

Female Perpetrated Sexual Abuse: A review of victim and professional perspectives

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Abstract

Professional attitudes towards female-perpetrated sexual abuse (FPSA) reportedly reflect the gender-role expectations found in broader society, which cast males almost exclusively as sexual aggressors or willing sexual recipients, females as sexually non-coercive or victims and male-perpetrated sexual abuse as particularly significant or injurious. Such views, however, appear to stand in contrast to the perspectives of individuals who have experienced FPSA. This paper details a systematic review of peer-reviewed quantitative and qualitative literature examining these different (professional and victim) perspectives. Although the methodological shortcomings of primary papers limit the conclusions that can be drawn, the findings suggest that victim and professional perspectives of FPSA remain discrepant; professionals generally considered FPSA as less serious, less harmful and less deserving of investigation than male-perpetrated abuse; while victims of FPSA felt their experiences influenced significantly their psychological wellbeing and abilities to form and maintain interpersonal relationships. These findings are discussed in relation to professional practice and suggestions for future research.

Keywords Female sexual abuse; perspectives; attitudes; impact

Recent studies suggest that the disclosure of female-perpetrated sexual abuse (FPSA) is increasing (Deering & Mellor, 2011). While female perpetrators remain a minority compared to males, it is estimated that they are responsible for 4-5% of sexual offences (Cortoni, Hanson, & Coache, 2010). However, given that FPSA remains significantly under-reported (Saradjian, 2010), with abused individuals often feeling unable to disclose (Denov, 2004), the prevalence of FPSA may be significantly higher. Indeed, a recent casenote release from a leading UK children's charity reported that of the children contacting them directly to disclose sexual abuse, females were cited as the main perpetrator in 36% of cases reported by boys and 6% of those reported by girls (17% of total reported cases; ChildLine, 2009).

Gender expectations and constructions of femininity have been discussed as affecting societal recognition and responses to FPSA (Allen, 1990; Hislop, 2001; Saradjian & Hanks, 1996), with some authors suggesting that a "culture of denial" (Denov, 2001) exists that places males almost exclusively within the role of aggressor or abuser and females in the role of victim or the abused. Certainly, victims often describe feeling silenced by the lack of acknowledgement of FPSA in broader society (e.g. Allen, 1990; Bader, Scalora, Casady, & Black, 2008; Hetherington, 1999; Mellor & Deering, 2010; Peter, 2006), and can feel isolated from services because of their "unusual" experience (Ogilvie & Daniluk, 1995).

Professionals' attitudes towards FPSA have been found previously to largely reflect the gendered stereotypes found in broader society. Denov (2001) describes the topic of FPSA provoking disbelief and discomfort among healthcare and law professionals, despite these individuals having an increased likelihood of encountering victims of FPSA by virtue of their professional roles. Denov (2001) found that both police officers and psychiatrists described the professional culture and the training they had received as having an exclusively male-perpetrator focus; one participant in particular described men as the "real perpetrators" (p.314) and another remarked that "a woman doesn't have the capacity to sexually assault, it's not in their nature" (p. 315).

Of concern is that professional attitudes appear to impact upon the level of support and recognition that victims of FPSA receive. Peter (2009) found that while 56.2% of referrals to child welfare services for male abuse were made by professionals, only 35% of referrals for female-perpetrated abuse were made by professionals; the remaining two-thirds were made by concerned non-professionals.

The general hesitancy of professionals to recognise FPSA as a significant issue stands in contrast to the experiences of victims of such abuse. The sexual acts carried out by females against children are often similar to those perpetrated by males (Peter, 2009; Rudin, Zalewski, & Bodmer-Turner, 1995), and the psychosexual impact of the abuse appears to be as serious, if not more so, as that of male-perpetrated sexual abuse (Denov, 2004; Kelly, Wood, Gonzalez, MacDonald, & Waterman, 2002; Krug, 1989; Rosencrans, 1997). Nevertheless, victims of FPSA report varied professional responses to their disclosures of abuse, including disbelief or minimisation of the seriousness of the abuse (Denov, 2003, 2004; Hislop, 2001), suggesting a stark divergence between the perspectives held by professionals regarding FPSA and the experiences of the victims. In this systematic review of peer-reviewed literature we examine these different perspectives, with the view that aggregating such information may help to inform professional practice.

Method

Information sources and search criteria

An overview of the literature selection process is outlined in Figure 1. The following online social science and medical databases were searched (with period covered): PsycINFO (1950-2011), Medline (1969-2011), EMBASE (1980-2011), CINAHL (2001-2011), British Nursing Index AND Archive (1985-2011), AMED (1985-2011), Academic Search Elite (1985-2011) and Web of Science (1950-2011). Key terms used were: fem*1 sex* off*, fem* perp* sex* abus*, wom* perp* sex* abus*, wom* sex* abus* child*, victim*, surviv*, profession*, healthcare profession*, perspect*, attitude*, belief*, response*, incest* and impact*. Terms were exploded and used singularly or in conjunction as appropriate to each database.

Inclusion and exclusion criteria

As a pragmatic minimum quality threshold, only peer-reviewed academic papers were included; theses, conference papers, books, policy papers and secondary literature (meta-analyses) were excluded. Qualitative and quantitative studies available in English and published between 1950 and 2011 were included. This broad time-frame and lack of specificity regarding research methodology was in recognition of the narrow nature of the topic and potentially slim number of relevant papers.

Studies were required to detail (1) the perspectives (e.g. attitudes, beliefs, views, etc.) of adult men or women who had been sexually abused by an adult female(s) in childhood; and/or (2) the perspectives (e.g. attitudes, beliefs, views, etc.) of legal and/or health or social care professionals in relation to FPSA. Papers were included only if FPSA data were reported independently or extractable (thus, papers exploring sexual abuse by men and women with merged data were excluded). Studies examining juvenile, child or adolescent female sex offenders were also excluded. Papers reporting incest (e.g. mother-child abuse) were included, as child sex abuse appears to be most frequently intrafamilial and most commonly maternal in the case of FPSA (Saradjian & Hanks, 1996).

Study selection

Initial database searches identified 595 studies potentially relevant for review. A title scan and removal of duplicates by HC and DD independently saw 124 papers remain; these papers were re-examined in more detail (abstract review) and the inclusion and exclusion criteria below were applied independently by HC and DD. Any discrepancies related to the application of inclusion and exclusion criteria were resolved through discussion or through arbitration by RdN. In total, 101 papers were removed, leaving 23 papers eligible for full-text review. The bibliographies of these selected papers were also examined via hand-search by HC and potentially relevant full-text papers not identified during the initial search were obtained (n =6). Application of inclusion and exclusion criteria to full-text articles resulted in the further removal of 16 studies. Thirteen eligible studies remained and were included in the review.

Data abstraction

Studies were classified according to group: (1) professional: legal and/or health or social care professionals and (2) victims of FPSA. The general characteristics and key findings were gathered for all studies and are tabulated in Table I (professional perspectives) and Table II

(victim perspectives). Data abstraction was conducted by HC and DD independently and reviewed by RdN.

Methodological quality

Many standardised assessments exist to assess the methodological quality of published research, although debate persists regarding their value in systematic reviews (e.g. Higgins & Green, 2008). While these tools attempt to standardise the review process, the research suggests that many assessments are unreliable, with quality conclusions being highly variable (Juni, Witschi, Bloch, & Egger, 1999). Furthermore, most quality assessments have been developed for specific application to randomised control trials (RCTs), and thus have little application within systematic reviews that focus on non-RCT studies.

As advocated by the Centre for Reviews and Dissemination (Tacconelli, 2010) and others (e.g. Parker, 2004), we adapted an existing framework, the Newcastle-Ottawa Scale (NOS; Wells et al., 2009), for the review of quantitative papers (see Table III). For the evaluation of qualitative papers, criteria were applied based on the recommendations of Tracy (2010) on qualitative best practice (Table IV), as these criteria are coherent with other qualitative assessment criteria (Kitto, Chesters, & Grbich, 2008; Yardley, 2000). The quality of all studies was rated independently by HC and DD. If discrepancies between raters arose, these were resolved through discussion with RdN as arbitrator.

Results

Methodological characteristics

Quantitative studies (Table III). Six studies used a quantitative methodology; four of these focused on professional perspectives (Gakhal & Brown, 2011; Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) and two on victim perspectives (Duncan & Williams, 1998; Kelly et al., 2002). The quality of studies was variable; participant demographics were detailed adequately in the majority of, but not all, studies and sample representativeness ranged from good (detailing the perspectives of psychologists, psychiatrists and child protection workers; Mellor & Deering, 2010) to moderate (focusing upon probation officers and non-professional perspectives only; Gakhal & Brown, 2011).

Sample sizes ranged from 19 to 361, with a total of 984 participants across studies. Inclusion and exclusion criteria were often reported indirectly rather than stated explicitly, and blinding to the specific nature of the research was often not achieved or factored into the research design. All studies described adequately the measures utilised therein, although some studies used non-standardised measures (Duncan & Williams, 1998; Kite & Tyson, 2004) or adapted measures (Gakhal & Brown, 2011).

Other sources of potential methodological bias were considered; three papers used analogue (vignette design) methodologies (Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010), which may provide good internal validity but potentially compromise ecological validity (Juni, Witschi, Bloch & Egger, 1999). Two studies (Kite & Tyson, 2004; Mellor & Deering, 2010) used postal recruitment methods, leading potentially to self-selecting sample biases, while two further studies (Duncan & Williams, 1998; Kelly et al., 2002) utilised retrospective self-report methods, which can be influenced by recall biases.

Qualitative studies (Table IV). Seven studies used qualitative methodologies; of these, one focused on professional perspectives (Denov, 2001) and six on victim perspectives (Deering & Mellor, 2011; Denov, 2004; Krug, 1989; Ogilvie & Daniluk, 1995; Peter, 2006, 2008). Sample sizes ranged from three to 23, with a total of 78 participants across studies.

Methodological quality of qualitative studies was assessed using criteria adapted from Tracy (2010, see Table IV). In terms of “rich rigour” (the degree to which a study is considered sufficiently rigorous in terms of method, data collection and analysis), a common limitation across studies was the overall absence of methodological description, including research process, data collection, analysis and transcription (Denov, 2001; Krug, 1989; Peter, 2006, 2008), with only one study (Denov, 2004) providing comprehensive detail in this regard.

Most studies demonstrated some level of “reflexivity” (the degree to which the researchers make explicit their own subjective biases and reflect upon how these may impact upon the research process and findings), with two in particular offering detailed accounts of the subjective values, biases and dispositions of the authors, promoting transparency of method (Peter, 2006, 2008). Similarly, most studies demonstrated some level of “credibility”, highlighting the plausibility of the research findings given the methods utilised and the depth of description conveyed within the analysis. One study (Krug, 1989), however, was particularly limited in this regard, with unexplained interpretations informed by the author’s “psychodynamic lens”.

All studies were considered to have made a “significant contribution” to the research area by informing the perspective of potential readers or providing knowledge that could be transferred across different contexts, or to have particular “resonance”, either in terms of a persuasive narrative (Peter, 2006, 2008) or potential clinical impact (Denov, 2004; Mellor & Deering, 2010; Ogilvie & Daniluk, 1995). Similarly, all studies achieved a level of “ethical clarity” through consideration of the broader ethical implications of the research, and all achieved a level of “meaningful coherence” by utilising appropriate theory, methods and procedures to address the stated research aims.

Key findings: professional perspectives

Although professional respondents broadly recognised FPSA as a serious issue (Hetherington & Beardsall, 1998; Mellor & Deering, 2010), there was a general trend across studies to minimise the gravity and impact of FPSA*particularly when compared to abuse perpetrated by males (Denov, 2001; Gakhal & Brown, 2011; Hetherington & Beardsall, 1998; Kite & Tyson, 2004). Professionals commonly reported more favourable attitudes towards female than male perpetrators (Gakhal & Brown, 2011), with a tendency across studies for professionals to indicate that social services involvement (Hetherington & Beardsall, 1998; Mellor & Deering, 2010) and police investigation, prosecution and imprisonment (Hetherington & Beardsall, 1998; Kite & Tyson, 2004; Mellor & Deering, 2010) were significantly less appropriate in FPSA cases than in cases involving a male perpetrator. Interestingly, Hetherington and Beardsall (1998) also found that perpetrator gender was considered a significant factor when assessing the believability of an abuse allegation, and Kite and Tyson (2004) found that length of professional service appeared to correlate negatively with perceptions of seriousness of FPSA and the need for further investigation among police officers. Although some discrete examples were apparent within the literature (e.g. Hetherington & Beardsall, 1998; Mellor & Deering, 2010), no consistent significant differences between the perspectives of male and

female professional respondents, or between different professional groups, were strongly evident across studies.

Key findings: victim perspectives

The majority of studies detailing victim perspectives focused on the effect of FPSA on interpersonal relationships. Recurrent themes of victims feeling betrayed by their female abuser (Denov, 2004; Ogilvie & Daniluk, 1995; Peter, 2006, 2008) having significant difficulties forming, maintaining or functioning within adult relationships (Deering & Mellor, 2011; Duncan & Williams, 1998; Kelly et al., 2002; Krug, 1989; Peter, 2008), having a deep mistrust of women (Deering & Mellor, 2011; Denov, 2004; Peter, 2008) and feeling socially isolated (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995; Peter, 2008) were evident across studies. Victims of FPSA also reported mistrust of professionals, either through fearing that their disclosure of FPSA would be disbelieved (Peter, 2008) or through having direct experience of such professional responses (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995).

The impact of FPSA specifically on sexual relationships was also highlighted within some studies, with participants reporting increased sexual difficulties (Kelly et al., 2002), sexual discomfort (Denov, 2004), sexuality confusion (Deering & Mellor, 2011; Denov, 2004; Duncan & Williams, 1998) or, in some cases, increased sexual promiscuity or problematic sexual behaviour during adolescence (Duncan & Williams, 1998) and/or adulthood (Deering & Mellor, 2011; Duncan & Williams, 1998; Krug, 1989).

All studies focusing on victim perspectives also detailed some aspect of the impact of FPSA on psychological wellbeing. Victims reported self-hatred, low self-esteem and self-loathing (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995), deserving of further abuse (Ogilvie & Daniluk, 1995), feeling dirty (Peter, 2008) and feeling stigmatised and shamed (Ogilvie & Daniluk, 1995; Peter, 2008). Increased prevalence of depressive symptomology was also reported commonly (Deering & Mellor, 2011; Denov, 2004; Krug, 1989), as was suicidality, self-injury (Denov, 2004) and dissociation (Kelly et al., 2002), in addition to potential maladaptive coping strategies such as substance misuse (Denov, 2004), drug addiction (Krug, 1989; Peter, 2008) and increased alcohol consumption (Peter, 2008). Victims also commonly reported elevated anger and aggression (Deering & Mellor, 2011; Denov, 2004; Kelly et al., 2002; Peter, 2006), either in response to what they perceived as their “loss of innocence” (Deering & Mellor, 2011), their current level of overall functioning (Kelly et al., 2002) or anger directed specifically towards their female abuser (Denov, 2004).

It is important to note, however, that not all victims reported negative psychological sequelae as a result of FPSA; some individuals reported a sense of confusion regarding their experiences, feeling a mixture of positive and negative emotions towards the abuse, themselves (Deering & Mellor, 2011; Ogilvie & Daniluk, 1995) and the perpetrator (Peter, 2006). One participant in Denov’s (2004) study felt that the abuse had not caused him any long-term harm, although Denov notes that that individual also had adult convictions for sexual offences against children. Kelly et al. (2002) found that some individuals who had experienced mother-son incest had positive and mixed feelings about the abuse at the time of the abuse, although due to the retrospective nature of the question posed (e.g. “At that time [of the abuse], did you feel that this sexual experience was abusive?”; p. 429, parentheses added) it is not clear from the study whether these perceptions were accurate (e.g.

retrospective bias) or continued into adulthood. Two participants within Deering and Mellor's (2011) study reported feeling "physically strong" following their experience of FPSA, a finding that the authors suggested may be related to the different sexual experiences of these participants compared to their age-related peers. Positive initial perceptions of FPSA have been identified previously among male survivor samples (Haugaard & Emery, 1989), suggesting that perceptions may be influenced by gender. However, FPSA has been suggested to be most affecting when the perpetrator is related to the victim, if the abuse occurred during childhood or infancy and if the abuse was experienced as coercive (Kelly et al., 2002).

Discussion

This review explored perspectives of FPSA from the viewpoint of both victims of such abuse and the individuals who may come into contact with them by virtue of their professional roles. In general terms, the findings suggest a level of disparity between the two groups; while no professionals dismissed entirely the potentially harmful impact of FPSA, there was a tendency for the seriousness of such abuse to be minimised or to warrant less professional or legal attention than male-perpetrated abuse. In contrast, however, the majority of victims of FPSA reported that the abuse had had a significant impact upon their psychological wellbeing, including their ability to form and maintain healthy social and sexual relationships—a finding consistent with the reports of individuals who have experienced male-perpetrated sexual abuse (e.g. Davis & Petretic-Jackson, 2000; Neumann, Houskamp, Pollock, & Briere, 1996).

The reasons for discrepancies between victim and professional perspectives are likely to be complex, but are perhaps rooted in the way in which society understands womanhood and femininity. Culturally, women are viewed as nurturers, mothers and sexually submissive when compared to males (Allen, 1990). The suggestion that women can be sexually abusive provokes unease and disbelief, and as Mayer observes (1992, p. 5): "society does not perceive females as abusers; they are stereotyped as physically and psychologically incapable of victimising". Indeed, the concept of sexually abusive women appears to provoke such discomfort that society may try to reframe or transform the phenomenon into something explainable (e.g. women perpetrators are coerced by men or are profoundly mentally unwell; Denov, 2004). Traditional sexual scripts not only potentially constrict the ability of society to acknowledge "unconventional" narratives about sexual abuse (Finkelhor & Russell, 1984), but also appear to facilitate more lenient (or sometimes dismissive) attitudes and beliefs among professionals towards females who sexually abuse and the victims of such abuse.

Given such a societal context, it is perhaps not surprising that many victims do not disclose FPSA and, of those who do, significant proportions report not being believed (Deering & Mellor, 2011). Professional minimisation has damaging implications for victims who already fear judgement (Ogilvie & Daniluk, 1995), and there appears to be a need for professionals to broaden their conceptualisation of sexual abuse to account for the experiences of these individuals.

Another common finding across studies was the impact of FPSA on intimate and social relationships, underpinned by a mistrust of others (particularly women; Deering & Mellor, 2011; Duncan & Williams, 1998; Krug, 1989; Peter, 2008). Pervasive mistrust has implications for therapeutic relationships and is likely to lead to hesitation when confiding in

professionals; in turn, disbelieving or invalidating professional responses may have serious deleterious effects for individuals trying to move towards rebuilding their capacity to trust others and receive support. Furthermore, FPSA also appears to impact upon some individuals' senses of self and esteem, with some victims reporting that they "deserve" further abuse (Ogilvie & Daniluk, 1995); this may reduce these individuals' abilities to challenge unhelpful professional responses, or to feel further shamed and stigmatised by such responses. In contrast, positive and informed professional responses are likely to be important if victims are going to seek help and to benefit from the therapeutic process; professionals thus have a duty to ensure that such experiences are acknowledged, accepted and discussed as sensitively as male-perpetrated abuse. However, it appears from the literature sourced for this review that more research on the specific factors that contribute to therapeutic progress with individuals who have experienced FPSA would be beneficial, as would a clearer understanding of the factors that may facilitate or inhibit their disclosure of FPSA to relevant professionals. This research would inform professional practice and would help to bridge the current gap between victim and professionals' perspectives of FPSA.

Limitations

This review offers a systematic overview of current literature in the field, providing a comparative view of perspectives on FPSA at a time of increased media attention and interest in female violence and "dangerous women" (McIvor, 2004). However, there are a number of limitations within the current review and the broader literature which limit the conclusions that can be made. First, only academic peer-reviewed literature was included, excluding unpublished and published non-peer-reviewed findings. Although this exclusion criterion was introduced in order to theoretically improve scientific and methodological quality, given the limited research in this area and the potential for publication bias, future reviews would benefit from sourcing the so-called "grey literature" and policy documentation.

Secondly, the selected studies varied significantly according to quality, and while all papers were considered as offering a meaningful contribution to a largely under-researched area, the absence of methodological clarity and transparency (particularly within the sourced qualitative papers) is noted. In the current review, considerable differences in methodology (e.g. vignette design, semi-structured interviews, postal questionnaires, etc.), procedural robustness, sample sizes and poor transparency of analysis (particularly in qualitative papers) were all apparent across studies, limiting the ability to synthesise findings into a fully coherent and accurate narrative, and to generalise the findings to broader samples.

Thirdly, our decision to include studies which used both qualitative and quantitative methodologies undoubtedly compounded the heterogeneity within the reviewed studies, although excluding research on the basis of the methodology utilised rather than on methodological quality alone is similarly problematic and may overlook key information.

Finally, the terminology we adopted (e.g. victim) may have had a significant effect on the literature identified and reviewed, and therefore the perspectives obtained: individuals who have similar experiences to those reported here*but who do not identify with the label "victim"*may hold very different perspectives regarding their experiences. Future research examining the effects of terminology on perceptions, disclosure decisions and psychological sequelae would be beneficial to further clinical and academic understanding of these potentially complex interactions.

Notes

1. The * suffix allows for truncation of the search term. For example, the term fem* sex* off* will search for female sex offender, female sexual offences, female sexual offenders, etc. providing a broader search of the literature.
2. Only the authors' key findings and main effects (p B.01) are reported here to protect against potential Type 1 error associated with multiple comparisons.
3. The term 'psychologist' combines both 'psychologists' (n =99) and 'probationary psychologists' (n =28) from the original paper.

References

- Allen, C. (1990). Women as perpetrators of child sexual abuse: Recognition barriers. In A. Horton, B. Johnson, L. Roundy & D. Williams (Eds.), *The incest perpetrator: A family member no one wants to treat* (pp. 108-125). Newbury Park: Sage Publications.
- Bader, S. M., Scalora, M. J., Casady, T. K., & Black, S. (2008). Female sexual abuse and criminal justice intervention: a comparison of child protective service and criminal justice samples. *Child abuse & neglect*, 32(1), 111-119. doi:[10.1016/j.chiabu.2007.04.014](https://doi.org/10.1016/j.chiabu.2007.04.014)
- ChildLine. (2009). ChildLine Casenotes: Calls to ChildLine about Sexual Abuse. London, UK: NSPCC.
- Cortoni, F., Hanson, R. K., & Coache, M. E. (2010). The recidivism rates of female sexual offenders are low: A meta- analysis. *Sexual Abuse: A Journal of Research and Treatment*, 22(4), 387-401.
- Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression and Violent Behavior*, 5(3), 291-328. doi:[10.1016/S1359-1789\(99\)00010-5](https://doi.org/10.1016/S1359-1789(99)00010-5)
- *Deering, R., & Mellor, D. (2011). An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of child sexual abuse*, 20(1), 58-76. doi:[10.1080/10538712.2011.539964](https://doi.org/10.1080/10538712.2011.539964)
- *Denov, M. S. (2001). Culture of Denial: Exploring Professional Perspectives on Female Sex Offending. *Canadian Journal of Criminology*, 43, 303.
- Denov, M. S. (2003). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child abuse & neglect*, 27(1), 47-61. doi:[10.1016/S0145-2134\(02\)00509-4](https://doi.org/10.1016/S0145-2134(02)00509-4)
- *Denov, M. S. (2004). The Long-Term Effects of Child Sexual Abuse by Female Perpetrators: A Qualitative Study of Male and Female Victims. *Journal of Interpersonal Violence*, 19(10), 1137-1156. doi:[10.1177/0886260504269093](https://doi.org/10.1177/0886260504269093)
- *Duncan, L. E., & Williams, L. M. (1998). Gender role socialization and male-on-male vs. female-on-male child sexual abuse. *Sex roles*, 39(910), 765-785. doi:[10.1023/A:1018864202537](https://doi.org/10.1023/A:1018864202537)
- Finkelhor, D., & Russell, D. (1984). Women as perpetrators: Review of the evidence. *Child sexual abuse: New theory and research*, 171-187.
- *Gakhal, B. K., & Brown, S. J. (2011). A comparison of the general public's, forensic professionals' and students' attitudes towards female sex offenders. *Journal of sexual aggression*, 17(1), 105-116. doi:[10.1080/13552600.2010.540678](https://doi.org/10.1080/13552600.2010.540678)
- Haugaard, J. J., & Emery, R. E. (1989). Methodological issues in child sexual abuse research. *Child abuse & neglect*, 13(1), 89-100. doi:[10.1016/0145-2134\(89\)90032-X](https://doi.org/10.1016/0145-2134(89)90032-X)

- Hetherington, J. (1999). The idealization of women: Its role in the minimization of child sexual abuse by females. *Child abuse & neglect*, 23(2), 161-174. doi:[10.1016/S0145-2134\(98\)00119-7](https://doi.org/10.1016/S0145-2134(98)00119-7)
- *Hetherington, J., & Beardsall, L. (1998). Decisions and attitudes concerning child sexual abuse: does the gender of the perpetrator make a difference to child protection professionals? 1. *Child abuse & neglect*, 22(12), 1265-1283. doi:[10.1016/S0145-2134\(98\)00101-X](https://doi.org/10.1016/S0145-2134(98)00101-X)
- Higgins, J. P. T., & Green, S. (2008). *Cochrane handbook for systematic reviews of interventions* (Vol. 5): Wiley Online Library. doi:[10.1002/9780470712184](https://doi.org/10.1002/9780470712184)
- Hislop, J. (2001). Female sex offenders: What therapists, law enforcement and child protective services need to know. *Recherche*, 67, 02.
- Holmes, G. R. G., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17(1), 69-88. doi:[10.1016/S0272-7358\(96\)00047-5](https://doi.org/10.1016/S0272-7358(96)00047-5)
- Juni, P., Witschi, A., Bloch, R., & Egger, M. (1999). The hazards of scoring the quality of clinical trials for meta-analysis. *JAMA: the journal of the American Medical Association*, 282(11), 1054-1060. doi:[10.1001/jama.282.11.1054](https://doi.org/10.1001/jama.282.11.1054)
- *Kelly, R. J., Wood, J. J., Gonzalez, L. S., MacDonald, V., & Waterman, J. (2002). Effects of mother-son incest and positive perceptions of sexual abuse experiences on the psychosocial adjustment of clinic-referred men. *Child abuse & neglect*, 26(4), 425-441. doi:[10.1016/S0145-2134\(02\)00317-4](https://doi.org/10.1016/S0145-2134(02)00317-4)
- *Kite, D., & Tyson, G. (2004). The impact of perpetrator gender on male and female police officers' perceptions of child sexual abuse. *Psychiatry, Psychology and Law* 11(2), 308-318. doi:[10.1375/pplt.2004.11.2.308](https://doi.org/10.1375/pplt.2004.11.2.308)
- Kitto, S. C., Chesters, J., & Grbich, C. (2008). Quality in qualitative research. *Medical Journal of Australia*, 188(4), 243-246.
- *Krug, R. S. (1989). Adult male report of childhood sexual abuse by mothers: Case descriptions, motivations and long-term consequences. *Child abuse & neglect*, 13(1), 111-119. doi:[10.1016/0145-2134\(89\)90034-3](https://doi.org/10.1016/0145-2134(89)90034-3)
- Mayer, A. (1992). *Women sex offenders: Treatment and dynamics*. Holmes Beach: FL:Learning. McIvor, G. (2004). *Women who offend* (Vol. 44): Jessica Kingsley Publishers.
- *Mellor, D., & Deering, R. (2010). Professional response and attitudes toward female-perpetrated child sexual abuse: a study of psychologists, psychiatrists, probationary psychologists and child protection workers. *Psychology Crime & Law* 16(5), 415-438. doi:[10.1080/10683160902776850](https://doi.org/10.1080/10683160902776850)

- Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child maltreatment, 1*(1), 6-16. doi:[10.1177/1077559596001001002](https://doi.org/10.1177/1077559596001001002)
- *Ogilvie, B., & Daniluk, J. (1995). Common Themes in the Experiences of Mother-Daughter Incest Survivors: Implications for Counseling. *Journal of Counseling & Development, 73*(6), 598-602. doi:[10.1002/j.1556-6676.1995.tb01802.x](https://doi.org/10.1002/j.1556-6676.1995.tb01802.x)
- Parker, I. (2004). Criteria for qualitative research in psychology. *Qualitative Research in Psychology, 1*(2), 95-106. doi:[10.1191/1478088704qp010oa](https://doi.org/10.1191/1478088704qp010oa)
- *Peter, T. (2006). Mad, bad, or victim? Making sense of mother-daughter sexual abuse. *Feminist Criminology, 1*(4), 283-302. doi:[10.1177/1557085106292779](https://doi.org/10.1177/1557085106292779)
- *Peter, T. (2008). Speaking About the Unspeakable: Exploring the Impact of Mother-Daughter Sexual Abuse. *Violence Against Women, 14*(9), 1033-1053. doi:[10.1177/1077801208322057](https://doi.org/10.1177/1077801208322057)
- Peter, T. (2009). Exploring Taboos Comparing Male-and Female-Perpetrated Child Sexual Abuse. *Journal of Interpersonal Violence, 24*(7), 1111-1128. doi:[10.1177/0886260508322194](https://doi.org/10.1177/0886260508322194)
- Rosencrans, B. (1997). *The last secret: Daughters sexually abused by mothers*: Safer Society Press (Brandon, Vt.).
- Rudin, M. M., Zalewski, C., & Bodmer-Turner, J. (1995). Characteristics of child sexual abuse victims according to perpetrator gender. *Child abuse & neglect, 19*(8), 963-973. doi:[10.1016/0145-2134\(95\)00058-G](https://doi.org/10.1016/0145-2134(95)00058-G)
- Saradjian, J. (2010). Understanding the Prevalence of Female Perpetrated Sexual Abuse and the Impact of That Abuse on Victims. In T. A. Gannon & F. Cortoni (Eds.), *Female Sexual Offenders: Theory, Assessment and Treatment* (pp. 9- 30). Chichester, West Sussex: Wiley-Blackwell.
- Saradjian, J., & Hanks, H. G. I. (1996). *Women who sexually abuse children: From research to clinical practice*: John Wiley & Sons New York, NY.
- Tacconelli, E. (2010). Systematic reviews: CRD's guidance for undertaking reviews in health care. *The Lancet Infectious Diseases, 10*(4), 226. doi:[10.1016/S1473-3099\(10\)70065-7](https://doi.org/10.1016/S1473-3099(10)70065-7)
- Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative inquiry, 16*(10), 837-851. doi:[10.1177/1077800410383121](https://doi.org/10.1177/1077800410383121)
- Wells, G., Shea, B., O'Connell, D., Peterson, J., Welch, V., Losos, M., & Tugwell, P. (2009). The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. Ottawa Health Research Institute. Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228. doi:[10.1080/08870440008400302](https://doi.org/10.1080/08870440008400302)

An asterisk (*) denotes that the paper was incorporated within the current review.

Figures and Tables

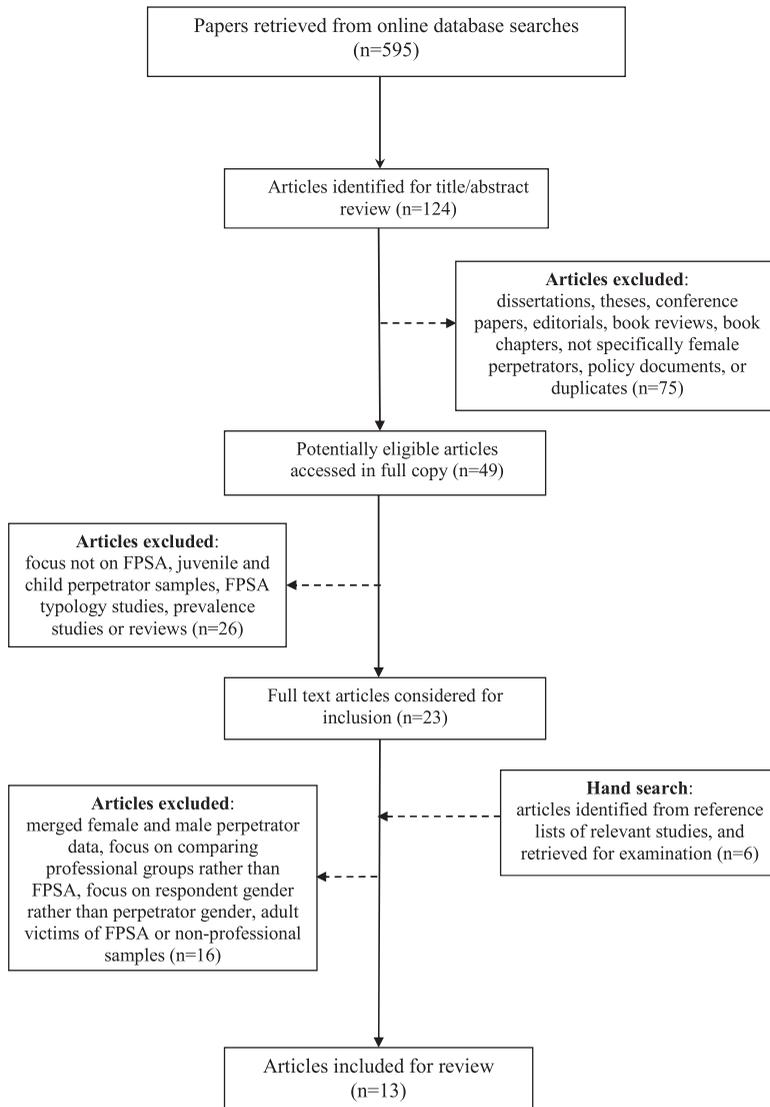


FIGURE 1. Quorum diagram outlining the selection process.

Table I. General characteristics and key findings of studies reporting professional perspectives

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
1. Mellor & Deering (2010) ² Australia	Quantitative Questionnaires Vignettes Analysis Inferential statistics	Professional perspective Psychologists ³ (<i>n</i> = 127) Psychiatrists (<i>n</i> = 43) Child Protection workers (<i>n</i> = 61) Total (<i>n</i> = 231) Gender Females (<i>n</i> = 172) Males (<i>n</i> = 59) Age range <35 years (<i>n</i> = 75) 35–50 years (<i>n</i> = 89) >50 years (<i>n</i> = 67)	<ul style="list-style-type: none"> ● All professionals indicated Social Services involvement**, investigation**, prosecution***, and imprisonment*** more appropriate when perpetrators are male compared to female ● All professionals indicated male-perpetrated abuse more negatively affects victims than FPSA*** ● Female respondents believed victims of FPSA would be less negatively affected than victims of male perpetrators** and felt prosecution of female perpetrators not appropriate** compared to male respondents ● Both male and female respondents felt imprisonment of female perpetrators was less appropriate** than imprisonment of male perpetrators ● Psychologists less likely to consider imprisonment of female perpetrators as appropriate than other professionals** ● Child Protection workers considered female sexual abuse as more serious and warranting further attention compared to other professionals*** ● Only the authors' key findings and main effects (<i>p</i> < .01) are reported here to protect against potential Type 1 error associated with multiple comparisons. ● The term “psychologist” combines both “psychologists” (<i>n</i> = 99) and “probationary psychologists” (<i>n</i> = 28) from the original paper.
2. Hetheron & Beardsall (1998) UK	Quantitative Questionnaires Vignettes Analysis Inferential statistics	Perspective Social workers (<i>n</i> = 65) Police (<i>n</i> = 65) Total (<i>n</i> = 130) Gender Females (<i>n</i> = 64) Males (<i>n</i> = 66) Age range 35–44 years	<ul style="list-style-type: none"> ● All groups highly endorsed attitudes that FPSA exists, is harmful, and felt therapy suitable for both perpetrators and victims ● Evidence of minimisation of FPSA across professionals: all groups felt that registration of incidents of male perpetrated abuse was significantly more appropriate than registration of FPSA incidents* and considered imprisonment to be significantly more appropriate for male perpetrators than females** ● Perpetrators gender was considered significant to professionals when rating believability of abuse allegation** ● Female social workers felt prosecution was more appropriate for female perpetrators** and viewed therapy for victims as more appropriate than did policewomen** ● Male social workers considered social services involvement less necessary in FPSA cases** ● Policemen felt imprisonment less appropriate for female offenders** and perceived female abusers as less harmful compared to other professionals**

Table I (Continued)

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
3. Kite & Tyson (2004) Australia	Quantitative Questionnaire Vignettes Analysis Inferential statistics	Professional perspective Police ($n = 361$) Total ($n = 361$) Gender Females ($n = 202$) Males ($n = 159$) Age range 19–57 years (mean = 34 years)	<ul style="list-style-type: none"> • Overall, FPSA was considered less serious**, as having potentially less impact on the victim**, and requiring less police action** than male perpetrated sexual abuse • There was no relationship between perceived seriousness, impact or the need for action and police officer gender • Length of professional police service correlated negatively with perceived seriousness*, need for further action**, and perceived impact on victim*
4. Denov (2001) Canada	Qualitative Semi-structured interviews Direct observation Analysis Not stated: query Discourse Analysis	Professional perspective Police officers ($n = 13$) Psychiatrists ($n = 10$) Total ($n = 23$) Gender Females ($n = 5$) Males ($n = 18$) Age range 35–60 years	<ul style="list-style-type: none"> • Professional training only focuses on males as sexual offenders/aggressors • Professional language reflects these gendered stereotypes • Professional narratives minimise female sexuality, violence and ability to be perpetrators • Constructions of female sex offenders as harmless (e.g. educating male victim), not dangerous, and reconstructing the nature of abuse (e.g. male victim enjoyed sexual act) apparent in discourse • Potential implications: <ul style="list-style-type: none"> • Professionals less likely to intervene in FPSA cases • Perpetrators will not develop insight • Re-victimisation of victims whose accounts are overlooked or minimised
5. Gakhal & Brown (2011) UK	Quantitative Questionnaire Analysis Inferential statistics	Professional perspective Public ($n = 92$) Probation officers ($n = 20$) Psychology students ($n = 64$) Total ($n = 176$) Gender Not stated Age range Not stated	<ul style="list-style-type: none"> • Probation officers held more positive attitudes towards female sex offenders than samples of the public and students*** • Probation officers reported significantly more positive attitudes towards male sex offenders than previously published professional attitudes (prison officers, probation officers and psychologists; Hogue, 1993; Craig, 2005, cited in Gakhal & Brown, 2011)***

Note: For quantitative studies the following significance indicators are used: * $p < .05$; ** $p < .01$; *** $p < .001$. FPSA: female-perpetrated sexual abuse.

Table II. *General characteristics and key findings of studies reporting victim perspectives*

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
6. Peter (2008) Canada	Qualitative Semi-structured Interviews Analysis Not Stated	Victim perspective Total ($n=8$) Gender Females ($n=8$) Males ($n=0$) Age range Adults—age not stated Abuse perpetrator Mother ($n=6$) Grandmother ($n=1$) Stepmother ($n=1$) Victim age at onset 6–13 years Duration of abuse 7 years (mean) Form of abuse Genital contact/fondling ($n=8$) Oral sex/penetration ($n=5$)	<ul style="list-style-type: none"> ● Coping strategies (living with FPSA) <ul style="list-style-type: none"> • Resilience— school, friends, culture • Destructive strategies— self injury, drug and alcohol use, running away • Seeking expert help as adults— mixed disclosure experiences, feeling excluded from mainstream support services ● Resisting (living through FPSA) <ul style="list-style-type: none"> • Methods— hiding, dissociation, escape and suicide • Silent ways of “saying no”, showing resilience within abuse • Betrayals— fearing disbelief of disclosure, disclosing male but not female abuse • FPSA was undetected by child and family services ● Surviving abuse (moving on) <ul style="list-style-type: none"> • Mistrust in women • Betrayal— shattered construction of women as caring • Isolation— withdrawing, feeling “dirty” • Poverty— result of trauma, rebuilding lives • Race— limiting access and treatment by services ● Implications <ul style="list-style-type: none"> • Constructions of women and violence as barriers to recognition of FPSA • Wider themes around: stigmatisation, lowered self-esteem, impaired identity development and difficulty forming relationships acknowledged but not fully explored

Table II (Continued)

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
7. Ogilvie & Daniluk (1995) Canada	Qualitative Unstructured clinical interview Analysis Phenomenological analysis	Victim perspective Total ($n = 3$) Gender Females ($n = 3$) Males ($n = 0$) Age range 34.3 years (mean) Abuse perpetrator Mother ($n = 3$) Victim age at onset Infancy Duration of abuse 6–11 years Form of abuse Voyeurism, exploitation, kissing, fondling, oral sex, vaginal and anal penetration	<ul style="list-style-type: none"> ● Shame and stigmatisation <ul style="list-style-type: none"> • Isolation and feeling “different” • Shame of having been abused by a female perpetrator specifically • Reinforced by society’s stereotypes of women • Responses of disgust and disbelief from professionals ● Sense of betrayal <ul style="list-style-type: none"> • Shared gender with mothers who should be “caring” and “empathic” ● Self-blame <ul style="list-style-type: none"> • Doubt, self-hate and low self-esteem • Self as “wrong” and “deserving” ● Identification with and differentiation from mother <ul style="list-style-type: none"> • Identity conflict and confusion • Fear of being a mother and abuser
8. Krug (1989) USA	Qualitative Unstructured clinical interview Analysis Not stated	Victim perspective Total ($n = 8$) Gender Females ($n = 0$) Males ($n = 8$) Age range 29 years (mean) Abuse perpetrator Mother ($n = 8$) Victim age at onset Infancy to teens Duration of abuse Not specified Form of abuse Intercourse, intimate sexual contact, sexual aggression and “seductiveness”	<ul style="list-style-type: none"> ● All participants expressed difficulties maintaining long-term relationships ● Seven participants were carers for their parent (perpetrator) ● Seven participants experienced depression in adulthood ● Six participants reported multiple concurrent sexual partners ● Five participants reported becoming significantly involved with drugs and had multiple presenting problems ● Three participants reported “sexual identity problems”

Table II (Continued)

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
9. Kelly, Wood, Gonzalez, MacDonald & Waterman (2002) USA	Quantitative Questionnaires Analysis Inferential statistics	Victim perspective Total ($n = 19$) Gender Females ($n = 0$) Males ($n = 19$) Age range 18–57 years (mean 33.7 years) Abuse perpetrator Mother ($n = 17$) Other female ($n = 2$) Victim age at onset 6.8 years (mean) Duration of abuse 3.8 years (mean) Form of abuse Not specified	<ul style="list-style-type: none"> • Mother–son incest found to relate to increased sexual problems*, dissociation*, aggression*, interpersonal problems** and total symptomology* on a self-report problem checklist • Individuals abused by females were more likely to report heterosexual sexual orientation than those abused by males only* • Mother–son incest linked to positive and “mixed” perceptions of abuse*
10. Denov (2004) Canada	Qualitative Semi-structured interview Analysis Not stated— query thematic analysis	Victim perspective Total ($n = 14$) Gender Females ($n = 7$) Males ($n = 7$) Age range 23–59 years Abuse perpetrator Mother ($n = 6$) Mother and intrafamilial female ($n = 3$) Sister and neighbour ($n = 1$) Extrafamilial female ($n = 4$) Victim age at onset 5 years (mean) Duration of abuse 6 years (mean) Form of abuse Severe ($n = 9$; intercourse; penetration) Moderate ($n = 10$; contact; fondling) Mild ($n = 14$; kissing; sexual invitation)	<ul style="list-style-type: none"> • Seven victims (50%) had been abused by men and women—all rated the FPSA as more harmful and more damaging • Victims abused by women reported a greater sense of betrayal • 93% ($n = 13$) of victims reported the FPSA as damaging and difficult to recover from • Reported long-term effects of FPSA included: substance misuse (57%), self-injury (36%), suicidal ideation (79%), suicide attempts (55%), depression (64%), rage (100%), rage towards abuser (36%), mistrust of women (100%), retaliation against women (29%), self-concept and identity issues (57%), discomfort with sex (100%), fear of abusing children (86%), and reported sexual abuse of children (29%)

Table II (Continued)

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
11. Peter (2006) Canada	<p>Qualitative Semi-structured interviews Analysis Not stated</p>	<p>Victim perspective Total ($n=8$) Gender Females ($n=8$) Males ($n=0$) Age range Adults—age not stated Abuse perpetrator Mother ($n=6$) Grandmother ($n=1$) Stepmother ($n=1$) Victim age at onset 6–13 years Duration of abuse 7 years (mean) Form of abuse Genital contact/fondling ($n=8$) Oral sex/penetration ($n=5$)</p>	<ul style="list-style-type: none"> ● All victims were sexually abused by lone female and most ($n=7$) experienced concurrent violent abuse ● Perspective of perpetrators as “bad”: <ul style="list-style-type: none"> • All participants described the female perpetrators as “bad” • Failure of perpetrator to “protect” and “care” • Conflicting discourses— rationalisation of perpetrators behaviour by victims • Social influence: preferable to see women perpetrators as “victims”— particularly mothers ● Perspective of perpetrators as “mad”: <ul style="list-style-type: none"> • None of the victims’ perpetrators had a formal diagnosis of mental illness • Most victims believed mothers had undiagnosed mental health problems • Coping strategy: mental illness helps “make sense” of the abuse ● Perspective of perpetrators as “victims”: <ul style="list-style-type: none"> • Recognition of perpetrators history of abuse • Recognition of social context: limitations according to gender and power • Discourses around perpetrator choice and responsibility ● Other themes: <ul style="list-style-type: none"> • Victims discussed observing other mothers, feeling isolated, angry, and feeling their personal recovery is inhibited by society not acknowledging FPSA

Table II (Continued)

Author(s) and location	Methodology	Sample characteristics	Summary points and key findings
12. Duncan & Williams (1998) UK	Quantitative Questionnaires Analysis Inferential statistics	Victim perspective Total ($n = 67$) Gender Females ($n = 0$) Males ($n = 67$) Age range 22–35 years (mean 26.5 years) Abuse perpetrator Acquaintances/friends of family Victim age at onset Not specified Duration of abuse Not specified Form of abuse Contact, fondling, intercourse	<ul style="list-style-type: none"> • 62.7% ($n = 42$) of individuals had experienced abuse by both females and males while 37.3% ($n = 25$) had been abused by females only • Most participants had multiple sexually abusive experiences • Victims of FPSA involving coercion were more likely to compulsively masturbate as teens* and be sex offenders in adulthood* than those abused by men only or those with no sexually abusive histories • Victims of FPSA involving coercion were also more likely to report higher violence within intimate relationships compared to a non-abused comparison group*
13. Deering & Mellor (2011) Australia	Qualitative Survey Analysis Not stated	Victim perspective Community sample Total ($n = 14$) Gender Females ($n = 5$) Males ($n = 9$) Age range 29–64 years (mean = 44.6) Abuse perpetrator Mother ($n = 2$) Sister ($n = 2$) Aunt ($n = 1$) Cousin ($n = 1$) Teacher ($n = 4$) Other extrafamilial female ($n = 7$) Victim age at onset 7 years (mean) Duration of abuse 2.5 years (mean) Form of abuse “Seduction” to penetration and intercourse	<ul style="list-style-type: none"> • All victims were abused by a lone perpetrator • Two victims reported multiple experiences of FPSA by different females and three had also been separately abused by males • 79% ($n = 11$) of participants had not told anyone about the abuse during childhood; of those who did disclose, only one participant reported being believed • Most participants reported experiencing negative social and emotional consequences during childhood in response to FPSA including: depression, low self-esteem, suicidal ideation, anxiety, inability to express emotions, shyness and introversion • Most female participants ($n = 4$) reported being underweight and feeling unattractive as children • Two males reported that they felt “physically strong” as children following the FPSA • All participants reported experiencing negative social and emotional consequences in adulthood in response to their childhood experience of FPSA including: low self-esteem, difficulties trusting women, depression, inability to express emotions and social isolation, and most continued to experience a negative self-view • All participants reported that the FPSA had affected their adult sexuality in a variety of ways, including: excessive promiscuity, difficulties in maintaining adult relationships, and celibacy

Note: For quantitative studies the following significance indicators are used: * $p < .05$; ** $p < .01$; *** $p < .001$. FPSA: female-perpetrated sexual abuse.

Table III. *Methodological characteristics of quantitative studies (n = 6)*

Study	Participant demographics	Sample representativeness (<i>n</i>)	Inclusion and exclusion criteria	Blinding	Standardised measures	Other sources of potential bias
1. Mellor & Deering (2010)	Yes	Good (<i>n</i> = 231)	Moderate	Yes	Yes	<ul style="list-style-type: none"> • Postal response (self-selecting sample; response rate mean = 41.75%) • Vignette design (fictional cases) • Some participants received all vignettes thus potentially revealing true purpose of study
2. Hetherton & Beardsall (1998)	Yes	Moderate (<i>n</i> = 130)	Moderate	No	Yes	<ul style="list-style-type: none"> • Vignette design (fictional cases) • All participants received all vignettes thus potentially revealing true purpose of study
3. Kite & Tyson (2004)	Yes	Moderate (<i>n</i> = 361)	Moderate	Moderate	No	<ul style="list-style-type: none"> • Postal response (self-selecting sample; response rate mean = 36%) • Vignette design (fictional cases)
5. Gakhil & Brown (2011)	No	Moderate (<i>n</i> = 176)	No	No	Moderate	<ul style="list-style-type: none"> • Limited sample representativeness: one professional group compared to undergraduates and public
9. Kelly et al. (2002)	Yes	Moderate (<i>n</i> = 19)	Yes	No	Yes	<ul style="list-style-type: none"> • Utilised adapted measure without pilot testing • Excluded individuals with a history of sexual interest in children • Retrospective self-report (potential reporting biases)
12. Duncan & Williams (1998)	Moderate	Moderate (<i>n</i> = 67)	Moderate	No	No	<ul style="list-style-type: none"> • Retrospective self-report (potential reporting biases) • Overlap of other abusive experiences alongside FPSA

Note. (1) Participant demographics: yes, participant demographics are reported clearly; moderate, participant demographics are reported partially; no, participant demographics are not reported adequately. (2) Sample representativeness: yes, sample represents a range of appropriate professional or victim perspectives of different genders; moderate, sample represents a limited range of professional or victim perspectives, such as only one professional group or a single gender perspective; no, sample has poor representation, such as student perspectives only. (3) Inclusion and exclusion criteria: yes, inclusion and exclusion criteria are reported clearly; moderate, inclusion and exclusion criteria are reported partially or indirectly; no, inclusion and exclusion criteria are not reported. (4) Blinding: yes, participants were blind to the purpose of the study; moderate, participants were blind to some aspect of the study, such as being aware that the study focused upon child sexual abuse but were unaware that attitudes towards FPSA specifically were being explored; no, participants were not blind to the purpose of the study. (5) Standardised measures: yes, appropriate and standardised measures were utilised; moderate, appropriate but adapted or modified measures are utilised; no, no standardised measures are utilised.

Table IV. *Methodological characteristics of qualitative studies (n = 7)*

Study	Rich rigour	Reflexivity	Credibility	Significant contribution and resonance	Ethical clarity	Meaningful coherence
4. Denov (2001)	No	No	Moderate	Yes	Moderate	Yes
6. Peter (2008)	Moderate	Yes	Yes	Yes	Moderate	Yes
7. Ogilvie & Daniluk (1995)	Moderate	No	Moderate	Yes	Yes	Yes
8. Krug (1989)	No	Moderate	No	Yes	Moderate	Yes
10. Denov (2004)	Yes	Moderate	Yes	Yes	Yes	Yes
11. Peter (2006)	Moderate	Yes	Moderate	Yes	Yes	Yes
13. Deering & Mellor (2011)	Moderate	Moderate	Moderate	Yes	Yes	Moderate

Note. Criteria adapted from Tracy (2010).

(1) Rich rigour: yes, the study clearly provides a rich description and rationale for the methods and forms of analysis undertaken; moderate, the study provides a less detailed or limited description or rationale for these criteria; no, little or no information is provided to be able to assess these criteria adequately. (2) Reflexivity: yes, the authors provide sufficient detail regarding their potential biases and reflect upon the impact of these within the research; moderate, the study provides less detailed description of these criteria but does address some issues relating to researcher assumptions; no, little or no information is provided to be able to assess these criteria adequately. (3) Credibility: yes, the research findings appear credible, given the methodologies utilised and the depth of analysis described; moderate, findings may be credible but weakened by superficial or less clear analysis and description; no, little or no information is provided to be able to assess these criteria adequately. (4) Significant contribution and resonance: yes, the research provides important and significant insights regarding female-perpetrated sexual abuse (FPSA) and has practical or theoretical utility; moderate, the research provides some insights but is less detailed or has less applicability; no, little or no information is provided to be able to assess these criteria adequately. (5) Ethical clarity: yes, ethical procedures are described clearly and the authors acknowledge the impact of broader ethical issues in relation the research; moderate, ethical procedures are detailed less clearly or consideration of broader ethical issues is limited; no, little or no information is provided to be able to assess these criteria adequately. (6) Meaningful coherence: yes, the research utilises appropriate theory and methods to achieve stated aims; moderate, the research utilises methods that are generally appropriate but which may inhibit or fail to address some aims; no, little or no information is provided to be able to assess these criteria adequately.