1257	1099	2	15	422	273

Note. The valid answers column lists the number of cases that provided information on the specific variable in the data set; the missing values column lists the number of cases that had missing values on the specific variable in the data set.

ranging from 8 years to 84 years. Most of the callers indicated that they were female ($n = 2356$; 77 %). Concerning the education of the callers, most completed the highest school track in Germany. For details on sociodemographic variables, see Table 2.

The majority of the callers indicated that they were sexually abused by a male ($n = 1349$; 92 %). Only 8 % ($n = 116$) of the callers indicated that they were sexually abused by a female. The most severely experienced type of sexual abuse differed across callers, but mostly included a physical component. Only 1 % ($n = 9$) of the callers indicated sexual abuse through digital media, more than half ($n = 730$; 52 %) named sexual abuse with including penetration as the most severely experienced type of abuse. Although there were differences in the frequency of sexual abuse, most of the callers experienced sexual abuse multiple times (see Table 2). In addition to the information on sexual abuse, callers also stated if they have diagnosed a certain mental disorder or not. Nearly half of the callers ($n = 1377$; 41 %) reported at least one mental disorder. 72 % ($n = 1223$) of the callers have indicated that they already reached out for professional help concerning their mental health (for an overview of valid answers and missing data on the respective variables see Table 3).

2.9. Statistical analysis

2.9.1. Analysis strategy

The statistical analysis consisted of two parts. In the first part, we analyzed the relationship between gender of the sexually offending person and the occurrence of mental disorders (i. e., is a certain gender of the sexually offending person related to a higher likelihood of having a mental disorder). We computed odds ratios as effect sizes, which were retrieved from fourteen logistic regression models that included the respective mental disorder as a dependent variable and the gender of the sexually offending person as an independent variable. We reported confidence intervals for the odds ratios to test for statistical significance. In the second part, we investigated if gender of the sexually offending person could predict the occurrence of mental disorders, while additionally controlling for gender of the affected person, frequency of abuse, and type of abuse. We specified fourteen multiple logistic regression models with the respective mental disorder as a dependent variable and gender of the sexually offending person, gender of the affected person, frequency of abuse, and type of abuse as independent variables. Odds ratios were used as effect sizes and confidence intervals were reported to test for statistical significance of the regression coefficients. The analysis scripts, including all relevant analysis steps can be found here: https://osf.io/xv4dt/?view_only=c5831da2b186410c84f078a82af0a456. The analysis was conducted with the statistical software R (R Core Team, 2018).

2.9.2. Estimation of rare events data

Most of the dependent variables in our logistic regression models are unequally distributed, with fewer callers having a mental disorder compared to callers not having a mental disorder (see Table 1). There are findings from simulation studies (King & Zeng, 2001; Salas-Eljatib et al., 2018) which indicate that significance tests as well as point estimates (e. g., regression coefficients) of logistic regressions are biased if the dependent variable is unequally distributed (i. e., much more 0 than 1). To account for such rare events data and mitigate bias on significance tests as well as point estimates, it is recommended to estimate logistic regression models based on a profile penalized likelihood estimation (Firth, 1993; Heinze & Schemper, 2002). This type of model is often termed as Firth's logistic regression model (Firth, 1993; Heinze & Schemper, 2002). To receive robust estimates and significance tests, we therefore specified all logistic regression models based on the Firth's method, implemented in the package *logistf* (v1.24.1; Heinze & Schemper, 2002) of the statistical software R (R Core Team, 2018).

2.9.3. Effect size magnitude

In the current study, we computed odds ratios as effect sizes. Similar to other effect sizes such as Cohen's d (Cohen, 1992), it is not really clear what constitutes a small, medium or a large odds ratio (Olivier & Bell, 2013). Ferguson (1941, as cited in Olivier & Bell, 2013) indicated that an odds ratio of 2 can be constituted as small, an odds ratio of 3 as medium and an odds ratio above 4 as large. However, these gradations are mere suggestions and lack empirical support (Olivier & Bell, 2013). Bakker et al. (2019) suggest that multiple aspects should be considered before judging the magnitude of an effect size. For example, what do we compare the effect to, what does the sample consists of or what is the context of the study (Bakker et al., 2019). A further difficulty concerning the effect size magnitude interpretation is the lack of empirical evidence on the relationship between gender of the sexually offending person and the occurrence of mental disorders. Effect sizes magnitudes from other studies would facilitate the interpretation of effect sizes found in the current study. Consequently, we refrain from making statements about the magnitude of effect sizes and suggest that the findings from the current study should be compared to results of future studies.

2.9.4. Accounting for multiple testing

Because we tested our main hypothesis – the relationship between gender of the sexually offending person and the occurrence of a mental disorder – multiple times (i. e., 15 in total), we had to correct the significance tests (in our study represented by the confidence intervals) for multiple testing (Moskvina & Schmidt, 2008). We adjusted the α -value of our main hypothesis by using the Bonferroni correction (VanderWeele & Mathur, 2019), and dividing the α -value (i. e., 0.05) by the total number of tests (i. e., 15).

2.9.5. Missing data treatment

We used listwise deletion as missing data treatment. Callers that had a missing value on one of the analysis variables were excluded in the actual analysis. Although there are other more elaborate methods to account for missing data (e. g., multiple imputation, see Enders, 2010), we decided to apply listwise deletion, because the sample size was still above $N = 1000$ after excluding cases with

missing data. This is still a large sample compared to other studies from clinical psychology.

3. Results

The results of the logistic regression models that modelled the relationship between gender of the sexually offending person and occurrence of the respective mental disorders can be found in Tables 4 and 5. According to the results, nine of the fourteen mental disorders had a positive relationship (i. e., $OR > 1$) with gender of the sexually offending person (see Table 4), according to their odds ratios. Callers that were abused by a male, had therefore increased odds of reporting a specific mental disorder, compared to callers that were abused by a female ($1.02 < OR < 3.66$). Five of the fourteen mental disorders had a negative relationship (i. e., $OR < 1$) with gender of the sexually offending person (see Table 4), i. e., callers that were abused by a male had decreased odds of reporting a specific mental disorder, compared to callers that were abused by a female ($0.47 < OR < 0.99$).

When controlling for gender of the affected person, frequency of abuse, and type of abuse, the amount of positive and negative relationships between gender of the sexually offending person and mental disorder changed, compared to the models not controlling for these covariates (see Table 5). In the models that controlled for covariates, seven of the fourteen mental disorders had a positive relationship (i. e., $OR > 1$) with gender of the sexually offending person (see Table 5), according to their odds ratios ($1.04 < OR < 2.21$). Callers that were abused by a male, had increased odds of reporting a specific mental disorder, compared to callers who were abused by a female. Consequently, seven of the fourteen mental disorders had a negative relationship (i. e., $OR < 1$) with gender of the sexually offending person (see Table 5), according to their odds ratios ($0.65 < OR < 0.84$). Callers who were abused by a male, had therefore decreased odds of reporting a specific mental disorder, compared to callers that were abused by a female.

Besides investigating whether there is a relationship between gender of the sexually offending person and the occurrence of specific mental disorders, we also investigated the relationship between gender of the sexually offending person and whether at least one mental disorder was reported (see Tables 4 and 5). In the sample of callers that were abused by a male, the odds of reporting the occurrence of at least one mental disorder increased by 95 % (or by the factor of $OR = 1.95$; see Table 4). When controlling for the covariates gender of the affected person, frequency of abuse, and type of abuse, the magnitude of the odds ratio was mitigated (see Table 5). In the sample of callers that were abused by a male, the odds of reporting the occurrence of at least one mental disorder increased by 84 % (or by the factor of $OR = 1.84$; see Table 5).

However, it is important to note that the confidence intervals of almost all the reported odds ratios in Tables 4 and 5 include the value 1. This indicates that there is no statistically significant difference between the respective odds ratio and the value 1. An odds ratio of 1 would indicate that there is no relationship between gender of the sexually offending person and the occurrence of a specific mental disorder, because a change in the gender of the sexually offending person would lead to a change in the odd of reporting a specific mental disorder by the factor times 1. Merely the confidence interval of the odds ratio between gender of the sexually offending person and the occurrence of at least one mental disorder did not include the value 1 (see Table 4). This indicates that for the respective odds ratio there is a statistically significant difference between the odds ratio and the value 1.

4. Discussion

Up to now, research has focused on long-term consequences of child sexual abuse perpetrated by males or persons with unspecified gender. Qualitative studies suggest that both, FCSA and MCSA, result in similarly severe and long-lasting, albeit different, consequences (e. g., Deering & Mellor, 2011; Denov, 2004). The present study aimed to support the assumption, that FCSA and MCSA can

Table 4
Relationships between gender of the sexually offending person and the respective mental disorder.

Mental disorder	OR	SE	adj. [95 % CI]
Post-traumatic stress disorder	1.75	0.20	0.98, 3.13
Affective disorder	1.15	0.21	0.63, 2.10
Suicidality	0.86	0.25	0.42, 1.76
Non-suicidal self-injury behavior	0.99	0.37	0.34, 2.96
Anxiety disorder	1.50	0.23	0.76, 2.96
Personality disorder	1.02	0.28	0.45, 2.30
Dissociative identity disorder	1.52	0.49	0.36, 6.51
Other dissociative disorders	3.30	0.83	0.29, 38.08
Eating disorder	3.66	0.49	0.88, 15.32
Alcohol addiction	0.48	0.27	0.22, 1.04
Drug addiction	0.55	0.33	0.21, 1.46
Externalized disorder	1.21	0.42	0.36, 4.08
Psychosomatic disorder	1.08	0.24	0.53, 2.18
Schizophrenia	0.47	0.47	0.12, 1.88
Occurrence of any disorder (1 = yes)	1.95	0.30	1.08, 3.50

Note. disorder = the name of the mental disorder; OR = Odds Ratio; SE = standard error of the logits retrieved from Firth's logistic regression model; Adj. [95%CI] = confidence intervals that adjusted for multiple testing ($\frac{\alpha}{15}$), as the main hypothesis was tested $n = 15$ times; Due to case wise deletion in the occurrence of missing data, the sample size reduced to $N = 1.465$.

Table 5

Relationships between gender of the sexually offending person and the respective mental disorder (controlled for gender of the affected individual, frequency of abuse, and type of abuse).

Mental disorder	OR	SE	adj. [95 % CI]	McFadden
Post-traumatic stress disorder	1.44	0.24	0.70, 2.96	0.07
Affective disorder	1.25	0.25	0.59, 2.62	0.05
Suicidality	0.74	0.29	0.31, 1.75	0.04
Non-suicidal self-injury behavior	0.73	0.42	0.22, 2.49	0.02
Anxiety disorder	1.04	0.27	0.48, 2.27	0.03
Personality disorder	0.78	0.32	0.31, 1.99	0.03
Dissociative identity disorder	0.83	0.58	0.15, 4.53	0.06
Other dissociative disorders	1.94	0.84	0.16, 22.94	0.06
Eating disorder	2.21	0.56	0.42, 11.58	0.07
Alcohol addiction	0.84	0.32	0.33, 2.12	0.07
Drug addiction	0.65	0.38	0.21, 2.02	0.01
Externalized disorder	1.10	0.48	0.27, 4.44	0.04
Psychosomatic disorder	1.17	0.29	0.49, 2.75	0.04
Schizophrenia	0.72	0.69	0.09, 5.41	0.00
Occurrence of any disorder (1 = yes)	1.84	0.25	0.88, 3.85	0.07

Note. disorder = the name of the mental disorder; OR = Odds Ratio; SE = standard error of the logits retrieved from Firth's logistic regression model; Adj. [95 % CI] = confidence intervals that were adjusted for multiple testing ($\frac{\alpha}{15}$), as the main hypothesis was tested $n = 15$ times; McFadden = McFadden pseudo R^2 ; We controlled for the following covariates in the model: gender of the victim, frequency of abuse, and type of abuse; Due to case wise deletion in the occurrence of missing data, the sample size reduced to $N = 1.137$.

both be followed by long-lasting consequences, quantitatively. Furthermore, it was investigated whether there are differences between the type of consequences of FCSA and MCSA.

4.1. First finding: similar severe consequences

Of the fourteen mental health disorders assessed in the present study, half were more likely to be reported by callers affected by FCSA and the other half were more likely to be reported by callers affected by MCSA. The findings support our assumption that both, individuals affected by FCSA and MCSA, experience similar severe and long-term consequences of the experienced sexual violence. Previous literature is in line with the finding that there is no increased psychopathology for either, MCSA or FCSA (Bulik et al., 2001; Dube et al., 2005). In their sample of females with experiences of child sexual abuse, Bulik et al. (2001) found that gender of the sexually offending person did not relate to increased risk of later psychopathology. Rather, intercourse at abuse, close relationship to the sexually offending person, as well as force or threats led to greater risk of psychopathology. Additionally, a person's response to disclosure of the abuse increased their risk of psychopathology if they were incredulous, unsupportive, or punitive (Bulik et al., 2001). Dube et al. (2005) suggest the same in a male sample: The negative outcomes of FCSA and MCSA appear to be similar in magnitude.

4.2. Second finding: different specific consequences

Although similar in severity overall, the specific mental disorders reported by both groups differ. In detail, after controlling for gender of the affected individual, frequency of abuse, and type of abuse, callers with experiences of MCSA were more likely to report post-traumatic stress disorder, affective disorders, anxiety disorders, dissociative disorders (other than dissociative identity disorder), eating disorders, externalized disorders, and psychosomatic disorders. Simultaneously, after controlling for the above-named covariates, callers with experiences of FCSA were more likely to report suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol or drug addiction, and schizophrenia.

4.3. Stigmatization and coping

The differences in consequences of FCSA and MCSA are assumed to be due to higher levels of stigmatization of FCSA, which is associated with less disclosure and help seeking behavior and therefore rather leads to internalized and escapist coping strategies: Studies suggest that those affected by FCSA experience more stigmatization, disbelief, and trivialization compared to those affected by MCSA (Hetherington, 1999; Hetherington & Beardsall, 1998; Mellor & Deering, 2010). The stigmatization can be explained by the socio-cultural context which is highly gendered and dominated by patriarchal structures. The reproduction through habitus, the symbolic power and gender classifications leads to maintenance of the stigmatization of males affected by FCSA as it defies the given social practice (Bourdieu, 2001). Besides general societal stigma (e. g., "victim blaming", media representations, narratives, and stereotypes), there is internalized stigma (e. g., self-blame and shame) (Kennedy & Prock, 2016), which was also found to have a particular mediating effect on the development of post-traumatic symptoms after the experience of FCSA and so-called "victim blaming" by the sexually offending person (Schröder et al., 2021). David Finkelhor (1987) describes similar behavioral manifestations of stigmatization in his Four Traumagenic Dynamics Model as found in the present study's results as consequences of FCSA. "Stigmatization, the third

dynamic, refers to the negative messages about the self – evilness, worthlessness, shameful, guilt – that are communicated to the child around the experience” (Finkelhor, 1987, p. 357). According to the model, the psychological impacts associated with the dynamic of stigmatization are guilt, shame, lowered self-esteem, and a sense of differentness from others. Behavioral manifestations of stigmatization are isolation, drug or alcohol abuse, criminal involvement, self-mutilation, and suicide. Several of these behaviors were found in this study as consequences of FCSA, namely suicidality, non-suicidal self-injury behavior, and alcohol or drug addiction.

Stigmatization is a main barrier for help seeking and disclosure (Kennedy & Prock, 2016), such that the highly stigmatized group of affected individuals of FCSA has to apply different coping strategies compared to individuals with experiences of MCSA. Internalized coping (e. g., staying by myself, keeping quiet about the problem; Wamser-Nanney & Campbell, 2020) is associated with long abuse duration, which is explained by prolonged helplessness (Batchelder et al., 2021; Wamser-Nanney & Campbell, 2020). A prolonged helplessness may also arise when individuals, such as those affected by FCSA, feel they are alone in their experiences and cannot talk about them due to fear of disbelief and trivialization as well as insufficient understanding, and wording of the experienced abuse (Deering & Mellor, 2011). Males affected by FCSA appear to have additional issues labeling the experience abuse and rather deny serious consequences due to gender roles in the social-cultural context (Dhaliwal et al., 1996). The resulting internalized coping, also classified as ‘escapist strategy’ (Rosenthal et al., 2005; Tremblay et al., 1999; Walsh et al., 2007), leads to denial, self-blame, dissociation, social withdrawal, as well as substance abuse (Proulx et al., 1995). The consequences of FCSA found in the present study, i. e., avoiding or numbing adverse feelings (e. g., suicidality, non-suicidal self-injury behavior, dissociative identity disorder) and forms of “self-medication” (e. g., alcohol or drug use) appear to relate to these behavioral manifestations of internalized coping and escapist strategies. Wamser-Nanney and Campbell (2020) found that higher levels of maternal blame or doubt were related to higher levels of avoidant coping. This supports the assumption that a main factor for negative coping and self-destructive consequences is the disbelief and trivialization of the surrounding as well as stigmatization by family, professionals, and society. Internalized coping and escapist strategies involve denying the problem and neglecting associated feelings rather than processing and disclosing them. The consequences of FCSA described in the present study might therefore be perceived as disorders resulting from escapist or internalized coping, where feelings and thoughts are silenced or denied (Wamser-Nanney & Campbell, 2020).

4.4. Gender stereotype: friendly female

As discussed above, affected individuals of FCSA might experience different long-term consequences because of less disclosure and help seeking (or finding). Due to the gender stereotype of a friendly female, which results from a highly gendered socio-cultural context, affected children might not understand they experienced violence and injustice and might therefore not be able to express themselves and seek help: Women have much easier access to children compared to men and can more easily hide their sexual grooming and assaults in everyday emotional and physical care at home as well as in educational settings (Banning, 1989; Gewirtz-Meydan et al., 2022; Kaylor et al., 2022). At the same time, there is a gender stereotype that women are in general benevolent, caring, and loving, implying that they cannot do harm (Wiederman, 2005). The gender roles or stereotypes of sexually offending as well as affected individuals seem to be accordingly gender-specific, i. e., males are identified as offending and females as affected. Sociologically, this can be explained by Pierre Bourdieu’s theories of male dominance, practice, and habitus: The social world is postulated to be divided between the genders and to be controlled by the specific construction of opposites, i. e., strong and violent versus weak and inferior (Bourdieu, 2001). It is reproduced by influences like the interfusion with gender classifications, the embodiment of the social hierarchy and the symbolic power which sanctions in case of potential breaches of the given social world (Bourdieu, 2001). The difference between the genders can vary in different social environments but always expresses a hierarchic relationship (Connell, 1999; Eckes, 2008; Popp, 2003). Females are thus not seen as possibly perpetrating and affected children cannot understand or name what they experience and feel when perpetrated by a woman. The feeling of discomfort, disgust, and shame does not go along with the learnt stereotype of a caring and benevolent female. Individuals affected by FCSA, especially males, are confronted with the conflicting classifications and inversion of hierarchy, which leads to a lack of (self-) awareness on the part of those affected (Wyss, 2006) as well as a feeling of insecurity because of the embodiment of the given social hierarchy of significant symbols, symbolic power, and the so-called male dominance (Bourdieu, 2001). The sexually offending woman might have suggested love and sympathy or caused a pleasant physical reaction, which the child (whether in intra- or extrafamilial settings) has enjoyed and at the same time confused (Deering & Mellor, 2011). The affected child or adolescent might therefore be left with an adverse feeling, but no understanding or expression for the experienced injustice and violence, as affected individuals in Gewirtz-Meydan et al. (2022) describe. The consequences identified in cases of FCSA, specifically suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol or drug addiction, and schizophrenia, might reflect in numbing, neglecting, and suppressing of feelings which could not be sorted and understood.

The stereotype of a friendly mother is assumed to be even more pronounced and at the same time, studies suggest that the mother is a frequent sexually offending person within cases of FCSA (Gerke et al., 2019; Gewirtz-Meydan et al., 2022). A woman interviewed by Peter (2008) describes sexual abuse by her mother as more manipulative compared to sexual abuse by another sexually offending individual, because “it is under the banner of love and nurture, which it isn’t” (Peter, 2008, p. 1046). Affected individuals of female, and specifically maternal, sexual abuse experience great confusion, as the offending woman might be nurturing and protecting the child in one situation and abuse it in another (Pflugradt & Allen, 2012). The learnt stereotype of women and specifically mothers, who are supposed to be friendly (“friendly mother illusion”), as well as the unclear feelings leave affected children and adolescents of FCSA confused and unable to perceive what is happening to them (Gewirtz-Meydan et al., 2022), being unable to disclose and seek help and appear to develop different consequences, i. e., numbing, neglecting, and suppressing of feelings as well as escapism and avoidant coping strategies, compared to affected individuals of MCSA.

4.5. Third finding: MCSA more likely to report at least one disorder

Another finding of the current study was that those affected by MCSA were more likely to report at least one disorder compared to those affected by FCSA. This finding might be associated with the above-mentioned gender stereotypes, such that those affected by MCSA can rather recognize the experienced violence as wrong and assaultive and disclose their experience to friends, relatives and/or professionals. Gewirtz-Meydan et al. (2022) describe for example, that maltreatment by offending males received more attention and space in the analyzed narratives compared to abuse committed by females; talking about FCSA appeared to be more difficult because the narratives' authors seemed to have difficulties themselves in believing the experienced sexual abuse by a female offending person, especially if it was the mother (Gewirtz-Meydan et al., 2022). Therefore, those affected by MCSA are rather seen and diagnosed by professionals. Disclosure is a process that takes time and courage for everyone who has experienced child sexual abuse (Azzopardi et al., 2019; Brennan & McElvane, 2020); however, compared to those affected by MCSA, individuals with experiences of FCSA are even more likely to receive trivialization and disbelief when disclosing their experiences to professionals (Hetherington, 1999; Hetherington & Beardsall, 1998; Mellor & Deering, 2010). Specifically, psychiatrists, psychologists, and child protection workers suggested less social service involvement for FCSA compared to MCSA (Mellor & Deering, 2010). Police officers perceived FCSA as having less impact on the child and thus requiring less action by the police officer compared to MCSA (Kite & Tyson, 2004) – findings that can be situated in a broader context of highly gendered constructions as described in the introduction. In a case study, those affected by FCSA describe that therapists' routine questions, i. e., the certain wording, fail to detect uncommon abuse constellations, such as female offending persons or male offended individuals. Moreover, they argue, that professionals need to consider their own biases on male and female sexuality to ensure that they do not trivialize or misinterpret the abuse (Peluso & Putnam, 1996). Overall, the finding on individuals affected by FCSA reporting less likely at least one disorder might be explained by reduced disclosure rate due to stigmatization of FCSA as well as professionals who assume less impact on the affected person as well as less necessity for action and support in case of FCSA.

4.6. Limitations

The sample of the study was a caller population of a Germany-wide telephonic help line for individuals with experiences of child sexual abuse as well as professionals, relatives, and other interested persons. Therefore, a limitation of the study was that it was a convenience sample. However, the sample of the help line is large with almost 20,000 documented calls allowing a closer look at specific groups of affected persons, such as those offended by females, male affected individuals, or else. A limitation of the sample is that a more thorough description of socio-cultural aspects, such as migration background, is not possible. In course of the discussion of gender stereotypes, such information would have been of interest. As the diverse gender group was too small, it was not included the regression analysis. In case, callers mentioned more than one case of child sexual abuse (e. g., intrafamilial abuse as the index case and additionally experiences of abuse in school context), up to five cases could be documented. However, as callers reporting more than one case were relatively few, only the index case was used in the analysis. To ensure the character of a help line, questions were not asked in a standardized manner, but conversations were documented, i. e., the details of the abuse and its consequences were documented when told, but not specifically asked for. This leads to the limitation of the present paper, that there can be missings in the data.

Variables potentially affecting the consequences of child sexual abuse, such as type of relationship between the sexually offending and the offended person, were not included in the analysis. Moreover, it cannot be verified whether the given information on abuse details as well as psychiatric diagnoses are correct and complete. The study examined only a selected group of outcome measures, so a more thorough analysis with more covariates as well as more outcome variables would be interesting. Another limitation of the study was the retrospective data collection. Previous literature has discussed possible biases of retrospective reports, e.g. recollection biases or non-disclosure (Hardt & Rutter, 2004).

With the logistic regression we did control the unequal occurrence of the mental disorders, i. e., the dependent variable. However, there is also an unequal number of sexually offending males and females, i. e., the independent variable, such that, there are more offending males compared to females. This reduces the power of the study, as there are small cell occupations.

Finally, the cross-sectional nature of the current study allows no inference of causality. Therefore, longitudinal studies are needed to disentangle contextual factors that are consequences from those that may be risk factors for traumatic experiences. Despite these limitations, the present study was able to contribute to the understanding of the consequences of child sexual abuse considering perpetrator gender.

4.7. Implications in research and practice

The present study has found similar severe, albeit different, consequences after experiencing child sexual abuse by males versus females. Covariates were gender of the affected individual, frequency of abuse, and type of abuse. Abuse by a relative has been found to be associated with greater risk to develop mental or substance abuse disorders (Bulik et al., 2001). According to that, intrafamilial sexual abuse, e.g. maternal abuse, is a form of FCSA with particular consequences due to the close relationship between affected and offending person (Saradjian, 1997). At the same time, maternal abuse is a taboo topic and mothers are stereotyped by society as caring, protecting, and loving. This makes it difficult for affected individuals to make sense of the abuse and leads to an additional impact of maternal sexual abuse, such as a feeling of betrayal, stigmatization, and impaired identity development (Peter, 2008). An important next step in research on the consequences of FCSA is thus the specific look at intra- and extrafamilial child sexual abuse with a focus on the role of sexually offending mothers.

Based on the theories of male dominance as well as practice and habitus, approaches to the perception of FCSA in society and thus

differently reported consequences of FCSA versus MCSA could be indicated. This raises the question of how male dominance can be resolved and a further step towards acceptance and disclosure of FCSA can be achieved. Bourdieu (2001) emphasizes the importance of historical studies, which can reveal certain constants of male dominance through the work of de-historicization (Bourdieu, 2001, p. 82). This is important because of the process of reproduction of societal gender assignments and symbolic power that are inseparable from history. According to Bourdieu, a process of change requires a long period of adjustment, which science needs in order to create a social discourse, in this case about gender roles and attributions (Bourdieu, 1997, 2001).

In practice, it is important to bring the topic of sexually offending women out of the taboo zone and address it. Gender stereotypes must be reduced so that children learn that they can trust both, men and women, but can also ask for help when experiencing strange and uncomfortable situations with either a woman or a man. A transformation of the given gendered patriarchal socio-cultural context can be realized through a continuous process of transforming measures (Bourdieu, 2001). Bourdieu (2001) addresses science and research to free topics from taboos which opposed the given social-cultural context. Once these topics are controversially discussed by society the doxa can be breached (Bourdieu, 2001; Kraus, 2008). Such a reduction of gender stereotypes would also support male affected individuals as social norms are still barriers for men disclosing child sexual abuse (Sivagurunathan et al., 2019). Professionals need to be aware of the issue of sexually offending women, as well as boys and men who have been sexually offended, and their responsibility to question their own mechanisms and processes of the denial (Tozdan et al., 2019). Only through a sensitive reflecting of gender stereotypes, professionals can believe children with severe consequences of FCSA and take them seriously when being approached.

5. Conclusion

Female-perpetrated child sexual abuse is less frequent compared to male perpetration; however, the present study's findings show that consequences are similarly severe, albeit different. The differences may be due to stigmatization and trivialization by society and professionals leading to less disclosure as well as help seeking behavior and dysfunctional coping mechanisms. Gender stereotypes constructed within the framework of a highly gendered socio-cultural context, specifically regarding the offending of (sexual) violence must be reduced in society and, mainly, professionals. Individuals affected by sexually offending females need to encounter supportive reactions and genuine help.

Declaration of competing interest

None.

Data availability

The data that has been used is confidential.

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