

Mental Health Service Provision in South Africa

and

Women's Sexual Violations Against Children

by

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Declaration

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I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged using complete references.

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Abstract

Mental health services in South Africa and the field of psychology are not keeping up with the changed landscape of child sexual abuse that includes women who perpetrate these violations. New laws have not made a massive impact on out of control behaviours, while the paucity of mental health services for women who sexually violate children is a significant failing in mental health service provision. Exploratory, descriptive research approached the topic from the perspective of the psychology of healing rather than the psychology of wrongdoing. Individual semi-structured interviews were conducted with 38 professionals in relevant fields, purposefully selected in four provinces in South Africa that revealed a lack of knowledge, resources, and funding, as well as gaps in curricula. Some practitioners were willing to work with women who sexually violate children, while others were either unwilling or reluctant to do so for various reasons. Women who sexually violate children are typically not mentally ill but could have mental disorders and lives dominated by dysfunction and trauma. Data were analysed utilising Attride-Stirling's (2001) thematic networks, while Gannon, Rose, and Ward's (2008) descriptive model of female sexual offending (DMFSO) provided the theoretical framework. Recommendations include establishing online services to aid perpetrator disclosure and therapeutic interventions, providing individual psychotherapeutic interventions to uncover more than recent trauma, directing donor funding to sex offender programmes, networking among service providers including government agencies, and training those within the mental health services environment and the criminal justice system. Furthermore, mental health and relevant medical practitioners need to ensure comfort with their sexuality and to resolve their psychological blind spots before offering psychotherapeutic interventions to women who sexually violate children.

Keywords: adult female child sex offender, adult female perpetrator, Attride-Stirling thematic networks, child sexual abuse, descriptive model of female sexual offending, mental health service provision, sexual violation, South Africa, women who sexually violate children.

Dedication

Acknowledging ‘The Horse Girl’
and all others like her.

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I OPENED PRISON'S DOORS!

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How many lost and broken years, all because of you!
 The things you said by word and deed, I believed that they were true!
 You told me I was useless; that I could never, ever succeed!
 You put me in that terrible place, where I believed I could never be freed!
 There you drove me relentlessly, your mighty power ruled!
 And I was left so beaten, and so utterly defiled and fooled!
 My quest became to live or die, and the choice was up to me!
 I had to muster all my strength, just so I could be!
 You took away my voice and trust and did your best to kill,
 And it seems that no matter what you did to ruin, you had to do more still!
 You told me I was worthless, that I shouldn't be alive!
 And so I struggled mightily, just so I would survive!
 The more you tried to beat me down, the stronger I became!
 No longer giving into you, no longer just a broken pawn in your cruel and nasty game!
 Somehow I found out who I really was in the midst of all your lies,
 And I was able to free myself, to all the worlds' surprise!
 Victory was mine at last, as I opened prison's doors!
 And walked into the sunshine and tumultuous applause!
 For then the world could see my face and knew that it was me,
 And they told me I was wonderful... From prison I was free!

~ Panayiota Ryall

(13 May 2006 – Follow up to – The Terrible Dream!)

Fig. 2 – All the ugly voices

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 Poem and drawing used with permission.

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Quote retrieved from <http://www.goodreads.com/quotes/512-there-is-no-greater-agony-than-bearing-an-untold-story>

Chapter Six: From the 2003 film, *Under the Tuscan Sun*. Quote retrieved from [https://en.m.wikiquote.org/wiki/Under_the_Tuscan_Sun_\(film\)](https://en.m.wikiquote.org/wiki/Under_the_Tuscan_Sun_(film))

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Notes:

-]) Because of minimised space in tables and figures, I did not always adhere to grammatical correctness, but I endeavoured to adhere to grammatical rules regarding fragments that do not take a period at the end, and complete sentences that do.
-]) Abbreviations or acronyms utilised in the tables: esp. = especially; incl. = including or includes; Info/info = information; ITO = in terms of; Psych/psych = psychology; Psychs/psychs = psychologists; re = regarding; ∴ = therefore; » = (cut and paste) onto, or leads to; WSVC = women's sexual violations against children or women who sexually violate children (depending on the context in which it is used) (and wsvc in the tables in the interests of space).

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Glossary

Adult

An individual who is 18 years and older. ‘Woman’ (and in the plural, ‘women’) shall be deemed to be such an individual.

Adult Female Perpetrator (and related terms)

The following is generally used in the literature: adult female child sex offender, adult female perpetrator of child sexual abuse, female child sex offender. The preferred term ‘women who sexually violate children’ (WSVC/wsvc) or in the singular, however, shall be utilised for this research, where appropriate. The generic term ‘perpetrator’ is “someone who has committed a crime or a violent or harmful act” (Cambridge Dictionary online). Regarding sexual violence (see definition on page xix below), a perpetrator is defined as the “person who inflicts the sexual violence” (Definitions page, Sexual Violence Research Initiative (SVRI), Medical Research Council (MRC), 2014).

Adult Survivor (or Survivor)

An adult who experienced sexual abuse in his or her childhood, and is referred to as ‘an adult survivor of childhood sexual abuse’ or just ‘survivor’.

Authenticity

The concept of Authenticity, which is a critical component of establishing trustworthiness in qualitative research, involves research that is worthwhile and may be of some benefit to society, in addition to considering its impact on the research population (James 2008, cited in Given, 2008). This concept is different from being genuine, real, true, ‘oneself’.

Blind Spot (Psychological)

“The blind spot is a defense mechanism which prevents the recognition of one's true feelings because, in recognizing them, all the more they would become painful and persistent” (Psychology Dictionary online).

Child

The South African Bill of Rights and the Children’s Act define a child as being an individual under the age of 18 years (Children’s Amendment Act, 2007¹).

Child Sexual Abuse (CSA)

There does not appear to be a universal definition of what constitutes child sexual abuse (Margolin, 1999; Sturt, 2006a). Notwithstanding this, the definition of the World Health Organisation (WHO) (2006, p. 10) shall be used for purposes of this glossary. Child sexual abuse is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are—by their age or stage of development—in a position of responsibility, trust, or power over the victim.” (See also the definition of sexual violence on page xx below).

Childhood Sexual Abuse

This is distinguishable from Child Sexual Abuse (CSA), as it is sexual abuse that occurred in an adult’s childhood.

¹ The short title for Children’s Act 38 of 2005 amended by Children’s Amendment Act 41 of 2007 and Child Justice Act 75 of 2008

Criminal Justice System

“The law enforcement system directly involved in apprehending, prosecuting, defending, sentencing, and punishing those suspected or convicted of criminal offences” (Oxford Dictionaries online).

Criminalistics and Forensics

Criminalistics refers to the processes to be followed when collecting physical evidence from the scene of a crime, what to look for, what techniques are used, what legislation says, what is admissible, et cetera. Forensics is the understanding of the law applied to the concept of a crime and includes witnesses, evidence, suspects, and various laws. (Source: An individual in Policing, a sub-field of the science of Criminology). (See also definitions of Forensic Psychiatry and Forensic Psychology, on page xix, for reference).

Descriptive Model of Female Sexual Offending (DMFSO)

“... an offence process model developed using ground theory methodology to describe the sequence of cognitive, affective, behavioural and contextual factors generating female-perpetrated sexual abuse” (Gannon, Rose, & Ward, 2010, p. 2).

Family Violence, Child Protection, and Sexual Offences Unit (FCS)

The FCS is a unit within the South African Police Service (SAPS) that deals with crimes against children and participates in initiatives to raise awareness. “The FCS is involved in the policing of sexual offences against children, person-directed crimes (where the family is involved), illegal removal of children under 12, and electronic media facilitated crime. Two areas of particular concern for the FCS are child pornography and Sexual

Offences” (Media Statement from National Media Centre, Corporate Communication, South African Police Service, 4 June 2015, para. 7).

Forensic Psychiatry and Forensic Psychology

Forensic Psychiatry refers to “Applications of psychiatry to legal questions, such as diminished responsibility, and fitness to stand trial.” Forensic Psychology, which does not exist as a specific qualification in South Africa, refers to “A field of applied psychology devoted to psychological aspects of legal processes in court” (Oxford Dictionary of Psychology, 2009, p. 293).

Paedophile vs Child Molester/One who Abuses Children

While differences between paedophilia and child sexual abuse are not universally accepted, Aggrawal (2009, p. 48) quotes Rada as follows: “... a pedophile is an individual whose sexual interests lie exclusively or almost exclusively in sexual behaviour or fantasies involving children, a child molester ... is an individual who has been charged and convicted of a crime because of sexual behaviour with a minor ... A pedophile is not necessarily a child molester because a pedophile may never act out on his tendencies; or if he does, he may not come into conflict with the law ...”.

Prescribed Minimum Benefits (PMBs)²

These are, “... a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services ...” Also, “The aim is to provide people with continuous care to improve their health and well-being and to make healthcare affordable” (Council for Medical Schemes, para. 1).

² Could be comparable to Essential Health Benefits (United States of America, and United Kingdom)

Scopophilia

“The derivation of sexual pleasure from looking at another’s genital organs” (Dorland's Illustrated Medical Dictionary, 1988, p. 1498).

Sexual Identity

The three components that make up an individual’s sexual identity are sexual orientation (“... the experience of or capacity for erotic or sexual attraction to one or both sexes”), gender role (“... social behaviors, life styles [*sic*], and personality characteristics that men and women are expected—by society—to exhibit”) and gender identity (“...one’s own personal view of [oneself] as male or female ...”) (Aggrawal, 2009, pp. 6 & 7).

Sexual Violence³ (and taken to refer to Sexual Violation)

Notwithstanding legal definitions regarding various Acts and Laws in South Africa, sexual violence is understood as an umbrella term that includes sexual abuse and incest (Rape, Abuse & Incest National Network (RAINN), 2009). Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (Definitions, SVRI MRC, 2014). Sexual violence is divided into four types and five classification categories, for example: Completed sex act without the victim’s consent, or involving a victim who is unable to consent or refuse; an attempted (non-completed) sex act without the victim’s consent, or involving a victim

³ Other wide ranges of sexually violent acts that can take place have not been included in the Glossary.

who is unable to consent or refuse; abusive sexual contact; non-contact sexual abuse...”
 (Definitions page, SVRI MRC, 2014).

Socio-legal System

“The system relating to the relationship between society and the law” Oxford Dictionaries online).

Therapy

Unless otherwise stated, for purposes of this research, the word ‘therapy’ shall refer to, among other things, psychotherapy, psychotherapeutic treatment, psychotherapeutic interventions, psychological counselling, and psychological intervention.

Notes:

- J Child Sexual Abuse (CSA) is the term most frequently used in the literature. For purposes of this research, child sexual abuse shall be used generically, and it shall refer to the field of child sexual abuse within the broad field of child abuse. ‘Sexual Violence’ and ‘Sexual Violation’ are broader, more encompassing terms that shall refer to all sexually related acts committed by adults against children even those acts not perceived as unlawful or inappropriate, hence the title of the thesis.
- J Unless otherwise stated, all references to Acts, Legislation, medical aid, et cetera, in the thesis, will be deemed to refer to the South African setting.
- J Americanisms have been left intact where applicable, for example in direct quotations.

Acronyms and Abbreviations

Acronym/ abbreviation	Description
CALS	Centre for Applied Legal Studies
CBT	Cognitive Behavioural Therapy
CPD	Continuing Professional Development
CSA	Child Sexual Abuse
DMFSO	Descriptive model of female sexual offending
E. Cape	Eastern Cape (one of nine provinces in South Africa)
EMDR	Eye Movement Desensitisation and Reprocessing
FCS	Family Violence, Child Protection and Sexual Offences Unit
HPCSA	Health Professions Council of South Africa
KZN	KwaZulu-Natal (one of nine provinces in South Africa)
NGO	Non-governmental Organisation
NPA	National Prosecuting Authority (employs Prosecutors)
NPO	Non-profit or Not-for-profit Organisation
NRSO	National Register for [sic] Sex Offenders
PTSD	Post-traumatic Stress Disorder
RSA/SA	(Republic of) South Africa
SAPS	South African Police Services
UK	United Kingdom
UNICEF	The United Nations Children's Fund
Unisa	University of South Africa
US	United States of America
W. Cape	Western Cape (one of nine provinces in South Africa)
WSVC/wsvc	Women's sexual violations against children or women who sexually violate children (depending on the context in which it is used)

Chapter One Introduction and Orientation

“There is no greater agony than bearing an untold story inside you.”
(*Maya Angelou—I Know Why the Caged Bird Sings*)

For the most part, the very idea that an adult could sexually violate a child is anathema. In South Africa, and abroad, the landscape of child sexual abuse in modern times is changing. The literature (below, and in Chapter Two) suggests that child sexual abuse is no longer dominated by stranger-danger or male-danger, or that only girls are at risk of being sexually abused: both boys and girls are being sexually violated not only by men but also by women.

The focus of this research was on the psychology of healing rather than wrongdoing, and thus on the mental health services environment in South Africa regarding knowledge of, and support and psychotherapeutic interventions for, women who sexually violate children. The thesis will indicate that, overall, mental health service provision appears to be continuing with its conventional methods of providing treatment and support—to certain individuals in need, not to all. Furthermore, the mental health services environment in South Africa is under-resourced despite the growing need for such services, as indicated by three charts sourced from the Psychological Society of South Africa (PsySSA) (Archived Web Content), shown below in summary.



Figure 1.1 South African population, mental healthcare needs, psychology professionals.

Additional issues such as the priorities of the State regarding mental health service provision, funding for relevant offender programmes, donor priorities, and the role of academia will be explored and expanded upon in this thesis. Perpetuating any omission in service provision could result in a society that is far removed from scenarios that could well be playing out within individuals' homes and within their communities.

The criminal justice environment in South Africa, for its part, has changed as will be shown in the overview of the literature below. It has brought in new laws regarding sexual offences against children. It has become considerably more punitive, it has converted the definition of various sexual offences into definitions that carry higher penalties, and it has done away with the 20-year limit for laying charges regarding incidents of sexual abuse. Given these initiatives, there could be a reasonable expectation that there would be a positive impact on minimising various behaviours and actions that result in the sexual violation of children.

It would be egregious, particularly in a country drowning in violence and the aftermath of out-of-control behaviours, if harmful behaviours were not being minimised. If harmful behaviours are not being minimised, this could be a call to arms for mental health and relevant medical practitioners to play a more significant role in tempering behaviours that harm others, in this research children. It is thus the aspiration of this researcher (hereafter referred to in the first person) that the recommendations for practice, based on the findings of this research, will have a meaningful impact not only on women who sexually violate children but also on service providers, service provision, and ultimately on the State and society in some way.

Existing Body of Knowledge—Overview

In order to position the research within a broader context, a review of the literature was undertaken as is customary. Below is an overview.

Child sexual abuse has been referred to as perhaps “one of the most traumatic events endured by young people ...” (Margolin, 1999, p. 3), “one of the worst forms of trauma” and “soul murder” (Callaghan, 2002, cited by Boyd, 2010, para. 5, lines 1–3), and “one of the most traumatising events that can happen to a child” (Flora & Keohane, 2013, p. 43). Child sexual abuse is considered one of the most serious public health problems occurring in all cultures and all levels of society (MacMillan, 1998; Walker, Bonner, & Kaufmann, 1988, cited in Pereda, Guilera, Forns, & Gomez-Benito, 2009b), and “a serious social problem worldwide” (Bowman, 2010, p. 443) with far-reaching and grave consequences, according to Cashmore and Shackel (2013); Denov (2004); Mullen and Fleming (1998), amongst others.

There were no consistent details in the literature regarding the prevalence of child sexual abuse, however, and there is no universal agreement relating to the impact of this form of child maltreatment. For example, in some societies, sex between adults and non-consenting minors is considered a violation of “society’s moral, legal, and ethical codes” (Wakefield, 2006, Comments, para. 3, line 14). In contrast, a dated study in South Africa regarding incest between parent and child suggests that the findings could be used “to begin the gradual construction of a model that could be useful for viewing families in which incest is part of the interaction” (Fasser, 1989, p. 39). This position would suggest that intrafamilial abuse that would include mother-daughter and mother-son sexual interaction might not always be considered a violation of moral, legal, and ethical codes.

Regardless, and for purposes of illustration only, not as the motivating factor for undertaking this research, various reports were consulted and various statistics were

interpreted and presented with caution in the following five pages, beginning with the Draft Strategy on Child Protection (2000, September), the Report on Sexual Offences against Children (2002, April), and a report by Van Niekerk, Africa, and Tshwete (2003) that referred to the massive increase in reported child sexual abuse occurrences in South Africa (Van Niekerk et al., 2003, p. 11)—a country that has among the highest rates of *reported* child sexual abuse in the world (Kramer & Bowman, 2011, p. 247, citing various sources). Furthermore, according to Richter and Dawes (2008), to address this problem the country needs to “embrace evidence-based policy and solutions to its child abuse pandemic” (p. 89). The priority for policymakers needs to be on prevention by understanding the factors associated with the problem. Various issues need to be determined; for example, the nature and extent of the problem, where child abuse occurs, the factors responsible for its occurrence, what interventions are in place, and their effectiveness in preventing among other things child abuse and the commercial sexual exploitation of children. Regarding child protection strategies—that organically must address issues to do with those perpetrating sexual offences against children—the most crucial is to work towards improving the collaboration between various sectors providing preventive, rehabilitative, and legal services (Richter & Dawes, 2008, p. 90).

According to a 2012 publication compiled jointly by the Department of Social Development (DSD), the Department of Women, Children and People with Disabilities (DWCPD), and UNICEF, over 28 000 sexual offences against children under the age of 18 years were reported to the police in the period 2010 to 2011. These numbers were deemed an underestimation (Abdulkadir et al., 2011; DSD, DWCPD, & UNICEF, 2012, p. 15; Geldenhuys, 2012; Kramer, 2010; Kramer & Bowman, 2011; Lalor, 2004; Lalor & McElvaney, 2010; UNICEF, 2007; 2009). Indeed, in their international study to establish the prevalence of child sexual abuse, Pereda et al. (2009b, p. 1) contend that this problem

is “much more widespread” even taking into account the lowest prevalence rates, which includes vast numbers of victims. The 2015 Optimus study conducted nationwide in South Africa, in turn, stated that the impetus for utilising government’s resources to address policy, social development, and justice responses, for example, has been based on official reporting rates—which are underestimates of the prevalence of child sexual abuse (Burton, Ward, Artz, & Leoschut, 2015).

Staying with the situation in South Africa, I obtained national figures for all reported sexual crimes against children for the period January 2008 to March 2016 directly from the South African Police Services (SAPS) at the beginning of March 2017. The numbers had been captured on a simple spreadsheet according to offence code, with no interpretation, no totals, and no percentages. The numbers included 33 types of offences. For example, consensual sexual penetration, consensual sexual violation, sexual exploitation, sexual grooming, expose/display of child pornography/pornography to child, compel/cause child to witness sexual offence, and expose/display genital organs, anus, female breasts to child (listed here verbatim). The genders of the perpetrators were not part of these figures.

Table 1.1 overleaf shows figures, which I extracted and calculated, for the periods January 2012 to December 2015, and for January to March 2016 for the eight offences selected at random, as mentioned above. I chose January 2012 as a starting point to show statistics following those in the 2012 DSD, DWCPD, and UNICEF publication that showed figures for 2010 to 2011.

Table 1.1

Figures for randomly selected crimes against children (January 2012–March 2016) (SAPS)

Offence	2012	2013	2014	2015	Average 4 years	Average per month 4 years	Jan– March 2016	Average per month 2016	Change ⁴
Rape	21635	22326	21596	20226	21445	1787	4515	1505	Decrease 26%
Consensual sexual penetration	957	819	590	484	713	14	110	36	Increase 39%
Consensual sexual violation	151	126	119	87	121	10	14	5	Decrease 50%
Sexual exploitation	63	60	50	72	61	5	44	15	Increase 33%
Sexual grooming	89	58	76	78	75	6	26	9	Increase 67%
Expose/display child or adult pornography to child	103	804	117	109	283 or 109 excl. outlier ⁵	24 or 9 excl. outlier	26	9	No change or decrease 38% excl. outlier
Compel/cause child to witness sexual offence	20	45	64	28	24	2	4	1	Decrease 50%
Expose/display genital organs, anus, female breasts to child	24	28	26	36	28	2	6	2	No change

Of the eight sexual offences against children in the SAPS figures, four showed an average monthly decrease for the three months in 2016 compared with the monthly average of the four years from 2012 to 2015 (average decrease of 41%). Three crimes

⁴ Comparing per month over four years with per month 2016

⁵ This outlier is discussed overleaf

increased (average increase of 46%). I am unsure what to make of the increase in consensual sexual penetration compared with a decrease in consensual sexual violation, however. Furthermore, a consensual act that nevertheless formed part of official police statistics regarding crimes against children would suggest that someone, somewhere found the behaviour to be unlawful and reported it, and one can only speculate as to how many other actions are initially thought of as lawful—until someone suggests otherwise.

The increase in sexual exploitation and sexual grooming offences are of concern, as one might expect those to be precursors to some of the other crimes committed against children. Also, in 2015 there was a sudden increase of 29% in the offence of ‘exposing female genitals, and other body parts to a child’, from an average figure of 26 crimes per annum for 2012, 2013, and 2014 combined, to 36 crimes between January and March 2016. These numbers could add further impetus for the need for research into female-perpetrated child sexual violations even if the monthly average for the first quarter of 2016 did not change from the monthly average over a four-year period—but we are unaware of what the figures look like from April 2016 to date.

I noted an outlier in the November 2013 SAPS numbers regarding exposing children to pornography. I queried it with the appropriate individuals at the SAPS. At the time of writing, they had not reverted with a definitive answer. It would seem that the figure is a typographical error, but because of the drawn-out processes and the agencies and organisations involved in extracting statistics, we might only have an answer after this thesis has been completed.

Although the crime of exposing a child to adult or child pornography showed no change (or a decrease if one takes into account the outlier) there are various perspectives regarding a link between pornography and child sexual abuse (Basson, 2014; Endrass et al., 2009; Ross, 2012; Wolak, Finkelhor, Michelle, & Ybarra, 2008). One such

perspective is that it is used in the sexual grooming of children (e.g. Kim, 2004), which, in Table 1.1, showed an increase of 67%; another is that pornography fuels child exploitation (Dines, 2015) and is a public health issue (Anderson, 2015). Furthermore, Basson (2014) found that the uncontrollable need for sexual gratification that results from recurring exposure to pornography often brings about destructive behaviours, including “criminal sexual acts involving children” (Basson, 2014, p. vi).

Regarding the figures in Table 1.1, one cannot compare the numbers given by the SAPS in 2017 with those in the 2012 publication like-for-like (particularly because I have utilised the figures of only eight crimes for purposes of illustration—totalling an average of 22 750 per annum for 2012 to 2015). Nevertheless, one cannot deny that the numbers are not especially encouraging, despite an overall decrease of 20% in some crimes. This, in any event, is almost negated by the overall increase of 17% in others. The complete set of numbers from the SAPS for the period 2012 to March 2016 showed some 23 offences listed as crimes against children under the age of 18 years. The complete data for this period would therefore conceivably show considerably higher numbers than the 28 128 crimes in 2010–2011 mentioned in the 2012 publication.

In summary, however, according to the SAPS figures, 1582 sexual offences against children were committed on average per month between January and March 2016 for the eight offences selected. Regardless of whether these involved 1582 victims or fewer victims but with multiple offences being perpetrated against each of them, the striking fact is that the figures do not reflect prevalence. Given the consensus (Abdulkadir et al., 2011; DSD, DWCPD, & UNICEF, 2012, p. 15; Geldenhuys, 2012; Kramer, 2010; Kramer & Bowman, 2011; Lalor, 2004; Lalor & McElvaney, 2010; UNICEF, 2007; 2009) that sexual crimes against children are underreported, the actual scale of the phenomenon occurring in South Africa could be of pandemic proportions.

Perpetrators of child sexual abuse. According to various sources (e.g. Keenan, 2012; laurenskids.org, n.d.; Turner et al., 2012; victimsofcrime.org, n.d.) between 60% and 90% of perpetrators are known, loved, and trusted adults. Sturt (2006b, citing Finkelhor, 1992) stated that most children experience sexual victimisation from “well-known” perpetrators (Sturt, 2006b, p. 115). Reading this sentence in the context of the entire paragraph, this is taken to mean a person that is known to the child rather than an individual who is famous or a celebrity, thus corroborating what other authors have stated as above, and what will be discussed in the thesis.

Female perpetrators of child sexual abuse. The concept that women sexually abuse children is not a recent phenomenon yet it continues to create considerable cognitive dissonance. Female-perpetrated child sexual abuse is the ultimate betrayal (Bexson, 2011), and breaks the “last taboo” (Koonin, 1995, p. 195; Peter, 2009). In the late 1980s/early 1990s, to publish a paper on female perpetrators of child sexual abuse was mostly unimaginable (Koonin, 1995). Mother-daughter sexual abuse, in particular, is considered a painful one (Munro, 2000, quoted in a conference paper delivered by Drs Lyell⁶ and Dorman⁷ in October 2014).

There is a consensus regarding female-perpetrated child sexual abuse as being ‘the ultimate betrayal’ because, on the one hand, women are perceived as nurturers and protectors (Hetherton, 1999; and Villalobos, 2014, reviewed by Dunn, 2015, pp. 1–3). On the other, there is increasing knowledge of these nurturers and protectors as sexual abusers of their children and the children of other women (Bexson, 2011; Kramer, 2010;

⁶ Clinical psychologist and social worker in private practice in South Africa

⁷ General practitioner (medical doctor) in South Africa, specialising in sexual abuse

Marais, 1990; Miller, 2009). In the interviews quoted by Gilgun (2010), victims sometimes perceive female-perpetrated sexual abuse as being nurturing or mothering (Gilgun, 2010, Location 21), a perception that also emerged in other studies (e.g. Kramer, 2010; Wijkman, Bijleveld, & Hendriks, 2010). Others used ideas from religion to explain and justify the abuse. According to Collins-McKinnell (2013) and Gannon, Rose, and Ward (2008), women are abusers even of other women, thus further dispelling the myth that women who are nurturers and protectors are conceived as incapable of harming others.

Compounding the dissonance are the disparate findings regarding the form and intensity of female-perpetrated child sexual abuse that could be of moderate intensity, without the use of force or threats (Grayston & De Luca, 1999) or serious, according to the findings of Johansson-Love and Fremouw (2006), and more traumatic (Boroughs, 2004, citing Elliot, 1994). Others found that child sexual abuse perpetrated by male and by female perpetrators did not differ in severity and that female-perpetrated sexual abuse was no less severe than male-perpetrated child sexual abuse (Rudin, Zalewski, & Bodmer-Turner, 1995, p. 963).

According to Gilgun (2010), women who sexually abuse children reported experiences that are similar to those of men who sexually abuse children. For example, "... thrills, love, and comfort" (Gilgun, 2010, Location 11, line 3), coupled with feelings of guilt and shame, with intermittent confusing accounts of what the sexual abuse means to them. Furthermore, in line with other literature, for example, Wijkman, Bijleveld, and Hendriks (2011), the women interviewed for Gilgun's article (2010) reported being coerced into committing these offences or being accomplices.

The issue of coercion was reaffirmed in two cases in South Africa, namely the case of Joey Haarhoff, who allegedly colluded with Gert van Rooyen (a male paedophile

in South Africa) in cases of child sexual abuse and abduction (Marais, 1990), and the case of Cézanne Visser (aka ‘Advocate Barbie’) who allegedly had been coerced by Dirk Prinsloo in the early 2000s to commit various acts considered to be child sexual abuse. She was charged and imprisoned—but he was not at the time (iol online, 17 February 2017).

Regardless of who the perpetrators are, however, and when the abuse occurred or what the impact of the sexual abuse is: “... for those who suffered them [the abuses] ... they live with them every single day” (Theresa May, then Secretary of State for the Home Department, United Kingdom (UK), during the UK Parliament Briefing on the Independent Panel Inquiry on Child Sexual Abuse, Wednesday, 4 February 2015, Column 275).

Mental health services environment. From a review of the literature, it became apparent that there is a need for research about treatment and support for adult female perpetrators of child sexual abuse. Much attention has been given to treatment modalities for male perpetrators of child sexual abuse but not for their female counterparts, according to various authors (e.g. Elliott, Eldridge, Ashfield, & Beech, 2010; Pflugradt & Cortoni, 2015; Turton, 2010; Wijkman et al., 2010). “Historically, laws protecting individuals from sex crimes have not considered female sex offenders” (Hislop, February 2013, para. 5) perhaps due to gender stereotyping (Duncan, 2010) or it could be a testimony to a pervasive patriarchal society (e.g. Fasser, 1989; Kramer, 2010; Mathews, Loots, Sikweyiya, & Jewkes, 2012).

Furthermore, there is a broad range of definitions globally of what constitutes child sexual abuse by females (e.g. Deering & Mellor, 2007), to begin with, and a considerable number of female sex offender categories. These factors raise the question why there is not more research on female child sex offenders and why there are so few

treatment modalities for this subpopulation abroad and virtually no treatment opportunities in South Africa. Female-perpetrated sex crimes attract less research than male-perpetrated crimes, and they are more obscured by cultural norms, gender bias, class bias, professional bias, as well as a lower level of judicial accountability. The latter creates more victims and affords victims less protection. A case in point is that federal protection for adolescent male students being preyed upon by female teachers was needed (Stennis, 2006) following a landmark case in the US in 1997 wherein a thirty-five-year-old female teacher pleaded guilty to two counts of second-degree rape of a (male) child. She received a six-month jail term, and she had to undergo a three-year sexual deviancy treatment; she was prohibited from having contact with her victim, and she did not need to register as a sex offender. Within two weeks of her release from prison, she was seen by the authorities with the boy in her car. For this parole violation, she received an 89-month jail term.

According to Duncan (2010), female perpetrators are not provided with the same degree of rehabilitation, treatment, or careful monitoring as male perpetrators are. With fewer reports come fewer prosecutions, as well as fewer opportunities for treatment, which in turn leads to lost opportunities to prevent reoffending. Indeed, fewer opportunities for treatment and rehabilitation conceivably result in a lower potential for healing. Recidivism definitions also vary. A reluctance to report female-perpetrated child sexual abuse or to acknowledge the prevalence or seriousness of these crimes (Bader, Welsh, & Scalora, 2010) ensures less accurate data and fewer positive outcomes in preventing reoffending than is the case with male sex offenders. Positive bias towards women, and the level of resistance to, and denial of, female criminality leads to a failure adequately to address the needs of women perpetrating sex crimes against children.

The criminal justice system in South Africa. Examples of changes to the laws about children (Children's Amendment Act, 2007) were summarised by Nisaa Institute for Women's Development (nisaa.org.za, 2012, February) as follows:

- ⟩ An expanded statutory offence of rape, applicable to all forms of sexual penetration regardless of gender (and genital organs) that replaces the former common law offence of rape. Thus, any man, woman, or child can be raped by a man or by a woman: it is no longer necessary to have the genital organs previously associated with the traditional concept of rape for the offence to be rape. When one peruses a list of items female sex offenders have used to penetrate their victims, such as religious medals, goldfish, light bulbs (Flora & Keohane, 2013, p. 135), an expanded definition of rape in South Africa was perhaps overdue.
 - ⟩ The new offence of sexual assault replaces the former common law offence of indecent assault and contains an expanded definition of a broader range of acts of sexual violation without consent.
 - ⟩ Changes to the definition of sexual offences against children including crimes related to grooming and sexual exploitation.
 - ⟩ It is now a criminal offence to instigate certain types of sexual conduct or cause the witnessing thereof and of particular parts of the human anatomy.
- Furthermore, the lifting recently of the 20-year limit to lay criminal charges against those accused of sexual abuse following a High Court ruling that declared Section 18 of the Criminal Procedure Act, 1977 (Act 51 of 1977) unconstitutional (Statement on the Cabinet Meeting of 21 June 2017) could strengthen the South African justice system's capacity to act against those perpetrating violence against children (Statement on the Cabinet Meeting of 21 June 2017, Fact Sheet, p. 1).

Separate from the changes mentioned above, the following apply to the criminal justice system:

- ⟩ It is a requirement that the names of those convicted of sexual offences against children be listed on the (confidential) National Register for [sic] Sex Offenders that was established by an Act of Parliament in 2007.
- ⟩ Cases involving sexual acts with children under the age of 16 could carry a life sentence (Criminal Law Amendment Act 105 of 1997).
- ⟩ According to the Criminal Procedures Act, summarised by the Centre for Applied Legal Studies (CALS) and Tshwaranang Legal Advocacy Centre (CALS, 2008), of direct relevance to this research, is that those convicted of sexual offences can now expect to be included in treatment programmes specifically designed for sex offenders as part of their sentence. They would need to pay for the treatment themselves and demonstrate that the treatment plan would be of benefit to them. From the summary of the Act, it is unclear how one would go about showing such potential benefit, however.

Mandatory reporting. Legislation regarding the mandatory reporting of child sexual abuse in South Africa has been in effect since 2010 (with the promulgation of Amendment 41 of 2007 to the Children's Act of 2005) (Hendricks, 2014, p. 550). According to the Sexual Offences Amendment Act (Summary, CALS, 2008), it is mandatory for anyone with knowledge of a sexual offence against a child to report it to relevant authorities. Two subsections of the Act, according to CALS, further stipulate that anyone who reasonably *suspects* that a child has been mistreated (this includes sexual abuse, or being in need of protection) is legally obligated to report it. It is unclear (to me) why there are two sections about this unless different procedures and expectations are involved for service providers and 'anyone'.

Nevertheless, a valid point in CALS' (2008) summary is that while mandatory reporting could expose crimes that are hidden, it could also discourage children—and others—from accessing relevant services. Dynamics regarding disclosure are (a) the disbelief that females are capable of abusing children (e.g. Boroughs, 2004); (b) victims' fears of not being believed (Elliot, 1994, cited in Boroughs, 2004); (c) professionals' responses to disclosure and the impact on victims (Denov, 2003); and (d) internalised victim-blaming, violence, dysfunction in the family, awareness of the impact of telling, and labelling, and the lack of services available (Collin-Vézina, De La Sablonière-Griffin, Palmer, & Milne, 2015). The latter was reaffirmed by Hendricks (2014) regarding the scarcity of human resources and financial resources in South Africa that causes clinicians to doubt the efficacy of the mandatory reporting process and its translation into effective outcomes for children. In South Africa, in 2012 there was a 75% shortage of social workers needed to carry out the tasks associated with mandatory reporting, and there was only one police officer for every 336 citizens.

Furthermore, both in South Africa and abroad, there were a variety of other barriers to reporting. For example, negative experiences with relevant services in the past, a lack of knowledge and understanding regarding legislation, and of child maltreatment itself, as well as fears of reprisals and concerns about liability and accountability (Hendricks, 2014).

Rationale and Context

Original motivation and conception. Male-perpetrated child sexual abuse is established. Nevertheless, my interest was piqued after revelations began emerging from around 2012 in the UK regarding historical child sexual abuse having been perpetrated by a growing number of high-profile males. These cases were hidden and were not

investigated, tried, or prosecuted at the time. Coupled with these cases was, amongst others, the emergence of the notorious Westminster paedophile ring made up of (male) Members of Parliament and Ministers alleged to have sexually abused children (McKelvie, 2014, July; ukpaedos-exposed.com, n.d.).

This led me to an article about a case of male-perpetrated child sexual abuse in the UK dating back to at least the 1920s: A 60-year-old man ('Mr G')—businessman, philanthropist, magistrate, and parish counsellor—was found guilty of indecently assaulting a 15-year old girl, and was sentenced to eight months in jail (McKelvie, 2014, July, para. 5). While the report mentions the conviction relating to only one girl, other girls appear to have been involved. The girls' mothers were in the room with 'Mr G' and the girls, but they did not intervene when he "asked [the girls] to undress so he could take their measurements to ensure their suitability for modelling or dance work" (McKelvie, 2014, July, para. 6). McKelvie stated that the mothers' relative apathy was motivated either by deference or by prospects of employment.

It was not difficult to extrapolate to the South African context and to speculate as to what struggling mothers might allow or initiate for purposes of survival or out of deference for an individual of high standing. With the changed laws in South Africa, the lack of intervention by a mother would constitute being an accomplice to sexual abuse, and such a charge could carry quite a sentence. The fact that there were revelations only of men who appeared to have been actively involved in the UK cases caused me to wonder why there were no revelations about child sexual abuse involving high-profile women. Had there been no incidences, or had they just not been discovered? These questions served as the original motivation for, and the conception of, this research.

Choice of the targeted population. Discussions with mental health professionals and service providers in South Africa in the latter part of 2014 indicated that there is a

great need for research on female-perpetrated child sexual abuse. While it is known that adult female perpetrators do exist and that there has been an increase in this trend (Dr Dorman and Dr Lyell, conference discussion points, 2014, October), there appears to be a sense of doubt and disbelief in the public's mind as well as the medicolegal system concerning child sexual abuse perpetrated by females (Kramer, 2010). Incidences tend to go unreported, while adult female perpetrators do not frequently come to the attention of law enforcement agencies (personal communication, telephonically, Dr Omar⁸, October 24, 2014; and personal communication, email, Ms R. Reddy⁹, October 30, 2014). If they do come to the attention of law enforcement agencies, reports tend to be dismissed (Kramer, 2010) and there are "rarely legal consequences for their actions" (Kramer & Bowman, 2011, p. 1). Should treatment be sought, this was not often through the child protection system and non-profit organisations providing treatment for child rights violations. Instead, it would appear that such individuals would elect to seek private therapy (personal communication, telephonically, Dr Omar, October 24, 2014). Nevertheless, some female perpetrators do come through the law enforcement system.

Last, the researchers¹⁰ at the Bureau of Market Research (Youth Research Unit) in Gauteng, South Africa (personal communication, meeting, October 28, 2014) stated that some psychologists in correctional services facilities in South Africa indicated the need for further research and training regarding psychotherapy, intervention, or counselling for adult female perpetrators of child sexual abuse, as well as guidance as to how they can be integrated into society upon their release, where applicable. A subsequent review of the

⁸ Clinical Director, Teddy Bear Clinic for Abused Children, Gauteng, South Africa

⁹ Then Manager of CATTS (Child Abuse and Treatment Training Services), Johannesburg Child Welfare, Gauteng, South Africa

¹⁰ Mrs Basson (now Dr Basson) and Mrs Zulu

literature revealed the dearth of treatment programmes specifically designed for female sex offenders (e.g., Gannon et al., 2008; Gannon et al., 2013).

With the exception of two studies by Kramer (2010; 2014) involving eight adult female perpetrators of child sexual abuse in South Africa, and victims of female perpetrators, respectively, and one study by Kramer (2008) involving four experts in the field of child sexual abuse in South Africa, no other relevant studies appear to have existed. In her study, Collins-McKinnell (2013) also remarked on the paucity of related research. The dearth of scientific enquiry further validated the rationale for researching adult female perpetrators of child sexual abuse, an under-researched population in South Africa (Collins-McKinnell, 2013; Kramer, 2010), particularly regarding mental health service provision for this subpopulation.

Personal motivation and suitability to undertake the research. My interest in the field of child abuse began in the early 1990s following very close interaction with an adult female survivor of childhood sexual violations, where I experienced first-hand the impact on issues of trust and interpersonal relationships, among other things. This experience culminated in my becoming a volunteer at two child abuse organisations in South Africa, where I was actively involved in telephonic counselling, school talks, newsletters, fundraising activities, and court preparation support. I am no longer an active member of these communities due to work pressures, but I have maintained contact with various people in these, and other, organisations and my relatively well-stocked personal library has autobiographies and other books related to this subject.

In my deliberations regarding my approach to the prospective research, I wished to investigate the unquantifiable phenomenon of adult female-perpetrated child sexual abuse in South Africa from the psychology of healing rather than the psychology of

wrongdoing, hence my choice in seeking to approach those in mental health service provision.

Furthermore, I was instinctively drawn to research child *sexual* abuse rather than other forms of child abuse and maltreatment, for example, emotional abuse, physical abuse, or neglect. My instinct was validated at the time upon reading about the effects of child sexual abuse compared with other forms of child abuse (e.g. Callaghan, 2002, cited in Boyd, 2010; Denov, 2004; Olafson, 2011; Townsend, 2013).

Research Problem, Aim and Purpose, and Significance

The majority of the available literature focuses on the victims of child sexual abuse, while other research focuses on treatment for male perpetrators of child sexual abuse. Furthermore, according to the research (e.g. Gannon et al., 2008; Kramer, 2010) there also appears to be a lack of theories applicable to female perpetrators of child sexual abuse. Negligible opportunities or models for treatment and interventions for women who sexually abuse children exist, globally.

The aim of this research, therefore, was to ascertain from relevant professionals what is known about women who sexually abuse children, what support, and psychotherapeutic interventions are available to these women, and in the practitioners' view what could be offered to facilitate healing and rehabilitation. The purpose of this research was to understand how the phenomenon of female-perpetrated child sexual abuse is dealt with in the mental health services environment in South Africa.

The significance of this research is that it will make an effort to contribute to the field of child sexual abuse through therapeutic and psycho-educative recommendations about women who sexually abuse children. Furthermore, regarding various benefits, the research and the findings could align themselves with the science of psychology that has

been referred to as the “go-to science” by the American Psychological Association (APA, Science of Psychology, 2014, March, p. 1). Psychology utilises the scientific method of stating a question, proposing a relevant theory, forming rigorous experiments to test the assumptions, and applying the understanding to create evidence-based strategies to solve problems and enhance lives.

Scope of the Research

The scope of the research was to explore the knowledge and experiences of various relevant service providers as these pertain to women who sexually abuse children. The research did not endeavour to generate findings that would be generalised to a broad population, and in fact, the nature of the sampling and data collection methods would raise cautions if any attempts were made to generalise the findings. Nevertheless, the findings would be relevant for the research population, for other stakeholders in South Africa and abroad, as well as for the expansion of knowledge and for potential use in replicating the research in other settings.

Writing Style and Language Utilisation

I am aware that a thesis requires an element of formality regarding writing style; at the same time, though, it need not be complicated. As will be shown in the thesis, much is inaccessible or not available to those who need it (e.g. women who sexually violate children) and those who could use it (e.g. professionals), respectively. I, therefore, do not wish the thesis and the information and knowledge within it to be inaccessible to everyone except those in institutions of higher learning or the professions. For this reason, I have made an effort to write in a style that is distinguishable from one

that is better suited to an informal piece of writing but without convoluted language constructions that might put the thesis beyond the reach of the ‘average’ reader.

Theoretical Framework—Descriptive Model of Female Sexual Offending (DMFSO) —Overview

Consistent with the exploratory, descriptive nature of the design of the research, it seemed appropriate to select the descriptive model of female sexual offending (DMFSO) (Gannon et al., 2008) as the theoretical framework for this research.

Ward, Louden, Hudson, and Marshalls’ (1995) model of (male) sex offending is in line with other relevant theories such as the multivariate theories (Finkelhor, 1984; Hall & Hirschman, 1991; Marshall & Barbaree, 1990). Ward et al.’s (1995) model served as the foundation for two later studies that involved female sex offenders (Gannon et al., 2008; Gannon et al., 2013). The DMFSO describes the offending process, but it also integrates other factors. For example, offender background, and cognitive and behavioural factors; also, it recognises the existence of different offender types and offence types (see also Faller, 1987; and Wijkman et al., 2011 for their offender differentiations). Furthermore, the DMFSO framework could potentially assist female sex offenders in treatment to understand the factors that are associated with their behaviours. This outlook aligns with psychology-in-action that is said to illuminate our understanding of the world around us, and to help individuals find better ways to exist and to thrive (APA, Science of Psychology, 2014, March).

As the DMFSO is explicitly directed at women and their gender-associated risk factors, Gannon et al. (2008) anticipated that this could increase female sex offenders’ motivation for treatment that could serve to draw these women out of the shadows, should they so wish, and receive the support they might require. Also, the DMFSO utilised in

treatment could facilitate female sex offenders' understanding of the factors that facilitated their offending, the range of potential risk factors associated with their offending, and the reasons they are receiving specific treatments and interventions.

Utilising the DMFSO, therefore, as a theoretical framework for this research would approach the phenomenon of adult female-perpetrated child sexual offending from a holistic perspective, rather than focusing on just one aspect, for example, criminality. A more rounded view of female sex offenders and the mental health services environment would provide a base from which to conduct the research.

Overview of the Remaining Chapters

In Chapter Two (Literature Review) I review the existing body of knowledge regarding the research topic, namely: child sexual abuse as a concept, a broad range of sexual violations against children, adult women who sexually abuse children, the mental health services milieu in South Africa, and other relevant service provider environments. I include details of the studies related to the DMFSO.

In Chapter Three (Research Methodology) I describe the research process in detail, namely: research paradigms; the research question; the exploratory approach; the research population, sample size, and sampling; data management; and the limitations and delimitations of this research. I discuss the ethical considerations, trustworthiness, and generalisability, and I comment on the DMFSO as it relates to this research.

In Chapter Four (Report on Findings) I report on the findings while in Chapter Five (Discussion and Integration) I discuss the findings and integrate them with the literature and with the theoretical framework to position this research within a broader context.

In the final chapter, Chapter Six (Conclusion), I provide recommendations for practice emanating from the findings, and I discuss the weaknesses and strengths of the research as well as the sources of bias. I reflect on the ‘criteria for exceptional research’ as per Tracy (2010) as they pertain to this research, as well as the criteria for good research from an interpretivist perspective. Also, I relate the concept of authenticity as an important component in strengthening trustworthiness in this research. Last, I include comments to reiterate the rationale for the style of writing and the language utilisation in the thesis, and I conclude with personal closing remarks.

Concluding Comments

In closing, overall our engagement with female-perpetrated child sexual violations is unreconstructed. It would seem that unless there is an acknowledgement that this type of sexual violation could be possible—by mothers, grandmothers, aunts, female nannies—and until we find ways to understand the extent and the nature of the problem, we are likely to continue to see far-reaching outcomes of such violations, as shown in the literature thus far and as will be shown in Chapter Two (e.g., Adshead, Howett, & Mason, 1994; Cashmore & Shackel, 2013; Denov, 2004; Gilgun, 2010; Grayston & De Luca, 1999; Johansson-Love & Fremouw, 2006; Mullen & Fleming, 1998; Wakefield, Rogers, & Underwager, 1990; Wijkman et al., 2010). This reality forces us to recognise that some women in children’s lives are not the haven they once might have been. For this reason, the words of the late Maya Angelou resonated with me: there is a story that needs to be told.

Chapter Two Literature Review

Introduction and Overview

This research had three broad areas of focus, namely *mental health service provision in South Africa* as it pertains to *adult females who sexually offend against children*. A large body of knowledge about topics of complementary interest includes consequences that do not immediately spring to mind when deliberating about child sexual abuse. As examples, the financial cost involved in child sexual abuse separate from the personal cost to the child, the perpetrator, the respective families and the community; or the vicarious traumatisation experienced by those treating these offenders. The literature on treatment and support in South Africa for adult females who sexually offend against children, and indeed on the female perpetrators themselves, however, is negligible, and there does not appear to be any literature with the combination of this research in its entirety.

As indicated in the previous chapter, there is a need for research around treatment and support for adult female perpetrators of child sexual abuse, mainly because of the dearth of treatment modalities for this subpopulation of offenders (e.g. Elliott et al., 2010; Pflugradt & Cortoni, 2015; Turton, 2010; Wijkman et al., 2010), the laws protecting individuals from sex crimes that have not considered female sex offenders (Hislop, February 2013, para. 5), the possibility of gender stereotyping (Duncan, 2010) or because of a pervasive patriarchal society (e.g. Fasser, 1989; Kramer, 2010; Mathews et al., 2012). To quote Artz (2013, p. 147), “There is no escaping the reality that we live in a gendered world, where biology and gender (as it is constructed) result in profoundly different life discourses for men and women.”

The purpose of this research was to answer the research question, “How is the phenomenon of adult female perpetrators of child sexual abuse dealt with in the mental health services environment in South Africa?” By ascertaining what is known in the mental health services environment about these women, what is being done and what needs to be done for them, through the accounts of participants, the research addresses the gaps in the literature and locates the findings within the existing body of knowledge.

It is important to note, however, that sexual offences against children cannot be committed without a perpetrator of some kind. As such, the literature about perpetrators and offenders, and child victims/adult survivors is often enmeshed and is seldom clearly delineated. This enmeshment also applies to the review of the literature in this chapter, and it creates fluid boundaries, in much the same way that child sexual abuse by adults violates personal intergenerational boundaries (Spies, 2006, p. 15) even though different cultural norms and social attitudes might see it differently (e.g. Deering & Mellor, 2007, p. 220; Fasser, 1989). Similarly, the literature about the mental health services environment and the mental health professionals is often conflated and cannot be strictly separated in any discussions about these. Chapter Two includes studies relating to the descriptive model of female sexual offending (DMFSO), and it concludes with a summary.

Synopsis of the Existing Body of Knowledge

In general, it would seem that the majority of the existing body of knowledge is focused on child victims/adult survivors: prevalence, effects, and phases in the progression of child sexual abuse; adult survivors (and sometimes including their partners and families); advocacy, counselling, and education; and the medical, criminal, and judicial agencies. In a way, a victim-based paradigm, as it were, appears to focus on

reducing victimisation in all its forms rather than preventing abuse, or on educating the would-be perpetrators. Nevertheless, the literature also gives attention to the ‘why’ and the ‘how’ of the offences, and to the offenders but with particular emphasis on male perpetrators who are in the majority, and to treatment for that subpopulation.

Minimal attention has been given to female perpetrators for various reasons, even though the proportion of sex offenders who are women is higher than thought (Cortoni, Babchishin, & Rat, 2017). Why is minimal attention paid to female perpetrators? Perhaps it is because they are invisible (Kramer, 2010; Kramer & Bowman, 2011), or perhaps because sexual activities between adult females and children are not seen as a crime (e.g. Frieden, 2003). Alternatively, because of the belief that women, in general, are emotionally and cognitively incapable of committing sexually motivated offences, to begin with (e.g. Flora & Keohane, 2013, citing Cortoni, 2010; and Giguere & Bumby, 2007). It could also be due to some form of social desirability bias whereby individuals respond to socially accepted expectations.

Indeed, is it because the vast majority of sex offenders are males (e.g. Bagley & King, 1990), or is it because female-perpetrated child sex offences “have been considered even by professionals to be highly irregular events, almost unique in their occurrence” (Hetherton & Beardsall, 1998, cited in Deering & Mellor, 2007, p. 218)? Alternatively, is it that cultural boundaries blur definitions of what constitutes female-perpetrated child sexual abuse (Deering & Mellor, 2007, citing Goodwin & DiVasto, 1979, and Katahara, 1989)?

For example, in some societies, the genital stimulation of infants in distress is a legitimate method of comforting and calming the infant, but in others, it could be viewed as paedophilia, which would be considered a criminal offence (Aggrawal, 2009), while in Japan, for example, it was considered appropriate for mothers to initiate sexual activity

with their sons to educate them about sex (Katahara, 1989, cited in Deering & Mellor, 2007). Such behaviours would be deemed mostly inappropriate in Western society, in a similar vein to those occurring where a father has sexual relations with his daughter, for various reasons including educating her about sex or requiring sexual gratification that is being withheld by his wife (e.g. Bolen, 2003).

These different behaviours lead to issues of perception, including the female perpetrators' perceptions regarding their actions where they refuse to be accountable. They hide behind social constructions that criminality is a predominantly male activity (Kramer, 2010), false protection of the female stereotype (Duncan, 2010) that is seen as trustworthy (Adshead et al., 1994), and by justifying sexual acts to minimise the psychological discord created by society's notion of females as nurturers (Kite & Tyson, 2004).

An additional complication is the “significant moral confusion” (Price-Robertson, 2012, p. 135, citing Alaggia & Millington, 2008) caused to those with a history of child sexual abuse, and how they overcome such moral confusion—by resolving not to be like their (abusive) parents. The literature, however, provides testimonies that in abusing (usually) their own children, adult female perpetrators are reenacting their own childhood abusive experiences and traumas (e.g. Collins-McKinnell, 2013, p. 49, citing various authors; see also Duncan, 2010; Nathan & Ward, 2002).

Generically, morality develops in six stages, according to Kohlberg (2012, pp. 292–293), from the rudimentary where punishment, reward and reciprocity determine moral behaviour, to moral behaviour that is consistent with what others believe to be right, and ultimately to behaviours based on one's conscience rather than on social norms. Also, according to Mischel (2012, pp. 326–327), behaviour cannot be predicted by looking only at personality traits: context and external factors need to be added that create

a dynamic interaction between an individual and a given situation. Regarding child sexual abuse and childhood sexual abuse, individuals resolve to break the pattern of abuse; alternatively, later actions mimic what they experienced depending on their locus of control.

The aforementioned brings to mind Bandura's concept of moral disengagement about how people—whether good, not so bad, or evil—can harm others and live with themselves (Bandura, 2016, reviewed by Sternberg, 2016), and Pinker's (2011) 'moralisation gap and the myth of pure evil'. Based on an analysis by social psychologist Baumeister, Pinker concluded that in the general population, "the human capacity for evil runs even deeper, and may itself be a feature of human nature" (Pinker, 2011, Location 11216).

Bandura (2016, reviewed by Sternberg, 2016) in turn described the four loci of moral disengagement at play, namely behavioural, agency, effects, and victim. Briefly, the behavioural locus is a justification of why a harmful act was committed—in the case of child sexual abuse: 'I was just showing her how good she has it compared with the life I had as a child where the sexual abuse was really bad'. The agency locus displaces responsibility by minimising the harm done and by attempting to share the blame—in the case of child sexual abuse: 'I only used a vibrator on her; others were doing worse things'. The effects locus disregards, distorts, and denies the harmful acts—in the case of child sexual abuse: 'It really wasn't so bad, and I didn't really *do* anything', again, a justification and minimisation of the harm done. The final locus, victim, dehumanises the victim and attributes blame to the victim: in the case of child sexual abuse: 'She is an ungrateful animal! She asked me to do this'.

Societal norms and gender differences, for their part, tend to exacerbate matters because males, in general, are socialised towards disconnection, autonomy, and

aggression (Strickland, 2008, p. 475, citing Hyde & Delamater, 2000)—and to deal with feelings of impotence and rage by sexualising their behaviours (Mayer, 1992, cited in Flora & Keohane, 2013, p. 135). Kramer (2017, p. 93, citing various sources) put norms, socialisation, and indeed erroneous, or rather self-serving, perceptions into perspective when she stated that despite males experiencing erections or ejaculations when being sexually violated by women, this does not negate the fact that the act was a violation. It would seem, however, that the legal system equates erections and ejaculations, which are naturally occurring physiological phenomena, with desire and pleasure when it seeks to minimise sexual violations by women, while not taking into account the shame these male victims feel for having had physiological responses that would normally denote pleasure.

This intrapsychic conflict was reaffirmed by Harrison (1994, in Elliott, 1994, p. 90) regarding a recurring problem for adolescent boys who felt guilty about the sexual feelings that the abuse (by a female) induced. Kramer (2017, citing Richardson & May, 1999) continued that “Sexual violence is … legally constructed according to who the victim is … rather than according to the nature of the reported case” (Kramer, 2017, p. 93), and that victims, both male and female, are often unwilling to report a crime for this reason. Cortoni et al. (2017) for their part found that females were far less likely to self-report being victimised by a woman than men were (4% compared with 40%).

In contrast to males’ socialisation, females’ socialisation revolves around caregiving, or caretaking as it is phrased by other authors, affiliation, and attachment (Strickland, 2008, p. 475, citing Gilligan, 1982), and they are perceived as passive, dependent, and not prone to harming others (Strickland, 2008). Being perceived as passive, dependent and not prone to harming others would seem to tie in rather conveniently with the perceptions that female perpetrators themselves have regarding criminality (Kramer, 2010), namely that sex offending is a predominantly male activity.

Regarding societal standards about male and female behaviour, men do tend to commit the majority of crimes against others (Strickland, 2008), while women are considerably shielded from being perceived as capable of committing crimes against others (e.g. Frieden, 2003; Kite & Tyson, 2004) and, for example, mothers are perceived as “all good” (Robinson, 1998, p. 66). Perkel (2004, pp. 52–71) discussed the resistance towards accepting that maternal child sexual abuse does occur. He highlighted the fact that women, like men, have sexual instincts, enactments, and perversions, and considerable direct access to children. This access enables them to “enact intimacies with perverse motivations in a framework of mothering and acceptability” (Perkel, 2004, p. 69). Motz (2014) adds that the universal myth surrounding the maternal instinct and the powerful taboo of maternal abuse against children contributes to “tragic failures of child protection” (p. 267). If one combines society’s denial about women’s capabilities to harm others with the denial the women themselves display when confronted with accusations of a sex crime, one is left with the overarching image of a global society blind to the realities within it that includes an inability to connect ‘mother’ and ‘maternal’ with ‘child sexual abuse’ (Perkel, 2004).

An additional challenge can be found in what is a double standard (e.g. Bexson, 2011; Poels, 2007; Price-Robertson, 2012) about human sexuality—the perception thereof and its expression. Hite (2004), in a nationwide study of female sexuality, referred to the ambiguity of the sexual revolution, double standards, and the concept of being ‘a good girl’ (Hite, 2004, p. 357). She found that women who attempted to engage sexually in new and free ways often wound up being hurt and disrespected. This ties in also with the concept of being a ‘good girl’ where women are kept from discovering and exploring their own sexuality, and furthermore being castigated for exploring female sexuality, even earning the distinction of then being considered a ‘bad girl’.

An example of double standards as they relate to this research is that in some societies when a teenage boy is engaged in sexual intercourse with an older woman, it would be thought of as a rite of passage (Giguere & Bumby, 2007, p. 4) and part of his experience of becoming a man, something perhaps the boy would boast about. Yet when an older man has sexual intercourse with a teenage girl, the perception is one of male-perpetrated child sexual abuse. Now, of course with the changed laws in South Africa, an older woman engaging in sexual acts with a teenage boy would be considered a sexual crime, however nuanced the acts might be.

Compounding the challenge of endeavouring to answer questions about the topic of this research in its entirety is that definitions of ‘normal’ sexual behaviour exist within a broader context. This involves the individual who is offering a definition, her or his background, as well as the era in which the term is defined (Aggrawal, 2009, p. 3). In addition, to determine objectively what is considered ‘normal’ sexual behaviour, Holmes (1991, cited in Aggrawal, 2009, p. 8) devised the following criteria: statistical, which refers to what most people do; religious, which looks at what religion permits or prohibits; cultural, referring to the things that cultures encourage or discourage; and, subjective, which refers to an individual’s own judgement about behaviour.

Despite the landscape of child sexual abuse having changed over the years, Holmes’ somewhat dated criteria do not appear to be redundant. Similarly, Ahn and Gilbert’s (1982) study on patterns of family intimacy among six ethnic groups (Vietnamese, Korean, Hispanic, Caucasian, Cambodian, and African American) revealed a number of significant differences among the groups regarding patterns of intimacy in individual family lives, as well as the fact that prevailing models of child sexual abuse prevention fail to take into account cultural sensitivity.

Referring to normality, sex, and social class, Eysenck (1977) discussed a statistical norm that applies to normality that we tend to substitute with a second norm, ideal, and a third norm, ‘normal’ that we consider ‘natural’. Eysenck stated that it is ‘normal’ for a woman to be submissive and for a man to be dominant, but that among ancient civilisations, for example, the Egyptians, the men tended to be more submissive and the women more aggressive. Biologically women and men have been created to act in specific ways, and behaviours that are in accord with these norms are normal while those that go against the norms are abnormal. A review of the literature will show that certain behaviours of some present-day women, therefore, do not fit the norms of the late 1970s yet could fit the norms of ancient times. Therefore, these behaviours should not come as quite the surprise that they do.

To conclude this section, I borrow the words of Freud (1991, p. 60) in which he stated “cases in which sexually immature persons (children) are instantly judged as sporadic aberrations. It is only exceptionally that children are chosen as the exclusive sexual objects in such a case. They usually come to play that part when someone who is cowardly and has become impotent adopts them as a substitute, or when an urgent instinct ... cannot at the moment get possession of any more appropriate object. Nevertheless, light is thrown on the nature of the sexual instinct by the fact that it permits of such variation in its objects and such a cheapening of them—which hunger, with its far more energetic retention of its objects, would only permit in the most extreme instances.”

Child Sexual Abuse

Child sexual abuse is not a new phenomenon. In modern times it would appear to date back to the 1800s (e.g. Dulap, Bingham, Jackson, & Settle, February 2015; Kite & Tyson, 2004) while, for example, Isely, Busse, and Isely (1998) reported that it was only

in the mid-1980s that sexual abuse of (male) children and adolescents “reached clinical prominence for therapists treating clients with a history of sexual abuse” (Nielsen, 1983, cited in Isely et al., 1998, lines 3–4). Further exploration of the history of child sexual abuse and its related factors is beyond the scope of this thesis. Nevertheless, sexual abuse of children within families is also not a new concept, as evidenced by various authors, for example, Alexander and Schaeffer, 1994; Faller, 1987; 1996; Lambert and Antipadin, 2014; Phelan, 1986; Sive, 1993.

In South Africa in the 1990s, according to a South African journalist who was among the first to investigate this phenomenon, father-daughter incest accounted for approximately 75% of incest cases of which 80% involved a stepfather or a father-substitute. The remaining 25% was made up of mother-son, mother-daughter, father-son, and brother-sister incest (Marais, 1990, p. 84). Sixteen years later, Spies (2006, pp. 5–6) provided a similar percentage (70%–80%), regarding father-daughter sexual abuse, while mother-son sexual abuse constituted around 10%. Spies continued that mother-son sexual abuse has as damaging an effect on the child as father-daughter sexual abuse does and that only a small number of such cases have been reported, while mother-daughter sexual abuse is rare and underreported (Spies, 2006, p. 10). Other studies (e.g. Duncan 2010; Elliott, 1994, cited in Boroughs, 2004; Ogilvie, 2004) provide complementary—and conflicting data—including the fact that mother-daughter sexual abuse is not as rare as one might think, even though it is hidden in child-rearing practices, and creates additional trauma for the child who cannot escape to his or her haven—home.

In the 1990s, Dr Olivier¹¹ stated that she did not think “it” [child molestation] [in South Africa] (Marais, 1990, p. 119) was a growing problem—because child protection

¹¹ Clinical Psychologist specialising in the study of human sexuality, and Head of the Centre for Child and Adult Guidance of the Human Sciences Research Council in 1990

agencies were more aware of the phenomenon. This statement is confounding. Nevertheless, Olivier in Marais (1990) went on to state that victims from 20 years prior [i.e. 1970s] were coming forward as adults seeking help with sexual problems, and furthermore that the present-day cases involving children were largely unreported: “a lot of cases are not reported. If we were to look only at the cases reported to the South African Police, it would only be the tip of an iceberg” (Marais, 1990, p. 120, quoting Olivier). Groth (1979, cited in Faller, 1987) used the same metaphor, and several decades later, we hear similar narratives in, for example, Kramer (2010); Lambert and Andipadin (2014); Mathews et al. (2012); and Strickland (2008, p. 474, citing various authors).

Boyd (2010) in turn referred to the “epidemic of reported childhood sexual abuse” (Boyd, 2010, line 1) in Western society, and he shared various reasons why historical childhood sexual abuse is emerging at this time. These reasons are the lifting of stigma regarding conversations about child sexual abuse, better policies and law enforcement for victims, as well as evolving developmental psychology models recognising the impact of such abuse, and “reclaiming of rights and a voice by women and children who are over-represented as victims in this type of abuse” (para. 1, line 3).

South Africa for its part has among the highest *reported* child sexual abuse in the world, as mentioned in the introductory chapter. According to Waterhouse (2008), children in South Africa represent around 50% of the victims of sexual abuse. Nevertheless, in their study of just under 100 police dockets from 10 police stations in South Africa, Conradie and Tanfa (2005) found that more than around 75% of cases were either withdrawn or thrown out of court because of poor investigations, the lack of evidence, or procedural errors in the criminal justice system. Coupled with the lack of definitive and corroborative medical evidence (Kreston, 2007), the state of the criminal

justice system and the human services system in South Africa is a blight upon society, causing further trauma to an already traumatised child.

Batley (2013, pp. 117, 119, 126, in Peacock, 2013) referred to the concept of restorative justice in South Africa as a method of being able to address some of the shortcomings of the criminal justice system, and that critiques of restorative justice from the victim's perspective, for example, are that restorative justice can only serve a small number of victims, and further that it provides no active role for the government to play in rebuilding the lives of victims. Nel and Van Wyk (2013, in Peacock, 2013) in turn stated that the government is responsible for the management of crime in South Africa. Looking at the aforementioned literature (i.e. Batley, 2013, in Peacock, 2013; Conradie & Tanfa, 2005; Kreston, 2007; Nel & Van Wyk, 2013, in Peacock, 2013) it is difficult to make sense of the state of play regarding issues to do with crime in South Africa, and to determine where 'the buck stops'.

Nevertheless, to position child sexual abuse in South Africa within the global arena, below is a discussion on two South African studies (Andersson & Ho-Foster, 2012; Matthews et al., 2012) that supplement Kramer's (2008; 2010; 2014; 2017) body of work that is explored in this chapter.

To begin, Mathews et al. (2012) referred to the specific social context that exists within the country, namely inequality, unequal power relations, patriarchal constructions of masculinity that reinforce male dominance over females, notions of male entitlement, and harsh discipline. An interesting point was made regarding the unwavering respect for elders (Mathews et al., 2012, p. 84)—perhaps also fears of elders and those with power and authority over children—all of which provide opportunities for child sexual abuse. This is not dissimilar to declarations made by Hickson and Kriegler (1996, pp. 85–86) regarding conditions that fostered the victimisation of children during the Apartheid era in

South Africa where children were, also, socially invisible. Mathews et al. (2012) referred to the need to improve the status of women and children, and to strengthen family and parenting practices, as well as to facilitate comprehensive, integrated service provision. One study expanded on the array of opportunities to perpetrate child sexual abuse, in this case, geriatric-perpetrated child sexual abuse (Hart, 2008), which, consistent with literature attributes most geriatric sexual offences against children to males, though not exclusively.

Moving on to Andersson and Ho-Foster's study (2008, para. 6), in their national school-based survey in South Africa in 2002 involving close to 270 000 school children of whom around 127 000 were boys, they found that around 9% of male respondents aged between 11 and 19 years reported having had forced sex in the past 12 months (i.e. latter part of 2001 to latter part of 2002). Of those who were 18 years old when the survey was undertaken, 44% stated they had been forced to have sex. Of these, 41% was at the hands of female perpetrators compared with 32% at the hands of male perpetrators, and 27% was at the hands of both males and females.

The significance of this is that after the 2007 changes to the (South African) Sexual Offences Bill, forced sex between an adult and a male child became a crime of rape on a par with the same offence involving an adult and a female child hitherto, where previously forced sex with a male child was a lesser crime of indecent assault. Kramer (2017, p. 76, citing Bourke, 2007, p. 212) encapsulates this perfectly: "FSA [Female-perpetrated Sex Abuse] represents a challenge to the dichotomy of the sexes, especially because it serves as a reminder that 'not only the female body, but the male body as well, is violable, penetrable.'"

A curious finding in Andersson and Ho-Foster's (2012) study, however, is that male-perpetrated sexual abuse against boys was dominant in rural areas while female-

perpetrated sexual abuse against boys was dominant in urban areas. As the study was based on surveys, no explanation for this phenomenon was apparent, and the authors offered no speculation. I would be tempted to recommend that an in-depth follow up study be done to ascertain and explain the reasons why men in rural areas sexually abuse boys, while women sexually abuse them in urban areas, and to determine if, perhaps, it says anything about whether the influence of Western culture, for example, the emancipation of women, has anything to do with this.

But what is child sexual abuse about? According to feminist sociocultural analysis, “most sexual violence is not about sex” (Tolman, Diamond et al., 2014, p. xxiii). If it is not about sex, is it about sexuality then (e.g. Kramer, 2010; Strickland, 2008)? If it is about sexuality, what exactly is it about sexuality that leads to sexual abuse? Is it about socialisation, and masculine and feminine roles (e.g. Holmes, Offen, & Waller, 1997; Pothast & Allen, 1994, cited in Hetherton, 1999; and Mathews et al. 2012; Pflugradt & Cortoni, 2015; Strickland, 2008), or a pervasive patriarchal society (e.g. Fasser, 1989; Kramer, 2010; Mathews et al., 2012)? Is it about control, power, manipulation (e.g. Collins-McKinnell, 2013; Duncan, 2010; Keenan, 2012; Kramer, 2014; Spies, 2006)? Alternatively, is it about consent? Truly informed consent requires a person to know what she or he is consenting to, and to be unencumbered in giving consent (Finkelhor, 1980): A child who is ignorant about sex and sexual relationships does not have the capability to consent to sex with an adult, so on that basis, any sexual act towards a child would be seen as a sexual violation.

To begin answering the question I posed: Child sexual abuse is a gendered problem (Kramer, 2010) with both male and female perpetrators (e.g. Frieden, 2003; Goodman-Delahuny, 2014; Kite & Tyson, 2004; Price-Robertson, 2012; Proeve & Reilly, 2007; Ray, 2001; Turton, 2010), and it is recognised as a major issue in all levels of

society (e.g. MacMillan, 1998; and Walker, Bonne, & Kaufmann, 1988, cited in Pereda, Guilera, Forns & Gomez-Benito, 2009b), with multi-generational implications (Boyd, 2010), and it takes place in secret (Saradjian, 2010). According to Eldridge (1994, in Elliott, 1994) children never lie about sexual abuse, and they know who abused them. Its occurrence is underrated, and “the results constitute an underestimation of the true occurrence of sexually abusive experiences in childhood” (Lalor, 2004, p. 443). A constant theme in the literature is that child sexual abuse is underreported, regardless of victim or perpetrator gender.

Its impact is far-reaching with serious consequences (amongst others, Cortoni et al., 2017; Cashmore & Shackel, 2013; Denov, 2004; Mullen & Fleming, 1998). Victims/survivors experience challenges with *inter alia*, their mental health, interpersonal relationships, and physical health (e.g. Callaghan, 2002, cited by Boyd, 2010; and Cashmore & Shackel, 2013; Finkelhor, 1995, cited in Schiller & Spies, 2006; and Price-Robertson, 2012; Ray, 2001; Wakefield, 2006).

Exacerbating the issue is the perception of secondary trauma being experienced by the victim should a case enter the criminal justice system and the mental health service environment (e.g. Hooper & Koprowska, 2004, p. 176, cited in Spies, 2006; and Spies, 2006). Indeed, therapy or a specific life event can trigger memories of child sexual abuse; thus, the trauma resurfaces (Price-Robertson, 2012). In contrast, a different major life event, for example, becoming a father, could be a healing experience in the right circumstances (Price-Robertson, 2012, p. 137).

Symptoms and consequences of child sexual abuse. Various authors (i.e. Hobbs, 1997; James & Nasjleti, 1983; Swann, 1993) cited in Flora and Keohane (2013, pp. 56–57) itemised behavioural symptoms that would be considered indicators of potential child sexual abuse, and potential incest, respectively. One particular symptom listed

under potential child sexual abuse behavioural symptoms, not under potential incest, however, stood out, namely “unwillingness to go home after school” (Flora & Keohane, 2013, p. 57). One might have thought that this symptom would fall under the items for suspicions of potential incest—sexual abuse involving family members (intrafamilial abuse)—rather than sexual abuse by a stranger (extrafamilial abuse).

Though not exhaustive according to the authors (Flora & Keohane, 2013), and though apparently not specific to female-perpetrated child sexual abuse, on the surface the list appears to be a useful starting point in seeking to identify whether or not a child has been sexually abused. It is critical, however, that a list never be allowed to cloud the thought processes of those investigating a case of potential child sexual abuse, and mislead them into looking away from family members and instead focus on those outside the home “where the light is better” (Lyell, 1998, p. 1) even if they are looking in the wrong place.

An additional consequence of child sexual abuse is that it can affect physical growth and maturation, with, for example, the early onset of puberty. Because of the exposure to oestrogens over a more extended period, early physical development has been linked to various cancers (e.g. ovarian and breast) and could be a potential contributor to higher rates of substance abuse, depression, teenage pregnancy, and sexual risk-taking (Maas & Noll, 2017).

Teicher (2000), in turn, discussed the neurobiology of child abuse (that includes sexual abuse), and he listed a host of psychiatric disorders and brain abnormalities that could result from the trauma experienced by the child, to name a few. He concluded, “Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife but at the cost of deep, enduring wounds. Childhood abuse isn’t something you ‘get over’ ...” (Teicher, 2000, last para.).

Child sexual abuse compared with other forms of child abuse. Wide ranges of experiences are involved (from noncontact abuse to penetration, by a variety of items, to violent rape). The impact on victims/survivors is varied. Incidences of rape have the highest rates of PTSD compared with other trauma, as well as issues specific to child sexual abuse, for example, sexualised behaviour, victim stigmatisation, and shame (Olafson, 2011).

According to Spies (2006, pp. 53–58, citing various authors), sexual abuse creates a loss of childhood innocence, leaves the victim with low self-esteem and with feelings of powerless, anger, and hostility. While internalising feelings based on external experiences, a child who has been sexually abused also deals with having to perpetuate the lack of openness and lying, a learned response carried over from the time of the abuse. An abused child could also be faced with dissociation, self-destructive behaviours, and feelings of guilt and shame. If these symptoms occurred, such a child would avoid intimacy, would experience developmental regression or pseudo-maturity, and would display inappropriate sexual behaviour.

The severity of trauma from child sexual abuse is high compared with other traumas, despite the prevalence not being the highest (e.g. 10%, compared with 11.1% because of emotional abuse, and 9.1% because of physical abuse) (Townsend, 2013, citing Townsend & Rheingold, 2013; and Finkelhor, Turner, Ormrod, & Hamby, 2009, respectively). Data for severity are illuminating: Sixty-eight percent of “physically abused children meet a standard of harm that is roughly equivalent to a standard of trauma; 49% of emotionally abused children meet this standard of harm; 75% of sexually abused children are harmed to the point of traumatization” (Townsend, 2013, p. 11, citing Sedlak et al., 2010).

To clarify the Harm Standard: children must have experienced some harm or injury from maltreatment based on the severity of harm or injury ranging from fatal, serious injury/condition, moderate injury/condition, and probable impairment or endangered, the latter referring to a child's safety or health being endangered but where the child does not seem to have been harmed (The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), 2004–2009, Definitions of qualifying abuse or neglect).

The ‘endangered’ standard of harm is important in this research because child sexual abuse or violation by a female might not have the physical signs of maltreatment more typically associated with male-perpetrated child sexual abuse. For example, “the insertion of an adult male penis in a three-year-old girl’s vagina will produce severe pain, significant bleeding, and deep lacerations, and the insertion of crayons and pencils at that age is extremely rare because of the pain and trauma that such insertion will produce” (Gardner, 1990, para. 7, lines 14–18).

The public and many professionals believe that victims of child sexual abuse suffer severe harm (e.g. Hunter, 2006, p. 340; Wakefield, 2006). In contrast, some research (none stated by Wakefield, 2006) over several years has established that the adverse effects of child sexual abuse could in fact not be as severe, as pervasive, and as enduring as generally assumed (Wakefield, 2006). This contradiction resulted in resistance and anger from the media, the professionals, and various organisations in the US. “The universal hatred of child molesters, the moral outrage child sexual abuse engenders, and the belief victims are always damaged makes it extremely difficult for researchers to report conclusions that differ from these beliefs or even study adult-child sexual contact” (Wakefield, 2006, para. 3, lines 1–4).

Discounting some of the damaging effects of child sexual abuse was also a theme from the 1980s for Levett (1987; 1988; 1989; 1990; 1991, cited by Russell, 1991). Russell (1991) shared her shock and outrage about Levett's statements that "very large numbers of [sexually abused] children continue their lives as children and as adults, apparently unaffected" and "There is a sense in which the discourse creates the phenomenon ... the impulse as well as reactions to it" (Russell, 1991, p. 47, citing Levett, 1990, p. 43, 44; also 1987, p. 82). Russell (1991, p. 47) added that the latter statement suggests that child sexual abuse is created by talking about it. While Russell may have taken Levett's statement literally, Levett does not seem to have been far wrong if one looks at the work of Kramer (2014; 2017) for example, in which she also refers to the discourse surrounding child sexual abuse and that the concept of child sexual abuse is constructed by the language we know, use and understand, and how we frame experiences based on the words and expressions we attach to behaviours.

Moral outrage notwithstanding, Erikson's first five developmental stages of a human being's life cycle (from birth until around the age of 21 years) was outlined in Flora and Keohane (2013). According to Erikson, individuals who do not make a transition from one developmental stage to another will experience problems. The instinctual, cognitive, physical, behavioural, and emotional developmental stages evolve and move along a continuum. They involve trust/mistrust, autonomy/doubt and shame, initiative/guilt, industry/inferiority, and identity/role confusion (Flora & Keohane, 2013; McLeod, 2016). The life stages are influenced by the child's internal crises that prompt growth or regression. If one stage is adversely affected, subsequent stages will also be affected (Spies, 2006, p. 53, citing Doyle, 1994), resulting in the development of mistrust, shame, doubt, guilt, feelings of inferiority, isolation, and role confusion. These could lead to stagnation and dejection (Spies, 2006). The successful completion of each stage

would result in a healthy personality and the attainment of core virtues and characteristic strengths that enable the individual to resolve subsequent crises. It is important to note that even if one stage is not completed, it could be resolved successfully later (McLeod 2013).

The topic of developmental stages is beyond the scope of this research; nevertheless, I acknowledge the fact that there are other critical perspectives, besides Erikson's. For example, Ainsworth's attachment theory, Freud's psychosexual five-stage theory, and Piaget's stages of cognitive development theory, to name a few. Although it would have been interesting to explore each of these theories, doing so would detract from the focus of this research.

The theories notwithstanding, depending on the age of the child and when he or she suffered the abuse, his or her central nervous system, and cognitive functioning might not yet be fully developed, and will thus be adversely affected (Spies, 2006, p. 50; The Institute for Human Services for The Ohio Child Welfare Training Program, October 2007). Regardless of whether or not an abused child's cognitive functioning is or is not fully developed, the following resonated with me (Freud, translated by Dr Brill according to author Putnam, 1909; 1910; 1914):

We really have reason to believe that at no time of life are we more capable of impressions and reproductions than during the years of childhood ... the very impressions, which we have forgotten, have nevertheless left the deepest traces in our psychic life, and acted as determinants for our whole future development (Chaves-Mesené, 2015, Location 8143)

According to Herman (1992, p. 96), recurrent trauma in an adult's life corrodes the structure of his or her personality that has already been formed. Worse still, recurrent trauma in childhood both forms and deforms the child's make-up, to begin with, resulting in an immature system replete with psychological defences. Furthermore, abnormal states of consciousness dismantle 'normal' associations between mind and body, imagination and reality, for example, and create a variety of psychosomatic and somatic symptoms.

Child sexual abuse by adults inflicts adult cognitive, physical, and behavioural actions upon a child, thus interrupting a child's 'normal' development, and shattering a healthy foundation upon which a child could build a less troubled life. Hence, it is somewhat egregious to say that the impact of child sexual abuse is not pervasive. It is also egregious to fail to remember that an adult female perpetrator was herself once a child who could quite possibly have been a victim of sexual abuse herself (e.g. Duncan, 2010; Giguere & Bumby, 2007; Hislop, February 2013; Boroughs, 2004, citing Jennings, 1994; Strickland, 2008). In treating a female child sex offender, a holistic approach would acknowledge the "humanity of the offender" (Flora & Keohane, 2013, p. 141); it would also ensure that the harm done to another human being is not negated.

Although seemingly incongruent, this approach ties in well with the concept of victim empowerment specifically related to facilitating access to a variety of services for those who have suffered harm or trauma, *inter alia*, with a view to "restoring and building a healthy, peaceful and economically viable society" (Nel & Van Wyk, 2013, p. 78, in Peacock, 2013). Thus, the ethos of this research that wished to explore female-perpetrated child sexual abuse from the perspective of the psychology of healing rather than focusing only on the wrongdoing finds, at least, some support in the literature.

Specific impact of child sexual abuse by a female. Female-perpetrated child sexual abuse is harmful and damaging (Denov, 2004), and more threatening as it undermines feelings about how a woman ought to relate to a child (Elliott, 1994) with among other effects, long-term difficulties with substance abuse, rage, self-concept, identity issues, strained relationships with women, and a discomfort with sex. According to Kramer (2017) and Wijkman et al. (2010), victims would feel ashamed and would be reluctant to report the offence to the police for various reasons. For example, female and male victims would be afraid that their stories would not be believed (“women don’t do such things”) (Wijkman et al., 2010, p. 136); male victims have notions of not being regarded as ‘real men’ (the “this would not happen to a real man” cliché) (Faller, 1987; Sarrel & Masters, 1982 in Wijkman et al., 2010, p. 136), while adult survivors who found the courage to discuss sexual abuse at the hands of a woman were faced with a rebuttal that they were fantasising—but abuse by a father in a mother-father team was never in doubt (Elliott, 1994, p. 8).

According to Flora and Keohane (2013, p. 135) a study by Rosencrans (n.d.) found that for victims of maternal sexual abuse, the damage is emotional, psychological and physical, with almost 50% of women who had been sexually abused as children by their mothers reporting that it was “the most damaging experience of their life” (Flora & Keohane, 2013, p. 136). Hislop in turn (2002, cited by Flora & Keohane, 2013, 136) referred to a study by Ramsey-Klawsnik (n.d.) in which it was found that both boys and girls who had been sexually abused by women experienced a variety of behavioural and emotional problems including regressed behaviours and preoccupation with death.

Child sexual abuse by women is usually hidden in routine child caring practices (e.g. changing diapers, bathing and dressing the child or infant) (Wijkman et al., 2010,

p. 136, citing Allen, 1991; Bumby & Bumby, 1997; and Kaplan & Green, 1995) or it is seen as part of the nurturing role played by women (Strickland, 2008), making female-perpetrated abuse less easy to detect when compared to male-perpetrated child sexual abuse. Child sexual abuse at the hands of a mother or maternal figure appears to have profound adverse effects resulting from emotional issues and a deep sense of betrayal that is deep-rooted (Duncan, 2010). An incest survivor speaks the unspeakable when she states that when recalling that her stepfather had sexually abused her as a child she “was devastated … but not surprised” (Koonin, 1995, p. 196) due to the misperception that only males perpetrated sexual abuse against children. When she remembered that her mother had also sexually abused her, however, “[her] world fell apart.” (p. 196).

The financial consequences of child sexual abuse. Various sources, for example, Corso and Fertig (2010), Fang, Brown, Florence, and Mercy (2012), and Saied-Tessier (2014) of the UK’s NSPCC (National Society for the Prevention of Cruelty to Children), have referred to the financial consequences of child sexual abuse and to the areas where governments and relevant organisations need to provide funding.

According to Saied-Tessier (2014), preventing and treating child sexual abuse would enable an assessment to be made of related expenditure as well as of the benefits and treatment services. Because child sexual abuse is often delayed in being reported or recalled as alluded to by other authors as well (e.g. Bowman & Mertz, 1996; Brandyberry & MacNair-Semands, 1998; Dale & Allen, 1998; Hopper, 2011; Mathews, Abrahams, & Jewkes, 2013; Somer & Szwarcberg, 2001), though not without differing views about this phenomenon (e.g. Fish, 1998)—particularly in the case of female-perpetrated child sexual abuse (Elliott, 1994, reviewed by Burton, 1994)—victims are unable to access timely treatment for the variety of impacts, for example, anxiety, behavioural symptoms, interpersonal relationships, and victimisation as an adult, to name a few. This is despite

“the growing body of evidence about successful interventions” (Saied-Tessier, 2014, p. 5, citing Allnock & Hynes, 2011). Trauma that is not dealt with could lead to additional problems that would have cost implications at every step in the process.

Based on the literature regarding the long- and short-term effects, the following would be impacted: Health (due to for example depression, self-harm), productivity, services to children, and the criminal justice system that would be burdened with cases being put through the system. Lifetime costs ('incidence' costs) relate to all new cases occurring within a year, and if or as the abuse continues, the outcome of these lifetime costs would be enormous.

Without wishing to belabour the point of the financial costs of child sexual abuse, which run into the hundreds of billions of US Dollars according to the authors cited above, in and of themselves, numbers are relative. What is more disturbing is that there would even need to be a case made to provide funding for the prevention of sexual abuse, and for treatment for victims and perpetrators.

Prevention of child sexual abuse. It is important to note that strategies for the prevention of the sexual abuse of children are not straightforward. The National Sexual Violence Resources Center (NSVRC) (2011) bulletin explains two of the primary models used when planning prevention strategies. The Public Health Model of Prevention describes when prevention occurs, that is, what is primary, secondary, and tertiary prevention, while the Ecological Model describes the targets of the prevention endeavours. The public health system is said to play a vital role not only in putting forth measures to prevent child sexual abuse but also to treat an individual after sexual abuse has occurred.

According to the public health model, primary prevention is about stopping sexual abuse before it begins through universal endeavours targeting large groups and selective

primary prevention aimed at those at risk of being sexually abused. Primary prevention is tackled through endeavours such as teaching individuals about healthy relationships, informing people what needs to be done when child sexual abuse is suspected and working to change norms and social structures that facilitate child sexual abuse.

Secondary prevention aims at reducing the short-term effects of child sexual abuse by ensuring survivors (taken here to mean child victims as well as adult survivors) have access to all the necessary support and, in turn, that all support structures, such as doctors, and parents (assuming they are not the offenders) are suitably informed regarding the dynamics of child sexual abuse.

Tertiary prevention aims at preventing further harm to the abused individual by working with survivors, and of most relevance to this research, working with perpetrators to prevent them from reoffending. Tertiary prevention alone seems to validate the choice of this research topic in seeking to ascertain what support and mental healthcare services are available for adult females who sexually abuse children.

The ecological model, in turn, explores the various systems surrounding an act of violence such as child sexual abuse, and it has several components for successful prevention that inherently require a change in norms, culture and the climate of child sexual abuse. According to this model, individuals need to be involved in primary prevention as above, and it includes individuals at risk of offending or those already offending to be proactive in seeking help and support; parents and families to create safe spaces for open dialogue and healthy relationships; and community members, researchers, the healthcare system, the criminal justice system and government each to do their part.

Of interest in this bulletin from the NSVRC is that parents and family, which include mothers, grandmothers, and aunts, are automatically assumed not those who

could, in fact, be perpetrating child sexual abuse. Nevertheless, the bulletin provides useful generic information regarding the various levels of prevention required.

South African scenario. Regarding the South African landscape, the focus of interventions is on the victims, and gaps were found in various areas in dealing with sex offences, namely availability of funds, psychosocial services, competencies and training, court preparation and specialised courts (Vetten, 2013). In addition, discussions by various other authors (e.g. Bornman, Dey, Meltz, Rangasami, & Williams, 2013; Mathews et al., 2012; September, 2006; Van Graan & Zinn, 2015) on the state of mental health service provision can be found under the heading **Mental Healthcare Environment** later in the chapter. Regrettably, it would seem that there are good intentions but uncertain outcomes, to paraphrase Waterhouse (2008, title page). This accords with (Artz, 2013, in Peacock, 2013) regarding good intentions of providing rehabilitation to inmates, which is lacking where female inmates are concerned.

To conclude the literature review for this section, in a dated South African study, Sive (1993) remarked that an “optimal psychological climate of warmth, empathy and congruence” (Sive, 1993, p. 115) would need to be created in order to allow for the development of trust leading to intimate and close interpersonal contact in a therapeutic environment. International literature also comments on the need for a supportive environment to foster understanding and facilitate treatment (e.g. Bohart & Tallman, 1999, reviewed by Strano, 2000).

Of particular interest in Sive’s (1993) study is that the patterns in the incestuous relationship being studied were extrapolated into the victim’s therapeutic system as well as into her marital system, thus attesting to still more issues with boundaries. The study hypothesised that a therapeutic system is a subsystem interacting with the abusive incestuous subsystem, and found that the therapeutic system would reflect the “secrets

and interactions of the incestuous family system" (Sive, 1993, p. x). The author (Sive, 1993) expressed the hope that this knowledge would enable the therapeutic and investigative environments to identify the possibility of incest in the narratives of adults, to ensure that reports of abuse are not dismissed and avoided. This is in a similar vein to statements by other authors some 20 years later (e.g. Hislop, February 2013; Kramer, 2010; Turton, 2010) regarding issues of disbelief surrounding the notion that females could perpetrate sexual abuse against children, including the rudimentary issue of "how" such an act is possible without a penis (Elliott, 1994, in Elliott, 1994, p. 8).

Sex Offenders

Ward (2000) identified five "implicit theories" that underlie maladaptive cognitive distortions about the world. Implicit theories about child sexual abuse are deemed important because they explain the origins of the post-offence statements made by perpetrators; they may facilitate and, further, maintain the sexual abuse of children; and they may be reconstructed and identified during therapy. These implicit theories could explain the post-offence statements made by perpetrators as follows: children are sexual beings, and they look for sexual relations with adults, which the children enjoy; some individuals believe they are entitled to behave in specific ways towards others; the world is seen as a threatening and dangerous place, and individuals need to fight back, even if this includes fighting with children; some behaviours are beyond individuals' control; and sexual behaviour is rarely harmful even if a child is involved (Ward, 2000, cited in Gannon et al., 2006).

Regardless of what specific types of abuse sex offenders perpetrate, or the reasons for doing so, however, the common denominator is that they violate laws, they play some role in creating victims, and they are a growing population (e.g. Spies, 2006;

Strickland, 2008). According to Flora and Keohane (2013), the number of sex offenders requiring services in the next decade is estimated to be more than two million. No specific country was mentioned, but one might assume that the authors mean in the US; also, they do not differentiate between male and female offenders. Nevertheless, ‘two million’ is a relatively large number of offenders perpetrating sexual crimes. Sexual crimes in South Africa against children were discussed in the previous chapter against the backdrop of how underreported such crimes, in fact, are.

In addition to this, however, is the stark realisation that each of these two million offenders could potentially have harmed multiple victims (e.g. Faller, 1987) and may yet go on to harm more. The consequences of sexual offences, therefore, are immeasurable. If one were to extrapolate to the South African environment that has among the highest *reported* cases of child sexual abuse in the world, as indicated in the previous chapter, the number of sex offenders requiring services would be astronomical even if female perpetrators are still considerably in the shadows and consequently do not feature in the statistics or the projections to the extent that male perpetrators do. Nevertheless, as was shown in Table 1.1 in Chapter One, there has been an increase in sexual crimes against children in recent years including crimes involving female perpetrators.

Furthermore, the dominant characteristic of sex offenders is that they seldom willingly come forward to seek treatment or help. This could point to a lack of internal motivation to effect changes in their lives, though one is cognisant of the fact that there could be other barriers to coming forward, for example, cognitive distortions that might not allow the sexual violation to be perceived as such, or fear of repercussions. If they are to undergo treatment, it is because of external motivation from the criminal justice

system that mandates such treatment (e.g. Jonker & Du Preez, 2012), though it is unclear from the literature who, in South Africa, would facilitate such treatment.

In this regard, and to all appearances, the lives of females who commit sexual crimes against children are as disempowered as their lives as criminals brought into the criminal justice system. They appear to have a range of negative personal histories as will be discussed later in the chapter; they deny personal accountability for the abuse, and they lack empathy for the victim. Clinical features, in turn, include the manner in which they display defence mechanisms (Flora & Keohane, 2013) and, according to Pflugradt and Cortoni (2015, pp. 213–217), they have a range of other clinical features such as cognitive distortions, sexual issues, relationship challenges, and social functioning issues.

Both as individuals and then as perpetrators convicted of a crime, they do not turn to their internal locus of control to change their lives, assuming that such locus has developed, to begin with. Instead, their lives as perpetrators seem to have been at the mercy of all things external to themselves—perhaps they were victims of childhood sexual abuse, or instability, or dysfunction; perhaps they were in abusive domestic relationships as adults that precipitated the offending behaviour; perhaps alcohol abuse contributed to their offending behaviour. Similarly, their lives as women who have committed a crime are also at the mercy of things external to themselves—having to undergo treatment they might not have voluntarily sought; being subject to power and control by those in authority to direct their lives; having others make decisions about them in terms of parole or release from prison (where applicable).

Finding the means to empower female perpetrators of child sexual abuse could be a step towards their healing from the various abuses characterising even their present-day lives whether they are incarcerated, in treatment or caught up in the snare of

sexual abuse. Various authors provide an encouraging note, however—it would appear that recidivism rates for this subpopulation are low (e.g. Cortoni, Hanson, & Coache, 2010), and that once they enter the criminal justice system, they tend not to commit other sexual offences, presumably when (if) they are released. A question ought to be raised, however, about those female perpetrators who do not enter the criminal justice system, the child protection system, or the mental health services system. What becomes of them? Van Niekerk (2006, p. 101) made the point that in South Africa, for example, the majority of [known] child sex offenders [male and female] are incarcerated, but that they represent a small portion of those committing sexual offences against children.

Female perpetrators. Cases of child sexual abuse by females have been documented since the 1930s (Strickland, 2008) but this phenomenon was concealed, met with disbelief and dismissed, minimised, or justified as being part of the nurturing role played by women, while the crimes were underreported, or treated differently to the same crimes perpetrated by men. Cortoni et al.'s (2017) study involving 17 samples from 12 countries was illuminating: the meta-analysis found that women committed only a minor proportion of the sexual offences reported to the authorities (police). In contrast, victimisation surveys indicated that prevalence rates of female-perpetrated sexual crimes were six times higher than the official statistics. With this in mind, the 'prevalence' measured only by what is reported to the police is even more underestimated than previously thought. Indeed, there is a public and professional tendency to minimise the severity of female perpetrated sex crimes (Bader et al., 2010, p. 349–350, citing numerous authors).

As a population, female sex offenders are a diverse group (e.g. Pflugradt & Cortoni, 2015) whose treatment needs are heterogeneous (e.g. Pflugradt & Cortoni, 2015, citing Gannon et al., 2008; Sandler & Freeman, 2007; Vandiver & Kercher, 2004). There

is no typical female offender (Boroughs, 2004; Hislop, February 2013). Nevertheless, various categories according to the type of abuse perpetrated, and various typologies have been developed to describe the sex offender's behaviour and to place them into subgroups based on offender characteristics and type of crime. Owing to the variety of categories and typologies identified—and named—by various researchers and by those working in the field, literature in this section is, of necessity, not integrated, neither has it included every known typology to be found elsewhere in the literature.

Typologies for female sex offenders are limited in empirical data particularly when compared to the various typologies that have been empirically tested and developed for male sex offenders (Flora & Keohane, 2013). Nevertheless, they remain useful. Despite their usefulness, according to Strickland (2008), it is important not to base treatment solely on a typology. This view, however, is not supported by Van Niekerk (2006), for example, who does not differentiate between male and female sex offenders, thus suggesting similar treatment needs for both genders. In contrast, Matthews (1994, in Elliott, 1994, p. 59) lists differences in response to therapy between men and women as follows: compared with their male counterparts, female sex offenders tend to forgive themselves less quickly, take longer to heal, and have more deeply entrenched anger towards themselves. Treatment implications are discussed later in the chapter.

Categories and typologies. For purposes of this thesis, the following categories of female child sex offenders have been included as per Deering and Mellor (2007); Duncan (2010); Faller (1987); Flora and Keohane (2013); Gannon et al. (2008); and Gannon et al. (2013), commencing with Faller's (1987) seminal work.

Faller (1987). Polyincestuous abuse (two or more victims and two or more perpetrators), psychotic abusers (suffering from out-of-control libidinal impulses), single parent abuse (abuse of one's child), and non-custodial abuse (no custodial rights of one's

child). Faller's study of a clinical sample of 40 women who had sexually abused just under 65 children between them, and whose cases had been seen by university staff in Michigan over a period of nine years (1978–1987) further attests to the fact that female-perpetrated child sexual abuse is not a new phenomenon. Despite the findings not being able to be generalised to nonclinical populations or general populations, they have been summarised here in some detail due to the seminal nature of the study.

Sixty percent had victimised two or more children whose average age was around six years. Around 75% had maltreated their victims in various ways, not only sexually. Around 66% were female victims. Victims typically attributed the abuse to the males where there was both a male and a female abuser, and only later revealed the role of the woman in the abuse. This reluctance to attribute wrongdoing immediately to a woman and a state of disbelief appears to be consistent in the literature (e.g. Duncan, 2010; Faller, 1989; Price-Robertson, 2013; Proeve, 2007; Strickland, 2008; and Wijkman et al., 2010, citing various sources).

Almost 73% of the women who had sexually abused children had victimised children in polyincestuous situations mostly involving group sex, where the male offender instigated the sexual abuse while the women followed instructions, and perpetrated less intrusive and fewer sexual acts. In 15% of the cases, the abuse was perpetrated on both male and female children by a single mother who did not have an ongoing relationship with a man, and who always molested the oldest child who was placed in the role of surrogate partner. Younger children, however, were not necessarily spared the abuse.

More than 80% were mothers to at least one of the children. The instances of sexual abuse went back several generations and involved extended families – regarding both the offenders and the victims (Faller, 1987, p. 264). There was only one noncustodial female abuser; she perpetrated the abuse during typically unsupervised and

unstructured visitation. Most noncustodial abuse is perpetrated by men, which does not detract from the fact that women in that position could also—and do—perpetrate child sexual abuse.

The average age of the women in Faller's (1987) sample was around 26 years. They were poor, not well educated, and they had difficulties in social and psychological functioning. Around 50% had mental problems that included psychotic illness and retardation¹², while over 50% had issues with chemical dependency. Psychotic abusers made up almost 8% of the sample. These women were found to suffer from libidinal impulses that were out-of-control, and they found delusional ways to justify the abuse. Faller (1987) states, however, that these findings are not consistent with earlier clinical claims (no specific studies mentioned) that "most female perpetrators are highly disturbed and often psychotic" (Faller, 1987, p. 265) when they perpetrate the abuse even though psychosis would seem to play a significant role in a small number of instances.

To conclude, Faller (1987) stated that the cases in the study were of the more complex and severe, and had been mandated for intervention. Nevertheless, the background of the female perpetrators in Faller's sample is consistent with those found in other studies (e.g. Jennings, 1994, cited by Boroughs, 2004; Johansson-Love & Fremouw, 2006; Wijkman et al., 2010).

Deering and Mellor (2007). In their article, Deering and Mellor (2007, pp. 221–224) have presented various categories of female child sex offenders developed by different authors/researchers (listed below). Faller's (1987) categories that are based upon reported abuse characteristics were included in Deering and Mellor (2007)'s article, but as these were discussed earlier in the section, they are not repeated here. The various categories as per Deering and Mellor's article are as follows:

¹² Terminology since replaced by 'intellectual disability' (Source: APA DSM-V, 2013)

-) subtle sexual abuse, overt sexual abuse, seductive sexual abuse, perversive sexual abuse, and sadistic sexual abuse (Lawson, 1993);
-) independent offender, co-offender, and the accomplice (McCarty, 1986).

The two groups of classifications above focus on separate factors involved in child sexual abuse: Lawson (1993) concentrates on the act and defines it, while McCarty (1986) focuses on the typology of the offender. Deering and Mellor's list (2007) continues:

-) inter-generationally predisposed offender, the teacher/lover offender group, and the male-coerced offender group (Mathews, Matthews, & Speltz, 1989). These authors consider the rationale behind the offending and include non-maternal female offenders. Furthermore, they propose a fourth category—the psychologically disturbed offender. This category has been sub-divided into further categories by Nathan and Ward (2001): the compliant woman, the rejected woman, and the willing ally/impostor (Nathan & Ward, 2001);
-) the heterosexual nurturer, the non-criminal homosexual [lesbian] offender, the female sexual predator; and the young adult child exploiter (Vandiver & Kercher, 2004).

Deering and Mellor (2007) provided definitions for, or explanations of, each category, and cross-referenced offender types between authors/researchers to provide a comparison between types. Such definitions and explanations have not been included in this thesis. These authors also provided a useful table summarising the categories, et cetera, and a diagram showing a multidimensional approach to categorising these offenders (Deering & Mellor, 2007, p. 224 and p. 225, respectively). Given the diversity of definitions to categorise female child sex offenders as well as the variety of definitions about the acts themselves, Deering and Mellor (2007, p. 225) stated, “a multidimensional approach would be more useful than simple taxonomies”.

Duncan (2010). According to Duncan, who cross-referenced the various categories of female perpetrators of child sexual abuse, there are four broad typologies within which there could be subcategories. Duncan (2010) stated that these typologies are not intended to be definitive; instead, they are to be used as a framework to facilitate understanding of an emerging population in the literature whose offences are becoming known to the various relevant agencies involved, including mental health practitioners. See Table 2.1 below and overleaf.

Table 2.1¹³

Female Offender Types, Offence Characteristics, and Personal Factors (Duncan, 2010).

Female offender type	Nature of offence and personal factors/background
Adult child exploiter	<ul style="list-style-type: none">]) Non-family member, exploits her dominant relationships, authority, status and trust of a child primarily in her care, also where an established relationship exists.]) May exploit and offend against male or female 16 years and under (depending on hebephilic or paedophilic orientation).]) The distinction of cognitive distortion, rationalises offending as being a mutual attraction (not as manipulation and exploitation of a minor) for own emotional and sexual gratification.]) Considered high risk (potential for deviant sexual arousal, grooming and exploiting victim)]) May have a more extensive history of sexual offences.
Developmentally delayed female offender*	<ul style="list-style-type: none">]) Includes offences against family and non-family]) Chronic developmental problems and dependencies]) Cognitive/intellectual impairment or diminished intellectual capacity]) Risk of sexual victimisation and other types of trauma]) Considered high risk of re-offending due to impaired cognitive ability & poor judgement <p>*Category may contain coerced offender (male or female) and accomplice/co-operative offender (when the offender is a mother, and the maternal offender is/could be active or passive accomplice interchangeably).</p>

¹³ Note: Duncan's (2010) categories have been presented as a table with descriptions simply because the reference is more recent than the previous ones. The table format does not attribute more importance to the categories.

Maternal sex offender*	<p>Adult female sexually offends against own child or child in her care. Male & female children (no preference for gender) Could be predisposed to offending due to: childhood history of trauma, maltreatment, history of repeated and severe sexual abuse; sexual offending & physical violence in adolescence; or other criminal history as a juvenile High risk for committing other types of child maltreatment, including physical violence</p> <p>* Category would include two sub-categories:</p> <ul style="list-style-type: none"> ↳ Coerced offender (if documentation re domestic violence between adults and child sexual abuse by male or female partner independent of the mother). ↳ Accomplice/cooperative offender—offends independently, and with male/female adult partner, and/or in a group of male/female adult offenders.
Violent female sex offender	<ul style="list-style-type: none"> ↳ Adult female using mostly violence & physical aggression in sex crimes ↳ History could include multiple sexual crimes/sexually deviant acts against children, teenagers, adults; other types of child maltreatment, domestic violence. ↳ Could be a ‘more psychopathic’* offender due to multiple offending patterns, use of violence with the intention to cause harm. ↳ High risk of reoffending, esp. violent offences

Source: Duncan (2010, pp. 150–151)

*Antisocial/psychopathic according to the new criteria of the DSM V

Flora and Keohane (2013). Citing Matthews (1998) and Atkins (cited in Harris, 2010) respectively, Flora and Keohane (2013) describe three female offender types, namely teacher-lover offender, predisposed offender, male-coerced offender, while a fourth, the male accompanied offender is a sub-group within the male-coerced typology according to Flora and Keohane (2013). The latter is confounding because being accompanied by another is different from being coerced. Nevertheless, Flora and Keohane provide descriptions of these four female sex offender types as well as therapy goals in working with these offenders, the only authors to do so in the literature that was reviewed. However, they omit specific therapy goals for male-accompanied female sex offenders (discussed in the section regarding mental health service provision later in the chapter). It is unclear why this is so, as coercion is different from accompaniment. This blurring of boundaries and inattention to specifics provides further testimony for the lack of coherence in the manner in which the subject of adult female perpetrators of child sexual abuse is dealt.

Nevertheless, the four typologies and the characteristics of the offences have been integrated and are presented in Table 2.2 below and overleaf. Therapy goals for the first three offender types have been presented in Table 2.4 under the section **Mental Healthcare Environment.**

Table 2.2

Female Offender Types, Offence Characteristics, and Personal Factors (Flora & Keohane, 2013)

Female offender type	Nature of offence and personal factors/background
Teacher-lover	Combination of unforced initially unplanned interactions with child (acquaintance, male, preadolescent/adolescent) Child becomes supportive of relationship Victim's status raised to adult status Interaction considered consenting (though still not lawful) Offender in position of authority and holds power over victim Less likely to have been sexually abused, rather verbally and emotionally abused Distant father Sexual abuse of children is attempt at filling emotional dissonance
Predisposed	Fantasy acting out before offence, somewhat planned, follows cycle of sexual abuse pattern Force sometimes used Includes physical & emotional abuse, & neglect Own children, male & female, preadolescent/adolescent Offend alone May display paraphilia interest History of severe victimisation Offending reenactment of own sexual abuse suffered Childhood life chaotic, low self-esteem, self-hatred/loathing May both hate & love parents, desire but fear adult partner, cling or reject Adult life physical & sexual abuse by partner, drug/alcohol abuse, paranoia, suicidal tendencies, extreme distrust of others, deviant sexual fantasies among other things Fears abandonment Very few coping skills, ego functioning impaired, problems with impulse control & sexual acting out, misconceptions regarding appropriate behaviours Provocative & permissive in interpersonal interactions Family unsupportive, chaotic, disengaged (unclear if 'family' refers to present-day family or childhood family)

Male-coerced	Initially, companion introduced alternative forms of sexual misconduct; later, sexual behaviour becomes "more bizarre", then sexual abuse of children included. Initially unplanned, encouraged by husband/boyfriend, who will usually observe or participate in some part of the sexual abuse Additional offences planned with force by partner but with reluctance/resistance from female Abuse only in the presence of male (out of fear, dependency) Substance abuse may be part of the abuse Children in family, acquaintances, strangers, male/female, preadolescent/adolescent
Male-accompanied (considered a sub-category of male-coerced)	More engaged in offence, will begin independently of partner 43% prior sexual offences [No victim or specific offence behaviours are given]
Source: Flora and Keohane (2013, pp. 139–140; 142–143)	

Gannon, Rose, and Ward (2008). Gannon et al.'s (2008) descriptive model of the offence process for female sex offenders states that this group is a diverse group with diverse treatment needs, but that the majority of studies focus primarily on female sex offender typologies from offence information or clinical observations, and on the demographic and victim characteristics of these offenders rather than on the offending behaviours. This is in contrast to Kramer (2014) who asserted there is a dearth of studies regarding the victims of female sex offenders, certainly in South Africa.

Gannon et al. (2008, p. 354, citing Mathews et al., 1989) referred to the various typologies of female sex offenders, as follows: teacher-lover sub-types who commit offences with adolescent males – these offenders are known as Ephebophiles (Child Molestation Research & Prevention Institute, 2015); male-coerced and male-accompanied, respectively, citing Mathews et al. (1989), who perpetrated in the presence of a co-offending male though they are not always being coerced into doing so; female paedophiles who commit offences against prepubescent children; and female sex offenders who offend as part of a broader criminal career.

Gannon et al. (2008, p. 354) referred to six additional sub-clusters of female offending, identified by Vandiver and Kercher (2004) who utilised a quantitative

approach to examine the characteristics of over 470 female sex offenders who had signed the sex offender registry in Texas, US, over a seven-year period. The women were divergent regarding criminality, victim preference, and motivations for the offending behaviour.

The sub-clusters that were identified by Vandiver and Kercher (2004) are as follows: heterosexual nurturers, who victimised young males (no age given) and who appeared to view the interaction as a relationship, consistent with Ward et al. (1995) who refer to male offenders' cognitive distortions of mutual focus and mutual satisfaction whereby they would perceive the victim as being a willing lover who enjoyed the interaction (Ward et al., 1995, p. 464); non-criminal lesbians (referred to as homosexuals in the study), who sexually violated post-pubescent girls and had the least number of arrests; female sexual predators, who sexually violated mainly against young males (no age given) and seemed to have a generic criminal disposition and background; young adult child exploiters, who sexually violated both male and female prepubescent children; lesbian criminal offenders, who would often offend against females (not stated whether adult female or female child) typically for economic gain, for example through forced prostitution; and aggressive lesbian offenders, who sexually assaulted adults (no gender was given) normally within intimate relationships, and perhaps as part of domestic violence.

In order to address the lack of data as well as the lack of an appropriate theory to guide practitioners tasked with rehabilitating female sex offenders, Gannon et al. (2008, p. 355) utilised offence narratives and a grounded approach to conduct a study similar to Ward et al. (1995) (on the offence chain of male child molesters). Gannon et al.'s (2008) study involved 20 women convicted of sexual offences against either a child or an adult (their first conviction of its kind), and two (though not formally convicted) who

potentially had a sexual character to their offending, in order to elucidate the role of various factors associated with female-perpetrated sexual abuse, namely affect, cognition, behaviour, and context.

The offence records of the participants showed the following:

-]) Between them, the female sex offenders had 38 victims (79% child victims), of which 34% were male (roughly similar to the offenders in the study by Wijkman et al., 2011—30%) and 66% were female, the same figure given by Boroughs (2004, citing Jennings, 1994) but 8% higher than Wijkman et al. (2011) even though Gannon et al. (2008) did not make reference to offending of both male and females by any one offender, which could account for the difference in figures regarding female victims.
-]) All victims knew their offender even if just by sight, and 47% were related to their offender through blood or marriage (i.e., mother, aunt, or step-relative).
-]) Twenty-seven percent—roughly similar to Wijkman et al. (2011)—had offended alone (three against prepubescent children, two against teenagers, and one against an adult victim); 50%—almost identical to Wijkman et al. (2011)—had offended in the company of a man (23% male-coerced, and 27% male-accompanied); and 23% offended in groups of three or more (Gannon et al., 2008, p. 355).

Data were collected by utilising file records and self-reports from the participants, as well as interviews to explore various other aspects about the offenders' stories, for example, their childhood, and factors leading up to the offence. Grounded theory methodology was utilised to analyse the data, whereby units of meaning were coded accordingly and refined until the categories reached saturation.

The findings described a sequence of events (contextual, behavioural, cognitive, and affective) that led to female-perpetrated sexual abuse that could be divided into three main elements: background, pre-offence, offence. Gannon et al. (2008) named a fourth,

post-offence and they stated that they had placed considerable emphasis on the background factors as they anticipated this could be useful for practitioners endeavouring to understand, treat, and engage with a range of female sex offenders.

In summary, the findings regarding salient aspects of the DMFSO developed by Gannon et al. (2008) are:

- ⟩ The negative developmental experiences of female sex offenders (poor familial relations, and physical, sexual, and emotionally abusive experiences) resulted at least in part in mental health problems, self-esteem issues, severe passivity, and aggression, and they shed light on why they become victims of further abuse during their early intimate relationships.
- ⟩ Ninety-one percent of female sex offenders experienced some type of domestic violence before the onset of the offending that seemed to exacerbate existing vulnerability factors, and risk factors such as social isolation, maladaptive coping strategies, mental health problems, and passive or aggressive personality styles.
- ⟩ Co-offender influence is less prevalent in male sex offending and relevant models and plays a significant role in both distal¹⁴ and proximal¹⁵ planning, and establishing sex-offending goals. Co-offender influence begins with female sex offender grooming, encouraging them to see the sexual abuse of children as somewhat innocuous, initiating the abuse, and praising them when initiating abuse on their own.

To exacerbate matters, these coerced women begin believing that to achieve intimacy with their partners—and to satisfy them—they must sexually violate children. Gannon et al. (2008) stated that this last aspect uncovered by the DMFSO indicates that female sex offenders have learnt sex offender scripts (from their male

¹⁴ ‘Distal’ planning: more distant from the offence

¹⁵ ‘Proximal’ planning: just before the offence (both personal communication, email, Prof Theresa Gannon, October 15, 2017).

co-offenders) but that they may also have begun to develop beliefs about sex that would require “significant investigation by consulting clinicians” (Gannon et al., 2008, p. 369).

According to Gannon et al. (2008), the implications for clinical practice are:

- ⟩ The need to tailor treatment individually due to the diversity of offender types, and to pay attention to developmental and domestic abusive experiences, as well as the affective, cognitive, and environmental risk factors;
- ⟩ to be aware of the similarities and dissimilarities between female and male sex offenders, namely female sex offenders who explicitly plan and approach the offence behaviour to achieve certain goals, or who offend out of intense fear for their lives, or to achieve intimacy with a co-offender; and
- ⟩ to assist female sex offenders in understanding the range of factors associated with their behaviour.

Gannon et al. (2013). A study subsequently undertaken by Gannon et al. (2013) wished to establish whether the findings of a previous study (Gannon et al., 2008) involving convicted female sex offenders in the UK in which three pathways to offending were identified (Explicit-Approach, Directed-Avoidant, and Implicit-Disorganised) were applicable to a sample of 36 North American counterparts. By examining the offence narratives of the North American sample utilising the DMFSO, the findings suggested that the three pathways identified were a reasonable representation in both samples, and no new pathways were identified. Gannon et al. (2013) hold the view that the DMFSO is an overall reasonable descriptor of the offence styles of female sex offenders and has comprehensively identified the key variables associated with the three prominent offence styles.

It is important to note that the DMFSO was developed following research only on female sex offenders who were apprehended for their crimes and convicted, and is not entirely representative of female sex offenders generally, as the consensus among professionals is that female sex offenders are seen as nurturers (Hetherton, 1999; Villalobos, 2014, reviewed by Dunn, 2015), whose behaviours are less likely to be reported (e.g. Bader et al., 2010), and they are less liable to be convicted (Gannon et al., 2013, p. 221).

Furthermore, the data in Gannon et al.'s (2013) study were derived only from self-report interviews, which in the previous study (Gannon et al., 2008) were rendered somewhat expendable when there was a discrepancy between the information from the interviews and the official records. Nevertheless, Gannon et al. (2013, p. 222) devised a new checklist to establish offence pathways and have suggested that this is used transparently between therapists and offenders in treatment to promote collaborative analysis and promote healthy exploration and a strong therapeutic alliance in this environment. The preliminary checklist entails the amount of positive affect associated with the offence, distal planning, proximal planning, coercion present, and self-regulation before the offence.

Gannon et al. (2013) add their voice to those of other researchers (e.g. Collins-McKinnell, 2013; Kramer, 2010) about the fact that the female sex offender population is under-researched, and that these women could feel “unheard” (Gannon et al., 2013, p. 222) or that their experiences are not differentiated from those of their male counterparts. They concluded that using a theory that has been developed specifically for female sex offenders based on other women's experiences, not men's experiences, could be helpful in convincing female sex offenders in treatment that therapists are well informed, and they are endeavouring to work from a gender-appropriate perspective.

Portraying an attitude of empathy and understanding when working with sex offenders was reaffirmed *inter alia* in Flora and Keohane (2013); Lyell (1998); Sive (1993); and Van Niekerk (2006), while Ford (2017), in turn, stated that when “working behind bars with patients whom others see as criminals … ‘she sees her success as a doctor not by how effectively she treats those with mental illness but by how well she honours her patients’ humanity regardless of what they have done” (Ford, 2017, Location 52). These last few sentiments, and those by Matthews (1994, in Elliott, 1994), accord with the ethos of this research despite cognitive dissonance that might be experienced when thinking about female perpetrators of sexual crimes against children.

In conclusion, Gannon, Rose, and Ward (2012, pp. 16.1–16.19) described the DMFSO as well as the pathways, and they provided a basic graphic representation describing the model only, not the pathways; for the sake of completeness, I have compiled a table (Table 2.3, below and overleaf) that includes the three pathways.

Table 2.3

Descriptive Model of Female Sexual Offending (DMFSO).

Model description		
Background factors (women's childhood, adolescence, early adult experience)	Pre-offence period (events up to one year prior to, and immediately precipitating the offence)	Offence and Post-offence period
Early family environment—positive or negative	Risk factors—could be from major life stressor stage or could reflect pre-existing vulnerability factors	Offence approach—maternal approach, maternal avoidant, aggressive approach, operationalised approach
Abusive experiences—women experienced some form of sexual, physical, or emotional abuse	Unstable lifestyle - e.g. general lifestyle deterioration, multiple caregiver responsibilities (6 months before the abuse),	Offence behaviour - the perpetration of the abuse

Lifestyle outcomes—women's behavioural, cognitive, and affective responses: adaptive, i.e. functional coping, stable vocation; or maladaptive, i.e. erratic lifestyles, poor coping unresolved sexual abuse) — contributory roles of deviant peer influences, social supports, and norms.	Goal establishment or motivations—sexual gratification, intimacy, instrumental other, e.g. revenge, humiliation, or financial (weeks or days leading up to the offence and could occur in very close succession with the next stage Goal Relevant Distal Planning)	Victim response—Engaged; Submissive; Resistant
Vulnerability factors—coping style, i.e. maladaptive psychological/behavioural coping methods; social support (poor emotional/practical support networks); personality (e.g. aggression, dependency); mental health (e.g. mental functioning deficits caused by depression)	Goal-relevant distal planning—Implicit (e.g. self-deception); Directed (coerced); Explicit (e.g. explicitly plan alone or with others the logistics of abuse)	Offence consequences—the women's immediate affective, cognitive, behavioural responses to the offence they committed
Major life stressors—early adulthood stressors, e.g. domestic abuse, death of loved one.	Proximal planning—Implicit disorganised (planned and upon contact with victim impulsively implemented plan); Directed (directed by male co-offender); Explicit Precise (military and precise manner) (close to the commission of the offence)	Offence outcome—how it was detected, e.g. disclosure or arrest
Pathway Identification		
Explicit-Approach: diverse motivations, explicitly pre-planned, explicitly pursue offending		
Directed-Avoidant: explicitly directed to offend but wishes to avoid		
Implicit-Disorganised: various goals but implicit planning or no planning		

Clinical features, profiles and background. Pflugradt and Cortoni (2015, p. 209, citing Cortoni & Gannon, 2011) asserted that the following issues are associated with female sexual offending and that all these issues support their behaviours: relationship and intimacy issues, sexual dynamics, emotional and cognitive processes, and social functioning. In addition, using sex to control emotional dysregulation and emotional states (Pflugradt & Cortoni, 2015, citing Eldridge & Saradjian, 2000; Grayston & De Luca, 1999; Nathan & Ward, 2002) whereby an individual's emotional responses are not tempered, and fall beyond conventional ranges of emotive responses (Beauchaine,

Gatzke-Kopp & Mead, 2007); and goals of revenge or humiliation (Gannon et al., 2008, cited in Pflugradt & Cortoni, 2015).

Citing various sources, Pflugradt and Cortoni (2015, p. 205) continued that, compared with male sex offenders, female sex offenders, in general, have limited qualifications regarding education or vocation, and less financial resources. Furthermore, they have middle or low socioeconomic status (Pflugradt & Cortoni, 2015 citing various authors). One point of focus therefore in treatment and rehabilitation would be to strengthen and improve socioeconomic functioning (Pflugradt & Cortoni, 2015, citing Blanchette & Brown, 2006).

Flora and Keohane (2013, pp. 136–138) for their part cited various authors and studies, and gave an expansive list of clinical features about female sex offenders, as follows: they engage in same-sex molestation; are likely to penetrate their victims with various items; force sexual acts between teenagers and children; allow other adults to sexually abuse the victims; use control and manipulation; may perpetrate the same types of sexual offences that they experienced as children, not only as self-harming behaviour but also out of rage or sexual arousal; internalise their anger, while their defence mechanisms include dissociation and devaluation of self. Furthermore, a study in Finland by Weizman-Henelius, Viemero, and Eronen (Poels, 2007) involving 61 violent female offenders found that these perpetrators had other issues, for example with their families of origin, unfavourable experiences in childhood and adulthood, cognitive deficits, personality disorders, psychiatric care, and histories of suicide attempts.

A study by Ferguson and Meehan (cited in Duncan, 2010) involving the evaluation case records of just under 280 female sex offenders in Florida in the US, found that in just less than 98% of the cases the women acted alone when committing the offence. This particular finding is contradictory to others, for example, Gannon et al.

(2008, p. 355) where 27% of female sex offending is male-accompanied, as well as studies cited by Finkelhor and Russell (1984, cited in Faller, 1987). Pflugradt and Cortoni (2015), who cite numerous authors, stated that the “most unique feature of female sexual offenders is their propensity to offend in the company of a co-offender” (Pflugradt & Cortoni, 2015, p. 206).

To complicate matters, Proeve and Reilly (2007) classify it as sexual abuse by a female only if the abuse included a male perpetrator. In their study, “female” perpetrated child sexual abuse accounted for 9% of the 36% of the participants who reported having been abused as a child but had they not had a male accomplice, their acts would not have been recorded. In some ways, this exacerbates the state of denial that exists and perhaps the level of ignorance regarding female perpetrators. Furthermore, it detracts from the power they have to inflict harm upon children.

In addition to the above, the profiles and background of female perpetrators of child sexual abuse seem to include the following: chaotic, abusive homes, low status, lack of friends, and lack of a sense of belonging (Matthews, 1993, cited in Boroughs, 2004); below average to borderline intellectual capacities (almost 50% of offenders) (Wijkman et al., 2010); substance abuse; extreme dependency on, or rejection by, males (Haëfele & Ovens, 2013; Jennings, 1994, cited by Boroughs, 2004); mental health concerns and a variety of psychological problems, including PTSD (Jennings, 1994, cited by Boroughs, 2004; and Johansson-Love & Fremouw, 2006); emotional immaturity, internal anger, boundary issues, and strong dependency needs (Hunter & Mathews, 1997, cited by Strickland, 2008, p. 476).

Initially, they are more willing to accept responsibility for their abusive behaviours and less likely to deny the abuse (Matthews, 1989, cited by Boroughs, 2004, p. 483); they begin abusing at a much older age than men do, and they tend to use self-

harming behaviours. Wolfers (1994, p. 97, in Elliott, 1994) stated that six out of 10 women in her study denied being sexually involved with a child, and that the high level of denial by female sexual offenders was apparent in her practice, while Turton (2010, pp. 287–289) referred to three types of denial of the abuse: literal (based on the feminine ideal); interpretive (identifying the abusive behaviour as the inherently nurturing behaviour of women); and implicative (whereby justification and excuses are used to neutralise or minimise behaviour). Duncan (2010, pp. 143–144), for her part, identified four types of denial known to be used by female sex offenders: denial of facts (denies that a crime was committed or that the acts constituted sexual abuse), denial of awareness (is not conscious of committing sexual abuse), denial of impact (denies harm caused to the victim and lacks empathy), and denial of accountability (attempts to consign responsibility for the abuse to the victim).

In contrast to these negative traits, Matthews (1994, in Elliott 1994) holds the view that female sexual abusers, as she terms women who have sexually abused children, “are not monsters, they can change … develop empathy for their victims … lead positive lives” and more tellingly, that “they are salvageable and … worth salvaging” (Matthews 1994, in Elliott, 1994, p. 57). According to Matthews (1993, cited in Boroughs, 2004, p. 486), and Matthews (1994, cited in Elliott, 1994, p. 61), the characteristic traits and behaviours of female abusers receiving treatment have been identified as shame, anger, pain and fear, low self-esteem, impaired empathy, and misinterpretation of the victim’s needs and what the victim is communicating. In closing, Matthews (1994, in Elliott, 1994, p. 58) gives two arbitrary definitions of guilt and shame as follows: Where shame is a negative judgement of an individual who is assigned a label or worthlessness or evilness, guilt is an authentic acknowledgment of an act that has taken place but without any moral judgement about the individual who committed the act.

Childhood sexual abuse. While Pflugradt and Cortoni (2015, p. 205) stated there is no evidence of a direct causal link between childhood experiences and later offending, other sources take childhood sexual abuse into account though not as the only factor (e.g. Duncan, 2010; Giguere & Bumby, 2007; Strickland, 2008). Nevertheless, some female perpetrators had been victims of childhood abuse (Jennings, 1994, cited in Boroughs, 2004) or childhood sexual abuse (no percentages were given) (Johansson-Love & Fremouw, 2006). According to Hislop (February 2013), around 75% of female perpetrators had been victims of childhood sexual abuse. A majority had experienced some form of maltreatment as children (Wijkman et al., 2010); the childhood of the ‘specialists’ (see below) was “characterised by traumatic experiences” notably more sexual abuse (Wijkman et al., 2010, p. 41), and they more often have a delinquent partner. The ‘generalists’ in turn (see below) experienced more physical abuse in their childhood, belonged to an ethnic minority and used drugs more frequently.

Specialists and generalists. Specialisation (committing the same type of offence) and generality (committing different types of offences): According to the study by Wijkman et al. (2011) in which they examined the court files of 135 incarcerated female offenders prosecuted in the Netherlands between 1994 and 2005, perpetrator characteristics differed in terms of history of victimisation, and the gender of their victims. Three categories of offenders were distinguished, namely one-off offenders (one sexual offence, no others—16.3%), generalists (who combine sex offences with a comparatively large number of other violent offences—26.7%), and specialists (who commit a relatively large number of sex offences coupled with some minor offences—57%) (Wijkman et al., 2011, p. 40). Among the common characteristics of female abusers is that they range in age between 16 and 36 years (Jennings, 1994, cited in Boroughs, 2004).

More than 25% of the female offenders were the solo offender; 51% the co-offender, while 12% were accomplices who knowingly facilitated the offence (Wijkman et al., 2010). In their review of 13 studies undertaken from 1989 to 2004, Johannson-Love and Fremouw (2006) implied a higher number offended alone, and rarely coerced others into being accomplices (Boroughs, 2004). Females are sometimes accomplices to child sexual abuse, for example in South Africa Joey Haarhoff was said to be lonely, utterly besotted with Gert Van Rooyen, and sexually dominated and assaulted by him (Marais 1990). She would phone children's homes to arrange to take in a child for the holidays (p. 65). This seems to be reaffirmed in the infamous story of Cezanne Visser aka 'Advocate Barbie' and Dirk Prinsloo that was in the headlines in the early 2000s (e.g. De Lange, the Citizen online, 22 August 2013; Mail & Guardian online, 7 October, 2009; Thom & Pieters, 2012; Venter, iol online, 17 February 2017).

Cycle of abuse. The worst outcome of childhood sexual abuse is considered to be that the cycle of abuse might be repeated, which in Wijkman et al. (2011, citing Cortoni, Hanson, & Cache, [sic] n.d.) is the case in approximately 1.5% of incidences. If one considers the other effects suffered by adult survivors of childhood sexual abuse, it is somewhat confounding that the cycle of abuse that might occur and in a comparatively low percentage of cases is considered the worst outcome of such abuse. There is no conclusive evidence to suggest that all or even most adult female perpetrators were themselves abused as children (e.g. Duncan, 2010; Fagan, 2001; Goodman-Delahunty, 2014, citing Lamont, 2011).

Nevertheless, according to Motz (2014), the risk of intergenerational perpetuating of abuses needs to be faced directly to identify, evaluate and mitigate the occurrences, while Dissel (2013, p. 276, in Peacock, 2013) stated that research is pointing to "an association between victimisation and perpetration". The aforementioned

notwithstanding, what is known is that childhood sexual abuse does cause harm to the victim regardless of the severity, extent, and duration of the harm. A statement about what is the worst outcome of child sexual abuse ought not to negate what the victim/survivor has experienced—and possibly still experiences—and indeed what the perpetrator has experienced—and still experiences.

Victim gender. Thirty percent of the female offenders had male victims; 58% had female victims; 12% had both male and female victims (Wijkman et al., 2010), compared with 25% who were abused primarily by mothers, of which 66% were female children (Boroughs, 2004). Five percent of girls and 44% of boys had been sexually abused by a female, while 3% of the girls and 16% of the boys cited their mothers as the perpetrator (Turton, 2010, p. 283, citing NSPCC, 2007). As mentioned, the study in South Africa by Andersson and Ho-Foster (2012) showed that 41% of boys had been victims of sexual abuse by women, compared with 32% who were victims of male-perpetrated sexual abuse; the remaining 27% were victims of both male- and female-perpetrated abuse.

Severity of abuse. There is no one level of severity of abuse that is inflicted (see Elliott, 1993, reviewed by Burton, 1994; Grayston & De Luca, 1999; Johansson-Love & Fremouw, 2006). Female perpetrators tend to use persuasion rather than force (Frieden, 2003), are not as forceful as men, use force or violence less often than men do, and use fewer threats to attempt to silence their victims (Matthews, 1989, cited by Boroughs, 2004). This is not to say, however, that female child sex offenders never inflict violence upon their victims (see, e.g. Boroughs, 2004; Duncan, 2010; Olafson, 2010; Poels, 2007; Wijkman et al., 2011). This is a significant fact to bear in mind, so as not to perpetuate the myth that women are incapable of harming children.

According to Hislop (February 2013), the abuse they inflict tends to have early onset, is severe and could involve multiple or closely related offenders. The abuse of

victims is prolonged, with the result that victims feel “more stigmatized, more different, more betrayed, and more powerless” (Boroughs, 2004, p. 485) because the violence that often accompanies sexual abuse “further magnifies the residual emotional and psychological effects” (Boroughs, 2004, footnote, p. 485).

Female perpetrators of child sexual abuse and the public. Denial and disbelief surround the notion of female perpetrated child sexual abuse (e.g. Kramer, 2010; Turton, 2010), and the risk of abuse is gendered whereby women are traditionally viewed as being at risk rather than creating the risk (Turton, 2010, p. 290). Reports of female-perpetrated abuse can be dismissed and avoided, according to various authors such as Boroughs (2004); Hislop (February 2013); Kramer (2010); Strickland (2013); Turton, (2010). Also, despite women being identified as abusers, sexual “predators” (Turton, 2010, p. 283) are still viewed (by society) as being the male stranger, even though sexual abuse is usually a domestic crime occurring in private, but the media would appear to perpetuate the notion of stranger-danger.

It is incumbent upon society to be more vigilant in its use of terminology so as not to create misleading perceptions regarding the facts and the role players involved in child sexual abuse, as was made abundantly clear by Kramer (2014; 2017) regarding discourse, and constructions about female-perpetrated sexual abuse. To quote, “Language has productive power … The structure of language provides man with his material existence … Language becomes a site of power through its ability to constitute meaning” (Kramer, 2017, p. 49). Also, those who might be unable to access higher levels of education, or indeed much education, and who live in environments with high levels of violence, might not have the ‘language’ to frame an experience as abusive—in contrast to his or her more learned counterparts (Kramer, 2017). To be clear, however, this in no way suggests that those without the specific language of abuse will not abuse or be abused.

Taleb (2008) provided a fascinating account about convictions, knowledge and observations about something, in this case, the existence only of white swans in the ‘Old World’ (Location 358)—until one black swan was sighted, at which time our convictions, knowledge, and observations hitherto were invalidated. The concept of a Black Swan is that it is an event with three attributes: (a) it is an outlier, beyond regular expectations, “because nothing in the past can convincingly point to its possibility” (Location 358); (b) it holds an extreme impact; and (c) humans by nature will fabricate explanations for its occurrence to make it explainable and predictable, but only after it has occurred. What makes the Black Swan formidable is the combination of its low predictability and its high impact. Taleb’s book relates to highly improbable events, for example, the ‘9/11’ terrorist attacks in the US in 2001—thought of as improbable at the time—yet I have no difficulty extrapolating to the phenomenon of female-perpetrated child sexual abuse. In our minds, female-perpetrated child sexual violations quite simply could not exist for all the reasons discussed in this chapter so far. And yet they do.

To paraphrase Motz (2014, p. 267): The deeply held, unquestioned beliefs about the impossibility of women’s capabilities for extreme cruelty and perversion emanate from the terror of confronting such a reality; these beliefs also serve to conceal the psychic and social pressures that create maternal violence and abuse that leaves vulnerable children at risk of being harmed and traumatised by those tasked with their protection.

These female offenders are treated and perceived differently to their male counterparts (e.g. Hislop, February 2013; Kite & Tyson, 2004; Kramer, 2010); they are seen as harmless and incapable of perpetrating sexual abuse (e.g. Boroughs, 2004; Colson, Boyer, Baumstarck, & Loundou, 2013; Kramer, 2010; Turton, 2010) even though physiologically being incapable of committing sexual abuse would not hold in South

Africa due to the definition of what constitutes a sexual offence. Female perpetrators see themselves as victims, vulnerable, maternal, passive, virtuous, docile, moral (Kramer, 2010) and due to their misperception, they define themselves in a different light according to Kramer. Nevertheless, regarding consequences Hassett-Walker, Lateano, and Benedetto (2014) found little support for the notion that female sex offenders are treated more leniently by the criminal justice system than men are.

In addition to all of the above, Kramer's (2010) study of eight incarcerated female perpetrators in South Africa endeavoured to ascertain how various beliefs about sexuality shape the self-knowledge of female sex offenders. Kramer did this by describing their profiles, as well as discursive strategies surrounding innocence, blame, victimisation, and illness; gendered discourses (active male versus passive female, masculinity and maternal); morality dialogues involving religion, self-integrity declarations and conservatism; rehabilitation and “inversions of femaleness” (Kramer, 2010, p. 120); and perceptions of legal and correctional systems, and institutions. This particular group of offenders denied responsibility for their actions, refused to be held accountable, and appear to be continuing with the modus operandi of hiding and fooling themselves into believing no crime was committed. This would appear to be little different from the general population of offenders who do something harmful yet will seek to legitimise, minimise, excuse or justify their actions, according to Eldridge (1994, in Elliott, 1994).

Nevertheless, accountability together with personal responsibility is one of the ten basic standards of treatment for female sex offenders required by Matthews (1993, cited by Boroughs, 2004). Kramer's (2010) participants—female sex offenders—made up 30% of the female prison population in South Africa at the time. It is a reflection on the deviant and deceptive thought processes of female sex offenders that despite being incarcerated and forming a considerable percentage of the incarcerated female population,

they persisted in their avoidance of personal responsibility and accountability for their crimes.

An earlier study by Kramer (2008) involved a sample of four experts in the field of child sexual abuse in South Africa. It explored four purposefully selected key professionals' (three women and one man) perceptions about female paedophiles. Participant selection was based on various criteria, for example, a minimum of four years' experience in the field, practical expertise in working either with perpetrators of child sexual abuse or victims and "formal popular or scientific documentation of such work" (Kramer & Bowman, 2011, p. 248). Even though the findings cannot be generalised mainly due to the purposive sampling involving only experts in the field of child sexual abuse, in this sample of just four participants the findings showed contradicting notions and beliefs about the psychological profile of these offenders, as well as the appropriate legal consequences. Also, the lack of treatment and rehabilitation opportunities for female sex offenders and female paedophiles was highlighted, bringing Kramer's (2008) study in line with the purpose of this research.

To conclude this section, while none of the cited literature explicitly referred to the emotional intelligence of female child sex offenders, the variety of cognitive and emotional deficits could be interpreted as a lack of emotional intelligence (EQ). The concept of emotional intelligence (EQ), or EI preferred by Goleman (2011), refers to the "Ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behaviour" (Colman, 2009, Oxford Dictionary of Psychology, p. 248). Goleman (2011) referred to a framework of emotional intelligence made up of "self-awareness, social awareness, relationship management (positive impact on others) and self-management" (Goleman, 2011, Location 41) with self-awareness and self-

management making up an individual's self-mastery (Location 258). The foundation of self-mastery is an individual's awareness of his or her internal states and the management of those states.

Goleman (2011, Location 814) also referred to "the dark side" of sociopathy at work, which psychologists call "the dark triad" of narcissists, Machiavellians, and sociopaths. Referring to sociopaths, Goleman stated they do not care about the human consequences of their lying or manipulations, and they have no regrets about inflicting cruelty. Furthermore, their feelings are very shallow, with a thinning of the areas of the brain that connect the prefrontal cortex and the emotional centres. These deficits indicate emotional intelligence abilities. An individual's self-regulation of emotion and impulse relies upon the interaction between the emotional centres of the brain and the prefrontal cortex.

While the prefrontal cortex guides individuals when they are at their best (their 'angel'), the amygdala on the other hand, if it takes over, is 'the devil' that leads individuals to act and behave in ways they might regret later. The amygdala is the trigger point for "emotional distress, anger, impulse, fear ..." (Goleman, 2011, Location 272) and is the area of the brain that decodes emotions, or the "body's alarm circuit" (Edwards, May 2005). When stimulated, the amygdala causes intense emotion such as fear and aggression (Wright, n.d.). It is perhaps not difficult to make the leap and cautiously conclude that females who sexually offend against children out of emotional distress, or anger or uncontrollable impulses, for example, could be lacking in emotional intelligence.

To conclude, Pert (1999, p. 273) stated that when emotions are expressed—and she qualifies this: "that the biochemicals that are the substrate of emotion are flowing freely—all systems are united and made whole". In contrast, when emotions are denied, repressed, or not permitted to occur naturally, an individual's "network pathways" are

blocked that results in stemming the flow of “the vital feel-good unifying chemicals” that run not only our biology but also our behaviour.

Mental Healthcare Environment

Mental health service provision. Regarding the service-to-reality gap in mental health, the average percentage of individuals not receiving mental healthcare or treatment across 22 mainly high-income countries in 37 studies, was as follows for two conditions as examples: Depression—56%; Bipolar disorder—50% (Ivbijaro, 2017, pp. 13–18, citing Funk & Ivbijaro, 2008). Furthermore, the average number of mental health professionals per every 100 000 population in various regions around the world (i.e. Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific) was 0.10 in Africa (the lowest) and 13.00 in Europe (the highest), averaged across psychiatrists, psychiatric nurses, and psychologists.

Compounding the realities of the gap between mental healthcare needs and service delivery in South Africa is that the majority of South Africa’s clinical psychologists and psychiatrists practice in the urban and peri-urban private sector (De Kock & Pillay, 2016), while Professor Sodi stated in a media release in September 2014 (PsySSA’s media release September 14, 2017, paras. 1–2) that there was a dire shortage of psychologists in the public sector, which was singularly unhelpful to a country steeped in violence and stress. As for the rural areas of the country, the shortfall of services showed a treatment gap of 85% between mental healthcare services and mental healthcare needs. Furthermore, Bornman et al. (2013) and Mathews et al. (2012) found the level of protection of victims in terms of healthcare inadequate, with limited resources, lack of skills, and a lack of therapeutic responses to address the emotional and psychosocial needs of the child victim and indeed his or her family (Mathews et al., 2012, p. 84).

Also, September (2006) referred to a child protection system that was in disarray in 1995. Despite the policy changes taking place in the mid-1990s in South Africa, over a decade later, September (2006, p. S68–S70) made the following recommendations regarding the child protection services: the need for leadership and infrastructure, improved human resource capacity, implementation of policies, and service delivery. A call for improved cooperation between the various stakeholders, in turn, was made by Van Graan and Zinn (2015) following a study based on questionnaires involving a little under 100 childcare professionals in South Africa. Van Graan and Zinn recommended that co-operation between law enforcement agencies and practitioners working in childcare organisations would facilitate an improvement in the prevention of child sexual abuse and investigations into this crime.

In support of Van Graan and Zinn (2015)'s recommendations, it would appear that collaboration between the relevant agencies and utilisation of data from various sources could ensure more information becomes known. This was the case in Bader et al. (2010, citing Marshall & Barbaree, 1988) for example, regarding recidivism rates among female child molesters, where, owing to shortcomings in the criminal justice sources, additional, useful data was found from child welfare sources. Furthermore, certain cases are dealt with by child protection services (e.g. where the perpetrator is related to the victim) rather than by law enforcement. Thus, a collaboration between agencies could prove effective in dealing with the various elements of sexual crimes against children.

Reading the findings of the studies mentioned above in conjunction with Jonker and Du Preez (2012) regarding the issue of providing treatment to sex offenders incarcerated in various correctional facilities in South Africa, one could conclude that there are still considerable challenges in terms of funding and services in environments dealing with sex offenders in South Africa. Jonker and Du Preez (2012, citing South

Africa, 2005, p. 2) referred to the White Paper on Corrections in which the shift is to rehabilitate sex offenders, not merely incarcerate them, with a view to returning them to their communities “as good citizens after their release” (Jonker & Du Preez, 2012, p. 22).

The minimum sentence in cases of the sexual abuse of a child under the age of 16 is life imprisonment unless “the court finds substantial and compelling circumstances which would justify a deviation from the prescribed minimum sentence” (Van der Merwe, 2005, p. 301). One can only speculate as to how many cases would, in fact, have substantial and compelling circumstances, and how many females accused of child sexual abuse would not be given a life sentence, and how many would be returned to their communities.

Nevertheless, in their study of 20 social workers involved in providing some form of treatment to incarcerated sex offenders in various South African correctional service facilities, Jonker and Du Preez (2012) found that social workers who were expected to work with sex offenders face many challenges as follows: inadequate training and guidelines for working with sex offenders; excessive workload; confusing, limited or no access to sex offender files to facilitate better and more appropriate service provision; as well as the attendant discomfort, fear, vulnerability and confusion they experience in dealing with sex offenders and endeavouring to provide treatment for this population.

The South African Department of Correctional Services (DCS) would appear not to be fulfilling its obligations entirely towards the rehabilitation of sex offenders, and opinion is divided regarding the efficacy of treatment for these sex offenders (Jonker & Du Preez, 2012). Nevertheless, at least there is evidence of some lateral thinking regarding wishing to handle the problem of sex offending with more than just incarceration as the solution. However, unless there is action and unless there is implementation, little is likely to change.

Furthermore, it is important to note that women experience crime differently to men; they have dissimilar experiences of imprisonment, and they are subject to ‘gendered’ routines of imprisonment that include rehabilitation and access to mental health services (or considerable lack thereof in the Correctional Services in South Africa) (Artz, 2013, in Peacock, 2013, pp. 151–152). Also, victimisation within prisons is established even though statistics of such violence are underreported—either because inmates are unwilling to report such incidents or because correctional services officials are unwilling to record such incidences (Dissel, 2013, in Peacock, 2013). This phenomenon brings into focus the issues regarding a lack of willingness on the part of victims of sexual offences to report such offences, a lack of willingness by society, and the authorities to believe incidents of female-perpetrated child sexual abuse, as well as the destructive cycles at play beyond the more commonly thought-of cycle of abuse.

Abroad, the treatment initiatives for female child sex offenders are not as limited or constrained as they are in South Africa, even though they still do not match those available for men. Various treatment initiatives for men are, for example, those mentioned by Middleton (2006) involving the assessment and treatment of male sex offenders in England and Wales; Scheela (2001) regarding the Sexual Abuse Treatment programme (SAT), in which, aside from such things as disclosing, writing an autobiography, and drawing pictures depicting the traumatic events in their lives ('trauma egg'), the male offenders in treatment are required to take a polygraph test at various times during the treatment process, and pay for it themselves (US\$350); and Hesselink-Louw (2009) whose study entailed offender assessment from a criminological perspective, involving four incarcerated adult male offenders in South Africa.

Furthermore, the International Association for the Treatment of Sexual Offenders (IATSO) (iatso.org) is a non-profit organisation committed to the advancement of

research of, and treatment for, sexual offenders globally. According to IATSO's Standards of Care for the Treatment of Adult Sexual Offenders, a sex offender is defined as, "An individual who commits a sexual crime as legally defined in his or her own culture legal jurisdiction" (p. 1). One of their principles of the Standards of Care is that sex offenders should not be discriminated against based on, among other things, gender. The organisation has representation in South Africa.

Blanchette and Taylor (2010), in turn, did a limited review of treatment initiatives for female sex offenders that are available in Canada, England, and in five states in the US. They concluded that gender-informed interventions for female sex offenders are lacking. Nevertheless, various treatment initiatives, programmes and other initiatives do exist that address a variety of related issues. For example, the DMFSO that was discussed in detail earlier in the chapter; a programme called Beyond Justice for women in criminal justice settings that deals not only with the violence these women perpetrated but also with the violence and trauma they themselves have experienced—of interest for this research is that 71% of the sample had had some form of parental/adult sexual contact as children, though the study did not specify what percentage was by a male and what percentage by a female (Messina, Braithwaite, & Kubiak, 2016, examining the programme devised by Dr Stephanie Covington); Moshenka (2014), a volunteer with the Prison Reform Trust's programme to reduce women's imprisonment in the UK, who researched and reported on international good practice and alternatives to imprisonment for female offenders.

Mental health professionals. Clinical experience, as well as a variety of professional qualifications and specialised training for mental health professionals working with sex offenders, was cited as being imperative by various authors such as James and Nasjleti (1983, cited in Flora & Keohane, 2013); Jonker and Du Preez (2012,

p. 25, citing Prendergast, 2004, p. 291); and Van Niekerk (2006), and according to IATSO's Standard of Care referred to previously. Separate from professional qualifications, a variety of other skills, qualities, competencies, and training were considered necessary for those—and to those—working with sex offenders. For example, mental fortitude, strong coping skills, patience, clinical insight, specialised knowledge, perseverance and willingness to work with sex offenders as patients in the long-term, ability to empathise with a variety of feelings expressed by the offender, and ability to communicate (Jonker & Du Preez, 2012; Van Niekerk, 2006).

James and Nasjleti (1983, cited in Flora and Keohane, 2013, p. 65) made a noteworthy point regarding therapists working with sex offenders and the importance of their own level of comfort with human sexuality in order to foster an environment of understanding and acceptance, at least in the therapeutic environment, of another's behaviours however deviant they might be. While somewhat confusing in its analysis and discussion, almost two decades later, Jonker and Du Preez (2012, p. 25) referred to the discomfort experienced by 80% of (female) social workers around sexual matters when dealing with male offenders in South African correctional services facilities. No mention was made of working with female sex offenders in this study. A dated South African study (Lyell, 1998) involved 12 male perpetrators of child sexual abuse who were engaged in treatment programmes at two of Childline South Africa's regional branches. Lyell referred to the psychotherapist's role in the process of research by saying that "child sexual abuse cannot be studied with complete detachment" (Lyell, 1998, p. 186).

Clements, Dawson and das Nair's (2013) systematic review of peer-reviewed literature (both qualitative and quantitative) from Australia (3), Canada (5), the UK (3), and the US (2) examined the perspectives of professionals (which included police officers and probation officers) and victims relating to professional attitudes towards female-

perpetrated child sexual abuse. Even though the methodological shortcomings of the papers limit the conclusions, they nevertheless found that the views of these two groups are different and that professionals considered female-perpetrated sexual abuse to be as serious, as harmful and as deserving of investigation as is abuse perpetrated by males. The victims for their part felt their experiences at the hands of female perpetrators significantly influence their psychological well-being, and their abilities to form and maintain an interpersonal relationship.

The findings in Clement et al. (2013) are in contrast to the findings in Kite and Tyson (2004) that male-perpetrated child sexual abuse is seen, at least by police officers in Australia, as being more serious and causes more harm to the child, than does female perpetrated child abuse. This was found to be consistent with the various studies cited in Kite and Tyson (2004, p. 315) dating back to the late 1970s and the late 1990s. The result was found to be consistent also with “society’s schema of males being more aggressive, brutal, assertive, and violent than females” (Kite & Tyson, 2004, p. 315, citing Slevin & Blasnick, 1980). In contrast, however, Poels (2007, p. 234) referred to women offenders having higher levels of anger than men do, and lower levels of control. Also, research supports the notion that motivation and violence manifest differently in females, and that they use and experience violence for different reasons and in different circumstances (Poels, 2007, p. 234). Furthermore, Kite and Tyson (2004) referred to gender bias when dealing with matters of child sexual abuse and the cognitive dissonance that is apparent.

Gilgun (2010), in turn, referred to the strong negative feelings that arise when discussing female perpetrated child abuse, even by professionals in the field, and she suggested getting beyond these negative feelings in order better to understand perpetrators. For their part, as perpetrators grow in understanding about their behaviours,

some might realise the gravity of their behaviour, as alluded to also by Matthews (1994, in Elliott, 1994) as mentioned earlier in the chapter. Gilgun (2010) stated further that a major task for professionals in the field is to create a safe space where perpetrators can confront their beliefs associated with the sexual abuse of children. Denov (2003), for her part, in her study involving child victims of female-perpetrated sexual abuse makes a case for the development and implementation of training initiatives to “sensitize professionals to the issue of female offending and the intervention needs of victims” (Denov, 2003, p. 47). She continued that failure to do this could have negative consequences for those victims.

According to Turton (2010), a more inclusive theoretical approach to sexual abuse needs to be developed to ensure that both perpetrators and victims are offered the support they require, and to enable professionals to manage the risk. Furthermore, continued research and education related to female sex offenders should be a requirement for service providers (Hislop, February 2013, para. 8). “Clinicians who offer assessment and treatment services to female sexual offenders need to familiarize themselves with the research to be able to provide gender-informed assessment and treatment services to this population. We owe the victims of these women nothing less” (Pflugradt & Cortoni, 2015, p. 218). One ought perhaps to add that we owe ‘these women’ nothing less as well, a sentiment I share with Matthews (1994, in Elliott, 1994).

Vicarious traumatisation. A topic that was initially not of direct relevance to this research is the vicarious traumatisation experienced by practitioners who work with sex offenders. Way, Van Deusen, Martin, Applegate, and Jandle (2004, pp. 49–50) quoted several sources to explain that the term vicarious traumatisation describes pervasive changes that clinicians experience as a result of working with clients/patients who have experienced sexual trauma. These include changes to one’s “sense of self, spirituality,

worldview, inter-personal relationships, and behavior" (Way et al., 2004, p. 49). Other terms that describe the negative effects experienced by those working with traumatised populations are burnout, countertransference, compassion fatigue, or secondary traumatic stress.

Therapists working with sex offenders have added challenges, for example they have to process vivid descriptions of sexual trauma and violence (Ennis & Horne, 2003); they have to deal with societal expectations and institutional mandates in addition to the typical issues in dealing with their clients, and a possible sense of alienation from additional support owing to the social stigma of their client population (Kadambi & Truscott, 2003), while others see sex offenders as more than their offence, as human beings who are treatable and whose behaviours are learned and can be unlearned (Scheela, 2001). Below is a brief presentation of the three studies chosen for review.

The study by Ennis and Horne (2003, p. 149) explored predictions regarding psychological distress in sex offender therapists. It involved a survey mailed to 314 mental health professionals in the US and Canada working variously in international non-profit organisations in the field of sex offender assessment and treatment, and to hospitals, mental health agencies and private practice even though the latter disregarded the individuals' clinical focus. The respondents rated their perceptions of peer and family support, and they completed a self-report measure of the symptomology of posttraumatic stress. The findings showed that peer support lowered the levels of PTSD symptoms and psychological distress, while respondents reported low levels of trauma-related and general stress.

Kadambi and Truscott's (2003) study involving 91 Canadian therapists working primarily with sex offenders had an additional interesting component, that of burnout versus trauma. The stand out findings, for me, were as follows: (a) those who had an

avenue through which to address the personal impact of their work were more likely to score lower on the measure of vicarious trauma that others who did not; (b) almost fifty percent of the sample, split virtually equally, had a moderate to severe stress response to their work, and scored high on two subscales that are hallmarks of professional burnout. This was deemed important because Depersonalisation is the antithesis of empathic engagement considered vital for effective therapy (Kadambi & Truscott, 2003, citing Rogers, 1992); and (c) there was no conclusive finding that those working with offenders experienced more vicarious trauma than a general population of practitioners; consultations and strong connections with colleagues was likely to provide an opportunity for therapists to deal with their experiences regarding the stigma attached to their specific client population.

Way et al.'s (2004) study involved mailed surveys to a random sample of female and male clinicians from two professional organisations—the American Professional Society on the Abuse of Children (APSAC) and Treatment of Sexual Abusers (ATSA). One group (N=95) treated survivors, while the other treated both survivors and sex offenders (N=252). Way et al. (2004) compared the levels of vicarious trauma experienced by the two groups, by also examining professional and personal coping strategies to manage the vicarious trauma. A curious statement is that “Although females in this study reported a higher rate of prior sexual abuse history, there was no difference in sexual abuse history between clinician groups, even when controlling for gender” (p. 65).

Nevertheless, of note in the findings is that the majority of the respondents experienced vicarious trauma within the clinical range; those who had spent less time providing sexual abuse treatment to survivors experienced greater intrusions trauma. Way et al. (2004) stated that those with less experience might require more specialised

training regarding self-care and the potential risks of doing trauma work. Also, despite the possibility that individual characteristics influenced susceptibility to vicarious trauma (Way et al., 2004, citing Pearlman & Mac Ian, 1995), Way et al. (2004) found that the history of maltreatment did not play a significant role in the vicarious trauma experienced. A surprising finding as it relates to this research is that having and utilising professional supports did not necessarily decrease trauma effects, thus indicating that such things as supervision and debriefing had little effect on reducing vicarious trauma.

Furthermore, the two groups did not differ regarding vicarious trauma symptoms. The similarity in the material that the clinicians were exposed to over time may have overlapping features, and importantly for this research, the material may include details of the client/patient's sexual abuse victimisation as a child.

To conclude, vicarious traumatisation appears to be as heterogeneous as the populations of adult females who sexually abuse children and the contexts in which they do so.

Confidentiality. A point of significance pertains to issues of confidentiality that are more complex when working with sex offenders. On the one hand, patient/client confidentiality is a core principle of professional relationships (e.g. Cohen, 1995, cited in Flora & Keohane, 2013); on the other is the mandatory requirement to report any unlawful sexual activity involving children (e.g. Hendricks, 2014; Hunter, 2006; Sexual Offences Amendment Act, CALS, 2008). This potentially puts those in the mental health services in a position of conflict that might require them to supersede the patient's right to privacy in favour of responsibilities to the public, as well as in cases when a patient/client might be deemed an imminent risk to himself or herself, or to others. Those working with sex offenders need to be well informed regarding the parameters of confidentiality and privacy within the professional environment, and they need to make these clear to those

they are treating. Treatment should include a waiver of confidentiality or consent for the release of certain information should this become necessary.

While acknowledging that sex offenders are a demanding population for various role players, for example, the criminal justice system, and mental health professionals, Flora and Keohane (2013, p. 2) stated that various service providers question whether sex offenders “even merit treatment”. Considering the large body of literature attesting to the pervasiveness of child sexual abuse globally and its consequences for all concerned, as well as some of the precipitating factors that cause adults to commit sexually offences against children in the first place, one speculates as to why such a statement was made for which no justification was offered. One is left with the sense that these service providers have tunnel vision regarding sex offenders and do not consider the diversity among them, some of whom could respond to treatment of some sort. This brings to mind a statement made in Jonker and Du Preez (2012) that, “The ideal situation, for society, would be for child molesters to be detained indeterminably, and locked up behind barbed wire” (Jonker & Du Preez, 2012, p. 23).

Those who question the merit of at least offering treatment and support for sex offenders who could benefit from treatment perhaps lack vision as to how such treatment could help to prevent a re-occurrence of these crimes (e.g. Jonker & Du Preez, 2012), to curtail the cycle of abuse, and to facilitate healing between individuals. Indeed, Coleman et al. (1996; 2000, cited in Flora & Keohane, 2013) asserted that treatment is an opportunity to contribute to the protection of society and reduce future offences, and that decisions not to offer treatment exact a higher price psychologically and emotionally for the community, the victims (including prospective victims) and the offender.

According to Bandura (1961, pp. 143–159), psychotherapy is based on the assumption that human behaviour can be modified, and he offered certain learning

mechanisms that mediate change, for example, counterconditioning, punishment, and extinction, where a learned response is diminished in the absence of reinforcement, to name a few. This is important if one subscribes to the thinking that child sexual abuse is a learned response—and therefore mechanisms could be put in place to ‘unlearn’ certain behaviours, as mentioned by Scheela (2001).

Regarding a more generic process of ‘unlearning’, Wind and Cook (2006) referred to the work of Neurophysiologist Walter Freeman who contends that a human being’s brain communicates through a process of unlearning whereby if one is challenged or under the influence of another, the brain lets go of current beliefs and “learns new ones through socially cooperative action” (Wind & Cook, 2006, p. 161). To achieve ‘unlearning’, one has to recognise the need to change one’s mental models. After that, there needs to be a willingness to disassemble one’s world and begin to construct a new world based on new information. In the process, an array of information initially is confusing, and it makes little sense, but as one continues to learn, one builds the (new) mental models that allow one to make sense of what one has been learning. In the end, it becomes easy to see the world through this new lens. Wind and Cook (2006) stated further that unless humans learn to analyse the models that shape their lives and their worlds, the “old worlds will keep coming back to haunt us” (p. 161).

While Wind and Cook’s (2006) book is about business, the concept of ‘unlearning’ could apply equally to what women have learnt that has resulted in the subsequent sexual violation of children. Indeed, Wind and Cook stated that what we see is in fact what we think, not what we see with our eyes, and that sensory information from the outside world is often discarded in favour of what is evoked from other experiences from our internal worlds. If a woman has a chaotic, destructive internal world, it is

plausible that her shambolic inner world could result in the sexual abuse of a child in her outer world.

Approaches to working with female sex offenders. According to Giguere and Bumby (2007), there is no evidence-based guidance regarding the most effective approach to working with female sex offenders, despite data from US sex offender treatment programmes indicating that approximately 33% of the programmes offer services to female sex offenders. Less than 10% of such perpetrators come to the attention of authorities, however. Furthermore, in work with sex offenders there would appear to be professional biases regarding female perpetrators, including minimisation of the offence and advocacy for leniency (Mellor & Deering, 2010); denial of the pervasiveness of their existence; and a fixation on male perpetrators owing to the sheer volume of cases (Giguere & Bumby, 2007, p. 3).

The format of treatment. Notwithstanding the paucity of literature on treatment for adult female perpetrators of child sexual abuse, any attempt in this thesis to integrate literature on treatment formats and modalities would be as ill-considered as those who disregard gender, ignore or minimise the offences committed by females, or focus only on male perpetrators, thus doing a disservice to female sex offenders seeking treatment. Indeed, it is essential that assessment and treatment services for female sex offenders consider the gender-specificity of female sexual offending and acknowledge that this behaviour does not occur separately from the rest of the woman's life (Pflugradt & Cortoni, 2015, p. 213).

Individual therapy, group therapy, and family therapy. These formats could all be used in treating sex offenders, but from the review of the literature discussed below, group therapy appeared to be the preferred format for a high majority of authors. Wilcox, Garrett, and Harkins (2015) asserted the need for skilled individualised interventions

when working with sex offenders, while not disputing the benefits of group therapy. It is likely that these authors were referring to both male and female perpetrators.

In a similar vein in Jonker and Du Preez (2012), both group therapy and individual therapy are deemed necessary in working with (incarcerated) sex offenders, even though there appears to be no differentiation regarding treatment for male perpetrators and female perpetrators in this environment. Furthermore, it is left to communities beyond the correctional services community to work with the sex offender and his or her family upon release. By not differentiating between male and female sex offenders, the treatment needs between genders are also not differentiated. This merely adds to the erroneous thinking that what works for male perpetrators will work for female perpetrators, and exacerbates the notion that a patriarchal society and males take precedence over the needs of a specific population of females and their treatment needs. Indeed, Hollin and Palmer (2006) raise caution against concluding that similar offending behaviours between genders translate into similar treatment needs (e.g. Pflugradt & Cortoni, 2015).

Citing a considerable number of authors, Flora and Keohane (2013, p. 142) discussed a variety of factors involved in treating female sex offenders. They stated that offering some offenders a generic form of psychotherapy would not be considered suitable; this would include, for example, putting female sex offenders into a therapy group with male sex offenders. Goals of treatment need to be directly related to the offending typology identified for each female sex offender (as per the four offender types in Table 2.4).

Treatment according to typologies. Van Niekerk (2006) does not explicitly discuss female sex offenders or differentiate between male and female sex offenders, in contrast to various authors, for example, Duncan (2010), Elliott (1994, in Elliott, 1994),

and Strickland (2008). Van Niekerk (2006) nevertheless stated that a treatment programme [for child sex offenders] must be “sex offence specific”, that is, it must focus “on the aberrant sexual behaviour itself and all related factors” (Van Niekerk, 2006, p. 115). Van Niekerk continued that therapy that endeavours to develop insight [into the actual behaviour or to the precipitating factors?] is not an effective method of intervention for long-term behaviour change. She added that where appropriate treatment programmes, however, should utilise “insight and psychodynamic approaches and techniques” (p. 116). Furthermore, that the goal of working with sex offenders is to effect “behaviour management and control” (Van Niekerk, 2006, p. 116) rather than to cure child sex offenders of their attraction to, and interaction with, children. It is a little unclear to me, however, how one facilitates behaviour management and control without insight into the factors causing the behaviours.

Strickland (2008, p. 485), in turn, summarised treatment implications for female sex offenders as follows: Treatment is required to be offender-specific, focusing on trauma resolution, the effects of childhood sexual abuse, self-efficacy, sexuality, appropriate and consenting sexual experiences, adequate sexual knowledge, social skills, social competence, and appropriate socialisation in interactions with significant others.

Pflugradt and Cortoni (2015) for their part support arguments that the needs and risks of female sex offenders differ from those of their male counterparts. They have a lower risk of offending, to begin with, and a lower risk of reoffending (Blanchette & Brown, 2006, cited in Pflugradt & Cortoni, 2015). Treatment for female sex offender ought to focus on their psychosocial and coping skills, relationships, and parenting roles (Pflugradt & Cortoni, 2015, p. 209).

As some authors, for example, Flora and Keohane (2013), Gannon et al. (2008), Gannon et al. (2013), Pflugradt and Cortoni (2015) and Strickland (2008) at least do

differentiate between male and female sex offenders and discuss treatment specifically for female sex offenders, perhaps one ought to read Van Niekerk's (2006) presentation with some caution. Van Niekerk's presentation notwithstanding, therapy goals for three offender types as per Flora and Keohane (2013) are presented in Table 2.4 below.

Table 2.4

Female Sex Offender Therapy Goals (Flora & Keohane, 2013)

Female offender type	Justifying offence (where shown) and therapy goals
Teacher-lover	Offenders initially angry at being held accountable, while victims (who may have colluded?) are excused from prosecution Goals—recognise harm done to another individual, understand their position of power influenced the sexual abuse Adult responsibility to establish boundaries, not confuse roles, sexual identity Educate re developmental stages child/adolescent
Predisposed	Most clinically challenging group Goals—help rebuild self-confidence, elevate self-esteem Learn that people care for one another Adult need for validation must be met by adults, not children Important to address childhood issues Need to explore cycle of offending, fantasy system, deviant behaviours, masturbatory practices
Male-coerced	Goals—decrease dependency on companion, become more independent, function without male partner Learns assertiveness/job search skills
Note: As mentioned earlier, the male accompanied female offender type is seen as being part of the male-coerced offender type, and no therapy goals were given by these authors. Source: Flora & Keohane (2013, pp. 142–143)	

Group treatment—Talbot et al. (1999). A dated study of interest is one by Talbot et al. (1999) involving 86 female sex offenders who had suffered childhood sexual abuse. Around 56% of women received specialised abuse-specific treatment, the so-called “Women’s Safety in Recovery” (Talbot et al., 1999, para. 17), while the remainder received “Treatment-as-usual” (para. 16). The latter received amongst other treatment formats individual, group and family treatment, focusing on symptom reduction and crisis resolution, and utilising cognitive and psychoeducational approaches. No sexual abuse issues were addressed in this group.

In contrast, the treatment for the former group was focused on the following: Self-care and safety in each women's present-day life, as well as the possible effects that childhood sexual abuse was having in their adult lives. Treatment included exercises in skill building and problem-solving to facilitate identification of deficits in self-care to develop methods for improvement (Talbot et al., 1999, para. 18). The findings for this group showed there was a greater improvement in symptoms, as well as reports that their childhood sexual abuse issues had been dealt with more comprehensively. Talbot et al. (1999, para. 19) concluded that while certain things could be considered in future research, for example, attrition rates, overall the findings showed support for this form of intervention and the benefits in the long-term.

Group treatment combined with incarceration—Matthews (1993). Boroughs (2004, p. 486) referred to Matthews's (1993) treatment modality that incorporates ten basic treatment standards that she requires of female perpetrators in treatment. Matthews has found that the best results are when treatment is combined with incarceration as this sends a real message to the offender that her behaviour is a crime and will not be tolerated. One might wonder what the implications could be for women who self-identify as potential offenders and voluntarily seek treatment to understand their impulses and their behaviours and take action to stop them—would their behaviours still be seen as a crime and dealt with by incarcerating them, rather than offering them treatment?

Regarding Matthews' (1993) therapeutic standards, she requires perpetrators to take responsibility for their behaviours by acknowledging in themselves traits that she has listed previously, namely shame; anger, pain and fear; low self-esteem; impaired empathy; and misinterpretation of the victim's needs and what the victim is communicating (Boroughs, 2004, p. 486). They are required to present the story of their crime to the therapy group, as well as a written life story, and a collage of drawings of

themselves, and to resolve their therapeutic issues, address the abuse through family therapy and meet exit criteria developed for her by her therapist. While the list includes several musts (Boroughs, 2004, p. 486), it does give offenders a voice and holds them accountable for their treatment, in a similar vein to Bohart and Tallman (1999). Finally, Matthews (1993, cited in Boroughs, 2004) requires that each woman must make amends to the victim. In their study of eight male perpetrators, Collins, Brown, and Lennings (2010) reported, “less gain and change hampered by a desire for victim reconciliation” for 25% of the population (Collins et al., 2010, p. 299).

Consistent with Matthews (1993, cited in Boroughs, 2004), Hubbard (March 2014) stated that research (unnamed sources) supports the best practice of group therapy for sex offenders that provides peer support in the form of challenging denial and ‘wrong-thinking’ and bringing offences out into the open. This is an especially important cognitive element in that many sex offences are based in secrecy (Hubbard, March 2014, para. 4).

Goodman-Delahunty (2014)’s study in Australia investigated treatment being offered to parents who had sexually abused their children, and to their victims and families to prevent reoffending; there was only one female perpetrator among 213 males for the period in question (1989–2003). If an offender were found not to be suitable for treatment, his (or her) case would proceed to criminal prosecution. The concept of first assessing offenders for eligibility in a treatment programme rather than immediately proceeding to criminal prosecution could be a means for adult female perpetrators of child sexual abuse to be dealt with more effectively than seeking only to punish them for their crimes by incarcerating them. It could also mean that these perpetrators might be enticed to emerge from the shadows and seek treatment if they know that incarceration is not the immediate and only option.

Summary

The literature suggests that the dynamic of child sexual abuse is about the expression of power and authority; it is about the abuse of power and violation of trust and personal boundaries. It has to do with control, both over another person and loss of control and of personal power because of the abuse. Sexual abuse affects one's sexual identity and is something extraordinary being done to another's body, in the case of a child, for which it is not physiologically ready. Neither is a child ready emotionally for adult expressions of sexuality, resulting in an impact on a child's self-esteem, belief system, identity formation.

Female perpetrators have a variety of family backgrounds, characteristics, and varying types of lives as adults, some in abusive relationships, and others abusing drugs or alcohol. They are a heterogeneous population with a variety of offence styles, an indiscriminate choice of the victim or specifically targeted victim, with perpetration of a sexual crime against a child as the common denominator.

Mental health service provision globally requires much more work in order specifically to tailor treatment for adult female perpetrators. This could facilitate therapeutic outcomes that are more effective for victims, the perpetrators themselves, and for the community. The pathway to sex offending could be positively influenced by treating the abused child so that he or she can heal, and—it is hoped—so that he or she can be prevented from going on to offend later in life. This ‘remedy’ ought to be applied to adults who perpetrate sex crimes against children as well, so that they too heal from their actions as adults, perhaps also from their experiences in childhood, so that they too—it is hoped—do not go on to offend again.

Overall, there appears to be a lack of consensus in the literature regarding what constitutes child sexual abuse. It also depends on which lens one looks through, for

example, the legal lens involving child protection agencies and criminal statutes, and the clinical lens that is focused on the extent of trauma (Deering & Mellor, 2007), as well as which country one is in, and which cultural norms one subscribes to. Furthermore, it would seem that there is a need for more proactive prevention coupled with the existing reactionary prevention that takes place, for example, in schools (Bolen, 2003). As shown in the introductory chapter and the present chapter, there is negligible support or educational services for those perpetrating sexual crimes against children.

Chapter Three presents the Research Methodology utilised for this research, and it comments on the theoretical framework chosen for the research.

Chapter Three Research Methodology

Introduction and Overview

Chapter Three deals with the methodology utilised in this research to answer the research question about mental health service provision in South Africa and adult females who sexually abuse children. The chapter comments on the theoretical framework underpinning this research, and it discusses the research paradigm, research design, and the research question, as well as the research population, participant selection, sampling, and data management in detail (i.e. data collection method, transcription of interviews, and the data analysis process). The chapter also discusses trustworthiness, and the concept of authenticity briefly, as well as generalisability in research, the ethical considerations, and the limitations and delimitations of this research. The chapter begins with the theoretical framework, and it concludes with one or two remarks.

Descriptive Model of Female Sexual Offending (DMFSO)

The theoretical framework underpinning a research project is the lens through which the researcher will look at his or her research, and this lens needs to be motivated and discussed during the research proposal phase. I struggled with this concept, however. By locking oneself into a particular theoretical lens before one has conducted the research, one is almost forced to make the evidence fit the theory: In the case of scientific enquiry, the evidence is the interpretation of the data that comes after the research has been conducted, and it cannot be known beforehand, particularly in research such as the present one. For me, a theoretical lens through which to view one's research differs from the ethos of a research project, which is the “distinguishing character, sentiment, moral nature, or guiding belief” (Merriam-Webster Dictionary online).

In this research, the ethos was my wish to explore the topic from the psychology of healing rather than from the psychology of wrongdoing. Psychology, in general, is not in the realm of criminal justice that concentrates on criminal behaviours and actions, and seeks restitution for wrongdoing, with the focus being on arresting an individual, putting the individual on trial, picking apart testimony, and possibly incarcerating the individual. Instead, psychology (from the ancient Greek for *psyche*—soul, mind—and *logia*—study, account) concerns itself with mental processes, how we have them, and what they tell us about the machinery of our minds (Collin et al., 2012, p. 10)—that produces the behaviours and actions sometimes dealt with by the criminal justice environment.

Nevertheless, the process of deciding upon a theoretical framework for this research evolved in various ways. First, after a reasonable amount of investigation, I could find only one female-specific theory for sexual offending, the DMFSO, which in addition viewed the phenomenon holistically, as mentioned in Chapter One. This view resonated deeply with me. I am of the opinion that as human beings, we are multi-faceted, and our entire existence cannot be captured by just one defining moment—all of us walked a path of some description to get to a particular point. The DMFSO’s emphasis on pathways to offending thus appealed to me, in particular, the considerable weight it places on taking into account an individual’s background.

Furthermore, according to Udo-Akang (2012), theories that are driven by research are directly relevant to practice and are of benefit to the field of study. The DMFSO focuses on female sex offenders, not on men who sexually abuse children, or on children who do so. Gannon et al. (2008) formulated their theory based on research with populations of adult female sex offenders. Thus, this research had a theoretical basis from which to explore mental health service provision in South Africa for adult females who sexually abuse children and to ascertain where their paths lead them.

Second, none of the other theories instinctively resonated with me, unscientific as this comment might sound. A scientific basis for this comment could, however, come from what cognitive psychologist Gigerenzer purportedly refers to as “fast and frugal” (Gladwell, 2006, Location 206). This is a strategy where not every conceivable strand of evidence is weighed; instead, one part of one’s brain does a series of instant calculations and produces a feeling before any conscious thought takes place. Alternatively, from Hodgkinson, Langan-Fox, and Sadler-Smith’s (2008) article that refers to intuition as a “fundamental bridging construct in the behavioural sciences” (p. 1). Hodgkinson et al. (2008, pp. 5–6) offered numerous definitions of intuition, for example: “A psychological function that unconsciously yet meaningfully transmits perceptions, explores the unknown, and senses possibilities which may not be readily apparent”, and “Intuition is a capacity for attaining direct knowledge or understanding without the apparent intrusion of rational thought or logical inference.”

Third, I understood that the issue of female-perpetrated child sexual violations and mental health service provision for this subpopulation could not be uncomplicated and straightforward. If it were, there would have been considerable research and literature on the topic, and several treatment interventions. I hold the view that a woman—and indeed a man—does not suddenly decide she (or he) will commit a crime without precipitating factors, some pathway to any decision, any action, any behaviour even if it is not always in her (or his) conscious awareness.

With this research, I was interested in exploring the extent and the nature of mental health service provision in South Africa for women who were led, in some way, to cause a certain level of harm to a child. During this research, I became interested equally in what leads people to join the ranks of the helping professions as opposed to, say, becoming mathematicians, and hearing their accounts about their experiences and

thoughts regarding female child sex offenders. The broad concept of ‘pathways’ therefore was of interest. What we would learn about service provision as it stands, and as it should be, could give us an indication of the present level of priority in providing care for various subpopulations in South Africa, and the paths we need to walk to facilitate healing and support for these subpopulations. At the end of the research phase, I was satisfied that I had chosen an appropriate theoretical framework that took into account a woman’s pathway that ultimately became a topic of research interest.

Research Question

While the focus of this research did not deviate from mental health service provision for adult female perpetrators of child sexual abuse in its original conception, after completing two-thirds of the fieldwork I felt a need to modify the terminology related to this research. I felt it was correct not to lose sight of the woman while we focus our attention, often exclusively, on the female criminal perpetrating offences. Also, it was more accurate to consider a broader range of harmful behaviours that might unwittingly or unwittingly not be perceived as child sexual abuse, as per the definition, and in these cases, there would be no ‘perpetrator’ per se, as per the definition.

Thus, the final title of the thesis reflects women’s sexual violations against children, referred to generically as child sexual abuse in the literature and utilised in the thesis when referring to the field of child abuse and sexual abuse, or others’ work and terminology. The term ‘abuse’ is, also, the one closest to the broad phenomenon of child abuse even if one also understands the concept of ‘violation’, of one’s personal boundaries in some form, for example.

The Informed Consent Form and the Interview Schedule appended to the thesis (Appendices 3 and 4, respectively), however, still reflect the original, preliminary title of

Mental Health Service Provision in South Africa for Adult Female Perpetrators of Child Sexual Abuse, for the sake of rigour. Similarly, the original research question remains intact: ‘How is the phenomenon of adult female perpetrators of child sexual abuse dealt with in the mental health services environment in South Africa?’ for the sake of consistency with the Interview Schedule and the Informed Consent Form.

Satisfying an enquiry about the phenomenon mentioned above would be accomplished by seeking answers through participants’ accounts relating to the following:

- J the question of prevalence of female-perpetrated child sexual violations;
- J the nature and effect of child sexual violations committed by women; and
- J the mental health services environment in relation to
 - o support and psychotherapeutic interventions offered to women who sexually violate children, and
 - o the knowledge and experiences of relevant professionals involved in treating women who sexually violate children.
- J The role played by the field of psychology in relation to
 - o behaviours and actions of women who sexually violate children, the effects on the child victims, and the effects on the broader community;
 - o mental health service provision and mental health service providers;
 - o the therapeutic professions, vis-à-vis creating new treatment modalities, and new theories to deal with this phenomenon.

The intention is to endeavour to circulate the findings and recommendations to relevant stakeholders in South Africa, which includes the participants, and to stakeholders abroad to encourage sharing of information and knowledge, and to provide opportunities for healing for women who sexually violate children.

Research Paradigm

A research paradigm determines how individuals view the world, what they define as reality, and what they perceive as truth and knowledge (Archer, 2015, July, p. 5).

According to Terre Blanche and Durrheim (2006, p. 6), research paradigms are all-inclusive systems of interconnected practice and thought processes. They allow researchers to define the nature of their enquiry according to three dimensions as follows:

- ⟩ Ontology: the reality to be studied;
- ⟩ Epistemology: the relationship between the researcher (who ‘knows’) and participants’ knowledge and experience (that which can be ‘known’);
- ⟩ Methodology: the manner in which the researcher proceeds to research a topic.

Qualitative approaches (and quantitative approaches) are based on philosophical customs with different ontological and epistemological assumptions (Cohen & Crabtree, 2006, July): ontological assumptions are concerned with ‘what is’—that is, what constitutes reality; epistemological assumptions involve knowledge—how it can be created, how it can be acquired, and how it can be communicated; and methodological assumptions relate to data—the why, what, when, and how data are collected and analysed, and from where they are collected (Scotland, 2012, p. 9).

There are various research paradigms, such as the Positivist paradigm, the Constructionist/Interpretivist paradigm (e.g. Holloway & Wheeler, 2002, p. 4; Levers, 2013); the Critical/Emancipatory paradigm (Archer, 2015, July, pp. 6–8); and the Feminist paradigms (Cohen & Crabtree, 2006, July). Each paradigm contains its own ontological and epistemological assumptions that hold inherently different views from other paradigms regarding the assumptions of reality and knowledge on which their research approach is based. These differing assumptions are reflected in their methodology (Scotland, 2012, p. 9).

In this research, the topic that was explored consisted of personal accounts and subjective experiences shared with me by the participants, and it relied on my ability as the researcher to interpret the subjective experience and meanings that arose from the analysis of the data. The paradigm applicable to this research, therefore, is the Interpretivist paradigm, with its multiple subjective realities that are at once constructed—and interpreted (ontology). Events are understood through interpretation, and in turn, are influenced by the social context in which they occur (epistemology). The manner in which the research is conducted is through interpreting and understanding a subjective context (methodology) (Archer, 2015, July, p. 7).

The Interpretivist paradigm. The methodology of the interpretive/descriptive paradigm is centred on the way in which individuals make sense of their subjective reality and the meaning they attach to it, whereby people do not exist in a vacuum and instead explore the world from their life context. Interpretivists assert the importance not only of focusing on explaining, predicting, and controlling but also on the interpretive, empathetic understanding of human experiences by reconstruction and interpretation of the actions of other individuals (Holloway & Wheeler, 2002, p. 7).

Weber, who influenced writers such as Denzin and others (Holloway & Wheeler, 2002, p. 7), held that those who are being studied ought to be treated “as if they were human beings” (Holloway & Wheeler, 2002, p. 7), and that by listening to them and observing them one could gain access to their experiences and perceptions. I respectfully submit that despite the cognitive dissonance that may be caused by the very idea of female-perpetrated child sexual violation, those researching any aspect of child sexual violations could endeavour to consider Weber’s statement. This suggestion is consistent with the ethos of this research that wished to explore the topic from the psychology of healing rather than from the psychology of wrongdoing.

Cohen and Crabtree (2006, July) add that by proposing that reality cannot be separated from our knowledge about the world around us, the Interpretivist paradigm asserts that the values of those undertaking research are intrinsic to all stages of the qualitative research process. Findings emerge through dialogue between researcher and participant, while interpretation is located in a particular context and given time—"a particular moment"—and is open not only to re-interpretation, but also to negotiation through dialogue (Cohen & Crabtree, 2006, July, para. 2).

Dimensions. Exploring the inner reality of the subjective experiences of the service providers participating in this research included the interaction between the researcher (me) and the participant, and my level of involvement in the research process: I did not just send them a survey to be completed anonymously without us having contact beyond the perfunctory. Rapport began being established from my first communication to invite their participation in this research. I was present in the moment with—I trust—empathy and observer subjectivity when they shared their experiences and knowledge with me in person during the interviews. I did not engage a third party to transcribe the interviews, and I analysed the data without the use of technology. Once the thesis has been examined, I will share the findings of this research with them as a means of acknowledging the contribution they made not only to this research, but also to the broader community involved in aspects of female-perpetrated child sexual violations.

Research Design

The aims of this research were accomplished by employing a qualitative method of enquiry that explores the subjective experiences of research participants (Flick, 2009). The qualitative method of enquiry describes a given situation to facilitate an understanding of individuals and their perception of their situations (Bell, 2010) and it

focuses on the manner in which people experience and make sense of their world (Holloway & Wheeler, 2002). According to Holloway and Wheeler (2002, p. 3), the basis of qualitative research is positioned in an interpretive approach to social reality, and the lived experiences of individuals. A qualitative interpretive method of enquiry coupled with an exploratory, descriptive approach to this research utilising individual semi-structured interviews yielded thick and rich data that were analysed and interpreted, and which produced and described a cohesive account of the participants' knowledge and experiences.

Exploratory research involves an initial idea of a phenomenon that one wishes to understand. It can result in a new topic being researched or a new angle on a subject being studied (Kowalczyk, n.d.). Typically, it lays the groundwork for further exploration that leads to descriptive research whereby one attempts to explore a topic and explain what has been found by, also, filling in the gaps and providing further information (Kowalczyk, n.d.).

In this research, I followed an exploratory, descriptive approach whereby research concentrated on the exploration and description of the participants' knowledge about women who sexually violate children and their experiences and knowledge regarding support and psychotherapeutic interventions for these women. The research outline that was required by the University of South Africa (Unisa), before the research proposal, was the exploratory research, whereby the subpopulation of adult females who sexually abuse children was the topic, but my wish was to explore the topic from a different angle, namely mental health service provision. Because of this research, there is now additional information both about these women and about mental health services for them. Also, there is a better understanding of the topic, with all its constituent parts, that forms the basis for recommendations for practice emanating from the findings.

Studies utilising an exploratory approach. Various related studies employed an exploratory approach, for example:

- ⟩ Banyard, Williams, and Siegel (2001)—in their study involving 174 women and the impact of their childhood sexual abuse experiences that included other abuses in their life cycle but not specifically by female perpetrators. Note: Owing to references to the majority of the population being African American, and the authors acknowledging the support of National Center on Child Abuse and Neglect [in the US], Recovery from Sexual Abuse, and Adult Memories and Consequences of Child Abuse, with US telephone numbers, one could conclude that the study took place in the US.
- ⟩ Beech, Parrett, Ward, and Fisher (2009)—in their study exploring the cognitions and motivations of 15 incarcerated female child sex offenders that made up 50% of the UK female sex offender prison population. This figure may be compared with 30% of the female sex offender population in two female correctional facilities in South Africa according to Kramer (2010).
- ⟩ Deering and Mellor (2011)—in their qualitative study in Australia on the self-reported impact of female-perpetrated child sexual abuse, in which they found that for the most part, the impact of female-perpetrated child sexual abuse was the same as the impact involving male perpetrators. Nevertheless, they asserted that the consequences of female-perpetrated sexual abuse are nonetheless serious and require further research.
- ⟩ Faller, Birdsall, Henry, Vandervort, and Silverschanz (2006)—in their study in Michigan (US) examining the correlates of the confessions of child sex offenders relating to their conduct, in which they found four variables associated with child sex offender confessions. These are the younger age of a suspect, more serious abuse, having state police manage the law enforcement section of the investigation, and

having a court-appointed attorney (compared with having a privately funded attorney).

Studies utilising semi-structured interviews. Related studies have employed semi-structured interviews, for example:

- ⟩ Capri, Kruger, and Tomlinson (2013, p. 366)—on the emotional experiences of social workers in the Western Cape (South Africa) who work with sexually abused children, and ‘possibly’ experience vicarious trauma as a result, on a par with their counterparts in other countries.
- ⟩ Denov (2004)—in her study involving 14 child victims of female-perpetrated sexual abuse, and the findings that all stakeholders ought to pay closer attention to the possibility and prevalence of female-perpetrated child sexual abuse. Note: No country was mentioned in the journal article, nor were the names of the 40 social services organisations given, but based on the author’s university affiliation, one might conclude that the study was undertaken in the US.
- ⟩ Kramer (2008)—in her study of four experts in the field of child sexual abuse in South Africa, discussed in the Literature Review chapter.
- ⟩ Kramer (2010)—in her study of eight incarcerated female sex offenders in female correctional service centres in Johannesburg and Pretoria (Gauteng, South Africa), discussed in the Literature Review chapter.
- ⟩ Sandhu, Rose, Rostill-Brookes, and Thrift (2012)—in their study involving eight participants working on a treatment programme for sex offenders with an intellectual disability, where they found the workers experienced a range of negative emotions but that emotional intelligence was related to greater therapeutic understanding. Note: References to the NHS (National Health Service) in the UK, and the university affiliations of the authors would suggest that the study took place in the UK.

Wakeling, Webster, and Mann (2005)—in their study involving 46 adult male sex offenders in the prison system in the UK, as part of the Sex Offender Treatment Programme (SOTP). They found multidimensional experiences, negative and positive affect, as well as learning points extracted from each treatment ‘block’ (Wakeling et al., 2005, p. 171).

Research Population and Participant Selection

Research population. In my deliberations regarding a topic for my doctoral research, I was interested in the more positively charged spaces (psychotherapeutic intervention, support, healing, rehabilitation) rather than the more negatively charged spaces (arrest, trial, incarceration). For this reason, my choice of research population initially focused primarily on mental health, and allied, professionals (phase one), and medical professionals (psychiatrists, and psychiatric nurses) (phase two). During the search for potential participants, I came across other relevant professions, for example, the field of sexology, sex education, and criminology, and professionals in these fields were canvased for participation based on the same criteria for inclusion relevant to the research question (Swartz et al., 2011). (See **Participant selection and Sampling** below).

Throughout all the stages of this research, I remained faithful to the ethos of the research. However, by the time I had conducted 11 interviews with professionals in the field of psychology and related fields, it was becoming evident that the findings of this research could well end up being mostly a repetition of what was in the literature. This is because only two of the 11 participants in this research had worked directly with women who had sexually violated children: one in a therapeutic capacity, with one or two women, many years ago; the other in a research capacity with eight incarcerated female

sex offenders over five years ago. Although potentially illuminating, gaining little new knowledge in this research would not have been satisfactory. In this research, new knowledge from professionals who had direct working experience with women who sexually violate children emerged from the interviews with participants #12, #18, #21, #26, #27, #28, #29, #30, #34, #36, #37, and #39, thus validating the effort to continue interviewing beyond the target of 10 to 15 participants mentioned under limitations later in the chapter.

The sample for this research was initially sought from diverse professionals in community practice, private practice, and in the public sector in three provinces in South Africa, namely Gauteng, the Western Cape (W. Cape), and KwaZulu-Natal (KZN), as these provinces have the highest concentration of related service providers according to the national listings (medpages.co.za) (listed above in descending order). In this research, and while conducting ad hoc searches for participants, described in *Sampling*, it emerged that additional data could be obtained by approaching other relevant service providers in other provinces. Those were also contacted to invite their participation in this research. In the end, individual interviews were undertaken with practitioners in four of the nine provinces in South Africa, as shown in Figure 3.1 below.

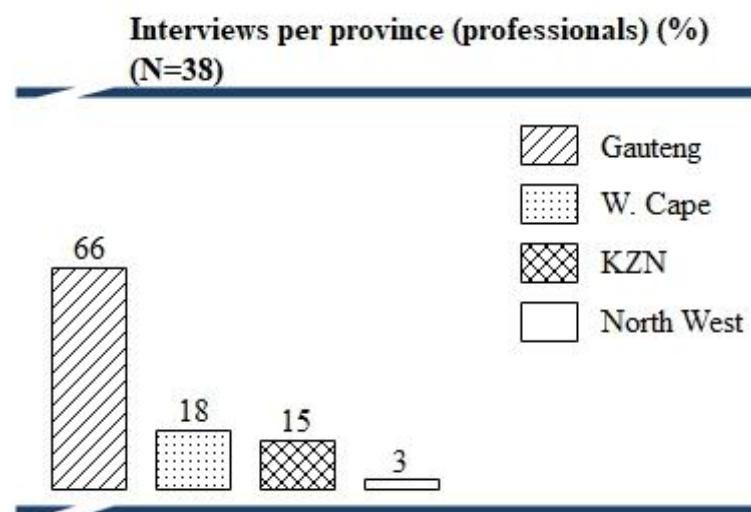


Figure 3.1 Percentage of interviews conducted with professionals in four provinces.

Participant selection. Participant selection was based on the individuals being in relevant service provision involving women who sexually violate children, or at the very least knowing the issue. The rationale for the choice of a broad range of relevant service providers—not only those working directly with women who sexually violate children or only experts in the field of child sexual abuse, if I could find them—is that the phenomenon is shrouded in secrecy and is considerably invisible. The relative invisibility of these women was borne out by the negligible literature on the topic and the initial discussions with stakeholders regarding possible topics for research.

Little is known in South Africa about women who sexually violate children—who they are, where they are, how they go about seeking mental health support, and indeed what mental health support even exists for them. *Ergo* in all likelihood, there would be a limited number of practitioners in South Africa who work with women who sexually violate children. Discovering individuals working directly and exclusively with women who sexually violate children could have proven highly limiting, and in my view, would have made researching the topic redundant.

By electing initially to approach various role-players in related service provision in South Africa, there was a higher chance of finding sufficient participants to provide diverse and abundant data for analysis to ensure ‘multivocality’ and not to hear only from those who are steeped in the field of child abuse. Therefore, after securing various interviews with additional mental health and allied professionals, and medical professionals, and while waiting to conduct interviews in various public sector mental healthcare institutions, discussed later in the chapter, I felt that this research would be further enriched if I included a component of the criminal justice system. The criminal justice component was important because women who sexually violate children are deemed to have committed a crime; thus, data from these interviews would provide

additional perspectives on the topic being researched. This is, in addition, consistent with Kramer (2008, p. 58) who noted that a limitation in her study was that her sample could have included other professionals, for example, “judicaries, magistrates, correctional services” to obtain a wider range of views. Also, Kramer and Bowman (2011) asserted the need to broaden the range of individuals being approached for research regarding female sex offenders. The participants in this research brought a wide variety of professional voices to this research, further validating the idea to expand the research population to include non-mental healthcare professionals and non-medical professionals.

Demographics. The following demographics were not part of the criteria for inclusion in this research: age, race, gender. **Sampling** below describes my method for canvassing participants, and both sampling and participant selection will be discussed further in Chapter Six relating to the strengths and the weaknesses in this research. Also, Chapter Four has comprehensive sections regarding the participants’ range of experience and knowledge regarding the topic being explored, which was the focus of this research, and it includes their clientele/patients’ profiles in general terms, and, in some cases, their genders. Also, Figure 4.3, later in this chapter, shows the sectors in which interviews were conducted. It is important to note that I sought prospective participants without consideration for the demographics mentioned above and that I interviewed all those who responded to the invitation to participate in this research, regardless. Race and gender have been included in Table 3.1 later in this chapter, for the sake of completeness.

Sampling. The primary method of sampling for both purposive and for snowball sampling was through the Internet. A secondary method involved individuals whose names I stumbled across in a variety of media. For example, as contributors to, or for reference in, a book; on an SAPS (South African Police Services) newsletter; in a book about females who commit murder; on the programme for relevant training; or on a

random email I received. If something could be of interest for this research, I would go to great lengths to follow up. Additional work and perseverance were required in finding what and whom I was searching for (again through the Internet) but in all cases, it proved fruitful.

The nature of ‘search’ on a platform such as the Internet is at once simple, painstaking, and frustrating but it does expedite access. One has to be clear about what one is searching for, and then begin with a basic search, and be prepared to expand the search, often merely by clicking on other pages that appear close to a page or an online profile of interest. For purposive sampling, I began searching for—and then through—a variety of relevant listings. Some listings and websites (e.g. community, academia) were more useful than others were, and far too many entries had insufficient contact details, or incomplete profile details, which led to frustrations that nevertheless did not deter me from persisting with a methodical search. I painstakingly read each online profile that was of interest to assess potential suitability for participation, even with those who had been mentioned or referred to me. With persistent, focused work, it is possible to find sufficient prospective participants without the need to send out a blanket invitation to thousands of individuals in the hope that some will respond and some will be suitable, like flinging spaghetti against a wall and hoping some of it will stick.

Each prospective participant (including those known to me) was sent a letter in the body of an email inviting participation (Appendix B), not as an attachment to reduce the possibility of emails being blocked. Table 3.1 overleaf shows the number of individuals who were sent letters inviting participation (including those known to me), and the number of those who declined, accepted, did not respond, were interviewed.

Table 3.1

Inviting Participation.

	Gauteng	Western Cape	KwaZulu-Natal	Eastern Cape	North West	Total all provinces
Invitations sent	125 (51%)	65 (27%)	43 (18%)	9 (4%)	1 (0.5%)	243
Total # who responded	43 (34%)	22 (34%)	13 (30%)	4 (44%)	1 (100%)	83 (34%)
Total declined	18 (14%)	15 (23%)	6 (14%)	3 (33%)	0	42 (17%)
Total accepted	25 (20%)	7 (11%)	7* (16%)	1 (11%)	1 (100%)	41 (17%)
Total interviews done	25 (20%)	7 (11%)	5 (12%)	0**	1 (100%)	38 (16%)
Total # who did not respond	82 (66%)	43 (63%)	30 (70%)	5 (56%)	0	160 (66%)
<i>Notes:</i>						
Began emailing invitations ¹ : Friday 22 April 2016						
Interview phase began: Thursday 5 May 2016						
Interview phase ended: Saturday 3 December 2016						
[Number of interviews conducted: 12 (5–26 May); 16 (1–30 June); 2 (13–20 July); 4 (5–15 August); 3 (1–13 September); 1 (3 December 2016) = 38]						
¹ After Draft 1 of Literature Review and Methodology chapters had been signed off.						
* KwaZulu-Natal acceptances: Two of the seven cancelled.						
** E. Cape acceptance: Individual indicated uncertainty about offering value to this research but was willing to do the interview. I awaited interviews in a public sector environment in that province as well. When that did not materialise, I sent a follow-up email to the individual to conduct the interview at the participant's convenience, but I received no response.						
Overall response rate: As the fieldwork gained momentum, so the response rate increased from the initial 25% by around mid-June 2016, to the final 34% response rate by the time I completed the search for participants in November 2016.						
Demographics of those interviewed—race: White (82%), black African (11%), Indian (5%)						
Demographics of those interviewed—gender: Female (74%), Male (37%)						

Figure 3.2 overleaf shows the percentage of purposive, and snowball sampling, as well as those who were known to me before this research.

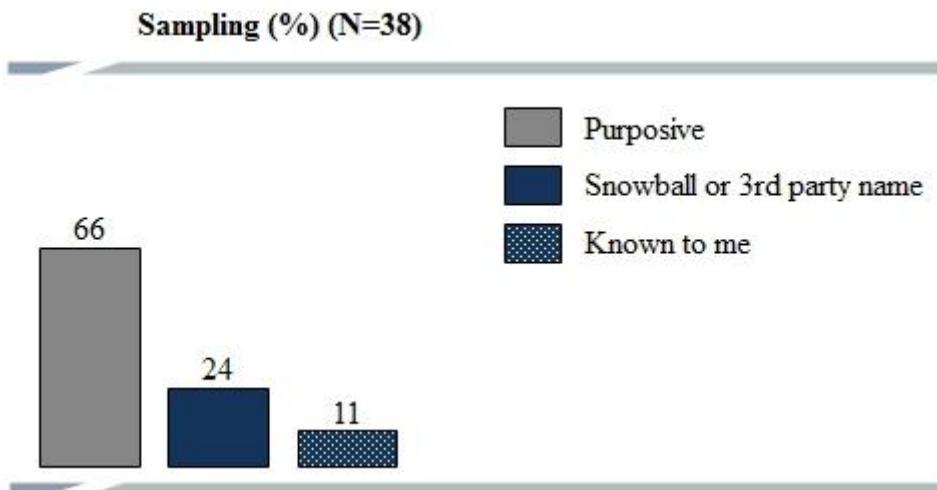


Figure 3.2 Sampling.

Regarding individuals known to me before this research through my voluntary work, whom I approached for purposes of participating in this research, only two did not participate in the interviewing phase. Nevertheless, the individuals who were known to me before this research had shared much with me to aid my deliberations before the commencement of this research, and I remain most grateful. Participation in research comes in many forms. There is something to be said about being an ‘insider’ (Teusner, 2010) even if not strictly as this is understood where a researcher undertakes research where she or he works or in her or his community. Ten (26%) of the participants in this research and I are part of a broader community regarding issues to do with child abuse: The participants in their varied professional roles, and me as a former lay counsellor with an ongoing interest in the field of child abuse 22 years after I began doing voluntary work. Of all the invitations that were declined, the majority were because the professionals had not encountered women who sexually violate children—some were specific: ‘in 20+ years’ as professionals (mental health, and other fields). For me, this spoke to the deceptive relative invisibility of these women, as was shown in the literature.

Professionals interviewed. Individual semi-structured interviews were conducted in various sectors with 38 participants whose professional occupations are listed in Table 3.2 below.

Table 3.2

Professionals Interviewed (N=38).

Mental Health (42%)	16	Allied/auxiliary (24%)	9	Medical (5%)	2	Criminal Justice (16%)	6	Other (13%)	5
Clinical Psychologists	8	Psychiatric Nurse	1	Psychiatrist (Clinical Head)	1	Advocate (Defence)	1	Child Advocacy & Protection Consultant	1
Clinical & Forensic Psychologist	1	Psychosexual Educator & Nurse Therapist	1	Psychiatrist (Forensic) (Clinical Head)	1	Criminologist & Victimologist	1	Counsellor—Lay (former)	1
Counselling Psychologists	2	Sexual Health Educator/Nurse	1			Criminologist (Academia)	1	Clinical Sexologist & Women's Sexuality	1
Counselling & Research Psychologist	1	Social Workers	3			Detective Captain (formerly child protection)	1	Mediator/Pastor	1
Counsellor	1	Social Worker & Criminology	1			Policing—Researcher (Academic)	1	Sexologist	1
Counsellor —Registered	2	Social Worker - Forensic	1			State Advocate (Prosecution) (Sexual Offences and Community Affairs Unit)	1		
Research Psychologist (Academia)	1	Social Worker—Medical & Psychiatric	1						

The participants' educational qualifications and the sectors in which interviews were conducted (Figures 3.3 and 3.4, respectively) are shown below.

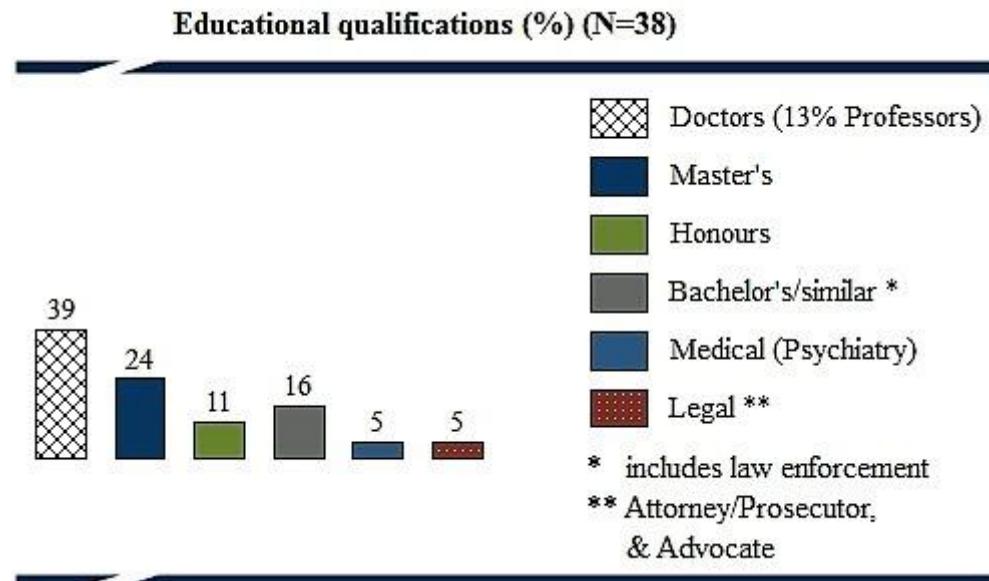


Figure 3.3 Participants' educational qualifications.

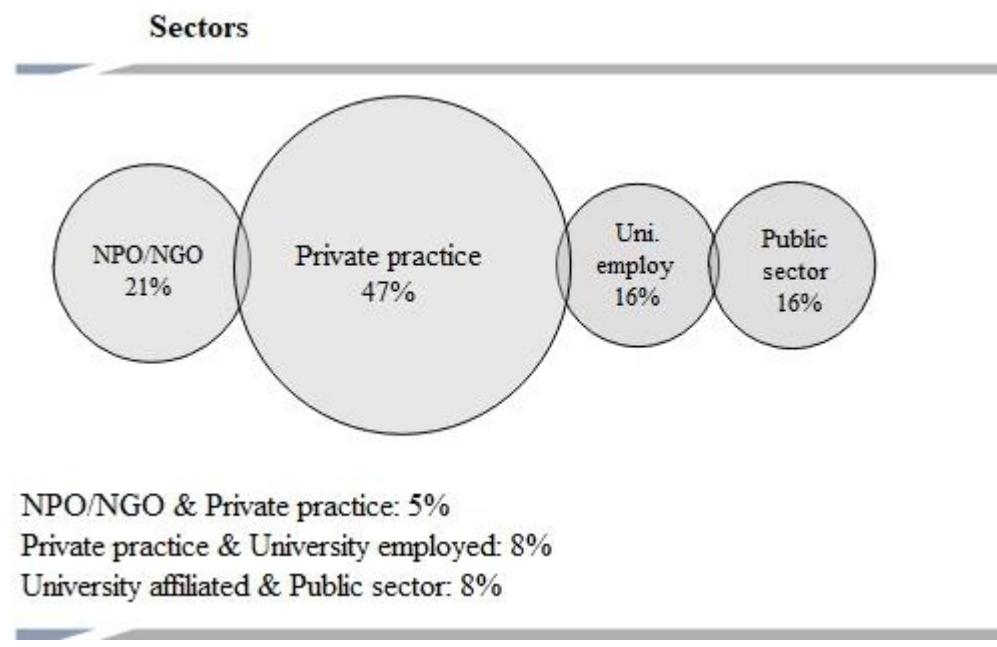


Figure 3.4 Sectors in which interviews were conducted.

Access to Public Sector Environments

Access to public sector mental healthcare institutions. To expand the research population to the medical field (psychiatry), as mentioned in **Participant Selection** above, I sought access to public sector mental healthcare institutions in eight provinces in South Africa (no names of any relevant institutions was given to me for the ninth province). Where I was able to contact relevant institutions telephonically or via email, the process to request permission to interview relevant professionals was cumbersome and drawn-out, with no conformity regarding requirements and procedures across the institutions. In general, the process required the submission of protocols, ethical clearance from research and ethics committees, collaboration from staff at affiliated universities, submission of documentation to national governmental portals, approval letters, and in one instance a ‘caretaker’ from within an affiliated university to oversee this research (i.e. to supervise the one or two interviews I wished to conduct with relevant professionals).

In the end, I was able to secure interviews with three professionals in three public sector mental healthcare environments in Gauteng. Ethical clearance was also obtained from a fourth institution, in the Eastern Cape that has the fifth highest (by one) concentration of psychiatrists in South Africa, but no participants stepped forward to participate in this research. Also, input regarding the subpopulation of women who sexually violate children was offered in writing by senior professionals in other institutions, and by another telephonically, while individuals in a further two institutions did not respond to my initial email inviting participation.

In summary, inconsistent and convoluted processes in the mental healthcare public sector did not completely deter me from being able to conduct research based on permissions and clearances given. Nevertheless, in my view, some of the processes could

have been less burdened with red tape, and the generic assessing and processing of enquiries to undertake research of this nature that involved no clinical trials, no direct contact with patients, and no access to their identifiable details.

Access to Correctional Services. I was not able to secure interviews with two mental healthcare practitioners working in Correctional Services in Gauteng whom I contacted after they were referred to me. I am unsure what to make of this, other than perhaps work overload, time constraints, and a lack of incentive having become real obstacles. However, considering that the literature indicates that women who are found guilty of sexually abusing children most frequently find their way into correctional services, it was disappointing that I was not able to secure even one interview with mental healthcare practitioners employed by Correctional Services in South Africa or receive any input from them. I am aware that perhaps with persistence through more official channels, I might have secured interviews, but the correctional services environment was not the focus of my research enquiry. Also, having interviewed two participants who work with sex offenders in those environments, even though Correctional Services do not employ them, I did not see the need to persist in entering more deeply into the criminal justice environment and deal with the more ‘negatively charged’ spaces at proximity.

Data Management

Data collection. Data were collected from 38 relevant professionals, as indicated in Table 3.2 earlier in the chapter. In the letter inviting participation in this research (Appendix B), the nature of the research was outlined. Following their agreement to participate, and a few days before our appointments, I emailed participants the Interview Schedule to aid preparation. On the day, before commencing the audio recording of the interview, participants were provided with a hard copy of the questions should they have

needed it, as well as an Informed Consent Form. The form was signed by both the participant and me. With one exception, no participants wished to retain a copy of the signed Informed Consent Form, while several participants indicated they had not had the opportunity to peruse the Interview Schedule.

The individual interviews were semi-structured with open-ended questions to allow flexibility regarding what, and how much, participants wished to impart about the various issues being explored within a systematic framework aimed at focusing the research. The appeal of utilising interviews with open-ended questions as a method of data collection is that it strives to explore another person's mind (Patton, 1990) and it endeavours to learn another person's perspective, without introducing peripheral concepts into the accounts of those being interviewed. According to Malone and Thomas (2010), interviewing people is about having a dialogue to explore the perspective and experience of the other person—in the case of research, the participant.

The interviews were recorded on a digital voice recorder that allowed me to be present while I engaged with participants and to record a diversity of impressions rather than static stereotypes (Yin, 2010). I conducted a single interview with each participant, but I returned to complete the interview with one participant. Also, one participant invited another individual to join the interview, and I talked to both at the same time (the Informed Consent Form for the second participant was also signed); and I subsequently sought clarity and additional information, via email, from two participants for matters to do with mandatory reporting. Five participants later sent me additional information to add to my resources.

The duration of the interviews ranged from 30 minutes to 138 minutes; the four interviews in triple digits were with professionals involved in some form of criminal justice. What struck me most was the willingness of all participants to devote so much of

their time and energy to answer questions about, what was for 60% of the professionals at least, a subpopulation with which they had no direct or overt experience—a generosity of spirit that continues to overwhelm me.

Transcription of the data. Beyond the data collection stage, I continued to engage fully with the research and the participants, and not be burdened by technology to analyse the participants' accounts through software as I wished to hear the participants' emotional tone in the context of the interview, something that is critical to understanding the findings (Bloomberg & Volpe, 2012) and cannot be captured with technology.

With this in mind, I personally transcribed the interviews out of the desire to conduct ethical research, and out of respect for the participants' time, and knowledge and the accounts of their experiences to enable me to make meaningful interpretations and produce worthwhile conclusions. At the end of each transcription, I did quality control by writing comments about my impressions of the interview, which included my role in the process, to aid me in reporting on the findings. In this way, I was able both to course-correct as the research progressed, and to remind myself of the various research environments for my interest and edification.

The voice recordings, transcriptions (totalling 630 single space pages resulting from around 300 hours' transcribing time), biographical details of the participants, and the signed Informed Consent Forms, are being stored in a secure place where only I have access to them. In service of transparency, I sought permission from one participant to include the full transcription of the interview (with no biographical information) in the thesis. It is included as Appendix A.

Data analysis. Thematic analysis was undertaken through content analysis that is utilised to analyse subjective viewpoints. Content analysis in qualitative research examines language and arranges considerable quantities of text into an ordered number of

groupings that represent similar meanings (Weber, 1990, cited in Hsieh & Shannon, 2005). These groupings represent either inferred communication or explicit communication. The aim of content analysis is to provide knowledge of that which is being researched, as well as an understanding thereof (Downe-Wamboldt, 1992, p. 314, cited in Hsieh & Shannon, 2005). Furthermore, content analysis involves consideration of the meaning of the text in context (Hsieh & Shannon, 2005).

Thematic analysis is not bound to any individual theoretical framework (Braun & Clarke, 2006), thus allowing theoretic freedom: In this research, the codes that were created and the themes that were extracted from the interpretation of the data were not guided by the theoretical framework underpinning this research. Furthermore, this method of analysis is a flexible, useful research tool for qualitative research that potentially provides a complex, detailed, and rich account of data to describe participants' realities, as well as their experiences (Braun & Clarke, 2006). Also, qualitative methods of enquiry are designed to be subjective, and they explore and interpret the experiences of research participants (Denzin & Lincoln, 2000b, cited in Ponterotto, 2005) through their own words to describe their interpretation of mental events, and experiences (Taylor & Bogdan, 1998, cited in Ponterotto, 2005).

Through the information they share, participants' accounts of an experience of whatever nature are interpreted to produce rich and thick data. Analysis of this nature is necessary to avoid being overcome by information and to provide a scientific basis for the findings in qualitative research. The transcriptions are reduced to units of meaning, and these are placed into groupings, thus systematically identifying similar issues (themes) that give insight into the topic that has been researched (Swartz et al., 2011). The information from the interviews in this research yielded sufficient meaningful text to be analysed.

Data analysis process and thematic networks. In this research, Attriude-Stirling's Thematic Networks (2001) was selected as the method by which to analyse the data because of its scientific rigorousness, and its systematic approach to data analysis. This process of conducting a thematic analysis of textual data involves reducing text, exploring text, and integrating the exploration of the text (Kiernan, 2012) by employing established and recognised techniques in qualitative analysis, and thus aligns with the criteria for outstanding qualitative research as per Tracy (2010) (which is discussed in Chapter Six). The systematic process I followed in conducting the data analysis to extract themes from the data is given below.

1. As I was transcribing each interview, I made notes regarding things that stood out.
2. Preliminary analysis was then completed by reading through the transcription and making preliminary notes about potential themes and codes. Codes (named thematic categories in this research) have clear boundaries (definitions) that are limited in scope, are not redundant or interchangeable, and which focus specifically on the object of analysis to alleviate having to code every sentence that appears in the original text (Attride-Stirling, 2001, p. 391). Initial, tentative categories were created in the order in which the information emerged from the transcriptions.
3. After that, preliminary statements of belief (basic themes) were extracted from the text, followed by clusters of similar issues (organising themes), and principal metaphors (global themes) were created from the clusters of similar issues.
4. The above was then integrated according to the categories that were reworked and consolidated.
5. All the transcriptions were re-read to ensure all discussions were represented. This process was repeated twice, while statements of belief, clusters of similar issues, and principal metaphors were refined several times.

6. At this point, an impartial specialist qualitative researcher/consultant undertook an independent process of data analysis by working through transcriptions. The consultant sent me her categories and themes, and we reached consensus. A Certificate of Consensus is appended to the thesis (Appendix E).

7. The final analysis was completed whereby all elements were explored further to ensure they are precise and discrete, and to ensure the categories have been precisely refined to represent the interpretation of the data.

Data interpretation. An important note about data is that they do not have a voice as such and do not articulate for themselves. This is where the researcher's interpretation is crucial (Yin, 2010). Themes are created from the process of thinking about our data and by creating connections, or networks, as we understand them (Ely et al., 1997, p. 206/6, cited in Braun & Clarke, 2006). Regarding the interpretation of data, Yin (2010) stated that interpretation has a beginning, a middle, an end; it has objectivity and no bias; it has accuracy in seeking a fair representation of the data; credibility that could be found in researcher bias, for example; a consideration as to whether the interpretation is new or merely a repetition of the literature; and prolonged engagement with the field of research (Bloomberg & Volpe, 2012).

After exploring the information from the interviews in this research, reducing each participant's experiences into manageable segments of text and putting them into thematic categories that were created from the interpretation of the data, it was necessary for me, as the researcher, to detach from the data, and to interpret the messages and meanings that had been conveyed by the participants. During the data analysis process, I was conscious of my reactions and my subjectivity during the analysis (Gilgun, 2011) but I continued focusing on understanding and interpreting the data. Similarly, I recognised that biases could be imposed on the interpretation because of my values (Yin, 2010) and I

was careful not to make incorrect interpretations. With sufficient reflection on what was said during the interviews and after reading the transcriptions multiple times, and with the consensus from the co-coder, I am confident that sufficient meaningful accounts emerged that integrated the differences, contradictions, and commonalities into a cohesive narrative relating to the research question.

Also, new knowledge was gained from my time in the field: The findings in their entirety that included those of peripheral interest to the research question, which have been supported by participants' verbatim quotations, will potentially be shared in other contexts such as journal articles, chapters in a book, and training manuals. The findings that are directly related to the topic will be presented in tables, synopses and discussions in the remaining chapters of this thesis as the first step towards completing this research. To quote the Publication Manual of the American Psychological Association (2013, p. 9): "Research is complete only when the results are shared with the scientific community."

Field of research. This research aimed at exploring the knowledge and experiences of various individuals through discussions based on guiding questions informed by the existing body of knowledge surrounding the topic. The objective was to gather information and expand our knowledge and our understanding of the topic being investigated and of one another through the private, face-to-face dialogues between the participants and me.

A point of interest in qualitative research is that it does not exist in a vacuum and with only one person's experiences within it. Instead, participants and researchers bring their own experiences and narratives to the research enquiry (Clandinin & Connelly, 2000) without the need to wait until research begins. Similarly, individuals' narratives do not end when the research ends, and everyone's life continues after the research has been completed (Clandinin & Connelly, 2000, para. 3). Consistent with Clandinin and

Connelly (2000), my life and, to the best of my knowledge, the lives of the participants did continue following the completion of this research. Its value will not be measured only by the findings and the recommendations for practice emanating from those findings, however. Instead, what the participants and I choose to do with the experience of having participated in this research will determine its value in our individual lives and what we decide to share with our respective communities.

Trustworthiness and Generalisability

Trustworthiness. The trustworthiness in qualitative research speaks to credibility, and it ascertains how confident the researcher is about the veracity of the findings based on the context of the research, the research design, and the participants (Lincoln & Guba, 1985, cited in Krefting, 1990). Trustworthiness is also about transferability, to establish if the findings have applicability in other contexts; dependability, to determine if the findings are consistent and if they could be repeated; and confirmability, which refers to the level of neutrality or the extent to which the findings of a particular research project are formed by the participants and not by the researcher's motivation, interest, or bias (Lincoln & Guba, 1985, cited by Cohen & Crabtree, 2006).

Trustworthiness in this research was satisfied through the quality assurance carried out by an independent co-coder based on the examination and analysis of the interview transcriptions, and by weighing them against my analysis of the data. Furthermore, while triangulation *per se* was not present in this research, *data triangulation* was present, as discussed in Chapter Six regarding Tracy's Eight 'Big Tent' criteria for exceptional qualitative research (2010, pp. 840–848).

Confirmability, dependability, and transferability. Confirmability was satisfied by appending a complete transcription of one of the interviews that I deemed was an overall reflection of all the interviews. Others could repeat this research if they had sufficient qualified participants who were asked the same set of questions that were on the Interview Schedule and if the interviews were transcribed and the data analysed, thus satisfying dependability.

The findings could have applicability in other contexts, for example by inviting participation from press reporters (Kramer, 2008) or more individuals from the criminal justice system, or those in other areas in South Africa. I would, however, raise caution about rushing to extrapolate the findings to other subpopulations, for example, female child or adolescent sex offenders, and to conclude that just because of shared gender, what applies to women who sexually violate children would apply equally to girls and female adolescents who violate children. Nevertheless, this research method satisfies transferability even though this research was conducted in a specific subpopulation and the findings themselves might not be directly transferable, but what is transferable is the methodology.

Authenticity. The concept of authenticity refers to research that is valuable and considers its effect on the research population, and on the broader social and political constituents of society. It is seen as an important component in establishing trustworthiness in qualitative research so that the research may be of some benefit to society (James, 2008, cited in Given, 2008, p. 45). James (2008) referred to the broader context of research by expanding upon the five criteria (identified by Guba and Lincoln) for strengthening claims for authenticity, namely fairness, and ontological, educative, catalytic, and tactical authenticity.

Authenticity—and Tracy's (2010) criteria for exceptional qualitative research—will be discussed in the final chapter where I relate my findings to these criteria as a gold standard against which I evaluate this research upon its completion. Tracy's (2010, pp. 840-848) eight criteria for 'exceptional qualitative research', which she calls the Eight 'Big Tent' criteria are: a worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethical, and meaningful coherence, all of which will be expanded upon in Chapter Six.

Generalisability. Due to the non-probability sampling method utilised in this research, the research did not aim to produce findings that could be generalised to a broad population. However, the findings would be relevant for the research population, for organisations in South Africa and abroad, for expansion of knowledge, and for possible future uses to replicate this research in other contexts.

Ethical Considerations

The manner in which the ethical considerations were managed in this research is discussed below.

Informed consent and the aims of the study. The email communication sent to prospective participants to invite their participation in this research gave an overview of this research; it made clear the aims and purpose of this research, and who is conducting it and who is supervising it. It included standard information about what participants could expect regarding issues of confidentiality, and it mentioned practical matters such as anticipated duration of the proposed interview to enable individuals to decide if they wished to participate in this research. The process followed after that has been discussed under **Data Collection** earlier in this chapter.

Non-maleficence and beneficence. This research aimed to acquire new

information and a greater understanding of the particular topic being explored. The topic was a sensitive one, and it was not my desire or intention to cause any harm or discomfort to the participants or to create any risks for them in discussing service provision for women who sexually violate children. The goal was ensured through private interaction with the participants, and confidentiality regarding the information given and the manner in which this would be written in the thesis.

To satisfy the ethical consideration of beneficence, I have put together an Abridged Research Report (Feedback for Participants) (Appendix H), with no identifiable details. Once the thesis has been examined, I intend to distribute the document to the participants. Sharing the report could be a tangible way of enriching the participants' experience of their participation in this research by making the information acquired through this research accessible to them in a comprehensive though succinct format. It would also be a way of thanking the participants for their time and input and demonstrating that their participation translated into findings that could be of some use to them in their professions. The Abridged Research Report has been written in general, neutral tones with no identifiable specifics to ensure participants are not caused any internal crisis or discomfort (Flick, 2009).

Autonomy or self-determination. Participants' values and the need to respect their decisions and points of view were managed by what I trust was my respectful demeanour, and by being an active listener not wishing to impose my views on what participants shared. Instead, I wanted to explore what they shared to extract relevant information about the issues being researched. The Informed Consent Form, given to each participant and signed before the commencement of the recording of the interview, made it clear that participants were free to withdraw from the interview and this research at any time during the process should they wish to. Only two individuals (in KwaZulu-

Natal) cancelled their appointments with me, before our meeting, owing to a common emergency of the same client in their joint practice.

A respectful attitude was also applied to the remaining principles of ethical conduct, namely fidelity and trustworthiness by maintaining confidentiality. Commitment to truth and integrity were ensured through accurate transcription of the knowledge and experiences shared by the participants, as well as the fair interpretation of the meaning of participants' accounts. Similarly, the general respectful ethos was applied to the principle of justice (that people be treated equally, with regard for human rights and dignity), and being treated ethically with care, respect, and integrity.

Limitations and Delimitations

According to Bloomberg and Volpe (2012, Locations 3272–3278), limitations in a research project refer to external conditions outside the control of the researcher that could limit the scope of the research, affect its outcome, or could weaken a research project (Bloomberg & Volpe, 2012, citing various authors). An intrinsic limitation of qualitative research is its non-generalisability and transferability regarding the findings. While findings may not be generalised or transferred, it is important to note that the methodology could be applicable in other contexts. To this end, I have made recommendations for further research in the concluding chapter.

Limitations. I have given considerable thought to the issue of limitations in this research, and I struggled to list any except perhaps geographical location, and access to the mental healthcare public sector.

Geographical location. Interviews were conducted in only four of the nine provinces in South Africa owing to the lack of participants in the other provinces. From my point of view, I was willing and able to travel to all nine provinces should there have

been participants in those provinces. However, as I conducted interviews in the three provinces with the highest concentration of mental healthcare practitioners, plus in a fourth, geographical location was perhaps not a significant limitation in this research.

Access to public sector environments. Having conducted interviews in mental healthcare public sectors environments in Gauteng, it would have been of interest to carry out interviews in the Western Cape and KwaZulu-Natal to be able to include findings from interviews in those public sectors. However, as I received input from individuals in those provinces, albeit via email, and in another two provinces, this research was not left entirely without data from those public sectors, so perhaps access to mental healthcare public sectors was also not a significant limitation. It would also have been of interest to interview mental health and allied professionals in Correctional Services perhaps to compare their input with that from the two professionals I did interview who are not employed by Correctional Services but who work with incarcerated sex offenders.

Below is a list of limitations that could have applied to this research, but did not, which could be valuable considerations for future research.

-]/ A sample size of between six and 10 participants is deemed optimal in qualitative research involving individual interviews, according to Swartz et al. (2011, citing Kelly, 2006). A research sample of between 10 and 15 participants was the initial preliminary target in this research. These figures initially were a temporary ‘mental’ limitation in that I did not expect to be able to find sufficient professionals with interest, knowledge, and availability to participate in this research. However, as I was seeking to explore what is known in various relevant service provision environments, not only in those dealing exclusively or predominantly with women who sexually abuse children, the research population could be considerably broadened, and my initial angst in this regard was thus unfounded.

Also, considering the timely responses accepting participation, the inherent limitation of sample size in qualitative research became moot even though the findings cannot be generalised to a broader population. If I had interviewed more individuals in the public sector, or others eminently qualified who did not respond to the invitation to participate, or if I had been referred to potential mental health professionals in rural areas, I could have added participants to the research population. The independent co-coder and I are satisfied that theoretical sampling and saturation was reached with the interviews I conducted. Sample size thus was not a limitation in this research.

- J Specific research populations, namely related service providers with some knowledge and experience about female perpetrators of child sexual violation—in this research, this was the expanded target population and is therefore not a limitation *per se*. However, it could be for future research in other environments where knowledge about women who sexually violate children could be scarce.
- J Face-to-face interviews require an investment of time by the participants typically during their working day, and an investment of the researcher's time and resources in getting to the interviews—in this research, this could have proven to be a limitation from both sides, but it was not. Appointments were scheduled at mutually convenient times, and with the two exceptions in KwaZulu-Natal, all appointments were kept despite the participants' often-busy schedules.

Delimitations. These delineate the boundaries of a research project (Bloomberg & Volpe, Locations 3267–3278) over which the researcher has control as a means of focusing the scope of the research, typically timeframe of the research, location, sample, and so forth. The delimitations of this research were (a) the intentional omission of references to the historical background of child sexual abuse and tracing the emergence of

the female child sex offender over time, (b) the choice of participants that did not include those working in corporate environments, and (c) those with no telephone numbers or email addresses.

Summary

Despite the complexities of the topic owing primarily to the relative invisibility of women who sexually violate children and the paucity of mental health service provision known to be available for these women, and despite the emotive component of the topic, there was sufficient interest and sufficient desire for engagement with the topic and this research. The appeal of this research was evident from the prompt responses to emails inviting participation in this research, and the speed with which practitioners made themselves available for the interviews, where almost three-quarters were conducted, sometimes in rapid succession, within the first two to 10 weeks from the date that the first invitations began being sent out. The amount of time the participants invested in this research was also an indication of the interest in the topic; this was also shown by those who did not participate in the interviews, but who took the time to provide input. The reception to this research thus was positive and productive.

The findings from these interviews that include representative participant quotations, which serve as subjective verification of their accounts, will be reported on in Chapter Four.

Chapter Four Report on Findings

Introduction and Overview

This research sought to explore relevant professionals' knowledge and experiences regarding women who sexually violate children, and the treatment and support structures available to these women to facilitate healing and rehabilitation. The focus was not on experts in any field or only those who deal predominantly with women. The research population was a sample of mental health and related practitioners, as well as medical professionals in the field of psychiatry, and professionals in the criminal justice sector, as listed in Chapter Three, and summarised below, in Figure 4.1, for ease of reference.

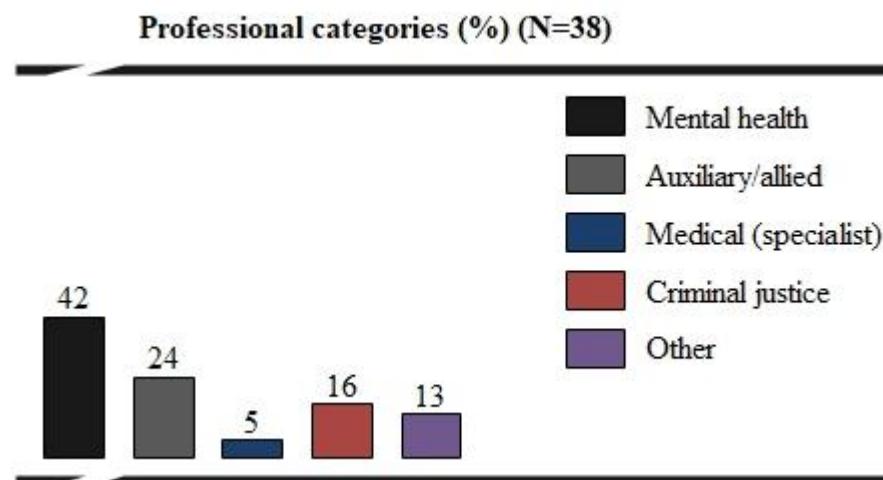


Figure 4.1 Percentage per professional category (N=38).

The levels of professional engagement with women who sexually violate children were varied, as shown in Figure 4.2 overleaf. A description of each group is given after Figure 4.2

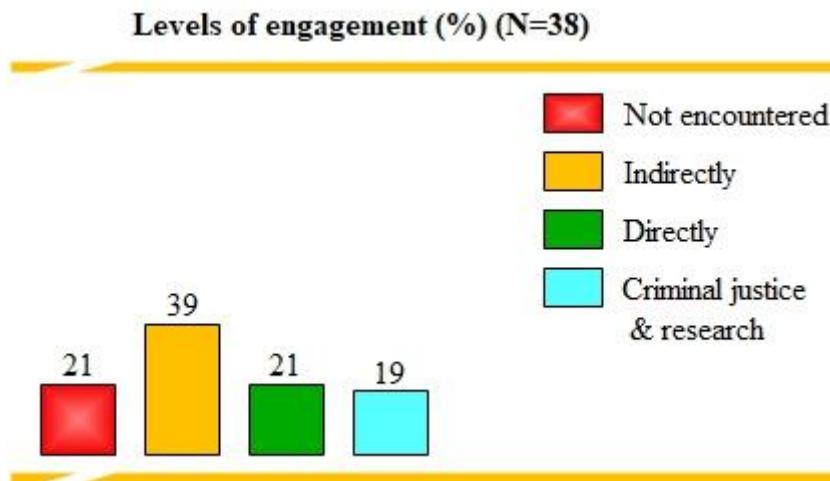


Figure 4.2 Practitioner engagement with women who sexually violate children.

The various levels of engagement are as follows:

- ⟩ Group 1: Not encountered—the practitioners had not professionally encountered any women who have sexually violated children.
- ⟩ Group 2: Encountered indirectly—the practitioners had anecdotal professional knowledge about women who sexually violate children, gleaned while providing treatment/support to child victims or adult survivors of child/childhood sexual abuse, or from the reports of third parties through overt disclosures or through practitioner interpretation. The latter included adult behaviours that are grey areas because of the adult's gender (i.e. because a woman was involved, but it would be considered a violation if genders were transposed) but concerns about such behaviours were not the presenting problem.
- ⟩ Group 3: Encountered directly—the practitioners had had direct experience working therapeutically with these offenders in various circumstances as follows: Practitioner learnt of clear sexual violations, or perceived them as such, and worked therapeutically with adult clients because of this; clients had been charged with

committing related crimes or were court-mandated to seek treatment as part of their sentence or instead of incarceration due to insufficient evidence.

-) Group 4: Encountered criminal justice or research—the practitioners either prosecuted, defended, conducted research, provided a forensic assessment or profiling, took victim statements, or they were part of a team investigating sexual crimes against children where women were involved in some role.

Figures 4.3, 4.4, and 4.5 below and overleaf show the following: The category of professionals within each of the four groups; the three levels of engagement (Groups 2, 3, & 4) per province; and a summary across the research population, respectively.

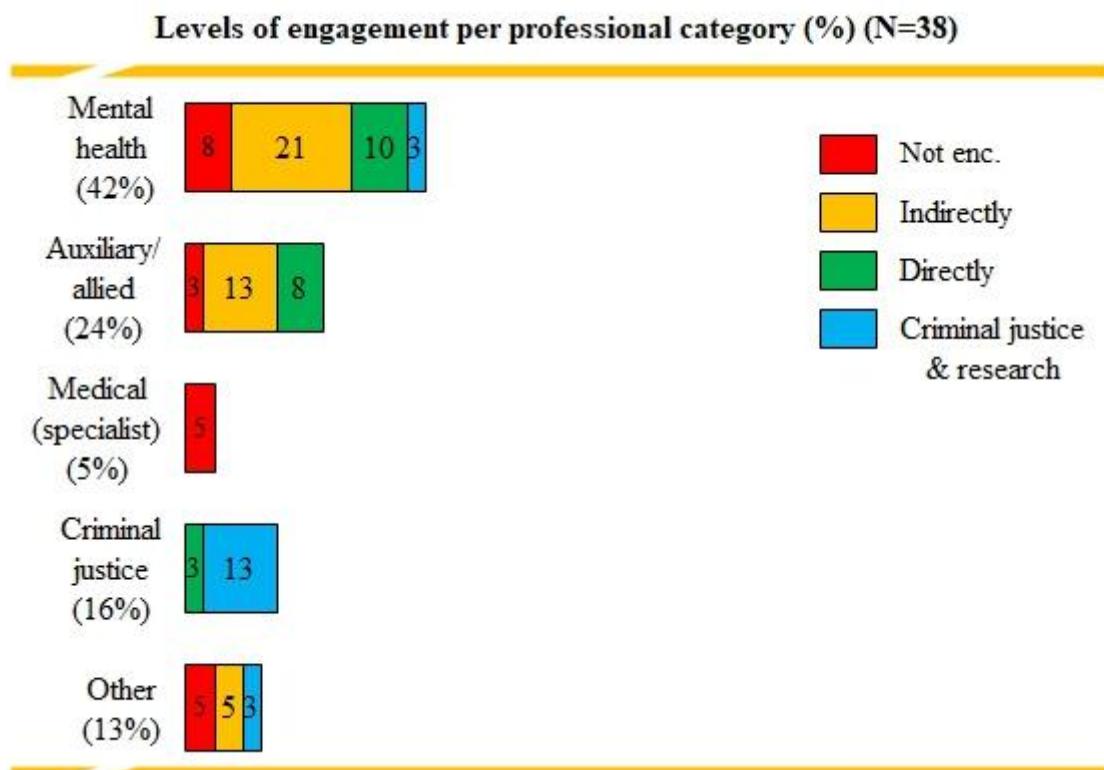


Figure 4.3 Levels of engagement per professional category.

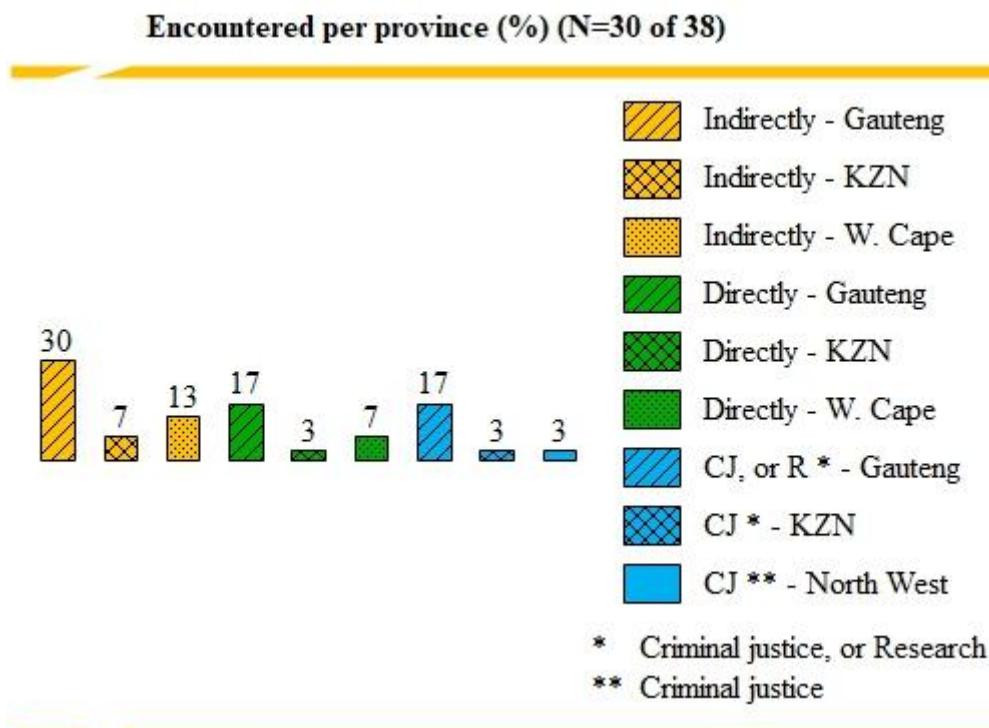


Figure 4.4 Encountered per province.

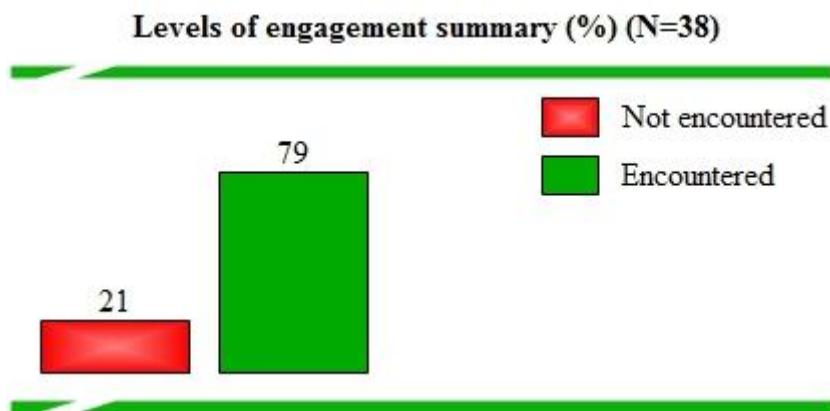


Figure 4.5 Summary practitioner engagement with women sexually violating children.

Over three-quarters of the research population had some professional engagement with women who sexually violate or abuse children, as shown in Figure 4.5 above. The extent, and duration, of their collective experience is discussed in the relevant sections in the pages that follow. Collectively, the practitioners in the three groups encountered, in some form, around 55 to 60 women who sexually violated children in the last 40+ years.

While well within the scope of this research, the bulk of the findings (60%) came from Groups 1 and 2 combined: the practitioners who had some informed knowledge (expanded upon later in the section) as a result of being helping professionals, and the practitioners with anecdotal knowledge about child sexual violations perpetrated by women, respectively. The remaining 40% had had direct professional experience related to these women (Groups 3 & 4), of which 86% had worked with or encountered women who sexually violated children and had been involved with the criminal justice system in some way. The 38 interviews yielded rich and thick data, which, when analysed and interpreted, presented the general state of knowledge regarding a somewhat unknown quantity: a subpopulation of women in South Africa who sexually violate children.

The findings are reported on in this chapter, and they include participants' quotations that serve as subjective verification of my interpretation of their knowledge and experience related to the research topic. The chapter concludes with a summary.

Findings—Format

Findings are traditionally reported on in an integrated manner to give a broad overview across a group of participants. This is the case in this research as well. Due to the vast quantity of data extracted from the interviews, and the different experiences and levels of knowledge regarding the research topic, as well as the diverse, broad spectrum of professionals providing information, however, I felt it fair and correct to give all participants a voice.

Part of the challenge of understanding the topic and quantifying the extent of female-perpetrated child sexual violations is the lack of knowledge and information, and I did not wish to compound matters by holding back the information from the 38 participants who shared personal accounts of their knowledge and experience. To satisfy

both the collective and the individual, therefore, all the participants' Statements of Belief have been listed and integrated for each group of participants in the thematic tables that follow, and collectively they form the basis for the synopses regarding the main findings.

The presentation of the findings begins with an overview of the participants in each of the groups. This is followed by the various tables and the respective synopses and representative quotations for each of the thematic categories, and then a summary of the differing and similar responses. The report on the findings concludes with a list of the major findings.

Participants.

Group 1: Not encountered. This group (of eight) represented 21% of the research population, the same as those who had directly encountered women who sexually violate children (Group 3). As a group, Group 1's knowledge and experience was based on assumptions about a subpopulation with whom they had not had professional contact. These assumptions were informed mostly by simply being in the field of relevant service provision or through any literature, they may have found. Of the four, Group 1 is the one most removed from 'the coal face' regarding the research topic, and as such, one might have wished to exercise caution regarding the credibility of information shared even though it is well within the scope of this research. However, when comparing the data from this group with the others, the findings were not completely out of place.

Fifty percent (four) of the participants were actively involved in providing face-to-face counselling, education, or support of one form or another to a general population in need; for example, psychosocial counselling, pastoral counselling, sexual health education, and psychiatric evaluation and treatment. Four (50%) were in private practice; one (12%) was in NGO/NPO (child protection services); two (26%) served in the public sector (psychiatric facilities); and one (12%) was university-employed in the

field of psychology, with a part-time private practice offering counselling, together with other practitioners.

Figure 4.6 overleaf shows the level of engagement per professional category for Group 1 as per the categories delineated in Chapter Three.

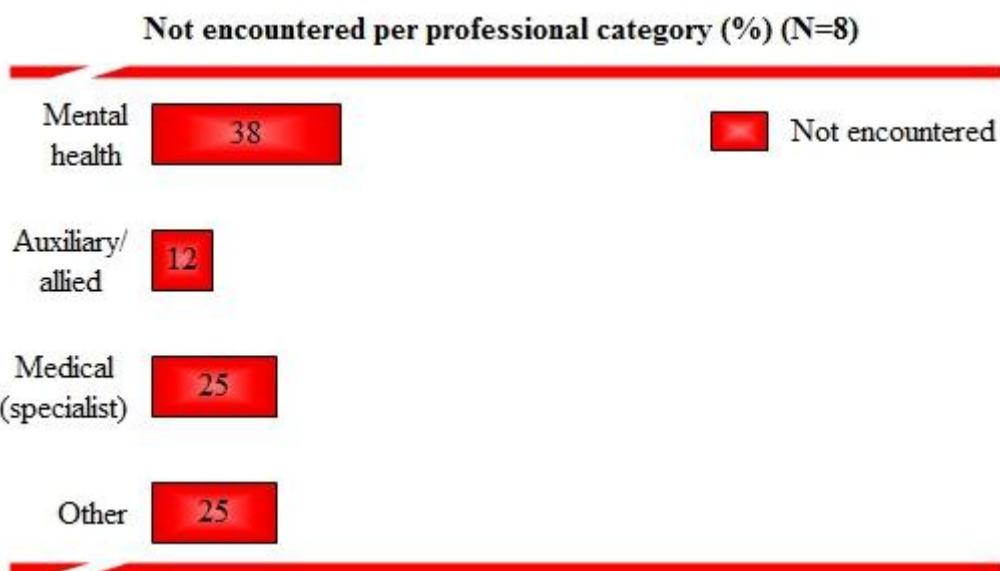


Figure 4.6 Level of engagement per professional category—Group 1: Not encountered.

Group 2: Encountered indirectly. This group (of 15) was the largest and represented over one-third (39%) of the research population. As a group, Group 2's knowledge and experience was based on accounts by child victims or adult survivors regarding sexual violations against them. Not all disclosures were overt and not all the perpetrators were female. Nevertheless, as a group, these practitioners had indirect knowledge about *identified/confirmed/interpreted* female-perpetrated sexual violations by grandmothers, mothers, aunts, nannies, and other women totalling around 30 over the course of some 30+ years. One participant mentioned a 15% increase in victim accounts involving female perpetrators in the last 16 years.

Eighty-seven percent (13) of the participants were actively involved in providing some form of face-to-face counselling to a general population in need, or to child victims or adult survivors of sexual violations, and one (7%) was involved in psychosexual education. Six (40%) of the above participants were in private practice and only worked with adults: One regarding women's sexual health, who recalled at least two adult female survivors who had experienced severe childhood sexual abuse at the hands of a woman; one provided psychosexual education and recalled two adult male survivors of female-perpetrated childhood sexual abuse; two worked with a general population, and between them they had counselled five adult male survivors of female-perpetrated childhood sexual abuse. The fifth participant who worked with sexual health in relationships had encountered several adults who could have been survivors of childhood sexual abuse by a female (this was not the presenting problem), while others were survivors mostly of male-perpetrated childhood sexual abuse. This practitioner could not recall specifically, or knowingly, working with a female perpetrator.

The sixth participant worked with adults in relationship counselling. While providing counselling, the practitioner encountered both adult survivors of childhood sexual violations, male and female, though this was not the presenting problem, and women whose actions sometimes entered a grey area regarding definitions of reportable instances of child sexual abuse but these were not named as crimes against children.

Of the remaining nine participants, two (13%) were in private practice, two (13%) were in NGO/NPOs (child protection) plus private practice, three (20%) in NGO/NPOs (child protection), and one (7%) served in the public sector (psychiatric facility). The remaining participant in this group (7%) was university-employed in the field of physiology, with a part-time private practice offering counselling.

Only one participant (7%) in the group, in private practice, and the only participant (3%) across the entire research population, was also actively involved in facilitating support and education for women through online means. The online and technological environment had shown itself to be a useful point of anonymous, without-risk, without cost contact, and resulted in far more people being able to access assistance than through traditional ‘bricks-and-mortar’ therapeutic spaces.

Figure 4.7 below shows the level of engagement per professional category for Group 2.

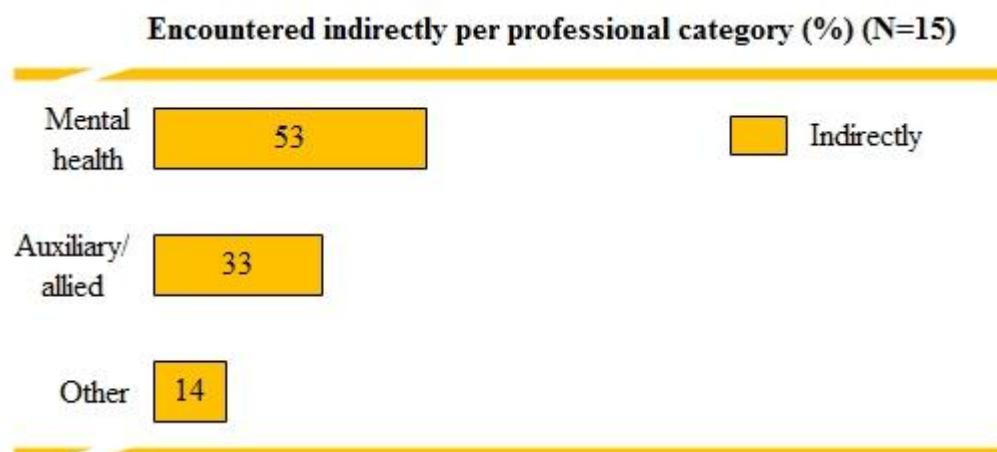


Figure 4.7 Level of engagement per professional category—Group 2: Encountered indirectly.

Group 3: Encountered directly. This group (of eight) represented 21% of the research population (same as Group 1) and they had direct knowledge and professional experience working with women who sexually violate children. Collectively this group had provided some form of counselling or psychotherapeutic support to around 25 women, over the course of some 35+ years: Two were incarcerated women who had received perfunctory counselling by a practitioner (a participant in this research) doing community service; one or two were part of general offender groups for purposes of

endeavouring to bring about insight and behaviour change; two others were receiving court-mandated counselling (in private practice) because of historical sexual abuses against children; others still were court-mandated to receive counselling (in private practice) instead of incarceration, or mandatory treatment as part of her sentence (and 40% could not pay for such counselling despite their social strata), while one had been ‘found out’ during a counselling session. Only two practitioners in this group (29%) had recently worked with women who had sexually violated children.

Sixty-three percent (five) of the participants were in private practice, one of whom worked with correctional services; another (13%) was university-employed in the field of criminology and sociology with a busy part-time private practice; the remaining 25% (two) worked for NGO/NPOs, both focusing on child protection in some form.

Figure 4.8 below shows the level of engagement per professional category for Group 3.

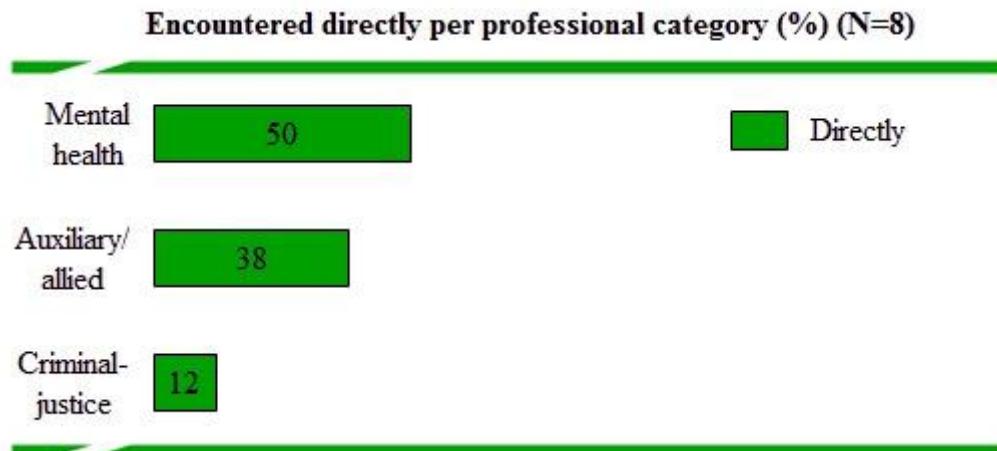


Figure 4.8 Level of engagement per professional category—Group 3: Encountered directly.

Group 4: Encountered criminal justice and research. This group (of seven) represented 18% of the research population, the lowest of all groups but the one with the greatest contact with women who sexually violate children. Their level of engagement was somewhat open-ended, and the engagement continued until a particular task was completed, however long it took. This is unlike professional engagement in the mental health services environment where the work of facilitating healing or change in an individual is controlled by such issues as Prescribed Minimum Benefits (PMBs) and access, and it could be cut short when funds run out if it began at all for individuals and communities with no resources.

Three participants in this group (43%) were involved either in arresting, prosecuting, or defending women who sexually violated or abused children: a police officer who had come across two cases of female-perpetrated child sexual abuse over the course of a career spanning some 24 years, a state prosecutor who had (successfully) prosecuted at least two cases of heinous female-perpetrated child sexual abuse in the last few years, and an advocate who defended a high-profile woman who had been incarcerated following charges pertaining to sexual violations of children some years ago.

Another two participants (29%) were from the fields of criminology and psychology, respectively, and both had undertaken research involving incarcerated women who had been charged with sexual crimes against children. Over the course of some 23 years, they had conducted research involving around 16 women between them (split equally though not in related projects or periods). One practitioner assessed and profiled a variety of offenders, and identified indicators for treatment, while the other researched a group of incarcerated adult female sex offenders. The sixth participant was in the field of sexology and provided the forensic assessment of the same woman defended by the advocate mentioned above. The final participant, who was university-

employed in the field of policing, was involved in lecturing, training, and researching, with minimal professional exposure to female-perpetrated child sexual abuse while taking victim statements. This participant's involvement is indirect, the same as those in Group 2, but as there was no counselling or therapy involved, I included this participant in the fourth group, Criminal Justice and Research.

Between them, this group had professionally encountered around 23 female perpetrators of child sexual abuse over the course of some 40+ years. Only one participant was in private practice (14%), three (43%) served in the public sector, while the remaining three (43%) were university-employed.

Figure 14.9 below shows the level of engagement per professional category for Group 4.

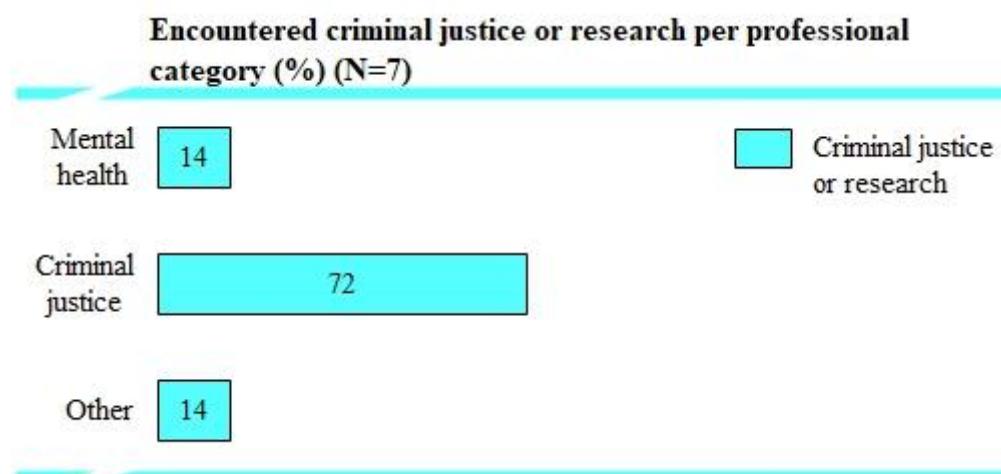


Figure 4.9 Level of engagement per professional category—Group 4: Encountered criminal justice and research.

Presentation of Thematic Networks

There are six tables. The different colour borders in the tables correspond to the colours utilised in the figures earlier in the chapter, while a list of the thematic categories is shown in Table 4.1 overleaf. They are presented and reported on in this order.

Not encountered
Encountered indirectly
Encountered directly
Encountered criminal justice and research

Table 4.1

Thematic Categories.

The State of Play: South African Realities
Women's Dispositions and Motivations
Practice and Practitioner-specific Matters
Service Provision in South Africa (for WSVC): At Present
Service Provision in South Africa: Requirements
The Role of Psychology and Psychologists

The tables with the thematic categories and all three levels of themes (Basic, Organising, & Global) as Statements of Belief, Clusters of Similar Issues, and Principal Metaphors, respectively, as per Attriade-Stirling's (2001) thematic networks, provide a snapshot of the overall themes for each group of participants.

Regarding the use of metaphors to encapsulate a storyline, as per Attriade-Stirling (2001), where the Global themes are presented as Principal Metaphors, for the most part I have not utilised phrases or expressions that would meet the criteria for a metaphor. Instead, I have been guided by the concept of a metaphor (a phrase not taken in its literal sense; rather, to represent something symbolically), and I have mostly made up my own sequence of words to convey a symbolic sense for a group of beliefs or accounts. Where there are no 'metaphors' in a particular row in the tables, the previous one applies.

Furthermore, a reminder that because of minimised space in tables and figures, I did not always adhere to grammatical correctness; also, the following abbreviations or acronyms have been utilised in the tables: esp. = especially; incl. = including or includes;

Info/info = information; ITO = in terms of; Psych/psych = psychology; Psychs/psychs = psychologists; re = regarding; ∴ = therefore; » = (cut and paste) onto, or leads to; WSVC or wsvc = women who sexually violate children or women's sexual violations of children.

As regards the participants' quotations utilised in the synopses: To highlight the quotations amongst the narrative (denoted by P #), I have used **bold**, or I have placed them in the format usually reserved for block quotations, even for shorter quotations. Words in *italics* denote participants' emphasis. In addition, because of the considerable amount of data and consequently the substantial amount of quotations, I made a decision to use ellipses to shorten the quotations. I have not changed the integrity of the quotations—consistent with the guidelines from grammar.yourdictionary.com:

“Essentially, a quote might be too long or clunky to fit into a paper in its entirety. Instances such as these require an ellipsis to draw attention to the substance of a quote without damaging the quote’s integrity” (para 4, lines 1–3), and writingcommons.org (para. 1); I have merely endeavoured to omit needless words (Strunk, 2016, location 364).

Note: As mentioned previously, with much of the information about child sexual abuse in all its manifestations, and with all its perpetrators and child victims/adult survivors, often there is an overlap: One cannot think of a victim/survivor of child/childhood sexual abuse without thinking of the adult who inflicts this harm, the context in which the abuse occurs, the reasons behind the abuse, and its prevalence.

Although the Interview Schedule served to guide the discussions, these were mostly not linear: One question often produced several answers and discussions related to various elements of the topic being explored. Nevertheless, I have endeavoured to ensure the tables focus the issues, while the synopses highlight the main findings in each thematic category.

The findings are divided into two broad categories within which are various thematic categories:

- (a) Society's knowledge of and engagement with the issue of women who sexually violate children within which are the thematic categories pertaining to the state of play regarding South African realities, women's dispositions and motivations, and child victim and adult survivor dynamics.
- (b) Service provision in South Africa, within which are the three thematic categories pertaining to practice- and practitioner-specific matters, service provision in South Africa at present, and service provision requirements; and a fourth thematic category pertaining to the role of psychology and psychologists in the field of child sexual abuse.

The presentation of the findings begins with the table showing society's engagement with, and knowledge of, female-perpetrated child sexual abuse and violations, the context in which these violations occur, the issues to do with the women involved, and the victim dynamics (Table 4.2, over the next six pages). I have created a separate table (Table 4.3, approx. 4 pages) for women's dispositions and motivations to focus on the women for whom service provision was explored in this research.

The state of play: South African realities.

Table 4.2

The State of Play: South African Realities.

The State of Play: South African Realities		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
Societal knowledge & engagement <ul style="list-style-type: none">] Prevalence of female-perpetrated CSA: variety of ranges from unknown–little–more than is known] Concealed event 	<ul style="list-style-type: none">] Cannot conceive of women sexually violating children] All-seeing eye of higher power] Embodiment 	<ul style="list-style-type: none">] Silence breeds myths] You can run but you cannot hide] Sexuality foreign land

<ul style="list-style-type: none"> Society complicit Societal ignorance Underrepresented psychiatrically Historical CSA: tip of iceberg More guilt in Christian environments (esp. sexuality); wrong actions genderless Sexuality about connection, whole person, more than sexual organs <p>Context</p> <ul style="list-style-type: none"> Cycle of abuse Relationship breakdown Violated boundaries Warped socialisation <p>Victim & survivor dynamics</p> <ul style="list-style-type: none"> Impact varies Complicated sequelae Secondary traumatisation Mid-life realisation childhood sexual abuse 	<ul style="list-style-type: none"> Differing contexts and impacts 	
<p>Societal knowledge & engagement</p> <ul style="list-style-type: none"> Prevalence indeterminable Secret, hidden, not talked about, inconceivable Society perpetuating, colluding, protecting Protect breadwinner Not even recognised Ambiguous/complicated Positive bias re women Women easy access to children: caregiving Societal acceptance & tolerance ‘quirkiness’ (that could be sexual violation) Interpretation of motivation, intent, thought Language: woman perpetrator Paradigm conflict maternal/virginal mother vs. abuser, perverse Grey area clinically and in literature Broad ignorance CSA, new laws, and misperception rape Male/stranger-danger vs. female/family-danger ‘Sugar mommies’ and ‘Ben 10s’: women and male child use each other Conflicting views of same event Expedient story stereotypical male as abuser Stereotypical gender assumptions 	<ul style="list-style-type: none"> Society’s defence mechanism: denial, while psychologically protecting women and having a visceral response to female-perpetrated child sexual violation. Depends on confounders including context Violations, complications, present and past traumatisation Closer emotionally = more devastating, more damage Victim introspection Subliminal long-term consequences 	<ul style="list-style-type: none"> Spraying the stench with room freshener while keeping heads in the sand Cut me and I will bleed, even if sexual violations are in the eye of the beholder where one woman’s ceiling is another woman’s floor

-) Double standards
-) Feminists blinkered, deny
-) Paternalistic society
-) Patriarchal feminist discourse
-) Religion hypocritical
-) Rigid beliefs sexuality
-) General societal discomfort with sexuality, not understood, permeates life
-) Anecdotal or accidental disclosure = knowledge about existence CSA

Context

-) Unhealthy atmosphere, living conditions, lifestyle, no inhibitions, overt sexual activities
-) Pornography
-) Sexual emancipation of women and role reversal
-) Emasculation of men
-) Gender of offenders very important
-) Not the act so much as the context
-) Abuser known to abused
-) Abuse/violate those closest
-) Child's developmental age important in understanding of abuse/violation/harm

Victim & survivor dynamics

-) Delayed realisation
-) Intrafamilial abuse: reporting and disclosure difficult
-) Male ego = disbelief and confusion being sexually abused
-) Male victims ridiculed, not believed
-) Male ego, hunter not prey
-) Victim shame, disbelief
-) Abuse by women more confusing for victims (male and female)
-) Fear that abuse by women not taken seriously
-) Manipulates mind more than abuse by man
-) Damaging
-) Unexpected, dismissed, minimised, disbelieved
-) Destructive and self-destructive behaviours
-) Impact particularly devastating when mother is abuser
-) Boys more affected
-) Sense of betrayal; undermines instincts

<ul style="list-style-type: none"> Self-doubt, self-blame, guilt Effect on personality structure Invasion before sexual identity formation Internalise/interpret unhealthy/violent sexual behaviour as normal/nurturing Long-term inabilities, adverse outlook behaviours Suppressed/inauthentic emotional interactions Stuck in hopelessness Perpetual victim mind set Promiscuity Interpersonal conflict HIV possible consequence Sequelae same as abuse by man but closer relationship more damage Highly traumatising Psychosis, suicidal ideation, PTSD, depression, substance abuse 		
<p>Societal knowledge & engagement</p> <ul style="list-style-type: none"> Rare, very small community Known prevalence low Occurrence much higher Disguised, unexpected, underreported/estimated Minimal cases reported More being reported, linked to other transgressions Many more will emerge Market for material that constitutes CSA Sexual trauma secret, sensitive, shocking, not being talked about, avoided Variety 'alerts' to violations CSA no consent Speculation/allegations many, deny, do not see themselves as offenders, have to be found guilty Behaviour perpetuated without help, will not stop on own Do not see them in practice; do not ask them Lack of practitioners treat women » increases chance of reoccurrence (rejection principle) » society more exposed Frame of reference of offending Women greater access, easier to offend, more dangerous Disguised caregiving, affection 	<ul style="list-style-type: none"> No credible info about a hidden subpopulation and a phenomenon that exists Perception women empathetic Variety negative emotions Different to rape Unfairness same behaviours, different consequences Effect varies irrespective gender offender or victim Complex phenomenon, complex contexts 	<ul style="list-style-type: none"> A unicorn, and a reluctantly barely touched can of worms Soft cushion

-) Women not naturally offenders
 -) Betraying archetypes
 -) Dangerous and uncomfortable think female perpetration
 -) Challenge assumptions gender-based violence
 -) Gender roles prevalent
 -) Burden on men to be sexually responsible
 -) Sexual identities and activities changing
 -) Paedophilia sexual orientation (feminists explode)
 -) Feminists: CSA = violence not sex
 -) Complexity sexual violence
 -) Need to separate rape from child molestation
 -) Extremes in communities become norms
 -) Cultural norms/rights vs. human rights
 -) Pornography rife, disrupts sexual arousal templates, unhealthy experimentation
 -) Criminal/sociolegal: sufficient evidence = jail; if insufficient evidence could = counselling
 -) Violent offenders in prison, not community-based
 -) Double standards: men's behaviours seen as more serious than women's
 -) Mitigating circumstances and sentencing genderless
 -) Warn about stranger-danger, no emphasis or discussion family- or female-danger
 -) Sexuality taboo, complex, overwhelming, repressed
 -) Sexuality and humanity linked
 -) No credible evidence
 -) CSA directly or indirectly influences most people
 -) If no report, if victim does not want perpetrator to go to jail minimise, say 'could not have been that bad'
 -) Intense initial involvement sociolegal, criminal justice process then fizzles out
- Context**
-) CSA power inequality, no consent
 -) Defence mechanisms, survival
 -) Perpetrator and victim use each other

<ul style="list-style-type: none"> ↳ Victims allow abuse to protect the lifestyle ↳ CSA grooming, known perpetrator not same as rape, different issues guilt <p>Victim & survivor dynamics</p> <ul style="list-style-type: none"> ↳ Different impact depending on context, intelligence/age of child ↳ Outcomes different, various factors ↳ Victim/survivor excuses abuse by mother ↳ Anger, sense betrayal having been abused ↳ 'Boys don't cry' ↳ Male ego/reluctance accept reality ↳ Women conditioned to report ↳ Survivors powerless ↳ HIV unthought-of consequence of CSA, more stigma ↳ Upsets normal sexual arousal template ↳ Survivors' fear they could become perpetrators ↳ Victims can become connected to perpetrator ↳ Secret-keeping, isolation ↳ Victim feels colluded ↳ Effect same as with male perpetrator but acted out differently ↳ Male victims/survivors various negative emotions ↳ 'Women don't rape children' belief ↳ Worse if woman is abuser ↳ Rape lose self-blame more quickly ↳ Disparity abused offending vs. offender offending 		
<p>Societal knowledge & engagement</p> <ul style="list-style-type: none"> ↳ More prevalent than acknowledged, much broader, much worse, cannot be known ↳ Reluctance approach authorities ↳ Past impacting present re solution-seeking ↳ Hidden crime, stigma ↳ Various factors 'make it abuse' ↳ Knowledge gleaned from victim's story ↳ Societal ignorance re CSA, right/wrong ↳ Occurs all socio-economic classes 	<ul style="list-style-type: none"> ↳ We 'give permission' for women to sexually violate or play out deviant behaviours through our sheltered, blinkered, resistant views about women, men, capabilities. ↳ Prevalence of CSA cannot be measured but it has an impact 	<ul style="list-style-type: none"> ↳ 'Ostriches' turning a blind eye ↳ What makes a woman a woman?

<ul style="list-style-type: none">) Disrupts our comfort zone) Impossibility female perpetration) Women on pedestal, romanticised) Cultural perceptions/norms) Gender difference in expression) Language & terminology vital to perception or 'knowledge' if CSA) Need to consider gender identities) Traditional gender norms prevalent) Complicated) Double-standards) Interfamily abuse vs. stranger rape) Unique situations/individuals) Lack resources, funds, time make CSA-related initiatives salient) Media 'inform' = sensationalise) 50% conviction rate male CSA, very few women) Hidden crime (even in correctional services)) Society/practitioners prosecuted for failure report child in danger <p>Context</p> <ul style="list-style-type: none">) Economic needs, survival = abuse 'normalised') Expectations & norms in social strata) Exposure to violence dilutes awareness & impact) Blurred boundaries <p>Victim & survivor dynamics</p> <ul style="list-style-type: none">) Victim shyness re truth) Maternal abuse more traumatic for victim) Mother morally more blameworthy) HUGE impact 		
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Below is an abridged graphic representation of Attridge-Stirling's (2001) concept of thematic networks that result from the data analysis process for one thematic category and for one group of participants in this research, for purposes of illustration, and the illustration will serve as such for all groups.

Thematic networks: The State of Play: South African Realities

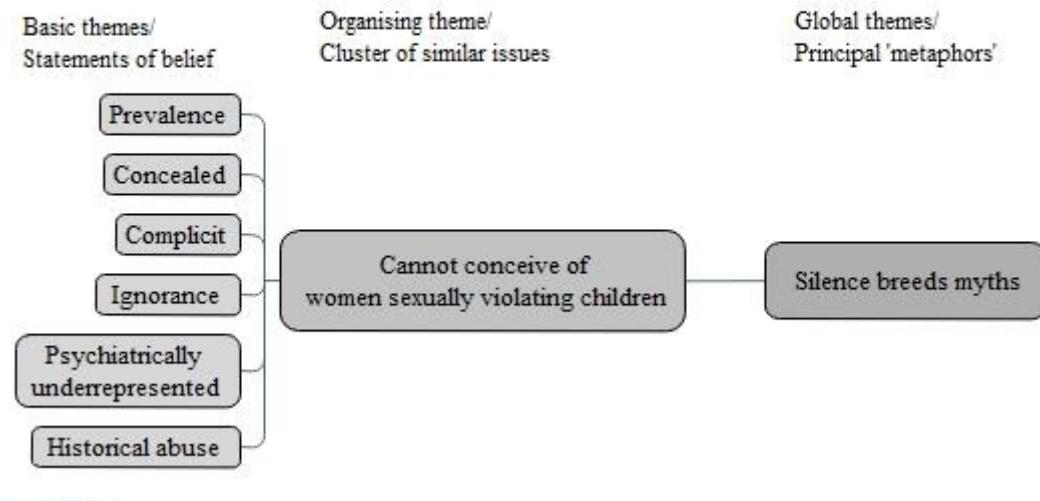


Figure 4.10 Thematic networks: The state of play: South African realities, for purposes of illustration.

Table 4.3

Women's Dispositions and Motivations.

Women's Dispositions and Motivations		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<ul style="list-style-type: none">]/ No internal locus of control]/ Dominated, afraid]/ Impaired judgement]/ Mental health deficits]/ Personality disorder]/ Pathology]/ More pathological than men]/ Less violent than men]/ Reenactment]/ Modelling]/ Need to punish]/ Underlying hatred]/ Justify, minimise, rationalise, deny]/ Not completely unaware]/ Rigid beliefs re sexuality 	<ul style="list-style-type: none">]/ Some degree of dysfunctional lives, modelling, learned behaviours but denying their own involving emotional/mental deficits and misdirected needs. 	<ul style="list-style-type: none">]/ Willing or unwilling puppets on a string

<ul style="list-style-type: none"> ↳ Traumatised, dominated, vulnerable, unprepared women ↳ Survival, release ↳ Dysfunctional, disordered lives, unmanageable behaviours ↳ Serious psychiatric issues, mentally unbalanced, mental disorders ↳ Anchored in pathology, substance abuse ↳ Addictive tendencies ↳ Unresolved issues, blind spots ↳ Inability/inadequacies re healthy adult relationship ↳ Hypersexuality ↳ Skills deficiencies ↳ Incapable of changing ↳ Impulse control issues, compulsion ↳ Lack healthy coping mechanisms ↳ Submissive, insecure, lack self-worth ↳ Reenactment ↳ History/story of adversity ↳ Own boundaries violated ↳ Own story silenced ↳ Some & inconclusive re correlation between adversity/trauma and subsequent abuser ↳ Most victims themselves—but then should be more victims ↳ Fallacy women are all mothering/nurturing ↳ Women more underhanded, insidious, dangerous ↳ Inform themselves & perfect their craft ↳ Some unaware, some fully aware, some do not choose this ↳ Angry at men ↳ Anger within ↳ Misdirected revenge ↳ Misdirected anger ↳ Blurred/absent boundaries ↳ Unintended/minimised perversions ↳ Deny, blame others ↳ Subtle ↳ Own gratification ↳ Callous ↳ Deliberate priming of victims ↳ Grooming punctuated differently to men ↳ Long-term grooming, build trust 	<ul style="list-style-type: none"> ↳ Varying degrees of psychological/emotional dysfunctions and structural deficits ↳ Often unintended/ignorant behaviours, lashing out as an unconscious misdirected reenactment of own abuse/trauma or to release their own trauma through the sexual abuse of children who are a soft target. 	<ul style="list-style-type: none"> ↳ Crushed women in broken society with a bite that is worse than their bark as they kick the cat
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<ul style="list-style-type: none"> ‘Gaslighting’ Hurt most vulnerable in most vulnerable way Abuse their own children Misguided notions re nurturing Need to be forced out Law/legal incentive seek treatment 		
<ul style="list-style-type: none"> Caregiving thrust upon women Severely compromised development Severe pathology Appalling childhoods Own sexual abuse, modelled behaviour, frame of reference: offending (Unspecified) pathology Severe pathology, serious psychopathology, several personality pathologies, disorder/s, borderline Spills over into (dysfunctional) relationships Not violent Extremely violent Women and victim/s part of dysfunctional family system: abuse only way to feel wanted Stress: boundary violations Incapable forming healthy relationships with adults; emotional & sexual abuse, losses, trauma, buried issues surfacing Woman is survivor of ‘something’, cycle of abuse Emotionally, cognitively, physically disconnected from sexuality, repressed, fear of true healthy intimacy Substance abuse Lack EQ and self-awareness “like men” (P #21) [male perpetrators] Abuse is only way woman knows how to demonstrate warmth and acceptance Rebellion Intrapyschic impact Offence only one part of person Use sexual offending as instrument of power Women: more anger, aggression, more goal-driven, want to punish emotionally Horrific abuse, own children, worse than males 	<ul style="list-style-type: none"> Unique lives Mental and emotional deficits, possibly from abuses/traumas in her childhood or present-day life Unique dysfunctions that manifest in an array of dysfunctional thought processes, motivations, actions, and behaviours that ultimately hurt the most innocent: ‘Do unto others what was done to me’. 	<ul style="list-style-type: none"> Beware ‘the power of the damaged person’

<ul style="list-style-type: none"> ↳ Do not molest infants or babies ↳ Grooming, strategies same as men ↳ Groom for men/male offenders, more deliberate, participation more intense and planned ↳ Paedophiles also groom parents of child ↳ Choose child that will protect them ↳ Identify younger children, under-aged boys in family, repeatedly, not one-off ↳ Persuasion, variety rewards ↳ Inappropriate, sexual, non-violent ↳ Deny offending ↳ Becomes “liestyle” (P #21) (Lying becomes a lifestyle) ↳ Motivation for treatment: external ↳ No known support = barrier to disclosure (& healing) ↳ Embarrassed/outcasts/rejected ↳ Remain hidden, would not disclose to prejudiced practitioner ↳ Initially deny, then admit (self-disclose), profess innocence, have been wronged/cheated by legal system ↳ Could disclose guilt, know they have wronged child but cannot stop ↳ Not repeat offenders ↳ Three groups: psychotic episode; male accomplice; comorbid circumstances domestic violence; grooming, establish relationship, use context, use alcohol (latter two more prevalent, increasing) ↳ Self-regulation issues, destructive pathways, trajectories, fluid boundaries ↳ Sexual offences & other problems manifest ↳ Lower sentence than male counterparts 		
<ul style="list-style-type: none"> ↳ Male/female role reversal ↳ Unresolved conflicts ↳ Dependence ↳ Dysfunctional family ↳ Own history of abuse/neglect/trauma ↳ Sex drive: very high 	<ul style="list-style-type: none"> ↳ Psychological dysfunction with low emotional intelligence, cognitive differences, skewed perceptions and modelled behaviours. 	<ul style="list-style-type: none"> ↳ A wobbly table holding numerous dishes, some with remnants of meals gone by

<ul style="list-style-type: none"> Role models: poor Education: varied Intellectual capacity: low Indoctrinated actions Battered wife/woman syndrome Way of expression Personal trigger points Power, control, fun Accomplice, coerced, not unwilling, possessed Extreme behaviours Subtle Non-violent/violent Abuse children closest No victim empathy Denial, rationalise, minimise Negative response to rehabilitation and interventions 	<ul style="list-style-type: none"> No criminal disposition, rather: X = trigger point, sets off CSA 	
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Synopsis. The state of play: South African realities, and a woman's dispositions and motivations.

Prevalence. The first exploratory question set out to ascertain the prevalence of female-perpetrated child sexual violations in South Africa. Prevalence refers to the proportion of (female-perpetrated child sexual violations) incidents or cases within the general population. This is distinguishable from occurrence that refers to new incidents or cases within a general population. The interviews began with a question about the prevalence and not about occurrence so as not to complicate issues. The terminology utilised in the interviews was the generic term ‘child sexual abuse’ (CSA).

Some responses gave indications of positive shifts towards reporting female-perpetrated child sexual violations, and of both prevalence and occurrence: “**disclosures have been made of female perpetrators, so whilst the incidence of referrals or reporting may not be high, there is a positive shift in that direction**” (P #5), “**we’re gonna (sic) see more and more offenders ... with what’s happening ... there’s an equalling of the masculine and the feminine**” (P #26).

Despite the broad range of answers regarding prevalence, for example, “**not known but not very rare**” (P #1), “**probably more than we know**” (P #3), “**very small community**” (P # 28), “**much worse than we think**”, “**the real nature and extent of sexual offences committed on children in South Africa are not known, the official statistics do not ... come close to it ...**” (P #29), “**more prevalent ... than we acknowledge in the public consciousness ...[and] in the mental health and academic domain ...**” (P #4), close to eighty percent of participants had, in one way or another, professionally encountered women who sexually violate children. Half of these had dealt with them directly, regardless of the duration of the contact.

The findings showed that female-perpetrated child sexual violations in South Africa do exist, “**we've had mothers ... two grandmothers ... aunts ... stepmothers, and extended family members, cousins, older cousins ...**” (P #6), “**he was sexually abused by his mother [also] quite ... terribly ... physical ... verbal abuse ... so it was very, very violent in the household ...**” (P #13), “**I've seen now the three adult males ... made a massive impact on me, the male survivors of female sexual abuse ...**” (P #24), despite the issue being described as “**unexplainable**” (P #4), “**concealed**”, “**undetected**”, “**unsuspected**” (P #10), “**underreported**” (e.g. P #6, P #7, P #13), “**underestimated**”, “**underrated**” (P #2).

At best, ‘prevalence’ relates only to that which is reported and recorded, not to that which prevails in the community, and it, therefore, cannot be measured: “**we have no idea because of the discourse that we have that women ... are very seldom constructed as perpetrators**” (P #20),

[not] done enough research ... to be accurate about [prevalence] ...
information ... still anecdotal ... depends how ... diagnose ... how ...

determine what ... female sex offender is ... still ... large percentage ...
 women ... appearing in courts where ... officer of ... court would say,
 'No, no, no, this is not ... sex offending, it's simply a woman ...
 demonstrating affection' ... therefore ... not dealt with in ... same way
 (P #27)

The exploratory question about prevalence went on to create an overview of the South African Zeitgeist regarding female-perpetrated child sexual violations as reported on below.

Living conditions. At least 5% of the participants highlighted the situation in South Africa with particular reference to living conditions that are not optimal for some, though not all, sectors of the population: “**living in abject poverty but ... cannot draw ... linear causal relationship between the two [living conditions and child sexual violations] ... need to explore ... with poverty ... usually overcrowding, children witnessing sexually explicit behaviours, not being able to process that”** (P #5),

don't think many children or ... parents, distinguish between ...
 abnormality ... normal sense, what is acceptable, what is not, small spaces
 ... people walk around naked ... have sexual intercourse in front of their
 kids ... young adolescents, as caregivers in front of children ... acceptable
 ... many families ... South Africa, without electricity ... that's normal
 [but] ... not what should be happening ... consequences ... need studies
 around ... household what constitutes ... core family in South Africa ...
 roles being played in ... family, who is ... father ... mother ... roles
 behind individuals should be clarified ... understood ...kaleidoscope ...

whole bedding of society ... sexuality ... role identification ... sexual action ... should be better understood in South Africa (P #29)

Society's engagement with women who sexually violate children. Around 21% of the research population indicated that societal engagement with women who sexually violate children showed intrapsychic conflict arising from the difficulty in acknowledging this type of sexual abuse and the stereotypical, romanticised views of women and mothers as incapable of inflicting harm: “**imagine if it's your mother or any other female figure”** (P #23), “**the girls ... had more unresolved feelings towards their mom than towards their dad ... interesting how ... minds think about motherhood ... women ... even young children”** (P #3), “**definitely turning ... blind eye ... not suspecting it, not believing it ...”** (P #1), “**when society thinks of sexual offences committed again children by women ... how's it possible ... how can ... have sex if ... boy ... man ... not aroused ... don't understand ... the broader concept ... sexual offence”** (P #29), “**To be even more graphic, sorry, we are looking for a penis, not a toothbrush** (P #10).

Knowledge about the context in which female-perpetrated child sexual violations occur is predominantly anecdotal with insufficient credible evidence. Nevertheless, the findings indicated that it is multifaceted, and it involves among other things, an imbalance of power between the offender and the victim: “**there must be a power difference ... child didn't have any choice ... any chance to say yes ... no, I don't want it”** (P #18), a violation of boundaries: “**easier ... blur boundaries ... not be labelled as inappropriate behaviour ... when ... male blurs a boundary ... more noticeable ... visible”** (P #5), secrecy: “**child sexual abuse that's kind of secretive in nature ...”** (P #1), “**sexual trauma ... always ... secret ... very sensitive**

... talk about, people prefer not ... talk about it or ... listen even" (P #18), pigeonholing: "**difficult to conceptualise ... woman ... might exceed ... boundaries of her gender constrains**" (P #4), and stereotyping: "**stereotypically men are seen as pigs ... dogs ... perpetrators of violence in a patriarchal system ... stereotypically women are nurturing, caring, loving**" (P #17). These misperceptions are exacerbated by disbelief and the lack of insight about the possibility of women being anything but nurturing, good, warm, loving, and the manner in which they sexually violate children:

members of society do not want ... to recognise ... female so evil ... so bad ... females ... supposed to be, especially a mother ... nurturing, caring, warm, loving ... as opposed to this very cruel abuser ... more acceptable ... to physically abuse your child ... sexually abuse ... even worse ... you are ... the lowest of all categories ... so frowned upon ... maybe ... why society ... so ignorant ... does not want to recognise ... it's there because then ... have to cope with ... whole new phenomena [*sic*] ... why ... mothers so bad, where do they come from, how ... bred, whose fault is it ... we ... not equipped ... to deal with it ... many other burning issues ... [CSA] unbelievable ... shocking ... against ... norms ... values as ... society yet it's there ... more common than we'd like ... to know ... believe. (P #30)

Society's perceptions, knowledge, and willingness to engage with the notion of female-perpetrated child sexual violations, and the silence surrounding such violations can be summarised by the following quotation:

men ... rape ... we call them monsters ... women, we say ... not ... innate ... shame she was on drugs ... has ... history of abuse ... forced into it by another [sic] man ... this constructed image ... man in a trench coat ... dirty fingernails ... women perpetrating you don't have that image ... really centred around ... Madonna-Whore spectrum, so either women ... all good, or ... whores ... the ... whores spectrum allows us to see the sexy teacher ... rapes ... 18-year-old boy ... we can deal with that ... she's very visible in the news ... constructed as ... little boy's dream ... be sexually educated with older women, despite ... fact ... could be very traumatic, ... way it's constructed by ... media ... she operates as ... a be-all-and-end-all of female sex offenders (P #4)

Heteronormative ways of thinking, paternalistic, and patriarchal society. A heteronormative way of thinking about what constitutes rape and sexual abuse causes further cognitive dissonance while allowing women much more latitude both to initiate, and to continue with, behaviours that are (or were) traditionally in the male domain but in a woman they are seen as worse, wrong, inexplicable: “**patriarchal feminist discourse ... women often not seen as perpetrators of sexual violence”** and “**“there’s just no seriousness ... misunderstanding that ... woman can actually rape ... man because of ... heteronormative way ... thinking ... penetration by ... penis as rape ... whole discourse ... whole understanding ... whole definition of rape that lets women off ... hook”** (P #20), “**way society thinks about ... male ... women sexuality ... males ... hunters ... suddenly some females ... hunters ... how ... female be ... hunter ... not supposed to ... so how can it be wrong if she’s a hunter when the male does the same”** (P #19).

A paternalistic and patriarchal society, in turn, creates dependent women: “**South African society ... very patriarchal ... especially ... less privileged contexts ... women ... literally depend on men ... will take all kinds of abuse ... so ... got shelter ... education ... food for their children ... very strong masculine, virile, dangerous masculine power ... resides in ... African context”** (P #4), and could foster a hatred of men resulting in women’s misdirected anger, hatred, and rage against boys expressed as violent touch learnt at the hands of men: “**“in very paternalistic societies ... mothers ... take out their anger at husband on the boy child ... we’re a very paternalistic society”** (P #16).

Discourse and language. The language—and the discourse—surrounding issues to do with women’s sexual violations of children also are vital, as Participant #4 shared:

stuff based in language ... children ... uneducated don’t have ... way frame it: ‘Women aren’t violent, men are violent’ that’s it ... then ... educated cohort ... able access ... psychological framework ... spoke to me ... cycles of abuse ... really drawing on deep-seated psychological language ... gave them ... inherent understanding ... what ... happening ... education ... key part ...but not ...if you are educated you will or won’t sexually abuse ... how you frame it ... becomes vastly different ... the less educated ... victim and ... perpetrator, less it’s framed as ... sexual abuse incident, the more educated ... more access you have to ... particular discourse ... more ... able ... frame ... as something abusive (P #4)

Language, in the sense of perceiving or understanding female-perpetrated child sexual violations as being abuse, extends to the literal use of language as well. Around

11% of participants in this research used ‘childhood sexual abuse’ when referring to child sexual abuse—different events, as explained in the glossary—and around 10% used ‘paedophile’ when referring to, or thinking about, women who sexually violate children—different characteristics, as explained in the glossary. I did not mention these terms in the interviews, nor were they on the Interview Schedule. Nevertheless, the participants used them as follows: “**there were probably adult and female perpetrators of childhood sexual abuse in those groups due to ... nature of ... group”** (P #15),

childhood sexual abuse ... always occurred ... biggest damage ... turning
 ... blind eye by ... parent, often ... mother, often ... damage done by ...
 mother looking away because ... father ... breadwinner ... always been ...
 taboo ... other elements ... financial ... domination ... survival element ...
 ancient societies didn't have such taboos ... childhood sexual abuse ... an
 element ... of people ... attracted to children ... (P #1) [also indicating a
 leaning towards the definition of a paedophile]

[Asking about the topic of this research] ... are you looking ... childhood
 sexual abuse both sexes ... just boys or what are you doing ... [participant]
 angry ... to [*sic*] all perpetrator [*sic*] of childhood abuse (P #20)

Regarding the misuse of paedophile or paedophilia: “**read once paedophilia and Munchausen by proxy, you cannot rehabilitate them....”** (P #36), “**we think about paedophiles ... immediate thing ... comes to mind is ... male ... don't think anybody thinks about a female”** (P #13),

told ... friend who's ... nurse ... gonna [*sic*] have this interview ... around female perpetrator of sexual violence ... abuse, female paedophiles, she said, 'I've never thought of that ... it's *shocking*' ... a part of me ... quite empathetic towards paedophiles 'cause [*sic*] my question is what happened to that person ... not born paedophiles ... not born abusers ... society as soon as ... found [*sic*] out ... paedophile male or female ... will crucify you ... so ... going ... have ... chat with them [feminists] on how do they feel about female paedophiles (P #17)

For at least two participants (5%), however, there was no confusion: “**we want paedophiles [in treatment], with insight or without insight, not all sex offenders are paedophiles so already ... idea ... thinking ... all paedophiles ... problematic”** (P #26), “**the case [of Cézanne Visser aka ‘Advocate Barbie’, a woman convicted of sexual crimes against children in South Africa] was the sentiment of child abuse ... she’s also called ... paedophile by professor of criminology [name of university] they ... so ... scientifically wrong ... so many cases”** (P #21). Also, at least one other participant did not believe that labelling individuals was helpful or useful:

certainly most offenders I have worked with ... who are [male] paedophiles ... small percentage of ... offenders ... have preferred body types ... age groups, et cetera ... I've come across women ... have preferences ... not just indiscriminately offending but ... don't believe ... fitting people ... kind of box ... very helpful (P #7)

Highlighting the incorrect usage of words and terminology ties in with understanding, acknowledging, and expressing issues. For example, if an uneducated person or a person in a rural area does not have the language to express abuse as abuse, it will not be dealt with as abuse. Those who have the language will often also have the appropriate understanding. The issue surrounding language was captured succinctly as follows:

way ... use language protects ... defends particular perpetrators and invisibilises [*sic*] particular victims ... for me ... key ... language ... how ... constructs possibilities ... conditions ... particular victims ...
 perpetrators ... less about categorisation ... more about what is the language or ... thing ... woman who perpetrates ... operating under ... allows her to commit a sexual crime ... how she disrupts particular categories ... seems to be ... embedded knowledge ... its existence in ... public consciousness ... just don't have language ... talk about ...
 [perceptions regarding the difference impact on the child depending on the gender of the perpetrator] ... hinge on ... language ... I found with all the victims they ... say things like, "if it was a male, I would have reported". 'Why?' 'less shameful ... less powerful ... less, strange' ... there's this discourse ... victims were highly educated ... uneducated women had victimised uneducated children ... men ... other women ... those people wouldn't come forward ... didn't have ... language ... process it, whereas the [educated] victims had ... language ... highly educated ... tertiary education ... access ... psychological discourse ... studied psychology ... been in therapy ... support groups ... have access ... particular language ... allows them ... frame experience as sexual abuse (P #4)

Feminism. Feminists, for their part, seek equality between male and female genders yet appear to be hypocritical in their resistance regarding women's behaviours that could be the same as men's behaviours (i.e. sexually abusing a child): “**feminist mostly ... equality [but] put the word female paedophiles ... shock ... have to do deep introspection ... who we are as people because a lot of feminists ... hurt other people ... you're fighting this [equality] but you ... also a perpetrator”** (P #17).

Also, they see the sexual abuse of children as an act of violence, not of sex,

one of ... things ... feminism did badly for sexual violence ... called it violence ... said ... wasn't about sex ... was about violence; child molestation ... often about sex ... sexual release ... we can't ignore that, rape we can start talking ... more violent terms, but ... idea ... just ... act of violence against women and children, took away ... sexual aspect, *very big* part of sexual offending ... really reinforcing ... reward of orgasm at end ... reinforces the behaviour (P #26)

and they were said to be outraged that paedophilia was considered a sexual orientation: “**paedophilia ... call it a sexual orientation [in the DSM] ... needless to say ... feminists went crazy ... but in some ways, it is, unfortunately, a sexual orientation, much to people's horror ... but a paedophilic disorder meant that you could act on it ...”** (P #26).

Sexuality. This was not a prominent theme in the findings in relation to women's dispositions or their motivations for sexually violating children, as will be shown in the section that focuses on these women. Nevertheless, around 22% of the research population mentioned sexuality, of which around 12% worked in the field of sexuality or

sexology and around 8% had some form of direct engagement with women who sexually violate children. All these participants, however, indicated that sexuality is one of the unspoken subjects in society. For example: “[in the African culture] still strong **undercurrents of fairly rigid beliefs when it comes to sexuality”** (P #15), “emotionally ... or physiologically related ... not telling ... GP [medical doctor] ... when it comes to sexuality in general ... reluctant ... introduce ... into ... conversation” (P #9), “sexual health is a big thing ... the view ... we have of sexuality ... the kind of messages ... so skewed” (P #6), despite sexuality being a fundamental part of being a human being:

For me sexuality is about ... whole person ... all our connections ... how people choose ... touch ... engage in ... sexual way ... more than just ... genitals ... whole host of things ... have to tease out ... various factors ... is it need for nurturing ... comfort ... connection, what kind of connection ... how is ... embodiment of one affecting ... embodiment of another ... where in ... formative years of these individuals did they learn about boundaries ... for me ... gaps in ... conversations ... silences ... meanings of what ... means ... be embodied ... share embodied space, those conversations are not widely had and ... different cultures ... may be understood differently. (P #14)

Also, in some religions, discussing sexuality is un-Christian,

people come from ... very religious ...view ... say it's sick ... un-Christian ... marinated in culture ... religion ... how people experience ...

biological sex ... gender identity and expression ... build relationships intimately ... actually have sex *deeply* influenced ... by how society forces people ... think ... feel ... behave ... if ... child brings out ... sex toy ... got in your bedroom drawer, everybody makes ... big scene ... but when he shoots people with ... play gun, nobody thinks twice about it ... that's religion, hypocrisy. (P #17)

while religiosity and silence surrounding sexuality appears to have played a role in personality types in a dated study in Canada:

[research in the 1980s in Canada, looking for a rape typology, a common denominator, personality types] the one thing ... stood out with ... 970 perpetrators ... interviewed ... very rigid religiosity ... Christianity, Judaism, whatever ... very deep religious ... ethos in ... family ... anything ... to do with sexuality ... emotions was flattened ... that was ... beginning ... might be looking in ... wrong place (P #27)

The silence around sexuality and the lack of education in populations of sex offenders in prison was discussed, as follows,

on the one side we have no information as worse as being bombarded with information ... the inmates still have to develop their sexuality ... ask ... women 'Speak to me about sexuality', they can't even say the word sex ... can't talk to you about it ... don't use the scientific terms ... means ... uninformed about your being ... forget the crime ... not always about

who's not coming back to prison, it's who's going out in society ... because ... a legacy ... they can't help themselves ... now in prison ... ask social workers and psychologists ... how do we get to ... point ... bring ... emotional side of sexuality into beings ... how ... make emotional link ... [sex offenders] ... don't ... I think for ... child sexual offender, the abuser, it's emotional ... why would they choose sexuality as ... instrument of anything, from anger to manipulation to ... why they choose sexuality ... not rather murder ... kill you with ... gun ... why would they choose sexuality ... at this point in time, no [answer] (P #12)

while another participant shared issues to do with the differences in sexuality between men and women, and sought to answer the question, 'What makes a man a man, and a woman a woman', as follows:

differences in sexuality ... men ... more explicit ... women ... more inhibited ... the more women ... emancipated ... liberated ... three things, sexual offences ... control and power than pleasure and ...fun ...deep behind it ... many women especially ... ones ... feel inferior, want ... control more ... self-esteem and self-image ... also ... can manifestate [*sic*] in different ways ... can ... inhibit ... also extremes ... with ... low self-esteem, either ... very sexual [*sic*] inhibited ... that's why even with ... victims, either they become ... very much permissive or ... asexual or the opposite (P #21)

Do you define it medically, how do you define ... difference between men and women ... based on two things ... hormonal difference, the cycle, ... oestrogen ... progesterone ... other difference is social-cultural [sic] based ... even if ... study medicine, in medicine we are ... same gender ... only after 28, 24 days ... different genders develop so even from ... medical perspective ... difficult to say ... but the differences for every sexually-speak [sic], for every male counterpart, there's ... female counterpart, medically; emotionally ... not true ... women ... more emotional than men, it's personality ... I'd say ... differences in sexuality, men ... more explicit regarding their sexuality, women ... more inhibited ... it's difficult ... can't distinguish ... and the more women are emancipated and more liberated (P #21)

As for women's liberalisation, it is not absolute, and, in fact, it seems to be confined to society's comfort zone in an archaic somewhat puritanical framework:

modern woman allowed ... to be sexually liberated ... advertisements ... magazines ... discussions ... women ... sexually empowered ... only in ... context of heterosexual relationships that will eventually lead towards marriage and reproduction ... a girl's sexual life with multiple partners ... alarming ... (P #4)

Women's liberation can also show itself in the form of 'Sugar Mommies': "**now called 'blessers'** ... let me be your blesser; I'm ready to be blessed ... has links into prosperity gospel ... deep roots ... religious teaching ... plant seeds, bless ... come,

my child ... I will bless you by giving you all this, so you put out ...” (P #14). The concept of a Sugar Mommy involves activities and consequences similar to those of the concept of a Sugar Daddy: an unequal relationship between individuals, rewards, and the potential for contracting HIV—an additional not-immediately-thought-of consequence of child sexual abuse. The far-reaching effects of child sexual abuse need to be also framed within the broad issue of HIV/AIDS and the number of vulnerable children who have been orphaned through parental deaths because of HIV: “**a million children lost ... mother ... father ... both, the failure then to also recognise that these will be children who are vulnerable to abuse”** (P #7).

Also, boys who have had sexual experiences with older women are seen as more exciting and special. This practice has given a unique name (Ben 10) to the rite of passage for boys whose first sexual experiences have been with older women, and now it has been extended to include all the trappings: “**if you’re ... Ben 10 ... socially acceptable ... don’t hide ... dating someone older ... Ben 10 ... popular ... fun ... don’t bore these women ... that’s how society is right now”** (P #8). As a ‘sexual experience’, it is now considered sexual abuse in South Africa as it was when adult males were having sex with underaged girls but acceptance by the child that these actions are sexual abuse seems to be a process, possibly fraught with cognitive dissonance of another kind—the fear of the loss of the rewards and gifts:

discovery ... or ... acceptance ... is abuse is a process ... not ‘Oh well, I’m being told it’s abuse, and therefore I accept it as such’ ... sometimes professional intervention ... resisted by ... child ... because ‘... now have to face ... loss ... getting nice clothes, getting ... cell phone’ ...

experienced as ‘You’re really interfering in my life, and I don’t want you in this space’ (P #7)

Criminal justice and sociolegal issues. Around 8% of the participants referred to the fact that the [South African] National Register for [*sic*] Sexual Offenders (NRSO) is not being kept updated, where even the names of sex offenders with suspended sentences are required to be on the register, but they are not: “**must also be on sexual offences register, important for us ... not working as it should be ... Department of Justice ... custodians ... unfortunately ... NPA [National Prosecuting Authority] has nothing to do with the register**” (P #36). This particular shortcoming in the criminal justice and sociolegal systems means that known child molesters are potentially free to live and work anywhere, including in places where they would continue to have access to children:

a month ago ... paedophile ... on ... sex register ... actually working at *school* ... community ... people ... journalist ... saying, ‘Aren’t you on the sex register?’ and he’s, ‘Ya but it was a different thing ...’ he continued ... until parents protested ... then the guy left but I mean he should be ... sent back to prison (P # 24)

This breakdown in service delivery resulted in a sense of hopelessness regarding the criminal justice system, and in preventing or controlling child sexual abuse: “**but then you also feel powerless because you know ... these people will be prosecuted and jailed is slim; it doesn’t happen**” (P #24).

On the topic of prison and the criminal justice system where women who sexually violate children seem to find themselves as will be shown later in the chapter, one participant shared the following:

hidden crime, especially in prison, unless ... high profile case ... don't really know about it ... often victimised in prison ... common phenomena [sic] ... with offenders ... males ... females who abuse ... murder children ... often victimised especially sexual abuse ... attacked in prison, bullied ... a lot of fights ... perceived ... lowest of ... lowest offenders ... we don't always know about them ... no stats on it ... heard ... moving towards stipulating ... crimes whether it's against children ...but my experience in prisons ... get hold of them ... word of mouth ...as they get to know the offenders ... what they're there for ... if ... high profile offenders, I know of them, otherwise we don't know ... they just keep quiet, because they're scared ... being victimised ... bullied in prison

(P #30)

Furthermore, the laws in South Africa regarding sexual violations against children have become extremely punitive according to an advocate for the defence and a state prosecutor, respectively: “**Ya, we’ve gone haywire ... since Madiba came into power with ... protection of the child ... they went overboard ...** (P #39), “**because I just wanted three lives [sentence for the mother who was charged with various abuses against her biological children] ... got 12 lives ... and 90 years ... ran concurrently so it was 20 effective ...”** (P #36). At the same time, though, according to the senior advocate who led the defence for Advocate Barbie, the testimony or opinion of

psychologists and psychiatrists is not accepted by the courts for purposes of sentencing. The participant indicated that there is a need for collaboration between psychologists, criminologists, and lawyers to draw up comprehensive pre-sentencing reports that offered reasons for the accused's behaviour—not to excuse the behaviour, but to explain it:

this is where you [psychologist/psychology] come in ... *expert* ... forensic expert ... tell us *why* ... I don't say ... accept ... woman's word for it ... verify ... information ... even if you have to go back ... her date of birth ... then in her history ... find some factors indicating ... weakness in ... character ... *quantify* ... deficiencies in ... upbringing ... lifespan of ... offender ... if ... such that *cannot blame* her or ... happenings in ... childhood up to ... time ... committed ... offence ... ameliorates ... guilt ... must receive recognition in the sentence ... should *not* be afraid ... impose ... suspended sentence ... [Why they accept the view of a psychiatrist for an evaluation for fitness to stand trial] ... will say ... psychiatrists ... find ... mental defect ... your evidence [psychologist] does not come from inside ... comes from objective facts ... gathered ... then ... apply ... to your principles ... subjective facts ... *donno* [*sic*] why ... won't accept ... evidence ... was abused ... resorted ... that type ... lifestyle ... must be taken into account ... each phase certain things take place ... influence subsequent behaviour ... one cannot just have ... past, we must know what she's doing now ... right up to this moment ... forensic psychologist ... should have ... questions designed ... extract ... information ... show weaknesses in ... character ... daily people ... sentenced without ... proper pre-sentencing report ... can't give that to ...

social worker to do ... report ... we are way behind ... because ... the law
 ... judges, don't accept ... discipline of ... psychologist (P #39)

The relevance and importance of the above for the topic of this research is that the omissions are missed opportunities to assess an individual and understand,

what was the differential motive ... drove the drive to commit ... sexual offence on a child ... your own ... friend ... acquaintance ... enough research findings ... indicate ... gender differentiation could be ... prelude ... predisposition ... different needs ... motives for sexual offences ... we need to *ask* or understand ... offender ... pre-sentence reports, victim impact statements, understand everything ... biopsychosocial ... ecological ... gestalt phenomenon about ... offender ... typology if we can ... very heterogeneous ... female offender but ... don't understand much about it or ... context does it occur in South Africa (P #29)

With the lack of credible evidence regarding female-perpetrated child sexual violations, ambiguity surrounding the phenomenon remains: “[**10 women incarcerated for rape**] sentences ranged from one year to six years, to life imprisonment ... that ambiguity was a *direct reflection of just not knowing what to do with those particular women* [**own emphasis**] ...” (P #4).

The last two quotations below for this section highlight society’s consciousness regarding issues to do with female-perpetrated child sexual violations:

so hidden ... underrepresented ... how people perceive it ... almost like ...
 people ... are ... amused at themselves at raising it ... way ... presents is
 never *that* 'I was abused by my mother' ... presents ... through the *work*
 ... often ... peripheral issues, depression, anxiety, sexual dysfunction ...
 peripheral to the presenting problem ... it's disguised as other stuff (P
#25)

Advocate Barbie opened ... public consciousness ... possibility ... woman
... might be ... sexual offender ... she really wasn't constrained, you
couldn't go, 'Oh shame she came from ... low class, or ... was uneducated'
... highly educated professional ... very little justification ... attached ...
behaviour ... all the articles ... I read ... her victims ... really invisible ...
weren't named ... generally, to protect ... was no description, ... came
across ... description of one of Dirk Prinsloo's [man who was said to have
coerced Advocate Barbie] victims ... four-pager ... intense description ...
who she was, how ... was damaged, ... all this stuff that happened to this
woman [victim] ... so even the way the victims [of male offenders] are
treated as more victimised (P #4)

Although it is difficult to separate conversations about women who sexually violate children from the conversations about the issues above, the next section shifts the lens to look more closely at the issues related more particularly to women, some of whom end up sexually violating children. This was the focus of the second exploratory question that also enquired about the effects of the sexual violation on victims/survivors (discussed later in this synopsis)

Society's positive bias towards women. There is an inherent positive bias towards women, owing perhaps to their perceived caring, nurturing: “**because we regard women as nurturing, caring beings”** (P #7), and their mothering dispositions and society’s sentiments about the maternal figure: “**much more ‘I would excuse you for what you did because you’re my mother’”** (P #18), where they are, also, not perceived as being intimidating, dangerous or violent as men are perceived to be: “**in our society we feel more intimidated ... threatened by male crime perpetrators than female perpetrators**” (P #35), “**with females ... let ... guard down ... almost worse ... got their way ... abusive trust ... power ... control”** (P #13),

[In a female prison, a female interviewer was asked if the warden will accompany her] ‘No, you’re interviewing women, we don’t have time to be standing in interviews with you, she can’t hurt you, she’s a woman’ [despite this being a convicted, incarcerated sex offender] (P #4)

Any action that detracts from the maternal view of women “**goes against motherhood, particularly men [male victims and survivors] how they minimised what happened to them”** (P #3), and ties in with, “**stereotypes around women ... care ... love ... how could a woman possibly be a perpetrator ... because ... maternal care ... which clearly is not necessarily the case ... creates a lot of internal conflict**” (P #13). Also, child sexual violations by women imbued with maternal instincts is risky and uncomfortable to think about as it challenges our assumptions about gender-based violence: “**almost dangerous territory ... when we do start looking at it, that women can be offenders ... starts questioning our gender-based violence theories”** (P #26).

The positive bias towards women and an inherent misperception about their capabilities extend to issues regarding the severity of sexual acts perpetrated against children. According to at least 5% of the participants, female perpetrated child sexual violations are not violent or not as severe as sexual abuses by men: “**sexual abuse by ... women ... never ... violent ... slow seduction ... power over ... child ... begins before ... child ... understands what this touching is ... about ... difficult ... fact that it's not ... violent ... children who are raped by men often have injuries”** (P #7), “**the non-violent one ... doesn't mean physical harm ... do emotionally [sic] harm ... easy, emotionally [sic] pain ... damage, while not physical, the violent ... that's the rapist ... that's aggression ... intention's very, very different”** (P #21).

For another 5% of the research population, the severity of the violence varied: “**not as violent [as male-perpetrated CSA] ... but ... look at [name of the location where the abuse occurred and by association the female abuser] ... very violent”** (P #36), “**inappropriate ... sexual ... within family ... non-violent ... at all ... males ... violent, not all of them, but violence are [sic] present [with the women]** (P #28). And for at least 3% of the research population, “**The severity, the harshness, the way they abuse, it is very exposing....”** (P #12).

Offence strategies and perceptions of capabilities. The sexual violations could be deliberate, and planned, yet could be a ‘mistake’, “**Opportunistic ... deliberate ... ‘mistake’ ... make a decision to abuse”** (P #31), or, confusingly, opportunistic *and* planned, “**also planned ... very much ... vulnerable children ... aren't going to tell ... more easily take ... onto themselves ... so ... opportunist ... very easy get ... responsible role for children in South Africa ... becoming ... nanny ... au pair ... caretaker ... teacher ... not really ... government controls, police checks”** (P #1), “**women plan more than men ... one of ... major differences, men ... spur of**

moment ... more visually inclined ... how they search for ... targets, women ... less visually ... more emotionally ... [I can't tell] own benefit or ... to the benefit of the one that they want to search for” (P #12).

The sexual violations could take place with or without an accomplice, or with the woman as the accomplice or as the bystander: “**inactive partners ... allowed it to happen ... one ... sticks ... my mind ... wife ... allowed ... husband ... have anal sex ... their daughter because she didn't like it ‘in die hol’ [in the anus] ... she was charged ... a medepligtige, an accomplice ...” (P #37), “**take Advocate Barbie case ... mother ... also involved ... co-dependency ... mother ... daughter ... lack of proper support ... relationship in the mother/daughter figure ... makes them also more prone ... vulnerable towards this type of crime” (P #12),****

research indicates ... adults ... commit sexual offences same gender ... very few people ... incarcerated or convicted, women, in South Africa ... sexual offences against children ... mostly ... convicted with others ... *male* accomplice ... coerced ... defiance ... alternative ... very few deliberately *rape* ... [but] a woman on a boy ... [that is] not well known (P #29)

It could also be that someone influences another even in the case of relatively innocuous child sexual violations: “**two caregivers ... got ... boys ... expose themselves ... going through sizes of penises ... laughing ... touching ... we immediately reported them ... criminal offence ... if we don't do ... intervention, we are condoning ... they ... arrested, immediately locked up in the cells” (P #34). In contrast to notions about evil motivations or the deliberateness of perpetrating such**

offences is “... just brain’s way ... managing their own trauma ... just out of control behaviour ... don’t have ... skill ... ability ... manage ... regulate their emotion ... being rageful ... acting out ... hitting ... violating another person ... just ... response ... own trauma ... not deliberately done ... not ... way of punishing ... we’re acting out (P #2).

There was a consensus that the offence strategies of female perpetrators involved grooming along similar lines to the modus operandi of male child sex offenders: “**same features are present in terms of grooming ... and ... seduction process”** (P #5), “**always grooming ... over a period of time ...”** (P #22), “**similarities in grooming strategy ... in ... subtle nuances ... grooming, I didn’t do wrong ... caused no harm”** (P #27), “**somebody in the child’s ... environment maybe ... teacher ... talk ... to child ... get ... child ... on board ... establishing that type ... relationship ... quite similar to ... male”** (P #13), “**most damage ... is the grooming ... [victims] ... don’t understand it ... blame themselves ... so ... dangerous ... rape victim ... manages to lose ... self-blame much quicker”** (P #34), “**the men ... will prepare kids for penetration ... will physically groom them ... [regarding female perpetrators] ... watch mommy and daddy ... movie, definitely a grooming process, definitely, definitely”** (P #36), “**how they choose their victims and who is participating ... huge difference male ... female ... more intense ... not like a relationship ... longer term type of abuse ... plan ... abuse thoroughly ... not ... haphazardly.”** (P #12)

Grooming includes the use of pornography, both adult and child pornography that are rife. Women are not averse to viewing pornography: “**men and women sexual offenders ... addicted to porn, ooh they love porn ... I thought it’s not, it’s big ... they [women] ... even more visual ... than ... men”** (P # 12). For some 11% of the participants, pornography skews healthy sexual functioning and the message about

sexuality; it affects sexual arousal templates, and precedes violence and unhealthy experimentation especially in children who build their sexual interest on what they have seen, heard, or been exposed to: “**boys ... from ... senior schools ... exposed to pornography ... part of ... grooming process ... engaged in sexual activity with ... adult female, their perception has been non-abusive ... when we've contextualised it ... it was abuse”** (P #5),

cannot overemphasise ... the mess pornography makes of people's sexuality ... we've got no idea ... effect of pornography ... on female perpetration ... know ... pornography ... used in grooming ... they showed her ... also ... rape pornography ... warn her against the dangers of men ... after ... exploited by ... own mother ... father (P #6)

access to pornography from so young ... sex education ... in ... schools ... *that's* going to be affecting ... sexual arousal templates ... girls ... being exposed to something quite different to previous generation [*sic*]... there's gotta [*sic*] be an impact ... I listen to stories of porn and sexual violence ... how very intertwined these things are ... with the child, with pornography and ... children's access to pornography ... attraction towards children, because young children often access child pornography ... age-appropriate ... to see little people having sex and how's that gonna [*sic*] affect you one day (P #26)

Furthermore, women are sometimes perceived as less dangerous than men, and simultaneously as more dangerous than men because of how their intentions, motivations

and behaviours are perceived: “**male ... dangerous and violent ... female ... dangerous but you feel ... lesser extent ... less dangerous, less violent, less of ... threat ... not just ... sex crimes ... crime in general ... we feel more intimidated ... male ... perpetrators than female perpetrators**” (P #35).

Not being perceived as dangerous could make these women even more dangerous, because their actions are deceiving, where the vulnerable prey on the vulnerable, and for at least a small percentage of the research population, women are “**... more damaged ... I see their pathology rather than their perversion ... with men ... I tend to see the perversion before ... pathology**” (P #25); they need to belong, to assert control, and to reclaim power: “**playing out a certain power dynamic ... trying to reclaim power in their lives**” (P #15), and they use a vulnerable child for their own gratification: “**... a lot of it was about stimulating the female, the perpetrator, so ... child [was] used [in order] to sexually stimulate her**” (P #24),

woman ... put ... onto ... internet ... pornography between her and her five-year-old daughter ... giving her five-year-old daughter oral sex ... very visceral ... she said to me, ‘wasn’t sexual abuse ... was ... performance for ... camera ...not the same ...the intent wasn’t sexual’ ... for me, intent ... not necessarily important ... actual action ... she was missing ... point ... often ... intent ... sexual abuse isn’t sexual actually ... might involve ... sexual organs but ... not always ... sexual attraction ... objectives ... she was vehement ... child still loved her and ...possibility ... her being a sexual perpetrator wasn’t ... real ... was ... good mother ... kept drawing on ... construction ... being ... good maternal object in ... face of this and ... could not possibly have raped her child ... just

...performance ... and ... child was as committed to this money-making scheme as she was ... that a five-year-old child could understand that
 (P #4)

The predominant characteristic of these women, however, that makes this form of abuse so much more dangerous is that it is insidious: “**confused ... not understanding, ‘mommy loves you’ ... manipulation ... ‘just love, this is how we love’ ...then ... ‘secret, we can’t tell people how we love’, so secrecy ... continues for years ... secret, can’t talk about it”** (P #11),

mostly person ... kids know ... strangest phenomenon ... child advocacy ... teach children ... stranger fear ... depends on culture ... in ... indigenous cultures ... respect ... required between ... child and ... adult one was a mom ... other *also* ... lived at ... haven ... caregiver ... mostly getting ... know ... child ... starting ... grooming process, building trust, creating our little world, best friends (P #22)

and they sexually violate their own children: “**abuse their own children ... horrific ... even worse than males”** (P #12), and others that are close to them either through family ties or if they are placed in a position of caring for these children: “**most common perpetrator for [sic] child sexual abuse ... people close to the children ... adults known to ... children ... relatives ... caregivers ... family members”** (P #30),

[case already prosecuted] ... absolutely one of the worst ... the eldest child is disabled ... nothing wrong ... mentally ... in ... wheelchair ... [mother

and father neglected and sexually abused three of their four biological children] youngest ... nine months ... luckily ... didn't do anything to him ... just neglected ... [the disabled child] ... horribly neglected ... had to pull all ... her teeth ... they didn't brush her teeth ... mother raped [disabled child] with ... dildo ... morally speaking I think hers [the mother's culpability] were [sic] worse ...she's the mother ...supposed to protect the kids ... morally blameworthy much more than him [the father] but physically they both ...she ...wait for ... little boy ... come back from school ...stimulate him until he got ... erection and she will rape him

(P #36)

[From the accounts of victims of female-perpetrated CSA] some [perpetrators] were mothers ... aunts ... neighbours ... friends ... girlfriends ... vast range ... a lot of different things happening for people [men and women] ... abused as children ... most ... [abused by] mothers ... aunts ... family member ...that's something we know about, sexual abuse ... despite ... construction ... stranger-danger ... very rare ... people get sexually abused by ... stranger ...all the victims ... knew their perpetrators, every single one of them. (P #4)

Protection of women. The above notwithstanding, for around 20% of the participants, society tends to protect women: “**because there's something about protecting women ...** (P #2), “... **very primal instinct needs in us to protect the Madonna** (P #25), “**do not think people believe ... mother ... wife ... woman could sexually abuse a child ... mothers are seen as caretakers”** (P #11),

“protecting women ... saying ... goodness, nobody needs to know ... deal with it ... very hush ... But she’s also the offender ... means ... women ... able ... do much more for longer without being caught out ... there’s not ... reason ... to stop” (P #10),

to even say I’ve ... sexually interfered with a child ... was babysitting ... it feels way worse for them socially ... not an easy acknowledgement of that behaviour ... don’t think they would ever reach out ... we say we report ... go via ... law ... there would be discrimination, not really believed ... not offering her ... help, men we take in, put in jail, with females, there’s a softness (P #2)

Although women are said to be protected in society’s minds, for at least 3% of the participants, women are not entirely protected or immune from harm: **“look we know their history’s terrible, but now ... not trying their best, they are abusers, we know that; there’re a lot of children around”** (P #16), **“so many of our women have no self-worth ... get so mistreated in South Africa by the male species”** (P #33), **“she’s being subjected to domestic violence ...”** (P #36), or in the words of Participant #21, **“Don’t underestimate the power of the powerless”**.

The burden of womanhood. Women have caregiving thrust upon them: **“because women are often given, without any understanding of their vulnerability, caregiving responsibilities, whereas men are not, interestingly enough”** (P #7), and they have easier access to children than men do: **“[women’s] opportunities present themselves more ... females ... [could be] perpetrating more than we think ... maybe ... see little people naked so often ... bit more desensitised ... I hadn’t really thought that as women we have so much more access to children, so much more”** (P #26).

The lives of these women generally seem to be in disarray and out of control in some way: “**there’s a dysfunctional interaction with their environment; the person developed symptoms, it was destructive, symptoms”** (P #28), “**don’t think ... a lot of good mental health or good IQ because they’ve been damaged”** (P #16), while it was “**found from the evidence ... these women have ... extremely high sex drive ... hectic”** (P #36). Also, there are corresponding notions that these women are dominated and traumatised: “**you’ve got a huge cohort of vulnerable women who ... if they’ve got trauma as ... baseline, they’re vulnerable and at risk to perpetrate”** (P #2). These women appear to have—or have had—various challenges relating to some form of dysfunction. These challenges could be losses from their childhood:

If you know the world of a sexually abused child ...all the losses, and ...
 the world of the adult survivor ... and ... follow ... hypothesis ... may be
 ... situation ...this person [female perpetrator] actually grew up in ...
 system where incest ... or ... sexual abuse took place and being exposed to
 ... behavioural patterns of ... incestuous family or ...family with not very
 secure boundaries ... not necessary [necessarily?] ... person need [*sic*] to
 be sexually abused ... if person ... exposed ... being sexually abused, they
 don’t know ... effect of that on their lives ... their capacity ... form
 healthy relationship ... affected ... don’t know it ... just experienced that.
 (P #18)

It could also be conditions in their present-day lives, issues in their characters, in their thought processes, or in their mental functioning, and their actions are sometimes a symptom of something: “**repressed sexuality”** (P #1), a need to suppress their

sexuality: “**It must be about sexuality if they use that instrument for power and control ... all sexual offenders choose that ... I think deep, deep inside ... they need to suppress part of their *being* and sexuality**” (P #12), with subtle and seductive manipulation, or possibly exploring touch denied to women: “**inner hunger for belonging, acceptance ... physical touch on her terms ... usually denied ... a woman in our society ... a lot going on in ... mental, spiritual ... physical dimensions of ... person**” (P #14).

The sexual violation of children could be a modelled behaviour that found itself in the hands of individuals who are vulnerable, damaged, possibly beguiled, and they seek release by lashing out in destructive ways: “**to hurt ... child something happened here ... not natural ... not acceptable behaviour ... much went wrong, much ... on ... way ... may be another way ... look ... differently, my frame ... reference not allowing me ... look differently but ... not denying ... something against the law happened here**” (P #18), “**olden days, not now, people that were abused ... keep quiet about everything ... feeling ashamed ... scared, about telling everybody ... it killed their mind ... wanted revenge ... take it out ... on wrong people, innocent people**” (P #38),

generally ... correlation between victim and victimiser ... however ... many victims of sexual abuse or ... rape ... not gone on ... to become victimisers ... may be strong correlation ... not a definite correlation ... however ... a lot of the victimisers come from ... background of adversity, ... childhood experiences ... history of domestic violence ... neighbourhood violence ... witnessing ... culture of violence, being subjected to physical abuse ... ridiculed ... emotional abuse, of course

sexual abuse ... feelings of inadequacy ... insecurity ... low self-esteem
 ... contributed to ... sexual victimisation ... feeling out of control ...
 powerless, helpless, defenceless ... attempt ... solution ... take charge of it
 perhaps this is the only way it becomes a fix ...like ...alcoholic ... have
 one drink ... need ... next ... next (P #5)

Alternatively, the women could be pawns of someone else, or behave in destructive ways as a reaction to something by doing the only thing they know how:

[Relaying the story of Advocate Barbie who was said to be under the spell of another] ... saw ... father was ... figure ... controlled everything ... demanding ... vicious husband ... assaulted ... mother ... Cézanne [Advocate Barbie] feigned ear problems ... every time ... a fight between father and mother ... shout out ... cry out, ear pain... take her [to hospital] ... stopped the animosity between ... mother and father ... couldn't *stand* ... father shouting at ... mother ... throwing food against ... wall ... assaulting ... mother, that's why she did that ...[evidence from a psychologist] ... what [Cézanne] *thought* was correct ... husband can do ... can abuse his wife ... she saw that as normal conduct in her relationship with Dirk Prinsloo [man who was said to have coerced her] ... duplicated (P #39)

stabbing is ... sexual ... violation ... stabbed ... child with a knife ... the only touch you're going to get is violent touch ... it's ... violent ... violation ... comes from ... childhood of being violated themselves ...

Freud's repetition compulsion ... got to do it again, if ... on ... child ... do to ... child what happened to you ... they're not thinking that through ... not consciously there ... just gets redone ... destroy another child because I'm destroyed ... if it's rape, it's ... anger at ... gender of ... person that harmed you, so ...it's anger at that person. (P #16)

unable regulate their emotion ... go into ... fight-flight ... absolutely feel so out of control ... powerless ... only thing they can do ... regulate their emotion ... gain control ... hit ... be emotionally ... physically ... sexually violent, it's the way of ... [exhaling sound] breathing (P #2)

The quotation below explains how trauma could play out in people's lives, and how the past trauma that precipitated the destructive behaviour need not necessarily have been of a sexual nature:

when ... exposed to trauma, let's look ... how that articulates in my relationships ... what does this mean ... helps people to look at ... for a long time, we said, 'It [CSA] was power/control issues, they must all have been abused as a child', what we know now is ...not only child sexual abuse ... there's other forms ... trauma ... have contributed to ...way people behave ... male or female ... used to say [sexual victimhood] ... social workers and psychologists ... main culprits ... doing that ...write nice reports ... go to court ... get paid a lot of money ... have our names in the paper ...say, 'Oh ya ...the abuse stems out of their own', what we know now is ...trauma could be anything ... instability of a family ...

father ...army, lived ...army base to army base, low stability for that child,
 ... chaotic kind of development around psychosexual identity ... I've had
 ... perpetrator ... never been sexually abused, ever ... four years old ...
 playing in ... cot ... baby brother ... 18 months old ... playing with
 matches ... cot burnt ...little step-brother ...burnt to death ... by ... age ...
 six ... started molesting ... by ...nine ... had not stopped, marriage broke
 up ... he's now in ...programme as ... adult ...35/6 [years old] only
 recently ... been diagnosed ... ADD (Attention Deficit Disorder), no
 sexual abuse, whatsoever ... upper-middle-class white family, being
 kicked out of a number of private schools, so ...the argument is, was he
 ...bad kid to start off with ... playing with ... matches, or ...was that ...
 the seminal point, and seminal engagement for what was to come (P
 #27)

Regardless of the factors that contribute to the sexual violation of children, the findings indicated that the women themselves are not necessarily wholly ignorant about their actions, they might be wearing rose-coloured glasses regarding their capabilities, or they could simply be in deep denial: “**not completely ignorant ... might not recognise the full harm ... but ... know ... inappropriate, illegal, unacceptable but ... their stronger ... emotional motivations ... overpowering reservations”** (P #15),

women themselves don't regard themselves ... perpetrators even when ...
 do abuse ... men will acknowledge what they've done ...almost draw on
 ... the masculine power inherent ... being able to sexually abuse with this

... phallic instrument ... women ... I've spoken to ... rationalise, justify, describe the event so that it's 'not sex abuse' (P #4)

[An incarcerated woman] allowed the children ... to be ... photographed so ... manufacturing ... pornography, allowance thereof ... possession ... prostituted ... the one child ... five [year's old] ... other ... seven ... sits in front of you ... not emotional at all ... this nurturing loving caring person in prison ... any new female ... comes in ... takes care of ... female, tell her ... rules ... don't mix ... that bunch, 'she's violent' ... helps them ... two life sentences, two eight years and three five year sentences, that's how she abused her children ... heavy sentences ... said to me, 'terrible things out there ... hungry children, children being sexually abused ... abandoned ...I have to stay positive' (P #30)

Also, they would need first to admit to a problem before attempting to rectify it:

can put anything in motion ... one of ... biggest barriers that needs to be overcome ... want to give you the problem ... you need to fix ... give them ... solution ... you [client/patient] have to accept responsibility ... yourself ...can guide you ... discovering ...finding possible roots ...causes ... but you're responsible ... your own solutions ... change ... healing ...if you don't believe ... got problem ... still in denial why ... need help ... change ... can convince yourself ... nothing wrong ... carry on doing ...have to change ... way of thinking ...way of being ... if ... not good ... healthy for you ...replace ... with something good ... healthy (P #19)

The issue of denial, even when an offence has been proven or is an allegation, was prominent in the findings that indicated women who sexually violate children almost never own up to any wrongdoing, “**Ya, I mean she kept on denying it until we led five witnesses, and then okay fine I'll plead guilty”** (P #36),

there's been allegations ... they come to me ... deny it ... for me those ... not ... perpetrators ... people who's [sic] admitted to it or ... been found guilty ... initially ... come ... deny ... then as ... process carries ... admit ... [through] self-disclosure ... [Treatment] ... part of ... sentence ... need ... come ... treatment ... come ... say they ... still innocent ... been wronged by ... legal system ... cheated ... as ... process goes on ... can say, ‘But indeed it's true’ (P #28)

I didn't do wrong; I caused no harm ... part of ... Women's Auxiliary, why ... get accused of this ... I'm not talking about the rudimentary stuff ... selection ... compliance ... secret keeping, I'm talking about the parts of making myself look okay, denial of harm, denial of injury, there are some similarities with male counterparts (P #27)

Denial could also come in the form of “**rationalisation**” (P #4), and “**ones I've worked with ... blind spot ... level of accountability ... can't find or can't see, answers, 'But they wanted it, but they liked it' and not understanding how that can come about and still be wrong for them to lead the process”** (P #9),

Rationalisation ... mostly ... process ... gradual ... accommodate it as part of ... normal process, lots of rationalisation but ... question...remains, ‘Why, whether it’s gradual or immediate ... what made it necessary for you as an adult to do that’, ... always need ... go back ... where did it all start ... what ... in that person, the next person does not abuse a child ... some level of pathology ... coping in life that’s missing (P #22)

or perhaps other emotions besides denial as some type of a coping mechanism: “**depends where they are ... might find denial ... complete mortification ... shame because ... might know what it's like ... be on ... other end ... suddenly ... could make them realise ... this is the harm ... I'm doing”** (P #15). The issue of denial, lacking accountability or understanding, are encapsulated in the following quotations from the narrative of two participants who had worked with female sex offenders in a research capacity, in these cases with women from only one social stratum:

deny any involvement ... crimes with ... children ... it's ... taboo ... so frowned upon in society ... makes [sic] excuses ... minimalise ... rationalise ... neutralise the behaviour ... no sense of responsibility ... not really guilt ... remorse ... huge lack of victim empathy ... as if they are the victim instead ... little to no insight ... understanding into the behaviour ... regarding the socioeconomic class ... only worked with very low socioeconomic status offenders, not with high-class offenders ... not very high qualifications, limited education, limited schooling ... definite cognitive deficits regarding sex, sexual abuse, misperceptions ...love ... nurturing ... caring ... affection ... parental responsibility ... do not really

understand what is ...best interest of ... child ... would put their own interest above ... child's interest ... own interest ... very linked ... captured in ... own hurt ... own victimisation ... own childhood experiences (P #30)

[Female sex offenders] within the correctional facilities ... highly uneducated ... primary school dropouts ... from such ... low socioeconomic status ... parents couldn't afford ... send them ... to ... public school ... really, really uneducated (P #4)

The above accounts notwithstanding regarding the social strata of particular groups of incarcerated female sex offenders,

female sexual abusers, cut across all cultures, all races, all economic strata, all levels ... the same with abuse ... we're just not aware of it because it hasn't really been researched ... highlighted ... cases that there are ... so far and few between ... we don't really get to know about them unless they are highlighted in the media (P #30)

The above comment was supported by the participant with considerable experience and knowledge about women who sexually violate children who has worked extensively in the field in a therapeutic capacity. She shed some light on the social strata regarding these women when she stated, "**sixty people ... my programme, 40% of them can't pay ... female sex offenders I have seen ... largely been white, upper middle**

class, married to professional people, wives, pastors' wives” (P #27). These accounts provide testimony regarding the heterogeneous nature of female sex offenders.

To add to the denying of a problem or to any wrongdoing, the women who sexually violate children do not seem to seek psychotherapeutic treatment voluntarily: **“[they seek treatment] because they are about to be caught, not because of an internal locus of control or a desire to be treated or counselled”** (P #31), **“haven’t had one woman come ... say, ‘I’m a perpetrator’ ... I work with men ... perpetrated ... wives ... turned Oedipal blind eye”** (P #26), **“perpetrators ... don’t come out ... woodwork unless ... forced ... never worked ... perpetrator ... voluntarily says ‘I have a problem’ before ... actually been caught out ... incentive ... so ... less likely to be caught out”** (P #9). Indeed, what would be the incentive to come forward unless there is a safe space for them: **“I don’t think we can bring them out of hiding unless we have the space for them, I think that would be cruel”** (P #27).

In addition to all of the above, the following characteristics of women who sexually violate children were cited regarding three groups of women that have been seen in therapeutic practice.

Mental deficits. Women who have mental deficits and act out in a moment of psychosis: **“the one group of women ... act out in terms of ... psychiatric diagnosis ... there was ... a psychotic episode ... they weren’t well”** (P #27).

Co-morbid circumstances. Sexual violations against children occur in comorbid circumstances such as domestic violence, and substance abuse, and a compulsion to establish a different relationship, however inappropriate it might be with a child: **“the second group of women ... South Africa, that I’ve dealt with ... are women that have acted in concert with ... male partner, so the co-morbid stuff would be domestic violence and a very violent relationship”** (P #27).

Women colluding with men to violate children sexually had the highest incidences of child sexual violations (in the last four years or so): “**At the time, women that I saw, it was in concert with a male, at that time, in the last four years”** (P #27). In other instances and in other co-morbid situations, the women who sexually violate children were known to be accomplices: “**most cases of ... female sexual abuser ... mother is ... accomplice ... either facilitated ... were [sic] ignorant about it, did not want to believe it, grew up with ... same abuse didn’t think ... was wrong ... a helpless person couldn’t stand up to the [her own] mother”** (P #30).

Mirroring male behaviours. Another much smaller group of women, “**acted very similar to ... male counterparts ... grooming ... establishing ... relationship, using the context ... alcohol, pornography, whatever”** Also: “**the women who behaved ... very similar ways ... male counterparts ... suppose ... depends ... context ... had ... psychiatric diagnosis ... I’m more likely ... see that again but ... less in comparison ... women ... actually establish ... relationship, don’t think ... done anything wrong ... thought their behaviour misinterpreted”** (P #27).

The findings indicated, also, that women are becoming emancipated and they are emulating the men of yesteryear regarding constructive issues, such as having more powerful jobs,

shift ... roles ... lots more men ... less powerful positions ... women ... greater, powerful positions ... we need ... shift from ... stereotype ... need ... awareness ... women ... emancipated ... masculine role ... males ... emasculated ... more submissive timid role, need ... look ... shifts ... transitions ... what ... means to ... females ... because them pursuing sexual conquests could also ... be part ... newly defined role ... power in

... workplace ... society, acknowledgement ... recognition ... prove their own power, sexuality, virility (P #5)

The destructive phenomena are also being emulated, such as child sexual violations as mentioned, and “**would be along similar lines to ... male perpetrator, targeting specific victims ... maybe isolating ... alienating ... disempowering them ... taking advantage**” (P #15), or being sexually violent towards adult males:

very real, how many women ... abusive towards men ... to other parties, we don't focus enough on that ... have ... history of trauma themselves ... act out towards these men ... but ... go into ... therapy room or a mental health facility ... say, 'I'm abusing my partner'? No. Is the man going to, definitely not ... feels ashamed ... not being ... strong man, people will laugh at him, 'You're the man how can you not control your woman ... how can you tell me she's beating you up, you're stronger than she is' so ...less chance ...she will go ... take responsibility for ... behaviour

(P #2)

Psychopathology. Women with severe psychopathology and personality disorders could be helped through long-term psychotherapy:

I'll treat her ... serious psychopathology more often than not ... several personality ...pathologies ... if I refer her ... might refer ... for psychiatric assistance, perhaps admission, if need be ... but ... not aware of specific

institutions ... to refer female perpetrators, if you know any, please tell me (P #28)

if ... person comes to [name of psychiatric institution] ... with ... mental health problem, we'll treat, particularly ... something ... we ... satisfied ... cannot be treated ... lower level of care ... we treat you, psychotherapy, whatever psychiatric ... people can be treated (P #35)

if ... personality issues ... long-standing and chronic ... consider long-term psychotherapy with ... very holding psychotherapist in ... very contained environment ... additional components ... occupational therapy ... social work input ... necessary ... holistically looking ... person's functioning within the society ... also ... looking at ... family, community ... societal issues ... then ... the whole broader perspective, systems, legalities, laws, attitudes of people ... that govern ... person's ability to be rehabilitated (P #23)

certain personality disorders, borderline personality disorders ... those are ... psychopathologies ... would expect hyper-sexuality ... would make sense ... treat those women more effectively ... make mental health services available to a wider range of people (P #6)

No criminal disposition. The findings indicated that women acting out by sexually abusing children do not necessarily have a criminal disposition. Instead, they, like the rest of a general population, have a particular disposition or trigger points that,

when activated, could result in destructive behaviours. Some women might commit murder, others might commit fraud, and others still might sexually abuse children.

Traumas are different, as are trigger points:

You have to have the personal make-up, certain aspects in ... personal makeup must be there ... low self-esteem ... lack of love and affection from males ... from your childhood, whether you're educated or not ... all locked in ... personality whether you can do it or not, all of us can be murderers, but not all of us are ... every person's got a trigger point; I might be ... murderer one day ... will never sexually abuse my child, why, I've got ... different personal make-up ... different personality ... different morale [assume participant meant morals/moral code/compass] ... different mind set of what to me is acceptable and unacceptable, for me murderers ... assault is maybe more acceptable than sexual abuse ... all know ... acceptable ... unacceptable behaviour is in society ... linked to your morale [as above] your norms ... values ... to me crime ... still unacceptable, like most members ... society, yet ... if triggered under ... correct circumstances and influences ... Personal makeup is ... built from your life experiences ... your exposure ... perspectives ... views in life, how that has been formed, from your associations ... emotional needs I also think (P #30)

That is their trauma ... they're responding; it's about the brain ... has become wired in ... certain way, people who haven't had any abuse ... trauma ... neglect ... brains ... wired differently ... we're able ... regulate

our emotions ... control when we're angry ... know what to do ... feel sad
 ... know what to do, lonely ... depressed ... bored ... but for people
 who've had trauma, they go into ... different parts of ... brain ... fired up
 (P #2)

Furthermore, low emotional intelligence (EQ) was said to be present in at least some women who sexually violate children, as follows:

[Advocate] Barbie's case ... highly intelligent person ... but emotionally zero ... if you are intellectually high but your emotional intelligence very low, those are the people ... now sitting in our groups [male sex offenders' groups in one correctional services facility] ... how do I get emotional intelligence in ...mind of ... highly intelligent skilled person ... difficult ... they think they know it all, but they don't have it all (P #12)

The following gives further insight into dealing with emotional deficits:

I'm treating the emotions ... not interested in the gender ...woman ... whatever ...treating the emotional deficit inside ... behaviour ... based on emotion ... triangle ...when ...rage happens, thoughts ... here, then ... whatever the feelings are, then ...behaviour, thought happens, drives that, what we're seeing [thoughts-feelings-behaviour] ...trying to do ... build that ...treating this [the feelings] ... why we use words like hate, they hate it, they hate it, I don't like sadness, I like extreme despair ...rage, hate, those are the feelings I'm working with, that's all I see actually ...

wouldn't be treating anything else ... behaviours would bring the person
 ... go find that [feelings] [so you find that, you treat that, you work out
 where that came from, you work out how they can control it or overcome]
 yes, that's all I do, allow them words to express it, in a safe place (P
 #16)

All of the above could be best described in the quotation from the narrative of Participant #23 in the medical speciality category, who referred to individuals being

“Bad, mad, or sad”: The **bad** refers to the individual who wittingly inflicts harm; the **mad** is the individual with a mental illness, while the **sad** is the one with a mental disorder such as depression. Another participant shared the anticipated long-range benefits of implementing psychotherapy for early trauma:

[Referring to a large study in the US regarding patients with chronic diseases] ... if there's any early trauma ... gonna [*sic*] be implementing psychotherapy for ... early trauma *then* looking at the health outcomes ... if ... people ... resolved ... early trauma ... theory is ... be better able ... take their medication ... have ... healthier lifestyle ... won't engage ... such self-destructive behaviours ... then ... cost less ... health services ... purely on ... fact ... had psychotherapy for earlier trauma (P #13)

Within the bad, mad or sad categorisation, however, is also the unique—the unique individual and the unique situation (and the treatment that considers these, as will be shown in the synopsis about service provision later in the chapter). For now though:

[Referring to female perpetrators] ... all completely unique, the stories ... but when ... worked with the victims, that uniqueness was even more visible ... the kinds of stories ... underlying motivations ... so vastly different ... you had one mother who had clearly had her own issues about being pregnant and literally reacted [recreated?] the process of birth onto her daughter over and over again with kitchen utensils, there's a very different thing happening to ... mother ... fondling her son in ... bath (P #4)

The last verbatim quotation for this section seems to resonate with the ethos of this research:

stigma ... attached to perpetrators is ... problem ... legal issues ... still accompany ... perpetrators but if ... can be rituals of renewal and places where ... say, 'How much more do I have to remember this ... when ... extended memory ... becomes harmful ... violent ... when can ... ritual be done ... once taught us what needs ... teach us' ... Walter Brueggemann ... memory ... nostalgia ... hope ... when ... locked into ... regressive retelling of ... story ... has potential ... become very violent ... hinders ... creative imagination of possibility ... hope ... healing (P #14)

Victim and survivor dynamics. I begin the synopsis of the findings surrounding victim dynamics and the impact that child sexual violations have on child victims and adult survivors by referring to the intrapsychic conflict experienced by the victim and by the survivor.

A male being sexually violated by a female creates various levels of intrapsychic conflict to do with ego, ideas about masculinity, machismo, bravado, and misperceptions regarding the social roles of males and females: “**Another aspect is ... males ... ‘do not get raped by [a female], cannot be overpowered’ ... one factor that ... hinders these children from actually reporting”** (P #8), “**The woman certainly wouldn’t report ... other teen boys know about it ... all jealous ... part of ... macho ... ideal”** (P #37),

gender construction ... told from very young ... men are like this ... women ... like that ...something very different ... happens to ... victim and ... perpetrator when roles ... swopped ... particularly for male victims ... hard because not only one gender role being swopped ... two ... not only ... male perpetrator now female, the female victim ... now a male (P #4)

shame from male victims of female perpetrated child abuse especially in cultures ... settings ... strongly defined patriarchal roles ... because ... sexuality ... also socialised ... would be more stigma ... for ... male being abused by a male ...and ... male being abused by a female (P #15)

[for the children] ... mixed up ... doesn’t necessarily feel harmful ... abuse is maybe ... not as intrusive ... coercive ... more difficult to disclose ...if ... been groomed well enough [children] don’t have ... file in ... own heads ...wrongness ... prevention work ...aimed ... making children aware of male-danger, adult-danger ... stranger-danger ... know

very few prevention programmes ... teach children that ... adult females can ... sexually abuse (P #6)

Females who are sexually abused by a female may begin a process of introspection to try to understand what made them the target of such abuse, and to question their sexual orientation: “**females abusing females might also create confusion around ... the victim’s sexual identity**” (P #15), “**same-sex abuse, adult female survivors question ... their own sexual orientation ... did ... perpetrator pick up something in me from younger ... might have been something wrong with me**” (P #26) while,

with men [male survivors] it’s also very confusing because ... not wanting to speak in such gender terms ... it is demasculinating [*sic*] for ... young boy ... molested by ... female, at least by ... older man ... masculine hierarchy is still there ... can hold onto that concept, but by a woman, it brings up ... ‘How much of a man can I be’ because even as a boy they think they were men (P #26)

Furthermore, female victims internalise the experiences, while males, being more pragmatic and analytical, externalise the impact:

impact in both cases [male or female victim] are extreme, we know that, ... females to my experience, experience things ... much more internally than males not only because of physiological reasons but ... way ... programmed ... men most of the time experience things more externally,

more analytical, more pragmatic, but ... impact emotionally and ... pain
 ... it causes ... although ... different ... might be to the same degree ...
 although it's different in the way it's experienced, the levels of pain ... is
 much the same (P #19).

Nevertheless, both male and female victims hesitate to report the incident for fear of being disbelieved or ridiculed by unenlightened, uninformed individuals in communities or the authorities: “**men don’t [report] ... will be ridiculed ... the understanding is, if you report it, weak**” (P #29), “**the shame men feel reporting it ... nobody takes it seriously ... feel like a laughing stock ‘I was sexually abused’ ... whether that’s in boyhood or manhood**” (P #25). Conversely: “**there’s much more revelation around who ... perpetrator is ... I’m hearing more and more admission by men around their mothers, their nannies, aunties who have perpetrated trauma**” (P #2), “**boys will sometimes say, ‘didn’t regard that as abuse ... regarded as ... my first sexual experience ... educational ... was taught a lot about sex ...’ I think back to ... movie The Graduate**” (P #7).

Intrafamilial sexual abuse inhibits disclosure and reporting, thus confounding the challenge of ascertaining the depth of female-perpetrated child sexual violations:

intrafamilial component ... very difficult to disclose ... he disclosed ... had been [sexually] abused by his mother ... after ... seven years [in a therapeutic relationship] ... where the adult offender’s been female, children have been much more conflicted ... to disclose ... much longer for disclosures ... to take place, more retractions (P #6)

son won't report his mother ... boys don't cry ... for ... man ... report ... sexually abused by ... woman, go to ... police station ... he will [not] have a lot of understanding ... will [not] make sense in ... police station ... they [do not] have the knowledge to cope ... then ... putting ... child ... young man through ... court process ... could be traumatic ... generally ... say no ... fear, shame, guilt, will people believe me ... mothers ... women don't do this (P #11)

The closer the relationship between adult and child, the more harmful the impact of the sexual abuse and violation, the greater the trust that is broken: "**trusting relationship ... adult should care for you, ultimately we ... require care ... trust ... those people ... looking after us ... when ... trust broken ... that's the real damage**" (P #1),

know from ... research ... closer ... perpetrator is to ... victim ... bigger ... negative consequences ... bigger ... trust relationship is ... more severe the long-term damage ... women have ... ability ... get closer to children, emotionally ... physically ... sexually ... can imagine ... trust relationship ... they form in ... grooming process ... will ... be a close one ... long-term sequela is same ... victims ... I have worked with ... sexually abused by female perpetrators ... have all the same symptoms ... but ... female perpetrators get closer to ... victims ... bigger trust relationship (P #20)

more often the presence, potentially the greater the impact ... women tend ... be more sensitive towards emotions ... high self-monitors ... aware ...

how their behaviour affects other people ... how others' behaviour affect them ... especially ... children ... could impact ... child more than the male does ... if ... mother commits ... sexual offence on ... child ... trusting ... dependent relationship ... devastating on ... child ... consequences ... difficult to recover ... (P #29)

The manner in which child sexual abuse plays out in the child's mind could be based on a child's developmental age, for example, and whether or not the child was conscious of his or her participation in an act that an adult would typically frame as abuse: "**Below ... certain age ... child ... not aware, doesn't see, does not truly participate ... act ... probably felt less intensely. For slightly older child ... impact could be greater**" (P #31). One participant expanded on the nature of the effect of sexual violations depending on whether a boy or a girl was involved:

[Child's developmental stage] number one ... number two ... also ... inbuilt problem ... boys, to use Freud's phrase, are much more scopophilic ... neurobiologically there's research ... when men have orgasms, their visual cortex lights up ... visual component very powerful ... men look, Freud used the term scopophilia ... so ... three or four-year-old boy ... exposed ... maternal nudity ... because ... visual component ... so central ... man's sexuality... gonna [sic] have ... much stronger impact, whereas ... girl ... sees ... father naked ... visual thing ... not as centrally driven ... she might be curious ... but it's not gonna [sic] impact in such ... powerful way ...not ...stir her in ...way it would ... boy ... so ... whole defensive system ... less provoked ... probably less damaged ... so where

there's ... sexual intrusion by ... mother, the violation, has ... much more profound effect on ... boy ... leads to much more sexual dysfunction and/or fixation (P #25)

Other effects of female-perpetrated child sexual violations include emotional devastation, a long-term inability to self-nurture, low self-worth, issues to do with how one views oneself as a sexual being, unhealthy experimentation, and an inability to establish nurturing partnerships: “**learn ... personal power, personal safety ... trust ... the right to say ... self-determination ...the right that I have to make choices ... focus on healing all the time”** (P #18), “**realise it ... much older ... damage ... already done ... affects social interaction with other kids ... family members, your whole ... own sexual orientation towards life”** (P #29), “**psychological dimensions ... don't think necessarily ... difference [offender's gender and victim's gender] ... my sense is that sexual abuse is sexual abuse, it would be just as traumatic at psychological level”** (P #35),

punctuated differently ... if ... female-on-male ... male sees ... more as ... conquest ... somebody ... older, more experienced ... male feels sought after ... male's ego ... share ... peers ... age-mates around this sexual conquest ... male often ... does not see himself as ... victim ...female-on-female ... more likely ... seen as abusive ... also find ... greater reluctance make ... disclosure (P #5)

fact ... you've been sexually violated might have ... influence on your sexual blueprint *but* ... does not necessarily influence your identity ...

influences *psychology* of your mental health ... a lot of women ... violated sexually by men as young girls ... change their sexual orientation ...but ... prefer female partners ... if the issue was abuse ... usually attract abusive female partners as well ... irony ... not ... gender of ... partner ... abusive patterns ... tendency ... be love addicts or ... relationships co-dependent (P #17)

triggers ... sexual nature ... encourages or if just entice ... more experimental behaviour ... phase ... every developing adult and because stimulated ... young age ... try ... discover ... more of ... same feelings donno [*sic*] how to deal with it ... handle ... still so young ... inexperienced ... don't know everything (P #19)

Sometimes the molested became molesters themselves: “**some of them become offenders themselves, they commit other crimes ...”** (P #29), “**if you were molested, not always, but usually, also become molesters so ... break that evil cycle ... biggest challenge”** (P #19), thus perpetuating the cycle of abuse in some instances:

thinking of ... particular case ... I worked with ... female child ... she was then already an adult when I worked with her but she was abused by her father and his mother, so it was ... together at the same time, and he was abused by his mother, so she [grandmother] ... perpetuated the sexual abuse into his little girl ... then ... he was her co-perpetrator ...that particular woman who has been damaged beyond ... and it happened for four years while she was very small ... and when my client ... told her

mother, the mother just couldn't believe it because ...it was then her ouma, ... her grandmother, so it's again how is that possible ... (long pause) the construct that we have of women are not evil, who can't be that evil.

(P #20)

Regarding adult survivors, their lives were not all marked with self-destruction, however, despite anxieties about becoming perpetrators themselves,

none of them [male adult survivors] abuse substances ... would expect somebody ... go off ... rails ... maybe I don't see those people but [the participant's clients] ... they're proper guys, trying their best to survive ... such nice people ... and not be self-destructive ... amazing ... that is also ... thing ... I love with this work, ... admire the clients ... for me it's rewarding just because I admire them so much (P #24)

adult female survivors ... will question whether they could be perpetrators one day ... 'I worry ... would perpetrate against a child' or 'I worry ... I have those tendencies or I worry around that' ... a client ... refuses to have kids, mom ... dad both sexually abused her, ... she really feels genetically this is structured in her DNA ... if she had children she would definitely be an offender ... I doubt it because of her awareness ... and her questioning (P #26)

Another characteristic found in victims of sexual violations was a high sex drive:
"a special needs school, those kids have such high sex drive ..." (P #36), "**child sexual**

abuse ... we know alters sex hormones ... leads to changes in ... brain means that those areas of the brain are fired up more quickly ..." [spoken about in relation to high sex drives in both children and adults] (P #6). Also, victims could experience, "hyperactivity ... learning disabilities ... withdrawal from some children" (P #16), also biological changes and dampened down cortisol in stressful situations: "biology changes [CSA] is a stressor ... going to have ... an up or down effect on cortisols ... going to alter immune system ... going to cause brain changes ... you're gonna [sic] get that dampened down cortisol in a stressful situation" (P #16).

Furthermore, sexual abuse has the potential to skew an individual's sexual arousal template while it is in the process of being developed:

developing your own normal sexual arousal template, anyone fiddling with you too young is going to shift it or alter it ... some ... clients ... altered slightly ... some ... altered quite dramatically where there's a paraphilia ... there's some other something ... has to happen in their sexual lives as adults ... definitely mimics ... abuse ... they used to orgasm ... can be ... opposite ... if ... been molested, like a woman who was like this [described type of person] they'll avoid women like that later ... huge impact just generally ... also ... impact ... sexuality later (P #26)

Regarding the impact of maternal child sexual abuse, there was no consensus that female-perpetrated child sexual violations were less devastating or more devastating if perpetrated by a mother (or mother figure): "**it shatters your view of ... female being ... nurturer ... provider ... protector ... it does ... when it's your father ... imagine if it's your mother or any other female figure"** (P #23),

huge, huge, huge, huge depending on ... child's age and development stage ... *far* more devastating on child's ... psychological ... emotional ... physical development when ... mother sexually abuses ... child and because we don't know ... extent ... quite, quite devastating, quite devastating (P #29)

In contrast to the previous views, some emphasis by other participants was placed on confounders, and the meaning given to the act deemed sexually abusive:

worldwide ... boys don't talk about being abused ... have this macho thing ... girls also don't talk ... often if it's ... family member, think if it's your *mother, your mother* what do you say about your *mother*... but ... long-term impact ... different based on ... number ... factors ... confounders: is it mother or father, how close are you to mother ... father (P #16)

never ever read research ... more damage or trauma because of a *mother* ... would be ... personal interpretation ...would wanna [*sic*] know ... did it feel more damaging because ... was your mother ... father ... brother ...grandfather ... in terms of what ... meant to *you* ... therefore ... can intervene on that level ... I don't really separate whether it's sexual, emotional, physical ... feels just as devastating; the impact is still the same ... it has devastation in different ways (P #2)

differences ... literally ... discourse ... possible or impossible ... at ... level of ... victim ...reporting ... different ... also very interesting ...

those ... been abused by mothers even if ... no physical mark ... and ...
also been abused by fathers or men ... was ... physical markings, they still
found ... maternal abuse much more traumatic ... it's about ...
constructions of maternity being absolutely disrupted in ... face of ...
mother ... do everything ... so anti-maternal ... absolutely turn against
maternity ... isn't actually ... men ... women sexually abuse in different
ways ... men and women ... constructed ... particular ways so we actually
understand the abuse quite differently (P #4)

Despite the lack of a consensus, female-perpetrated child sexual violations in general shattered the view that women are nurturers and protectors. This shattered view complicated clinical and trauma sequelae especially in male victims who are not believed, not taken seriously, teased, and ridiculed, and it is compounded by the fact that they do not receive appropriate assessment and treatment, thus causing further traumatisation:

South African setting ... atrocious what people do ... when ... sexually abusing ... violating children ... terrible ... other difficulty ... in South African cultural context ... sense ... female perpetrator particularly where survivor ... male ... such abuse and such trauma ... not ... taken seriously ... society ... law enforcement agency allegedly reportedly ... probably contributes ... complicates ... clinical and traumatic sequelae ... almost like nothing can be done ... so ... secondary traumatisation ... also even ... media ... reports ... raped, male victims by females ... teased ... ridiculed (P #35)

This participant continued:

survivors ... many sizes ... shapes ... don't have ... same sequelae
clinically ... found in ... every unit ... in-patient psychotherapy ... maybe
... complex psychological ... emotional issues even personality ...
depression ... anxiety disorders where ... ordinary psychiatric care ... not
sufficient ... help them ... intensive in-patient psychotherapy provide an
eight-week programme ... some patients benefit ... survivors ... even
adolescent ward ... children's ward ... even if person ... looks a little
psychotic, manic ... proportion of those would be survivors of sexual
abuse ... some ... patients come ... one ... of main diagnoses ... PTSD ...
could be related ... not always ... case ... during each admission ... sexual
trauma ... have experienced would be ... focus of treatment ... depends ...
clinical context ... priority clinical problems ... at the time ... can have ...
patient ... comes with that history but at ... moment ... presenting with
...mania ... psychosis ... eating disorder ... have to focus ... that
syndrome ... other stuff maybe ... accessed later ... (P #35)

The lens through which one views instances of child sexual abuse or violations was again highlighted, this time it included not only the perspective of the victim, or the perspective of the offender, but also the perspective of professionals:

too much emphasis ... placed on ... perception of ... victim that they were molested ... [Referring to a quote by Kinsey in a book entitled Sexual Deviation] Kinsey did a lot on practical sexuality ... "When children ...

constantly warned by parents and teachers against contacts with adults, ... when ... receive no explanation of ... exact nature of ... forbidden contact, ... ready ... become hysterical as soon as any older person approaches ... stops ... speaks to them in the streets, or fondles them or proposes to do anything for them even though ... adult may have had no sexual objective in mind, some ... more experienced students of juvenile problems ... come to believe that ... emotional reactions of ... parents, police officers ... other adults who discovers [*sic*] that ... child has had such a contact may disturb the child more seriously than the sexual contact themselves did” (quoted in Storr, 1964; p. 105) ... and that is *exactly* what I experience [*sic*] in ... Barbie case, *exactly*, the victims were traumatised by the professionals (P #21)

The sentiments in the last statement in the above quotation were supported by two other participants, who referred to the work of the late Ann Levett:

staunch feminist ... lesbian ... very academic ... I remember something ... always shocked me ... many, many years ago ... she said, ‘You can’t always assume traumatisation where there is sexual abuse’... especially coming from her ... the perception, interpretation is significant ... to some extent ... I’m also saying ...from the victim’s side ... because ... not *interpreted* ... in that way ... not *interpreted* as my mother was motivated by ... something perverse ... not really interpreted as sexual so ... has ... different effect ... thinking of another case ... boy overexposed to ... not just maternal nudity, no *doubt* affected his sexuality, the psychosexual

development, no doubt, mother ... quirky ... esoteric ... alternative healing ... treatments on adolescent sons ... leading to *major* sexual dysfunction later, major sexual dysfunction, but *absolutely* no link in mind made to that ...if the father ... would ... be an obvious connection to make ... men don't make that connection ...it's gotta [sic] be pulled out ...

'How did you feel about that?' 'I didn't feel anything' it's only when you really, really, really explore it, you *might* start to get, 'Well ...there was ... arousal response, because ... woman is touching my body', 16-year-old boy's gonna [sic] get an erection ... and now the mental conflicts, 'Oh my God I'm getting an erection, this is my mother, come to think of it', and so killing the response ... now they have erectile dysfunction later in life ... but ... don't make that link because it wasn't sexual ... ambiguity not interpreted ... trying to get away from your terminology, the patient, not the victim, it's not interpreted as sexual even though it has effects. (P #25)

'Child sex abuse is constructed'. She [Ann Levett] doesn't say there's no such thing, ... just says ... retrospective ... children ... actually engaged in this thing with ... adult ... and only when told by ... media ... cops, by something, that this is actually ... a traumatising event do they become traumatised, so trauma is always post hoc (P #4)

This participant shared further:

how many ... people I interviewed, told me they only understood ... were being victimised in retrospect ... as adults or when ... became exposed to

... story that ... is framed as a sexual abuse incident [one woman related a story] she'd been in ... sexual relationship with her mother her entire childhood, ... hadn't seen it as sexual, ... had actually seen it as a punishment for bad behaviour ... mother would do something quite sexual to her ... insert something into her ... which she'd framed ... as physical punishment for being a bad child ... then when ... started researching as ... adult ... understood it as something sexual, the trauma attached to sexual abuse ... much worse than the physical abuse ... she would have been safer regarding it as a physical incident ... physical punishment than her mother being sexually capacitated ... that sexual undertone ... very disturbing for her, and so what happens when psychology does [unclear] to reframe ... we are creating victims and ... perpetrators ... there are women ... doing these actions ... actually constructing them as perpetrators, ... for both ... person in subject and object of the experience, they may not have been perpetrators *per se* ... very difficult ... also, ... we've got to be very careful with ... children we damage in the process ... (P #4)

Furthermore, one participant elucidated the possible link between the lack of sex education and issues to do with child sexual abuse: “**comes down to ... lack of sexual education ... if ... person ... sexually educated from birth ... know to say, ‘Yes’ and they know to say, ‘No’ ... from ... beginning ... can’t just teach ... child to say, ‘No, no, no, no’ and they learn sexuality as a thing to treasure ...”** (P #21), while issues to do with omissions in education even for practitioners, in this case, education about sexual violence, were reaffirmed as follows:

my Master's year ... getting towards ... end of ... year ... I said 'When ... going to do anything around sexual violence ... been studying for years would like somebody to do something around sexual violence ...' that's all we were seeing out in ... communities ... sexual abuse ... rape, no training around it ... I had some training obviously, but ... no training in our Master's year ... all went out there, psychologists ... no training in this, in fact no training in sex, just assume because it's a Master's class everyone must have had sex, must know something about it (P #26)

Cultural realities. The context in which female-perpetrated child sexual violations occurs or is perceived to occur, are reflected in cultural practices that could differ from Western notions of healthy interactions between adults and children where “culture still plays a very big role ...” (P #22). For example, a mother tickling a child’s genitals to soothe the child or mothers masturbating their very young male children to help them sleep:

One ... mothers said, ‘But ... our culture ... tickle ... genitals ... until they are much older and this is a ritual touching which is not abusive’ ... when I said, ‘How does the child know if it is sexual or not if it’s pleasurable’ ... they couldn’t really answer ... so when is it a seductive process (P #14)

think ... Zulu culture ... it’s the women who masturbate ... the young boys to help them sleep, till the age of one ... hearsay ... friend of mine ... had ... domestic worker ... looked after her son in ... holidays ... came in

... this woman was masturbating [friend's son], 'No it's to help them sleep' ... very normal ... didn't feel ... she had been in trouble for being caught; it wasn't for her own sexual pleasure ... And ... fine line between ... culture and human rights ... sometimes ... use cultural practices in ways ... supersede human rights ... it is a mess (P #26)

run into terrible problems ... because of course ... want mothers to be physical, comforting but the ambiguity ... Freud refers ... cases back in ... day where nurses and I suppose mothers used to caress ... child's genitals ... get them to sleep so in ... early days of his seduction theory ... he referred ... those sort of cases and some of ... neurotic aftereffects but ... no perverse motive is given ... don't want to use your language of perpetrator ... to the woman caressing these children's genitals, the motive ... not perverse ... motive ... soothing ... child ... get them to sleep even if ... detrimental effects to that psyche later on and ... certain sexual neuroses ... come up in analysis in adulthood, we still don't attribute perverse incentive or perverse motivation ... we just say ... maybe inappropriate to caress a child's genitals ... soothe them 'cause [sic] the excitation can be mentally misrepresented ... but genderise it because ... if ... nurse did that ... it's an inappropriate technique but ... not perverse, of course, if a *male* caretaker did that, obviously perverse, we would immediately have jumped to that conclusion (P #25)

Furthermore, as another participant shared regarding cultural nuances and realities:

what does it *mean* to be ... child today ... what is your responsibility as ... parent ... don't think it's meshed lines ... cultures being integrated ... good facets ... bad facets ... right now with insecurity [female-perpetrated CSA] vague ... missed ... more important things than worrying about children, what ... doing ... look at health insurance, basic needs, people can't afford it ... can't afford ... look after their kids ... some cultures believe ... more children you have ... wealthier you will be, I don't think that supports responsibility ... don't think having more children ... allow you ... better future ... retire ... kids have to look after you (P # 29)

To conclude the synopsis regarding the South African Zeitgeist, women's dispositions and motivations, and victim/survivor dynamics:

... situations ... confusing to ... child ... when ... child realises ...it's wrong ... why a lot of adults only realise much later ... were abused ... then suddenly ... 'clicks', oh that was abuse ... in mid-life ... complete breakdown ... no symptom in ... body before that realisation ... different forms abuse ... physical ... bad with men or women ... use objects for penetration, man or woman can do ... same thing ... depends ...what ... get out of it ... non-physically damaging ... emotionally damaging ... doesn't really matter who ... sometimes ... woman ... more damaging ... more trusting relationship ... lower expectation harm ... careful ... men (P #1)

To offer relief to the reader before continuing
with the remainder of the report on the findings



Fig. 5 – The Kind And Friendly Owl

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The presentation of the findings continues with the three thematic categories regarding service provision that resulted from the third and fourth exploratory questions. These thematic categories refer to practitioners' professional knowledge of, and their engagement with, women who sexually violate children; the practitioners' emotional self-awareness regarding their ability to understand their own emotions and the effects on their performance; the vicarious impact of the work they do; the state of play regarding mental healthcare and the criminal justice system, as well as what is required to provide mental healthcare services to women who sexually violate children and to those at risk of doing so. These thematic categories yielded around 16 pages of tables.

Practice- and practitioner-specific matters; service provision in South Africa (for women who sexually violate children—wsvc): at present; and service provision in South Africa: requirements.

Table 4.4

Practice- and practitioner-specific Matters.

Practice- and Practitioner-specific Matters		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<ul style="list-style-type: none"> ↳ Dearth of training & information ↳ Knowledge from field ↳ Limit to confidentiality ↳ Practitioners = policing ↳ Masculine (firmer) feminine (softer) approach to counselling ↳ Ethical responsibility report/encourage to report if child in danger ↳ Not all 100% clear to which authority <p>Support systems for practitioners</p> <ul style="list-style-type: none"> ↳ No/limited supervision, debriefing <p>Practitioner's self-awareness & vicarious impact</p> <ul style="list-style-type: none"> ↳ Self-awareness own capabilities ↳ Willingness/Ambivalence (work with wsdc if presented) 	<ul style="list-style-type: none"> ↳ Systemic failings in offering preparation ↳ Visceral response ↳ Predominantly lack of services, support, guidance for practitioners 	<ul style="list-style-type: none"> ↳ Distance does not lend enchantment and being impacted by second-hand smoke in a clinical and legal minefield ↳ The spirit is willing (in some cases) but the flesh is weak because of insufficient training/info/support ↳ Know yourself ↳ Inadequate scaffolding

<ul style="list-style-type: none">) Negative counter-transference <p>Organisations for wsve?</p> <ul style="list-style-type: none">) No knowledge specific individuals/organisations refer women 		
<ul style="list-style-type: none">) Anecdotal assumptions through female & male child victim or adult survivor accounts, through symptoms, or through disclosure (offender as accomplice or primary offender) (or mostly identified male offenders)) Historical, anecdotal, unidentified or identified adult female sexual transgressors) Predominantly male adult survivors of maternal sexual abuse) Women transgressors easier to contain, never glaring/overt (male transgressors not trustworthy)) Interpretation of female/male behaviours, intentions, explorations different) Conflict perception abuse) No overt realisation abused by woman) Adult female victims/clients reframe 'abuse' by woman) Scepticism abused become abusers) Sex offenders incapable of changing) Not the presenting problem clinically <p>Support systems for practitioners</p> <ul style="list-style-type: none">) No/minimal supervision/support for practitioners or major effort to arrange, expensive <p>Practitioner's self-awareness & vicarious impact</p> <ul style="list-style-type: none">) Practitioner afraid of own impulses) Questioning trigger abusive behaviour in self) Sad, angry, ambivalent, awkward thinking female offender) Subconsciously avoiding) Incomprehensible how woman can cross barrier but understandable through professional eyes) High personal discomfort) Sadness for woman's pathway 	<ul style="list-style-type: none">) Knowledge predominantly through male victim/survivor accounts and victim behaviours) Acknowledge existence of female-perpetrated CSA, personal discomfort and ambivalence.) Know own limits and boundaries in choice of work.) Self-preservation) Some empathy but experiencing some negative effects 	

<ul style="list-style-type: none">) Need to overcome negative feelings to give unconditional personal regard) Deal with society's cynicism of work that involves sex offenders) Varied levels willingness to work with offenders) Wsvc contrary to practitioner perception of motherhood) Cannot detach) Not everyone can do this work) Vital to feel comfortable within self) Therapeutic space sacred, reserved for survivors ∴ could never work with offenders) Could/could not work with offenders (female or male)) Would/would not work with female offender) Offender empathy and worry state of mind) Practitioner openness to realities in world) Feelings of powerlessness & hopelessness re legal system) Biased, would refer) Cannot relate to female perpetrator) Empathy for mentally ill wsvc) Disgust non-mentally ill wsvc) More empathy male offenders) Less enraged with women) See women's pathology, as damaged, not perverse) Incarcerate them but realise must have reason for their actions <p>Organisations for wsvc?</p> <ul style="list-style-type: none">) No knowledge where to refer women 		
<ul style="list-style-type: none">) No training (not even about sex), no preparation, thrown into work) Isolating, lonely work, must connect with people) Traumatised people share/impose on others with their stories) Treat as any other client, look for different criteria for reoffending ... but must be specialised training) Would treat, refer if necessary) Female child sex offender rarely presents as such 	<ul style="list-style-type: none">) Unsupported, untrained practitioners) Vicarious impact) Know yourself, your sexuality) Variety emotions) Emotionally laden environment for all) Law trumps psychology 	<ul style="list-style-type: none">) [As above] plus 'There but for the grace of G*d go I'

-) Be accountable and responsible (law) but understand what contributed to client's actions
-) Seek to understand what happened; work with clients through their life worlds
-) Respect, consideration, humanity but still accountable/responsible
-) "Why" brings resistance, rather, "Help me to understand what ..." (P #18)
-) Gender of offender not relevant (would work with offender)
-) More to a person than perpetration: uncover in individual therapy
-) More compassion for female offenders, less for male offenders
-) Absolute position in event of offender disclosure—therapeutic session terminated immediately & permanently; client reported
-) Must be reported (not negotiable)
-) Private practice not statutory body, still obligated ensure incident is reported
-) Report *if* abuse verified and family ready
-) Do not rush to report, condemn, take to court before full understanding and all facts
-) Practitioners concerns secondary traumatisation for victim esp. if don't want perpetrator to be punished (victim does not always have need for punishment)
-) Adult survivors no need rush to report historical sexual violation until/unless ready
-) If wsdc emerge, nowhere to go
-) Vast population of offenders (& victims) not seen

Support systems for practitioners

-) Haphazard, insufficient support, supervision, debriefing in NGO/NPOs
-) External debriefers/support vital
-) No formal support practitioner private practice, some arrange on case-by-case/difficult case; few people qualified in field of sexual violence to offer supervision
-) Ethics hinder freedom offload

<ul style="list-style-type: none">) Support from social worker) Support from play therapist or psychologist (important inform client will be discussing with 3rd party) esp. difficult cases <p>Practitioner's self-awareness & vicarious impact</p> <ul style="list-style-type: none">) Practitioner desensitised but mild anxiousness, thinks of wsvc as any other perpetrator/person with issue (some overt behavioural, some in their heads)) Worry re silence female perpetration <i>and</i> worry if break silence/female perpetration more indiscriminately in the open) Terrifying think women have carte blanche with children) Not desensitised despite long experience (if becomes desensitised, would do other work)) Vicarious exposure has emotional effect on practitioner) Impact on practitioner's sexuality and sexual behaviour) Self-reflection about own reactions) Know yourself, your limits; have your own 'stuff' and own sexuality sorted out so as not to judge) More empathy for victims, easier to work with them) Mixed emotions, empathy, curiosity for perpetrator, also anger and frustration at behaviour) Anger took advantage of privileged position of being mother, but empathy and understanding; be authentic; practitioner same humanity as perpetrator just different paths <p>Organisations for wsvc?</p> <ul style="list-style-type: none">) Across the board not aware any organisations, practitioners to refer women, assume psychs or psychiatrists 		
<ul style="list-style-type: none">) Job assessing/profiling offenders <ul style="list-style-type: none"> » recommendations treatment) Trace life back to infancy) Heinous crime regardless) Initial doubt believability possibility female perpetration 	<ul style="list-style-type: none">) Minimal in number but not intensity) Unique individuals/situations) Human responses) Not immune from impact 	<ul style="list-style-type: none">) Far removed but touching the heart

<ul style="list-style-type: none">) Virtually no training re female sex offenders <p>Support systems for practitioners</p> <ul style="list-style-type: none">) Negligible/no psychological support staff NPA and SAPS <p>Practitioner's self-awareness & vicarious impact</p> <ul style="list-style-type: none">) Feeling vulnerable) Heightened awareness of being female gender in correctional setting) Could relate to stories) Offender empathy) Strong negative emotions) Emotionally involved) Extreme sadness, worry, upset, very tired) PTSD <p>Organisations for wsvc?</p> <ul style="list-style-type: none">) No knowledge specific organisations or professionals 		
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Table 4.5

Service Provision in South Africa at Present.

Service Provision in South Africa (for WSVC): At Present		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<p>Mental healthcare</p> <ul style="list-style-type: none">) Systemic let down) Private vs. public services) Faith-based organisations no charge) PMBs restrict ability offer treatment) Affordability issue) Dearth specialised treatments) Psychiatric: fitness stand trial only (WSVC virtually unknown) <p>Criminal justice system</p> <ul style="list-style-type: none">) Punish/exclude, not rehabilitate/allow) Laws prevent disclosure) Laws mostly deterrent) Dangerous or non-rehabilitatable remove from society) Correctional services overload 	<ul style="list-style-type: none">) Predominantly lack of services, support, guidance to those in need) Punitive judicial system) Counterproductive laws 	<ul style="list-style-type: none">) Guidance, information, support for practitioners: barely a needle in a haystack) Services/support for offenders: not even a haystack) Pervasive sausage factory, production line, bottom line) Law: Big bad wolf
<p>Mental healthcare</p> <ul style="list-style-type: none">) Reluctance work wsvc) No programmes) No funding) No resources 	<ul style="list-style-type: none">) Wide systemic dysfunction and breakdown (family, individual, law, mental health) 	

<ul style="list-style-type: none"> ↳ No guidance ↳ No relevant updated information ↳ Not focused on offenders ↳ No interventions ↳ No rehabilitation ↳ No practitioners or organisations working predominantly with female sex offenders ↳ Different quality care private practice vs. state ↳ Medical aid, affordability, paucity services rural areas = barriers to receiving care ↳ Moneymaking practices ↳ No safe houses/halfway houses (not even for female or male victims) ↳ Social workers at coal face (psychologists absent) <p>Criminal justice system</p> <ul style="list-style-type: none"> ↳ Limited confidentiality in non-statutory environments ↳ Some reluctance or careful discretion re reporting ↳ Some no knowledge where to report ↳ Reporting function of social workers in statutory environments ↳ Harsh court process ↳ Prosecution rate low ↳ Historical CSA even more challenging ↳ Ineffective register sex offenders, not up to date ↳ Judicial lack of understanding CSA and female sexual perpetration ↳ Positive bias towards women re sentencing ↳ Legal agenda compromises therapeutic agenda 	<ul style="list-style-type: none"> ↳ Quality of life directly related to money but still limited access ↳ Across the board lack and deficiencies—for offenders, (and for practitioners) ↳ Law does, what law does ↳ In general would report if child in danger but many lack of knowledge re procedure or to which authority. 	
<p>Mental healthcare</p> <ul style="list-style-type: none"> ↳ Lack of practitioners, no specialised resources; if any specialised practitioner, fully booked ↳ Work overload, under-resourced ↳ Donors driving agendas NGO/NPOs ↳ Funding, strategies programmes made by politicians, not practitioners ↳ Top down, out of touch with realities ↳ Funds diverted to other interests, at discretion 	<ul style="list-style-type: none"> ↳ Service provision—all about the numbers, systemic overload ↳ Grossly under-resourced (human resources, training, funding) ↳ Too many spectators “Ludicrous” (P #28) expectation address female perpetration within PMBs 	

-) Fund-raising form of prostitution
-) No monitoring and evaluation
-) No continuity
-) Cannot provide effective care
-) Protocols and procedures inconsistent, undecided re treat, cure, reduce, punish.
-) Implementation of policies lacking
-) Tensions between legal process and therapeutic process
-) Ignorance possibility man being raped, disbelief natural biological, physiological response under duress
-) Irrelevant, insufficient education, inexperienced therapists absolutely no knowledge, no assessment tools for risk, have not read literature but work in field (and diagnose)
-) Practitioners do the work because looks interesting (can do much damage)
-) Do not see wsvc in practice; do not ask women clients if they are perpetrators
-) Do not ask survivor if female-perpetrated abuse
-) Problematic to see all sex offenders as paedophiles
-) Psychologists as behavioural scientists in healing professions, should be nondiscriminatory, heal everybody, ability deal with variety issues, and ineffective behaviours *but* blatant refusal some judgemental practitioners work with perpetrators: get referral, discover client is perpetrator (whatever kind), cancel
-) Blind spot: practitioners with unresolved issues, certain type of patient/problem triggers, activates, e.g. was molested and offender comes into practice » issues, complications
-) People hear what they want to in therapy
-) Some irrelevant, ineffective church or religious counselling correctional services
-) Social workers (most people working in the field) not allowed to diagnose but do, same as counselling psychologists

-) No forensic psychology category in SA
 -) Male practitioners not comfortable discussing sexual things with children; easier for women, more freedom
 -) Female (and male) clients' preference for female therapist
 -) Female clients do not want to see male therapist (possible antipathy towards men)
 -) Hope of awareness that different thinking needed
 -) Difficult to see the criminality in women
 -) People nervous to deal with sex offenders, discomfort
 -) Hope that child family clinics in other parts of country free of charge—affordability & funding hinder treatment process
 -) Individual therapy, maybe refer for group or family, but perpetrators very destructive and manipulative in groups
 -) Affordability & time constraints of client hinders treatment efforts
 -) Cannot address female perpetration issues in six sessions (permitted by PMBs); would need 3–6 month weekly
 -) Without medical aid, make a plan for long-term treatment because of continuous manifestation of various forms of pathology
 -) Options for female perpetrator: phone a social worker, FAMSA¹⁶, Lifeline ...
 -) Lack of practitioners treat women » increases chance of reoccurrence (rejection principal)
» society more exposed
 -) Early days of offender management, offenders seen in private practice, psych, psychiatrist; only in system if criminal behaviour overt, cruel, visibly violated norms (latter same present day)
- Criminal justice system**
-) Hope bureaucratic processes & procedures effective (not always) only in bad rape, multiple victims

¹⁶ Family and Marriage Society of South Africa (counselling, education, training re relationship issues)

-) Sentencing at discretion of judge/magistrate, with minimum
-) Perpetrator could plead guilty, not want witness/victim in court (make case worse) = potential lighter sentence
-) If strong evidence, jail; if not strong evidence, counselling
-) Criminal justice needs training.
-) Funding capped, huge caseloads, best talent left SA
-) Police & correctional services uninformed, not trained, not user-friendly, low EQ
-) Language barrier
-) Project ignorance onto victims, blame, accuse
-) Treatment in correctional services not available
-) Poorly adapted version of rehabilitation programme for men cut & pasted in correctional facilities, but not specialised, no specific treatment
-) Nobody deemed qualified enough to write programmes (according to correctional services), ∴ none or inadequate or irrelevant
-) Corrections, justice aware sex offender rehabilitation programme inadequate, not willing to engage; do expedient, not effective, false, to show 'doing something'
-) Religious groups offer free therapy—prayer, not change of behaviours, attempts at sex education; in group (where cannot disclose)
-) Young, untrained, inexperienced social workers, completely overloaded, more crisis management and intervention than therapy & treatment, no pre-post-testing, no looking at cognitive distortions
-) Incarcerate because don't know what to do with them
-) Correctional services breeding ground learn other bad behaviours

Mental healthcare

-) Ambiguity in treatment
-) Double standards
-) Rehabilitation none to minimal (correctional services)

-) 'Babying' women
-) 'Cut & paste' male programme/thinking » female

-) [As above but] Law: 'You play, you pay'

-) Incongruent
 -) Condescending & minimising attitude towards women's capabilities for criminal behaviour
 -) Authorities uninformed
 -) Quick-fix assessments
 -) Terminology different disciplines » different interpretation » different processing of same event
 -) Unwilling invest long-term, relevant treatment programmes
 -) Rehabilitation programmes in corrections not implemented or minimal
 -) Expedient (ineffective) male » female 'cut & paste'
- Criminal justice system**
-) Societal perception SAPS no/slow response
 -) Legal process arduous and protracted
 -) No prescription (no time limit to report sexual offence)
 -) Sexual offenders register not kept up to date (responsibility of Dept. of Justice)
 -) Pre-sentencing reports inadequate, unhelpful to accused » missed opportunity person- & circumstances-specific sentencing
 -) Testimony psychs and psychiatrists not taken into account sentencing
 -) Inconsistency sentencing
 -) Punitive laws
 -) Heavy sentences (e.g. 12 life sentences)
 -) Presiding officer framework
 -) Female-perpetrated CSA not seen as sex offence in correctional services ∵ female offender not eligible for participation scant sex offender treatment

Table 4.6

Service Provision in South Africa: Requirements.

Service Provision in South Africa: Requirements		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<ul style="list-style-type: none"> Be open to possibility Train practitioners Capitalise on gap State increase human resources Funding <p>Treatment process for wsdc</p> <ul style="list-style-type: none"> Risk assessment & management Create safe space 'Talking circle' Person's story Treat underlying issues Treat presenting problem Heal first Facilitate new thinking = new behaviours Accountable Community involvement Individual therapy Group therapy Make peace with God, forgiveness, clean slate, break bad patterns Biopsychosocial interventions and rehabilitation Psychiatry, psychology, other disciplines work together Assess treatment, course-correct Restorative justice 	<ul style="list-style-type: none"> Capacitate practitioners to provide services, and do things differently with open access to all in need and for their unique situations. 	<ul style="list-style-type: none"> Need to find more than one way to shoe a horse.
<ul style="list-style-type: none"> System changes necessary Coordination, education, outreach, including government Need for cohesion Faith-based organisations not sweep under carpet or enable perpetuation Re-think limiting/limited roles of women that are prescriptive Much research to see if any programme can help but offenders must be separated from society Need for guidelines, educate, specialist training & knowledge, share resources, bulletins, where to go/refer; trauma training Organisations build credibility, show not punitive if approached for intervention 	<ul style="list-style-type: none"> 'Who would work with female perpetrators?' Mind shift necessary to change discourse and take right effective action by creating safe spaces for discussion & for treatment to explore what made it necessary for a woman to offend in this way. Unique offender, circumstances, treatment: treat to prevent huge consequences for children 	<ul style="list-style-type: none"> Let go of resistance in drawing up a Will because we believe having a Will could cause someone to murder us.

-) Advocacy, planning
 -) Create awareness responsibly—in society & in wsvc themselves
 -) Identify women at risk & those offending
- Treatment process for wsvc**
-) No rush to report
 -) Use threat of reporting to contain
 -) Expand reach
 -) Variety of platforms
 -) Acknowledge individual's online life
 -) Create safe environment, empathy, understanding
 -) Acknowledge Battered Women Syndrome
 -) Non-judgemental
 -) Implement psychotherapy for early trauma
 -) Integrated holistic approach, cognitive therapy; assumption most used to be victims, go back to her childhood, individual therapy
 -) Need for very serious psychiatric assessment, ascertain problem, get to root of problem before being sent to jail for crime
 -) Encourage people to talk, write about problems, so they do not become perpetrators in future
 -) Treat as other addiction
 -) Make them angry, see the response
 -) In appropriate programme, monitored
 -) Gender irrelevant
 -) No generic treatment
 -) Recognise individuality & gender in group but focus on individual
 -) Individuals respond differently to treatment
 -) Work with what they present
 -) Facilitate, establish & learn healthy boundaries
 -) Individual therapy: treatment to work through underlying issues, get to core of pathway to offence, aid safe disclosure
 -) Cannot join group process: different backgrounds, some psychiatric, some would collude/strategize in group

<ul style="list-style-type: none">) Join group process—show not isolated/outcasts, temper, challenge) Family therapy to contain fallout from abuse) Set up clinic, get men to treat them) Put them in workshops with children who have been victims, let children disclose what abuse does to them, closely supervised and mediated (maybe offenders did not realise impact of abuse)) Must be jailed, removed from society, go into forensic unit, separate them from population, criminals, courts/law need to catch up) If offenders released from prison & after treatment (if received), meet their victims (form of restorative justice) 		
<ul style="list-style-type: none">) Education, community involvement) Universities train people; identify staff that are willing to work & support offenders) Much funding) Need for volunteers) Spread the word, more will come out, (offender's) burden too heavy at present) Practitioner: highly specialised, experienced, skilled, sensitive to issues of female offenders and severity of pathology) Does not have to be practitioner with special skills, don't stigmatise (offender not a different kind of entity)) Empathy & right attitude as 'special' skills) Be engaged, no shame, no judgement, no rejection, do credible risk assessment, determine what would work best for each woman) Practitioner be clear about boundaries, own abilities, provide treatment with responsibility & accountability) Not just any psychologist to treat offenders) Must have increased EQ 	<ul style="list-style-type: none">) Psychology plus multi-disciplinary team & interventions, skilled practitioners, rights space perspective, unconditional positive regard; accountability, responsibility, clear boundaries both practitioner and offender, consider ethics & effectiveness groups 	<ul style="list-style-type: none">) 'Build it and they will come.'

-) SA could become authority in dealing with psychopathology, & specific attention to adult female perpetrators & programmes for female-perpetrated CSA
 -) Need in SA for specialised treatment of female sex offenders & specialised treatment institutions
 -) Need for support groups/societies and organisations to assist, specialised treatment, psychologists become available
 -) Imperative work with offenders = fewer victims
- Treatment process for wsyc**
-) Create space, awareness, educate, work with them to change behaviour.
 -) Some treatable—work with those who present for treatment
 -) Do not typecast
 -) One size fit all
 -) Person-specific, unique offender, unique circumstances, not all therapy the same
 -) Sex-offence specific
 -) Different treatment programmes various offenders, assessment, motivation behind offending, develop treatment process
 -) Personalise treatment intervention best interest of woman, give women space to deal with their own trauma, do not focus only on the behaviour, go deeper, look at how it articulates in relationships, do not label
 -) Contain the woman, provide skills, teach competencies, equip woman to ensure no more victims, proper boundaries, family history
 -) Treat peripheral (e.g. alcoholic)
 -) Help distortions of thinking and experiences
 -) Offenders accountable/own their offence, take responsibility face consequences incl. self-fund treatment (therapeutic value)
 -) Walk the road with offenders
 -) Educate—don't confuse or condemn
 -) Need to rehabilitate, restore their humanity

-) Teach them deal with abuse aftermath
-) Help deal with changes resulting from treatment » will need more treatment
-) Individual therapy to aid disclosure, legal process
-) Group for rehabilitation, bond over shared activity, support, care & nurture others, challenge/confront others in group
-) Don't name group for offenders (wouldn't work, shame, define them as perpetrators)
-) If group therapy, very skilled therapist—perpetrators manipulative
-) Don't mix men and women re stereotypes (males aggressive, females vulnerable), don't give more spaces to victimise women
-) Men women separate groups, different treatment needs/approaches required, psycho-dynamically: women trying to fill need for nurturing in distorted manner, long-term, dependency conflicts; men more violence & aggression
-) Men different dynamics re behaviour, how they think/emote
-) Not self-help groups (escalate violence)
-) Cannot cut & paste male treatment programmes » female: will create more offenders BUT try same *process* as for men: retribution, rehabilitation; use what learnt from male and child perpetrators for best practice, weed out anecdotal, identify evidence-based, look at research, see what works & what doesn't
-) Keep in mainstream of life while undergoing treatment
-) Continue to work on treatment while legal process taking place
-) Short term psychodynamic 12–24 months
-) Need perpetrator management legally
-) Need to provide protocols, procedures, training, etc. criminal justice

<ul style="list-style-type: none">) Holding perpetrators legally accountable therapeutic value) Legal consequences must be the same for men & women) Strengths-based intervention) Rights space ethos) Stringent correctional supervision, not incarceration except for dangerous & out of control 		
<ul style="list-style-type: none">) Eliminate archaic gender constructions) Funding, training, knowledge of cultures) Paradigm shift re sexuality) Collaboration various relevant disciplines) Multi-dimensional) Thorough assessment offender character) Accurate diagnosis) Establish/understand the “why” of the offence) Not reductionist) Gestalt) Treat past trauma/abuse) CBT (possibly) best-practice) Long-term) Alternatives to incarceration) Attempt to rehabilitate, integrate back into society 	<ul style="list-style-type: none">) Treat the wound by thinking differently to find best practice 	<ul style="list-style-type: none">) Discard rose-coloured lenses, and step up

Synopsis. Service provision. I begin the synopsis with service provision at present.

Deficiencies in training and preparation for practitioners. With no exceptions, the findings showed a lack of training, education, information, research, guidance, and presentations related to women who sexually violate children: “**definitely no ... all training ... around male-based sexual abuse ... never female-based”** (P #37), “**been ... therapist ... at least 15/16 years ... blindsided to ... cause of female perpetrators ... not even come across ... a pamphlet to say to me be aware, know, be open”** (P #10), “**need more research, more training for the people ... guidelines ... so few books ... especially South African, with our South African law”**

(P #34), “Master’s degree psychologists at [name of a prominent university in SA] know nothing ... not even basics grooming ... process of disclosure ... retractions ... need ... go back ... drawing board ... look ... what we know ... don’t know” (P #6),

Very limited ... read international journals ... belong ... international societies ... go to conferences ... there’s not been a focus ... in terms of specific training ... focus obviously ... male perpetration ... [need for] more training of ... practitioners ... that’s established ... healthcare providers (P #2)

Around 14% of research participants indicated the correct channels for reporting crimes against children, and that doing so was not negotiable, “**mandatory reporting ... not negotiable ... children’s act ... sexual offences act ... obligations**” (P #27), “**sexual abuse ... report to both, police and the child protection organisation**” (P #3), “**regulated by children’s act ... best interest of child ... not bound to secrets ... limited confidentiality ... child ... at ... risk ... legal obligation ... report ... alleged perpetrator ... police ensure ... criminal case opened**” (P #5). Mandatory reporting, however, could also be a barrier to reporting incidences of child sexual violations and could potentially be one reason why women who sexually violate or abuse children, and who are in need of help, do not come forward to seek help:

as long as ... law oblige [sic] you to report ... won’t be able [encourage women who sexually violate children to come forward] ... have to approach ... South African Law Reform Commission ... try ... find ... loophole in ... law ... why should they ... come forward ... say, ‘Put me

in jail' because that's ... going ... happen ... so ... law wants ... help us prevent is ... same law ... causing more trouble, more damage (P #19)

Comments by around 11% of research participants highlighted systemic shortcomings: “**I'd be scared to [report] because of ... perceived failures in ... system ... we do very little for ... future ... dealing with this by simply castrating them and ... punishing them”** (P #9). The shortcomings included accessing information: “**hard in this country ... [abroad] ... so many services ... know who to call ... where to go ... send people ... [in SA] ... the services ... non-existent, who do I ask ... HPC [Health Professions Council of SA] ... useless ... not going to give me what I need”** (P #13), and inconsistencies regarding mandatory reporting: “**when ... female sex offender or somebody ... been accused of that ... mandatory reporting laws ... not necessarily considered ... inconsistency ... discomfort because we don't know enough, there's not a lot of credible evidence to guide people”** (P #27).

Support systems for practitioners. Some practitioners were not being supervised, were not seeking supervision, had informal supervision, had to make their own arrangements outside of their professional environment: “**my practice ... very fortunate ... other practitioners ... meet once a month ... [peer] supervision ... but ... on our own ... because even in academia [it will be] ... lonely road ... trial and error ... finding stuff myself”** (P #10), “**psychologist once a week ... lots of colleagues ... informal ... not established or been in the professions ... very long ... talk about the same things”** (P #24), “**as private practitioners ... find it ... yourself ... [not] enough ... formalised support ...in South Africa, everybody's so separate ... very isolated ... pay for ... supervision ... lot of people ... don't get adequate supervision ... dangerous for ... practitioner and ... client”** (P #13). Others had established

supervision and debriefing processes—the latter seemed to apply to some of those who have been practising for decades: “**psychologist and ... social worker, constantly ... play therapist ... used me as a consultant ... and I use [psychologist] ... with all cases ... whenever ... get stuck ... feel not comfortable ... but ... tell my clients ... doing that ... not ever without their consent”** (P #18), “**if necessary ... will definitely get ... have a colleague ... will call ... don’t have regular supervision ... have people coming to me for regular supervision”** (P #20). This participant also shared what could be done further or differently to provide more support for those working with adult female perpetrators: “**in a safe space ... group discussions, debriefing, peer supervision, not necessarily always a supervisor’s role, but just peer supervision”** (P #20).

The findings also showed that practitioners were not immune from the vicarious impact of their work: “**in therapy ... changed therapists ... therapist left to [another country] ... worked ... field of sexual violence ... quite helpful ... throws stuff off ... aren’t many people ... doing this work ...”** (P #26), “**first years ... had ... old Nokia phones ... the ring ... exactly ... like till ... Pick & Pay (grocery store chain in SA) ... sort of post-traumatic stress ... everybody did, walk in Pick & Pay ... hear ... till ... think ... phone’s ringing ... because ... phone ... next to ... bed, wherever, 24/7 ... hear that ring ... what now?!”** (P #37).

The mental health of practitioners endeavouring to provide mental healthcare services to clients/patients is important: “**you’re talking about mental health ... in the end of how to help people, who help us helping these people”** (P #12), and some are not being sufficiently supported: “**so tired ... now EWP [Employee Wellness Programme] is much more involved, but I refuse [arranges private sessions with a psychologist] ... prosecutors ... and policemen they don’t look after them”**

(P #36), “**No! ... never was [any support] ... no statutory ... or work obligation ... States (US) ... shooting ... have to go ... see ... psychologist ... therapist ... nothing ... exists here ... no debriefing ... in the beginning years ... huge attrition rate, the best people ... leaving”** (P #37),

burnout ... many friends in psychology ... social worker ... medical social worker could help me, psychology couldn’t ... type of burnout ... look over cliff ... want to jump ... burnout ... beyond control ... why often people get out of it (P #12)

Furthermore, practitioners had a range of emotions when thinking about, and dealing with, female-perpetrated child sexual violations, and their responses were abundant. I have included most as verbatim quotations to give a sense of the emotions involved even for professionals who deal with a variety of challenges in their work. Also, some of the quotations give further insight into the women’s dispositions and motivations, as well as how to deal with the issue of women who sexually violate children: “**I remember particular doctorate ... reading ... transcriptions ... upset me tremendously ... very graphic ... needed ... debriefing ... third level ... traumatisation ... remember ... from time to time ... just had to get up ... couldn’t read anymore”** (P #20), “**Rage”** (P #31), “**Disgust ... anger ... bitterness ...”** (P #36), “**Same as a man [male perpetrator] ... don’t see them differently ... going to report you ... no [emotions come up] ... I follow the law.”** (P #11), “**difficult ... to think about ... feel awkward”** (P #9), “**can work with them ... compassionate way ... don’t have negative feelings ... even ... a female ... [And when you work with male perpetrators?] ... worse, probably more negative about the male**

perpetrators ...” (P #34), “like any other abuse ...don’t dis [distinguish?] ... as a scientist ... shouldn’t differentiate ... we are equal ... equality not negotiable ... too much emphasis are [sic] on gender ... we are people in the first place” (P #21).

Some responses were immediate while others required the practitioner to pause and deliberate. Some responded from their professional personas while others responded from their personal personas, some from both, and others still put themselves in the shoes of victims/survivors—or of perpetrators: **“lot of internal conflict ... don’t work with perpetrators ... feel too much anger ... consequences for ... child ... cognitively ... know ... person has ... history ... probably been abused ... something going on ... still, feel ... angry ... upset ... not okay, can’t do these things” (P #13), “find myself rolling my eyes ... sheer exhaustion ... explain ... woman rapes ... how ... physically possible ... help people reframe ... understanding of women ... men ... exceptionally desensitised ... work in violence across ... board ... general desensitisation ... [but] bloody terrified ... sleep at night ... over-exposed” (P #4), “dysfunctional interaction with their [offender’s] environment ... developed ... destructive ... symptoms ... need rectification ... come for assistance ... for me ... feelings ... somebody ... need ... help ... I need to assist” (P #28),**

Mostly sadness ... also ... ambivalent ... know ... people don’t choose to be ... I don’t say ... determined by our past ... sometimes things ... unconsciously just there ... also angry ... people ... abuse ... position ... adult ... vulnerability of children ... can understand as ... psychologist explanatory models ... theories ... but as a woman ... don’t know how ... possible ... cross that barrier ... think about ... child ... that way... very difficult to comprehend (P #20)

forensic psychiatric work must be done ... assessment ... [and] treatment process ... no doubt ... taken aback ... it's unusual [case of a woman creating child pornography] ... who does that to your own child ... more ... disgusting ... person ... not mentally ill ... behaviour driven ... incentives within herself ... must ... be very mad, very bad or very sad ... do ... against ... own child ... very different ... when you're very mad and very sad ... we can do something about that ... this one ... not mentally ill, just severely psychopathic ... horrific ... hope ... justice and if incarcerated ... receive ... help ... difficult ... male sexual offenders ... doubly difficult ... female sexual offenders ... fit, responsible and ... criminals ... but all behaviour ... criminal activity ... psychological basis ... explains ... doesn't excuse (P #23)

feels very wrong ... every primitive level ... have ... file in ... head ... men ... bad guys but ... my own gender ... know what my motherhood and femaleness means to me ... doesn't sit well ... very angry ... helplessness ... often ... female perpetrators have ... entire *web* of defence mechanisms ... difficult to perpetrate [probably meant penetrate] ... working with them ... we're from different planets; it's a ... frustration ... it's incomprehensible yet ... comprehensible (P #6)

any ... abuse ... feelings of anger ... understanding ... how ... abuse ... affected ... rest of their [victim's] life ... amount of suffering ... just one incident ... outrage ... sadness also, specifically female perpetrators ...

maybe being a man ... can put myself ... male's shoes, slightly easier ...
empathise ... makes me more angry ... hear about male perpetrators
(P #15)

space for *survivors* ... hard ... see ... perpetrator ... very, very angry ...
worse because ... ladies ... in ... client's cases ... so nurturing ...
mothering ... most dangerous type of criminal ... no one suspects ... do
something nice ... give them *food* ... tuck them in ... and abuse them ...
where ... most vulnerable ... sexist ... expected of males ... shocking ...
female ... way ... do it, isn't violent ... subtle ... get what they want ...
causes so much confusion in client especially if ... male ... very difficult
for them (P #24)

Shocking ... haven't thought ... way ... should have, not just because of
what I do ... also ... me as ... father ... even in my police days ... a
protector, the mother, always neglected ... went out of ... way ...
investigate ... case properly ... I'm shocked ... disappointed ... society ...
... not aware of ... extent, that I haven't focused more on it ... should step
into action ... making a difference (P #29)

One of ... feelings ... experienced ... with one perpetrator ... I'm a
mother, how could you do that ... how could your child ever think
differently about you ... going to you for ... hug ... emotional security ...
emotional closeness ... most of ... time [you are] the primary caregiver ...
that child's now in big trouble ... I lose for ... moment ... my total

neutrality ... put myself in ... place ... child towards her mother figure ... how did it happen ... you [self] different ... so lucky be in another situation ... 'How could you do that' anger a little bit ... become aware ... my feelings ... move to ... level of empathy and understanding ... knowing the field, knowing something happened here ... another case mother ... 'Yes I did it, but it was not so bad ...', but she's doing that ... realised ... can go to prison if ... admit it ... also a mother ... got away because of ... child's age ... happened very often ... if ... children can't give evidence... not a court case ... damage ... done ... so ... for ... moment anger, how dare you do this ... position ... you are. (P #18)

first reaction ... and ... most ... people ... worked with ... doubted ... person [woman] ... doing it ... then fought myself ... open mind ... listen ... so uncommon ... think of ... female ... nurturer, the nurturing ... couldn't be, how could ... mother do that ... own child ... would still have doubt ... force myself not to doubt ... then utter disgust, utter disgust ... this should be ... nurturer rather than ... abuser ... I take the same hard line on any offender [regardless of gender] (P #37)

criminologist ... look at it differently ... extreme sadness ... something must have happened ... to that offender ... do not wake up ... decide ... sexually abuse children ... profound deep reason ... must be traced back ... go through so many masks ... obstacles ... personality ... so many blocks to trace ... not normal ... natural behaviour ...very, very sad ... female ... so skewed ... should have been loving ... nurturing ... caring ...

have to understand why they do what they did ... my job ... don't agree with it ... need to understand ... explain, offender empathy (P #30)

worry ... state of their mind ... [later] being able ... normalise their experience ... function normally, acceptable ... accept themselves ... you [practitioner] need ... be self-motivated ... worry would ... treatment plan ... work ... don't externalise ... worry ... as long as ... show me ... we ... getting somewhere ... empathise ... look beyond ... actual offence

(P #8)

difficult ... very important ... counsellors not ... become victims of ... compassion fatigue ... keep ... professional distance ... not get emotionally involved ...become part of the problem ... work hard ...focus on that ... tough ... sensitive person ... feel somebody else's pain ... can cause *you* ... burn out ... very easily... important not only feel ... pain of ... perpetrator ... try ... envision ... pain of ... victims ... hard ... be neutral ... not judgemental ... understanding ... what was done ... wrong ... caused *enormous* pain ... keep ... professional distance (P #19)

worry about reoffences ...if [offender]... in ... community ... poor supervision ... anxious ... safety of children ... primary intention ... felt ... deep-seated anger ... frustration especially descriptions ... actual abuse ... overwhelming ... why ... support ... for people ... work ... field ... so vital (P #7)

very scary ... question myself ... do that ... my own child ... neighbour's child ... child ... helpless, powerless, defenceless, innocent ... very scary ... often looking, questioning ... there's the hidden self ... denied self ... disowned self ... things that are latent ... is it possible, am I able to do something like this ... what would motivate me ... what would trigger that kind ... behaviour in me (P #5)

experience some negative counter-transference ... almost like a prosecutor ... look at ... person ... criminal you've done this ... try to manage ... the negative ... feeling almost ... judgemental ... but ... when I'm seeing a patient ... need to be non-judgemental ... emulate this unconditional positive regard ... we are trained to show ... have ... I'm not ... prosecutor ... judge ... police officer, I'm a clinician ... here ... assess you ... objectively ... give ... best treatment ... like any other patient ... not taking responsibility ... any crime ... you may have committed (P #35)

perpetrators ... people ... have this issue ... some ... more behavioural, others ... in their heads ... worries me that we silence *about* female perpetrators ... also worried if we're not gonna [*sic*] be silent ... anxiousness around ... research ... field ... thoughts ... also quite desensitised ... heard two stories ... matter of ... week ... phoned ... friend ... psychologist as well ... said 'just been shocked for the first time in years' ... know how bad ... story was ... but ... I don't have particular strong feelings ... some level of desensitisation ... mild anxiousness ... strongest feeling that comes up (P #26)

sadness ... children getting harmed like that ... but she [offender] was ... also abused ... try ... find the little girl, what happened to you ... it's about what she ... [other] programme will try ... help the mother see that person's [victim's pain] but I'm there to try to find *her* (P #16)

during my internship ... very difficult ... be around children ... putting them on my lap ... created uncomfortable feelings ... empathise ... think ourselves into ... situation ... creates ... mirror experience ... imagine ourselves as perpetrators ... very uncomfortable ... wanted to escape it ... discomfort ... what happens if I had that urge ... I'm attracted to children, whoa! that would be terrible (P #1)

Also, at least one participant excused abusive behaviours by men compared with those of women; conversely, some were more negative and intolerant towards the behaviours of men than of women that showed socialisation and biases that exist in society, in general, includes professionals regardless of the practitioner's gender:

very sick person herself ... not ... excuse ... she's vulnerable ... don't know ... her history .. found ... my heart ... have some empathy ... second perpetrator ... she never acknowledged ... no remorse ... never wanted ... make good ... place all ... blame on ... child ... already ... traumatised ... in that case ... I had a disgust ... was angry ... male perpetrators ... I saw ... I had *huge* levels of empathy ... so many circumstances ... built up to them perpetrating ... actually understand where it came from (P #22)

different to the men ... feel less enraged with them [women] ... I see [the women] as more damaged ... see their *pathology* rather than their perversion ... with men ... I see the perversion before ... pathology so the complexity ... what's motivated it, hard to understand she does that because ... was abused as ... kid ... eventually defaults to ... was probably abused by father ... uncle ... boyfriend ... so she ... abusing her children, but that's because ... some man abuse (P #25)

Choice of mental health practitioner ITO gender. Only one participant specifically mentioned the choice of therapist based on the mental health practitioner's gender. The preference for a female mental health practitioner—for both female and male clients—could have been due to the perceived gentleness, the empathy with which females are traditionally imbued, thus reflecting the stereotypical view of women: “**they don't want to see men, the ones that I've dealt with ... I often asked them, ‘Would it be easier to go to a male?’ ‘No, no’ ... I think it's also the softness, the caring”** (P #18). Alternatively, it could be that a female client's own issues with men would be dragged to the surface if she had sexually violated or abused a boy as misdirected aggression towards a man. Consequently, by avoiding contact with a male in the therapeutic environment, she could subconsciously succeed in avoiding contact or confrontation with the male/s in her life with whom she could have had an unpleasant history and a reluctance to deal with an underlying issue many layers deep; or it could be out of self-preservation and denial: “**Because sometimes if it's a boy that they, it could be a form of aggression ... And then my stuff might come out because my stuff become [sic] revived”** (P #18).

Organisations/professionals. The dearth of organisations or professionals where one could refer a woman who is sexually violating children, for purposes of therapeutic interventions, was evident in that virtually all the participants did not have any knowledge about any such organisations or professionals: “**not at all ... not at all**” (P #10), “**no, none dealing predominantly with women**” (P #31), “**if ... perpetrator comes ... for help ... not an organisation ... I can send ... her to**” (P #19), “**I would consult with colleagues ... I wouldn't know where to go with this**” (P #25), “**in prison ... religious groups ... try to deal with that ... sinful nature category ... let them feel worse than before ... but [no] one-stop service**” (P #12), “**sad thing ... after going through ten different people or organisations ... she still isn't going to get help ... programmes in prison [for male sex offenders] ... if you have a little bit of funds ... much more challenging for women**” (P #3), “**assume ... large ... not so large hospitals ... [some] state patients would be in this category ... programmes for them ... curious to know intervention ... provided for them**” (P #35), “**not aware of any ... women are nurturers, carers, or victims, they're not perpetrators**” (P #20), “**don't know of any that are specifically set up ... I don't think that would even work ... no perpetrator ... say ... I'm abusive ... I'm going to come in**” (P #2).

psychiatrists ... psychologists ... might see people individually [If someone could not afford private practice rates] ... come to me ... cheapest in town ... or ... *pro bono* ... hope ... child family clinic ... link them ... somebody ... not attached to charging ... [Dearth of practitioners/organisations] I know, I know, that's the justification ... doing male perpetrated work ... male perpetrator ... millionaire ... been ... prison, can afford ... top rates, ... going to fund ‘Mrs Smith’ ... can't afford to pay ... FAMSA,

NICRO¹⁷, most ... non-gender-based violence ... people nervous ... touch ... sex offenders, female or male ... there's ... discomfort (P #27)

Coupled with the lack of organisations and professionals involved in providing psychotherapeutic interventions to women who sexually violate children is the scarcity of these women in mental healthcare environments. Participants referred to psycho-therapeutic intervention for individuals where the presenting problem was not the sexual abuse of children: “**so much more ambiguous ... never presents like that ... when it does present *embedded* in ... material ... hard *really* get ... foothold that converts it into ‘black and white’ issue”** (P #25),

one of ... colleagues ... been here ... more ... ten years ... not aware of that ... significant subpopulation [women who sexually violate children] ... of course ... also know survivors ... sexual abuse ... have ... higher risk of becoming perpetrators child abuse ... other problem ... depends ... degree ... disclosure ... not everyone ... come ... say, ‘Oh by the way before we go ... further ... tell you ... I’ve abused children sexually’ (P #35)

Having been sexually abused as a child was also not the presenting problem for some clients/patients: “**my work with adults ... not ... presenting problem but through the work will come out ... it’s not their terminology, in my view they were sexually abused by their mothers”** (P #25), “**private practice ... working with**

¹⁷ Non-profit organisation in SA, specialises in social crime prevention and offender reintegration

NGOs ... counselling ... people [survivors] that came out by *accident* ... didn't come out ... about *being violated* by ... woman ... was not their *reason* (P #17), “*alarming* ... how often people come ... see me ... victim of sexual abuse ... molestation ... part of their story ... since reading ... research topic [invitation to participate in this research] ... makes me think what ... not been listening for”

(P #9). Instead, clients sought treatment for issues such as “**sexual behaviours ... out of control behaviours around drugs, alcohol, relationships, people who have difficulty with intimacy, attachment disorders ... variety of treatment that people have effected**” (P #2) and “**sexual health and relationships**” (P #9).

Access to mental healthcare. The findings regarding service provision at present for women who sexually violate children showed the following: a systemic breakdown across the board through lack of services, particularly in rural areas, lack of access to any available services due to affordability, lack of medical aid support, restrictions imposed by medical aids’ limitations regarding psychotherapeutic interventions, practitioners overloaded, lack of human resources, lack of financial resources and lack of funding by the state and other role-players (e.g. donors), lack of relevant sex offender treatment programmes, and inconsistencies in applying protocols. By default, the shortcomings in service provision become the requirements for service provision. In summary: Vast numbers of South Africa’s population are being denied access to mental healthcare because of the factors cited above, which are highlighted in the following quotations:

One ... biggest problems ... quality ... care ... directly related ... money ... have medical aid ... other avenues of income ... get ... psychological intervention ... if not ... government resources ... go to DSD [Department of Social Development] ... access ... via the health system ... try ...get

psychologist ... provincial hospitals ... doesn't work ... overworked, overwhelmed, understaffed, under-resourced ... if ... don't have money ... access quality care ... very limited ... in certain provinces ... almost no resources ... at a ... mental health conference ... were told ... one psychiatrist ... whole ... of Limpopo [a province in South Africa, with a population of over 5,8 million]... works for government ... one! (P #6)

also depends context ... very different story if ... middle or upper-middle class ... abusing their child ... than ... woman ... in ... rural space ... township ... informal settlement ... access ... resources ... different ... also ... child's experience ... different ... for ... child ... well nourished ... good home ... far more invasive than ... child ... probably experiences violence every day ... quite ... normal ... be exposed ... something like that ... violence ... normalised ... a lot of our contexts in South Africa much harder for ... child ... if ... come from ... higher class level in South Africa, one small touch could be regarded ... sexual abuse but until ... penetration in ... rural context ... very rarely treated as sexual abuse, so ... direct relation to ... exposure ... violence ... child ... person has in their daily lives (P #4)

whether you're living in Khayelitsha [informal settlement, W. Cape, SA) ... Sea Point [upmarket suburb of Cape Town, SA] ... the same ... situation ... surroundings ... more difficult ... trauma ... impact ... symptoms ... same ... worse in Khayelitsha ... warped services ... impact ... terrible, women need help, we're acting out. (P #2)

Issues to do with affordability were highlighted, as follows: “**more than 80% of all the people I work with cannot afford a psychologist” (#12), “you can’t address female [perpetration] ... six sessions ... medical aids gives, that’s ludicrous” (P # 28), “**people who can’t afford ... services ... doesn’t [sic] have medical aids ... probably ... people ... need it ... most but ... don’t get it” (P #19)****

financial ... very big issue ... how many ... offenders with insight ... courageous enough ... come ... confront it ... major factor ... don’t see any in private practice ... those people ... can’t afford ... potential dangers perceived dangers of loss ... too risky ... expose yourself ... adult perpetrator ... severe mental health issues ... PMB six sessions for depression ... [not] worth engaging ... rather go social worker ... can provide ... certain amount of containment. (P #1)

It would appear that there is a cost when in need and seeking help, there is a cost involved in providing mental healthcare and there is a cost involved in seeking support as a practitioner through supervision. Exacerbating matters to do with service provision are donor priorities and agendas that seemed to be incongruent with the needs of those requiring services particularly in NGO/NPOs, where those making decisions about programmes and funding are not those working with offenders. These result in negative impacts on sex offender programmes and child protection work, especially with redirected focus on, for example, foster care and HIV/AIDS. Also, there are, understandably, limits to how many subpopulations in need could be catered for: “**if we’re talking now about this specific patient subpopulation ... can tell you about 20 other patient populations ... don’t have adequate access to treatment programmes**

...” (P #35). Funds are finite and appeared to be mismanaged: “**not all accused have ... money and ... State does not have ... money with Zuma [President of South Africa] [now ex-president] being overseas every day [money being spent on travels instead of on services]**” (P #39),

too much work ... too few people ... too little funding ... donors shaping work ... NGO sector ... government's work ... massive dissatisfaction ... donors ... driving agenda regarding children ... donor in South Africa ... only interested in numbers ... no qualitative assessment ... no M&E [Monitoring & Assessment] ... [funding] taken off child protection ... violence against children ... women ... retained foster care ... politically driven: ‘Look at what ... party ... done for you ... put money ... your pocket’ ... no place they can go [those needing help] unless ... can afford ... even for male offenders ... unless they can afford private treatment ... offenders ... generally helpable, for every offender ... help ... actually preventing abuse of ... child ... prevention on ... tertiary level ... link between male victimhood and male perpetration ... [if dig] deep enough ... find ... link between female victimisation and female perpetration ... struggle with funding ... prostrate ourselves before funders ... get the minimum ... fund-raising ... form of prostitution just without sex ... [impacting resources] HIV and AIDS pandemic ... got to rebuild ... with ... funding dispensation ... way it is ... very difficult ... big decisions ... funding ... programmes ... not made by practitioners ... made by politicians (P #7)

The costs involved in dealing with all aspects of child sexual violations—policing and investigating human resources, the judicial process, and the treatment for the victims—on the one hand, and the lack of willingness to fund treatment programmes for offenders, which could alleviate much of the former, on the other was clear: “**but no one else wants to fund our work ... children who offend sexually ... how on earth ... going to get funding ... develop treatment programmes for adults”** (P #6), “**Because so very few ... females have been convicted for sexual offences against children ... funding ... given to massive projects, very few people realised ... importance ... phenomenon [female-perpetrated CSA]”** (P #29),

don’t run it anymore [a sex offender programme for males] ... said ... isn’t sexy ... to fund perpetrators ... a perpetrator programme ... people ... not keen ... get ... the idea people wished they weren’t around, rather just pretend they’re not and they’ll go away (P #22)

can’t even begin to talk about funding. My stance ... perpetrator work ... needs to be self-funded ... male ... female ... get charged ... first thing ... appoint you ... senior counsel ...if people can afford ... advocates and attorneys, then ... can afford ... make ... contribution ... own treatment ... needs ... linked to ... therapeutic value ... Rape Crisis ... RAPCAN¹⁸... Mosaic¹⁹ *a lot* of resources into training police officers ... ensuring ... officer ... takes ... statement knows ... manage this ... get ... best possible outcomes, those people have left ... funding has been capped ... NGOs

¹⁸ Resources Aimed at the Prevention of Child Abuse and Neglect

¹⁹ Training, service, and healing for women

don't have those resources ... revolving door ... perpetrator ... more compulsive ... has good legal support ... investigating officer might be sitting with a *huge* case load ... *systemically* if we provide protocols, spaces, programmes ... big picture needs ... be articulated as well ... protocols, procedures, support ... not just the healing part ... management part ... socio-legal stuff (P #27)

services in this country ... always after the fact, the horse has bolted now ... try ... get it back in ... [need] working with ... perpetrators ... peers, family ... a teacher ... on the ground before it gets to a point ... people depressed ... suicide attempts ... very difficult ... limited funds ... limited resources ... they need to work that out ... get in there early (P #13)

speaking for both psychiatry and psychology ... the State ... ultimately responsible ... provide health services to ... populace ... State does work with partners ... NGO ... private sector ... State ... increase ... capacity of mental health services ... will address clinical support issues, increase ... training ... mental health practitioners ... in ... hospitals and ... community there are adequate resources ... enough posts ... attractive ... can keep people working in those posts ... working in ... public sector, government facilities ... struggle just to get services up and running and then to keep them running ... long-term struggle ... unless ... addressed ... difficult to understand how ... clinical needs can be met ... 500 registered psychiatrists ... psychology ... maybe 1200 ... not ... employed in State ... not enough posts ... even if ... just double ... number of posts for

psychologists in the State ... go ... long way ... addressing ... mental health needs of South Africans. (P #35)

Regarding service provision particularly by the State, the following quotation seems to sum it up: “**we’ve got remarkable law, phenomenal policy; implementation is where we fall down time and time again”** (P #7).

In the correctional services system, mental health services are inadequate or not implemented, or they lack efficacy, and staff are not sufficiently trained or supported:

in prison for instance ... psychologist is between six to nine months... don’t last long ... very harsh environment ... got your Master’s degree ... registered ... work with the head of prison only got matric ... don’t have any emotional intelligence ... you try to rehab [rehabilitate] people ... doesn’t believe in it ... stop the programme [working with sex offenders]. ... sexual offender will leave prison one day in South Africa, if we don’t help ... been inside ... 10, 20, 15, 25 years ... lots of anger ... frustration, ... go out ... do it again (P #12)

get isolated from their world ... then ... released back into ... if you’ve been out of circulation for just a year, can you imagine how you should re-adapt yourself (P #39)

Also, “**the understanding ... we were given ... much more deliberate ... focused emphasis ... rehabilitating offenders, not just locking them up ... although ... heard ... rehabilitative services ... very few and far between”** (P #35), “**No, they**

haven't [rehabilitation programmes that are implemented] ... I know that they are not applied [Cézanne - woman convicted of sexual offences against children] told me they are not applied” (P #39), “[Referring to the same woman as above] ... two years ... then parole ... no reparative, no treatment, nothing, she received nothing” (P #21),

children ... our priority but ... if ... focus on ... perpetrators ... sufficient planning ... get programmes running ... wouldn't need to worry ... children because ... would be ways ... deal with ... perpetrators... currently ... they may get jail sentence ... when ... released what happens then ... lack of psychological care in prisons ... by social workers ... psychologists ... no rehabilitation ... programmes (P #22)

Staff in the correctional system are totally overworked because of the disproportionate ratio between inmates and practitioners, thus thwarting efforts to provide counselling to inmates: “**Department of Correctional Services annual report ... see the ratio of psychologist versus offender, it's impossible, the workloads ... only the lucky ones ... scary, but that's the reality of South Africa”** (P #30).

Compounding the issue of work overload and a lack of qualified practitioners in the correctional services environment is the interpretation of child sexual abuse, particularly by a woman, as mentioned in the synopsis regarding South African realities. According to the participant whose job involves profiling and assessing a variety of offenders, and who identifies and determines indicators for therapy that is passed on to therapists in correctional services, female-perpetrated child sexual abuse and violation is not seen as a sexual offence in the correctional services system, albeit that the example

was of a woman who prostituted her child—but she was nevertheless incarcerated. Women like these—though tried in a court of law, found guilty of crimes against children, and are incarcerated—are not perceived as sex offenders, rather as “**child abusers**” (P #30). As such, they will not be part of a sex offender programme if it exists:

scary thing about ... female offender that sexually abused her children ...

allowed them ... be prostituted ... she is not perceived to be ... sex

offender ... perceived to be ... child abuser ...never gonna [sic] even

undergo ... sexual offender treatment programme, how basic it is

(P #30)

Regarding the perception of a woman’s capability to commit a sexual offence:

you’re sitting with a woman [convicted incarcerated female perpetrator]

she’s telling you she’s ... rapist, you’ve got her files in front of you ... on

wall ... huge poster, ‘Have you been raped by a man, have you been

raped’, it’s visual ... image man and image woman ... that is how

constrained it is, man to perpetrator, woman to victim, so ... she’s

constantly reminded ... she’s not a rapist because she’s not a man ... when

I asked ... perpetrators ... rehabilitation ... exposed to ... bible study,

cooking classes, sewing ... re-organising these women to be women again

... re-organising these women ... find God but very rarely actually

engaging with ... sexual abuse aspect, whereas ... male incarceration

population ... have very organised rehabilitation for people who rape ...

sexual molest, abuse, assault ... don’t seem ... have that in ... female

incarceration population. Overseas ... have gender re-organising therapy basically ... assumption ... if ... woman rapes she's acting like a man, therefore ... have to re-organise her gender so ... begins ... to act like ... woman again ... basically train women to be women ... just reinforces ... construction ... rape as ... purely masculine behaviour ... rather than treating ... woman ... powerful ... own right ... those are the kind of rehabilitations that exist, nothing specific to women (P #4)

Also, the inconsistency in applying protocols—and our minds—to female-perpetrated child sexual violations was highlighted as follows:

more difficult ... see the criminality ... when it's a woman who looks like you or me ... decide this person must be reported immediately ... then ... have faith ... protocols ... procedures ... going to be followed ... we lose it ... consistency ... think because we're undecided ... treatment, cure, reduction or punishment ... debate ... people struggle with, so should we be punishing ... treating ... creating more awareness, probably a little bit of ... both ... so ... same kind of principles ... that applied to ... management ... male sex offenders, retribution, rehabilitation ... can't remember ... *contain* the woman ... provide ... give her the kind of skills and competencies ... she needs (P #27)

Service provision in South Africa appears to be out of step with the changing landscape of child sexual abuse. Across the board, the findings revealed that the changing landscape of child sexual abuse has far exceeded the capacity and abilities of

the State and practitioners to provide education, prevention, services, “**our biggest challenge ... human resources ... plenty of work ... just not enough hands ... very limited ... what we can provide for patients”** (P #35). Furthermore, traditional methods of thinking about the issue of female-perpetrated child sexual violations and offering treatment are not working, as encapsulated in the quotation below: “**landscape of child abuse ... changing ... we still very much old school ... how we think ... preventing ... dealing with child abuse ... aren’t keeping up with what’s really happening ... still stuck on strangers ... men ... extrafamilial abuse ...”** (P #6).

Added to the above, the findings showed that much is needed to change the status quo: (a) increase awareness, (b) develop and implement relevant programmes, (c) ensure practitioners are knowledgeable about the field and comfortable with their own sexuality, (d) profile correctly and diagnose correctly, (e) have support groups and societies, (f) create safe spaces in individual practices, and consider the merits of group therapy and of individual therapy, (g) recognise the uniqueness of the women and of their situations, (h) include academia in efforts, and (i) consider more innovative methods of managing female-perpetrated child sexual abuse, including restorative justice. The quotations below offer a road map:

awareness ...allowing our own minds to go there ... this discussion ...
 interesting for me ... can’t get out of ... ambiguity of it with women, so
 even there ... on one level ... feel horrified, should it be more regulated ...
 the thought that mothers would feel immobilised ... being affectionate ...
 their kids ... mindfulness ... starting point ... in our clinical family ...
 awareness ... non-aggressive, non-threatening, non-punitive, not-legalistic
 ... just raising ... consciousness ... need to be able ... think about these

things ... fact ... is, we can't think about these things ... don't ... can't ... was a female ... wrote about maternal abuse ... feminist bookshops banned the book ... wouldn't have it ... she made ... point ... we can't even *think* about it as ... concept ... clinically ... so how ... think about it ... public domain. (P #25)

programme [would be] wonderful ... must be government-funded ... private funds ... not going to easily happen ... programmes in correctional facilities as well ... a lot of awareness in society must be created about ... possibility ... female offender ... offence, that we recognise ... sexual abuse ... not ... part of childcare ... advocacy programmes ... focused on groups because ... cost ... always important ... such a stigma involved ... stands in ... way of healing very often ... if you're in ... group like that, you have offended, it's not just you ... helps healing process ... individual therapy as well ... don't think this can go untreated (P #22)

[practitioners] ... need to be absolutely knowable [participant might have meant knowledgeable] ... some people don't want to be knowable ... do whatever ... want to ... respond ... own personal feelings towards sexual issues, sexual trauma ... to be knowable ... help you ... understand ... field ... take care ... more you know ... understand ... more ... can be neutral ... not get flooded ... own emotional issues ... burn out ... also realise ... role ... help people ... understand ... own world ... all therapeutical [*sic*] issues, scenarios, not to take control ... moment ... take control ... remind ... perpetrator how ... took control ... victim ...

probably ... were being taken control of when they were younger ... personal power ... quite important working in this field ... don't need to 'de-power' other people to feel empowered ... if ... know field ... will not do this ... whatever I'm doing with perpetrators ... not going to ... control people, the court can do that ... I'm there ... tell ... people ... what happened ... how I take action ... prevent this happen in ... future ... incarcerated ... correctional service ... therapy ... don't know what's going to happen ... don't take over if the world look at you ... give ... answers ... don't have ... will probably take control or ... discover did it [took control] ... going to defend myself against you ... absolutely mess ... struggle ... get entrance ... that person's life because will not trust you ... if I would be a client ... would run, quickly ... [therapist] you become another perpetrator. ... there's some people ... probably have to go to prison first ... then come out ... we have to walk, work with ... individual ... their circumstances ... so different ... go along ... who I have in front of me ... see what would be ... best (P #18)

[Relating comment by a colleague] 'don't you think ... before we do this work ... should be comfortable within our own sexuality and ... own sexual relationships, because otherwise ... work kind of reactivates your own issues' ... I think every trainee ... go through ... self-reflection process ... ask themselves, 'Am I ready?' (P #7)

understanding yourself ... don't deal ... sexual issues unless your own ... sorted out ... somehow you're gonna do the link [blind spot] ... do more harm than good ... don't help other people if you ... not sorted (P #12)

look at ... profiling [of the women sexually violating children] ... look at ... a generic [group programme that used to be run for] male sexual offenders ... patients [vetted?] certain extent ... can engage in ... group ... be put through psycho-education, looking at drives, instincts ... ways of managing sexual drives ... what was wrong ... why ... perpetrated against children in particular ... looking at ways ... can change ... within that the individual (P #23)

diagnose correctly ... and individual's personology ... I use integrated therapies, psychoanalysis, behavioural psychology ... need to be integrated ... each individual different, individual treatment ... starting point ... can't do without ... each case ...different ... can't just treat ... group ... impossible ... even ... their whole makeup ...value of ... group ... bonding ... not the only bad guy ... in the world ... rather a support group (P #21)

support groups, slash societies ... specialised treatment, psychologists available ... treat perpetrators ... are not enough ... need to be present ... assist ... available ... port of call ... female perpetrator, what does she do, phones ... social worker ... FAMSA or Lifeline ...that's the resources we

have ... don't think there's specialised resources for perpetrators, we need that (P #28)

different considerations ... if you're providing the context ... invitation to look at ... narrative ... engagement ... says there's no shame ... no judgement ... no ...rejection ... you have enough of that in your own story ... it's easier to assess ... people ... will respond appropriately ... the people ... we need to look at differently ... brings us back to ... risk assessment ... hopefully ... learnt ... one size does not fit all ... 'how do I do a credible risk assessment ... determine what would work best for this woman, how can I bring her to the place where she's no longer a threat to her children ... grandchildren ... the neighbourhood boys' [each individual unique or is it gender?] ... male sex offenders, different dynamics ... behaviour ... way they think ... emote, with women ... proportions might be different ... if ... look at ... male offender ... subscribes to ... seduction of innocents ... never really ... physically is aggressive ... violent but entices ... victim with ... relationship ... probably ... best attention they're getting from anybody ... women, what do we do best ... how we emote ... understand ... we show ... demonstrate that, so it's a grey area ... whether ... woman ... man ... get to ... heart of ... story ... then make decisions ... where do I do risk assessment, what's in ... best interest ... individual in front of you ... same debate many years ago is ... incest offender different to the child molester, to ... guy ... uses pornography, who's worse ... how should we treat them ... one size doesn't fit all ... can't just have ... blanket assessment tool and

treatment ... need ... take into consideration ... person, story, their gender, ... wherever they come from (P #27)

interventions would be ... same ... based on this trauma disorder ... neurofeedback, biofeedback ... every case ... every single person is unique ... therapy is different but ... conversation ... just explore it ... what it would mean if ... mother as opposed to ... father ... grandfather ... grandmother ... same interventions ...but ... items would be unique ... same treatment for ... male and ... female ... not different brains, everyone's uniquely different ... your trauma is different ... always treating ... very client-centric way ... brain gets damaged in ... same way, also ... depends ... how often the perpetration is, by whom it was, what kind of perpetration ... assess ... will also guide ... how much damage there is (P #2)

special place for one-on-one ... underlining ... unresolved issues ... need to be dealt with ... we cannot ... have ... trickle down phenomenon ... one size fits all ... blueprint ... people ... unique ... would require unique support, unique intervention ... also ... therapeutic safety ... certain things would not be possible to emerge in a group setting ... more likely ... emerge in ... one-on-one with (P #5)

what they're doing at prison currently ... very sad ... current assessment structure ... using to analyse ... determine ... needs ... risks of ... offenders ... quick fix that ... Department of Correctional Services (DCS)

wanted ... didn't want ... invest ... long-term studies and ... unique African product, so ... derived from various international indicators for sex offenders ... assessment structure ... utilised ... all types ... offenders ... incorporates all aspects of all types of offences ...but ... main research ... done on men and male sexual offenders ...DCS ... taken and ... been applied to juvenile ... adult offender, male and female ... elderly offenders ... not gender-specific ... does not ... take ... needs of ... female into account ... research proves ... females commit crimes for different reasons than ... males ... females respond differently to rehabilitation ...interventions ... (P #30)

treat as any other client ... trust and non-judgementalness [*sic*], giving her ... opportunity ... be honest ... exploring what's really going on ... having good institutions ... awareness ... problem ... able ... identify when you have ... problem ... probably stigma in any type of psychological intervention ...in this country ... takes ... a lot ... someone ... pick up ... phone ... do something about it ... things ... become quite bad ... the earlier you can recognise ... the earlier ... socially acceptable to get help ... primary prevention in this context ... quite a luxury isn't it (P #15)

need to be safe ... address ... legal issues ... against ... create treatment ... survivors also need justice ... how ... bring these paradigms ... [after a woman has concluded the legal process, if applicable] ... talking circle ... don't feel stigmatised ... know ... not the only one (P #14)

multi-pronged approach ... collective interdisciplinary understanding ... what is ... child, why should we protect ... child ... addressed holistically, before ... can understand why context is ... problem, reading ... writing, jobs, values ... have to develop interventions as ... go along ... see what is successful ... best practice ... adapt individual contextual-specific approaches to individuals, considering cultures ... now ... just making it worse ... don't understand ... phenomenon ... extent ... worldwide not much ... done ... we have not done what ... we should have done ... this kind of study ... brings it home ... still masculine, still biased towards one gender (P #29)

if you're working with gender-based violence, this should be part of that, ... if ... have ... existing programme ... provide ... similar kind of space for these women ... second ... those ... in academic settings ... continue debunking ... myth ... perpetrator ... very special kind of animal ... only certain people have ... skill or competency ... sense (?) or intervene ... my argument ... stance ... only perpetrator you know about is ... person ... been convicted or ... exposed, if ... going with the sexual assault incidences in this country ... must be many more female/male perpetrators in our churches ... schools ... communities and ... little bit in our families ... so ... programming that doesn't stigmatise ... shame ... strengths-based in its orientation [and] ... how are we training people leaving university ... then thirdly ... identifying ... staff members ... willing to work with this population ... provide them with the support. (P #27)

another topic ... one must think about ... more innovative sentences ... if ... person ... danger to society ... or violent person who will not rehabilitate, lock him up, but if ... any *possibility* of rehabilitation, ... not being ... violent person ... not posing ... threat to society, why burden the tax payer. (P #39)

At ... university ... purpose ... *assist* young adults ... find solutions ... life's problems ... where we sensitise ... stimulate ... provoke ... better understand phenomena ... *ideal* environment ... start questioning ... create ... awareness campaign ... not ... superficial ... *persistent enduring* campaign ... understand ... female sexual offender, start it here (P #29)

The issue of restorative justice came up in the interviews with five participants (13%): “**if ... can get them ... ever ... enter ... restorative justice ... work with ... victims of the families ... there's a certain amount of success, but ... always difficult”** (P #12), “**very interested in restorative justice approach ... bringing victims and perpetrators together ... finally getting for both ... the process understanding more what ... who perpetrators actually are”** (P #9),

I was ... first person ... didn't call it restorative justice [participant gave me some information about a case about 10 years ago, judge imposed a suspended sentence, coupled with correctional supervision] that's when I realised send ... man to jail, lock him up, end of story, nothing further happens, in fact he comes out worse than when he went in. (P #39)

One participant went into some detail about utilising restorative justice as an alternative to incarceration where an offender is not a danger to society:

restorative justice ... using therapy ... can achieve much more than putting somebody like that in jail ... do think ... might scare off some other potential perpetrators ... don't think ... brings any healing to ... perpetrator or ... victim ... therapy will be better ... if it's possible to achieve rehabilitation ... healing ... certain instances ... might be personality disorders ... complicate ... whole thing ... if ... psychopath ... don't have ... feelings of guilt ... compulsive liar ... sex addict ... very difficult get healing ... no medicine ... don't react very well ... therapy ... but ... people ... normal circumstances ... no severe personality disorders ... [restorative justice] ... viable solution (P #19)

This participant continued:

but certain people take away ... rights ... other individuals ... my opinion ... don't deserve any rights themselves ... cases like that ... completely remove them from society ... even if ... death penalty is suitable ... very hard thing to say ... certain people ... not rehabilitable ... don't react ... any kind of therapy ... medicine ... menace to society ... cause so much pain ... hurt (P #19)

With restorative justice, the victim is endowed with power that could have been robbed from him or her during the sexual abuse. According to one participant, the

process of restorative justice was utilised in a different way where a female victim of sexual abuse agreed to the concept of restorative justice but not with the man who had abused her: with a different perpetrator. According to the participant who relayed the story to me, it was helpful to both as the focus was on the process of talking about what had happened and exacting an apology from *a* perpetrator:

re-created restorative justice just not with the people directly ... as a victim got to tell him ... her experience ...her trauma ... what she had gone through ...to deal with that blind spot: 'here's ... real person ... gone through what you have also done to other people ...this is how she suffered ... this is the thing she's gone through' ... then for him ... demonstrate empathy for her ... was very therapeutic ... she almost held him accountable for his behaviour even ... something very powerful ... for her ... hold him accountable even though he wasn't the actual perpetrator ... symbolised perpetration to her ... ask him questions, 'how could you do this' ... he would have to talk about ... things he had done ... so ... her holding him accountable ... him ... asking for forgiveness ... understanding ... apologising (P #9)

In summary regarding service provision, despite the quantity of data about what would be required to provide sufficient and effective mental healthcare services, particularly the data in the tables, the findings did not unearth any clear-cut formula regarding the treatment process except perhaps that individual therapy would be vital to aid disclosure, and begin the healing process. What was evident, however, is that much work is needed to improve service provision, knowledge, and training, and to ensure

correct motivations for undertaking work involving women who sexually violate children: “**prevention programmes but not spray and pray, proper prevention, identifying children at risk, identifying parents at risk”** (P #6).

To conclude the synopsis regarding service provision, I have paraphrased from pages 17 to 19 of the original transcription of the participant who had the most experience therapeutically working with sex offenders, both males and females over a career spanning some 35+ years: *A lot of work to do, don't reinvent the wheel, learn from mistakes and best practice; live in right-space community, need courage to work with perpetrators, strength-based approaches, right-space society, healing responsibly, no shame, not punitive but accountable. This work will become popular but wrong people will become involved (echoed by #26). Need people who are willing to think differently about perpetrators and issue of abuse (echoed by #4), increase awareness, be trained in right approaches, necessary competencies, personal attributes, right attitude, treat the person as a person (echoed by #12, #14, #18, #20), look at whole person and what needs to be changed (echoed by #12, #26). If you can't do the work, we respect that, don't mimic abusive behaviours and try to persuade, collude, manipulate, seduce them into working with this population, recognise the dynamic of the perpetrator (similar to #28), no duplicitous relationships.* (Participant #27)

The presentation of the findings ends with the thematic category relating to the role of psychology and psychologists. This thematic category is linked to the previous three regarding service provision.

The role of psychology and psychologists. The last exploratory question regarding psychology provided rich and thick data from just less than two-thirds of the participants regarding both the role that psychology and psychologists are currently playing in the field of female-perpetrated child sexual violations and the role they could,

and should, be playing. This thematic category produced around 2½ pages of data for Table 4.7 and it had an abundance of quotations, only some of which are included in this chapter.

Table 4.7

The Role of Psychology and Psychologists.

The Role of Psychology and Psychologists		
Statements of Belief	Clusters of Similar Issues	Principal ‘Metaphors’
<p>At present</p> <ul style="list-style-type: none">]/ CSA not major part of curricula <p>To do</p> <ul style="list-style-type: none">]/ Assume big role, do more, bring to light]/ Work with other disciplines, including pastoral]/ Instil culture of using psychological services to facilitate wellness 	<ul style="list-style-type: none">]/ Promote culture of relevant education, training, thinking out of comfort zone 	<ul style="list-style-type: none">]/ Step up]/ Should become more than meets the eye]/ Stand up and get in the thick of things, not just “spray and pray” (P #6)]/ ‘Be the change you want to see’
<p>At present</p> <ul style="list-style-type: none">]/ Psychologists afraid, or absent from field of CSA]/ Psychology and psychologists lag behind]/ Uninformed]/ Do minimal preventative work and advocacy]/ Lack of specialised psychology services pervasive]/ Not present in hospital settings]/ Insufficient practitioners]/ Practitioner trained to disengage from legal system, be careful with forensic work, ‘stay away’, detach when working with clients, fear testifying court]/ Working remedially, after the fact]/ Budgets constraining <p>To do</p> <ul style="list-style-type: none">]/ Be prepared to learn and participate, become available esp. online]/ Start working with trauma]/ Take opportunity facilitate healing, inform, clarify, educate, promote wellbeing, provide services to offenders 	<ul style="list-style-type: none">]/ Field of psychology needs to have a serious rethink about its relevance in a developing society, and allow minds to ‘go there’ 	

<ul style="list-style-type: none"> Assist change picture of abusers as monsters (can be ordinary people) Stop feminism Do more research Ascertain what field & practitioner know about CSA & what they don't know, & correct Educate more, including curricula, training, psychology courses Reflect on issues in society, create awareness Rethink powerful role in society 		
<p>At present</p> <ul style="list-style-type: none"> Psychologists 'so scared' On periphery, not relevant, not active, not informed, unaware of underplaying important role International community more active Poor support from psychology in SA Inadequate training Too much time assessing, not enough time redressing Counselling psychologists diagnosing (not permitted) If trained psychoanalytically/ dynamically, disregard symptom just work with person <p>To do</p> <ul style="list-style-type: none"> Practitioners inform themselves Work as part of multi-disciplinary team Role: help client understand her (client's) world Beware misuse of power Do more to offer services, incl. pro bono to practitioners Facilitate/provide specialised training Psychiatry influences psychology with DSM More research on schizophrenia than on sex offenders: need more research Countless child victims = countless offenders ∴ great need for services Must be present, deal with historical roots of personality disorders, no medication can fix Increase awareness role Go abroad train with the greats, bring back knowledge, teach, apply 	<ul style="list-style-type: none"> Too much time spent assessing, observing, spectating, not nearly enough time spent doing. Psychology and psychologists become agents of change. 	

<ul style="list-style-type: none"> ↳ Main responsibility on psychology's shoulders ↳ Be more compassionate, assist offenders and those treating them 		
<p>At present</p> <ul style="list-style-type: none"> ↳ Archaic understanding of human beings ↳ Psychology replicates dangerous gender constructions ↳ Creates notions of CSA even when none exist ↳ Psychology tells individuals they are victims despite individual's own cognitions <p>To do</p> <ul style="list-style-type: none"> ↳ Be open to possibilities other realities ↳ Have no classification or categorisation ↳ Main responsibility to lead collaboration to understand/explain human behaviour & psyche ↳ Collaborate re pre-sentencing reports = better understand offender ↳ Teach, prevent, control CSA issues 	<ul style="list-style-type: none"> ↳ Lead, collaborate, innovate 	

Synopsis. The role of psychology and psychologists. Across the research population, there was a consensus that the field of psychology and psychologists need to do more, and find ways to engage with the field of female-perpetrated CSA. Overwhelmingly, the findings showed that psychology and psychologists

(a) are mostly absent and that predominantly social workers are involved in the field of CSA: “**psychologists ... a little bit bang [Afrikaans word for ‘afraid’]**” (P #3), “**maybe if [psychologists] can actually be available [in hospital settings] ... would be really helpful**” (P #8), “**psychologists ...not offering much ... pro deo services ... social workers ... giving lots of extra hours**” (P #7), “**social workers ... more involved than the psychologist**” (P #16), “**social workers are really taking the brunt of child protection ... a lot of people have ... holy fear ...**

work with abuse ... don't want ... go ... court ... testify ” (P #6), “we don't have the people [psychologists] ... doing this” (P #26);

- (b) have a significant role to play: **“psychology is about behaviour, so it could play a bigger role” (P #31)**, and they need to be more present: **“[help clients] work through unresolved issues and challenges ... take charge of your life ... that kind of message needs to be conveyed out there by psychologists” (P #5)**,

[child sexual violation] it's a personality problem ... dealt with within ... psychotherapeutic context ... psychiatrists I work with ... prognosis is poor ... no medication ... because of ... historical roots ... personality disorders ... psychology plays an imperative role in treating ... these type of patients ... great need for psychology's presence in dealing with female perpetrators (P #28)

- (c) need to collaborate—and lead collaborations—with other disciplines: **“work in a multi-disciplinary setting” (P #7), “main responsibility ... on psychology’s shoulders ... most of the time ... comorbid psychological issue ... sometimes ... dissociative personalities ... psychology need (*sic*) to take the lead ... in collaboration with all ... related ... society ... law” (P #21), “the two sciences [psychology and criminology] can work well together in understanding this phenomenon ... disciplines ... inter-related, a lot can be done ... about sexual offending of children” (P #29);**

- (d) need to expand their reach in numerous ways, for example by acting preventatively and helping to create a well society: **“we [psychologists] ... in the position to act preventatively ... do so little ... in society, never mind child sexual abuses, that's**

a big offence ... lag behind so much in terms of developing a well society....”
 (P #22), “**if there was a culture of using psychological services whilst you still feel fine, feel healthy ... generally a healthier ... more self-aware society”** (P #15), and by becoming involved in the field of trauma, and through online platforms, and by raising awareness, becoming involved in advocacy, reflecting on, and exploring present-day society:

working with trauma ... be more activists ... much more aware of the holism of intersectionality of ... clients' lives ... you can't just provide therapeutic services ... go into the community, get online, offer services differently, be more reachable, be more accessible (P #2)

reflect on what's going on in society ... clarity ... share our understanding of human beings ... provide services ... raise awareness, mental health service provision ... debriefing ... basic research that will contribute to theory development and used ... in practice (P #20)

public picture ... of perpetrators is of monsters ... psychology ... obligation ... colour in that picture ... help society understand ... what leads ... people perpetrating abuse ... [do not] have the answer ... because we lock them up rather than therapize them (P #9)

- (e) need to undertake research and teaching: “**research, curriculum, new focus ... train ... improve our science ... build new knowledge ... human behaviour around sexual offending”** (P #29), “**more research ... see the effects that happen”**

(P #16), “**psychology [should be] doing ... specialised training ... for both perpetrators and victims”** (P #34), “**psychology ... a lot of power ... educate more ... address ... issues in curricula ... use ... example like a female paedophile ... psychology’s not even having issues around sexual and gender diversity in their curricula”** (P #17), “**so psychology has to ... our training is where it lacks”** (P #6);

- (f) need to enlighten themselves: “**psychologists ... inform themselves ...”** and “**recognising ... offenders are treatable ... greatest resistance ... treatment programmes ... from psychologists and ... police ... [sex offenders] not treatable through our traditional therapies ... also coming to terms ... you will have some people who reoffend** (P #7), “**really shocking how little psychologists know about sexual abuse ... very, very scary ... people ... stuck ... training ... got at varsity ... never good enough, on sexual abuse”** (P #6). The quotation below highlighted an issue that went beyond merely the need for psychologists to inform themselves—it showed that psychologists could be working with the effects of CSA, specifically childhood sexual abuse, without being aware of it:

Psychologists think ... not working with sexual abuse but ... are ... might just not be recognising ... for what it is ... especially psychologists working with adult clients ... might know ‘cause [*sic*] clients ... tell them, [but] many women only make disclosures in their forties ... seems ... something ... happens when ... turn 40 ... disclose your sexual abuse

(P #6)

(g) need to evaluate their roles, their relevance in a changed society, their understanding, their motivations, their reach:

need ... people to participate in rehab properly ... many run away ... lots spectate ... look at the problem ... all acknowledge ... problem ... write about the problem ...but get your hands dirty, get in and do it ...how do I get that person to a point of wholeness, of healing ... where at least you don't ...harm somebody else ... often psychologist [*sic*] don't engage in that ... (P #12)

psychology needs to re-think its role ... don't do enough advocacy work ... a lot of us [psychologists] don't want to get our hands dirty ... child abuse issue ... don't see it as their role ... get social workers involved or ... hide behind confidentiality or ... outsource the problem ... very few psychologists working in NGOs ... psychology needs to think very carefully ... how relevant they are in a developing country ... should be ... in the community ... only treating people with medical aids, most of us (P #6)

I don't support or endorse categorisation ... DSM ... very problematic ... over-simplified ... [cannot] take individual people ... categorise them ... the way that psychology tends to ... particular problems doing that especially with female sex offenders ... psychology needs to be 'de-psychologised' ... to understand this stuff ... the way psychology is framed is not useful ... in a lot of ways psychology ... replicates ...

dangerous constructions that tend to invisibilise [*sic*] a woman who might sexually offend ... so ... psychology is not a helpful resource, in these circumstances ... psychology's role ... step back ... reorganise itself ... be very careful ... how we label ... and psychiatry, sit with those little boxes, ticking all the symptomology, to me is just the most archaic understanding of the human project. (P #4)

mother ... involved with a man ... beating ... raping her ... she's going to take it out on the boy child, he's going to be a rapist in the future, it's nightmarish ... social psychology ... feminism ... stop this silly feminism ... need to be saying, the women are also abusers ... that's where ... psychology should be involved (P #16)

The quotation below ends the synopsis regarding the role of psychology and psychologists in female-perpetrated child sexual violations:

occupying alternative discourses ... allow women to be ... sexually violent ... aggressive ... providing space for that discourse ... very cognisant of the fact ... producing the female perpetrator ... incidents ...not ... viewed as necessarily sexual or abusive ... becomes focused on knowledge that we've produced around it ... children in ...relationship with ... adult ... even if adults ... doing what has been constructed as wrong, children may not feel that way ... might feel quite loved ... quite safe ...often not hurtful ... then ... power-that-be tell the child ... they are victimised, the child then becomes victimised, so psychology does that (P #4)

Below is a summary of the shared and the differing responses from all four groups of professionals regarding all the thematic categories.

Table 4.8

Summary of Responses.

Shared Responses
Female-perpetrated CSA is concealed but exists in numbers greater than known or imagined
CSA is damaging even if not immediately understood
Women sexually violate their own children or those with whom they have a close relationship
No/negligible training, information, guidance regarding female-perpetrated CSA
No/dearth service provision, programmes, interventions for wsvc
Serious need for service provision, programmes, interventions for wsvc
Limited access to mental healthcare through private practice, virtually no access in rural communities and for those without funds
Individual therapy to aid disclosure, exploration, build emotional strength » subsequent therapeutic work
Need to capacitate, train, inform, support practitioners in all sectors
Psychology/psychologists need to become more involved
Differing Responses
Perpetrator disposition and motivations
Impact on child victim/adult survivor regarding offender gender, victim gender
Practitioner reaction to women who sexually violate children
Efficacy, advisability gender mix in group therapy
Best practice, treatment orientation, treat presenting problem, past, underlying issues ...
Make haste to adhere to mandatory reporting requirement - questions surrounding wisdom of rushing to report

Overleaf is a summary of the findings. This is followed by a brief summary of the chapter.

Summary—Main Findings

- (a) The prevalence of female-perpetrated child sexual violations cannot be measured;
- (b) silence, misinformation, and lack of informed knowledge perpetrates the occurrence;
- (c) knowledge is anecdotal and lacks credible evidence;
- (d) the context in which the violations occur is paramount, and it includes the perception, the intention, and the language surrounding a particular event;
- (e) women who sexually violate children are hidden but just below the surface—they could emerge at any time from any place for any reason;
- (f) women can be more dangerous than men, and they have not been found to be mentally ill;
- (g) their offence strategies bear both similarities and differences to men's, the level of violence varies but it can be as harsh as, or harsher, than men's, and they sexually violate children closest to them, including their own— regardless of gender;
- (h) destructive behaviours such as the sexual violation of children could be from women's traumas, unregulated and dysregulated emotions, and dysfunctional lives, or as a learned response;
- (i) these women do not consider themselves sex offenders and they are not considered sex offenders in the correctional services environment—instead, they are considered 'child abusers', they are well-hidden in the prison population, and they do not participate even in the most basic sex offender programmes that are used for men;
- (j) the effect on the child victim/adult survivor is more damaging than male-perpetrated child sexual violation, but the closeness of the relationship determines the extent of the damage;
- (k) male and female victims experience differing levels and degrees of intrapsychic conflict and differing sequelae;

- (l) the sexual violation of children by women is not the presenting problem in therapeutic environments (unless court-mandated for specific therapeutic intervention), neither is having been sexually violated always the presenting problem: instead, for both populations, these problems are disguised as issues such as eating disorders, depression, substance abuse;
- (m) service provision in South Africa for women who sexually violate children is filled with shortcomings—these include no funding for work involving these women, no specific programmes, no easy access to healthcare, no consensus as to best practice, and no information for the women who sexually violate children;
- (n) training, information, and resources for all relevant practitioners is negligible;
- (o) practitioners experience strong emotions related to the work and the women involved, and support structures for practitioners is either lacking, costly, or effortful;
- (p) psychology and psychologists are absent from the field of child abuse; instead, the criminal justice system and social workers dominate;
- (q) the issue of female-perpetrated child sexual violations in South Africa is not a priority; and
- (r) much more research, effort, information, education, support, and funding is needed.

Summary

This research uncovered various issues: numerous practices by society that are not helpful for the identification and management of a pervasive problem; a variety of motivations both by women who sexually violate children and by the victims themselves for denying the event or for being unable to speak of it; a number of treatment and management issues, including funding, that are not conducive to providing relevant, needed services or to promoting well-being, safe spaces, informed knowledge; and a

systemic breakdown across the board. Nevertheless, the research population was actively involved in endeavouring to make sense of out-of-control behaviours and to contribute to finding ways to provide healing and restitution. Overall, the issue of female-perpetrated child sexual abuse in South Africa is a Pandora's Box, and mental health service provision in South Africa has shown itself to be the Achilles Heel in the efforts to alleviate this form of child sexual violation.

Chapter Five will integrate the findings with the literature and the theoretical framework in an effort to position a complex phenomenon within a broader context.

Chapter Five Integration and Discussion

Introduction

The penultimate chapter of the thesis discusses the findings based on the exploratory questions in the Interview Schedule and integrates them with the literature and the theoretical framework to position this research within the existing body of knowledge regarding the issues explored. During my deliberations about how best to integrate the various findings, I reflected upon the improbable connectedness between society, service provision, child sexual violations, and those inflicting harm on children wittingly or unwittingly. I experienced emotional whiplash upon the realisation that adult female-perpetrated child sexual abuse, society, and service provision in South Africa could well be but three different sides of the same coin. This concept is graphically depicted as the Three-Sided Coin²⁰ in Figure 5.1 below.

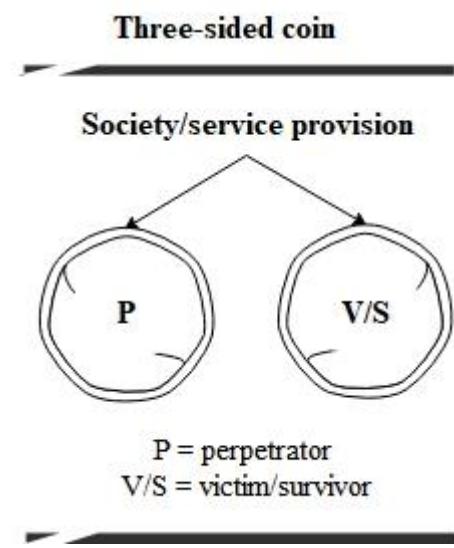


Figure 5.1 Three-sided coin.

²⁰ “The Three-sided Coin”—the idea, concept, and image is the student’s own, original work, and was not copied from any other source.

The findings showed that there are parallels between these three sides within the black hole of sexual violence against children, as follows: Women who perpetrate sexual offences against children may have experienced some form of trauma in their lives. They commit these offences in silence often through subtle manipulation. They deny accountability even to themselves, or when confronted about their behaviours. They resist seeking help for their behaviours out of lack of awareness or out of fear of the consequences. They do not always understand what they have done, or what brought them to a particular point, or that their actions are against the law. Primarily, however, they remain mostly untouchable and somewhat unknowable, their actions hidden and cloaked in perceptions about caregiving and nurturing, and romanticised notions about female sexuality and capabilities, and indeed assumptions about their aspirations, their strength and their power.

Child victims/adult survivors, in turn, sometimes maintain silence around the trauma they have experienced at the hands of an often-trusted woman in their lives. They resist naming the behaviours they cannot believe or understand, and they deny the occurrence through lack of awareness or fear of the implications for themselves, for their families, for the perpetrator. Their perceptions about who is responsible for caring and nurturing become skewed and confusing, in a similar vein to the perpetrators' perceptions in this regard, and they experience intrapsychic conflict while turning the spotlight on themselves: 'What is so unique or so wrong with me that the person who is supposed to nurture and care for me could cause me any harm that defies the norm (male perpetration)?'

Depending on the age of the victim of such abuse, seeking help is fraught with pitfalls, doubts, confusion, issues of disbelief, and cognitive dissonance. This holds true also for the adult survivor who, after decades, might eventually realise or remember his or

her childhood sexual abuse. In both these scenarios, who would believe a woman sexually abused them? Whom would they even approach to share such a story? Who would understand the effect of delayed memories and that it could take as long as 30/40/50 years for someone to remember childhood sexual abuse? Also, what effect does the passing of time have on the reliability of what is being remembered?

Society and service providers do their part in perpetuating the sexual perpetration by generally remaining silent and mostly ignorant or blissfully unaware of the very notion of female-perpetrated child sexual abuse. They inadvertently ‘give permission’ for such abuse by upholding the myth of innocent, blameless, harmless, nurturing women; they dismiss reports of wrongdoing as invalid and lacking in veracity. They tend to overlook the overwhelming situations in which women in South Africa find themselves, which could have a destructive ripple effect. They disbelieve the unbelievable. In short, they resist touching the untouchable.

Compounding matters are cultural practices that, in one situation, would be perfectly acceptable—for example, when a mother masturbates her infant boy to help him sleep, as indicated by at least 3% of the research population—while in another, these cultural practices could be considered a sexual violation according to South African law or indeed as paedophilia (Aggrawal, 2009).

Also, there are around 16.6 million households in South Africa (Community Survey 2016, p. 143) for almost 56 million population. On the surface, these figures do not indicate overcrowding as suggested by at least 5% of the participants in this research. However, overcrowded living conditions in some sectors of the South African population are a reality (Hattingh, June 27, 2013; Turok, August 2015), while those in backyard shacks do not have the same standard of living as those in “proper homes” (Borel-Saladin & Turok, January 2015, para. 2, lines 2–3); for example, privacy and self-respect.

Poverty, in turn, “forces people to live a subhuman life” (Hickson & Kriegler, 1996, p. 93). According to some participants in this research, children are exposed to parental nudity or sexual activities as part of everyday life, and this flies in the face of definitions about sexual violations—depending on who is looking, however.

On the subject of ‘who is looking’, when considering the findings in relation to the literature, it is important to note that, while well within the scope of the research, 60% of the research population in this research only had anecdotal knowledge about women who sexually violate children: 39% had ‘encountered’ these women through the accounts of child victims/adult survivors who were their clients, while 21% had not encountered these women, not even through the accounts of their clients or patients. The remaining 40% had worked with the women directly either in a therapeutic environment or a criminal justice environment.

One of the noteworthy findings for me was that, but for a few details regarding the efficacy of group therapy, or mixing genders in groups, or which treatment orientation was best suited to women who sexually violate children, or specifics to do with offence strategies, for example, the professionals in all the groups inherently knew the same things about this subpopulation, about society’s engagement with the sexual violation of children, and about the need for interventions for this subpopulation. This fundamental knowledge showed that one does not necessarily need to be steeped in a particular subject to know much about it. In a way, too, it served to triangulate the findings in this research.

Another noteworthy finding is that the professional engagement with only around 50 to 60 women over the course of some 40 years had a substantial criminality hue because these women were virtually all involved with the criminal justice system in some way. The number of women who sexually violate children in South Africa, and are found in relevant professional environments is in stark contrast to a similar population in

other parts of the world as shown in the literature. For example, Faller's (1987) study involving 40 women, and Wijkman et al.'s (2011) study involving 135 women.

Against this background, I will endeavour to position the findings, based on the exploratory questions, within a broader context. It is worth being reminded that with much of the information about the topic that was researched there is an overlap. The discussions in the interviews were not always linear, and the integration of the findings with the literature, and the theoretical framework will therefore not be linear.

Integration

To recap from previous chapters: The research aimed to ascertain from relevant professionals what is known about women who sexually violate children, what support and psychotherapeutic interventions are available to these women, and in the practitioners' view what could be offered to facilitate healing and rehabilitation. The findings in Chapter Four were divided into two broad categories within which were thematic categories:

- (a) Society's knowledge of, and engagement with, the issue of women who sexually violate children. This category had three thematic categories: the state of play regarding South African realities, women's dispositions and motivations, and child victim and adult survivor dynamics.
- (b) Service provision in South Africa. This category had four thematic categories: practice- and practitioner-specific matters, service provision in South Africa at present, service provision requirements, and the role of psychology and psychologists in the field of child sexual abuse.

The data in the tables and the synopses converged to produce a list of main findings at the end of Chapter Four beginning with what is not known (the prevalence of

female-perpetrated child sexual abuse) and ending with what needs to be done in order to know more about this phenomenon—much more research, more effort, more information, more education, more support, and funding.

The state of play: South African realities, women's dispositions and motivations, and victim/survivor dynamics.

Prevalence. The consensus in this research was that police statistics and levels of reporting were an underrepresentation of sexual crimes against children. This was consistent with the literature that showed figures are underestimations (e.g. Abdulkadir, 2011; Burton, Ward, Artz, & Leoschut, 2015; DSD/DWCPD & UNICEF, 2012, p. 15; Geldenhuys, 2012; Groth, 1979, cited in Faller, 1987; Kramer, 2010; Kramer & Bowman, 2011; Lalor, 2004; Lalor & McElvey, 2010; Lambert & Andipadin, 2014; Marais, 1990; Mathews et al., 2012; Pereda et al. 2009b; Strickland, 2008; UNICEF, 2007; 2009). Internationally, child sexual abuse is widespread even when considering the lowest prevalence rates that include a massive number of victims (Pereda et al., 2009b, p. 1). Conradie and Tanfa (2005), in turn, found that around 72% of cases of sexual crimes against children in South Africa are withdrawn or thrown out of court because of either poor investigations, lack of evidence, or procedural errors in the criminal justice system.

Also, the consensus in this research was that pervasive silence, denial, and lack of involvement, both literally and psychologically, in all areas of society perpetuated women's sexual violations of children, consistent with Bader et al. (2010) and Strickland (2008), and that prevalence could not be known or indeed measured. To conclude, there is insufficient credible information, and the majority of what is known is anecdotal. Thus the true nature and the extent of female-perpetrated child sexual violations in South Africa cannot be known.

Professional engagement and knowledge about women who sexually violate children. In this research, around 40% of the professional engagement with women who sexually violate children was within the criminal justice system: around 13% involved incarcerated women being subjects of research regarding their criminality, and 33% involved women accused of sexual crimes against children who were, or had been, involved in the criminal justice process, and the professional engagement was for criminal justice purposes (arrest, assessment, trial). The remaining professional engagement was with women for therapeutic purposes either within the correctional services environment (7%), in private practice (27%), and in NGO/NPO (13%), all linked to their sexual crimes against children, while the remaining participant (7%) had merely learnt that a female client had been inappropriately sexually involved with her underage son years prior.

In all but the one instance, however, the common denominator was criminality, and professional engagement was after the fact, that is, not because of initiatives to do with advocacy or crime prevention, or because any of the 50 to 60 women had voluntarily presented themselves for psychotherapeutic intervention because of sexual violations against children.

In the literature, the level of professional engagement with women who sexually violate children tended to be for research, assessment, the development of typologies, or treatment in a variety of settings with the common denominator also being criminality. Thus, the findings were mostly consistent with the literature. For example:

- J Deering and Mellor (2007) who presented the various categories of female perpetrators of child sexual abuse developed by various authors (e.g. Lawson, 1993; Mathews et al., 1989; McCarty, 1986; Nathan & Ward, 2001; Vandiver & Kercher, 2004);

- J Faller (1987) and the study of a clinical sample of 40 women seen by university staff in Michigan;
- J Flora and Keohane (2013) who referred to the work of Matthews (1998) and Atkins (cited in Harris 2010) in presenting female offender types;
- J Gannon et al. (2008) who developed their model of female sexual offending based on offence narratives in a study involving 20 women in the UK convicted of sexual offences (75% of which were against children);
- J Gannon et al. (2013) who replicated the above study, this time with a sample of 36 North American counterparts;
- J Kramer (2010) in her research involving eight incarcerated female perpetrators in South Africa to ascertain how various beliefs about sexuality shape the self-knowledge of female sex offenders;
- J Pflugradt and Cortoni (2015) regarding clinical features, profiles, and backgrounds associated with female sexual offending;
- J Proeve and Reilly (2007) who classify an act as sexual abuse by a woman only if it included a male offender; and
- J Wijkman et al. (2011) who examined the court files of 135 incarcerated female offenders prosecuted in the Netherlands between 1994 and 2005.

The known numbers of women who sexually violate children in South Africa are far lower than the known numbers elsewhere using a similar timeframe of some forty years as mentioned above, for example, Faller's (1987) study and Wijkman et al.'s (2011) study. The lower numbers in South Africa could be because women who sexually violate children are invisible (e.g. Kramer, 2010; Kramer & Bowman, 2011) or unimaginable (e.g. Perkel, 2004), or because their behaviours and actions are not perceived or seen as sexual abuse, are dismissed, or are disbelieved. These are consistent

with, for example, Boroughs (2004), Colson et al. (2013), Hislop (2013), Strickland (2012), and Turton (2010).

The findings of this research, therefore, indicated that relevant professionals in South Africa do not seem to be overly engaged with women who sexually violate children. This could be because the women are underground, or perhaps because crimes involving female-perpetrated child sexual abuse are underreported, not believed, dismissed, or because of less than optimal criminal justice processes, as Conradie and Tanfa (2005) found. Thus, these women do not often find themselves in relevant professional environments.

Another takeaway message, however, is that even though women who sexually violate children in South Africa do appear to be under the radar, invisible, and considerably hidden, the consequences of their behaviours and actions are anything but under the radar, invisible or hidden regardless of the timeframe involved for the impact to become evident to those who are looking. This would seem to support the rationale for seeking to find ways to provide mental health services for the subpopulation of women destructively acting out, in order to protect further children from harm. In the words of Nelson Mandela,

Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth who care for and protect our people (3 June 1995)
(nelsonmandelachildrensfund.com Nelson Mandela quotes about children, August 2015)

It would seem important, therefore, that we meet the moment we have collectively created for ourselves and step up by being proactive, informing ourselves, finding solutions and other ways to reach people before sexual violations occur or before they become further out of control.

The large quantity of data that emerged in this research about the broad context in which female-perpetrated sexual violations occur was surprising in one way. It was, however, not surprising in another because the literature is replete with studies regarding child sexual abuse, even though very few involve sexual violations perpetrated by women and even though these studies are not in South Africa, except, for example, Andersson and Ho-Foster (2012) and Kramer's (2008; 2010; 2014) studies. Thus, even those in the research population who were not directly engaged with women who sexually violate children could have gleaned sufficient information through the literature or interaction with peers.

Also, while the findings in this research indicated that there was insufficient credible information regarding women's sexual violations against children, there nevertheless appears to be a reasonable amount of knowledge globally that informs a variety of treatment approaches, typologies, categories, and at least one model describing the offence pathways (DMFSO). The field, therefore, is not devoid of knowledge even if it is not applied to the South African context. In South Africa at least, women who sexually violate children do not come to the attention of authorities to the extent that they do elsewhere. Therefore, knowledge at the coalface is lacking, and perhaps interest is minimal except in circles where practitioners and organisations are dealing with victims/survivors of sexual abuse.

In this research, there was nevertheless a consensus that each individual is unique and so are her circumstances. The consensus in the literature is that women who sexually

abuse children are a diverse group with heterogeneous treatment needs (e.g. Boroughs, 2004; Pflugradt & Cortoni, 2015), and attempts are made to separate the woman from her behaviours (e.g. Gannon et al., 2008; 2013; Pflugradt & Cortoni, 2015).

This was consistent with this research in the instances where women who sexually violate children found themselves in a therapeutic environment. Overall, practitioners involved in this research appeared first to acknowledge the individual and then her crime, except in one instance where the individual and her inappropriate actions and behaviours were conflated in the mind of the practitioner. The criminal justice environment, on the other hand, merely looks at the criminality of the individual, based on the evidence. In other words, in the therapeutic environment in South Africa, in general, practitioners were making an effort to apply the principles of unconditional positive regard and simultaneously ‘doing their job’ while in the criminal justice system the practitioners were just doing their job regardless.

Regarding the offence strategies of women who sexually violate children, the findings revealed that these women groom children in subtle, undetected ways, which included the use of pornography. Also, they tend to plan the violations, with nuances in denying their acts or the level of harm in similar ways to men. Women deny wrongdoing, and they violate personal boundaries in an atmosphere of secrecy that is deceptive because of the stereotypical assumptions that women are imbued only with maternal instincts involving nurturing, caring, and protecting, not with characteristics to inflict harm.

In the literature, Duncan (2010) and Gannon et al. (2008), for example, referred to grooming. This included the use of pornography (e.g. Kim, 2004) that fuelled the exploitation of children (Dines, 2015) and it was considered a public health issue (Anderson, 2014). The blurring of boundaries was consistent with Spies (2006) who

referred to the blurring of intergenerational boundaries, but the findings in this research were not consistent with Deering and Mellor (2007) who referred to the effect of cultural norms and social attitude, or with Fasser (1989) who discussed the possibility of incest as part of interactions within families that do not violate moral, legal or ethical codes. The findings were consistent also with Duncan (2010) regarding the female stereotype, with Kite and Tyson (2004) regarding justifications and minimisation of their actions, and with Strickland (2008) who referred to women not being prone to harming others.

In the general population, the capacity to harm others was discussed by Pinker (2011) who concluded, “the human capacity for evil runs even deeper, and may itself be a feature of human nature” (Pinker, 2011, Location 11216). The notion of the capacity to inflict harm was also found in Boroughs (2004), Duncan (2010), Olafson (2010), Poels (2007), and Wijkman et al. (2011) with specific references to women inflicting harm on children. A woman’s capacity to inflict harm was not denied by the participants in this research even if the motivations were not always seen as pure evil: instead, they could have come from a place of trauma or dysfunction or as a learned response; thus, the findings in this regard are consistent with the literature.

Furthermore, the findings of this research showed that women are protected by a social desirability bias consistent with, for example, Frieden (2003), Hislop (February 2013, para. 5), and Kite and Tyson (2004). Social desirability, which refers to an individual’s response to socially accepted expectations, could tie in with denials about anything that goes contrary to those socially desirable behaviours. The theme of denial was prevalent in this research and is consistent with the literature. For example, Duncan (2010) referred to denial of facts, awareness, impact, and accountability regarding female-perpetrated child sexual abuse; Kramer (2010) referred to society’s denial of the possibility of female-perpetrated child sexual abuse; Matthews (1993) cited in Boroughs

(2004) referred to the denial by women regarding their wrongdoing; and Turton (2010) referred to literal, interpretive, and implicatory denial.

In this research, ‘denial’ found itself in another space as well: The warning statement issued to those who have been arrested for a crime, whereby they are given the opportunity to provide a statement wherein they admit guilt for the crime/s for which they were arrested. In this event, the case would proceed to a magistrate immediately, and it would be dealt with in a different light to the manner in which it would be dealt with if there were a denial of any wrongdoing. In the former scenario, the accused would be tried on the evidence present, and this could result in a more favourable outcome for the accused compared with what might transpire if an investigation goes in-depth and might uncover further wrongdoing (P #37). Considering that women in South Africa who sexually violate children seem to end up in correctional facilities where they do not have opportunities for gender-specific rehabilitation, or treatment for sexual offences, the concept of ‘denial’ morphs into something more significant than merely denying wrongdoing and inflicting harm on children: it exacerbates self-destructive behaviours.

Regarding how these women are perceived, some of the findings in this research indicated that these women are sometimes perceived as less dangerous or less predatory than men are, consistent with Turton (2010, p. 283), for example. On the other hand, the very perception that because they are women, they are less dangerous made them even more dangerous because their actions and behaviours were unexpected, is consistent with the concept of the black swan (Taleb, 2008).

Furthermore, indications in the findings in this research are that these women are deemed to have a level of pathology, consistent with Perkel (2004), for example, but not consistent with perverse intentions according to Lawson (1993) who mentioned perverse sexual abuse as one of the categories into which these women fall. Perkel (2004) on the

other hand did not see their actions as perverse; instead, he saw the women's pathology that resulted in a variety of destructive and inappropriate sexual behaviours with children.

The findings indicated further that the women are known to violate their own children sexually, consistent with the literature (e.g. Bexson, 2011; Kramer, 2010; Marais, 1990; Miller, 2009), or other children with whom they have a close relationship—for example, if they are responsible for caregiving. This was consistent with the literature (e.g. Collins-McKinnell, 2013, p. 49, citing various authors; Duncan, 2010; Nathan & Ward, 2002). This makes these women even more dangerous than a stranger, who cannot get as close to a child or a father who is one step removed with fewer opportunities for 'natural' access to children's personal, private spaces.

While these women might not all be seen as evil or with an inherent criminal disposition, or with a total lack of awareness of their actions, the findings indicated that they are not always ignorant of their actions even if they deny wrongdoing, consistent with literature (e.g. Duncan, 2010, pp. 143–144; Flora & Keohane, 2013; Matthews, 1989, cited by Boroughs, 2004; and Turton, 2010, pp. 287–289).

In the findings of this research, there was no consensus regarding the following: the level of dysfunction or the level of trauma in women's lives that precipitated the sexual violation of children; the level of violence involved in female-perpetrated child sexual violations; whether women offend alone or with accomplices, or as accomplices, or whether others influence them; or in their choice of victim in terms of gender.

There was also no outright consensus about the impact on the child regarding the gender of the offender even though the vast majority of the participants indicated that female-perpetrated child sexual violations are very damaging—among the most damaging effects was the breaking of trust between adult and child. There was also no outright consensus about the far-reaching implications of female-perpetrated child sexual abuse.

Despite no outright consensus regarding one or two issues in the findings of this research, the findings were consistent with literature (e.g. Cashmore & Shackel, 2013; Collins-McKinnell, 2013, p. 49, citing various authors; Denov, 2004; Duncan, 2010; Flora & Keohane, 2013; Gannon et al., 2008; Koonin, 1995; Mullen & Fleming, 1998, Nathan & Ward, 2002; Spies, 2006), while there were indications to the contrary regarding far-reaching consequences (e.g. Wakefield, 2006).

Furthermore, there was a consensus in the findings of this research that dysfunction characterised the lives, possibly the minds, of women who sexually violate children (e.g. Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; Gannon et al., 2008; 2013; Hislop, February 2013; Wijkman et al., 2010; Wijkman et al., 2011) and that female-perpetrated child sexual violations were damaging to the victims, and were not innocuous (e.g. Boroughs, 2004; Duncan, 2010; Elliott, 1994, in Elliott, 1994; Grayson & De Luca, 1999; Johansson-Love & Frenouw, 2006; Olafson, 2010; Poels, 2007; Wijkman et al., 2011).

The important point is that what is occurring now might only show itself in twenty to forty years' time, as referred to in the findings. This virtually creates a generation of individuals leading less-than-optimal lives, sometimes with self-destructive behaviours from which they will need to recover and heal, separate from the recovery and healing because of the sexual abuse itself in childhood. Thus, again, the rationale is present for the need to provide psychotherapeutic interventions to women who sexually violate children as necessary to prevent future generations of victims/survivors from requiring psychotherapeutic interventions.

In the literature, there was also no consensus regarding the level of violence involved, for example, particularly as the literature tended to place offenders into categories, for example, the maternal sex offender, the violent female sex offender

(e.g. Duncan, 2010; Weizman-Henelius cited in Poels, 2007). Also, feminist sociocultural analysis (Tolman et al., 2014, p. xxiii) stated, “most sexual violence is not about sex”. The severity of the trauma compared with other traumas, however, was said to be high, according to Sedlak et al. (2010, cited by Townsend, 2013, p. 11) with additional consequences being early puberty (Maas & Noll, 2017) and psychiatric disorders, amongst other consequences (Teicher, 2000, last para.).

Furthermore, there was no consensus in the literature regarding whether or not women who sexually abuse children do so alone or with an accomplice (e.g. Burroughs, 2004; Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; McCarty, 1986; Pflugradt & Cortoni, 2015; Proeve & Reilly, 2007; Wijkman et al., 2010). This was consistent with the findings in this research that these sexual violations were not restricted to any particular social stratum, consistent with Kramer (2014; 2017) but in contrast, for example to Faller (1987) (poor, uneducated); Matthews (1993, cited in Boroughs, 2004) (low status); and Pflugradt and Cortoni (2015) (middle to low socioeconomic status).

Pathways. In the findings of this research, the concept of a pathway to offending organically emerged as paramount within the broad concept of the context in which the sexual violation of children occurs. Not all participants specifically used ‘pathway’ to describe what they believed came before the sexual offending; also, groupings and categorisations were not prominent (or desired) according to the findings. Nevertheless, two (5%) of the research participants revealed the following:

-]) There were three groups of women: those with mental illness, those who offended in co-morbid circumstances, and those who mirrored male behaviours.
-]) Women had no criminal disposition; instead, a personal disposition involving childhood, early experiences, and key events in their lives were instrumental in facilitating offending behaviours.

- _) Not all women had the same life path, and not all women were predisposed to offend sexually.
- _) Furthermore, an offender's pathway would be marked by an event, and either a positive or a negative response to that event.

The concept of pathways is central to the descriptive model of female sexual offending (DMFSO) that refers to three offence approaches as shown in Table 2.3 in Chapter Two. Briefly, however, these are: Explicit-Approach, with diverse motivations, explicitly pre-planned, explicitly pursued offending; Direct-Avoidant entailing explicitly directed disposition to offend but wishes to avoid; and Implicit-Disorganised that has various goals with implicit or no planning. The DMFSO further delineates and distinguishes between an individual's background; the conditions, behaviours, and thought processes before the offence; and the same for the actual offence, and after the offence.

Several other participants in this research referred to the context in which women who sexually violate children found themselves, either as children or in their adult lives that were or are characterised by a variety of dysfunctional conditions, or traumas, or experiences. Without using terminologies such as 'pathway' or 'trajectory', these participants were also referring to the path on which a woman had walked and reached a destination marked with the sexual violation of a child.

In this regard, therefore, the findings in this research could be aligned with the pathways identified by Gannon et al. (2008) in that women seemed to have diverse motivations for sexually violating children. Some participants in this research mentioned that women plan their violations more than men do; also, that they then proceed to violate a child sexually—though not named in this research, this would be the equivalent of Gannon et al.'s 'Explicit-Approach' pathway.

Gannon et al.'s (2008) second pathway, 'Directed-Avoidant' could have been represented in the findings but there was insufficient evidence-based data to support the notion that any of the women who found themselves in therapeutic or criminal justice environments stated they wished to avoid sexually abusing a child. With one known exception—a woman who had been charged with sexual violations against children who asserted she had been influenced to participate in sexual violations against children, and to carry them out mostly as the primary offender. Without wishing to be frivolous, according to the findings of this research, it would seem that the only thing women who sexually violate children were avoiding was being found out.

The third and last pathway identified by Gannon et al. (2008) is 'Implicit-Disorganised' that has various goals with implicit or no planning. Again, with insufficient evidence-based knowledge about women who sexually violate children in South Africa, the findings in this research did not explicitly indicate that there had been cases where women had multiple goals but had failed to plan their attainment.

Nevertheless, there was a general sentiment in the findings that placing individuals into categories was not helpful in the sense that this would detract from the uniqueness of individuals and their circumstances. I concur with the concept of not pigeonholing individuals because one might then wish to interact with those individuals according to the pigeonhole rather than according to the substance of the individual in the pigeonhole. Personally, however, I can see the value of identifying pathways as Gannon et al. (2008) have done that could inform practice as follows:

- J To take into consideration a woman's 'context'—this is consistent with the findings of this research.
- J To tailor treatment to an individual's specific needs—this is consistent with the majority of the findings of this research. There was a consensus in the findings that

individuals are unique, and so are their circumstances: the next step would be to understand that treatment needs should also be unique, therefore.

- | To be aware of the similarities and differences between male and female sex offenders regarding planning and approaching the offence, and whether the planning and the offences were done out of fear or out of a desire to achieve intimacy. There were sufficient references in this research attesting to the adverse conditions under which countless women live in South Africa and about dominance and aggression by men that could conceivably lead women to violate children sexually. There were also sufficient indications regarding similarities and differences between men and women regarding their modus operandi regarding the actual offence. Thus, there was a consensus with the literature in these instances as well.
- | To assist women to understand the range of factors associated with their behaviours that led them to violate a child sexually—for the majority of the participants in this research who had worked therapeutically with women who sexually violate children, and for most of the other participants who ventured an opinion about treatment needs for these women, the consensus was the need to work through all the traumas in the woman's life. In some cases, the suggestion was to go right back to a woman's childhood and to seek to understand what had occurred then and what had occurred along the path to the sexual offending. The findings of this research thus resonate with this aspect of the DMFSO as well.

Not the presenting problem. On the topic of pathways, the majority of the participants in this research stated that the sexual violation of children was not the presenting problem when women found themselves in therapeutic environments, except in instances where they were court-mandated to receive treatment either as a condition of their sentence or instead of incarceration. In the literature (e.g. Cortoni et al., 2010;

Deering & Mellor, 2007; Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; Gannon et al., 2008; Gannon et al., 2013; Kramer 2010; Mathews et al., 1989; Pflugardt & Cortoni, 2015; Van Niekerk, 2006; Vandiver & Kercher, 2004) the women who were researched, assessed, or treated were sex offenders so one could cautiously assume that they presented as sex offenders when becoming involved with the professionals. Thus, regarding the women who are known child sex offenders in South Africa, the findings are consistent with the literature in that they present for treatment about the sexual violation of a child.

Furthermore, the findings indicated that women who sexually violate children do not find themselves in the public sector psychiatric community. Nevertheless, at least 3% of the research population indicated that a woman who sexually violates children should be referred to a psychiatric hospital as the only means of therapeutic intervention, while another would refer such a woman to a psychiatric institution if necessary but would offer her psychological intervention at the same time. Also, for the handful of women who did find themselves in the psychiatric community for a variety of reasons, and with perhaps one or two exceptions, these women were not found to be mentally ill when assessed for purposes of fitness to stand trial. They were assessed and sent back into the criminal justice system to continue the process with which the psychiatric community would then not be involved.

The literature, in contrast, indicated the following, for example: Fifty percent of the women in Faller's (1987) study had mental problems that included retardation and psychotic illness, and that psychosis played a significant role in a small number of cases; and Weizman-Henelius et al. (n.d., cited by Poels, 2007), found inter alia that psychiatric care was among the histories of the 61 violent offenders in their sample.

One of the takeaway messages for me from this research is that just because ‘something’ does not present as ‘something’ does not mean it is not ‘something’. The reason why women who sexually violate children might not find themselves in the therapeutic community in South Africa to the extent they do abroad could be because of the lack of knowledge regarding their actions and behaviours that others might know or suspect are dysfunctional or harmful; the lack of services for them, or the stigma attached to seeking psychotherapeutic interventions (as indicated in the literature regarding the mobile clinic in the Western Cape in South Africa that was set up, in part, to alleviate the stigma for people seeing psychotherapeutic interventions). Other reasons could be knowledge of the manner in which cases of female-perpetrated child sexual abuse are handled by the authorities, fear of reprisals, and the low rates of reporting of this type of sexual offence, as well as the possibility that the criminal justice system might undervalue the role of therapeutic intervention. Thus, the scarcity of these women in therapeutic environments is not unexpected.

The reality of a woman’s burden in South Africa could be described as follows: Woman ‘A’ who suffers from depression, anxiety, an eating disorder, bipolar disorder, for example, can access mental health services. I do not wish to become bogged down in the nuances surrounding affordability or the lack of services or whether medical aid will or will not pay for her treatment, all of which was presented in the findings. The point is that she is free to access services without fear of reprisals involving the curtailment of her freedom. In an ideal situation, she would receive medication or psychotherapeutic intervention, or both, and in theory, she would begin on the road to recovery. In summary, she would be able to put a Band-Aid on whatever her wound is.

Woman ‘B’ who has had some trauma, has a dysfunctional life, et cetera, and who seeks to dress her wound by sexually violating children is not free to do what Woman A

is free to do. Woman B will continue with the destructive and self-destructive behaviours, or even if she does not, she will live with whatever traumas brought her to this place to begin with, as was so aptly worded by Participant #38: "it killed their mind." Woman B's choices are to stop if she can, to continue, or to be found out, wittingly or unwittingly, and in the latter case, she would enter the criminal justice system, not the mental health system. From there, unless something changes in the management of sex offenders with regards to dealing with their actions holistically not only legally and in a punitive manner, Woman B will not have opportunities to heal, to grow from adversity, to make amends.

The power of perception, intention, and interpretation. The findings indicated that how something is perceived, intended, or interpreted determines how it is received and how it is dealt with. If behaviours and actions are not perceived, or intended, or interpreted as sexual abuse or violation, they are not acknowledged as such, and they are therefore not dealt with as such. This is akin to a wrong diagnosis with the wrong treatment or no treatment resulting in limbs being lost through gangrene that was considered a grass mark.

Perception and interpretation—culture. A case in point is the issue of cultural practices, for example where a mother might masturbate her infant son to help him sleep as mentioned earlier in the chapter. This type of practice adds more fuel to the fire regarding the multi-faceted issues to do with female-perpetrated child sexual violations that are far from being clear-cut. In South Africa, according to the law, tickling an infant or a child's genitals or masturbating the child would be considered a sexual violation. However, on the other side of that particular coin, we need to consider what the culture in which this occurs says about it. The differing values and child-rearing practices must inevitably create further conundrums for the judicial system and the healing professions,

not to mention what it creates for the mother and the son involved in a cultural practice hitherto thought of as completely harmless and not unlawful.

What would the South African child protection and judicial system do with a loving mother who has been taught that masturbating her young son will soothe him and help him sleep: Would the system charge her with a sexual crime against a child, take the child away from her, and put the child into some form of child protection custody, where he might be at the mercy of a housemother who might sexually violate him, as was shown by the quotations of at least 5% of the research population (e.g. P #22, P #33), while she, the child's mother, goes to court, and potentially faces some sort of charge, possibly incarceration for having done what her culture has been doing for ages? Whom has this ultimately helped—the child who lost his mother, the woman who has not had the opportunity to understand and learn from her actions vis à vis the law, the overburdened correctional services environment, or the community that might have been part of the culture of masturbating infant boys to help them sleep?

Similarly, however, what would the South African law do about a mother who purposefully and knowingly masturbates her young son for reasons other than to help him sleep? Does everything, therefore, all come down to the intention and the awareness of the actions and the behaviours? If so, how does one prove intention beyond a doubt if the 'perpetrator' does not confess, if the 'perpetrator' continues to deny any wrongdoing even when faced with a steep prison sentence, and if the child cannot understand what took place or cannot conceive of it being wrong—until the authorities, the law, informs the child otherwise, as was shown by around 15% of the research population in this research.

This interjection is supported in the literature regarding the denial of the possibility of female-perpetrated child sexual abuse, the discourses that limit the interpretations of the same act, and the misperceptions about the capabilities of women

that result in their actions being viewed as things other than sexual abuse (e.g. Kramer, 2010; 2014; 2017; Mellor & Deering, 2010; Perkel, 2004; Turton, 2010). Pinker (2012, Location 11237) raised two interesting questions about the general population that could apply equally to this research: “Does our inner perpetrator whitewash our crimes … to exonerate ourselves?” “Or does our inner victim, nurse our grievances … to claim the world’s sympathy?” Although I am not suggesting that certain sexual violations are a wish to claim the world’s sympathy, the notion that something in “human psychology distorts our interpretation and memory of harmful events” (Location 11237) gives pause.

Perception and interpretation—language. The usage of ‘childhood sexual abuse’ when referring to child sexual abuse, and paedophiles when thinking of adults who sexually violate children, in the findings spoke to the imprecise usage of language—and language is something that Kramer (2014; 2017) reminded us plays a vital role in whether or not an act is understood, and considered, child sexual abuse.

In the literature, there did not appear to be the incorrect usage of childhood sexual abuse and child sexual abuse. For example, Boyd (2010, line 1) referred to the epidemic of reported childhood sexual abuse in Western society, and the reasons why historical childhood sexual abuse is emerging at this time; Duncan (2010, pp. 150–151) referred to a childhood history of trauma; Pflugradt and Cortoni (2015, p. 205) referred to the lack of evidence of a direct causal link between childhood experiences and later offending; and Wijkman et al. (2010) referred to the childhood experiences of adult women who went on to become specialist or generalist sexual offenders of children. In this research, it is possible that the incorrect usage could be attributed to issues of language if English is not the individual’s mother tongue.

The usage of ‘paedophile’ in the reviewed literature was scarce except in Kramer (2010) and Kramer and Bowman (2011) who referred to the focus on female paedophiles

by four child abuse experts in South Africa. In this research, the participants' usage of the word could have been contextually correct in one instance, but at least one participant used female child sex abuser and female paedophile in the same breath to discuss the topic of this research, which was not focused on female paedophiles. I am unsure how to explain this except perhaps that certain words are taken to be synonymous with others, even if they are not.

Interpretation of CSA. According to the participant whose job involves profiling and assessing a variety of offenders, and who identifies and determines indicators for therapy that is passed on to therapists in correctional services, female-perpetrated child sexual violations are not seen as a sexual offence in the correctional services system, albeit that the example given by the participant was a woman who prostituted her child, but she was nevertheless incarcerated. Women like these—though tried in a court of law, found guilty of sexual crimes against children, and incarcerated—are not perceived as sex offenders. Instead, they are perceived as “child abusers” (P #36). The interpretation of, at least, this form of child sexual violation as not being a sexual offence in South Africa’s correctional services environment was shown in the findings to be erroneous. It disqualified the perpetrator from participating in any sex offender treatment programme that might have been available even though those are designed for male sex offenders.

The participant offered no reasons for this interpretation, but I will venture to offer a few possible explanations from my meaning-making:

-]/ There is a perception that a woman is not emotionally capable of abusing a child sexually, and the perception transmutes itself into disbelief, denial, dismissal. This is consistent with the literature (e.g. Flora & Keohane, 2013, citing Cortoni, 2010; Giguere & Bumby, 2007).

- | Sexual abuse is perceived as being only non-consensual penetration by a penis, male-on-female—in the absence of both a penis and an adult male, therefore, where is the sexual offence. This is consistent with the literature regarding some of the perceptions of the public (e.g. Boroughs, 2004; Colson et al., 2013; Kramer, 2010; Turton, 2010).
- | Sexual abuse of a child is not about sex. Therefore, the sexual abuse of a child is not a sexual offence. This is consistent with the feminist sociocultural analysis in the literature (e.g. Tolman, Diamond et al., 2014, p. xxiii).
- | Child sexual violations by a woman are not considered as serious as child sexual violations by a man. Therefore, the crime is not seen as the same, and it is not given the same attention or dealt with in the same light. This is consistent with the literature (e.g. Kite & Tyson, 2004) and the strong patriarchal overtones in South Africa.
- | Relatively few female child sex offenders surface within the correctional services system in South Africa, and as they do not make up the majority of the sex offender population, there is no knowledge or training as to what to do with them. Therefore, nothing is done with/for them. This is not consistent with the literature because, as mentioned, female child sex offenders abroad are not as hidden as they are in South Africa and there are various structures in place in other countries to manage these women (e.g. Beech et al., 2009; Cortoni et al., 2010).

Considering the changed laws in South Africa regarding sexual offences against children and the fact that statistics regarding sexual offences against children include prostituting children (this from the complete set of statistics received from the SAPS in March 2017), as well as the severity of the sentences meted out to women found guilty of committing sex offences against children, as was shown in at least one quotation in the findings, one would have thought that these perpetrators would be seen in equally severe

light as ‘customary’ sex offenders (i.e. men). Furthermore, one would have thought that knowledge, training, and processes would be put in place to implement legislation, and follow through on good intentions of providing rehabilitation to inmates, something that is provided for male inmates but to a much lesser degree—if at all—for female inmates as was mentioned in Chapter Two (Artz, 2013, in Peacock, 2013).

Based on the literature and the findings of this research, sexual violations by a woman are serious. They have far-reaching implications, the offenders are in need of some form of treatment, and the absence of male genitalia does not stop any woman from committing a crime considered a sexual crime against a child. These realities ought to be communicated to all stakeholders in South Africa so as not to continue perpetuating the misperceptions about female-perpetrated child sexual abuse, thus increasing the less-than-optimal role played by society in the three-sided coin about female-perpetrated child sexual violations in South Africa.

Two additional points of note that were shared by Participant #30 are that, apparently, those within the system do not always have access to the details of the offence of any given inmate, and that the relevant inmates, who are considered pariahs even in a population of other offenders who commit heinous crimes, keep a very low profile for fear of persecution, victimisation, and assault. Victimisation of inmates in correctional services is established as shown by Dissel (2013, in Peacock, 2013). If there is agreement regarding the notion that women who sexually violate children generally are themselves victims of something—childhood abuse, present-day traumas, mental deficits—their ending up in a system where they are fearful of exacerbating their ‘victim’ status if they are exposed as child sex offenders (pariahs) gives rise to a cycle of victimhood, a notion that is supported by Dissel regarding research that indicates the possibility of a link between “between victimisation and perpetration” (Dissel, 2013, p. 276, in Peacock,

2013). This emerged in the findings of this research as well, and finds support from Peacock (2013, in Peacock, 2013, p. 8) who referred to ‘victim-offender’ sequences where “today’s offenders are yesterday’s victims, and today’s victims are tomorrow’s offenders”.

This cycle—victim–perpetrator–victim–perpetrator—ought to give further motivation for the need to provide psychotherapeutic and other support to women who sexually violate children to stop at least this cycle from repeating itself. The traditional ‘cycle of abuse’ may be inconclusive, according to the findings of this research and the existing body of knowledge (e.g. Duncan, 2010; Fagan, 2001; Goodman-Delahunty, 2014, citing Lamont, 2011; Wijkman et al. (2011, citing Cortoni, Hanson, & Cache, [sic] n.d.), but while there is an opportunity to obviate or at least alleviate the cycle of abuse by treating victims of child sexual abuse as early as possible, where are the opportunities to obviate or alleviate the cycle of victimhood for perpetrators?

If they do not receive treatment for past traumas, if they do not receive treatment for their present way of life that results in the sexual violation of children, ought they not to be given some form of psychotherapeutic intervention when they enter the correctional services system that is part of government, which is accountable for the management of crime (Nel & Van Wyk, 2013, in Peacock, 2013)—if for no other reason than to contain further victimising and victimisation. If not, a new vicious circle is created and perpetuated: outcast as a victim of earlier trauma, possibly; outcast as an offender, however hidden the actions might be; outcast within the legal process; outcast within the correctional services system; outcast in society if ever released from prison or when on parole. Would it not be better to aim for inclusivity than for exclusivity, and apply the concept and the ethos of victim empowerment to these offenders (Nel & Van Wyk, 2013, in Peacock, 2013)?

Female-perpetrated child sexual abuse as a learned response. With perhaps one or two exceptions, the findings of this research suggested that women who sexually violate children have learnt certain behaviours in their environment, for example, that men are dominant, and women are submissive, and they replicate this in their later behaviours when they violate a child sexually out of compliance, or out of rebellion against what they learnt. Alternatively, their destructive behaviours could be some form of modelling based on traumas they endured in the past.

The decision to violate a child sexually does not happen overnight. Though inconclusive, the cycle of abuse is pertinent, and it could result in modelling behaviours. Dysfunctions, instability, and neglect within a household, even if they do not include sexual abuse, could result in behaviours that end up as the sexual abuse or violation of a child. Pornography has almost replaced healthy sex education. Women have become emancipated; they are doing what men do; they are not immune to outside influences—if they were, there would perhaps be much less female-perpetrated child sexual abuse, particularly considering the inherent nurturing, caring, and maternal qualities with which women are said to be imbued.

Also, children are now doing what men do, and what women do: They are watching pornography; they are learning that anything goes regarding sex even if they are not old enough to assimilate what they are learning. If children see, hear, watch a child receiving some reward for performing a sexual act, what is to stop them from becoming that child? Indeed, “Most human behaviour is learned through modelling” (Collin et al., 2012, p. 286, referencing Bandura).

There are differing perspectives in the literature regarding a causal link between childhood sexual abuse and later sex offending, for example, Duncan (2010), Fagan (2001), and Flora and Keohane (2013) in contrast to Price-Robertson (2012, p. 135, citing

Alaggia and Millington, 2008). Nevertheless, there is also sufficient literature attesting to the influence of adverse childhood experiences or present-day experiences that contribute to sexual offending (e.g. Gannon et al., 2008; 2013; Talbot et al., 1999; Wijkman et al., 2010; 2011). The findings of this research, therefore, appear to be consistent with the literature regarding the lack of a consensus about a causal link between childhood sexual abuse and later sex offending.

To conclude this section, some of the findings were consistent with the literature while others were not, but in a climate where there was often no consensus among the sources in the literature, the findings were, overall, not out of place.

Service provision in South Africa: at present. The overwhelming majority of the findings indicated the need for service provision for women who sexually violate children. I wondered why such an issue would even be tabled as worthy of discussion considering its heinous nature, and I concluded that it makes sense, and it is ethically responsible. Furthermore,

- (a) the Bill of Rights of the Constitution of South Africa states, “Everyone has the right to have access to health care services … They must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights” (Constitution of the Republic of South Africa, 1996—Chapter 2, Bill of Rights, 27, 1997);
- (b) the monetary and human cost of the criminal justice process could be reduced if mechanisms for prevention were put in place by way of treatment initiatives and education for women who sexually violate children, or if a different form of restitution could be found to deal with adult female-perpetrated child sexual abuse, for example, community work with the proviso that each perpetrator’s behaviours are adequately contained so as not to be of further danger to society. The issue of the

financial consequences of child sexual abuse was found in the literature (e.g. Corso & Fertig, 2010; Elliott, 1994, in Elliott, 1994; Fang et al., 2012; Saied-Tessier, 2014, of the UK's NSPCC);

- (c) the stakeholders could put their time and resources to better use instead of being tasked only with punishing these women without offering rehabilitation, insight, and alternative means of working through the consequences of their actions;
- (d) the mental healthcare environment has ready-made case studies in the form of the life stories and experiences of the women who have committed these offences, even if they are not in droves in South Africa. Between what is known in South Africa, and what is known globally, there is enough of a foundation to conduct more research and to obtain more knowledge.

It is important to realise that these women are more than their offence. It is also important to realise how overwhelmed the majority of women are in South Africa, according to the findings of this research. By not offering them mental health intervention, before, during, after any crisis, society is not availing itself of understanding the dynamics of female-perpetrated child sexual violations; thus discards, what amounts to, a holistic encyclopaedia of knowledge about a vital sector of the population.

In the literature, it was shown that providing treatment for women who sexually violate children could ensure fewer negative consequences for children than if these women were left untreated (e.g. Denov, 2003; Pflugradt & Cortoni, 2015), could prevent reoccurrence of the sexual violation (e.g. Jonker & Du Preez, 2012) and it could provide an opportunity to contribute to the protection of society and reduce future occurrences of sexual violations (Coleman et al., 1996; 2000, cited in Flora & Keohane, 2013). As regards the benefits for women, mental health interventions could also provide them with the opportunity to build their skills and competencies (Talbot et al., 1999).

The findings in this research were consistent with the literature, including the issue of monetary costs involved in managing child sexual abuse, and the concept that providing treatment to these women constitutes tertiary prevention of child sexual abuse (NSVRC, 2011).

Organisations/professionals. Even the participants in this research who were in the field of child abuse and even those who had encountered women who sexually violate children could not name any organisations in South Africa that deal with these women or with the dynamics surrounding this form of sexual violation. Personally, I am aware of one international organisation²¹ dealing with sex offenders that has representation in South Africa, but none of the participants mentioned it. Instead, some mentioned child protection agencies that deal with child victims, while less than a handful mentioned the names of professionals who have worked with sex offenders, even though only one such professional is known to work with sex offenders while the others had either not worked with this population, had done so years ago, or their working experience was transitory. This was not entirely surprising because the majority of professionals worked with the victim side of the child sexual abuse spectrum, not the offender side.

I did not attempt to search the literature to ascertain if practitioners have knowledge of organisations or other professionals specifically dealing with female perpetrators of child sexual abuse, but such organisations do exist. For example, see Blanchette and Taylor (2010) who did a limited review of treatment initiatives for female sex offenders that are available in Canada, England, and in five states in the US. Also, it is clear from the literature that professionals abroad are working with female sex offenders (e.g. Elliott, 1994, in Elliott, 1994; Gannon et al., 2008; Gannon et al., 2013; Matthews, 1993, cited by Boroughs, 2004; Wijkman et al., 2010).

²¹ IATSO (International Association for the Treatment of Sexual Offenders)

To conclude, the findings of this research demonstrated the lack of knowledge about any organisations or professionals dealing predominantly with women who sexually violate children in South Africa. The lack of organisations or professionals dealing with this subpopulation could be because the subpopulation is hidden, too small, or too stigmatised to warrant having an organisation dealing specifically with their combination of issues. It could also be because of the lack of funding as was evident in the findings, or the fact that this subpopulation competes for attention with other subpopulations requiring help, or because the issue of female-perpetrated child sexual abuse has not yet become a reality in the public's consciousness, thus does not deem to warrant much attention; also, as mentioned, possibly the criminal justice system in which women who sexually violate children find themselves undervalues therapeutic intervention as a means of rehabilitation for offenders. This relative lack of engagement showed itself also in outdated knowledge about which child protection organisations are involved in training practitioners to work with sex offenders—none actually. Overall, it seemed that practitioners worked in a somewhat parochial manner, within their sphere of influence and where applicable tended to be focused on a small portion of the broad field of child sexual abuse.

Treatment approaches and modalities. There was no consensus in the findings regarding best practice for treatment of women who sexually violate children. Various approaches were mentioned by practitioners who have worked with women who sexually violate children. For example Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and strengths-based orientations. Nevertheless, CBT and strengths-based orientations were the two treatment approaches advocated as best-practice by the two participants with the most experience working with women who sexually violate children: one in a therapeutic environment, the other when

assessing and profiling diverse offenders, and identifying indicators for treatment to be passed on to relevant practitioners.

There was also no consensus regarding treatment modalities about group therapy, individual therapy, or family therapy even though participants indicated that individual therapy would be appropriate and useful to aid disclosure, for example. Other participants indicated that group therapy would be appropriate. This, however, was not recommended by the only participant with extensive experience working with female sex offenders, neither did this participant see any justification in mixing male and female sex offenders in the same group—this was contrary to at least 3% of the research population who were unsure, while the less experienced participants saw no reason not to mix genders in a group therapy setting. There was, however, a consensus among at least 5% of the participants that utilising typologies and categorising individuals was redundant and not useful, and the consensus was that the focus had to be on the individual in her entirety not only on her criminality.

The findings were both consistent with the literature and not consistent with the literature. For example:

- J Flora and Keohane (2013, citing a number of authors), referred to the unsuitability of offering a generic form of psychotherapy and they cautioned against putting female sex offenders into a group with male sex offenders.
- J Giguere and Bumby (2007) indicated there is no evidence-based guidance regarding the most effective approach to working with female sex offenders.
- J Matthews (1993, cited by Boroughs, 2004) advocated group treatment combined with incarceration.

-]) Pflugradt and Cortoni (2015) referred to the need to consider the gender-specificity of female sex offenders and to acknowledge that their offence behaviours do not exist separately from the rest of their lives.
-]) Talbot et al. (1999) utilised two different treatment approaches in what would appear to be a group format for female sex offenders who had suffered childhood sexual abuse. One of the groups who received specialised abuse-specific treatment showed greater improvement in their symptoms as well as reports that childhood sexual abuse issues had been more comprehensively dealt with.
-]) Wilcox, Garrett, and Harkins (2015) asserted the need for skilled individualised interventions while not disputing the benefits of group therapy.

At least one author stated that a treatment programme must be sex-offence specific (Van Niekerk, 2006) even though this author did not differentiate between males and females or their treatment needs in contrast to, for example, Duncan (2010); Elliott (1994, in Elliott, 1994); Flora and Keohane (2013); Pflugradt and Cortoni (2015); and Strickland (2008) who do, but consistent with Jonker and du Preez (2012) who advocated both group and individual therapy for incarcerated sex offenders, without discrediting group therapy, but who also do not differentiate between males and females.

The above notwithstanding, Gannon et al. (2008) referred to the implications for clinical practice based on the DMFSO that has been discussed in detail in Chapters Two and Three of this thesis: (a) individually tailored treatment taking into account various experiences, as well as various risk factors; (b) an awareness of both similarities and dissimilarities between male and female offenders; (c) the need to assist female sex offenders to understand the factors associated with their behaviour.

The lack of a consensus in the findings of this research regarding psychotherapeutic interventions was not unexpected because only 21% of the research

population had facilitated therapeutic work directly with only around 30 women who had sexually violated children over the course of some 40 years. Nevertheless, the participants appeared to be offering their personal preferences based on the manner in which they work with other clients. In all but the work done by the two participants mentioned above, the variety of approaches to potential treatment left me wondering whether the thinking was around the women potentially needing treatment or if it was focused on the practitioner's comfort zone.

However, considering the dearth of knowledge, research, training, education, and support, as well as the scarcity of these women in psychotherapeutic environments (i.e. the relative lack of experience), it is perhaps not surprising that practitioners would suggest working in a way that is within their repertoire. Nevertheless, proposing a 'cut-and-paste' manner of offering treatment regardless of the individual requiring treatment raised alarms as to the efficacy of the manner in which treatment would be approached.

Input from the psychiatric component of the research population listed the manner in which patients are assessed whereby every case is looked at in its entirety, and this would be the procedure followed if a woman who sexually violated children found herself in the psychiatric environment. However, as women who sexually violate children have mostly not been found to be mentally ill, the psychiatric community has not provided specific treatment to known female child molesters. There was, however, some consensus among the research population that there was a need for a multidimensional approach to managing women who sexually violate children that could include the psychiatric community and occupational therapists.

To conclude, there was no consensus in the findings or the literature regarding treatment approaches or treatment formats for women who sexually violate children possibly because of the paucity of gender-specific research on female-perpetrators of

child sexual abuse and their treatment needs, and because of the scarcity of these women in therapeutic environments.

Alternative justice. The topic of restorative justice emerged in the findings for some 13% of the research population. One participant in particular detailed one instance where restorative justice was re-created between a woman who was a victim of child sexual abuse and *a perpetrator*, not her own. If the process of restorative justice between disassociated victims and perpetrators did work and could work, it could be helpful for victims whose perpetrator has passed away, for example, or if a victim/survivor is unable or unwilling to face his or her perpetrator, and there had been no closure in either scenario. It could also perhaps alleviate any secondary gain around being a perpetual victim because one did not have closure. Similarly, it could change self-defeating thoughts that ‘If I get better, then she gets off the hook’, thus also allowing a victim/survivor to understand whom he or she is beyond being a victim.

Batley (2013, in Peacock, 2013) referred to the concept of restorative justice in South Africa as a potential means of addressing some of the shortcomings in the criminal justice system. He also referred to the critiques that restorative justice can serve only a small number of victims, without allowing the government to play an active role in rebuilding the lives of victims.

I respectfully argue that serving even one victim—or one perpetrator as described in the findings—is of benefit. Also, it would surely be of benefit if restorative justice could help rebuild a victim’s life (perhaps also a perpetrator’s) without the need to wait for, or expect, the government to take an active role in rebuilding the lives of victims. This seems particularly incongruent considering the broad systemic shortcomings that emerged in the findings of this research and that have been highlighted in the literature. Systemic shortcomings aside, I am left wondering if individuals resist some form of help

and expect others, in this case, ‘the government’ to resolve their problems and make them whole again because they are stuck in a mentality of victimhood, they cannot see their way clear to empowering themselves, and perhaps the secondary gain of being a victim is too sweet or too powerful to allow them to take charge of their lives now that they have an opportunity to do so. I respectfully suggest that in a way these thought processes perpetuate a cycle of abuse, although this time it is the victims or the perpetrators who are inflicting abuse on themselves through unthought-of self-destructive thoughts and actions.

Therapeutic environment in South Africa. The findings showed that relevant service providers were overburdened with work and that they were endeavouring to earn a living and provide effective services within the constraints of PMBs (where applicable). Regarding medical aids, at present, mental health benefits appear to be a grey area. This has resulted in certain related speciality services not being paid out of an individual’s medical aid hospital benefit, and instead out of a day-to-day/savings benefit. This is in line with what would be available in state facilities, which is governed by the Medical Scheme Act under PMBs (Source: Medshield, personal communication, email, 20 April 2017).

Aside from some ten mental illnesses, no law states what must be covered by medical aids. This has an effect on service provision for individuals who are not mentally ill or hospitalised; also, it seems to drive clients away from the ‘limited’ services related to psychology and the services of social work. Participants cited the six sessions allowed by PMBs for various relevant conditions as being an obstruction in providing mental healthcare services.

Also, there were general systemic failures (not only in the mental health environment), as well as gaps in curricula, inadequate training, information, and resources for practitioners relating to women who sexually violate children. Coupled with the

scarcity of such women in therapeutic environments, this resulted in service provision being highly constrained and not relevant to the changing landscape of child sexual abuse. Service provision in rural areas, in turn, is virtually non-existent according to the findings of this research and the literature.

Table 5.1 below shows the 2016/2017 population estimates in rural and in urban areas in all nine provinces in South Africa.

Table 5.1

Population Estimates South Africa (urban/rural).

Area	2016/17 Population estimate
Eastern Cape rural	3 867 866
Eastern Cape urban	3 193 846
Free State rural	382 024
Free State urban	2 479 589
Gauteng rural	391 598
Gauteng urban	13 106 547
KwaZulu-Natal rural	6 044 789
KwaZulu-Natal urban	5 034 934
Limpopo rural	4 692 484
Limpopo urban	1 111 465
Mpumalanga rural	2 492 404
Mpumalanga urban	1 835 847
North West rural	1 983 566
North West urban	1 807 053
Northern Cape rural	340 086
Northern Cape urban	851 571
Western Cape rural	344 127
Western Cape urban	5 949 070
	55 908 864

Source: Dr R Kasonga (Statssa) 20.11.2017

As can be seen, some 37% of the country's population is in rural areas of the country.

This means that potentially more than one-third of the country's population has little to no access to mental healthcare. The literature also showed that clinical psychologists and psychiatrists in South Africa predominantly practice in the urban and peri-urban private

sector (De Kock & Pillay, 2016) with a shortfall of services in rural areas showing a treatment gap of 85%. Ivbijaro (2017, pp. 13–18, citing Funk & Ivbijaro, 2008) showed the service-to-reality gap in the disproportionate number of professionals to population, particularly in Africa with 0.10 mental health professionals per 100 000 population.

The situation in South Africa regarding psychologists, however, was a little different. The September 14, 2017, media release by PsySSA showed that South Africa had 1.4 psychologists per 100 000 population, which compared well with “other high-income” countries that had 2.7 psychologists per 100 000 population—South Africa is, in fact, not a high-income country but the figure of 1.4 psychologists per every 100 000 population is far higher than what is found in other parts of Africa. Considering the statement by Professor Sodi that the dire shortage of psychologists in the public sector in South Africa is not helping in a “violent country like South Africa ...” where in addition, “South Africans are highly stressed ...” (PsySSA’s media release September 14, 2017, paras. 1–2), it is unconscionable that almost 40% of the country’s population has virtually no access to healthcare services that include mental healthcare.

Regarding healthcare services in general, according to the 2016 General Household Survey (PO318 published May 2017), 82 out of every 100 South Africans do not have medical insurance and are dependent on public healthcare. Healthcare is considered a high priority of public sector spending by provincial government, the fourth largest item of government expenditure running in the billions of South African Rand. The survey showed the following, for example: the Northern Cape, with 28% of the population in rural areas, has the highest per capita expenditure by provincial government; KwaZulu-Natal, with 55% of the population in rural areas, has the fourth highest; Mpumalanga, with 58% of the population in rural areas, the lowest; and Limpopo, with 81% of the population in rural areas, the third lowest. There does not

appear to be any congruence among these figures; also they seem to confirm that provinces with large rural populations (e.g. Mpumalanga and Limpopo) are receiving the lowest amounts of funding for healthcare. This seems to support the findings of this research that services in rural areas are non-existent, or at best, scarce.

Furthermore, the literature showed that while initiatives for women who sexually abuse children lag behind those for men globally, various offender categories were in place to inform treatment initiatives, while programmes and relevant initiatives themselves were also in place abroad. For example:

- ⟩ A variety of treatment initiatives for female sex offenders in England, Canada, and in five States in the US;
- ⟩ ‘Beyond Justice’, a curriculum for women in criminal justice settings;
- ⟩ the DMFSO (Gannon et al., 2008; Gannon et al., 2013);
- ⟩ the implicit theories identified by Ward (2000); and
- ⟩ the various categories and typologies (e.g. Deering & Mellor, 2007; Duncan, 2010; Faller, 1987)

In South Africa, on the other hand, Jonker and Du Preez (2012) referred to inadequate training and guidelines for professionals working with sex offenders in correctional services, as well as excessive workloads, feelings of discomfort, and confusion in dealing with this subpopulation.

The findings of this research were supported in part by the literature showing deficiencies in service provision, but they were not supported by the literature showing the number of initiatives and programmes that were, in fact, available elsewhere as indicated above and in the literature. Access to the latter for South African practitioners would require inordinate efforts to reach those places in person or to undertake extensive searches via the Internet. Considering that South African professionals are already

overstretched, one questions what would be the incentive to add to their workload by exploring relevant information and services for a population that seldom presents itself in their therapeutic environments, especially if this area of work is unfunded.

The literature has shown, however, that by researching female sex offenders, professionals such as Gannon et al. (2008) developed a model of female sexual offending. This is in contrast to the South African landscape where according to the findings of this research, practitioners' efforts to develop programmes for sex offenders in the correctional services environment proved futile. With mostly anecdotal knowledge regarding women who sexually violate children in South Africa, there was a consensus among professionals who were part of this research that various initiatives were required to provide services to this subpopulation. None stated it would be a fruitless, useless waste of time and energy.

The literature indicated there was a need for leadership, infrastructure, improved human capacity, and implementation of policies and service delivery (September, 2006) in South Africa, as well as improved cooperation between various stakeholders (e.g. Richter & Dawes, 2008; van Graan & Zinn, 2015) shown to be beneficial by Bader et al. (2010, citing Marshall & Barbarise, 1988). Jonker and Du Preez (2012, citing South Africa, 2005, p. 2) referred to a shift to rehabilitate—not only—incarcerate offenders.

Considering the findings in this research, namely that female-perpetrated child sexual violations do exist and that the women perpetrating these violations tend to find themselves in the criminal justice system, it would seem that the data were consistent with the literature regarding the requirements for service provision and that despite good intentions implementation fell short.

With few exceptions in the findings, relevant practitioners stated they would work with women who sexually violate children, sometimes in collaboration with other service

providers, for example, those in the psychiatric community. There was no consensus, however, regarding the competencies required to work with this subpopulation but there was a consensus that practitioners needed to have resolved their blind spots, for example regarding sexuality, and there was some agreement that specialised training and information would be required.

The literature cited a variety of competencies required by professionals working in the field of sexual offending. For example: various professional qualifications, specialised training, as well as other attributes such as mental fortitude, strong coping skills, and patience (e.g. James & Masjleti, 1983, cited in Flora & Keohane, 2013; Jonker & Du Preez, 2012, p. 25, citing Prendergast, 2004, p. 291; Van Niekerk, 2006; Way et al., 2004), as well as the need to address one's own level of comfort with human sexuality to foster an environment of understanding and acceptance in the therapeutic environment (e.g. James & Nasjleti, 1983, cited in Flora and Keohane, 2013, p. 65).

To conclude, the findings regarding the therapeutic environment were consistent with some of the literature but not consistent with other literature. Nevertheless, practitioners in South Africa were not disconnected from relevant knowledge and information that exists abroad.

Practitioner self-awareness and vicarious impact. The findings revealed a spectrum of emotions when practitioners considered the issue of women who sexually violate children. These ranged from sadness, deep respect, great empathy, mild anxiousness, to rage and disgust, complete emotional disengagement, or the need to control one's negative and judgemental emotions and display unconditional positive regard for the client/patient in front of one. Also, support for practitioners was perceived as lacking or it was lacking, or there were sufficient opportunities to obtain support in the form of supervision and debriefing. Furthermore, there was a consensus that the field of

psychology could provide support in the form of supervision, assessments, and consultation.

The literature showed that clinicians and therapists working with sex offenders have added challenges, for example having to process vivid descriptions of sexual violence and trauma, dealing with societal and institutional requirements, and possibly a sense of alienation owing to the social stigma of their client population (e.g. Ennis & Horne, 2003; Kadambi & Truscott, 2003). Scheela (2001) saw sex offenders as more than their offence whose learned behaviours could be unlearned in an environment of empathy and understanding.

The findings by Ennis and Horne (2003) showed, among other things that peer support lowered levels of PTSD symptoms (Ennis & Horne, 2003) while Way et al., (2004) found that levels of vicarious trauma were within the clinical range and that utilising professional support did not necessarily decrease trauma effects. Kadambi and Truscott (2003) for their part found that there was no conclusive evidence to suggest that those working with sex offenders differed in levels of vicarious traumatisation when compared with a general population of clinicians, but that those who had a personal avenue to address the impact of their work measured lower on vicarious trauma than those who did not, and that almost 50% of the sample scored high on subscales that were hallmarks of burnout.

Furthermore, Flora and Keohane (2013), Lyell (1998), Scheela (2001), Sive (1993), and Van Niekerk (2006) spoke of portraying empathy and understanding, but they did not speak about curtailing any negative emotions. Ford (2017) encapsulated the ethos of unconditional positive regard when she stated “... working behind bars with patients whom others see as criminals ... ‘she sees her success as a doctor not by how effectively

she treats those with mental illness but by how well she honours her patients' humanity regardless of what they have done" (Ford, 2017, Location 52).

Sixty percent of the participants in this research only had indirect experience and knowledge regarding women who sexually violate children; they were thus further removed from the enduring visceral response regarding these women. Of the remaining 40% who had encountered these women in some capacity, almost all had been in their respective fields for between 10 to 15 years to over 35 years, and overall they had good support structures in place to strengthen their coping mechanisms to deal with the work and with their emotions.

The duration of engagement was consistent with Way et al. (2004), who found that those who had been in the field for a shorter period experienced vicarious traumatisation on a level greater than those who had been in the field for longer. The responses to the question in this research about what emotions come up for practitioners was sobering as it showed the impact of female-perpetrated child sexual violations even on professionals used to dealing with life's challenging issues. For me, these answers gave valuable insight into the thought processes and underlying concerns of service providers, something that one does not always focus on when considering mental health service provision for various subpopulations.

The role of psychology and psychologists. With no exceptions in this research, the field of psychology (and the practitioners within it) was seen as a powerful field of influence but one that was not making an overwhelming contribution to the field of child sexual abuse that includes female-perpetrated sexual offending. The lack of engagement extended to the area of professional support, for example, supervision and debriefing. In South Africa, social workers appear to be carrying the bulk of the burden of dealing with issues of child sexual abuse even though there were indications in this research that some

were expanding their scope of practice by offering diagnoses, which was dangerous, not allowed, and not appropriate.

The terms ‘psychologist’ and ‘social worker’ only seem to be utilised in studies and literature related to South Africa. International literature tends to use different terminology, for example, clinician (e.g. Gannon et al., 2008; Pflugradt & Cortoni, 2015); Way et al., 2004) and therapist (e.g. Boroughs, 2004, citing Matthews, 1993; Ennis & Horne, 2003; Gannon et al., 2013; James & Nasjleti, 1983, cited in Flora & Keohane, 2013; Kadambi & Truscott, 2003; Nielsen, 1983, cited in Isely et al., 1998).

This is not to say that clinicians and therapists are not psychologists, however. I explored this by searching at random for the professions of a few individuals whose names are prominent in the field of sexual offending and whose work has been reviewed in this thesis: Denov (Social Work, McGill University, Canada); Duncan (Licensed Therapist and Social Worker, Indianapolis, US); Faller (School of Social Work, University of Michigan); Finkelhor (Sociologist, University of Hampshire, Durham, US); Gannon (Licensed practitioner and academic in psychology, School of Psychology, University of Kent); Wijkman (Criminal Law, Criminology, VU University of Amsterdam, Netherlands).

Only one of the six professionals named above is in the field of psychology. If one were to extrapolate from this list, one might conclude that psychology is underrepresented in the field of sexual offending globally, and that would include child sexual abuse. This might suggest that sexual offences are considered a societal issue to be dealt with by agencies in the public domain.

The perceived absence of psychologists in the field of child sexual abuse was a curious finding in this research, however, because the mental health services category comprising psychologists and similarly registered practitioners made up 34% of the

practitioners who had encountered women who sexually violate or abuse children, thus attesting to the difference between numbers and percentages, and perceptions and the degree of involvement even by the psychologists themselves. In summary, however, psychology and psychologists were not involved in the field of child sexual abuse according to the research population; also, psychologists appeared to be ‘fearful’ of becoming involved or of getting their ‘hands dirty’. Sadly, female-perpetrated child sexual abuse is “messy” (P #26), not sanitised, and a degree of ‘getting hands dirty’ is required.

The findings of this research regarding psychology and psychologists, therefore, would appear to be consistent with the literature in that the professionals involved in the field of child abuse are predominantly from disciplines other than psychology. Indeed, the participant in this research who had the most extensive experience working therapeutically with female sex offenders in South Africa and abroad is a social worker albeit with a PhD in psychology.

Deliberations—Practice

I noted the following regarding practitioner practices during the research, which raised questions for me. Being mindful of ethical considerations, particularly ‘do no harm’, these practices have been somewhat abstracted and will not be expanded upon.

-]) The absolute position that the law supersedes a client’s therapeutic space, where if a client emerged as a sexual offender, the therapeutic relationship would be immediately—and permanently—terminated in favour of the legal process.
-]) Treatment approach, where both person-specific and sex-offence specific approaches were advocated.

- J Safety tips about acceptable touch that are unintentionally giving licence for sexual violation, where being touched by fathers—and mothers—regardless of where on the child’s body and for what reason was said to be safe touch.
- J Overreaching positive bias—and a rose-coloured view—regarding women’s behaviours, where, if genders were transposed they would be seen as a sexual violation by a man but in a woman would be seen as perhaps inappropriate, somewhat pathological but not perverse.

These served as a reminder of the heightened responsibility required, especially by practitioners, when sensitive, unclear topics are being discussed.

Deliberations—Realities

Is child sexual abuse, sexual abuse? Could it be that sexual abuse is but one instrument utilised to inflict emotional abuse or indeed physical abuse? The tool that abases another in the case of ‘sexual abuse’ utilises sexual organs, sexual nuances, sexual practices, and sexual thoughts to perpetrate abuse. However, is it sexual abuse? There was little indication in the findings that child sexual abuse is about sex though in one or two cases it was sexual, for example, when a child was expected to stimulate his mother sexually. In contrast, there were many indications that it is about violence, frustration, anger, acting out because of past—or present—trauma, hatred, rage.

If a mother puts a carrot into her young daughter’s mouth, could that be classified as a sexual violation because of the connotation? If it were a vibrator, it would be classified as rape: “Look she did insert a vibrator into one of the girls, I mean even if you insert a vibrator in her mouth that’s rape” (P #39). Erogenous zones exist in varying degrees of sensitivity on the human body so could almost every action be considered sexual abuse—depending on who is watching? If a vibrant grandmother teaches a

provocative dance, for example, a belly dance, to, say, her, nine-year-old grandchild, could she be charged with a sexual offence? What makes it an offence: touching, innuendo surrounding all things sexual, intention? Alternatively, is it because someone felt the need to report it?

It is commendable that more force is being brought to bear on individuals in South Africa who sexually violate children. Having harsh sentences, showing zero tolerance for child sexual abuse, and making examples of individuals to stem the occurrence of these crimes are commendable—but there has been little change in the behaviours. I would venture to suggest that, if anything, these sentences could serve to drive women who sexually violate children further underground—because they know they will not have opportunities for rehabilitation or treatment or to understand their behaviours, only incarceration. Nevertheless, one less woman committing sexual crimes against children and being incarcerated, if necessary, could mean one less victim in the future.

Could it be that ‘child sexual abuse’ is a symptom of a far broader dysfunction in society, where men are emasculated, where women are emancipated, where double standards still exist, where what raises eyebrows when men are involved, barely is noticeable if a woman is involved, or vice versa; where women are incurring the wrath of men, and although powerful, the women are not physically strong enough to respond in kind, so they take it out on the next available thing: a vulnerable, less powerful child—and where men are incurring the wrath of women and are similarly lashing out at vulnerable children rather than at the women. The abuse of children has to be eradicated. Otherwise, those children could grow up to be less than optimally functioning adults; besides, why harm an innocent being.

However, it seems that the focus of campaigns and advocacy to prevent abuse is perhaps missing the mark: We are taking a child who has hurt her leg on playground

equipment. We clean and dress the wound. We warn the child (and his or her parents as relevant) of the dangers of playing on certain playground equipment. But we fail to point out where in the playground (society) the dangerous equipment is (a woman, intent on sexually abusing a child). On the other hand, by planting the seed that a certain act is sexual abuse or a sexual violation, even if neither child nor adult understands it as such, or that women are now to be viewed with immense caution, we risk creating a generation of neurotic children, and equally neurotic parents (if they are not the offenders).

In desperate efforts to conquer the scourge of child sexual abuse, much time and energy are being expended on endeavouring to educate children about the dangers of child sexual abuse. This could have a positive knock-on effect to prevent those children from becoming abusers at some point in the future. But where are the enduring, persistent, relevant psycho-educative initiatives aimed at teaching adults about child sexual abuse, what it is, what motivates it, how it can be prevented—even in academic environments?

I wonder if female-perpetrated child sexual violation is more of a concept than a definition of a specific set of behaviours. Nevertheless, as complicated and as unclear as it is, it needs to be managed. The first two thematic categories in the findings gave some insight into the context in which these child sexual violations occur, including the dispositions and the motivations of the women involved. For example, women are traumatised, or evil, or reenacting their own childhood sexual violations or they need to regain power and control over their lives, et cetera. Understanding and managing female-perpetrated child sexual violations and providing mental healthcare services to these women, however, is complex. The question then is, “How do we make inroads into managing the complexity of this type of abuse?”

First, these women need to be identified, as with a medical diagnosis for example: where is it, what is it, how can it be treated.

Second, we need to realise that each woman and each situation is unique; thus, she needs to be treated in a unique manner even if the process is similar to that of approaches for other women.

Third, we need to ask what happened to a woman that brought her to this point. Three participants (8%) in this research provided clarity in this regard. One highlighted the importance of not asking ‘Why’ something occurred, which would result in a client showing resistance to the practitioner’s question. A better way of endeavouring to understand what happened is to ask, “What happened” that took a woman along such a destructive and self-destructive path. Again, the importance of language is highlighted.

A further two participants highlighted a need to look at women’s pathways and the trajectories they took. One participant shared that no one wakes up and suddenly decides she (or he) is going to abuse a child sexually: “there are profound, deep reasons for that, that must be traced back, that you have to go through so many masks and so many obstacles in that personality and so many blocks to trace that” (P #30).

This idea was organically fleshed out during an earlier interview with the participant who had the most experience working therapeutically with women who sexually violate children. As pathways are central to the theoretical framework on which this research is based, and as pathways in one form or another were deemed paramount by the participants in this research, I have taken from pages 5, 6 and 15 of the original transcription of the interview with Participant #27 as follows:

[Regarding child sexual abuse] if asked 20 years ago, the participant would have given the rhetoric about power and control; if asked 10 years ago, the participant would have said it's about the dysfunction of emoting, that people who commit sexual offences

don't know how to commit or how to emote; if the participant were to be asked now, the answer would probably be: 'Let's look at self-regulation, let's look at the linkage of the challenges of self-regulation and linkages to your story, and what it is that you have experienced ... '

[Child sexual abuse] has more to do with the challenge of the self-regulation, taking care of what it is an individual needs, and not understanding the pathways that brought the individual to the behaviours, so if one can go back to those pathways and help to create an understanding then we know that if the individual comes from a domestic violence background and if she was the girl child, she positioned herself in certain ways; if the individual was the boy who pretended or had to pretend not to see the incest in his own family, and if she or he presents with certain things in their intimate relationships ... so it's not as simple as saying it's about power and control ... part of that is true and will always be true, it's about power and control, it's about gaining an insight, but that's not the full story

it's the understanding of mind [unclear], the boundary of self-regulation, the boundary of insight, the boundary of connecting those dots ... for a long time those who worked in child abuse prevention focused on the behaviour, on the outcome, and they based a lot of what they knew, how they intervened, how they assessed on the behaviour only, and they short-changed themselves, because people do feel bad about what they've done, whether it's male or female, they do have a sense of remorse, and some of it is a transitory remorse but it's the practitioner's job to bring the depth to it, so we reduce the likelihood of the behaviour happening again, so to focus on behaviour only and behaviour controls only, will never bring about the change that's going to keep kids safe

...

The participant illuminated matters further by explaining the notion of pathways and trajectories:

some researchers say these are the kind of traumatic events in one's life, so the pathway you choose is either pretend it's never happened so the kind of responses you develop in adulthood would be avoidant, or it would be passive-aggressive ... so, for many offenders, the pathways are different, similar, but different ... so a pathway is a trajectory given what's happened in their own lives ... so this is what happens: either the individual becomes a drunk and an angry drunk or an alcoholic or a pornographic addict or the individual hangs out in gambling dens and gives his or her weddings rings, microwave ... or the individual just becomes so angry, is sadistic, uses people; then there are the other ones that become so sad and angry and pretend they're the world's biggest victim, everything relates to their victimhood, and the third is a little bit of everything. Then it's about how the individual's personality adapts and there is a need to understand the individual's pathway, because for a long time the thinking was that it was about power/control issues and that they must all have been abused as a child', what we know now is that it's not only child sexual abuse ... other forms of trauma have contributed to the way people behave whether it's male or female ...

As was indicated in the findings and as shown above, some trauma preceded the sexual abuse of a child; it need not necessarily have been sexual abuse. What is important is that practitioners take cognisance of an individual's pathway as was discussed by Gannon et al. (2008) and Gannon et al. (2013). Also, as was shown in the findings, not every child victim or adult survivor's trajectory took him or her along the same path of destruction, thus attesting to the uniqueness of every individual and every situation, and of every individual's path.

Last, we need to find sufficient practitioners willing and able to work with women who appear to be architects of deception and who appear to have fragmented lives, in some case owing to multiple cases of abuse in their childhood or their present-day lives.

To conclude the discussion and the integration of the findings, one last word: Regarding the attention given to the criminal justice system in this research whose ethos was—and is—the psychology of healing not the psychology of wrongdoing or negatively charged spaces, it was very clear during the course of the research that the criminal justice system in South Africa is highly significant for the healing and rehabilitation of women because it is in this system that women who sexually violate children find themselves—not really in the therapeutic environments outside of this system. As such, it is incumbent upon the criminal justice system to re-think its role in the way that the field of psychology needs to regard mental health service provision for women who sexually violate children and perhaps reconsider the value of psychotherapeutic intervention.

Summary

A considerable amount of the findings in this research was shown to be consistent with the literature. This suggests that despite South Africa being on the periphery of the mainstream of research and mental health initiatives for a particular subpopulation, the country, and its practitioners are considerably well acquainted with the discourse of child sexual violations and the women who might be perpetrating these crimes.

The greatest distinction about this research is that it was conducted in South Africa by a South African researcher engaging with South African practitioners around three components of ‘child sexual abuse’: the perpetrators, the victims/survivors, and the mental healthcare needs, all in South Africa. The South African environment emerged as being somewhat distinctive in the high incidence of sexual crimes against children and

the almost complete lack of services for women who sexually violate children as well as certain barriers to access even for those in urban areas—and indeed even those with medical aids and certain limitations regarding mental healthcare treatment.

Paradoxically, in some ways the South African environment emerged as perhaps not markedly distinguishable from other comparable environments, for example (a) while there are more resources aimed at the issue of female-perpetrated child sexual abuse abroad, as shown in the literature, which gave impetus to this research, these are by no means sufficient; (b) female-perpetrated child sexual abuse is not a purely South African phenomenon even though women who sexually violate children in South Africa seem to be more underground; (c) the lack of services related to female-perpetrated child sexual abuse can also be found in other healthcare environments in South Africa, especially in rural areas; and (d) psychologists are notably absent from the field of female-perpetrated child sexual abuse in South Africa, and abroad. Thus, the concept of the Three-side Coin resonates beyond merely the South African milieu. In conclusion, the body of knowledge amassed in this research gave rise to a considerable number of recommendations, which, if implemented, could have a positive impact on the landscape of female-perpetrated child sexual violations in South Africa.

Chapter Six concludes the thesis by, among other things, discussing various recommendations arising from the findings.

Chapter Six Conclusion

*“there is a section of the Alps
 It is an impossibly steep, very high part of the mountains.
 ... They built these tracks even before there was a train in existence
 that could make the trip. They built it because they knew
 some day [sic], the train would come.”
 (From the 2003 film, Under the Tuscan Sun).*

Opening Remarks

If there is to be any real positive shift regarding adult female-perpetrated child sexual violation, we need vision, and we need faith. We cannot continue to do the same things over and over and hope for a different outcome. We cannot continue to deny the existence of this type of personal violation or believe it is someone else's problem. The mental health services environment in South Africa, academia, and the relevant government departments, to name a few, need to find a way to 'build train tracks' regardless of how 'impossibly steep' any part of the 'mountain' might be. We need to do this for women at risk of becoming child sex offenders, and we need to do it for those who are already offending but who have no constructive path on which to go anywhere—by doing so, we also make inroads into preventing the victimisation of more children.

The following was at the back of my mind during this research:

“Explore the mystery of another human being”, from the speech by Valedictorian, Daniel Wilson, in 2010, at a school in the US called Brophy, and “Educate the whole person”, from the speech of a member of the teaching staff on the same occasion (Papakyriakou, 2014, p. 246)

It occurred to me that when endeavouring to make sense of female-perpetrated child sexual violation, the focus tends not to be on the whole person or the mystery of another human being. Instead, it tends to be only on one aspect of a human being—the dysfunction, the aberrant behaviours, the criminality—and it is sometimes difficult to see beyond these.

In seeking to explore the mystery of another human being, we need to provide overwhelmed, vulnerable, traumatised, dysfunctional women with a safe space where they can find real help, support, and understanding—not only spaces to hide from a predator regardless of the form the predator takes, or how a woman chooses to hide or cover her pain and dysfunction. We need to provide women with the skills to thrive in their respective environments—not merely survive from moment to moment. We need to educate the women whose frame of reference is one of desperation, lack of awareness, hopelessness, and fear.

Those in society who are more enlightened and have a more solid grip on their lives ought to have a moral obligation to bend to meet the needs of women who are silently asking for help. But instead of receiving help, they find themselves acting out in desperate and destructive ways by misdirecting their anger and their frustration and harming children. We need to find the means to provide these women with support and resources without fear of immediate reprisal. To repeat the words of Participant #27: “*I don't think we can bring them out of hiding unless we have the space for them. I think that would be cruel.*”

To this end, the final chapter of the thesis makes recommendations for practice arising from the findings, and extends an invitation to professionals to help ‘build a train track’. The chapter also discusses the weaknesses and strengths of this research, the criteria for sound qualitative research, and for good research from an interpretivist

perspective, as well as how the concept of authenticity, as a component of trustworthiness, applied to this research. The thesis concludes with comments regarding the language and the style of writing utilised in the thesis and with personal remarks. The chapter begins with the weaknesses and the strengths of this research.

Weaknesses and Strengths

Weaknesses.

Accessing and canvassing participants. My primary method for accessing and canvassing prospective participants was through the Internet, and all invitations to participate were sent on email to all prospective participants. Individuals who did not have an email address or those who did not have an online presence were not part of this research. Hence, prospective participants might have slipped through the cracks. However, as stated in my research proposal, participants would be accessed through personal contacts, relevant organisations, and universities where I had had some contact in the lead up to the research, and through relevant websites listing health service providers, and I followed through with all of these.

For individuals with an online presence, there were a considerable number of profiles with incomplete or outdated contact details. Having incomplete or outdated details in an age of technology is, I would suggest, counterproductive and could be seen as a weakness in service provision through obstructing access wittingly or unwittingly. In this research, where a telephone number was listed, and if the individual appeared to meet the criteria for inclusion in this research (i.e. individuals needed to be in relevant service provision involving women who sexually violate children, or at the very least knowing the issue of women who sexually violate children), I made telephonic contact with the individuals. I explained the reason for my phone call and asked them for their email

address to send them an email inviting their participation. None responded to the invitation. This, however, was also true of some individuals who were referred to me and who would have been qualified to participate in this research, but they did not.

No participation in rural areas. The second weakness in this research is that I made no effort to try to find any practitioners providing any form of support or counselling in rural areas. That being said, I am unsure how I would have done so: The consensus during the interviews was that there were negligible or no mental health services in rural areas and no participants gave me the name of even one relevant practitioner, clinic, or hospital that could be approached. This was true even of the individuals who were not interviewed but who gave me information on email. This included individuals from at least one sector in two provinces, Limpopo and Mpumalanga, where 81% of the population in Limpopo is in rural areas, and 58% of the population in Mpumalanga is in rural areas. With such high percentages of populations in rural areas, one would have expected at least some mental healthcare service provision and at least some relevant practitioners who could be approached to participate in this research.

Practitioner race representation. The third weakness in this research is the disproportionate representation of race in the research sample compared with the South African population of almost 56 million where the majority are black South Africans. In this research, demographics such as race, age, and gender were not criteria for participation, however. The only factor involved in my sampling procedure was whether the individual met the criteria for inclusion in the research. Also, included in the number of invitations that I sent out were a further 18 (7%) black South African professionals who either did not respond to my email (the majority) or did respond but declined to participate mostly due to their perceived lack of experience or knowledge.

Nevertheless, I included the demographics regarding race (and gender) in Chapter Three for the sake of completeness. For ease of reference, these are White (82%), black African (11%), Indian (5%); female (74%), male (37%). As stated in Chapter Three, I interviewed every person who responded to the invitation to participate in this research, without regard to the demographics above. I would have interviewed anyone else who wished to participate in the research and who met the criteria for inclusion. Indeed, I had made preliminary enquiries about travelling to Limpopo if there had been interest in participation, separate from all other travel arrangements I had made to other provinces.

The above weaknesses could be addressed in future research with relevant practitioners who do not use technology, those who are in rural areas, and those who are members of other South African populations to add different data to the body of knowledge amassed in this research.

Strengths.

Diversity. In my view, the greatest strength in this research is the diversity of professions represented in the interviews, and the number of professionals, in four of the nine provinces in South Africa, in various sectors, with whom I could conduct individual interviews, and gain insight into their knowledge about the topic being investigated. Even those who had no experience working with women who sexually violate children provided information in line with the scope and the aims of this research.

The interest in the topic shown by the individuals who availed themselves promptly for an interview suggests that there is a need for this kind of investigation; indeed, several participants commented about this need. Also, by expanding the research population to include those in the criminal justice system and those in academia, for example, this research was afforded a panoramic view from various disciplines about an elusive emerging trend.

Secondary method for canvassing participants. An additional strength in this research came from my secondary method for canvassing participants (e.g. tracking down contact details of professionals mentioned in relevant training programmes, or as contributors in books, etc. as mentioned in Chapter Three). By doing this, I managed to secure interviews with two clinical psychologists in different fields of expertise, one psychologist with sufficient knowledge about the field of child sexual abuse, one counselling psychologist with years of experience, one sociologist/criminologist with extensive knowledge about the field of child sexual abuse, one state prosecutor (Sexual Offences and Community Affairs Unit of the National Prosecuting Authority of South Africa) who was successfully prosecuting adult female perpetrators of child sexual abuse, and the advocate who had defended one such perpetrator. Without this form of canvassing participants, I would not have found these individuals, and I would not have had their input. Five, in particular, added unique information to the body of knowledge amassed in the research that can be used in other contexts as well, for example, CPD training, or book chapters.

Method of data analysis. Attride-Stirling's (2001) method of thematic analysis allows for in-depth analysis through the extraction of text, the creation of categories, and the varying depths of interpretation. This method of data analysis, in my view, added checks and balances regarding the interpretation of the data. Furthermore, it afforded me the opportunity to engage fully with this research, and not be at arm's length when it came to seeking to delve deeply into the experience and knowledge shared with me by the participants.

Quality assurance. Third-party qualitative assurance through co-coding transcriptions and the discussions regarding consensus about themes added further checks and balances.

Also, being able to interact with a neutral third party served to focus my thinking on the manner in which the findings would be presented.

Number of recommendations. Owing to the complexity of the research topic and the various gaps identified by the findings, and the diversity of professions represented, I made a decision not to focus only on a handful of major recommendations. Instead, I have made a number of recommendations ranging from those that could be implemented relatively easily to those that would require a combination of efforts in a number of areas to bring them to fruition. In this way, efforts to manage female-perpetrated child sexual abuse might be facilitated a little more easily.

Criteria for ‘Exceptional Qualitative Research’.

Tracy (2010, pp. 840–848) refers to eight criteria for ‘exceptional qualitative research’—the so-called Eight “Big Tent” criteria—namely worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethical, and meaningful coherence. Their applicability to this research is discussed below.

‘Worthy topic’ would apply to research that is relevant, timely, significant, and interesting. The subject of this research met this criterion, as it was shown in the literature that while there are many studies and theories pertaining to male perpetrators of child sexual abuse, the same is not true for female offenders, and furthermore that there is a need for theories (Gannon et al., 2008; Gannon et al., 2013) and research (e.g. Hislop, February 2013; Kramer, 2008; 2011). This was also the considered view of the stakeholders I approached while deliberating the research topic (mentioned in the introductory chapter), and it was confirmed by the participants involved in this research, with particular regard to the dearth of research, training, and information. Considering the increasing evidence of female-perpetrated child sexual abuses according to the

literature and the findings, as well as the impact of such violations on children, researching this topic was timely and significant.

The topic was interesting in the scientific sense of the word because the findings of this research made inroads into ‘solving the problem’ of what is known in the mental health services environment in South Africa regarding women who sexually violate children (Rountree, June 2015, para. 3). In so doing, others could potentially solve related problems by applying the recommendations emanating from the findings of this research and by undertaking further research to add to the existing body of knowledge. Furthermore, by having ‘solved the problem’ as above, further insight has been gained into other related problems (Rountree, June 2015, para. 4). For example, funding, service availability for these women in the South African context, and the need to equip and train service providers and practitioners to manage the conundrum more efficiently.

‘Rich rigour’ applies to sufficient, abundant, and appropriate theoretical constructs, data, and time in the field, samples, contexts, and data collection and analysis processes. This research produced sufficient data to support the significant claims I made when reporting on the findings and this was further strengthened by the inclusion of verbatim quotations from all participants. I spent time gathering the data in various provinces and from a broad spectrum of relevant service providers to collect different and useable information about the topic. The research sample and the context in which I conducted the research were appropriate considering the goal of this research, which was to ascertain what is known in mental health service environments about women who sexually violate children, what is being done to facilitate treatment and support for them and what could be done further to facilitate healing and rehabilitation.

I used appropriate procedures to gather the data and analyse them. I conducted individual interviews to gather the data that produced in-depth information, rather than

surveys that would not have yielded the same level of information. Furthermore, I employed a rigorous method of analysing the data, as described in the section on data analysis in Chapter Three. Finally, the theoretical framework underpinning this research was consistent with Udo-Akang (2012) who stated that theories that are driven by research are directly relevant to practice and of benefit to the field of study. In this research, the descriptive model of female sexual offending (DMFSO) is the theory that I found was the most relevant because of its focus on female sex offenders, and because it was formulated for this subpopulation of offenders.

'Sincerity' pertains to research characterised by the researcher's self-reflexivity regarding subjective values, biases and inclinations, as well as transparency about the methods and challenges. Throughout the research process, I believe I upheld integrity, honesty, authenticity, and transparency regarding my values and the research being conducted. I continue to be clear about why I wished to undertake this research. I remain clear about why I chose to interview those in mental health service provision rather than the female sex offenders themselves or their victims (both of which have been researched albeit only by one researcher in South Africa). I am very clear about wishing to make a difference in the field of child sexual abuse by providing information regarding mental health service provision in South Africa for women who sexually violate children, and finding the means through which this under-researched population may begin to heal and find closure, should they wish to do so. To conclude the thesis, I have made self-reflexive remarks that tie back to this research.

The methods utilised for participant selection, data collection, and data analysis are transparent. Also, I have been clear about the challenges in conducting interviews in the public sector, and in not being able to interview additional suitably qualified participants. I have also referred to one anticipated challenge from the stage of

completing the research proposal, namely finding sufficient appropriate participants to make the research worthwhile—a concern that proved unfounded. The challenges were discussed in detail in Chapter Three Methodology, while three weaknesses in this research were discussed earlier in this chapter.

Credibility’ refers to research that has thick descriptions, concrete detail, tacit knowledge, and explication of various nuances, and demonstrating such knowledge; triangulation and multivocality, and member reflections (reflexivity). In this research, thick descriptions and concrete details have been demonstrated in Chapter Four where I presented the data analysis and the findings, which were supported by verbatim quotations from all the participants that served as subjective verification of their stories.

‘Triangulation’ is not present in this research because I utilised only one method of data collection, namely individual semi-structured interviews consistent with the intended methodology of this research with individuals from within a broad range of professions. However, ‘data triangulation’ is present in this research because I used different sources of information, namely participants with varying levels of knowledge, from a variety of professional disciplines, and “other community members” (Guion, Diehl, & McDonald, 2011, p. 1). The latter are individuals who did not participate in the interview phase of the research but still gave me input in writing (email) before and during the research.

Also, during the data analysis stage, and in the report on the findings, data from the four different groups of participants (as delineated in Chapter Four) were shown in the discrete rows in the six thematic tables, and the findings highlighted “areas of agreement as well as areas of divergence” (Guion et al., 2011, p. 1) as shown in the table regarding shared and differing responses in Chapter Four (Table. 4.8). It is important to note, also, that triangulation does not strengthen a flawed study; nevertheless, it is a means of

contributing to the understanding of the phenomenon being studied, and it increases the capability to interpret the findings (Thurmond, 2001).

‘Multivocality’ is present in this research through the range of professionals interviewed, as well as through the method of data analysis as described in the section on data analysis in Chapter Three and under **Strengths** earlier in this chapter.

‘Member reflections’ are present in this research through the participants having shared the effect the research had on them and their aspirations for the research (as will be discussed under **Authenticity** later in the chapter).

‘Resonance’ refers to research that has an impact on readers and other audiences through aesthetic and evocative representation, naturalistic generalisations and transferable findings. As mentioned previously, the findings themselves might not be directly transferable to other populations, but resonance was potentially achieved through aesthetic merit in that an effort was made to write the thesis in a clear, dynamic, uncluttered, straightforward manner to make an impact on readers and other audiences.

‘Significant contribution’ entails research that is strong conceptually, practically, morally, methodologically, and heuristically. This research did extend our knowledge about the topic being researched, and it makes recommendations to improve practice. Furthermore, it could generate ongoing research that is necessary especially as this research alone will not eliminate child sexual violations by women nor will it facilitate healing and rehabilitation for all female child sex offenders without further investigation into how all the recommendations for practice could best be implemented.

As to whether this research liberated and empowered, I would say it could have the potential do so if the participants feel that by participating in this research, they can follow through on their intentions regarding perceived shortcomings, for example in curricula, and in their efforts to engage more fully with the topic of this research.

‘Ethical research’ considers procedures involved in undertaking research with human subjects, situational and culturally specific ethics, relational ethics as well as exiting ethics such as how one shares the research. This research attained ethical clearance from the Ethics Committee of the Department of Psychology at Unisa, before the commencement of the research component of the thesis. Furthermore, all the ethical considerations were adhered to as discussed under Ethical Considerations in Chapter Three. The exiting ethics were entirely taken care of by the thesis that was approved by my promoter, and that will be examined by three disinterested examiners [completed February 2018]. The Abridged Research Report (Feedback for Participants) (Appendix H), in turn, will enable me to share this research with participants and other stakeholders.

‘Meaningful coherence’ refers to research that achieves what it claims to be about, uses methods and procedures appropriate for the research, and meaningfully integrates the existing body of knowledge, the research question, the findings and the interpretations thereof. Chapter Five integrated all the various aspects of this research into a cohesive whole with the literature and the theoretical framework.

Criteria for Good Research from an Interpretivist Perspective

According to Angen (2000, cited by Cohen & Crabtree, July 2006) criteria for good research from an interpretivist perspective are as follows: Thorough consideration and expression of the research question, a respectful manner in carrying out the research, mindful articulation of the choices and interpretations the researcher makes during the research process, a written account not only of the findings leading to persuasive arguments but of the choices the research makes, and an assessment of how extensively the findings are to be disseminated.

In this research, the review of the literature informed the research question and the methodology that in turn informed the structuring of the interview schedule that in turn completed the cycle back to the research question. Furthermore, before commencing the fieldwork, I perused the interview schedule utilised by Kramer (2008) in her study involving four experts in the field of child sexual abuse in South Africa. Collectively these actions served to satisfy the criterion of a carefully considered and articulated research question.

As mentioned earlier, this research received ethical clearance from Unisa before the commencement of the fieldwork, and it was ethically conducted as discussed in the section on Ethical Considerations in Chapter Three. The thesis provides the written account of the findings as well as my reflections on the research questions and the research process; this is discussed later in this chapter. Dissemination of the findings was given considerable thought, and the Abridged Research Report will be utilised as a written account both for participants and for other stakeholders.

Validity/validation. Trustworthiness in qualitative research could be seen as the equivalent of the reliability and validity of quantitative research. I found resonance in the discussion by Angen (2000, pp. 387–388) on the validity debate in interpretive enquiry, where she speaks of *validation* rather than validity when referring to ethical and substantive ‘validity’. Her deliberate usage of validation emphasised how judging trustworthiness of a particular research is a continuous process that occurs amongst researchers to maintain an open dialogue of what makes interpretive research worthy of trust, as descriptions of validation are not definitive or the final word, and not all interpretive research should be obligated to have all of them (Angen, 2002, p. 388). In this research, engaging an independent coder served as inter-rater reliability, and trustworthiness with its criteria was pursued to ensure this research is scientifically sound.

Authenticity

According to James (2008, in Given, 2008), the concept of authenticity is considered a significant component in establishing trustworthiness in qualitative research so that the research may be of some benefit to society. The five criteria for strengthening claims for authenticity, namely fairness, ontological, educative, catalytic, and tactical authenticity, had applicability in this research as follows:

Fairness demands that research participants be afforded equal access to the topic being researched to avoid any bias. This is assured by not utilising stereotypical static ‘researcher asks-participant answers’ techniques in the course of seeking answers to research questions. A researcher-participant role based on equality and flexibility results in two things: (a) Participants having responsibility for what James refers to as “the cultural reproduction of the research inquiry” (James, 2008, in Given, 2008, p. 45) in which they participated, thus having a more considerable investment in ensuring the authenticity of the outcomes; and (b) that their voices, views, concerns, and perspectives are heard and represented throughout the research process, and furthermore that their accounts are fairly treated in any texts. Cultural reproduction describes the transmission intact, from one generation to the next, of cultures and cultural forms such as social inequality, ethnicity, and privilege (Franklin, 2007).

In this research, ‘fairness’ was addressed by utilising open-ended interviews that facilitated dialogue compared with a survey asking questions with closed-ended responses. The dialogue enabled participants to express their views, and it enabled me to hear them in the moment while they were, also, being audio recorded. These were subsequently transcribed verbatim to ensure accuracy in capturing what was expressed during the interviews. Furthermore, I was adamant that the voice of every participant be both fairly treated and fairly represented in the reporting of the findings, by not only

capturing individual and integrated statements of belief in the seven tables (that include the one later in this chapter regarding authenticity) but also in selecting verbatim quotations from all participants not only those with more experience relating to the research enquiry.

As to cultural reproduction, while I have no control over what the participants will do with the experience of having participated in this research, I have control over the compilation and the dissemination of a comprehensive Abridged Research Report. The report would enable participants to share information with others should wish to do so.

Ontological authenticity and educative authenticity refer to the extent to which participants have increased their awareness of a research topic following their participation in this research, and the facilitation of a better understanding of themselves and other stakeholders, respectively.

In this research, several participants expressed their views about the effect of this research enquiry on their thought processes, the modus operandi in their professional environments, as well as their aspirations and intentions regarding the topic of investigation. By having agreed to participate in this research, participants were afforded the opportunity to consider the topic either from a different perspective or as a new topic of interest even before the interview process began. During the interviews, just less than 70% of the participants shared much more than just answers to the research questions. This can be validated by the section *Demonstrating authenticity* later in this chapter, and by the verbatim quotations included as Appendix G, thus providing testimony for the presence of ontological and educative authenticity in this research.

Catalytic authenticity and tactical authenticity refer to the extent to which the research has motivated participants to take some form of action and the degree to which they have been empowered to do so for themselves and within a broader community,

respectively. These forms of authenticity need to be assisted by researchers through research practices such as a cooperative enquiry.

While ontological authenticity and educative authenticity are somewhat passive, catalytic authenticity and tactical authenticity call for authenticity to be put into action—to move from having learnt something and an intention to do something with the knowledge acquired to *doing* something. Taking action, in my view, is the foundation of any form of change or improvement. Knowledge is available; intentions tend to be plentiful; putting those into practice is where things tend to break down. These are well captured in the following quotation from Participant #29: “**really do need to work on that ... legislation ... policies are there ... implementation ... severely lacking ... no one ... following up ... for several reasons, external locus we can give different explanations why we’re not doing that ... justified I don’t know”**

As for cooperative research enquiry and researcher assistance, first, the compilation of the Abridged Research Report will indirectly offer participants insights into taking the actions some mentioned they wished to make even if the report merely gives ideas on which to ponder; second, in the sections regarding recommendations and suggestions for further research, I have indicated areas of cooperative enquiry. As such, both catalytic authenticity and tactical authenticity are present in this research.

All five criteria for strengthening authenticity as per James (2008, in Given, 2008) are present in this research. Thus it would seem that this research could meet my aspirations regarding the meaningful impact of this research on stakeholders.

Demonstrating authenticity. The final question on the Interview Schedule about whether participants wished to tell me anything else resulted in sentiments, comments, and reflections regarding the research. These were not explicitly solicited, but they offered insight into the effect that research has, even on relatively disinterested parties,

including how the research enquiry was received. The comments offered by around 70% of the participants were gratifying, and they validated the choice of the topic for the research.

Not only did all participants give of their time and knowledge to a project such as this, but the majority also permitted themselves openly to share the effect that the research had on them and to express their views on the research more broadly with the person conducting the research. For some, the research had a more personal effect while for others their professional persona appreciated the ethos of the research as well as the potential benefits. Others still offered help in the moment or the future. Overall, participants were interested to know if they had helped, and I wished to record those sentiments as well.

Also, in some instances, the comments afforded the research complementary data such as the isolation of being in private practice that did not enter the conversation during the exploratory question regarding the mental health services environment for the benefit of practitioners, for example. Thus, the final question, “Is there anything you would like to add?” afforded participants the opportunity to have their voices heard beyond the five exploratory questions in the Interview Schedule, true to the criterion of ‘fairness’ in Authenticity. For purposes of supporting and demonstrating the concept of authenticity, I have prepared a table (Table 6.1, below) in the same format as those in the findings chapter. I have included the verbatim quotations as Appendix G, so as not to overload the final chapter of the thesis.

Table 6.1

Effect of the Research on the Participants.

Effect of the Research on the Participants		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<ul style="list-style-type: none"> _) Epic study _) Thought-provoking _) Enlightening _) Field bare, difficult _) Raised many issues _) Feedback would be extremely helpful _) Greater emphasis curricula _) Knowledge will be well received in academia. 	<ul style="list-style-type: none"> _) Meaningful research _) Implement new curricula, changes, awareness campaigns. 	All-purposive ointment for a bruised soul
<ul style="list-style-type: none"> _) Participating is a privilege _) Wish to be part of the process _) Doctorate huge contribution _) Treatment/intervention programme development and guidelines _) Very brave dealing with this side of issue _) Discussion interesting, horrifying 	<ul style="list-style-type: none"> _) Break open thought processes. _) Create useable information. _) "Wow, thank G*d somebody's thinking about this" especially a female (Participant #25). 	Better late than never
<ul style="list-style-type: none"> _) PhD to make a difference, written in way practice can use. _) Practitioner will listen more closely to clients. _) Pleased about research, opens conversation badly needed. 	Research a purpose, not for the sake of research.	Ensure the good oil is received.
<ul style="list-style-type: none"> _) Very interested in outcome _) Focus is on all issues _) Need cutting-edge info. _) Persistent, enduring campaigns _) Greater emphasis curricula _) Touched a nerve _) Publish thesis as a book 	Balanced comprehensive view, motivating changes	Stick neck out

Potential benefits. At the outset of this research in the research proposal phase, I had listed the following as some of the potential benefits for practice arising from the findings of this research:

- _) To create greater awareness and greater understanding of the phenomenon [of female-perpetrated child sexual abuse];

-) to provide additional strategies for mental health service providers to facilitate intervention, and healing for female perpetrators;
-) to create the possibility for specialised programme development in the future;
-) to provide opportunities for adult female perpetrators of child sexual abuse to seek counselling and other intervention should they wish to do so. Such opportunities appear to be available in England and the Netherlands, for example, through one organisation (Lucy Faithfull Foundation), although they do not seem to be targeted only towards adult female perpetrators;
-) to motivate integration of services and improved networking among stakeholders; and
-) to provide new knowledge about the epidemic of child sexual abuse with particular reference to an under-researched population as it pertains to service provision.

Upon the completion of the analysis of the findings, I was both surprised and gratified that the research endeavour organically addressed, explored, and uncovered issues that would appear to speak to these benefits, which were not foremost in my mind during the research process. Nevertheless, the decisive test will come once the research has been shared and if any of the recommendations are indeed put in place.

Sources of Bias

Swartz et al. (2011, p. 34) describe four potential sources of bias. These were considered in this research, and they are explained below.

Interviewer bias. This refers to how a researcher can influence the answers participants give, by asking a question in judgemental or an aggressive way, or in a manner that influences the answer; or the research might fail to record participants' answers accurately. In this research, questions were guided by the Interview Schedule that was in any event sent to the participants before the interview. The questions were

asked in a neutral tone, support for which can be found in the voice recordings that also alleviates concerns about failing to record participants' answers accurately.

Participant bias. This refers to the possibility of participants being unresponsive or giving inconsistent answers, or purposefully providing untrue answers by under-reporting behaviours that are not socially desirable, or conversely by over-reporting behaviours that are socially desirable; also, participants could misunderstand questions or have difficulty expressing themselves. In this research, participants were quite the opposite of unresponsive, as evidenced by the abundance of verbatim quotations. Participants were fully engaged and indeed offered considerably more than monosyllabic responses to the questions. While this could have been a possibility, I do not believe that participants engaged in any form of dependent behaviour or neediness. All participants were busy professionals in their respective fields of interest; they did not need validation from me to engage in a topic they deemed of sufficient interest for them.

Analyst bias. This refers to the possibility of coding and entering data into a database inaccurately, incorrectly classifying responses, or choosing an inappropriate statistical procedure for analysing data. In this research, any potential for analyst bias of this nature was avoided because of the quality assurance done by an independent consultant based on the transcriptions. A certificate of consensus was issued attesting to the soundness of the analysis.

Researcher bias. This refers to a researcher's personal views that could influence the decisions taken, and the underlying assumptions about human experience that could shape the research topic, as well as who is chosen to participate in the research, and what interpretations are given to the findings. In this research, my interest was in exploring issues to do with the sexual abuse of children, a field with which I had been loosely engaged for some 22 years. I had been privy to some of the experiences of child

victims/adult survivors of child sexual abuse, and I wished to understand more about the experiences, motivations, and mental health needs of an under-researched subpopulation of women who sexually violate children. Discussions with various stakeholders and a review of the literature made it clear that there was a need for such research. The participants all had experience in various related fields and could potentially add to our collective knowledge. Participants were selected based on their characteristics of inclusion in this research, no more, no less.

Qualitative research is by nature subjective; therefore, concerns about researcher bias and subjectivity ought to be redundant. To be frank, I did not have preconceived ideas regarding the outcome of this research enquiry even though I did bring to this research my thoughts about the topic being researched. Also, both the participants and I entered the field of inquiry with, what Kerry (1991, cited in Clandinin & Connelly, 2000, Location 12) refers to as, a life that is structured narratively and is retold through narrative inquiry. The findings that were identified from the interpretation of the data were carefully considered, accurately reported, and furthermore, they were checked for scientific soundness. The Certificate of Consensus that was issued attests to this.

Choice of Theoretical Framework and Ethos

Apropos of my comments in Chapter Three regarding an unease with a commitment to a theoretical framework before the findings have been interpreted, I felt satisfied with my choice of theoretical framework once I had completed this research as it pertains to pathways that lead women to inflict harm upon vulnerable children, often their own. Similarly, I felt comfortable with the ethos underlying this research as being from the psychology of healing rather than the psychology of wrongdoing; indeed even those

participants from within the criminal justice system were seeking an understanding of the phenomenon and fairness rather than meting out disproportionate punishment.

With one exception, all the participants demonstrated a desire to help or to explore the means of facilitating support for women who sexually violate children even if some of them felt medium to high levels of discomfort doing so themselves. I took this to be an authentic indication that these participants had chosen their fields to facilitate primary assistance—and in some cases, healing or proportionate accountability for the perpetrators' actions, not to find ways to punish them.

The only participant who expressed zero tolerance towards offenders and who would categorically not engage with them in any way—despite being in one of the healing professions—was nevertheless active in seeking to bring about changes when it comes to victims reporting such crimes. The changes would be of more significant benefit to the victim than to the perpetrator. Still, as sides of the same coin, making it easier for victims to report such crimes in an environment of understanding and compassion could result in perpetrators being taken through the legal process successfully, one person at a time, and one hopes, any treatment programmes that might be available to them.

Consistent with the ethos of this research, it is hoped it could help a woman who has a less-than-optimal view of life, boundaries, and healthy interpersonal interactions receive the healing, support and understanding she requires, which in turn could alleviate further crimes from occurring. Personally, I would wish to see a more compassionate environment for perpetrators to share their stories and receive help within the correctional system (if this is part of the consequences of their behaviours). At the very least, I would suggest that attempts ought to be made to help these women gain insight into their

behaviours and not only enclose them within four walls, where they have no healthy way of dealing with festering emotions.

Recommendations

During my deliberations regarding recommendations, I reflected on the statement referred to in Chapter One regarding psychology where it utilises the scientific method of stating a question, proposing a relevant theory, forming rigorous experiments to test the assumptions, and applying the understanding to create evidence-based strategies to solve problems and enhance lives (APA, Science of Psychology, March 2014). The evidence-based strategies for purposes of solving problems and improving or enhancing lives in this research come in the form of recommendations that are given below. These are achievable through the efforts of individual practitioners in a variety of fields, for example, the mental health services environment, technology, and academia, while others would require collaboration between individuals and a variety of systems. Furthermore, I am of the view that outcomes could be facilitated further by involving the private sector in these recommendations.

As was the case with the literature, there is some overlap also with the recommendations, but the foundation of the recommendations would seem to be the need for a change in mindset and reprioritising, and changes in the utilisation and distribution of resources (e.g. time, funding). I have chosen to make numerous recommendations rather than only a handful of the main ones because of the compound nature of the problem that needs to be solved. Building train tracks begins by laying one track at a time. But why prioritise this particular ‘train track’? There are competing priorities in the land in the quest to achieve Vision 2030 by improving the lives of the poor and the marginalised, eliminating poverty, reducing inequality, and changing “the life chances of

millions ... especially the youth" (Millennium Development Goals, Country Report, 2015, p. 3). To quote Hickson and Kriegler (1996, p. 85), "A society that abuses its children is abusing its own future."

The above notwithstanding, in the introduction to this chapter and Chapter Five I endeavoured to make a case for the need to provide mental healthcare services to women who sexually violate children. For example, to follow through on every citizen's right to have access to healthcare, to diminish the need to have to fund the aftermath of sexual abuse, and to protect further children from harm through tertiary prevention. Almost 40% of the South African population is made up of individuals aged 19 years and under (Community Survey, 2016, p. 22–23). Although not all 21 809 600 would be vulnerable to sexual violation, preventing even one child from being sexually violated by a woman could be viewed as 'changing the life chance' of at least that one child to begin with. Changing the life chance of that one child could conceivably have a positive ripple effect on endeavouring to ensure that the child does not himself or herself become a perpetrator of sexual violence in the future, thus preventing another generation of children from becoming victims of female- or male-perpetrated child sexual violations.

I begin the list of recommendations by focusing on those related to relevant professionals and to academia; these are followed by recommendations for mental health service provision, and the section concludes with recommendations for the criminal justice environment.

Practitioner-related (5 recommendations).

Self-education. Despite the dearth of information regarding women who sexually violate children, and the negligible mental health service provision for this subpopulation, knowledge is being expanded, and this would be accessible through technology, conferences, discussion groups, et cetera. With sufficient interest, initiative, and more

knowledge and more tools in their hands, relevant practitioners could enhance their efforts in providing services to expanded populations, for example, women who sexually violate children and need some form of psycho-educative intervention.

Blind spots. Practitioners' blind spots limit the efficacy of psychotherapeutic interventions. Practitioners' blind spots regarding unresolved conflicts, for example, related to sexuality or sexual abuse, ought to be looked at in order better to deal with the variety of manifestations of these issues in their clients or patients' lives.

Access to support for practitioners. Providing care and support should not be a one-way process from practitioner to client/patient. Professionals in all disciplines should have access to affordable and relevant support in the way that supervision and debriefing works. The technological environment could extend this support through a network of peers online and through 'apps' (applications that are downloaded by a user to a mobile device). This support should also be extended to professionals in other fields, for example, criminal justice where professionals are expected to serve the public sector, but where they are not provided with mental healthcare, debriefing, et cetera. Robust and supported service providers would be better placed to provide strong support and interventions for individuals requiring those.

Resources for practitioners. A variety of resources could be part of an online, or indeed a telephonic 'lifeline' for practitioners—resources relating to all issues pertaining to child sexual abuse, mandatory reporting, correct and updated reporting procedures, and information regarding agencies where reports may be made, as well as organisations or individuals where practitioners may refer clients/patients with whom they are not equipped to work, et cetera.

Public sector posts/human resources/funding. There is a need for the State to increase posts in public sector mental healthcare environments, and in other relevant

environments such as hospitals and clinics, and in correctional services and policing, to alleviate the excessive pressure on practitioners in those environments, and where applicable in NGO/NPOs as well. Furthermore, the issue around funding needs to be examined to motivate the redirection of financial resources from the State—and donor priorities, if possible—to provide relevant stakeholders including NGO/NPOs with sufficient funds to implement sex offender programmes.

Academia and training (8 recommendations).

Curricula. I propose that modules regarding sexual violence, child sexual abuse, and perpetrators, both male and female, be added to curricula after a bachelor's degree (from Honours level upwards in South Africa, and the equivalent elsewhere) for all relevant subjects, and that more diploma and certificate courses are put in place.

Staff training. I propose that institutions of higher learning do the following: identify key staff who are willing to become involved in the field of child sexual abuse; send them abroad to relevant individuals and institutions to equip themselves with knowledge about the field; and to teach other staff in South Africa about sexual violence and everything related to it that will include perpetrator dynamics, treatment programmes, and best practice for both victims/survivors and perpetrators.

Outreach. Ways need to be found to take the knowledge into the field, including rural communities and correctional services, and to implement this as above where possible to create a network of mental healthcare providers not only in traditional ways and in traditional environments, such as hospitals or clinics or ‘therapy’ spaces. Also, professionals in various environments could brainstorm ways to ‘bring the people to the knowledge’ through psycho-educative initiatives. Retirement villages gather their residents and take them to places where they can broaden their horizons—something

similar could be implemented in the community to expand their horizons on a subject such as female-perpetrated child sexual violation to prevent further violations.

Other teaching/training/learning opportunities. Training, sharing of information, and outreach could be done in commercial learning environments independently of universities or in collaboration with universities and other stakeholders, in the way other topics are taught, for example, financial management. Individuals involved in running courses and workshops for such things as ‘life coaching’ could collaborate with stakeholders in the field of child abuse and run courses and workshops on this topic. These could be either in-person or via online platforms, similar to, for example, Coursera (coursera.org) that offer over 2000 courses from universities and instructors across 25 countries, and other online platforms such as OnlineGED or an international equivalent. Initiatives such as these could take the pressure off NGO/NPOs having to do the bulk of the advocacy and training in this regard, particularly in-person training.

Continuous Professional Development (CPD). Similarly, CPD-related training and workshops could be included in forums, conferences, congresses, conventions, and symposia, and could include online initiatives similar to those mentioned above.

Training practitioners. Professionals in all sectors and environments, including the Department of Justice, the National Prosecuting Authority (NPA), and medical schemes require training and information regarding the dynamics of child sexual abuse that include women who sexually violate children. Having professionals in relevant fields who are not optimally informed aggravates an already complex and overwrought violent environment. By improving knowledge, service provision can be strengthened to become more effective.

Best practice. A variety of related professionals and disciplines could collaborate to find the best way forward regarding treatment modalities, and methods by which

women at risk of offending could be encouraged to seek help—and the type of aid they could be offered.

Further research. This research could be duplicated in peri-urban areas or in rural areas to gain knowledge about a unique subpopulation in other environments that have little or no mental healthcare services, or where cultural practices compound the issue of child sexual abuse. Findings and solutions resulting from research conducted in urban areas cannot be extrapolated to rural areas. Other findings and other solutions ought to be sought for those areas.

Mental health service provision (6 recommendations).

Prescribed Minimum Benefits (PMBs). Stakeholders need to motivate the need for medical aids to revise the issues around PMBs, and to allow more than just six sessions for mental health service provision for a variety of ‘at-risk’ populations, where these PMBs create limitations for practitioners. The six sessions allowed by some medical aid schemes were seen—even by some clinical psychologists in the research population—as wholly inadequate to address mental health issues particularly for individuals with more complex mental health concerns.

Taking the ‘mountain to Muhammad’. Outreach programmes involving rural communities and other underserviced environments could be put in place to provide mental healthcare services. This could include counselling and relevant information on the topic of female-perpetrated child sexual violations (though being mindful of potential cultural conflicts). This could be achieved through mobile ‘clinics’, initiating community and family gatherings, educating and training community leaders and helpers, and heads of family (see also resources for women below), et cetera.

A case in point regarding mobile clinics: To address some of the needs of parents and children in townships in the W. Cape, for example affordability, long waiting periods,

feeling intimidated by clinical settings, and the stigma of seeking mental healthcare (notes PsySSA Congress, 2016), Banetsi Mphunga, a registered counsellor (aka The Kasie Counsellor in Khayelitsha) developed an innovative approach to mental health service provision—he provides a range of counselling services while also being involved in mental health promotion. Also, to expand the reach into the community, he trains volunteers as psychosocial supporters from his mobile clinic (a VW Kombi). The services are provided free of charge (PsySSA Congress 2016, Abstract Book, p. 77). The concept of training volunteers to support the efforts of mental health service provision was reaffirmed by Nel and Van Wyk (2013, in Peacock, 2013, p. 870 and Ivbijaro (2017, p. 11), and this could include registered counsellors and lay counsellors.

Resources for women. I hold the view that there is a dire need to adjust the manner in which efforts are made to manage the issue of female-perpetrated child sexual violation, which, at present, is very much like locking the stable door after the horse has bolted, and with only peripheral knowledge about the horse. Instead, we need to take a step back and provide resources *before* women act out in destructive ways. This could be accomplished by setting in place a variety of support and psycho-educative structures along the lines of women's forums that facilitate personal development, teach women life skills, money management, healthy coping mechanisms, optimal nutrition, 'wellness', et cetera, that are accessible, affordable, and culturally relevant. These could be in-person resources or online. Empowering women was after all listed as MDG 3—Millennium Development Goal #3—whose target date was 2015 (Millennium Development Goals, Country Report, 2015, p. 56), while Pflugradt & Cortoni (2015, citing Blanchette & Brown, 2006) made a case for strengthening and improving the socioeconomic functioning of sex offenders during the process of treatment and rehabilitation.

Regarding technology, the bonus of utilising technology where possible is that it allows people to expand their reach—and to be reached—in ways previously not imagined. ‘Doctors Without Borders’ (*Médecins Sans Frontières*²²) (MSF) has conquered physical borders by delivering “emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender, or political affiliation.” (msf.org, About MSF, para. 1, lines 1–3). With technology, all borders could be conquered, while the concept of ‘doctors without borders’ could be implemented in those areas with no technology. Taking the information to the people makes it easier to educate and empower women before they fall into the category of ‘women at risk’.

According to the 2016 Community Survey (p. 146), 94% of households across South Africa have cell phones, with a variety of options to access the Internet. For example, from the dwelling, the place of work or educational institution, and an Internet café (p. 149)—almost half accessed the Internet via a cell phone from “any place” (p. 150). Somewhere within these figures, it is likely that there is at least one woman who is sexually violating a child, and she could access resources via technology—if any were available. This applies equally to all three resources recommended for women (a further two are discussed below).

Resources for women at risk. There is much power in being able to be anonymous while seeking either destructive pathways or constructive pathways. The recommendations focus only on the constructive pathways to alleviate the destructive pathways. By providing online forums or resources, and telephonic resources that may be accessed anonymously, women could begin to explore troubling behaviours if they are

²² An international humanitarian non-governmental organisation (msf.org)

aware of them or learn more about particular behaviours, and for those at risk the anonymous online environment could allow them to begin to explore the possibility of reaching out for help should they need it. Other at-risk populations, let's say those battling obesity or drug addiction or depression can access help—except where there is none—without fear of reprisals. Women who are at risk of sexually violating children are virtually forced into hiding lest they are deemed by other parties to have crossed the line, and because of mandatory reporting laws, they would, in all likelihood, find themselves in the criminal justice system rather than in the mental healthcare system.

Resources for women who are offending. Anonymous informative and therapeutic spaces, even if only as a first point of contact, could provide women who are sexually violating children with a safer space in which to consider disclosing behaviours that are unlawful, until such time as they have the courage to come out of hiding entirely and show their faces to a mental health practitioner or someone in law enforcement.

While one does not wish to provide women who sexually violate children with more places to hide, efforts can be made to provide them with resources, support, help, and a presence that could result in them curtailing their offending—or at least presenting themselves for mental health care for a different issue, for example depression, or anxiety that could be masking the sexual violation of a child, not as might be the case at the moment. This sounds Utopian, but if we do not provide these women with any form of support, or resources, or information, how confident are we that sufficient inroads have been made to curtail or to prevent female-perpetrated child sexual abuse.

As shown in the literature, online forums exist in the United Kingdom and the Netherlands (through the Lucy Faithfull Foundation). Also, at least one online forum exists for matters to do with women's sexuality that is facilitated by a professional in South Africa (e.g. dreve.co.za) as well as other forums with a global online presence

involving other practitioners (mHealth). Providing a safe point of contact for women at risk or women already sexually violating children need not be beyond the realms of possibility. It would be unconscionable for society to expect women who are vulnerable to all manner of ills to be like ‘long gentlemen’—bamboo—that bend but do not break.

Mandatory treatment. Mental health treatment should be mandatory for sex offenders regardless of their sentencing, and the authorities should provide the opportunities for such treatment by working with relevant professionals willing and able to develop programmes and assist in their implementation.

Criminal justice processes (5 recommendations).

Laws/definitions/sentencing/restitution. The laws and definitions regarding child sexual abuse, which, as discussed, has not necessarily resulted in changed behaviours, merely harsher punishments for the same crimes that had a different name, could be revisited. Where appropriate, other means of recompense and rehabilitation through restorative justice, community service, and suspended sentences with strict monitoring procedures need to be found and put in place. These alternatives to incarceration as we know it, could come in the form of halfway houses for women who are at risk of sexually violating children or for those who are already doing so, where aside from dealing with the legal processes attached to their offending, where applicable, they are offered psychotherapy while also ‘giving back’ to the community along similar lines to the concept of restorative justice.

Mandatory reporting. The SA Law Reform Commission could be approached to discuss the possibility of revising the laws regarding mandatory reporting of cases of child sexual violations, allowing practitioners more discretion regarding when to report. Judges and magistrates are permitted to exercise their judgment regarding matters before them, as are medical doctors regarding treatment, so why are mental health, and medical

practitioners being discriminated against and not being afforded similar latitude regarding mandatory reporting. As was shown in the literature (Hendricks, 2014), even practitioners fear reprisals—if they do report a case of child sexual violation or if they do not report a case of child sexual violation. And in the end, who has benefitted?

Collaboration between professions. This would require various disciplines (psychology, criminology, and law) to facilitate comprehensive pre-sentencing reports that take into account many factors related to an individual accused of a crime. The purpose of this would not be to excuse the accused's behaviour, instead to attempt to explain it to strengthen mitigating circumstances when it comes to sentencing. More to the point, if comprehensively undertaken, this pre-sentencing report could be utilised to guide mandatory treatment, and in so doing practice could make inroads into gaining more credible information about female-perpetrated child sexual abuse, and how best to manage them and their actions.

More efficient criminal justice process. The findings revealed that the criminal justice process is fraught with challenges. For example, disbelief regarding female-perpetrated child sexual abuse, male victims being ridiculed should they report the crime to the law enforcement agencies, long drawn out processes between law enforcement and the justice system, the accused being allowed to 'play the system' thus delaying proceedings, victims of abuse not being encouraged to have psychotherapeutic intervention while the case is ongoing so as not to contaminate the evidence thus delaying his or her healing.

If one casts one's mind back to two high-profile murder cases in South Africa in recent years (Oscar Pistorius, who was accused of murdering his girlfriend Reeva Steenkamp, and Shrien Dewani, who was accused of plotting to murder the woman he had just married, Anni), one might begin to wonder why some cases are loaded with

extraneous complications while others are not, and why some cases are drawn out while others are not. While inroads have been made in the criminal justice system regarding sexual crimes against children, including the establishment of fit-for-purpose courts, the FCS Unit (Family Violence, Child Protection and Sexual Offences), the lifting of the 20-year limit to lay charges in cases of sexual crimes, among other things, I respectfully suggest that the criminal justice system in South Africa could step up and revisit its processes to find equitable solutions for all parties involved in crimes against children.

Correctional services. Those within the correctional services environment could engage in programme development for female child sex offenders in collaboration with appropriate professionals by bringing in professional teams to help implement programmes and teach corrections staff. Women who sexually violate children seem to find their way into this environment, but for a variety of reasons do not find a rehabilitative space. By engaging in programme development, by finding ways to educate and train staff, by motivating the need for an increase in human resources, and funding, the correctional services environment could become the vehicle that drives offender rehabilitation. This is, after all, where offenders seem to end up, as a burden to taxpayers, where they appear to learn little of use regarding the behaviours that brought them to this place, to begin with.

Call to Action

I would call on researchers and other role players in various fields, including psychology, criminology, law, and technology, to take any of the above recommendations and find ways to transform them into practice. If any of these recommendations are made a priority for a researcher, there is no reason why systemic changes could not take place, one step at a time, one initiative at a time. A good question to ask is, “How important is

it?” If something is deemed important enough, and if one’s ‘why’ is strong enough, all manner of obstacles could be overcome. To quote Archer, “Nobody cares until you’ve made the topic important to them” (March 2017, Research Insights, p. 11).

Mental health service provision for women who sexually violate children could become one of the priorities in South Africa, and the country could become an authority in psychotherapeutic interventions for women who sexually violate children, and it could start with individual initiatives. In the words of Participant #28, **“South Africa can become an *authority* in dealing with psychopathology if this can get specific attention for programmes for adult *female* perpetrators … I think there’s a great need for something like this.”**

Intention to pursue. I intend to pursue at least three of the above recommendations and to collaborate with various individuals to turn these ideas into action. A preliminary plan has been drawn up, and it awaits the examination of the thesis before I can begin to move forward.

Concluding Remarks

As I complete the thesis, I might be reproached for climbing onto a soapbox at least as regards an invitation to helping professionals, which I make below following the “Call to Action” above.

To state my case: This research began as a quest for more knowledge about a topic that is close to me. The process of conducting this research has had a profound effect on me, on my thought processes, and on my willingness to engage further with this topic. As such, I am willing to stand on a soapbox and to invite mental health practitioners and all those in the helping professions to consider having a re-think about why they are in these professions, if they consider a re-think necessary; ultimately, what it

means to them on a visceral level (as it did for me when contemplating this research and as it appears to have done for over two-thirds of the research population who shared the effects of the research with me in the interviews).

For those not willing to work with adult females who sexually offend against children, for all the reasons they might have, which is their right, I would respectfully suggest it is important to let go of our delusions that ‘this’ could never happen to me or anyone in my family: ‘I could never be a child molester or commit this kind of crime’. Much like the prevalence of female-perpetrated child sexual abuse: How do we know? Although we might believe we have limits to what we are capable of doing under various circumstances, if we look within, with raw honesty, how can we answer that question truthfully if we have not been in that particular situation at that particular time that precipitates child sexual abuse? Perhaps not everyone would harm a child sexually; perhaps not everyone would commit murder; perhaps not everyone has the biological makeup to commit a heinous offence against a vulnerable person—perhaps, being the operative word.

For those who are ambivalent about working with women who sexually violate children because they feel unqualified or lack the knowledge, they might consider finding relevant training, doing research, and networking to fortify their skill set. In this way they could be better placed to consider providing mental health services to these women should such a client approach them, with a two-pronged goal of assisting an individual in need, and endeavouring to prevent further sexual victimisation of children.

For those who are willing to work with the subpopulation of women committing sexual violations against children, they could find a way to step up and help implement the recommendations and find more ways to work with a community that is

out there and not in their consulting rooms, or indeed find a way to educate and support other less qualified and less willing practitioners.

Regardless of willingness and ability, it might be useful if we could all expand our thinking and step into another's shoes for a moment and consider: 'What would I need and expect if *I* had the propensity to commit a heinous act; if *I* committed the heinous act; if *I* could see no way out of my monstrous predicament with nowhere to go, no one to talk to, no one from whom to seek help without ending up incarcerated—but not healed?' Let us consider who amongst us would wish to be a pariah, to be rejected, to be an outcast of this magnitude—and not be able to be helped. Let us consider that if we broke the law, would we honestly wish to languish in prison, without the means to rehabilitate ourselves.

As mental health practitioners and as researchers, I would suggest we would need to step outside ourselves and seek perhaps new compassion, empathy, and benevolence towards a fellow human being while permitting ourselves to be bothered by the behaviours at the same time. We need to step outside our comfort zones and face the realities around us—and not forget that "There but for the grace of ..." we could be protagonists in one of those realities.

The participants in this research talked about how influential the field of psychology could be—and should be—and how much more psychology and psychologists could do. Should we not be looking deep within to seek to be different, perhaps more effective and expansive practitioners, and to tackle the big issues, not just those we feel we could comfortably work with or where we are confident that there would likely be a positive shift? Should we not find ways to earn a living, and to join hands with other practitioners and do something different? I know it is not easy. Meaningful and different things seldom are.

Writing style. I made a conscious decision to write the thesis in such a way as to make it accessible and comprehensible to most individuals in society because it touches the lives of all, directly or indirectly, not only those in institutions of higher learning or professional practices. My instinct was validated when this research highlighted the inaccessibility of services for the majority of the country's population, and the dearth of relevant, responsible, accurate information, knowledge, and guidance regarding adult female-perpetrated child sexual abuse.

I hold the view that to put the thesis beyond the reach of the public would be as unhelpful and perhaps as unconscionable as denying the country's population knowledge about the reality of female-perpetrated child sexual abuse, or healthcare, or clean water. I would suggest that it is our moral imperative to facilitate changes in society through the sharing of knowledge, for the benefit of all, in ways that are more understandable to all—or at least many—in society.

A factor that appears to contribute substantially to the scourge of female-perpetrated child sexual abuse is that it is well beyond public consciousness through the systemic dismissal of its existence, through the lack of priority regarding funding or education, awareness campaigns, and advocacy, and through the deniability of the possibility of such occurrences. It is also beyond public consciousness because it is not talked about or documented, as was shown by the dearth of research in South Africa. Would it not, therefore, be our duty to bring things out into the open and to equip society with the tools to deal with issues that are so hidden they might as well be buried in concrete—except that we occasionally feel the impact when a case of female-perpetrated child sexual abuse becomes known, generally through the media in a high profile case. Then we are at a loss as to what to do with it.

Use of ‘we’ in the thesis. I made another conscious decision, this time about using the pronoun ‘we’ in various instances in the writing of the thesis even though in academic writing one might wish not to use personal pronouns. But I am of the firm belief that all members of society, ‘we’, are in some way accountable for the ills of society because we turn a blind eye, or we enable, or we fail to be involved in relevant preventative and advocacy campaigns, or because we fail to teach/learn about what constitutes wrong or right, or because we could be doing more. ‘We’ are also responsible for providing some form of care, in whichever way we are best equipped. As such, when I have used ‘we’, I have placed accountability at the feet of all in society—myself included.

Personal concluding remark. Even though I do not condone sexual violence against children, or indeed against anyone, in any form, I find myself able to comprehend that which is incomprehensible. Even the strongest among us have vulnerabilities. And limits. I can temporarily try to put myself in the frame of mind of a vulnerable or traumatised or profoundly frustrated or rageful woman who has reached her limit. I can temporarily put myself in the mind of a woman susceptible to the will of another. Would I cross the line and commit a sexual offence against a child? I do not know. Probably not, but right here, right now I cannot say with certainty that I would not—because I have not ever reached that particular tipping point. I contend that unless and until we are actually at a tipping point, we cannot truly know how we would respond. The manner in which we act out our despair might not be child sexual abuse; it might be something else. We just do not know. We also do not know what each individual’s tipping point is, or what is percolating in any one individual’s mind regardless of what is on the surface.

Nevertheless, perhaps it all comes down to being endowed—some might say blessed—with sufficient self-control not to cross the line and commit a terrible act against

someone, not to set out deliberately, wittingly to harm another. Either way, though, as a final thought, perhaps before we rush to judge, condemn, point fingers, turn our backs, as we do, let us pause, and look in the mirror—and hope we do not see the face of a potential adult female perpetrator of child sexual abuse whose image we cannot just wipe away as one does condensation.

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Footnotes

¹ The short title for Children's Act 38 of 2005 amended by Children's Amendment Act 41 of 2007 and Child Justice Act 75 of 2008

² Could be comparable to Essential Health Benefits (United States of America, United Kingdom)

³ Other wide ranges of sexually violent acts that can take place have not been included in the Glossary.

⁴ Comparing per month over four years, and per month 2016

⁵ This outlier is discussed overleaf

⁶ Clinical psychologist and social worker in private practice in South Africa

⁷ General practitioner (medical doctor) in South Africa, specialising in sexual abuse

⁸ Clinical Director, Teddy Bear Clinic for Abused Children, Gauteng, South Africa

⁹ Then Manager of CATTs, Johannesburg Child Welfare, Gauteng, South Africa

¹⁰ Mrs Basson (now Dr Basson) and Mrs Zulu

¹¹ Clinical Psychologist specialising in the study of human sexuality, and Head of the Centre for Child and Adult Guidance of the Human Sciences Research Council in 1990

¹² Terminology since replaced by 'intellectual disability' (Source: APA - DSM-5, 2013)

¹³ Note: Duncan's (2010) categories have been presented as a table with descriptions simply because the reference is more recent than the previous ones. The table format does not attribute more importance to the categories.

¹⁴ ‘Distal’ planning: more distant from the offence

¹⁵ ‘Proximal’ planning: just before the offence (both personal communication, email, Prof Theresa Gannon, October 15, 2017)

¹⁶ [FAMSA] Family and Marriage Society of South Africa (counselling, education, training re relationship issues)

¹⁷ [NICRO] Non-profit organisation in SA, specialises in social crime prevention and offender reintegration

¹⁸ [RAPCAN] Resources Aimed at the Prevention of Child Abuse and Neglect

¹⁹ [Mosaic] Training, service, and healing for women

²⁰ “The Three-Sided Coin” - the idea, concept, and image is the student’s own, original work, and was not copied from any other source.

²¹ IATSO (International Association for the Treatment of Sexual Offenders)

²² An international humanitarian non-governmental organisation (msf.org)

²³ Original preliminary title ‘Mental Health Service Provision in South Africa for Adult Female Perpetrators of Child Sexual Abuse’ modified to represent a broader spectrum of sexual violations against children that includes grey areas.

Appendix A

Transcription of Research Interview

Permission sought - and received - in writing from participant to include in thesis

Interview with: Participant #

Date: Monday 27 June 2016

Location: W. Cape

Duration: 91:36

Notes:

(In brackets) - Participant's agreement or mine, listening, nodding, repeating words used. "mmmm" and "uhuh" are some of the ways, not sure how else to transcribe that, or if I say "okay", "mm", etc. Also, ambience, e.g. laughter, chuckle, pause before answering/speaking.

() - Where participant mentioned own name, or indicated own occupation, or occupation of colleagues, or any other 3rd party that could loosely identify him/her or his/her occupation, or mentioned the type of work or the organisation, et cetera.

(? or unclear) - Unclear what was said

Italics - Participant's emphasis/manner of speaking, or mine

BP = Interviewer (researcher); # = Participant

Participants were sent the Interview Schedule a few days before our interview to aid preparation.

Informed Consent Form signed before recording started.

Ice breaking before recording.

Interview begins

BP: [telling participant that I will now switch on the audio recorder] so I don't miss any of your pearly words (chuckle from participant) and so basically let me reiterate what the aim is and then if you can just tell me a bit about your work and your qualifications, so the aim is to ascertain what is known by mental health practitioners, a variety of mental health practitioners about female perpetrators of child sexual abuse, what is being done for them in terms of therapy and support, and what needs to be done for them.

I was looking at this from the psychology of healing rather than the psychology of wrong-doing and simply saying put people away end of story, so that's where I was coming from (right) so would you like to tell me a bit more about your qualifications and so on.

Unfortunately or fortunately I'm a Social Worker but a Social Worker with a PhD and I've worked in the area of say family violence since the early '80s so I started with

working with abused and affected children, and then realised we needed to know more and started developing programmes for perpetrators, *male* perpetrators of sexual abuse, my work currently is a little bit more broad in that I have expansive experience with perpetrators across (?) and that's adolescents, adults, male and female. So although I'm probably associated with male offenders, both in prison and outside, the lesser-known work is around female sex offenders and you know kids with *particular* challenges, and then ya, apart from that, that's my community engagement work, and I'm on the teaching staff of [name of university] as a Senior Lecturer in the Department of Social Work.

BP Ya I saw that so that is lecturing on ...?

So I teach a course on ethics to our Honours class, I do postgraduate work, PhD students, and last-year students and I teach a course that has to do with legislation on substance abuse and domestic violence looking *specifically* at what it is that Social Workers need to know about ethics, about research, about, and so it's more application than teaching theories only.

BP And application's the important (yeah), theory's important (absolutely) but sometimes that's where it stops.

Unfortunately when Social Workers leave university they don't necessarily know what it is, the different pieces of legislation requires of them, and given, you know, the burden of disease, given substance abuse, Social Workers need to know what their obligations are in terms of that, so that's my area

BP And before we went on record, you mentioned you were very interested in the study [BP's research] because of the female?

Yeah, in the early 90s I was placed in a programme in the Pacific North-West US and at the time the conferences, the research and treatment conferences on sexual abuse, *everybody* kind of felt that it was a matter of time that female sex offenders were going to be crawling out of the woodwork, and so I had some experience assessing at the time I think it was Laterno (sp?) was a woman who had an affair and then a child with a young Filipino school boy and she went to prison, and so the agency that I was placed at, they were tasked with the responsibility of doing the assessment, and so of course, you know, I saw some other female sex offenders, came back to Cape Town, South Africa, hoping to find all the female sex offenders, which I didn't, and there's a host of, so since let's say 1992 to, up to, last year [2015] there's probably about 350/400 perpetrators that have come through my programme of which about eight were female over a very long period, so ya

BP So that's

So in my experience the female sex offenders that I've dealt with was the one group of women who act out in terms of the psychiatric diagnosis, so in other words there was episode, a psychotic episode, you know, they weren't well, the second group of women, I'm talking about South Africa, that I've dealt with here are women that have acted in concert with a male partner so the co-morbid stuff would be domestic violence and a very violent relationship, and then the third group that is a much smaller group are a group of female sex offenders that have acted very similar to their male counterparts so

the grooming, the establishing of a relationship, using the context, using alcohol, pornography, whatever, that was very similar, so in my experience those are the three groups that I've had dealings with.

BP Of those three groups, which one was the highest?

At the time, women that I saw, it was in concert with a male, at that time, in the last four years, the other group has increased, the women who behaved in very similar ways to the male counterparts, and I suppose it depends on the context, the women had a psychiatric diagnosis, not that I'm in a psychiatric clinic and my practice is based here, I'm more likely to see that again but it's less in comparison to women that actually establish a relationship, don't think that they've done anything wrong, and thought that their behaviour was misinterpreted

BP And the work that you do here, I know very little about the clinic, I know we've (.....), the name was familiar to me, it's a psychiatric clinic, in the sense of like Sterkfontein kind of

No, () Clinic, they used to be called (unclear) Clinic, is a *private* psychiatric clinic with different programmes, so they've got a trauma recovery programme, they've got addiction programmes, they have acute psychiatric ward, and then they have adolescent programmes, I'm not attached to the clinic as an employee, my private practice is simply based here, so I tend to see folk where the domestic violence, addiction or sexual abuse issues are prevalent

BP Okay, in a private setting rather than the state. In terms of prevalence of female perpetrated child sexual abuse, what is it.

Look, I don't think that we've done enough research to be accurate about that, right now the information is still anecdotal, and it depends how you diagnose and how you determine what a female sex offender is, I think there's still a large percentage of women who are appearing in courts where the officer of the court would say, 'No, no, no, this is not, you know sex offending, it's simply a woman who is demonstrating affection, et cetera, et cetera' and so therefore it's not dealt with in the same way, so I think in terms of prevalence, we've got a long way to go, we don't have enough credible information, a lot of it is anecdotal.

BP And when they do go to court and the officer of the court makes this statement, what is the recourse?

Usually nothing. In my experience because I have a programme that largely provides *court-mandated* treatment and intervention, it's community-based, I see a lot of women where the officer of the court says go and get counselling, sort it out, we're not going to prosecute because we don't have enough evidence, so the percentage of women that I would see for individual assessment, nobody ever calls for a forensic assessment to aid the criminal process, it's dealt with not even as a diversion, simply as a referral or recommendation, go and get help, go and talk to somebody to find out *why* you have the allegation against you, that's been my experience in this programme, it might not be representative of everybody that sees a female sex offender

BP But in your experience and to your knowledge, *are* there a lot of people who see female sex offenders in South Africa?

I imagine like in the early days with the management of sex offenders, a lot of people were seen in private practice, Psychologist, Psychiatrist, and they don't necessarily make it into the system unless there's criminal procedure or process in place, that's more likely to be the situation, so, and I'm basing that comment on the level of consultations I am asked to do, so it's not unusual for a Psychiatrist or a Psychologist to say, 'Can I consult with you, I have a female patient, this is what she's presenting with but no charges have been made', and I think that when it comes to female sex offender or somebody who's been accused of that, the mandatory reporting laws are not necessarily considered, you know, it's inconsistency, and I think there's still discomfort because we don't know enough, there's not a lot of credible evidence to guide people as such

BP We don't know enough and do we not want to address the issue or do we not want to know about it?

Look, I think it's uncomfortable, it's uneasy, you know, we're at a [unclear] level of comfort when it comes to male sex offenders, with women, unless the activity or the behaviour's extraordinary (*sic*) overt and criminal in its nature and it's cruel and it violates everything we know to be true, but if it has more subtle nuances, nobody wants to, you know, kind of take it, I don't think a Psychiatrist wants to run to the police and say, 'Listen I have a patient who touched her infant inappropriately', so it's, so the same trend was true when we starting (*sic*) engaging with the whole thing of incest and sexual abuse, way back in the 80s, if you were Black, if you were poor, person of colour, you were more likely to end up in the system, other people sat in private facilities like this

BP Is that changing?

I would hope so, I would hope so, I think there's a greater recognition that something needs to be done, there needs to be some form of intervention, and then I think that there's an awareness that a different way of thinking is necessary, and if we start thinking about this differently, then it's easier to interrogate what it is that we need to do.

BP So at the moment then, in terms of how we view female-perpetrated child sexual abuse, we're not really looking at it correctly, as it were, or we're seeing different to what it actually is.

I think it's more difficult to see the criminality, I think it's more difficult when it's a woman who looks like you or me to decide this person must be reported immediately and then to have faith that the protocols and the procedures are going to be followed, and so we lose it when it comes to the consistency of, and so I think because we're undecided, you know treatment, cure, reduction or punishment, so that's a debate that I think people struggle with, so should we be punishing, should we be treating, should we be creating more awareness, probably a little bit of (all) both, and so maybe (?) the same kind of principles that applied to the management of male sex offenders, retribution, rehabilitation, retribution, rehabilitation, I can't remember what they are, you know, maybe that's what, so there we have it, to *contain* the woman and to provide and give her the kind of skills and competencies that she needs.

BP So by that comment, you are also looking at the, the way I was looking at it, from the point of view of (participant nodded), supporting, healing (ya), providing, whatever, education whatever the woman might need, because I contend everyone has a story (absolutely!) I don't care who you are (no, absolutely), you've got a story (ya) some people play it out this way, other people play it out in a different way.

And the therapeutic needs of female perpetrators, the same, different to male perpetrators ...?

I would imagine that there are different considerations, in my experience, if you're providing the context, if you're providing an invitation to look at the narrative, if you're providing the engagement that says there's no shame, there's no judgement, there's no, you know, rejection, because you have *enough* of that in your own story, then I think it's easier to assess for the people who *will* respond appropriately and who are the people that we need to look at differently, and so that brings us back to the whole hobby-horse of risk assessment, so hopefully by now we've learnt that one size does not fit all and that the way we (unclear) this is by saying, 'Okay how do I do a credible risk assessment to determine what would work best for this woman, how can I bring her to the place where she's no longer a threat to her children, to her grandchildren, or to the neighbourhood boys', sorry did I answer your question

BP Um, so, each case is unique (yeah), and each treatment need is unique and in what you're saying, it's not necessarily a gender thing, or is it

(Pause) Look I think that the male sex offenders, you know, there's different dynamics in terms of the behaviour, the way they think, the way they emote, with women the proportions might be different, however, having said that, if you look at the male offender who subscribes to the seduction of innocents and who never really, this is crazy to say, physically is aggressive and violent but entices the victim with the relationship, with, you know, probably the best attention they're getting from anybody else then I suppose with women, what do we do best, it's how we emote, it's how we understand and how we *show* that and demonstrate that, so it's a grey area, I'm not, I'm not invested in one thought around that, I think if you, whether it's a woman or whether it's a man, but if you get to the *heart* of the story, and you then make decisions, is this, where do I do risk assessment, what's in the best interest here (of the ...) individual in front of you, because remember we had the same debate many years ago is the incest offender different to the child molester, to the guy who uses pornography, who's worse, and how should we treat them, so we know now one size doesn't fit all and you can't just have a blanket assessment tool and treatment, we need to take into consideration that person, story, their gender, you know wherever they come from, I'm sorry, I'm not making this easier

BP No (smile) but you've given me things to think about also ... in your view and with your knowledge and experience, what is child sexual abuse about?

Hm, if you'd asked me that 20 years ago, I'd give you the rhetoric it's about power and control, if you'd asked me that 10 years ago, I'd say it's about the dysfunction of emoting that people who commit sexual offences don't know how to commit or emote, if you ask me that now, I probably would say to you 'let's look at self-regulation, let's look at the linkage of the challenges of self-regulation and linkages to your story, and what it is that *you* have experienced', so my take is now very different to (unclear) back

then (?). So, what is child sexual abuse, what is abuse about, I think it has more to do with the lack of, the challenge of the self-regulation, taking care of what it is that I need, and not understanding the pathways that brought me to the behaviours and so if one can go back to those pathways and help to create an understanding then we know that if you come from a domestic violence background and you're the girl child, you positioned yourself in certain ways, if you were the boy that pretended or had to pretend not to see the incest in your own family and you present with certain things in your intimate relationship, so it's not as simple as saying it's about power and control (this or that), part of that is true and will always be true, it's about power and control, it's about gaining an insight, and (unclear) but that's not the full story.

BP So, it's pretty much how we are able to control ourselves, how we know what our needs are, what the boundaries are, how we live within (yeah) that and some people go beyond that boundary because they can't control themselves, can't self-regulate (yeah).

I think it's the understanding of mind (unclear), the boundary of self-regulation, the boundary of insight, the boundary of connecting those dots, and I think for a long time those of us who have worked in child abuse prevention, we focused on the behaviour, uh, on the *outcome*, and we've based *a lot* of what we know, how we intervene, how we assess on the behaviour only, and we short-changed ourselves, because people do feel bad about what they've done, whether it's male or female, they do have a sense of remorse, and some of it is a transitory remorse but it's our job to bring the depth to it so we reduce the likelihood of the behaviour happening again, so I think to focus on behaviour only and behaviour *controls* only, we never going to bring about the change that's going to keep kids safe.

BP It's focusing on the symptom (yep) not the cause ...

Or the outcome where there's a whole other depth of ...

BP And do you have female programmes, female offender programmes?

No, most of the female offenders that I've seen, I've seen them individually, I think it would be ethically inappropriate to have a mixed group of male and female sex offenders (okay), I've been running groups and doing assessment intervention for over 35, 36 years, I've never had a good rationale to mix male, female offenders, in fact I think it's downright irresponsible, and so to have a *female* sex offender *group-based* activity, I've had a discomfort with that, my discomfort has been that there's a lot of stereotypes, there's a lot of challenges around women and the kind of realities that they face, and to establish a female sex offender group would *escalate* harm and danger, and so I've chosen to see those women individually, with assessment and the interventions are individual (okay).

I don't think I've ever come across a group that says this is a female sex offender group, I do know that I used to run a women's group for eight years and what we did, we called it (name of group), which was less, I thought, kind of shaming, and stigmatising. The group had a core membership of 15 people, at least five of those people admitted to inappropriate sexual

BP So was that not a good thing (what, that it was called?) that they admitted within that setting?

Well it was good in terms of saying, 'This is the trauma that I experienced and this is how I acted it out in my own life' so it was linked to recovery empowerment, it wasn't 'this is a group for ...' (for this kind of ..) perpetrators, this is a group for women who beat their children, this is a group for, you know, so it was a matter of those admissions coming out in a space to deal with their own trauma, which is not what I was expecting when I, but it was valuable learning experience.

BP And then with those five women, what happened thereafter, did you do individual therapy with them?

For three, for three, out of the five and the 15, the 10 others, what that did, it opened the conversation for, 'Well you know what, I felt homicidal towards my baby, d'you know what I've had homicidal threats towards my child who's taking drugs, d'you know what, I've had sexual fantasies about my pastor' so it's opened up a whole different conversation.

BP And when it opens up a conversation, one can deal with it, this is what we've got

Let's look at (unclear), let's look at when we're exposed to trauma, let's look at how that articulates in my relationships, and so twinkle toes (?) those over there, this one over there, this is what you've disclosed, but what does this mean, so it kind of universalises it, helps people to look at

BP And you have male groups (yes) male perpetrators, so why would you not feel comfortable having the women, why did, you said you felt it would be dangerous (having women with men?) no, no, no, their own separate group

No, no, it would be dangerous to put a female perpetrator in a male sex offender group so I don't think, I don't think it would be *advisable* to run a group for female sex offenders unless it's in the prison, in a community-based context, I mean can you imagine the shaming, the blaming, the stereotyping, first of all the men in the sex offender programme, most of them are court-mandated, women, the ones where there's really vicious crime in concert with a male, often end up in prison, not in a community-based programme, so I think that, I don't think, having a group that says female sex offender group, first of all I don't think you're going to have a lot of people sign up for it, secondly I think it's damaging, in terms of issues that would you know have to deal with in a daily basis.

BP Which is different to issues that men deal with on a daily basis

The men's problem (?) programme (?) most of them, have, it's been public record, it's been in all of the newspapers, so there are different dynamics, and some of them have come out of prison and they've come out of prison to the programme on condition that they participate in a community-based sex offender programme.

BP So it's all then about how the women are perceived and how they would be perceived and how they would even perceive of themselves if they're now saying, 'Oh,

it's Wednesday, I've got to go (yeah) to my special group', it's not exactly book club (yeah)

And I think if you're looking at corrective rape and all those evils in this country, do we wanna add more *spaces* for women to be *victimised* from, nah (and more trauma), no, I don't want to be part of that

BP And mixing them, that would be

Oh no that's not even a thought, the female sex offender would be taking care and nurturing, you know, men in that group, and guess what the men would be doing, sexualising, objectifying, and pathologising vulnerability, which is not what they need to be provided with in counselling so, no, no

BP Ya, there was one in the literature that said a mixed group but I thought (no, no, no, no, no)

I'm sorry I've worked across different countries and I have yet to find justification, I know that, way back in Seattle, I was part of a group for female shoplifters, and it was a *monumental* disaster, it was a *monumental* disaster because what it did it focused on the behaviour and it focused on the *label* of kleptomaniac and whatever, it *completely* disregarded the trauma, it completely disregarded the journeys that brought the women and that most of these women were white, upper middle class, had stolen items that they did not need, but I mean what did we know better, then in the late 80s and early 90s, so there's enough stuff to learn from around managing females (absolutely, it would be good if we did learn it).

BP Offence strategies of the adult female perpetrators ...?

Look I think that for, I'm not talking about the group who does it in concert with a male, primarily, or the group of women who have a psychiatric diagnosis and this is in response to a psychotic episode, I think generally the similarities are, that's not what I meant, the cognitive distortions, when I put my finger in her private parts, I was only joking, you know there was no intent, so there's a similarity with that, the contextualising of a relationship where the waters become murky and there's a cross-over, there's a similarity with that, I think the areas like male perpetrator if we live in another country, you could measure sexual arousal, you can't do that with women, so that's a material difference, I think it terms of how the court manages the judicial process, we don't have the same consistency as with men, women who are more violent in their offences end up in prison, not in community-based programmes, so there are similarities, there are similarities in grooming strategy, there are similarities in the subtle nuances of grooming, 'I didn't do wrong, I caused no harm', you know, 'I sit, I'm part of the Women's Auxiliary, why would I get accused of this, why would I', so those aspects of grooming, and I'm not talking about the rudimentary stuff like selection, you know, compliance, and secret-keeping, I'm talking about the parts of making myself look okay, denial of harm, denial of injury, there are some similarities with male counterparts.

BP So, in general, the female perpetrator issue minimised both in the way we (yup) understand it (yup) and certainly the criminal justice system and all of that, so if you're

unlucky enough to be a *male* perpetrating the same crime, you will go down hard (yup) they will do whatever (yup) if you're a woman you can

Let me give you an example, there's very attractive looking woman, lives in a white suburb, had the friends of the son over at her home, plies them with alcohol, they can watch whatever, everyone goes skinny-dipping including herself, in the meantime she has her eye on one particular 15-year old, the 15 year-old is telling his teachers and everybody else, 'I have a cougar' and everyone is 'Aah, that's sexual assault', 'No, no, no, it's not sexual assault, I'm honing my, you know, sexual prowess with this 40 year-old', the 40 year old woman when she sees me after the people in the neighbourhood have alerted the police and Social Worker, when she sees me, she says, 'So what if I masturbate to the fantasies of what the two of us did, is that a crime?' and so she doesn't see how that is similar to the man who engages with child pornography, uses masturbatory fantasies before he actually re-enacts that with a real victim, so that kind of, so what is (*sic*) the behaviours that we're looking at, so the court is going to say, 'Okay so she has these young boys over, they're swimming there, they're playing games, they're watching naughty videos, so they go skinny-dipping, where's the crime, where's the crime', so it's

BP And if a male were to do that (absolutely!) with his daughter's friends (absolutely)

It would be called grooming, it would be setting the context, it would be exposing himself, if she skinny-dips it's dealt with differently, and there's certainly a shortage of statements from the so-called victims and I think the other, I don't want to up all of your time, when you're working with male perpetrators, and they start disclosing, their own childhood sexual abuse, some of them, then it starts to paint a different picture about prevalence, when you're talking about the female babysitter, then, you know it kind of creates a nuance, a different nuance, but we haven't gathered credible evidence about that, so it's anecdotal.

So if we're looking at similarities, using the relationship, using your authority of that position, if you're the babysitter, ya ... Your next question ...

BP And may I just say you're not taking up my time at all, I'm here for as long as you can possibly give me ... the impact on child sexual abuse on a victim whether it's a male or female victim, is it different when it's a female perpetrator or a male perpetrator, or similar?

I suppose my authority here is to identify and talk about the impact on the men who have disclosed and so the shame the guilt, the humiliation, that this actually happened to me, the secret-keeping, the kind of isolation that I was different, why did she molest me, why not my other siblings, what was it about me, you know, and now that I've sexualised that experience and I have victims, I'm being punished and she gets away with it (mmmmmm) so again that's similar to, I mean just before you walked in, I saw somebody who was victim, I mean it's a hands-off crime as far as we know of, and he reports how she told him, 'Well you know my mother molested me with her same-sex lover for years, and you knew it, you knew that that was happening because when I came to *your* bedroom when I was 10 and showed you how to masturbate surely, surely you should have seen the shame and the humiliation', so, ya, so I think again the impact, we can only take the accounts from people that come through the consulting room and kind

of make deductions from that, I don't think we know enough to *reliably* say it *is* the same or it isn't, I think it's a question.

BP Would it also depend on the meaning that the victim/survivor gives to what occurred?

[Long pause] Probably, and I think this is very [unclear 39:38] (I doubt that ☺) aha, you know we make assumptions, I started working with perpetrators because of my work with children, and I had enough of seeing ten child rape victims per day telling them the same thing, like, 'It's not your fault, nya, nya', same kind of thing, saying (unclear) 'Run away, tell somebody', that, you know, so that's where my work with perpetrators come from, so I think the, where we get it wrong is that we *assume* that every victim of child sexual abuse is exactly that, a victim and they take on the victim role, what we are beginning to see is that some of these kids are so clever (?), 'I'm not going to be defined by what he did, my resilience puts me in this category and therefore ...' so if you're looking at how they construct that experience, okay, often it has to do with, what is the context, what else was going on in the child's life, if the perpetrator used all the psycho-social vulnerabilities of that child and offered that child, the material benefits, alongside of the sexual abuse, you know that child's consciousness might be very different to the child who was well-supported, you know, kind of believes I was in the wrong place at the wrong time and nobody saw this, so I think we make assumptions and it's not, a judgement, you know, because we want to protect kids, but there's another voice, the kind of people that are documenting films are going back to the perpetrators and saying to them, 'Help me to understand what it is that you were doing', confronting them in a different way, confronting in (?) the report saying 'I'm no longer (?) you're a victim, I've taken back my authority and my power and control, so I am demanding an explanation' so they're not, all, being admitted to ... clinic or being admitted to addictions units (because of what was done to them) because of what was done, so often we assume that how they contract it is the same for all, not necessarily, but again if you're working with male perpetrators and you're working with survivors, we begin to get a different picture of the impact.

BP And your survivors, do you have quite a large group of

Ooh no, I used to run a survivor group for a long time, didn't call it that, we used to call it () for about seven years, so I see individuals, on occasion,

BP So there are no to your knowledge

No, I've done my bit in the trenches, survivor groups don't last long, I think they last about four/five sessions, because nobody wants to be part of, 'I'm part of a rape survivor group, I'm in an incest survivor group' and those groups didn't last long because the title of those groups just added more *shame*, and *defined* people by what had happened to them, and very few of us, got that, got that, and wondered why these people didn't turn up, even if we didn't charge medical aid or whatever, even if it was for free, they, after four sessions, they don't turn up, so my work with survivors, and that's by choice because I think I've done ...

BP It's just so interesting that there is so much stigma around this, an alcoholic woman would more readily go to a group, or wouldn't she, I'm leaping here ...

You're probably better off going to an AA group, and going to recovery for over-the-counter addiction, than to admit that 'I'm an incest survivor, I'm an incest survivor' there, you know, 'How do I explain to you that at Christmas time, still want to have Christmas dinner, a fight over Christmas turkey with my grandfather and my uncle and my dad who molested me, I should be running away, I should not want to go there' so there's all those kind of complexities where humiliate you (?) 'Ooh, you're part of the incest group', I don't think as treatment providers, we provide therapy that becomes untherapeutic sometimes and we do it with the best intentions, some people are *okay* with that, a lot of the women I've seen would be okay going to AA group, going to Narcotics Anonymous, than coming to Sorry that's my sceptical self

BP Even your sceptical side, it's so valuable (I've been in this business too long). You've been in this business too long but you don't appear to be desensitised to the thing

Oh no no no, if I become like that then I must go and sell Tupperware or Avon or something ...

BP Are you aware of any organisations or professionals who deal predominantly with female perpetrators (no) you've probably answered it along the route

No, just the, there's a whole lot of Psychiatrists and Psychologists who might see people individually

BP So if someone couldn't afford private practice rates

Then they come to me, because I'm the cheapest in town, or I do *pro bono* stuff,

BP And if this person is in Johannesburg or in Durban ...?

Then you hope the child family clinic could link them to somebody who doesn't have, is not attached to charging, hopefully

BP Not a lot of them around, hey

I know, I know, that's the justification for doing male perpetrated work, (unclear) the male perpetrator who's known to be a millionaire has been to prison, can afford to pay top rates, *that* person is going to fund 'Mrs Smith' who can't afford to pay, so that's my justification rightfully or wrongfully (?)

BP Well, you're helping both (yeah) in a different sort of way but at least you're helping them

I think that people like, no, no, (unclear) say FAMSA, Nicro, most of it is in non-gender-based violence, I think people are nervous to touch male perpetrators or sex offenders, female or male, I just think there's a discomfort

BP Ya, from what I've been hearing, they head for the hills (absolutely), funding ...? there's no nothing (no)

I'd, sixty people (unclear) my programme, 40% of them can't pay. People that cannot pay, and my sense is the female sex offenders I have seen have largely been white, upper middle class, married to professional people, wives, pastors' wives, so The people that have gone to prison, I've only seen three people here, at Pollsmoor where it was done in concert with a male

BP But they get equal sentence ...

No, the women got less than the male counterparts and the only reason that I got to consult with them was, you know, again, *pro bono* work and that I was able to see them at the prison afterwards.

BP On that topic, what *do* we need to do for female perpetrators?

I think that if you're working with gender-based violence, this should be part of that, um, that if you have an existing programme, that what one can do is provide, you know, a similar kind of space for these women to work, that's the one thing, the second thing is those of us in academic settings, we have to continue debunking the myth that a perpetrator is a very special kind of animal, and that *only* certain people have the skill or competency to either sense (?) or intervene with them, my argument and my stance is that the only perpetrator you know about is the person who's been convicted or been exposed, if you're going with the sexual assault incidences in this country, then there must be many more female/male perpetrators in our churches, in our schools, in our communities and a little bit in our families, and so it's programming that doesn't stigmatise, that doesn't shame, that's strengths-based in its orientation, the second thing is how are we training people leaving university, and then thirdly I think identifying those staff members that are willing to work with this population, and to provide them with the support.

We can't even begin to talk about funding. My stance on perpetrator work is that it needs to be self-funded, because if you, whether you're male or female, if you get charged, the first thing that they do is appoint you a legal, a senior counsel, so if people can afford to pay for Advocates and Attorneys, then you can afford to make a contribution to your own treatment, whether it's small, whatever, that needs to be linked to a therapeutic value.

BP You mentioned the male perpetrator court-mandated, is that in every case, do they all have to go for treatment?

My programme's not a diversion programme, I'm uncomfortable with a diversion programme for adult male sex offenders, I am of the opinion that these folk *have* to take responsibility and face consequences. My programme is a community-based one, most of the people come in through (?) court-mandated option, which means that treatment is not by choice, it's obligatory and compulsory, so if you don't participate, you don't attend, then there's an alternative (incarceration) ya, you go back to, so some of the people are on parole, sex offenders by their nature don't come asking for services, they ask for services once they get charged, and once the victim talks, we don't know if that's the same for female sex offenders, we don't know enough, we know there's enough parallels we can take from the sex offenders we know about, and so you know possibility that's something that one can explore, I think, having a self-help group, I've *always* had very strong opinions about that, self-help groups for sexual offenders have not had good outcomes, self-help groups for sexual offenders have *escalated* sexual violence against women and

children. My discomfort now is with the new family of intervention called 'Sex Love Addicts', SLA, you've never heard of (no), SLA are often attached to private psychiatric clinics and so a programme like mine usually ends up with paedophiles and people who've committed child pornography offences after their medical aid has run out, and then they're no longer sex love addicts, they may (?) exactly what I thought they were, paedophiles, child molesters, what I call porno fans, so, that's the other area where I think, women who commit sexual offences are kind of hiding in the open if you want to call it that, so again I can only talk about the world that I work in (and that's the world we are looking at here) somebody else's experience might be very different.

BP What needs to be done to bring these women out of hiding?

I don't think we can bring them out of hiding unless we have the space for them, I think that would be cruel

BP So how do we provide the space and how do we bring them out of hiding.

I think the same kind of awareness-providing, education, having a track where these people can, where there's folk that they can work with to change the behaviour, that's where we need to start, and, you know, just by the way you might want to find out about Sex Love Addicts, and see if anybody there knows about it (thank you I'll have a look...) SLAs they're called. They're a self-help group for, ya, people who have sex love addictions ...

BP So with the female perpetrators we want to create a safe space (ya) a space that's not blaming, not shaming, not judging (but holding to account, ya), it exists, come talk to us (ya) you won't be reported ...? (it has to be reported) and then what happens?

Then it's up to the courts to decide, listen we don't have enough evidence here, or this is not likely to result in a *positive* conviction, however, we do not want another victim to prove that our hunches are correct, and so that's where the programming, there must be a consequence, there has to be, you cannot have legal consequences for men if women are committing similar, so there's some things that's not negotiable, and that's mandatory reporting is not negotiable, the Children's Act, the Sexual Offences Act and its obligations are not negotiable, I will not see a female sex offender until the judicial process has been handled, the one thing about being older than 50, you learn not to be a dumping ground anymore, and so for a long time Social Workers, Psychologists kind of saw this programme as a dumping ground, so they charged the person, they see them for counselling but the legal obligations haven't been attended to and when they get painted into a corner with their patient, then they refer them, so I don't take because I'm, we all have an obligation, so if someone comes and says, 'I molested my grandson and I've been taking pornographic pictures of my grandson', the law's very clear on that, and so that patient needs to know, 'I can, we have to report it, this is the protocol that will get reported, I will continue seeing you for counselling and whatever the court process is, that's a separate thing, this is where we create the space for you to take responsibility ...'

BP Okay so those could run concurrently (ya)

And it can be a parallel process

BP So in that situation, this person would come to you, this is what I'm doing, I'm doing this, you report it to whom, to the police ...?

If the person, usually the point of referral, there would have been a Social or somebody else involved that said go to (own name) and at that point (own name) would say, 'Okay sweetie pie (name of person) contacted you, let's call (name of person) ask (name of person) to do the necessary, once you've done that, you come back to me

BP And what would (name of person) do

Report her, if not, then I do the form, I think, I can't remember there's a , in terms of the Children's Act, we report it to the Department of Social Development, I think it's a Form 24 if I'm not mistaken and so I will continue seeing the person but the Department of Social of Development will have to, and then you better hope that they do it, the one matter I did that, it took them two years, by the time they responded the patient had committed suicide in another country

BP So that's the other thing even if one comes forward and says, 'Listen I've got this problem, I know it's a problem, I need help, I'm coming to you because I've been referred to you', you're then obliged to do the thing, the Department of Social

You'd better hope that the bureaucratic procedures and processes are effective, which it's not always

BP It's not with the men either ...?

No, unless it's a really bad rape I think, if you call it that, or *multiple* victims, yep,

BP So these guys who end up in jail and women who end up in jail, they are the exceptions

No, they're the ones where the evidence is being, is strong (oh strong evidence)

BP And the legal fraternity can't but (yes, the prosecutor has enough to, successful conviction, positive outcome), okay so it goes from here, it goes to court, they decide yes there's enough evidence, then it's the whole thing, witnesses, trials ...

Not necessarily, if the perpetrator doesn't want his victim in court because he doesn't want the victim to tell his or her story, he pleads guilty and says, 'I'm guilty, I'm guilty, I'm guilty, there's no need for the victim to come, it's fine, I'll just plead guilty', that's one way that the more compulsive male perpetrators don't get the child's story heard, so the court doesn't see the tears, the humiliation, the shame (and that's allowed?) if he pleads guilty (is that it?) we've got a successful conviction (so this guy could technically have 15 victims ...?) the sad thing is that our best leaders in the child protection unit, those resources are missing, so there's a whole lot of new people, people like Rape Crisis, people like RAPCAN, like Mosaic, have put a *lot* of resources into *training* police officers into ensuring that the officer who takes the statement knows how to manage this, so that we get the best possible outcomes, those people have left, and the funding has been capped, funding has been capped, NGOs don't have those resources, so it's like the revolving door and so the perpetrator who is more compulsive and has good

legal support, you know, is most likely not going to, because the investigating officer might be sitting with a *huge* case load, so it's, what I think I'm saying is, *systemically* if we provide protocols, spaces, programmes, then the big picture needs to be articulated as well in terms of protocols, procedures, support and so it's not just the healing part, it's the *management* part, it's the socio-legal stuff that we're dealing with the whole picture.

BP And there are huge gaps everywhere (yup) by the sound of things (yup, yup) from this point of view if we can at least start somewhere and look at female perpetrators for purposes of this research in a different light without not holding them accountable but at least not just sending them the legal route

Holding them accountable legally could be a therapeutic value, add to it, it's not *our* job to decide how they're managed legally, that's the court's job, our job is to make sure that we comply with the merits and obligations of legislation, and secondly our job is to make sure that we equip this woman not to get into a similar situation so that there's never going to be another victim by her hand and that she knows enough about herself and her pathway to change, you know, the kind of history of kids in her family, and I think that's where the parallels are, if we didn't do what we've done with male perpetrators, we'd never come this far and so I'm hopeful that with female perpetrators creating a healing space with the proper boundaries, you know, that we can contain and make a difference ... which is why I'm so pleased about your research because it opens a conversation that's badly needed.

BP And at least if we're looking at it (oh absolutely), okay, what do we need to do, this is this, we can't do anything about, there's no money, but at least we're talking about it (ya)

And we can't be fatalistic and say, 'Ooh, we can't do anything' there is something we can do

BP And one has to start (yep) if you don't start, of course (yep) there's nothing to do (exactly)

And the one way, not to reinvent the wheel, to say, 'Okay, what have we learnt about this field, what have we learnt just as much as we are having to learn about child perpetrators, what have we learnt, and what can be part of the best-practice for now'.

BP And we haven't learnt a lot from what you're saying, well we don't know

We've learnt enough but we have to interrogate these learnings, and we have to pull out the anecdotal stuff, and look at what's, identify what's evidence-based, look at what research has been done, what works and what won't.

BP You've used the word pathways (yep), I'm looking at the descriptive model of female (sex offenders), Theresa Gannon's work (aaah!) and it's about 'pathways' and there's the avoidant and ...so what is all of that about?

Look, if you, if you're looking at the pathways, some researchers say that okay these are the kind of traumatic events in one's life, so the pathway you choose is either pretend it's never happened and so the kind of responses you develop in adulthood would

be avoidant, or it would be passive-aggressive, or it would be, you know, the different pathways that they, and so for many offenders, the pathways are different, similar, but different, I think what you want to do is to look at Pamela Yates work, have you looked at it (no) you must look at her work, (thank you) and you want to look at Tony Ward's work (that was the original descriptive model of male offenders) yes (and then Theresa Gannon did the females) yes (what was the other one) Paula, Pamela Yates (I wonder if I have) she looks at the Good Lives model (oh okay, I think I've read, yes), okay so why I'm saying although their work is about male offenders, the pathway model is very, the classics of it, and she unpacks it very well, the same that is it Gail Ryan does in terms of the pathway model work with adolescent offenders, so when I talk about pathway, it's a trajectory given what's happened in their *own* lives

BP So up to this point that then led to ...

Okay, so this is what happens to you, so either you become a drunk and an angry drunk or an alcoholic or a pornographic addict or you hang out in gambling dens and give away your wedding rings, microwave or whatever or you just become so angry and you're sadistic and you use people or the other ones that you just become so sad and angry and pretend that nothing's, and you're the world's biggest victim, *everything* relates to your victimhood, and the other one is a little bit of everything, and then how your personality adapts to, so when I say pathway I'm saying we need to understand that, because for a long time we said, 'It was power/control issues, they must *all* have been abused as a child', what we know now is that it's not only child sexual abuse, it's, there's other forms of trauma that have contributed to the way people behave whether it's male or female, at this stage

BP That was actually the next question I wanted to ask you, it's not directly linked here, but the cycle of abuse, are we saying that all sex offenders had some kind of sexual victimhood in their childhood

No, we *used* to say that and Social Workers and Psychologists were the main culprits for doing that, so write nice reports, and go to court and get paid a lot of money and have our names in the paper and say, 'Oh ya, you know the abuse stems out of their own', what we know now is that that trauma could be anything, the trauma could be the instability of a family, you know father was in the army, lived from army base to army base, low stability for that child, it could be chaotic kind of development around psychosexual identity, are you familiar with the book *Pinkie Promise* that was written (no), okay, so one of the situations that I've had was perpetrator had never been sexually abused, *ever*, but when he was four year old he was playing in the cot with his baby brother who was 18 months old and he was playing with matches and the cot burnt and his little step-brother died, burnt to death, he was four, but by the age of six he started molesting, by the age of six he started molesting, by the age of nine he had not stopped molesting, and the marriage broke up, mom and, I saw that kid, I saw him when he was 12 and then I saw him when he was 17, he's now in the programme as a (*sic*) adult, how old is () is 35/6 only recently, two years ago, been diagnosed with ADD, no sexual abuse, whatsoever, upper white middle, upper middle class white family, being kicked out of a number of private schools, so the argument is, was he a bad kid to start off with, which is why he was playing with the matches, or did, was that the seminal point, and seminal engagement for what was to come, who knows

BP But it's quite mindboggling that it went from that to (ya)

So, () is 36, the (unclear) 40, 41, been seeing him since 15 at different points in his life, same kind of story, father's a horticulturist, mother's a professional woman, lived from place to place, lived across two continents, mother used to work abroad, father used to work here, used to be put on the plane from the age of seven, wherever mom or dad, complete instability, no kind of support network and so he describes his family as 'You know how we all need a cushion to land on, I've never had that' where before, you know, we used to link everything to child sexual abuse, so again my experience and listening to perpetrator stories male and female, you know, indicates that we should be thinking differently.

BP Ya because it could be anything (ya, not necessarily child sexual abuse)

I think the other, I can't remember if it was Abel Beck, years ago, I think it was in the 80s, they did a study in Canada with a whole lot of incarcerated perpetrators and at that time everybody was fighting with a guy by the name of Nicholas Groth, Nicholas Groth came up with the rape typology and a whole lot of people thought it was a load of absolute gobbledegook and sent off researchers to go and find, you know, the common denominators with the typology, and so they were *looking* for *personality* types and the one thing that stood out with this (*sic*) 970 perpetrators that they interviewed was a very rigid religiosity whether it was Christianity, Judaism, whatever but it was a very deep religious kind of ethos in the family where anything to do with sexuality with emotions was flattened, so you know that was the beginning then that we might be looking in the wrong place, I can't, I think it might have been Abel Becker, I remember being at a conference where that research was presented but it's way back in the 80s.

BP But still that's very interesting way back in the 80s even these days we kind of the cycle of abuse because he or she was abused as a child that's why it's happening now

So it's not untrue but it might be bigger than ...

BP There could be other things (ya) which opens up the whole conversation even more because now you're looking at the military family you mentioned, in and of itself perhaps it doesn't seem like a 'bad' thing but if it created an instability in this child (ya) and it went off in that direction, gee, and the other one with the matches is

I know, I often, he's a young adult now, his life hasn't changed much.

BP What is your, what feelings come up for you when you think of adult female perpetrators?

We've got a lot of work to do, and the general feeling's I've done my bit, I've been in this field for a long time *way* back then when I was *screaming* about, you know, we've gotta look, nobody would hear, but it's my fault, I never *documented* it, if I wanted to be heard I should have *documented* it, I mean that's a lesson we learn very late in life, your writing is where you get heard and where people listen, it's not the only the poor students we force to read this stuff, so what feelings come up, that we don't have to reinvent the wheel, that we've made lots of mistakes in this country, that there are examples of best practices that we can learn from, we live in a right-space community and

so the same obligations and merits that we afford the Oscar Pistorius and whatever applies to this clientele group, or this lot of patients and until we get our acts together, this group of people will continue hiding in the open because *we* can't get it together, *we* don't have the courage to say 'I can work with this group of people' if I say that I'm investing in strengths-based approaches and I'm investing in, you know, the obligations in living in a right-space society, then that means, whatever this person has done or not, you know, I think find ways to lead them into healing in a responsible way that still takes into account legal obligations, we don't have to be punitive, they have enough shame, you know, and they have enough humiliation, so, but it just becomes easier to focus on the ones we know about and keep the spotlight on that.

BP And there are more of them than there are of this group (absolutely) so it's the numbers also.

I mean, the discomfort around funding, I've also contended perpetrator work must be self-funded, it must never ever take from funding for the other women and children, we have to find other ways, the challenge with that, this work is going to become popular and the wrong people are going to get in on it, like they've done for sex offenders, ya, but funding, changes, again, and those of us now need to put something into play.

BP And do we need specialised, people with specialised training to deal with ...?

We need people who's willing to be trained in the right approaches, we need people who have the necessary competencies and who have the right personal attributes, you cannot have what I call 'Basket weavers' who want all the sex workers off the streets and teach them how to knit socks so that they don't sell sex, you can't have those kind of people, you've got to have people who are going to say, 'Okay let's look at the whole person, let's look at what is it that needs to be changed', sorry, that's my soap box ...

BP And the practitioners who have the stomach for it ...

Actually, you don't have to have the stomach for it, you simply need to have the right attitude to say, 'This is a person, I *know* what this person has done', I mean people in the clinic here, 'Some, oh God, we don't wanna deal with domestic violence perpetrators, get (own name) to see them' and they don't know who else (unclear) it's only the ones we know about, so I think it's one having the right attitude, if you want to do mental health work, then, you know

BP You need to take that out of the equation (ya)

Take the shame, take the blame out and treat the person as a person, and if you're working from a human rights perspective a right's space perspective then you don't need the stomach, what you need is the kind of right attitude and knowledge to know

BP Ya, so, I would have thought the stomach, but you're quite right, but perhaps just change the perception of how (ya) the entire subject, not just perpetrators, the entire subject that's not spoken of

I'm supervising a (*sic*) M student who wanted to look at children between the ages of five and nine who committed sex offences, when I got her initial proposal or rather

three proposals, she was referring to mini perpetrators, child predators, the very kind of words you use for adults, predatory sex offenders, except that these kids are five to nine, and it was, she now, there's one thing I'm not as patient as I used to be, and so to get her to understand you're running an agency that has child abuse prevention as its core function, so what can we do to get you to think differently about the five year old, so it's the same kind, same kind of dynamic (?), how we think about these women is going to influence how we (how we deal) and how respond to the issue, so it's the thinking and the awareness that we've got to increase (?) ...

BP And as mental health practitioners, one has a huge duty to think ...

They have an obligation, and if you can't do this kind of work, because of your own experiences, we respect that and say okay (then don't do the work) ya, so not to kinda (*sic*) mimic what perpetrators do and persuade and collude and seduce them into working with a population of clients or patients that they aren't comfortable with.

BP [Long pause] That's such a valid point, about not doing what perpetrators do because there seems to be a tendency with human beings to want to persuade and to (ya) 'Oh come on I know it's not comfortable for you' (shift the focus) ...

We *mimic* the very dynamics that we fight, persuade, seduce, shift the focus, manipulate (but we just don't see it as perpetration of anything bad), I think that people the ones who keep a tight inventory on themselves, they know, I mean I know when I walk into my sex offender group, there's one guy in the group if I look at him he shivers in his boots, and I know if I've had a bad day, all I need to do is look and 'Oooh oooh oooh' because he *always*, so even if he doesn't, so I'm aware, it's about a power thing, and what am I doing, I'm mimicking, choosing the weak one and setting the tone for the group, 'This is what we're doing tonight, don't mess with me', I mean it's exactly what

BP And we are doing it in a, I don't want to say in a healthy way, but in a normal, in normal kind of interaction, so imagine (yeah) what it's like with someone who wants to get something out of you (yeah) and what I want to get out of you is something that's not legal (absolutely), it's frowned upon, whatever, so we're all 'mini perpetrators'

Or if you're working with this group of people it's recognising how you know their dynamic, how you can, so if a perpetrator comes to group and brings a box of bananas, you know it's up to, *I hope*, the other would say, 'You can't do that, because that's a grooming activity, what you want to do is bring a box of bananas so that when you mess up next time, we go soft on you (because we remember that you brought us) you brought us bananas' (how interesting) so it's keeping it real and mirroring that, and saying, 'Okay so your car won't start and you've got two mechanics, oh we'll sort your car out, thank you but you can't because we don't want to have duplicitous relationships as a perpetrator and as the facilitator, it's my job to ensure that you stay in your domain (?) as I do' because that's where, you know, the waters get murky, so I think unless you're prepared to hold yourself to that kind of account and, you know, look yourself in the eye and say, 'What was that about, am I mimicking without knowing, or am I, you know, shifting the focus here, and what is the game plan here' so

BP And it's about being self-aware (ya, absolutely). Since I began doing this I've noticed a couple of things in myself and I stop and think if this were a sexual thing, I would be accused of, not quite, but you do kind of say, am I doing this for the right reasons or am I manipulating ...

I have a student from [] University and she works with sex workers, and I suspect that one of these sex workers who also works as a peer counsellor might have been high or might have used, so the patient walks into the room and she pulled three chairs next to one another and she says, 'I'm tired, I want to sleep' and my dear sweet little student from the USA in New York, gets up and goes over and starts patting her and says 'Are you okay' and of course me [the interview schedule slid off my leg and participant picked it up for me], 'Like what was that about so if this sex worker said that you were soliciting her in the counselling room', I thought this poor student was going to go through the window, and I'm saying, let's just look at the responses that, that we are taught to demonstrate care, and how we abuse that in any context without, so I said, 'I'm suggesting that you, just think what that might have meant to her', and I think it's that kind of thing, and I suppose, comes back to being boundaried (sic), and if anything, that's what you know we can create for these folk

BP Big job ahead for all of us

So you still have ...

BP I've taken up so much of your time (is your next one, unless you're done, or not) I'm done (okay).

Thank you.

Interview ends

Notes:

- 1. Busy, warm, most knowledgeable of all participants.**
- 2. Has worked with female perpetrators.**
- 3. Name given to me by three people in same province.**
- 4. Good discussion (appreciated/impressed by interviewing tools, off record).**

Appendix B

**Letter Inviting Participation
(sent to all participants as an email)**

Dear ,

My name is Beba Papakyriakou, and I am a registered Doctoral student in the Department of Psychology at Unisa.

I am doing research on mental health service provision in South Africa for adult female perpetrators of child sexual abuse. The research has been reviewed by the Ethics Committee of the Department of Psychology at Unisa, and it was approved on 17 September 2015. My Promoter is Professor Juan Nel of the Department of Psychology at Unisa. His contact details are [REDACTED].

I wish to invite your voluntary participation in the above-mentioned research. Below are the details.

Context. Female-perpetrated child sexual abuse is not a recent phenomenon, but incidences tend to be denied or disbelieved. Adult female perpetrators of child sexual abuse are known to exist but appear not to come to the attention of the criminal justice system, particularly in South Africa; they are also not offered sufficient treatment and support. Literature indicates that these perpetrators are themselves victims in some form, and while not conclusive, that many experienced childhood abuse.

In South Africa, prison sentences for these types of offences range from 10 years to life imprisonment, and punishment may now include participation in treatment programmes specifically designed for sex offenders. However, there is limited research on adult female child sex offenders globally, and only three related studies in South Africa, in contrast to the number of studies and treatment programmes for adult male perpetrators of child sexual abuse, particularly abroad.

Purpose of the research. The purpose of the research is to ascertain what is known about (adult) female-perpetrated child sexual abuse in various mental health service provision environments in South Africa, what treatment is being offered, and what else could be offered. The rationale is that treating such offenders could prevent re-offending, thus reducing child sexual abuse; furthermore, these offenders could have the opportunity to heal from their own experiences of being victims in childhood and as adults.

Findings. Once the thesis has been examined, it is my intention to circulate the recommendations for practice emanating from the findings to relevant individuals and organisations in South Africa. The purpose would be to encourage sharing of knowledge and information regarding female-perpetrated child sexual abuse and to provide opportunities for treatment and healing for both victims and perpetrators. In addition, it is my intention to provide each participant with a summary of my report including the

recommendations by way of a Feedback Pamphlet, with no identifiable biographical details, as a means of thanking you for your participation.

Assistance & participation. I would greatly appreciate your assistance regarding the topic of the research based on your understanding, experience, and knowledge, through your voluntary and confidential participation in a private, individual semi-structured interview with me based on a few questions, at a mutually convenient time and location.

You would be welcome to ask me questions about the research, to withdraw from the research, or to reschedule an appointment at any time should you wish to continue with the research, while the overall research is in progress.

Duration. The discussion should not last longer than 60 - 90 minutes.

Audio recording and transcription. Our discussion will be audio recorded. I personally will be transcribing the interview and will not include any identifying biographical details. Upon completion, the audio and transcription will be stored in a safe place, accessible only to me. For quality assurance purposes, my Promoter could request copies of the recordings and the transcripts, while a third-party quality assurance consultant could verify my interpretations of the data.

The details that will form part of the analysis, as well as the research report, will be used as if they had been submitted anonymously. However, I would need your personal details for purposes of being able to communicate with you before, during, and after the research.

Indicate your willingness to participate. Should you wish to participate, kindly respond to this email with your preferred contact details. I will communicate with you in due course to iron out the details. You are welcome to email me or telephone me should you require any additional information.

Even though there will be no compensation for participation or any direct benefit to you, with your assistance and participation, the completed research would contribute both to the broader field of child sexual abuse with specific reference to an under-researched population, and to the practices and work of those in the mental health services provision environment.

With thanks in anticipation,

Beba Papakyriakou
BA; Hons BA (Psy); MA (Psy) (Cum Laude)
Member of PsySSA
Tel/cell: [REDACTED]
Email address: [REDACTED]

Privacy: I respect your privacy, and details will not be shared with 3rd parties. Also, only up to three emails will be sent in an effort to reach you for purposes of inviting your participation in doctoral research.

Appendix C

Informed Consent Form

for the research entitled:

**“Mental Health Service Provision in South Africa
for Adult Female Perpetrators of Child Sexual Abuse” ***

-
- ✓ Name of Researcher: Miss X M (Beba) Papakyriakou
(registered Doctoral student, Department of Psychology, Unisa)
 - ✓ Name of Promoter: Professor Juan A. Nel (DLitt et Phil) (Psychology)
(Professor working from home, Unisa)
 - ✓ Ethical Clearance: 17 September 2015 (Professor P. Kruger for Ethics Committee of the Department of Psychology, Unisa)
-

Statement by Participant

I have been invited to participate in doctoral research involving private, individual interviews to ascertain what is known about (adult) female-perpetrated child sexual abuse in various mental health service provision environments in South Africa, what treatment is being offered, and what could be done further to support these perpetrators, and to facilitate the process of healing.

I understand that my participation is voluntary with no compensation or direct benefit to me, and that I may withdraw from the research at any time. My responses will remain confidential, and I understand that direct quotations from the interview could be utilised in the thesis with no identifiable details pertaining to me or to any third parties that might be mentioned in the interview. No information that could identify me will be included in the thesis, the subsequent report on the recommendations for practice emanating from the findings, or in the Feedback Pamphlet [subsequently renamed Abridged Research Report] to be sent to participants.

I consent to the audio recording of the interview, and the subsequent transcription by the researcher. By signing this consent, I agree to these stipulations. I have been given the opportunity to ask questions about the research. My questions have been answered to my satisfaction.

Participant name: _____

Participant qualification/s : _____

Participant signature: _____

Date _____ Place _____
Day/month/year

Statement by the Researcher

An overview of the research was sent to the prospective participant ahead of time when inviting his/her participation in the research. A hard copy of this consent form was signed by the participant and by me. I have retained the signed copy for my records.

I confirm that the participant was given an opportunity to ask questions about the research; any questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Researcher: _____

Signature of Researcher: _____

Date _____ Place _____
Day/month/year

Contact details of Researcher:

Tel/cell: [REDACTED]

Email address: [REDACTED]

* Title of thesis modified to Mental Health Service Provision in South Africa and Women's Sexual Violations Against Children.

Appendix D

Interview Schedule for the research entitled:

“Mental Health Service Provision in South Africa for Adult Female Perpetrators of Child Sexual Abuse” *

Aim of research: To ascertain the following—What is known about these perpetrators, what treatment and support is offered to them, and what could be offered to facilitate healing, and alternatives to incarceration as the only means of rehabilitation.

To begin, could you tell me a little about your qualifications and your professional experience.

Questions to guide the discussion:

- ✓ **Prevalence.**
 - In your understanding/to your knowledge, what is the prevalence of adult female-perpetrated child sexual abuse (CSA) in South Africa?
 - To what extent, if any, do you encounter adult female perpetrators of CSA in your practice/work?
- ✓ **Offence strategies/impact/effect of CSA by adult females.**
 - What is known about the offence strategies of adult female perpetrators of CSA?
 - In your understanding/to your knowledge, what are the differences or similarities of CSA perpetrated by adult females compared with CSA perpetrated by adult males?
 - In your understanding/to your knowledge, what is the impact on children who have been abused by adult females compared with those abused by males?
- ✓ **Mental health services environment.**

For the benefit of adult female perpetrators of CSA:

 - In your understanding/to your knowledge, what types of organisations and/or professionals deal predominantly with the dynamic of CSA being perpetrated by adult females?
 - In your understanding/to your knowledge, what are the treatment approaches offered to adult female perpetrators?
 - What is your view/experience/knowledge regarding the treatment modalities for adult female perpetrators of CSA, e.g. group therapy, individual therapy, etc?
 - How would you describe the therapeutic and counselling world in South Africa when it comes to providing treatment and support for adult female perpetrators?
 - What could be done further or differently to provide support?
 - If you have encountered adult female perpetrators of CSA in your work, do you treat them or do you refer them elsewhere?
 - What course of action could be taken to create a safe environment for adult female perpetrators of CSA to tell their stories and seek help to heal themselves?
 - What could be done to facilitate prevention of adult female-perpetrated CSA?

) **Mental health services environment.**

For mental health service providers involved in the treatment of adult female perpetrators of CSA:

- o What feelings, if any, come up for you in dealing with this type of abuse?
- o What support is offered to those working with adult female perpetrators of CSA?
- o What could be done further or differently to provide support for those mental health service providers working with adult females of CSA?

) **Psychology's role.**

What role does/could the field of psychology play in relation to

- o the behaviours and actions of adult female perpetrators?
- o the impact on the child victims?
- o the effects on the broader community?
- o mental health service provision and mental health service providers?
- o the related therapeutic professions in the form of creating new theories to deal with this phenomenon?

) **Is there anything you would like to add?**

* Title of thesis modified to Mental Health Service Provision in South Africa and Women's Sexual Violations Against Children.

The coding certificate (*Appendix E*) appears overleaf, as I did not wish to delete the coder's logo and name in order to insert the appendix number.



Prof Jeanette Maritz
Academic & Research Consultant

25/4/2017

RE: CO-CODER FOR A QUALITATIVE STUDY

Student: X M (Beba) Papakyriakou

Student number: 511 113 7

Title: Mental Health Service Provision in South Africa, and Women's Sexual Violations against Children

This is to confirm that I have acted as an independent co-coder of the study. I can confirm that data and theme saturation were achieved and that the researcher and I have reached consensus on the main themes.

Prof J E Maritz

Specialist Qualitative Researcher

Appendix F

Co-coder Confidentiality Agreement

I, Prof Jeanette Maritz, hereby declare that I understand and agree to the following conditions with regards to the co-coding of the transcriptions.

1. I understand that the transcriptions are received for the purpose of co-coding of the interviews held with the participants in a research project titled: Mental Health Service Provision in South Africa, and Women's Sexual Violations against Children

2. I acknowledge that the research project is conducted X M (Beba) Papakyriakou (Student no. 5111137), University of South Africa.

3. I understand that the identity of the participants and any individuals/ organisations/institutions discussed as well as the content of the transcriptions are confidential and may not be revealed.

4. I undertake to treat all transcriptions as confidential content to which only I will have access. I will keep the transcriptions and any copied material securely.

Full Name of Co-coder: Jeanette E Maritz

Signature of Co-coder:

Date: 25/4/2017

Full Name of Primary Researcher: Xanthipi Malama (Beba) Papakyriakou

Signature of Primary Researcher: **Signed Date: 25 April 2017**

Appendix G

Verbatim Quotations in Support of Authenticity

(Effect of the Research on Participants and Their Aspirations for it)

when ... read through your stuff [the letter inviting participation and the Interview Schedule] ... realised you look from ... different angle ... that is important, because if you keep ... looking ... normal angle you're not going to make a difference ... please write your doctorate ... make a difference ... don't just write to get a doctor's degree ... walk among all ... doctorate degrees ... how many of these are programmes ... use today, make yours ... practical ... if you can ... write yours with one final chapter where you can identify passionate people changing these lives ... offer support to them because they are lost ... in solitude ... offer oasis for sexual [*sic*] deviant behaviour but ... lost in terms of no help, no support ... that's important (P #12)

one of ... reasons I responded to your email ... thought 'Wow thank G*d somebody's thinking about this' ... problem is particularly ... as a male writer, this is the experience I've had not just around this ... the profession is dominated by women ... when I've raised stuff in my peer ... because I'm the only male, I bump into ... wall of resistance to concepts ... just obvious ... when ... get named ... week later ... 'Actually, it's not I who said this it's ... or it's a client said it ...' then it's fine ... think about it, so as ... male writer ... this kind of issue wasn't going to be thought about, if

a female writer took it up, which is why, it's much more likely to pique some interest, so it's good ... some good research (P #25)

you will do two things already ... will contribute to ... theory because ... such un-researched topic, and ... will hopefully raise awareness by radio talks ... magazine articles ... making it part of 16 days of activism ... You're doing good work, good luck! ... I'm a passionate researcher, please if I can help you in any way by referring you ... and you should approach someone to write a little article in a popular magazine (P #20)

hopeful that with female perpetrators creating ... healing space with ... proper boundaries ... that we can contain and make ... difference ... why I'm so pleased about your research ... opens a conversation ... badly needed (P #27)

do believe you've really touched on a nerve here (smiley voice) ... a whole new niche area of understanding ... I'm sure my wife, my friends would *love* reading what you have to write here and understanding it, ... book for parents ... understand about sexual offences ... sexual offending on children, I would certainly buy it, every parent, every father, well responsible father would want ... read it ... understand the phenomenon (P #29)

So it means your study's *epic!* ... glad also ... the interview was not just about interview ... was thought-provoking ... if that is the case ...it's a beautiful study ... because ... I could have dished out answers ... not even have to think through myself, my role (P #10)

working with female sexual offenders is especially challenging ... because of society's attitude, the complexity of their problems ... lack of resources ... time ... they're a forgotten group within our therapeutic communities ... on ... flip side ... often more difficult ... protect their children from them, the children they're abusing ... forgotten group because in some ways, male victims ... adolescents ...kind of glamorise ... exploitation ... It contributes to non-disclosure, non-disclosure contributes to not many coming forward, not many coming forward, contributes to ... fact ... we don't develop services around their needs ... it's a chain ... We want to see your research when it comes out (P #7, and nods from P #8)

Thank you, this has been an eye-opener for me this has made me think ... I'd love to ... see what comes out (P #9)

Thank you, you've really enlightened me, maybe there are other references there ... you've really opened my eyes, and more to read. (P #16)

you're helping the society... I'm happy if you're happy, it's a pleasure; really appreciate that ... (P #38)

if you do a Doctorate ... must make a difference ... must write in ... way
... practice can use it ... not something ... just put on your shelf ... too
expensive, time-wise and money-wise ... why ... doing something that's
not going ... be used in practice ... write in a way ... makes sense

(P #18)

I think this publication must come ... should have been there 'yesterday'
... absolute *need* ... And are you then going, once it's been accepted [the
thesis], publish it as a book? ... it *must* [have some practical application]
and I think there should be more research ... You *must*, look, I'll assist you
to bring it in line with what *we need*, we can change ... headings of ...
chapters (P #39)

will be so valuable ... as we've seen ... just isn't enough knowledge ...
enough support ... enough services ... hopefully having research around it
will mean ... eventually ... can be some services for ... perpetrators ...
difficult ... all of us ... able ... be educated more again ... happily do
work for free if ... didn't have ... earn ... income ... I would be on
training every day [chuckled] ... if people are sending out information I'll
happily read it ... also you don't know where ... find ... information, if ...
not something you come across unless ... have ... client who brings this
thing up ... might not even think ... research it whereas if something
comes into your inbox ... brief something ... can read more ... might
stimulate your interest ... then ... start ... think about things (P #13)

I'm excited and waiting to read more about your stuff when you gather the information ... No, thank *you*, I'm privileged ... be part of this process
(P #5)

many [issues not thought of before] ... been very interesting ... think you've seen me ... working through these things ... had a look through it ... don't think I'd really gotten into ... context of it, so ... given me ... opportunity ... think about it ...that whole process ... probably continue as I ... work through ...and think a bit more about it ... feedback will be very, very helpful ... hope it was worth your while ... must be good for you ... be involved ... such meaningful research (P #15)

might be worth your while attending the [] conference ... can introduce you during tea time ... could maybe line you up to speak ... conference next year once your research has been completed ... think whole issue of ... not finding something unless you look for it is very important in your field, it's not going to present itself ... definitely ...so interesting, if you ask all the right questions (P #6)

Note: I did attend the conference in 2016, and I was invited to do a talk during 2017; I will do so at one of the other conferences in 2018 and beyond once the thesis has been examined and accepted.

have your work cut out for you ... rather difficult stuff ... you're going to hear and ... just sitting here ... love to know what ... other people ...

saying ... really love some feedback, because ... just such an unexplored arena (P #3)

what you're doing is great ... very interesting field ... that's bare ... ready ... be explored and discovered ... you are doing a good job ... very difficult tree ... you're trying to embark ... because most female perpetrators doesn't come to light, they're not reported (P #19)

I wish you luck, you tackle ... it's so important ... so glad you do this study ... have my full support ... and whatever I can do ... but please let ... outcome be scientific ... not ideological or emotionally [sic] ... there are so many angles (P #21)

hoping ... your study will lead to some form of advocacy ... guidelines ...
... programme as a practical part of your study ... I want you to involve
me when it gets to the practical part ... Beba (smiley voice) ... going to
say you're courageous to do this ... even speaking to other ... we are all
limited ... what we know ... do ... don't necessarily know what other
people do ... I've always preferred not ... specialise in practice ...
preferred ... work widely ... deeply ... therefore ... know many
practitioners ... know a lot of things ... people do ... just don't know
where you found these people who were able to give you information ... I
just wanna [sic] wish you all the best ... hope something wonderful comes
from it ... hope you are enriched by this as much as you're going to enrich
the field ... really hope I've contributed something (P #22)

I think it's good ... also a part of the coin that you're dealing with, very brave (P #24)

I might now ... take more interest in my clients talking about female perpetrators ...because ... might even be silencing them to some degree, so if something comes up, I'll let you know (P #26)

Like I said at the beginning, what on earth made you (laughed) ... there's a lot happening here ... very pleased if something can be done, it's more creative ... recognises ... complexity of this, 'cause [sic] even from an education point of view ... our society not well-verses ... talking about embodiment, holistically ... still separate ... genitals from ... rest of ... body as though ... foreign country ... need a passport ... nobody's got ... visas. ... women, it's even worse ... context ... terribly important, if ... can have ... conversations ... not punitive ... very important ... create ... welcoming space ... see the person first. The more people involved ... I've worked alone a lot ... now ... see ... other people care ... that's good (P #14)

would certainly be well received in academia ... congratulations [discussion after interview but still on record about my presentation at PsySSA Congress 2016] ... good, that's great ... congratulations ... you get to share some of what you're learning (P #35)

wish I had more to add ... *such a pleasure, good luck ...!* (P #2)

Appendix H

Abridged Research Report: Feedback for Participants

Doctoral Research

entitled

Mental Health Service Provision in South Africa

and

Women's Sexual Violations Against Children¹

By X M (Beba) Papakyriakou
Unisa Department of Psychology 2015 to 2017

¹ Original preliminary title 'Mental Health Service Provision in South Africa for Adult Female Perpetrators of Child Sexual Abuse' modified to represent a broader spectrum of sexual violations against children that includes grey areas.

Abstract

Mental health services in South Africa and the field of psychology are not keeping up with the changed landscape of child sexual abuse that includes women who perpetrate these violations. New laws have not made a massive impact on out of control behaviours, while the paucity of mental health services for women who sexually violate children is a significant failing in mental health service provision. Exploratory, descriptive research approached the topic from the perspective of the psychology of healing rather than the psychology of wrongdoing. Individual semi-structured interviews were conducted with 38 professionals in relevant fields, purposefully selected in four provinces in South Africa that revealed a lack of knowledge, resources, and funding, as well as gaps in curricula. Some practitioners were willing to work with women who sexually violate children, while others were either unwilling or reluctant to do so for various reasons. Women who sexually violate children are typically not mentally ill but could have mental disorders and lives dominated by dysfunction and trauma. Data were analysed utilising Attride-Stirling's (2001) thematic networks, while Gannon, Rose, and Ward's (2008) descriptive model of female sexual offending (DMFSO) provided the theoretical framework. Recommendations include establishing online services to aid perpetrator disclosure and therapeutic interventions, providing individual psychotherapeutic interventions to uncover more than recent trauma, directing donor funding to sex offender programmes, networking among service providers including government agencies, and training those within the mental health services environment and the criminal justice system. Furthermore, mental health and relevant medical practitioners need to ensure comfort with their sexuality and to resolve their psychological blind spots before offering psychotherapeutic interventions to women who sexually violate children.

Keywords: adult female child sex offender, adult female perpetrator, Attride-Stirling thematic networks, child sexual abuse, descriptive model of female sexual offending, mental health service provision, sexual violation, South Africa, women who sexually violate children.

Acknowledgements (Excerpt from thesis)

An endeavour such as this one is made up of more than just the efforts of the person obtaining the qualification. My journey to this moment involved many people, over a number of years, and I would like to acknowledge all of them, even if not all by name, with endless gratitude and appreciation:

- J Professor Juan Nel, my promoter—your gentle ways, your considered guidance, your support, and your knowledge all have changed my life. I acknowledge you with respect and heartfelt gratitude. “Buyadonkie”.
- J The individuals who participated in this research—thank you so very much. You were all so gracious, so willing, so welcoming, and so generous with your time and knowledge. And so nurturing in so many ways—‘meet and greet’, facilitating parking, water, coffee, tea, soup, biscuits, lunch, “padkos”, ensuring my physical comfort ... Thank you for going the extra mile. This work is as much yours as it is mine. I am honoured and delighted to have met all of you.

I OPENED PRISON'S DOORS!

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How many lost and broken years, all because of you!
 The things you said by word and deed, I believed that they were true!
 You told me I was useless; that I could never, ever succeed!
 You put me in that terrible place, where I believed I could never be freed!
 There you drove me relentlessly, your mighty power ruled!
 And I was left so beaten, and so utterly defiled and fooled!
 My quest became to live or die, and the choice was up to me!
 I had to muster all my strength, just so I could be!
 You took away my voice and trust and did your best to kill,
 And it seems that no matter what you did to ruin, you had to do more still!
 You told me I was worthless, that I shouldn't be alive!
 And so I struggled mightily, just so I would survive!
 The more you tried to beat me down, the stronger I became!
 No longer giving into you, no longer just a broken pawn in your cruel and nasty game!
 Somehow I found out who I really was in the midst of all your lies,
 And I was able to free myself, to all the worlds' surprise!
 Victory was mine at last, as I opened prison's doors!
 And walked into the sunshine and tumultuous applause!
 For then the world could see my face and knew that it was me,
 And they told me I was wonderful... From prison I was free!

~ Panayiota Ryall

(13 May 2006 – Follow up to – The Terrible Dream!)



Fig. 2 – All the ugly voices

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Introduction - The late Maya Angelou, *I Know Why the Caged Bird Sings*.

Quote retrieved from <http://www.goodreads.com/quotes/512-there-is-no-greater-agony-than-bearing-an-untold-story>

Conclusion - From the 2003 film, *Under the Tuscan Sun*. Quote retrieved from
[https://en.m.wikiquote.org/wiki/Under_the_Tuscan_Sun_\(film\)](https://en.m.wikiquote.org/wiki/Under_the_Tuscan_Sun_(film))

Note: Following the examination of the thesis and once the electronic version of the thesis appears on Unisa's Institutional Repository, the relevant link will be emailed to the research participants.

Introduction

*“There is no greater agony
than bearing an untold story inside you.”
(Maya Angelou – I Know Why the Caged Bird Sings)*

For the most part, the very idea that an adult could sexually violate a child is anathema. In South Africa, and abroad, the landscape of child sexual violation and abuse in modern times has changed. It is no longer predominantly stranger-danger. It is no longer predominantly male-danger. It is also female-danger: adult females are sexually violating boys, and they are sexually violating girls. Also, it is no longer mostly female children who are being sexually violated or abused: increasing numbers of boys are being sexually violated by men and by women.

The mental health services environment in South Africa regarding treatment for sex offenders, however, has not kept up. Overall, it appears to be continuing with its conventional methods of providing treatment and support - to certain individuals in need, not to all, while mental health practitioners are under pressure to make a living, and have little choice but to accept the medical aids' PMBs (Prescribed Minimum Benefits), for example. Furthermore, the mental health services environment is under-resourced despite the growing need for mental health services, as indicated by three charts sourced from Psychological Society of South Africa (PsySSA) Archived Web Content, shown below in summary.



Figure 1. South African population, mental healthcare needs, psychology professionals.

The priorities of the State, in addition, appear to be failing large sectors of society regarding access to mental health care and funding for relevant offender programmes. The latter is confounded by donor priorities, whose eyes are on the bottom line, and not always on the needs of the population, certainly not when it comes to therapeutic programmes for both males and females sexually abusing children. Academia also appears not to be changing with the times. It is continuing with curricula that omit large chunks of issues that need to be taught, learnt, and implemented, as regards both child sexual violation and abuse and those engaged in such behaviours. By perpetuating these omissions, the frame of reference of lecturers and graduates is far removed from scenarios that could well be playing out within their own homes and within their communities.

The criminal-justice environment in South Africa, on the other hand, has changed. It has brought in new laws regarding sexual offences against children (and those with disabilities). It has become considerably more punitive; it has converted the definition of various sexual offences into more serious definitions that carry higher penalties. From time to time, the media give the public a glimpse of particularly heinous crimes against children where such cases have been reported, and where they have successfully negotiated their way through the minefield of the system.

Despite this, however, there has not been a positive impact on certain behaviours and actions, or on the priorities of the land. This is particularly egregious in a country drowning in violence, and in the aftermath of out-of-control behaviours. It is thus the aspiration of this researcher (hereafter referred to in the first person) that the recommendations for practice, based on the findings of the research, will have a meaningful impact not only on women who sexually abuse children but also on service providers, and service provision, and ultimately on the State and on society.

Research Methodology

Theoretical Framework

The theoretical framework on which the research was based is Gannon, Rose, and Ward's (2008) descriptive model of female sexual offending (DMFSO). Gannon et al. formulated their theory based on research with populations of adult female sex offenders. It focuses on female sex offenders, not on men who sexually abuse children, or on children who do so. Furthermore, it viewed the phenomenon of female-perpetrated child sexual abuse holistically, and it emphasised pathways to offending with considerable weight placed on considering an individual's background in the process. Gannon, Rose, and Ward (2012, pp. 16.1–16.19) describe the DMFSO as well as the pathways, and they provide a basic graphic representation describing the model only, not the pathways; for the sake of completeness, I have compiled a table (Table 1, below and overleaf) that includes the three pathways.

Table 1

Descriptive Model of Female Sexual Offending (DMFSO).

Model description		
<i>Background factors (women's childhood, adolescence, early adult experience)</i>	<i>Pre-offence period (events up to one year prior to, and immediately precipitating the offence)</i>	<i>Offence and Post-offence period</i>
Early family environment—positive or negative	Risk factors—could be from major life stressor stage or could reflect pre-existing vulnerability factors	Offence approach—maternal approach, maternal avoidant, aggressive approach, operationalised approach
Abusive experiences—women experienced some form of sexual, physical, or emotional abuse	Unstable lifestyle - e.g. general lifestyle deterioration, multiple caregiver responsibilities (6 months before the abuse),	Offence behaviour - the perpetration of the abuse

Lifestyle outcomes—women's behavioural, cognitive, and affective responses: adaptive, i.e. functional coping, stable vocation; or maladaptive, i.e. erratic lifestyles, poor coping unresolved sexual abuse)— contributory roles of deviant peer influences, social supports, and norms.	Goal establishment or motivations—sexual gratification, intimacy, instrumental other, e.g. revenge, humiliation, or financial (weeks or days leading up to the offence and could occur in very close succession with the next stage Goal Relevant Distal Planning)	Victim response—Engaged; Submissive; Resistant
Vulnerability factors—coping style, i.e. maladaptive psychological/behavioural coping methods; social support (poor emotional/practical support networks); personality (e.g. aggression, dependency); mental health (e.g. mental functioning deficits caused by depression)	Goal-relevant distal planning— Implicit (e.g. self-deception); Directed (coerced); Explicit (e.g. explicitly plan alone or with others the logistics of abuse)	Offence consequences—the women's immediate affective, cognitive, behavioural responses to the offence they committed
Major life stressors—early adulthood stressors, e.g. domestic abuse, death of loved one.	Proximal planning—Implicit disorganised (planned and upon contact with victim impulsively implemented plan); Directed (directed by male co-offender); Explicit Precise (military and precise manner) (close to the commission of the offence)	Offence outcome—how it was detected, e.g. disclosure or arrest
Pathway Identification		
Explicit-Approach: diverse motivations, explicitly pre-planned, explicitly pursue offending		
Directed-Avoidant: explicitly directed to offend but wishes to avoid		
Implicit-Disorganised: various goals but implicit planning or no planning		

Research Question

While the focus of this research did not deviate from mental health service provision for adult female perpetrators of child sexual abuse in its original conception, after completing two-thirds of the fieldwork I felt a need to modify the terminology related to this research. I felt it was correct not to lose sight of the woman while we focus our attention, often exclusively, on the female criminal perpetrating offences. Also, it was more accurate to consider a broader range of harmful behaviours that might unwittingly

or unwittingly not be perceived as child sexual abuse, as per the definition, and in these cases, there would be no ‘perpetrator’ per se, as per the definition.

Thus, the final title of the thesis reflects women’s sexual violations against children, referred to generically as child sexual abuse in the literature and utilised in the thesis when referring to the field of child abuse and sexual abuse, or others’ work and terminology. The term ‘abuse’ is, also, the one closest to the broad phenomenon of child abuse even if one also understands the concept of ‘violation’, of one’s personal boundaries in some form, for example.

The Informed Consent Form and the Interview Schedule appended to the thesis (Appendices 3 and 4, respectively), however, still reflect the original, preliminary title of Mental Health Service Provision in South Africa for Adult Female Perpetrators of Child Sexual Abuse, for the sake of rigour. Similarly, the original research question remains intact: “How is the phenomenon of adult female perpetrators of child sexual abuse dealt with in the mental health services environment in South Africa?” for the sake of consistency with the Interview Schedule and the Informed Consent Form.

Satisfying an enquiry about the phenomenon mentioned above would be accomplished by seeking answers relating to the following:

- ✓ the question of prevalence of female-perpetrated child sexual violations;
- ✓ the nature and effect of child sexual violations committed by women; and
- ✓ the mental health services environment in relation to
 - support and psychotherapeutic interventions offered to women who sexually violate children, and
 - the knowledge and experiences of relevant professionals involved in treating women who sexually violate children.

-]) The role played by the field of psychology in relation to
- behaviours and actions of women who sexually violate children, the effects on the child victims, and the effects on the broader community;
 - mental health service provision and mental health service providers;
 - the therapeutic professions, vis-à-vis creating new treatment modalities, and new theories to deal with this phenomenon.

The intention is to endeavour to circulate the findings and recommendations to relevant stakeholders in South Africa, which includes the participants, and to stakeholders abroad to encourage sharing of information and knowledge, and to provide opportunities for healing for women who sexually violate children.

Research Design

The aims of the research were accomplished by utilising a qualitative method of enquiry that explores the subjective experiences of research participants (Flick, 2009). In the research, I followed an exploratory, descriptive approach whereby research concentrated on the exploration and description of the participants' knowledge about women who sexually violate children and their experiences and knowledge regarding support and psychotherapeutic interventions for these women.

Research Population and Participant Selection

Research population. In my deliberations regarding a topic for my doctoral research, I was interested in the more positively charged spaces (psychotherapeutic intervention, support, healing, rehabilitation) rather than the more negatively charged spaces (arrest, trial, incarceration). For this reason, my choice of research population initially focused primarily on mental health and allied, professionals (phase one), and

medical professionals (psychiatrists, and psychiatric nurses) (phase two). During the search for potential participants, I came across other relevant professions, for example, the field of sexology, sex education, and criminology, and these professionals were canvased for participation based on the same criteria for inclusion relevant to the research question (Swartz et al., 2011). (See **Participant selection and Sampling** below).

Throughout all the stages of this research, I remained faithful to the ethos of the research. However, by the time I had conducted 11 interviews with professionals in the field of psychology and related fields, it was becoming evident that the findings of this research could well end up being mostly a repetition of what was in the literature, as only two of the 11 participants in this research had worked directly with women who had sexually violated children: one in a therapeutic capacity, with one or two women, many years ago; the other in a research capacity with eight incarcerated female sex offenders over five years ago. Although potentially illuminating, gaining little new knowledge in this research would not have been satisfactory. In this research, new knowledge from professionals who had direct working experience with women who sexually violate children emerged from the interviews with various participants much later in the process, thus validating the effort to continue interviewing beyond the initial target of 10 to 15 participants.

The sample for this research was initially sought from diverse professionals in community practice, private practice, and in the public sector in three provinces in South Africa, namely Gauteng, the Western Cape (W. Cape), and KwaZulu-Natal (KZN), as these provinces have the highest concentration of related service providers according to the national listings (medpages.co.za) (listed above in descending order). During this research, and while conducting ad hoc searches for participants, described in *Sampling*, it emerged that additional data could be obtained by approaching other relevant service

providers in other provinces. Those were also contacted to invite their participation in this research. In the end, individual (face-to-face) interviews were conducted with practitioners in four of the nine provinces in South Africa, as shown in Figure 1 below.

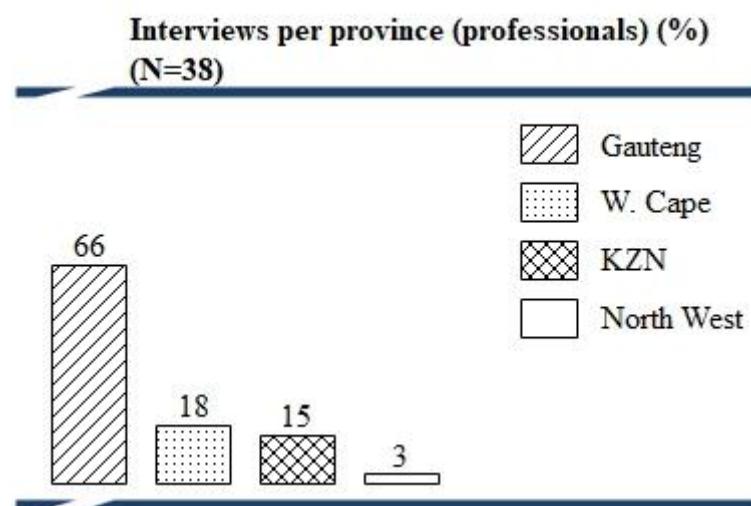


Figure 1. Percentage of interviews conducted with professionals in four provinces.

Participant selection. Participant selection was based on the individuals being in relevant service provision involving women who sexually violate children, or at the very least knowing the issue. The rationale for the choice of a broad range of relevant service providers—not only those working directly with women who sexually violate children or only experts in the field of child sexual abuse, if I could find them—is that the phenomenon is shrouded in secrecy and is considerably invisible. The relative invisibility of these women was borne out by the negligible literature on the topic and the initial discussions with stakeholders regarding possible topics for research.

Little is known in South Africa about women who sexually violate children—who they are, where they are, how they go about seeking mental health support, and indeed what mental health support even exists for them. *Ergo* in all likelihood, there would be a

limited number of practitioners in South Africa who work with women who sexually violate children. Discovering individuals working directly and exclusively with women who sexually violate children could have proven highly limiting, and in my view, would have made researching the topic redundant.

By electing initially to approach various role-players in related service provision in South Africa, there was a higher chance of finding sufficient participants to provide diverse and abundant data for analysis to ensure ‘multivocality’ and not to hear only from those who are steeped in the field of child abuse. Therefore, after securing various interviews with additional mental health and allied professionals, and medical professionals, and while waiting to conduct interviews in various public sector mental healthcare institutions, I felt that this research would be further enriched if I included a component of the criminal justice system. The criminal justice component was important because women who sexually violate children are deemed to have committed a crime; thus, data from these interviews would provide additional perspectives on the topic being researched. This is, in addition, consistent with Kramer (2008, p. 58) who noted that a limitation in her study was that her sample could have included other professionals, for example, “judiciaries, magistrates, correctional services” to obtain a wider range of views. Also, Kramer and Bowman (2011) asserted the need to broaden the range of individuals being approached for research regarding female sex offenders. The participants in this research brought a wide variety of professional voices to this research, further validating the idea to expand the research population to include non-mental healthcare professionals and non-medical professionals.

Demographics. The following demographics were not part of the criteria for inclusion in this research: age, race, gender. **Sampling** below describes my method for canvassing participants, and both sampling and participant selection were discussed

further in Chapter Six of the thesis relating to the strengths and the weaknesses in this research. Also, Chapter Four of the thesis has comprehensive sections regarding the participants' range of experience and knowledge regarding the topic being explored, which was the focus of this research, and it includes their clientele/patients' profiles in general terms, and, in some cases, their genders. Also, Figure 4 later in this report shows the sectors in which interviews were conducted. It is important to note that I sought prospective participants without consideration for the demographics mentioned above and that I interviewed all those who responded to the invitation to participate in this research, regardless. Race and gender have, nevertheless, been included in Table 2 later in this report.

Sampling. The primary method of sampling for both purposive and for snowball sampling was through the Internet. A secondary method involved individuals whose names I stumbled across in a variety of media. For example, as contributors to, or for reference in, a book; on an SAPS (South African Police Services) newsletter; in a book about females who commit murder; on the programme for relevant training; or on a random email I received. If something could be of interest for this research, I would go to great lengths to follow up. Additional work and perseverance were required in finding what and whom I was searching for (again through the Internet) but in all cases, it proved fruitful.

The nature of 'search' on a platform such as the Internet is at once simple, painstaking, and frustrating but it does expedite access. One has to be clear about what one is searching for, and then begin with a basic search, and be prepared to expand the search, often merely by clicking on other pages that appear close to a page or an online profile of interest. For purposive sampling, I began searching for—and then through—a variety of relevant listings. Some listings and websites (e.g. community, academia) were

more useful than others were, and far too many profiles had insufficient contact details, or incomplete profile details, which led to frustrations that nevertheless did not deter me from persisting with a methodical search. I painstakingly read each online profile that was of interest to assess potential suitability for participation, even with those who had been mentioned or referred to me. With persistent, focused work, it is possible to find sufficient prospective participants without the need to send out a blanket invitation to thousands of individuals in the hope that some will respond and some will be suitable, like flinging spaghetti against a wall and hoping some of it will stick.

Each prospective participant (including those known to me) was sent a letter in the body of an email inviting participation, not as an attachment to reduce the possibility of emails being blocked. Table 2 below and overleaf shows the number of individuals who were sent letters inviting participation (including those known to me), and the number of those who accepted and who were interviewed.

Table 2

Inviting Participation.

	Gauteng	Western Cape	KwaZulu-Natal	Eastern Cape	North West	Total all provinces
Invitations sent	125 (51%)	65 (27%)	43 (18%)	9 (4%)	1 (0.5%)	243
Total accepted	25 (20%)	7 (11%)	7* (16%)	1 (11%)	1 (100%)	41 (17%)
Total interviews done	25 (20%)	7 (11%)	5 (12%)	0**	1 (100%)	38 (16%)

Notes:

Began emailing invitations ¹: Friday 22 April 2016

Interview phase began: Thursday 5 May 2016

Interview phase ended: Saturday 3 December 2016

[Number of interviews conducted: 12 (5–26 May); 16 (1–30 June); 2 (13–20 July); 4 (5–15 August); 3 (1–13 September); 1 (3 December 2016) = 38]

* KwaZulu-Natal acceptances: Two of the seven cancelled
 ** E. Cape acceptance: Individual indicated uncertainty about offering value to this research but was willing to do the interview. I awaited interviews in a public sector environment in that province as well. When that did not materialise, I sent a follow-up email to the individual to conduct the interview at the participant's convenience, but I received no response.

Overall response rate: As the fieldwork gained momentum, so the response rate increased from the initial 25% by around mid-June 2016, to the final 34% response rate by the time I completed the search for participants in November 2016.

Demographics of those interviewed—race: White (82%), black African (11%), Indian (5%)
 Demographics of those interviewed—gender: Female (74%), Male (37%)

Figure 2 below shows the percentage of purposive, and snowball sampling, as well as those who were known to me before the research.

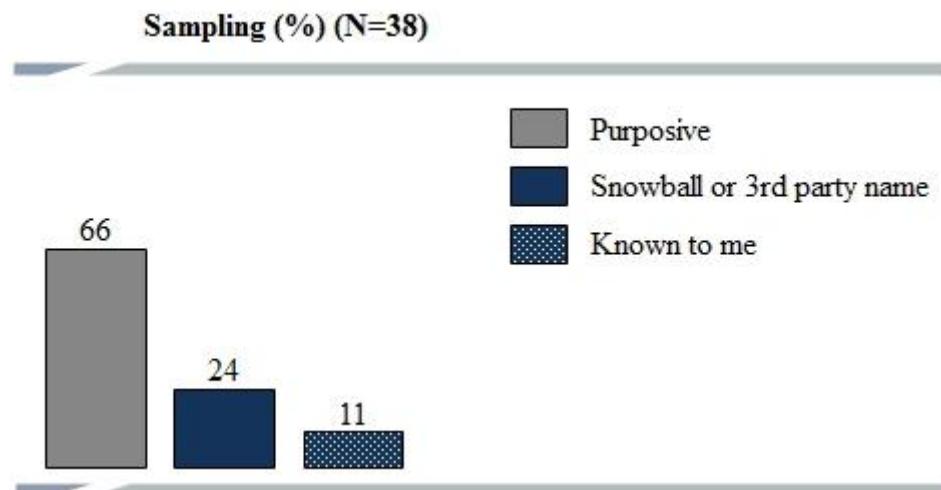


Figure 2. Sampling.

Professionals interviewed. Individual semi-structured interviews were conducted in various sectors with 38 participants whose professional occupations are listed in Table 3 overleaf.

Table 3*Professionals Interviewed (N=38).*

Mental Health (42%)	16	Allied/auxiliary (24%)	9	Medical (5%)	2	Criminal Justice (16%)	6	Other (13%)	5
Clinical Psychologists	8	Psychiatric Nurse	1	Psychiatrist (Clinical Head)	1	Advocate (Defence)	1	Child Advocacy & Protection Consultant	1
Clinical & Forensic Psychologist	1	Psychosexual Educator & Nurse Therapist	1	Psychiatrist (Forensic) (Clinical Head)	1	Criminologist & Victimologist	1	Counsellor - Lay (former)	1
Counselling Psychologists	2	Sexual Health Educator/Nurse	1			Criminologist (Academia)	1	Clinical Sexologist & Women's Sexuality	1
Counselling & Research Psychologist	1	Social Workers	3			Detective Captain (formerly child protection)	1	Mediator/Pastor	1
Counsellor	1	Social Worker & Criminology	1			Policing - Researcher (Academic)	1	Sexologist	1
Counsellor - Registered	2	Social Worker - Forensic	1			State Advocate (Prosecution) (Sexual Offences and Community Affairs Unit)	1		
Research Psychologist (Academia)	1	Social Worker - Medical & Psychiatric	1						

The participants' educational qualifications and the sectors in which interviews were conducted (Figures 3 and 4, respectively) are shown overleaf.

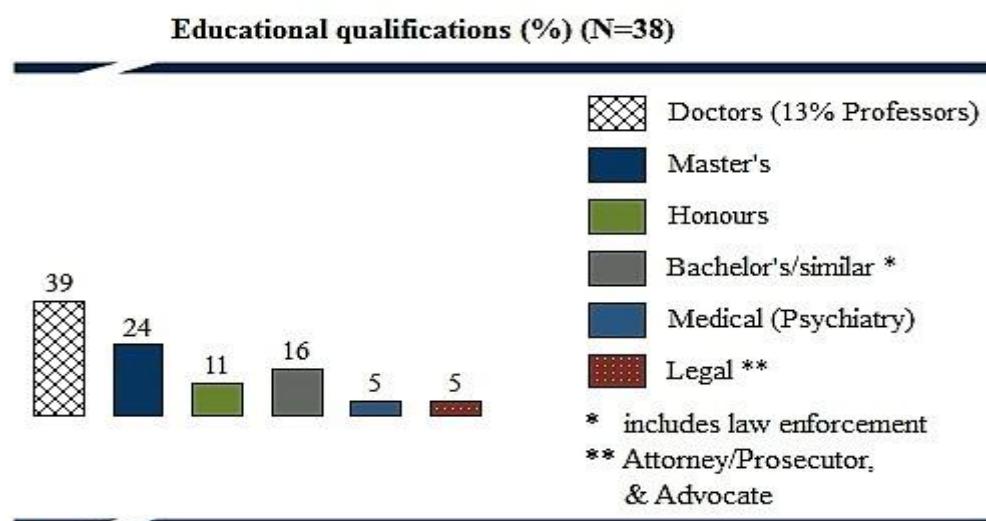


Figure 3. Participants' educational qualifications.

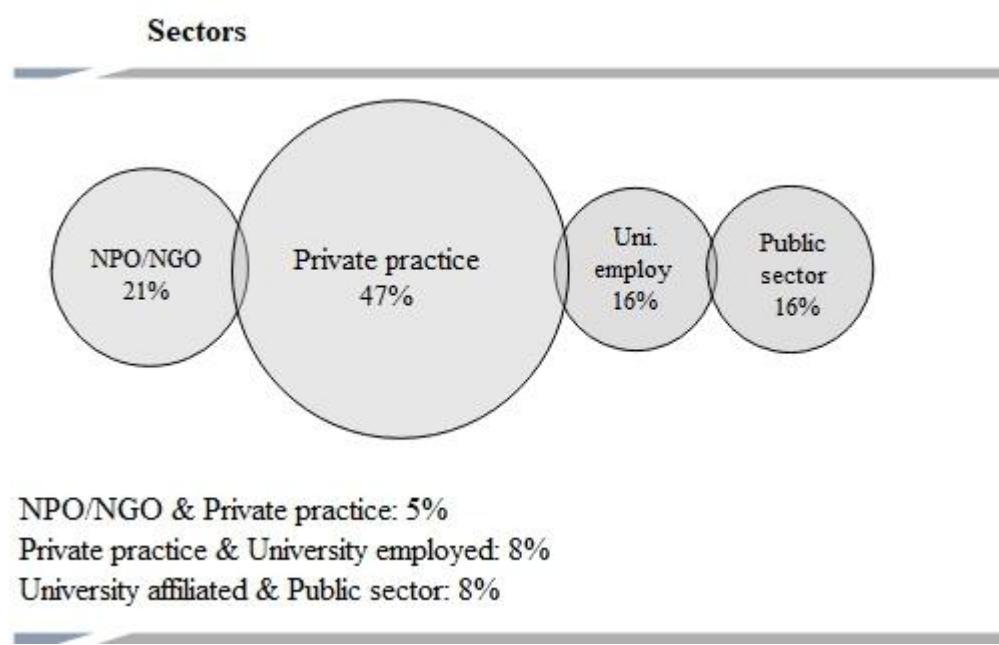


Figure 4. Sectors in which interviews were conducted.

Data Management

Data collection. Data were collected from 38 relevant professionals. The duration of the interviews ranged from 30 minutes to 138 minutes; the four interviews in triple digits were with professionals involved in some form of criminal justice. What struck me most was the willingness of all participants to devote so much of their time and energy to answer questions about, what was for 60% of the professionals at least, a subpopulation with which they had no direct or overt experience—a generosity of spirit that continues to overwhelm me.

Transcription of the data. I took the time personally to transcribe the interviews out of the desire to conduct ethical research, and out of respect for the participants' time, and knowledge and the accounts of their experiences to enable me to make meaningful interpretations and produce worthwhile conclusions. At the end of each transcription, I did quality control by completing a brief self-evaluation of the interview, which included my role in the process, and making self-reflective notes to aid me in the discussion of the findings. In this way, I was able both to course-correct as this research progressed, and to remind myself of the various research environments for my interest and edification.

The voice recordings, transcriptions (totalling 630 single space pages resulting from around 300 hours' transcribing time), biographical details of the participants, and the signed Informed Consent Forms, are being stored in a safe place where only I have access to them. In service of transparency, I sought permission from one participant to include the full transcription of the interview (with no biographical information) in the thesis. It was included as an appendix in the thesis.

Data analysis process and thematic networks. In this research, Attride-Stirling's Thematic Networks (2001) was selected as the method of data analysis because of its scientific rigorousness, and its systematic approach to data analysis.

Field of research. The research aimed at exploring the knowledge and experiences of various individuals through discussions based on guiding questions informed by the existing body of knowledge surrounding the topic. The objective was to gather information and increase our understanding of the issues under investigation and of one another. The participants' experiences and knowledge became known through private, face-to-face dialogue.

A point of interest in qualitative research is that researchers and participants, and their communities, all bring their own experiences to the field of enquiry (Clandinin & Connelly, 2000). Narratives do not begin the day research commences, and they do not end when the research is completed. Everyone's life continues (Clandinin & Connelly, 2000, para. 3). Consistent with Clandinin and Connelly (2000), my life and, to the best of my knowledge, the lives of the participants did continue following the completion of the research. Its value will not be measured only by the findings and the recommendations for practice emanating from those findings, however. Instead, what the participants and I choose to do with the experience of having participated in the research will determine its value in our individual lives and what we decide to share with our respective communities.

Report on Findings

The research aimed to ascertain from relevant professionals what is known about women who sexually violate children, what support and psychotherapeutic interventions are available to these women, and in the practitioners' view what could be offered to facilitate healing and rehabilitation. The focus was not on experts in any field or only those who deal predominantly with women. The levels of professional

engagement with women who sexually violate children were varied, as shown in Figure 5 overleaf. A description of each group is given after Figure 5.

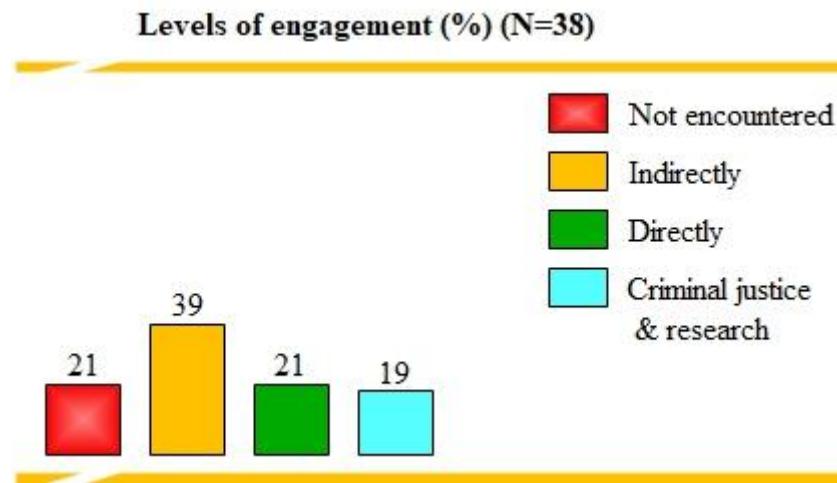


Figure 5. Practitioner engagement with women who sexually violate children.

The various levels of engagement are as follows:

- ⟩ Group 1: Not encountered—the practitioners had not professionally encountered any women who have sexually violated children.
- ⟩ Group 2: Encountered indirectly—the practitioners had anecdotal professional knowledge about women who sexually violate children, gleaned while providing treatment/support to child victims or adult survivors of child/childhood sexual abuse, or from the reports of third parties through overt disclosures or through practitioner interpretation. The latter included adult behaviours that are grey areas because of the adult's gender (i.e. because a woman was involved, but it would be considered a violation if genders were transposed) but concerns about such behaviours were not the presenting problem.

-]) Group 3: Encountered directly—the practitioners had had direct experience working therapeutically with these offenders in various circumstances as follows: Practitioner learnt of clear sexual violations, or perceived them as such, and worked therapeutically with adult clients because of this; clients had been charged with committing related crimes or were court-mandated to seek treatment as part of their sentence or instead of incarceration due to insufficient evidence.
-]) Group 4: Encountered criminal justice or research—the practitioners either prosecuted, defended, conducted research, provided a forensic assessment or profiling, took victim statements, or they were part of a team investigating sexual crimes against children where women were involved in some role.

Figures 6, 7, and 8 below and overleaf show the following: The category of professionals within each of the four groups; the three levels of engagement (Groups 2, 3, & 4) per province; and a summary across the research population, respectively.

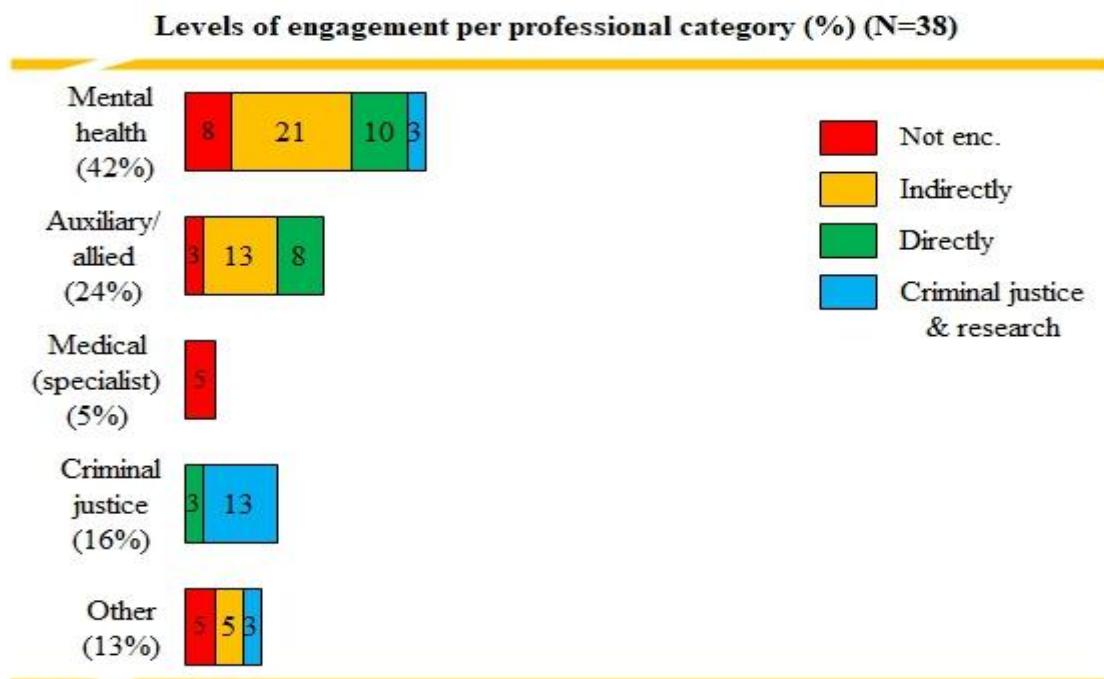


Figure 6. Levels of engagement per professional category.

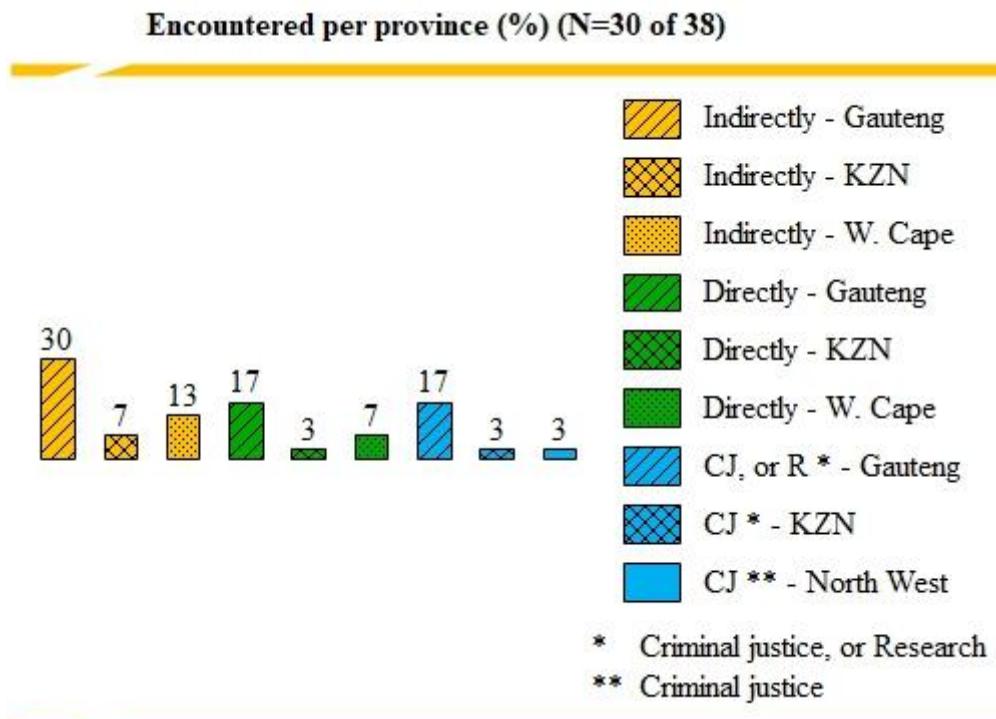


Figure 7. Encountered per province.

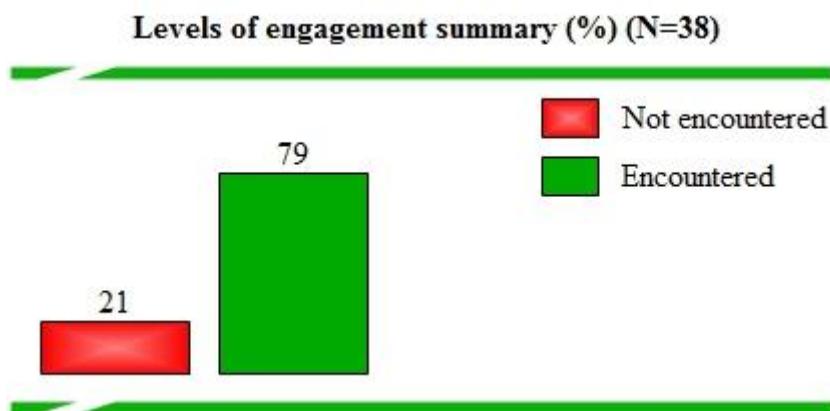


Figure 8. Summary practitioner engagement with women sexually violating children.

Over three-quarters of the research population had some professional engagement with women who sexually violate or abuse children, as shown in Figure 8 above. Collectively, the practitioners in the three groups encountered, in some form, around 55 to 60 women who sexually violated children in the last 40+ years. While well within the

scope of this research, the bulk of the findings (60%) came from Groups 1 and 2 combined: the practitioners who had some informed knowledge (expanded upon later in the section) as a result of being helping professionals, and the practitioners with anecdotal knowledge about child sexual violations perpetrated by women, respectively. The remaining 40% had had direct professional experience related to these women (Groups 3 & 4), of which 86% had worked with or encountered women who sexually violated children and had been involved with the criminal justice system in some way. The 38 interviews yielded rich and thick data, which, when analysed and interpreted, presented the general state of knowledge regarding a somewhat unknown quantity: a subpopulation of women in South Africa who sexually violate children.

The findings (in Chapter Four of the thesis) were divided into two broad categories within which were a number of thematic categories:

- (a) Society's knowledge of and engagement with, the issue of women who sexually violate children. This category had three thematic categories: the state of play regarding South African realities, and child victim and adult survivor dynamics.
- (b) Service provision in South Africa. This category had four thematic categories: practice- and practitioner-specific matters, service provision in South Africa at present, service provision requirements, and the role of psychology and psychologists in the field of child sexual abuse.

There were six tables (totalling around 28 pages), each with the contributions of each of the four groups of participants mentioned above, together with synopses and verbatim quotations as subjective verification of my interpretation of the data.

Summary—Main Findings

- (a) The prevalence of female-perpetrated child sexual violations cannot be measured;
- (b) silence, misinformation, and lack of informed knowledge perpetrates the occurrence;
- (c) knowledge is anecdotal and lacks credible evidence;
- (d) the context in which the violations occur is paramount, and it includes the perception, the intention, and the language surrounding a particular event;
- (e) women who sexually violate children are hidden but just below the surface—they could emerge at any time from any place for any reason;
- (f) women can be more dangerous than men, and they have not been found to be mentally ill;
- (g) their offence strategies bear both similarities and differences to men's, the level of violence varies but it can be as harsh as, or harsher, than men's, and they sexually violate children closest to them, including their own— regardless of gender;
- (h) destructive behaviours such as the sexual violation of children could be from women's traumas, unregulated and dysregulated emotions, and dysfunctional lives, or as a learned response;
- (i) these women do not consider themselves sex offenders and they are not considered sex offenders in the correctional services environment—instead, they are considered 'child abusers', they are well-hidden in the prison population, and they do not participate even in the most basic sex offender programmes that are used for men;
- (j) the effect on the child victim/adult survivor is more damaging than male-perpetrated child sexual violation, but the closeness of the relationship determines the extent of the damage;
- (k) male and female victims experience differing levels and degrees of intrapsychic conflict and differing sequelae;

- (l) the sexual violation of children by women is not the presenting problem in therapeutic environments (unless court-mandated for specific therapeutic intervention), neither is having been sexually violated always the presenting problem: instead, for both populations, these problems are disguised as issues such as eating disorders, depression, substance abuse;
- (m) service provision in South Africa for women who sexually violate children is filled with shortcomings—these include no funding for work involving these women, no specific programmes, no easy access to healthcare, no consensus as to best practice, and no information for the women who sexually violate children;
- (n) training, information, and resources for all relevant practitioners is negligible;
- (o) practitioners experience strong emotions related to the work and the women involved, and support structures for practitioners is either lacking, costly, or effortful;
- (p) psychology and psychologists are absent from the field of child abuse; instead, the criminal justice system and social workers dominate;
- (q) the issue of female-perpetrated child sexual violations in South Africa is not a priority; and
- (r) much more research, effort, information, education, support, and funding is needed.

Summary (of Chapter Four of the Thesis)

This research uncovered various issues: numerous practices by society that are not helpful for the identification and management of a pervasive problem; a variety of motivations both by women who sexually violate children and by the victims themselves for denying the event or for being unable to speak of it; a number of treatment and management issues, including funding, that are not conducive to providing relevant, needed services or to promoting well-being, safe spaces, informed knowledge; and a

systemic breakdown across the board. Nevertheless, the research population was actively involved in endeavouring to make sense of out-of-control behaviours and to contribute to finding ways to provide healing and restitution. Overall, the issue of female-perpetrated child sexual abuse in South Africa is a Pandora's Box, and mental health service provision in South Africa has shown itself to be the Achilles Heel in the efforts to alleviate this form of child sexual violation.

Integration and Discussion

Introduction

The penultimate chapter of the thesis discussed the findings based on the exploratory questions in the Interview Schedule and integrated them with the literature and the theoretical framework to position this research within the existing body of knowledge regarding the issues explored. I have included them in their entirety in this report.

During my deliberations about how best to integrate the various findings, I reflected upon the improbable connectedness between society, service provision, child sexual violations, and those inflicting harm on children wittingly or unwittingly. I experienced emotional whiplash upon the realisation that adult female-perpetrated child sexual abuse, society, and service provision in South Africa could well be but three different sides of the same coin. This is graphically depicted as The Three-Sided Coin in Figure 10 overleaf.

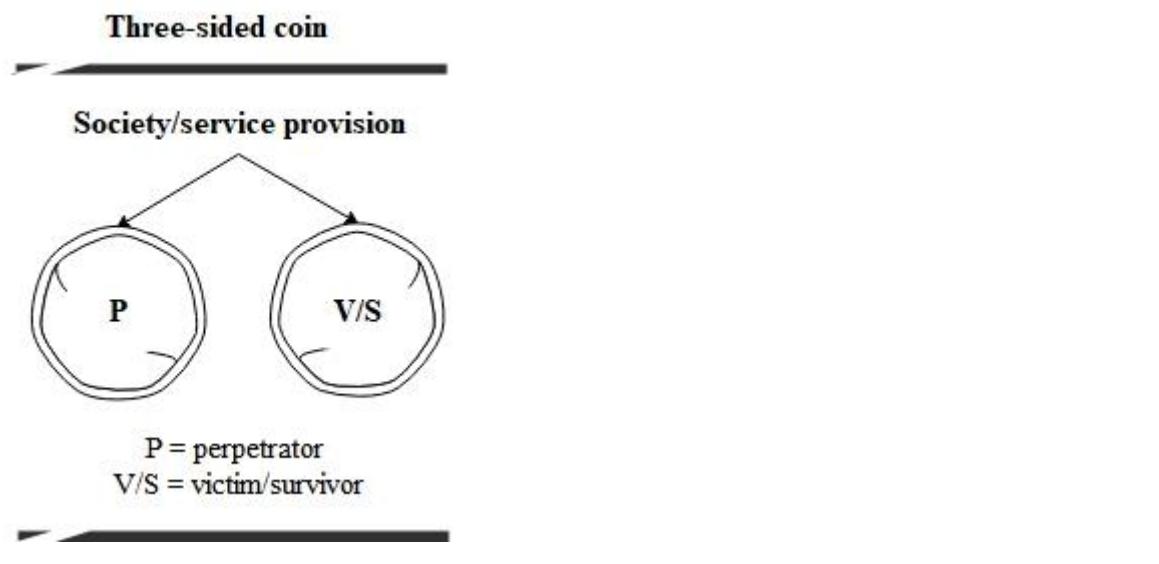


Figure 10. Three-sided coin².

The findings showed that there are parallels between these three sides within the black hole of sexual violence against children, as follows: Women who perpetrate sexual offences against children may have experienced some form of trauma in their lives. They commit these offences in silence often through subtle manipulation. They deny accountability even to themselves, or when confronted about their behaviours. They resist seeking help for their behaviours out of lack of awareness or out of fear of the consequences. They do not always understand what they have done, or what brought them to a particular point, or that their actions are against the law. Mostly, however, they remain mostly untouchable and somewhat unknowable, their actions hidden and cloaked in perceptions about caregiving and nurturing, and romanticised notions about female sexuality and capabilities, and indeed assumptions about their aspirations, their strength and their power.

² “The Three-sided Coin”—the idea, concept, and image is the student’s own, original work, and was not copied from any other source.

Child victims/adult survivors, in turn, sometimes maintain silence around the trauma they have experienced at the hands of an often-trusted woman in their lives. They resist naming the behaviours they cannot believe or understand, and they deny the occurrence through lack of awareness or fear of the implications for themselves, for their families, for the perpetrator. Their perceptions about who is responsible for caring and nurturing become skewed and confusing, in a similar vein to the perpetrators' perceptions in this regard, and they experience intrapsychic conflict while turning the spotlight on themselves: 'What is so unique or so wrong with me that the person who is supposed to nurture and care for me could cause me any harm that defies the norm (male perpetration)?'

Depending on the age of the victim of such abuse, seeking help is fraught with pitfalls, doubts, confusion, issues of disbelief, and cognitive dissonance. This holds true also for the adult survivor who, after decades, might eventually realise or remember his or her childhood sexual abuse. In both these scenarios, who would believe a woman sexually abused them? Whom would they even approach to share such a story? Who would understand the effect of delayed memories and that it could take as long as 30/40/50 years for someone to remember childhood sexual abuse? Also, what effect does the passing of time have on the reliability of what is being remembered?

Society and service providers do their part in perpetuating the sexual perpetration by generally remaining silent and mostly ignorant or blissfully unaware of the very notion of female-perpetrated child sexual abuse. They inadvertently 'give permission' for such abuse by upholding the myth of innocent, blameless, harmless, nurturing women; they dismiss reports of wrongdoing as invalid and lacking in veracity. They tend to overlook the overwhelming situations in which women in South Africa find

themselves, which could have a destructive ripple effect. They disbelieve the unbelievable. In short, they resist touching the untouchable.

Compounding matters are cultural practices that, in one situation, would be perfectly acceptable—for example, when a mother masturbates her infant boy to help him sleep, as indicated by at least 3% of the research population—while in another, these cultural practices could be considered a sexual violation according to South African law or indeed as paedophilia (Aggrawal, 2009).

Also, there are around 16.6 million households in South Africa (Community Survey 2016, p. 143) for almost 56 million population. On the surface, these figures do not indicate overcrowding as suggested by at least 5% of the participants in this research. However, overcrowded living conditions in some sectors of the South African population are a reality (Hattingh, June 27, 2013; Turok, August 2015), while those in backyard shacks do not have the same standard of living as those in “proper homes” (Borel-Saladin & Turok, January 2015, para. 2, lines 2–3); for example, privacy and self-respect. Poverty, in turn, “forces people live a subhuman life” (Hickson & Kriegler, 1996, p. 93). According to some participants in this research, children are exposed to parental nudity or sexual activities as part of everyday life, and this flies in the face of definitions about sexual violations—depending on who is looking, however.

On the subject of ‘who is looking’, when considering the findings in relation to the literature, it is important to note that, while well within the scope of the research, 60% of the research population in this research only had anecdotal knowledge about women who sexually violate children: 39% had ‘encountered’ these women through the accounts of child victims/adult survivors who were their clients, while 21% had not encountered these women, not even through the accounts of their clients or patients. The remaining

40% had worked with the women directly either in a therapeutic environment or a criminal justice environment.

One of the noteworthy findings for me was that, but for a few details regarding the efficacy of group therapy, or mixing genders in groups, or which treatment orientation was best suited to women who sexually violate children, or specifics to do with offence strategies, for example, the professionals in all the groups inherently knew the same things about this subpopulation, about society's engagement with the sexual violation of children, and about the need for interventions for this subpopulation. This fundamental knowledge showed that one does not necessarily need to be steeped in a particular subject to know much about it. In a way, too, it served to triangulate the findings in this research.

Another noteworthy finding is that the professional engagement with only around 50 to 60 women over the course of some 40 years had a substantial criminality hue because these women were virtually all involved with the criminal justice system in some way. The number of women who sexually violate children in South Africa, and are found within relevant professional environments is in stark contrast to a similar population in other parts of the world as shown in the literature. For example, Faller's (1987) study involving 40 women, and Wijkman et al.'s (2011) study involving 135 women.

Against this background, I will endeavour to position the findings, based on the exploratory questions, within a broader context. It is worth being reminded that with much of the information about the topic that was researched there is an overlap. The discussions in the interviews were not always linear, and the integration of the findings with the literature, and the theoretical framework will therefore not be linear.

Integration

The research aimed to ascertain from relevant professionals what is known about women who sexually violate children, what support and psychotherapeutic interventions are available to these women, and in the practitioners' view what could be offered to facilitate healing and rehabilitation. The findings in Chapter Four were divided into two broad categories within which were thematic categories:

- (a) Society's knowledge of and engagement with the issue of women who sexually violate children. This category had three thematic categories: the state of play regarding South African realities, women's dispositions and motivations, and child victim and adult survivor dynamics.
- (b) Service provision in South Africa. This category had four thematic categories: practice- and practitioner-specific matters, service provision in South Africa at present, service provision requirements, and the role of psychology and psychologists in the field of child sexual abuse.

The data in the tables and the synopses converged to produce a list of main findings at the end of Chapter Four of the thesis beginning with what is not known (the prevalence of female-perpetrated child sexual abuse) and ending with what needs to be done in order to know more about this phenomenon—much more research, more effort, more information, more education, more support, and funding. I have not included the tables in this report.

The state of play: South African realities, women's dispositions and motivations, and victim/survivor dynamics.

Prevalence. The consensus in this research was that police statistics and levels of reporting were an underrepresentation of sexual crimes against children. This was consistent with the literature that showed figures are underestimations (e.g. Abdulkadir,

2011; Burton, Ward, Artz, & Leoschut, 2015; DSD/DWCPD & UNICEF, 2012, p. 15; Geldenhuys, 2012; Groth, 1979, cited in Faller, 1987; Kramer, 2010; Kramer & Bowman, 2011; Lalor, 2004; Lalor & McElvey, 2010; Lambert & Andipadin, 2014; Marais, 1990; Mathews, Loots, Sikweyiya, & Jewkes, 2012; Pereda et al. 2009b; Strickland, 2008; UNICEF, 2007; 2009). Internationally, child sexual abuse is widespread even when considering the lowest prevalence rates that include a massive number of victims (Pereda et al., 2009b, p. 1). Conradie and Tanfa (2005), in turn, found that around 72% of cases of sexual crimes against children in South Africa are withdrawn or thrown out of court because of either poor investigations, lack of evidence, or procedural errors in the criminal justice system.

Also, the consensus in this research was that pervasive silence, denial, and lack of involvement, both literally and psychologically, in all areas of society perpetuated women's sexual violations of children, consistent with Bader et al. (2010) and Strickland (2008), and that prevalence could not be known or indeed measured. To conclude, there is insufficient credible information, and the majority of what is known is anecdotal. Thus the true nature and the extent of female-perpetrated child sexual violations in South Africa cannot be known.

Professional engagement and knowledge about women who sexually violate children. In this research, around 40% of the professional engagement with women who sexually violate children was within the criminal justice system: around 13% involved incarcerated women being subjects of research regarding their criminality, and 33% involved women accused of sexual crimes against children who were, or had been, involved in the criminal justice process, and the professional engagement was for criminal justice purposes (arrest, assessment, trial). The remaining professional engagement was with women for therapeutic purposes either within the correctional

services environment (7%), in private practice (27%), and in NGO/NPO (13%), all linked to their sexual crimes against children, while the remaining participant (7%) had merely learnt that a female client had been inappropriately sexually involved with her underage son years prior.

In all but the one instance, however, the common denominator was criminality, and professional engagement was after the fact, that is, not because of initiatives to do with advocacy or crime prevention, or because any of the 50 to 60 women had voluntarily presented themselves for psychotherapeutic intervention because of sexual violations against children.

In the literature, the level of professional engagement with women who sexually violate children tended to be for research, assessment, the development of typologies, or treatment in a variety of settings with the common denominator also being criminality. Thus, the findings were mostly consistent with the literature. For example:

- ⟩ Deering and Mellor (2007) who presented the various categories of female perpetrators of child sexual abuse developed by various authors (e.g. Lawson, 1993; Mathews et al., 1989; McCarty, 1986; Nathan & Ward, 2001; Vandiver & Kercher, 2004);
- ⟩ Faller (1987) and the study of a clinical sample of 40 women seen by university staff in Michigan;
- ⟩ Flora and Keohane (2013) who referred to the work of Matthews (1998) and Atkins (cited in Harris 2010) in presenting female offender types;
- ⟩ Gannon et al., (2008) who developed their model of female sexual offending based on offence narratives in a study involving 20 women in the UK convicted of sexual offences (75% of which were against children);

- J Gannon et al. (2013) who replicated the above study, this time with a sample of 36 North American counterparts;
- J Kramer (2010) in her research involving eight incarcerated female perpetrators in South Africa to ascertain how various beliefs about sexuality shape the self-knowledge of female sex offenders;
- J Pflugradt and Cortoni (2015) regarding clinical features, profiles, and backgrounds associated with female sexual offending;
- J Proeve and Reilly (2007) who classify an act as sexual abuse by a woman only if it included a male offender; and
- J Wijkman et al. (2011) who examined the court files of 135 incarcerated female offenders prosecuted in the Netherlands between 1994 and 2005.

The known numbers of women who sexually violate children in South Africa are far lower than the known numbers elsewhere using a similar timeframe of some forty years as mentioned above, for example, Faller's (1987) study and Wijkman et al.'s (2011) study. The lower numbers in South Africa could be because women who sexually violate children are invisible (e.g. Kramer, 2010; Kramer & Bowman, 2011) or unimaginable (e.g. Perkel, 2004), or because their behaviours and actions are not perceived or seen as sexual abuse, are dismissed, or are disbelieved. These are consistent with, for example, Boroughs (2004), Colson et al. (2013), Hislop (2013), Strickland (2012), and Turton (2010).

The findings of this research, therefore, indicated that relevant professionals in South Africa do not seem to be overly engaged with women who sexually violate children. This could be because the women are underground, or perhaps because crimes involving female-perpetrated child sexual abuse are underreported, not believed,

dismissed, or because of less than optimal criminal justice processes, as Conradie and Tanfa (2005) found. Thus, these women do not often find themselves in relevant professional environments.

Another takeaway message, however, is that even though women who sexually violate children in South Africa do appear to be under the radar, invisible, and considerably hidden, the consequences of their behaviours and actions are anything but under the radar, invisible or hidden regardless of the timeframe involved for the impact to become evident to those who are looking. This would seem to support the rationale for seeking to find ways to provide mental health services for the subpopulation of women destructively acting out, in order to protect further children from harm. In the words of Nelson Mandela,

Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth who care for and protect our people (3 June 1995)
(nelsonmandelachildrensfund.com Nelson Mandela quotes about children, August 2015)

It would seem important, therefore, that we meet the moment we have collectively created for ourselves and step up by being proactive, informing ourselves, finding solutions and other ways to reach people before sexual violations occur or before they become further out of control.

The large quantity of data that emerged in this research about the broad context in which female-perpetrated sexual violations occur was surprising in one way. It was, however, not surprising in another because the literature is replete with studies regarding

child sexual abuse, even though very few involve sexual violations perpetrated by women and even though these studies are not in South Africa, except, for example, Andersson and Ho-Foster (2012) and Kramer's (2008; 2010; 2014) studies. Thus, even those in the research population who were not directly engaged with women who sexually violate children could have gleaned sufficient information through the literature or interaction with peers.

Also, while the findings in this research indicated that there was insufficient credible information regarding women's sexual violations against children, there nevertheless appears to be a reasonable amount of knowledge globally that informs a variety of treatment approaches, typologies, categories, and at least one model describing the offence pathways (DMFSO). The field, therefore, is not devoid of knowledge even if it is not applied to the South African context. In South Africa at least, women who sexually violate children do not come to the attention of authorities to the extent that they do elsewhere. Therefore, knowledge at the coalface is lacking, and perhaps interest is minimal except in circles where practitioners and organisations are dealing with victims/survivors of sexual abuse.

In this research, there was nevertheless a consensus that each individual is unique and so are her circumstances. The consensus in the literature is that women who sexually abuse children are a diverse group with heterogeneous treatment needs (e.g. Boroughs, 2004; Pflugradt & Cortoni, 2015), and attempts are made to separate the woman from her behaviours (e.g. Gannon et al., 2008; 2013; Pflugradt & Cortoni, 2015).

This was consistent with this research in the instances where female child sex offenders found themselves in a therapeutic environment. Overall practitioners involved in this research appeared first to acknowledge the individual and then her crime, except in one instance where the individual and her inappropriate actions and behaviours were

conflated in the mind of the practitioner. The criminal justice environment, on the other hand, merely looks at the criminality of the individual, based on the evidence. In other words, in the therapeutic environment in South Africa, in general, practitioners were making an effort to apply the principles of unconditional positive regard and simultaneously ‘doing their job’ while in the criminal justice system the practitioners were just doing their job regardless.

Regarding the offence strategies of women who sexually violate children, the findings revealed that these women groom children in subtle, undetected ways, which included the use of pornography. Also, they tend to plan the violations, with nuances in denying their acts or the level of harm in similar ways to men. Women deny wrongdoing, and they violate personal boundaries in an atmosphere of secrecy that is deceptive because of the stereotypical assumptions that women are imbued only with maternal instincts involving nurturing, caring, and protecting, not with characteristics to inflict harm.

In the literature, Duncan (2010) and Gannon et al. (2008), for example, referred to grooming. This included the use of pornography (e.g. Kim, 2004) that fuelled the exploitation of children (Dines, 2015) and it was considered a public health issue (Anderson, 2014). The blurring of boundaries was consistent with Spies (2006) who referred to the blurring of intergenerational boundaries, but the findings in this research were not consistent with Deering and Mellor (2007) who referred to the effect of cultural norms and social attitude, or with Fasser (1989) who discussed the possibility of incest as part of interactions within families that do not violate moral, legal or ethical codes. The findings were consistent also with Duncan (2010) regarding the female stereotype, with Kite and Tyson (2004) regarding justifications and minimisation of their actions, and with Strickland (2008) who referred to women not being prone to harming others.

In the general population, the capacity to harm others was discussed by Pinker (2011) who concluded that “the human capacity for evil runs even deeper, and may itself be a feature of human nature” (Pinker, 2011, Location 11216). The notion of the capacity to inflict harm was also found in Boroughs (2004), Duncan (2010), Olafson (2010), Poels (2007), and Wijkman et al. (2011) with specific references to women inflicting harm on children. A woman’s capacity to inflict harm was not denied by the participants in this research even if the motivations were not always seen as pure evil: instead, they could have come from a place of trauma or dysfunction or as a learned response; thus, the findings in this regard are consistent with the literature.

Furthermore, the findings of this research showed that women are protected by a social desirability bias consistent with, for example, Frieden (2003), Hislop (February 2013, para. 5), and Kite and Tyson (2004). Social desirability, which refers to an individual’s response to socially accepted expectations, could tie in with denials about anything that goes contrary to those socially desirable behaviours. The theme of denial was prevalent in this research and is consistent with the literature. For example, Duncan (2010) referred to denial of facts, awareness, impact, and accountability regarding female-perpetrated child sexual abuse; Kramer (2010) referred to society’s denial of the possibility of female-perpetrated child sexual abuse; Matthews (1993) cited in Boroughs (2004) referred to the denial by women regarding their wrongdoing; and Turton (2010) referred to literal, interpretive, and implicatory denial.

In this research, ‘denial’ found itself in another space as well: The warning statement issued to those who have been arrested for a crime, whereby they are given the opportunity to provide a statement wherein they admit guilt for the crime/s for which they were arrested. In this event, the case would proceed to a magistrate immediately, and it would be dealt with in a different light to the manner in which it would be dealt with if

there were a denial of any wrongdoing. In the former scenario, the accused would be tried on the evidence present, and this could result in a more favourable outcome for the accused compared with what might transpire if an investigation goes in-depth and might uncover further wrongdoing (P #37). Considering that women in South Africa who sexually violate children seem to end up in correctional facilities where they do not have opportunities for gender-specific rehabilitation, or treatment for sexual offences, the concept of ‘denial’ morphs into something more significant than merely denying wrongdoing and inflicting harm on children: it exacerbates self-destructive behaviours.

Regarding how these women are perceived, some of the findings in this research indicated that these women are sometimes perceived as less dangerous or less predatory than men are, consistent with Turton (2010, p. 283), for example. On the other hand, the very perception that because they are women, they are less dangerous made them even more dangerous because their actions and behaviours were unexpected, is consistent with the concept of the black swan (Taleb, 2008).

Furthermore, indications in the findings in this research are that these women are deemed to have a level of pathology, consistent with Perkel (2004), for example, but not consistent with perverse intentions according to Lawson (1993) who mentioned perverse sexual abuse as one of the categories into which these women fall. Perkel (2004) on the other hand did not see their actions as perverse; instead, he saw the women’s pathology that resulted in a variety of destructive and inappropriate sexual behaviours with children.

The findings indicated further that the women are known to violate their own children sexually, consistent with the literature (e.g. Bexson, 2011; Kramer, 2010; Marais, 1990; Miller, 2009), or other children with whom they have a close relationship—for example if they are responsible for caregiving. This was consistent with the literature (e.g. Collins-McKinnell, 2013, p. 49, citing various authors; Duncan,

2010; Nathan & Ward, 2002). This makes these women even more dangerous than a stranger who cannot get as close to a child or a father who is one step removed with fewer opportunities for ‘natural’ access to children’s personal, private spaces.

While these women might not all be seen as evil or with an inherent criminal disposition, or with a total lack of awareness of their actions, the findings indicated that they are not always ignorant of their actions even if they deny wrongdoing, consistent with literature (e.g. Duncan, 2010, pp. 143–144; Flora & Keohane, 2013; Matthews, 1989, cited by Boroughs, 2004; and Turton, 2010, pp. 287–289).

In the findings of this research, there was no consensus regarding the following: the level of dysfunction or the level of trauma in women’s lives that precipitated the sexual violation of children; the level of violence involved in female-perpetrated child sexual violations; whether women offend alone or with accomplices, or as accomplices, or whether others influence them; or in their choice of victim in terms of gender.

There was also no outright consensus about the impact on the child regarding the gender of the offender even though the vast majority of the participants indicated that female-perpetrated child sexual violations are very damaging—among the most damaging effects was the breaking of trust between adult and child. There was also no outright consensus about the far-reaching implications of female-perpetrated child sexual abuse. Despite no outright consensus regarding one or two issues in the findings of this research, the findings were consistent with literature (e.g. Cashmore & Shackel, 2013; Collins-McKinnell, 2013, p. 49, citing various authors; Denov, 2004; Duncan, 2010; Flora & Keohane, 2013; Gannon et al., 2008; Koonin, 1995; Mullen & Fleming, 1998; Nathan & Ward, 2002; Spies, 2006), while there were indications to the contrary regarding far-reaching consequences (e.g. Wakefield, 2006).

Furthermore, there was a consensus in the findings of this research that dysfunction characterised the lives, possibly the minds, of women who sexually violate children (e.g. Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; Gannon et al., 2008; 2013; Hislop, February 2013; Wijkman et al., 2010; Wijkman et al., 2011) and that female-perpetrated child sexual violations were damaging to the victims, and were not innocuous (e.g. Boroughs, 2004; Duncan, 2010; Elliott, 1994, in Elliott, 1994; Grayson & De Luca, 1999; Johansson-Love & Frenouw, 2006; Olafson, 2010; Poels, 2007; Wijkman et al., 2011).

The important point is that what is occurring now might only show itself in twenty to forty years' time, as referred to in the findings. This virtually creates a generation of individuals leading less-than-optimal lives, sometimes with self-destructive behaviours from which they will need to recover and heal, separate from the recovery and healing because of the sexual abuse itself in childhood. Thus, again, the rationale is present for the need to provide psychotherapeutic interventions to women who sexually violate children as necessary to prevent future generations of victims/survivors from requiring psychotherapeutic interventions.

In the literature, there was also no consensus regarding the level of violence involved, for example, particularly as the literature tended to place offenders into categories, for example, the maternal sex offender, the violent female sex offender (e.g. Duncan, 2010; Weizman-Henelius cited in Poels, 2007). Also, feminist sociocultural analysis (Tolman et al., 2014, p. xxiii) stated, "most sexual violence is not about sex". The severity of the trauma compared with other traumas, however, was said to be high, according to Sedlak et al. (2010, cited by Townsend, 2013, p. 11) with additional consequences being early puberty (Maas & Noll, 2017) and psychiatric disorders, amongst other consequences (Teicher, 2000, last para.).

Furthermore, there was no consensus in the literature regarding whether or not women who sexually abuse children do so alone or with an accomplice (e.g. Burroughs, 2004; Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; McCarty, 1986; Pflugradt & Cortoni, 2015; Proeve & Reilly, 2007; Wijkman et al., 2010). This was consistent with the findings in this research that these sexual violations were not restricted to any particular social stratum, consistent with Kramer (2014; 2017) but in contrast, for example to Faller (1987) (poor, uneducated); Matthews (1993, cited in Boroughs, 2004) (low status); and Pflugradt and Cortoni (2015) (middle to low socioeconomic status).

Pathways. In the findings of this research, the concept of a pathway to offending organically emerged as paramount within the broad concept of the context in which the sexual violation of children occurs. Not all participants specifically used ‘pathway’ to describe what they believed came before the sexual offending; also, groupings and categorisations were not prominent (or desired) according to the findings. Nevertheless, two (5%) of the research participants revealed the following:

-]) There were three groups of women: those with mental illness, those who offended in co-morbid circumstances, and those who mirrored male behaviours.
-]) Women had no criminal disposition; instead, a personal disposition involving childhood, early experiences, and key events in their lives were instrumental in facilitating offending behaviours.
-]) Not all women had the same life path, and not all women were predisposed to offend sexually.
-]) Furthermore, an offender’s pathway would be marked by an event, and either a positive or a negative response to that event.

The concept of pathways is central to the descriptive model of female sexual offending (DMFSO) that refers to three offence approaches. Briefly, these are: Explicit-

Approach, with diverse motivations, explicitly pre-planned, explicitly pursued offending; Direct-Avoidant entailing explicitly directed disposition to offend but wishes to avoid; and Implicit-Disorganised that has various goals with implicit or no planning. The DMFSO further delineates and distinguishes between an individual's background; the conditions, behaviours, and thought processes before the offence; and the same for the actual offence, and after the offence.

Several other participants in this research referred to the context in which women who sexually violate children found themselves, either as children or in their adult lives, that were or are characterised by a variety of dysfunctional conditions, or traumas, or experiences. Without using terminologies such as 'pathway' or 'trajectory', these participants were also referring to the path on which a woman had walked and reached a destination marked with the sexual violation of a child.

In this regard, therefore, the findings in this research could be aligned with the pathways identified by Gannon et al. (2008) in that women seemed to have diverse motivations for sexually violating children. Some participants in this research mentioned that women plan their violations more than men do; also, that they then proceed to violate a child sexually—though not named in this research, this would be the equivalent of Gannon et al.'s 'Explicit-Approach' pathway.

Gannon et al.'s (2008) second pathway, 'Directed-Avoidant' could have been represented in the findings but there was insufficient evidence-based data to support the notion that any of the women who found themselves in therapeutic or criminal justice environments stated they wished to avoid sexually abusing a child. With one known exception—a woman who had been charged with sexual violations against children who asserted she had been influenced to participate in sexual violations against children, and to carry them out mostly as the primary offender. Without wishing to be frivolous,

according to the findings of this research, it would seem that the only thing women who sexually violate children were avoiding was being found out.

The third and last pathway identified by Gannon et al. (2008) is ‘Implicit-Disorganised’ that has various goals with implicit or no planning. Again, with insufficient evidence-based knowledge about women who sexually violate children in South Africa, the findings in this research did not explicitly indicate that there had been cases where women had multiple goals but had failed to plan their attainment.

Nevertheless, there was a general sentiment in the findings that placing individuals into categories was not helpful in the sense that this would detract from the uniqueness of individuals and their circumstances. I concur with the concept of not pigeonholing individuals because one might then wish to interact with those individuals according to the pigeonhole rather than according to the substance of the individual in the pigeonhole. Personally, however, I can see the value of identifying pathways as Gannon et al. (2008) have done that could inform practice as follows:

- J To take into consideration a woman’s ‘context’—this is consistent with the findings of this research.
- J To tailor treatment to an individual’s specific needs—this is consistent with the majority of the findings of this research. There was a consensus in the findings that individuals are unique, and so are their circumstances: the next step would be to understand that treatment needs should also be unique, therefore.
- J To be aware of the similarities and differences between male and female sex offenders regarding planning and approaching the offence, and whether the planning and the offences were done out of fear or out of a desire to achieve intimacy. There were sufficient references in this research attesting to the adverse conditions under which countless women live in South Africa and about dominance and aggression by

men that could conceivably lead women to violate children sexually. There were also sufficient indications regarding similarities and differences between men and women regarding their modus operandi regarding the actual offence. Thus, there was a consensus with the literature in these instances as well.

- | To assist women to understand the range of factors associated with their behaviours that led them to violate a child sexually—for the majority of the participants in this research who had worked therapeutically with women who sexually violate children, and for most of the other participants who ventured an opinion about treatment needs for these women, the consensus was the need to work through all the traumas in the woman's life. In some cases, the suggestion was to go right back to a woman's childhood and to seek to understand what had occurred then and what had occurred along the path to the sexual offending. The findings of this research thus resonate with this aspect of the DMFSO as well.

Not the presenting problem. On the topic of pathways, the majority of the participants in this research stated that the sexual violation of children was not the presenting problem when women found themselves in therapeutic environments, except in instances where they were court-mandated to receive treatment either as a condition of their sentence or instead of incarceration. In the literature (e.g. Cortoni et al., 2010; Deering & Mellor, 2007; Duncan, 2010; Faller, 1987; Flora & Keohane, 2013; Gannon et al., 2008; Gannon et al., 2013; Kramer 2010; Mathews, et al., 1989; Pflugardt & Cortoni, 2015; Van Niekerk, 2006; Vandiver & Kercher, 2004) the women who were researched, assessed, or treated were sex offenders so one could cautiously assume that they presented as sex offenders when becoming involved with the professionals. Thus, regarding the women who are known child sex offenders in South Africa, the findings are

consistent with the literature in that they present for treatment about the sexual violation of a child.

Furthermore, the findings indicated that women who sexually violate children do not find themselves in the public sector psychiatric community. Nevertheless, at least 3% of the research population indicated that a woman who sexually violates children should be referred to a psychiatric hospital as the only means of therapeutic intervention, while another would refer such a woman to a psychiatric institution if necessary but would offer her psychological intervention at the same time. Also, for the handful of women who did find themselves in the psychiatric community for a variety of reasons, and with perhaps one or two exceptions, these women were not found to be mentally ill when assessed for purposes of fitness to stand trial. They were assessed and sent back into the criminal justice system to continue the process with which the psychiatric community would then not be involved.

The literature, in contrast, indicated the following, for example: Fifty percent of the women in Faller's (1987) study had mental problems that included retardation and psychotic illness, and that psychosis played a significant role in a small number of cases; and Weizman-Henelius et al. (n.d., cited by Poels, 2007), found inter alia that psychiatric care was among the histories of the 61 violent offenders in their sample.

One of the takeaway messages for me from this research is that just because 'something' does not present as 'something' does not mean it is not 'something'. The reason why women who sexually violate children might not find themselves in the therapeutic community in South Africa to the extent they do abroad could be because of the lack of knowledge regarding their actions and behaviours that others might know or suspect are dysfunctional or harmful; the lack of services for them, or the stigma attached to seeking psychotherapeutic interventions (as indicated in the literature regarding the

mobile clinic in the Western Cape in South Africa that was set up, in part, to alleviate the stigma for people seeing psychotherapeutic interventions). Other reasons could be knowledge of the manner in which cases of female-perpetrated child sexual abuse are handled by the authorities, fear of reprisals, and the low rates of reporting of this type of sexual offence, as well as the possibility that the criminal justice system undervalues the role of therapeutic intervention. Thus, the scarcity of these women in therapeutic environments is not unexpected.

The reality of a woman's burden in South Africa could be described as follows: Woman 'A' who suffers from depression, anxiety, an eating disorder, bipolar disorder, for example, can access mental health services. I do not wish to become bogged down in the nuances surrounding affordability or the lack of services or whether medical aid will or will not pay for her treatment, all of which was presented in the findings. The point is that she is free to access services without fear of reprisals involving the curtailment of her freedom. In an ideal situation, she would receive medication or psychotherapeutic intervention, or both, and in theory, she would begin on the road to recovery. In summary, she would be able to put a Band-Aid on whatever her wound is.

Woman 'B' who has had some trauma, has a dysfunctional life, et cetera, and who seeks to dress her wound by sexually violating children is not free to do what Woman A is free to do. Woman B will continue with the destructive and self-destructive behaviours, or even if she does not, she will live with whatever traumas brought her to this place to begin with, as was so aptly worded by Participant #38: "it killed their mind." Woman B's choices are to stop if she can, to continue, or to be found out, wittingly or unwittingly, and in the latter case, she would enter the criminal justice system, not the mental health system. From there, unless something changes in the management of sex offenders in respect of dealing with their actions holistically not only legally and in a

punitive manner, Woman B will not have opportunities to heal, to grow from adversity, to make amends.

The power of perception, intention, and interpretation. The findings indicated that how something is perceived, intended, or interpreted determines how it is received and how it is dealt with. If behaviours and actions are not perceived, or intended, or interpreted as sexual abuse or violation, they are not acknowledged as such, and they are therefore not dealt with as such. This is akin to a wrong diagnosis with the wrong treatment or no treatment resulting in limbs being lost through gangrene that was considered a grass mark.

Perception and interpretation—culture. A case in point is the issue of cultural practices, for example where a mother might masturbate her infant son to help him sleep. This type of practice adds more fuel to the fire regarding the multi-faceted issues to do with female-perpetrated child sexual violations that are far from being clear-cut. In South Africa, according to the law, tickling an infant or a child's genitals or masturbating the child would be considered a sexual violation. However, on the other side of that particular coin, we need to consider what the culture in which this occurs say about it. The differing values and child-rearing practices must inevitably create further conundrums for the judicial system and the healing professions, not to mention what it creates for the mother and the son involved in a cultural practice hitherto thought of as completely harmless and not unlawful.

What would the South African child protection and judicial system do with a loving mother who has been taught that masturbating her young son will soothe him and help him sleep: Would the system charge her with a sexual crime against a child, take the child away from her, and put the child into some form of child protection custody, where he might be at the mercy of a housemother who might sexually violate him, as was shown

by the quotations of at least 5% of the research population (e.g. P #22, P #33), while she, the child's mother, goes to court, and potentially faces some sort of charge, possibly incarceration for having done what her culture has been doing for ages? Whom has this ultimately helped—the child who lost his mother, the woman who has not had the opportunity to understand and learn from her actions vis à vis the law, the overburdened correctional services environment, or the community that might have been part of the culture of masturbating infant boys to help them sleep?

Similarly, however, what would the South African law do about a mother who purposefully and knowingly masturbates her young son for reasons other than to help him sleep? Does everything, therefore, all come down to the intention and the awareness of the actions and the behaviours? If so, how does one prove intention beyond a doubt if the 'perpetrator' does not confess, if the 'perpetrator' continues to deny any wrongdoing even when faced with a steep prison sentence, and if the child cannot understand what took place or cannot conceive of it being wrong—until the authorities, the law, informs the child otherwise, as was shown by around 15% of the research population in this research.

This interjection is supported in the literature regarding the denial of the possibility of female-perpetrated child sexual abuse, the discourses that limit the interpretations of the same act, and the misperceptions about the capabilities of women that result in their actions being viewed as things other than sexual abuse (e.g. Kramer, 2010; 2014; 2017; Mellor & Deering, 2010; Perkel, 2004; Turton, 2010). Pinker (2012, Location 11237) raised two interesting questions about the general population that could apply equally to this research: "Does our inner perpetrator whitewash our crimes ... to exonerate ourselves?" "Or does our inner victim, nurse our grievances ... to claim the world's sympathy?" Although I am not suggesting that certain sexual violations are a

wish to claim the world's sympathy, the notion that something in "human psychology distorts our interpretation and memory of harmful events" (Location 11237) gives pause.

Perception and interpretation—language. The usage of 'childhood sexual abuse' when referring to child sexual abuse, and paedophiles when thinking of adults who sexually violate children, in the findings spoke to the imprecise usage of language—and language is something that Kramer (2014; 2017) reminded us plays a vital role in whether or not an act is understood, and considered, child sexual abuse.

In the literature, there did not appear to be the incorrect usage of childhood sexual abuse and child sexual abuse. For example, Boyd (2010, line 1) referred to the epidemic of reported childhood sexual abuse in Western society, and the reasons why historical childhood sexual abuse is emerging at this time; Duncan (2010, pp. 150–151) referred to a childhood history of trauma; Pflugradt and Cortoni (2015, p. 205) referred to the lack of evidence of a direct causal link between childhood experiences and later offending; and Wijkman et al. (2010) referred to the childhood experiences of adult women who went on to become specialist or generalist sexual offenders of children. In this research, it is possible that the incorrect usage could be attributed to issues of language if English is not the individual's mother tongue.

The usage of 'paedophile' in the reviewed literature was scarce except in Kramer (2010) and Kramer and Bowman (2011) who referred to the focus on female paedophiles by four child abuse experts in South Africa. In this research, the participants' usage of the word could have been contextually correct in one instance, but at least one participant used female child sex abuser and female paedophile in the same breath to discuss the topic of this research, which was not focused on female paedophiles. I am unsure how to explain this except perhaps that certain words are taken to be synonymous with others, even if they are not.

Interpretation of CSA. According to the participant whose job involves profiling and assessing a variety of offenders, and who identifies and determines indicators for therapy that is passed on to therapists in correctional services, female-perpetrated child sexual violations are not seen as a sexual offence in the correctional services system, albeit that the example given by the participant was a woman who prostituted her child, but she was nevertheless incarcerated. Women like these—though tried in a court of law, found guilty of sexual crimes against children, and are incarcerated—are not perceived as sex offenders. Instead, they are perceived as “child abusers” (P #36). The interpretation of, at least, this form of child sexual violation as not being a sexual offence in South Africa’s correctional services environment was shown in the findings to be erroneous. It disqualified the perpetrator from participating in any sex offender treatment programme that might have been available even though those are designed for male sex offenders.

The participant offered no reasons for this interpretation, but I will venture to offer a few possible explanations from my meaning-making:

-]) There is a perception that a woman is not emotionally capable of abusing a child sexually, and the perception transmutes itself into disbelief, denial, dismissal. This is consistent with the literature (e.g. Flora & Keohane, 2013, citing Cortoni, 2010; Giguere & Bumby, 2007).
-]) Sexual abuse is perceived as being only non-consensual penetration by a penis, male-on-female—in the absence of both a penis and an adult male, therefore, where is the sexual offence. This is consistent with the literature regarding some of the perceptions of the public (e.g. Boroughs, 2004; Colson et al., 2013; Kramer, 2010; Turton, 2010).

- J Sexual abuse of a child is not about sex. Therefore, the sexual abuse of a child is not a sexual offence. This is consistent with the feminist sociocultural analysis in the literature (e.g. Tolman, Diamond et al., 2014, p. xxiii).
- J Child sexual violations by a woman are not considered as serious as child sexual violations by a man. Therefore, the crime is not seen as the same, and it is not given the same attention or dealt with in the same light. This is consistent with the literature (e.g. Kite & Tyson, 2004) and the strong patriarchal overtones in South Africa.
- J Relatively few female child sex offenders surface within the correctional services system in South Africa, and as they do not make up the majority of the sex offender population, there is no knowledge or training as to what to do with them. Therefore, nothing is done with/for them. This is not consistent with the literature because, as mentioned, female child sex offenders abroad are not as hidden as they are in South Africa and there are various structures in place in other countries to manage these women (e.g. Beech et al., 2009; Cortoni et al., 2010).

Considering the changed laws in South Africa regarding sexual offences against children and the fact that statistics regarding sexual offences against children include prostituting children (this from the complete set of statistics received from the SAPS in March 2017), as well as the severity of the sentences meted out to women found guilty of committing sex offences against children, as was shown in at least one quotation in the findings, one would have thought that these perpetrators would be seen in equally severe light as ‘customary’ sex offenders (i.e. men). Furthermore, one would have thought that knowledge, training, and processes would be put in place to implement legislation, and follow through on good intentions of providing rehabilitation to inmates, something that is provided for male inmates but to a much lesser degree—if at all—for female inmates (Artz, 2013, in Peacock, 2013).

Based on the literature and the findings of this research, sexual violations by a woman are serious. They have far-reaching implications, the offenders are in need of some form of treatment, and the absence of male genitalia does not stop any woman from committing a crime considered a sexual crime against a child. These realities ought to be communicated to all stakeholders in South Africa so as not to continue perpetuating the misperceptions about female-perpetrated child sexual abuse, thus increasing the less-than-optimal role played by society in the three-sided coin about female-perpetrated child sexual violations in South Africa.

Two additional points of note that were shared by Participant #30 are that, apparently, those within the system do not always have access to the details of the offence of any given inmate, and that the relevant inmates, who are considered pariahs even in a population of other offenders who commit heinous crimes, keep a very low profile for fear of persecution, victimisation, and assault. Victimisation of inmates in correctional services is established as shown by Dissel (2013, in Peacock, 2013). If there is agreement regarding the notion that women who sexually violate children generally are themselves victims of something—childhood abuse, present-day traumas, mental deficits—their ending up in a system where they are fearful of exacerbating their ‘victim’ status if they are exposed as child sex offenders (pariahs) gives rise to a cycle of victimhood, a notion that is supported by Dissel regarding research that indicates the possibility of a link between “between victimisation and perpetration” (Dissel, 2013, p. 276, in Peacock, 2013). This emerged in the findings of this research as well, and finds support from Peacock (2013, in Peacock, 2013, p. 8) who referred to ‘victim-offender’ sequences where “today’s offenders are yesterday’s victims, and today’s victims are tomorrow’s offenders”.

This cycle—victim–perpetrator–victim–perpetrator—ought to give further motivation for the need to provide psychotherapeutic and other support to women who sexually violate children to stop at least this cycle from repeating itself. The traditional ‘cycle of abuse’ may be inconclusive, according to the findings of this research and the existing body of knowledge (e.g. Duncan, 2010; Fagan, 2001; Goodman-Delahunty, 2014, citing Lamont, 2011; Wijkman et al. (2011, citing Cortoni, Hanson, & Cache, [sic] n.d.), but while there is an opportunity to obviate or at least alleviate the cycle of abuse by treating victims of child sexual abuse as early as possible, where are the opportunities to obviate or alleviate the cycle of victimhood for perpetrators?

If they do not receive treatment for past traumas, if they do not receive treatment for their present way of life that results in the sexual violation of children, ought they not to be given some form of psychotherapeutic intervention when they enter the correctional services system that is part of government, which is accountable for the management of crime (Nel & Van Wyk, 2013, in Peacock, 2013)—if for no other reason than to contain further victimising and victimisation. If not, a new vicious circle is created and perpetuated: outcast as a victim of earlier trauma, possibly; outcast as an offender, however hidden the actions might be; outcast within the legal process; outcast within the correctional services system; outcast in society if ever released from prison or when on parole. Would it not be better to aim for inclusivity than for exclusivity, and apply the concept and the ethos of victim empowerment to these offenders (Nel & Van Wyk, 2013, in Peacock, 2013)?

Female-perpetrated child sexual abuse as a learned response. With perhaps one or two exceptions, the findings of this research suggested that women who sexually violate children have learnt certain behaviours in their environment, for example, that men are dominant, and women are submissive, and they replicate this in their later

behaviours when they violate a child sexually out of compliance, or out of rebellion against what they learnt. Alternatively, their destructive behaviours could be some form of modelling based on traumas they endured in the past.

The decision to violate a child sexually does not happen overnight. Though inconclusive, the cycle of abuse is pertinent, and it could result in modelling behaviours. Dysfunctions, instability, and neglect within a household, even if they do not include sexual abuse, could result in behaviours that end up as the sexual abuse or violation of a child. Pornography has almost replaced healthy sex education. Women have become emancipated; they are doing what men do; they are not immune to outside influences—if they were, there would perhaps be much less female-perpetrated child sexual abuse, particularly considering the inherent nurturing, caring, and maternal qualities with which women are said to be imbued.

Also, children are now doing what men do, and what women do: They are watching pornography; they are learning that anything goes regarding sex even if they are not old enough to assimilate what they are learning. If children see, hear, watch a child receiving some reward for performing a sexual act, what is to stop them from becoming that child? Indeed, “Most human behaviour is learned through modelling” (Collin et al., 2012, p. 286, referencing Bandura).

There are differing perspectives in the literature regarding a causal link between childhood sexual abuse and later sex offending, for example, Duncan (2010), Fagan (2001), and Flora and Keohane (2013) in contrast to Price-Robertson (2012, p. 135, citing Alaggia and Millington, 2008). Nevertheless, there is also sufficient literature attesting to the influence of adverse childhood experiences or present-day experiences that contribute to sexual offending (e.g. Gannon et al., 2008; 2013; Talbot et al., 1999; Wijkman et al., 2010; 2011). The findings of this research, therefore, appear to be consistent with the

literature regarding the lack of a consensus about a causal link between childhood sexual abuse and later sex offending.

To conclude this section, some of the findings were consistent with the literature while others were not, but in a climate where there was often no consensus among the sources in the literature, the findings were, overall, not out of place.

Service provision in South Africa: at present. The overwhelming majority of the findings indicated the need for service provision for women who sexually violate children. I wondered why such an issue would even be tabled as worthy of discussion considering its heinous nature, and I concluded that it makes sense, and it is ethically responsible. Furthermore,

- (a) the Bill of Rights of the Constitution of South Africa states, “Everyone has the right to have access to health care services ... They must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights” (Constitution of the Republic of South Africa, 1996—Chapter 2, Bill of Rights, 27, 1997);
- (b) the monetary and human cost of the criminal justice process could be reduced if mechanisms for prevention were put in place by way of treatment initiatives and education for women who sexually violate children, or if a different form of restitution could be found to deal with adult female-perpetrated child sexual abuse, for example, community work with the proviso that each perpetrator’s behaviours are adequately contained so as not to be of further danger to society. The issue of the financial consequences of child sexual abuse was found in the literature (e.g. Corso & Fertig, 2010; Elliott, 1994, in Elliott, 1994; Fang et al., 2012; Saied-Tessier, 2014, of the UK’s NSPCC);

- (c) the stakeholders could put their time and resources to better use instead of being tasked only to punish these women without offering rehabilitation, insight, and alternative means of working through the consequences of their actions;
- (d) the mental healthcare environment has ready-made case studies in the form of the life stories and experiences of the women who have committed these offences, even if they are not in droves in South Africa. Between what is known in South Africa, and what is known globally, there is enough of a foundation to conduct more research and to obtain more knowledge.

It is important to realise that these women are more than their offence. It is also important to realise how overwhelmed the majority of women are in South Africa, according to the findings of this research. By not offering them mental health intervention, before, during, after any crisis, society is not availing itself of understanding the dynamics of female-perpetrated child sexual violations; thus discards, what amounts to, a holistic encyclopaedia of knowledge about a vital sector of the population.

In the literature, it was shown that providing treatment for women who sexually violate children could ensure fewer negative consequences for children than if these women were left untreated (e.g. Denov, 2003; Pflugradt & Cortoni, 2015), could prevent reoccurrence of the sexual violation (e.g. Jonker & Du Preez, 2012) and it could provide an opportunity to contribute to the protection of society and reduce future occurrences of sexual violations (Coleman et al., 1996; 2000, cited in Flora & Keohane, 2013). As regards the benefits for women, mental health interventions could also provide them with the opportunity to build their skills and competencies (Talbot et al., 1999).

The findings in this research were consistent with the literature, including the issue of monetary costs involved in managing child sexual abuse, and the concept that

providing treatment to these women constitutes tertiary prevention of child sexual abuse (NSVRC, 2011).

Organisations/professionals. Even the participants in this research who were in the field of child abuse and even those who had encountered women who sexually violate children could not name any organisations in South Africa that deal with these women or with the dynamics surrounding this form of sexual violation. Personally, I am aware of one international organisation³ dealing with sex offenders that has representation in South Africa, but none of the participants mentioned it. Instead, some mentioned child protection agencies that deal with child victims, while less than a handful mentioned the names of professionals who have worked with sex offenders, even though only one such professional is known to work with sex offenders while the others had either not worked with this population, had done so years ago, or their working experience was transitory. This was not entirely surprising because the majority of professionals worked with the victim side of the child sexual abuse spectrum, not the offender side.

I did not attempt to search the literature to ascertain if practitioners have knowledge of organisations or other professionals specifically dealing with female perpetrators of child sexual abuse, but such organisations do exist. For example, see Blanchette and Taylor (2010) who did a limited review of treatment initiatives for female sex offenders that are available in Canada, England, and in five states in the US. Also, it is clear from the literature that professionals abroad are working with female sex offenders (e.g. Elliott, 1994, in Elliott, 1994; Gannon et al., 2008; Gannon et al., 2013; Matthews, 1993, cited by Boroughs, 2004; Wijkman et al., 2010).

³ IATSO (International Association for the Treatment of Sexual Offenders)

To conclude, the findings of this research demonstrated the lack of knowledge about any organisations or professionals dealing predominantly with women who sexually violate children in South Africa. The lack of organisations or professionals dealing with this subpopulation could be because the subpopulation is hidden, too small, or too stigmatised to warrant having an organisation dealing specifically with their combination of issues. It could also be because of the lack of funding as was evident in the findings, or the fact that this subpopulation competes for attention with other subpopulations requiring help, or because the issue of female-perpetrated child sexual abuse has not yet become a reality in the public's consciousness, thus does not deem to warrant much attention; also, as mentioned, possibly the criminal justice system in which women who sexually violate children find themselves undervalues therapeutic intervention as a means of rehabilitation for offenders. This relative lack of engagement showed itself also in outdated knowledge about which child protection organisations are involved in training practitioners to work with sex offenders—none actually. Overall, it seemed that practitioners worked in a somewhat parochial manner, within their sphere of influence and where applicable tended to be focused on a small portion of the broad field of child sexual abuse.

Treatment approaches and modalities. There was no consensus in the findings regarding best practice for treatment of women who sexually violate children. Various approaches were mentioned by practitioners who have worked with women who sexually violate children. For example Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and strengths-based orientations. Nevertheless, CBT and strengths-based orientations were the two treatment approaches advocated as best-practice by the two participants with the most experience working with women who sexually violate children: one in a therapeutic environment, the other when

assessing and profiling diverse offenders, and identifying indicators for treatment to be passed on to relevant practitioners.

There was also no consensus regarding treatment modalities about group therapy, individual therapy, or family therapy even though participants indicated that individual therapy would be appropriate and useful to aid disclosure, for example. Other participants indicated that group therapy would be appropriate. This, however, was not recommended by the only participant with extensive experience working with female sex offenders, neither did this participant see any justification in mixing male and female sex offenders in the same group—this was contrary to at least 3% of the research population who were unsure, while the less experienced participants saw no reason not to mix genders in a group therapy setting. There was, however, a consensus among at least 5% of the participants that utilising typologies and categorising individuals was redundant and not useful, and the consensus was that the focus had to be on the individual in her entirety not only on her criminality.

The findings were both consistent with the literature and not consistent with the literature. For example:

- J Flora and Keohane (2013, citing a number of authors), referred to the unsuitability of offering a generic form of psychotherapy and they cautioned against putting female sex offenders into a group with male sex offenders.
- J Giguere and Bumby (2007) indicated there is no evidence-based guidance regarding the most effective approach to working with female sex offenders.
- J Matthews (1993, cited by Boroughs, 2004) advocated group treatment combined with incarceration.

- J Pflugradt and Cortoni (2015) referred to the need to consider the gender-specificity of female sex offenders and to acknowledge that their offence behaviours do not exist separately from the rest of their lives.
- J Talbot et al. (1999) utilised two different treatment approaches in what would appear to be a group format for female sex offenders who had suffered childhood sexual abuse. One of the groups who received specialised abuse-specific treatment showed greater improvement in their symptoms as well as reports that childhood sexual abuse issues had been more comprehensively dealt with.
- J Wilcox, Garrett, and Harkins (2015) asserted the need for skilled individualised interventions while not disputing the benefits of group therapy.

At least one author stated that a treatment programme must be sex-offence specific (Van Niekerk, 2006) even though this author did not differentiate between males and females or their treatment needs in contrast to, for example, Duncan (2010); Elliott (1994, in Elliott, 1994); Flora and Keohane (2013); Pflugradt and Cortoni (2015); and Strickland (2008) who do, but consistent with Jonker and du Preez (2012) who advocated both group and individual therapy for incarcerated sex offenders, without discrediting group therapy, but who also do not differentiate between males and females.

The above notwithstanding, Gannon et al. (2008) referred to the implications for clinical practice based on the DMFSO that was discussed in detail in Chapters Two and Three of the thesis: (a) individually tailored treatment taking into account various experiences, as well as various risk factors; (b) an awareness of both similarities and dissimilarities between male and female offenders; (c) the need to assist female sex offenders to understand the factors associated with their behaviour.

The lack of a consensus in the findings of this research regarding psychotherapeutic interventions was not unexpected because only 21% of the research

population had facilitated therapeutic work directly with only around 30 women who had sexually violated children over the course of some 40 years. Nevertheless, the participants appeared to be offering their personal preferences based on the manner in which they work with other clients. In all but the work done by the two participants mentioned above, the variety of approaches to potential treatment left me wondering whether the thinking was around the women potentially needing treatment or if it was focused on the practitioner's comfort zone.

However, considering the dearth of knowledge, research, training, education, and support, as well as the scarcity of these women in psychotherapeutic environments (i.e. the relative lack of experience), it is perhaps not surprising that practitioners would suggest working in a way that is within their repertoire. Nevertheless, proposing a 'cut-and-paste' manner of offering treatment regardless of the individual requiring treatment raised alarms as to the efficacy of the manner in which treatment would be approached.

Input from the psychiatric component of the research population listed the manner in which patients are assessed whereby every case is looked at in its entirety, and this would be the procedure followed if a woman who sexually violated children found herself in the psychiatric environment. However, as women who sexually violate children have mostly not been found to be mentally ill, the psychiatric community has not provided specific treatment to known female child molesters. There was, however, some consensus among the research population that there was a need for a multidimensional approach to managing women who sexually violate children that could include the psychiatric community and occupational therapists.

To conclude, there was no consensus in the findings or the literature regarding treatment approaches or treatment formats for women who sexually violate children possibly because of the paucity of gender-specific research on female-perpetrators of

child sexual abuse and their treatment needs, and because of the scarcity of these women in therapeutic environments.

Alternative justice. The topic of restorative justice emerged in the findings for some 13% of the research population. One participant in particular detailed one instance where restorative justice was re-created between a woman who was a victim of child sexual abuse and *a perpetrator*, not her own. If the process of restorative justice between disassociated victims and perpetrators did work and could work, it could be helpful for victims whose perpetrator has passed away, for example, or if a victim/survivor is unable or unwilling to face his or her perpetrator, and there had been no closure in either scenario. It could also perhaps alleviate any secondary gain around being a perpetual victim because one did not have closure. Similarly, it could change self-defeating thoughts that ‘If I get better, then she gets off the hook’, thus also allowing a victim/survivor to understand whom he or she is beyond being a victim.

Batley (2013, in Peacock, 2013) referred to the concept of restorative justice in South Africa as a potential means of addressing some of the shortcomings in the criminal justice system. He also referred to the critiques that restorative justice can serve only a small number of victims, without allowing the government to play an active role in rebuilding the lives of victims.

I respectfully argue that serving even one victim—or one perpetrator as described in the findings—is of benefit. Also, it would surely be of benefit if restorative justice could help rebuild a victim’s life (perhaps also a perpetrator’s) without the need to wait for, or expect, the government to take an active role in rebuilding the lives of victims. This seems particularly incongruent considering the broad systemic shortcomings that emerged in the findings of this research and that have been highlighted in the literature. Systemic shortcomings aside, I am left wondering if individuals resist some form of help

and expect others, in this case, ‘the government’ to resolve their problems and make them whole again because they are stuck in a mentality of victimhood, they cannot see their way clear to empowering themselves, and perhaps the secondary gain of being a victim is too sweet or too powerful to allow them to take charge of their lives now that they have an opportunity to do so. I respectfully suggest that in a way these thought processes perpetuate a cycle of abuse, although this time it is the victims or the perpetrators who are inflicting abuse on themselves through unthought-of self-destructive thoughts and actions.

Therapeutic environment in South Africa. The findings showed that relevant service providers were overburdened with work and that they were endeavouring to earn a living and provide effective services within the constraints of PMBs (where applicable). Regarding medical aids, at present, mental health benefits appear to be a grey area. This has resulted in certain related speciality services not being paid out of an individual’s medical aid hospital benefit, and instead out of a day-to-day/savings benefit. This is in line with what would be available in state facilities, which is governed by the Medical Scheme Act under PMBs (Source: Medshield, personal communication, email, 20 April 2017).

Aside from some ten mental illnesses, no law states what must be covered by medical aids. This has an effect on service provision for individuals who are not mentally ill or hospitalised; also, it seems to drive clients away from the ‘limited’ services related to psychology and the services of social work. Participants cited the six sessions allowed by PMBs for various relevant conditions as being an obstruction in providing mental healthcare services.

Also, there were general systemic failures (not only in the mental health environment), as well as gaps in curricula, inadequate training, information, and resources for practitioners relating to women who sexually violate children. Coupled with the

scarcity of such women in therapeutic environments, this resulted in service provision being highly constrained and not relevant to the changing landscape of child sexual abuse. Service provision in rural areas, in turn, is virtually non-existent according to the findings of this research and the literature.

Table 4 below shows the 2016/2017 population estimates in rural and in urban areas in all nine provinces in South Africa.

Table 4

Population Estimates South Africa (urban/rural).

Area	2016/17 Population estimate
Eastern Cape rural	3 867 866
Eastern Cape urban	3 193 846
Free State rural	382 024
Free State urban	2 479 589
Gauteng rural	391 598
Gauteng urban	13 106 547
KwaZulu-Natal rural	6 044 789
KwaZulu-Natal urban	5 034 934
Limpopo rural	4 692 484
Limpopo urban	1 111 465
Mpumalanga rural	2 492 404
Mpumalanga urban	1 835 847
North West rural	1 983 566
North West urban	1 807 053
Northern Cape rural	340 086
Northern Cape urban	851 571
Western Cape rural	344 127
Western Cape urban	5 949 070
	55 908 864
Source: Dr R Kasonga (Statssa) 20.11.2017	

As can be seen, some 37% of the country's population is in rural areas of the country.

This means that potentially more than one-third of the country's population has little to no access to mental healthcare. The literature also showed that clinical psychologists and

psychiatrists in South Africa predominantly practice in the urban and peri-urban private sector (De Kock & Pillay, 2016) with a shortfall of services in rural areas showing a treatment gap of 85%. Ivbijaro (2017, pp. 13–18, citing Funk & Ivbijaro, 2008) showed the service-to-reality gap in the disproportionate number of professionals to population, particularly in Africa with 0.10 mental health professionals per 100 000 population.

The situation in South Africa regarding psychologists, however, was a little different. The September 14, 2017, media release by PsySSA showed that South Africa had 1.4 psychologists per 100 000 population, which compared well with “other high-income” countries that had 2.7 psychologists per 100 000 population—South Africa is, in fact, not a high-income country but the figure of 1.4 psychologists per every 100 000 population is far higher than what is found in other parts of Africa. Considering the statement by Professor Sodi that the dire shortage of psychologists in the public sector in South Africa is not helping in a “violent country like South Africa ...” where in addition, “South Africans are highly stressed ...” (PsySSA’s media release September 14, 2017, paras. 1–2), it is unconscionable that almost 40% of the country’s population has virtually no access to healthcare services that include mental healthcare.

Regarding healthcare services in general, according to the 2016 General Household Survey (PO318 published May 2017), 82 out of every 100 South Africans do not have medical insurance and are dependent on public healthcare. Healthcare is considered a high priority of public sector spending by provincial government, the fourth largest item of government expenditure running in the billions of South African Rand. The survey showed the following, for example: the Northern Cape, with 28% of the population in rural areas, has the highest per capita expenditure by provincial government; KwaZulu-Natal, with 55% of the population in rural areas, has the fourth highest; Mpumalanga, with 58% of the population in rural areas, the lowest; and

Limpopo, with 81% of the population in rural areas, the third lowest. There does not appear to be any congruence among these figures; also they seem to confirm that provinces with large rural populations (e.g. Mpumalanga and Limpopo) are receiving the lowest amounts of funding for healthcare. This seems to support the findings of this research that services in rural areas are non-existent, or at best, scarce.

Furthermore, the literature showed that while initiatives for women who sexually abuse children lag behind those for men globally, various offender categories were in place to inform treatment initiatives, while programmes and relevant initiatives themselves were also in place abroad. For example:

- ⟩ A variety of treatment initiatives for female sex offenders in England, Canada, and in five States in the US;
- ⟩ ‘Beyond Justice’, a curriculum for women in criminal justice settings;
- ⟩ the DMFSO (Gannon et al., 2008; Gannon et al., 2013);
- ⟩ the implicit theories identified by Ward (2000); and
- ⟩ the various categories and typologies (e.g. Deering & Mellor, 2007; Duncan, 2010; Faller, 1987)

In South Africa, on the other hand, Jonker and Du Preez (2012) referred to inadequate training and guidelines for professionals working with sex offenders in correctional services, as well as excessive workloads, feelings of discomfort, and confusion in dealing with this subpopulation.

The findings of this research were supported in part by the literature showing deficiencies in service provision, but they were not supported by the literature showing the number of initiatives and programmes that were, in fact, available elsewhere as indicated above and in the literature. Access to the latter for South African practitioners

would require inordinate efforts to reach those places in person or to undertake extensive searches via the Internet. Considering that South African professionals are already overstretched, one questions what would be the incentive to add to their workload by exploring relevant information and services for a population that seldom presents itself in their therapeutic environments, especially if this area of work is unfunded.

The literature has shown, however, that by researching female sex offenders, professionals such as Gannon et al. (2008) developed a model of female sexual offending. This is in contrast to the South African landscape where according to the findings of this research, practitioners' efforts to develop programmes for sex offenders in the correctional services environment proved futile. With mostly anecdotal knowledge regarding women who sexually violate children in South Africa, there was a consensus among professionals who were part of this research that various initiatives were required to provide services to this subpopulation. None stated it would be a fruitless, useless waste of time and energy.

The literature indicated there was a need for leadership, infrastructure, improved human capacity, and implementation of policies and service delivery (September, 2006) in South Africa, as well as improved cooperation between various stakeholders (e.g. Richter & Dawes, 2008; van Graan & Zinn, 2015) shown to be beneficial by Bader et al. (2010, citing Marshall & Barbarise, 1988). Jonker and Du Preez (2012, citing South Africa, 2005, p. 2) referred to a shift to rehabilitate—not only—incarcerate offenders.

Considering the findings in this research, namely that female-perpetrated child sexual violations do exist and that the women perpetrating these violations tend to find themselves in the criminal justice system, it would seem that the data were consistent with the literature regarding the requirements for service provision and that despite good intentions implementation fell short.

With few exceptions in the findings, relevant practitioners stated they would work with women who sexually violate children, sometimes in collaboration with other service providers, for example, those in the psychiatric community. There was no consensus, however, regarding the competencies required to work with this subpopulation but there was a consensus that practitioners needed to have resolved their blind spots, for example regarding sexuality, and there was some agreement that specialised training and information would be required.

The literature cited a variety of competencies required by professionals working in the field of sexual offending. For example: various professional qualifications, specialised training, as well as other attributes such as mental fortitude, strong coping skills, and patience (e.g. James & Masjleti, 1983, cited in Flora & Keohane, 2013; Jonker & Du Preez, 2012, p. 25, citing Prendergast, 2004, p. 291; Van Niekerk, 2006; Way et al., 2004), as well as the need to address one's own level of comfort with human sexuality to foster an environment of understanding and acceptance in the therapeutic environment (e.g. James & Nasjleti, 1983, cited in Flora and Keohane, 2013, p. 65).

To conclude, the findings regarding the therapeutic environment were consistent with some of the literature but not consistent with other literature. Nevertheless, practitioners in South Africa were not disconnected from relevant knowledge and information that exists abroad.

Practitioner self-awareness and vicarious impact. The findings revealed a spectrum of emotions when practitioners considered the issue of women who sexually violate children. These ranged from sadness, deep respect, great empathy, mild anxiousness, to rage and disgust, complete emotional disengagement, or the need to control one's negative and judgemental emotions and display unconditional positive regard for the client/patient in front of one. Also, support for practitioners was perceived

as lacking or it was lacking, or there were sufficient opportunities to obtain support in the form of supervision and debriefing. Furthermore, there was a consensus that the field of psychology could provide support in the form of supervision, assessments, and consultation.

The literature showed that clinicians and therapists working with sex offenders have added challenges, for example having to process vivid descriptions of sexual violence and trauma, dealing with societal and institutional requirements, and possibly a sense of alienation owing to the social stigma of their client population (e.g. Ennis & Horne, 2003; Kadambi & Truscott, 2003). Scheela (2001) saw sex offenders as more than their offence whose learned behaviours could be unlearned in an environment of empathy and understanding.

The findings by Ennis and Horne (2003) showed, among other things that peer support lowered levels of PTSD symptoms (Ennis & Horne, 2003) while Way et al., (2004) found that levels of vicarious trauma were within the clinical range and that utilising professional support did not necessarily decrease trauma effects. Kadambi and Truscott (2003) for their part found that there was no conclusive evidence to suggest that those working with sex offenders differed in levels of vicarious traumatisation when compared with a general population of clinicians, but that those who had a personal avenue to address the impact of their work measured lower on vicarious trauma than those who did not, and that almost 50% of the sample scored high on subscales that were hallmarks of burnout.

Furthermore, Flora and Keohane (2013); Lyell (1998); Scheela (2001); Sive (1993); and Van Niekerk (2006) spoke of portraying empathy and understanding, but they did not speak about curtailing any negative emotions. Ford (2017) encapsulated the ethos of unconditional positive regard when she stated "... working behind bars with patients

whom others see as criminals ... ‘she sees her success as a doctor not by how effectively she treats those with mental illness but by how well she honours her patients’ humanity regardless of what they have done” (Ford, 2017, Location 52).

Sixty percent of the participants in this research only had indirect experience and knowledge regarding women who sexually violate children; they were thus further removed from the enduring visceral response regarding these women. Of the remaining 40% who had encountered these women in some capacity, almost all had been in their respective fields for between 10 to 15 years to over 35 years, and overall they had good support structures in place to strengthen their coping mechanisms to deal with the work and with their emotions.

The duration of engagement was consistent with Way et al. (2004), who found that those who had been in the field for a shorter period experienced vicarious traumatisation on a level greater than those who had been in the field for longer. The responses to the question in this research about what emotions come up for practitioners was sobering as it showed the impact of female-perpetrated child sexual violations even on professionals used to dealing with life’s challenging issues. For me, these answers gave valuable insight into the thought processes and underlying concerns of service providers, something that one does not always focus on when considering mental health service provision for various subpopulations.

The role of psychology and psychologists. With no exceptions in this research, the field of psychology (and the practitioners within it) was seen as a powerful field of influence but one that was not making an overwhelming contribution to the field of child sexual abuse that includes female-perpetrated sexual offending. The lack of engagement extended to the area of professional support, for example, supervision and debriefing. In South Africa, social workers appear to be carrying the bulk of the burden of dealing with

issues of child sexual abuse even though there were indications in this research that some were expanding their scope of practice by offering diagnoses, which was dangerous, not allowed, and not appropriate.

The terms ‘psychologist’ and ‘social worker’ only seem to be utilised in studies and literature related to South Africa. International literature tends to use different terminology, for example, clinician (e.g. Gannon et al., 2008; Pflugradt & Cortoni, 2015); Way et al., 2004) and therapist (e.g. Boroughs, 2004, citing Matthews, 1993; Ennis & Horne, 2003; Gannon et al., 2013; James & Nasjleti, 1983, cited in Flora & Keohane, 2013; Kadambi & Truscott, 2003; Nielsen, 1983, cited in Isely et al., 1998).

This is not to say that clinicians and therapists are not psychologists, however. I explored this by searching at random for the professions of a few individuals whose names are prominent in the field of sexual offending and whose work has been reviewed in this thesis: Denov (Social Work, McGill University, Canada); Duncan (Licensed Therapist and Social Worker, Indianapolis, US); Faller (School of Social Work, University of Michigan); Finkelhor (Sociologist, University of Hampshire, Durham, US); Gannon (Licensed practitioner and academic in psychology, School of Psychology, University of Kent); Wijkman (Criminal Law, Criminology, VU University of Amsterdam, Netherlands).

Only one of the six professionals named above is in the field of psychology. If one were to extrapolate from this list, one might conclude that psychology is underrepresented in the field of sexual offending globally, and that would include child sexual abuse. This might suggest that sexual offences are considered a societal issue to be dealt with by agencies in the public domain.

The perceived absence of psychologists in the field of child sexual abuse was a curious finding in this research, however, because the mental health services category

comprising psychologists and similarly registered practitioners made up 34% of the practitioners who had encountered women who sexually violate or abuse children, thus attesting to the difference between numbers and percentages, and perceptions and the degree of involvement even by the psychologists themselves. In summary, however, psychology and psychologists were not involved in the field of child sexual abuse according to the research population; also, psychologists appeared to be ‘fearful’ of becoming involved or of getting their ‘hands dirty’. Sadly, female-perpetrated child sexual abuse is “messy” (P #26), not sanitised, and a degree of ‘getting hands dirty’ is required.

The findings of this research regarding psychology and psychologists, therefore, would appear to be consistent with the literature in that the professionals involved in the field of child abuse are predominantly from disciplines other than psychology. Indeed, the participant in this research who had the most extensive experience working therapeutically with female sex offenders in South Africa and abroad is a social worker albeit with a PhD in psychology.

Deliberations—Practice

I noted the following regarding practitioner practices during the research, which raised questions for me. Being mindful of ethical considerations, particularly ‘do no harm’, these practices have been somewhat abstracted and will not be expanded upon.

- J The absolute position that the law supersedes a client’s therapeutic space, where if a client emerged as a sexual offender, the therapeutic relationship would be immediately—and permanently—terminated in favour of the legal process.
- J Treatment approach, where both person-specific and sex-offence specific approaches were advocated.

- J Safety tips about acceptable touch that are unintentionally giving licence for sexual violation, where being touched by fathers—and mothers—regardless of where on the child's body and for what reason was said to be safe touch.
- J Overreaching positive bias—and a rose-coloured view—regarding women's behaviours, where, if genders were transposed they would be seen as a sexual violation by a man but in a woman would be seen as perhaps inappropriate, somewhat pathological but not perverse.

These served as a reminder of the heightened responsibility required, especially by practitioners, when sensitive, unclear topics are being discussed.

Deliberations—Realities

Is child sexual abuse, sexual abuse? Could it be that sexual abuse is but one instrument utilised to inflict emotional abuse or indeed physical abuse? The tool that abases another in the case of ‘sexual abuse’ utilises sexual organs, sexual nuances, sexual practices, and sexual thoughts to perpetrate abuse. However, is it sexual abuse? There was little indication in the findings that child sexual abuse is about sex though in one or two cases it was sexual, for example, when a child was expected to stimulate his mother sexually. In contrast, there were many indications that it is about violence, frustration, anger, acting out because of past—or present—trauma, hatred, rage.

If a mother puts a carrot into her young daughter’s mouth, could that be classified as a sexual violation because of the connotation? If it were a vibrator, it would be classified as rape: “Look, she did insert a vibrator into one of the girls, I mean even if you insert a vibrator in her mouth that’s rape” (P #39). Erogenous zones exist in varying degrees of sensitivity on the human body so could almost every action be considered sexual abuse—depending on who is watching? If a vibrant grandmother teaches a

provocative dance, for example, a belly dance, to, say, her, nine-year-old grandchild, could she be charged with a sexual offence? What makes it an offence: touching, innuendo surrounding all things sexual, intention? Alternatively, is it because someone felt the need to report it?

It is commendable that more force is being brought to bear on individuals in South Africa who sexually violate children. Having harsh sentences, showing zero tolerance for child sexual abuse, and making examples of individuals to stem the occurrence of these crimes are commendable—but there has been little change in the behaviours. I would venture to suggest that, if anything, these sentences could serve to drive women who sexually violate children further underground—because they know they will not have opportunities for rehabilitation or treatment or to understand their behaviours, only incarceration. Nevertheless, one less woman committing sexual crimes against children and being incarcerated, if necessary, could mean one less victim in the future.

Could it be that ‘child sexual abuse’ is a symptom of a far broader dysfunction in society, where men are emasculated, where women are emancipated, where double standards still exist, where what raises eyebrows when men are involved, barely is noticeable if a woman is involved, or vice versa; where women are incurring the wrath of men, and although powerful, the women are not physically strong enough to respond in kind, so they take it out on the next available thing: a vulnerable, less powerful child—and where men are incurring the wrath of women and are similarly lashing out at vulnerable children rather than at the women. The abuse of children has to be eradicated. Otherwise, those children could grow up to be less than optimally functioning adults; besides, why harm an innocent being?

However, it seems that the focus of campaigns and advocacy to prevent abuse is perhaps missing the mark: We are taking a child who has hurt her leg on playground

equipment. We clean and dress the wound. We warn the child (and his or her parents as relevant) of the dangers of playing on certain playground equipment. But we fail to point out where in the playground (society) the dangerous equipment is (a woman, intent on sexually abusing a child). On the other hand, by planting the seed that a certain act is sexual abuse or a sexual violation, even if neither child nor adult understands it as such, or that women are now to be viewed with immense caution, we risk creating a generation of neurotic children, and equally neurotic parents (if they are not the offenders).

In desperate efforts to conquer the scourge of child sexual abuse, much time and energy are being expended on endeavouring to educate children about the dangers of child sexual abuse. This could have a positive knock-on effect to prevent those children from becoming abusers at some point in the future. But where are the enduring, persistent, relevant psycho-educative initiatives aimed at teaching adults about child sexual abuse, what it is, what motivates it, how it can be prevented—even in academic environments?

I wonder if female-perpetrated child sexual violation is more of a concept than a definition of a specific set of behaviours. Nevertheless, as complex and as unclear as it is, it needs to be managed. The first two thematic categories in the findings gave some insight into the context in which these child sexual violations occur, including the dispositions and the motivations of the women involved. For example, women are traumatised, or evil, or reenacting their own childhood sexual violations or they need to regain power and control over their lives, et cetera. Understanding and managing female-perpetrated child sexual violations and providing mental healthcare services to these women, however, is complex. The question then is, “How do we make inroads into managing the complexity of this type of abuse?”

First, these women need to be identified, as with a medical diagnosis for example: where is it, what is it, how can it be treated.

Second, we need to realise that each woman and each situation is unique; thus, she needs to be treated in a unique manner even if the process is similar to that of approaches for other women.

Third, we need to ask what happened to a woman that brought her to this point. Three participants (8%) in this research provided clarity in this regard. One highlighted the importance of not asking ‘Why’ something occurred, which would result in a client showing resistance to the practitioner’s question. A better way of endeavouring to understand what happened is to ask, “What happened” that took a woman along such a destructive and self-destructive path. Again, the importance of language is highlighted.

A further two participants highlighted a need to look at women’s pathways and the trajectories they took. One participant shared that no one wakes up and suddenly decides she (or he) is going to abuse a child sexually: “there are profound, deep reasons for that, that must be traced back, that you have to go through so many masks and so many obstacles in that personality and so many blocks to trace that” (P #30).

This idea was organically fleshed out during a previous interview with the participant who had the most experience working therapeutically with women who sexually violate children. As pathways are central to the theoretical framework on which this research is based, and as pathways in one form or another were deemed paramount by the participants in this research, I have taken from pages 5, 6 and 15 of the original transcription of the interview with Participant #27 as follows:

[Regarding child sexual abuse] if asked 20 years ago, the participant would have given the rhetoric about power and control; if asked 10 years ago, the participant would have said it's about the dysfunction of emoting, that people who commit sexual offences

don't know how to commit or how to emote; if the participant were to be asked now, the answer would probably be: 'Let's look at self-regulation, let's look at the linkage of the challenges of self-regulation and linkages to your story, and what it is that you have experienced ...'

[Child sexual abuse] has more to do with the challenge of the self-regulation, taking care of what it is an individual needs, and not understanding the pathways that brought the individual to the behaviours, so if one can go back to those pathways and help to create an understanding then we know that if the individual comes from a domestic violence background and if she was the girl child, she positioned herself in certain ways; if the individual was the boy who pretended or had to pretend not to see the incest in his own family, and if she or he presents with certain things in their intimate relationships ... so it's not as simple as saying it's about power and control ... part of that is true and will always be true, it's about power and control, it's about gaining an insight, but that's not the full story

it's the understanding of mind [unclear], the boundary of self-regulation, the boundary of insight, the boundary of connecting those dots ... for a long time those who worked in child abuse prevention focused on the behaviour, on the outcome, and they based a lot of what they knew, how they intervened, how they assessed on the behaviour only, and they short-changed themselves, because people do feel bad about what they've done, whether it's male or female, they do have a sense of remorse, and some of it is a transitory remorse but it's the practitioner's job to bring the depth to it, so we reduce the likelihood of the behaviour happening again, so to focus on behaviour only and behaviour controls only, will never bring about the change that's going to keep kids safe

...

The participant illuminated matters further by explaining the notion of pathways and trajectories:

some researchers say these are the kind of traumatic events in one's life, so the pathway you choose is either pretend it's never happened so the kind of responses you develop in adulthood would be avoidant, or it would be passive-aggressive ... so, for many offenders, the pathways are different, similar, but different ... so a pathway is a trajectory given what's happened in their own lives ... so this is what happens: either the individual becomes a drunk and an angry drunk or an alcoholic or a pornographic addict or the individual hangs out in gambling dens and gives his or her weddings rings, microwave ... or the individual just becomes so angry, is sadistic, uses people; then there are the other ones that become so sad and angry and pretend they're the world's biggest victim, everything relates to their victimhood, and the third is a little bit of everything. Then it's about how the individual's personality adapts and there is a need to understand the individual's pathway, because for a long time the thinking was that it was about power/control issues and that they must all have been abused as a child', what we know now is that it's not only child sexual abuse ... other forms of trauma have contributed to the way people behave whether it's male or female ...

As was indicated in the findings and as shown above, some trauma preceded the sexual abuse of a child; it need not necessarily have been sexual abuse. What is important is that practitioners take cognisance of an individual's pathway as was discussed by Gannon et al. (2008) and Gannon et al. (2013). Also, as was shown in the findings, not every child victim or adult survivor's trajectory took him or her along the same path of destruction, thus attesting to the uniqueness of every individual and every situation, and of every individual's path.

Last, we need to find sufficient practitioners willing and able to work with women who appear to be architects of deception and who appear to have fragmented lives, in some case owing to multiple cases of abuse in their childhood or their present-day lives.

To conclude the discussion and the integration of the findings, one last word: Regarding the attention given to the criminal justice system in this research whose ethos was—and is—the psychology of healing not the psychology of wrongdoing or negatively charged spaces, it was very clear during the course of the research that the criminal justice system in South Africa is highly significant for the healing and rehabilitation of women because it is in this system that women who sexually violate children find themselves—not really in the therapeutic environments outside of this system. As such, it is incumbent upon the criminal justice system to re-think its role in the way that the field of psychology needs to regard mental health service provision for women who sexually violate children and perhaps reconsider the value of psychotherapeutic intervention.

Summary

A considerable amount of the findings in this research was shown to be consistent with the literature. This suggests that despite South Africa being on the periphery of the mainstream of research and mental health initiatives for a particular subpopulation, the country, and its practitioners are considerably well acquainted with the discourse of child sexual violations and the women who might be perpetrating these crimes.

The greatest distinction about this research is that it was conducted in South Africa by a South African researcher engaging with South African practitioners around three components of ‘child sexual abuse’: the perpetrators, the victims/survivors, and the mental healthcare needs, all in South Africa. The South African environment emerged as being somewhat distinctive in the high incidence of sexual crimes against children and

the almost complete lack of services for women who sexually violate children as well as certain barriers to access even for those in urban areas—and indeed even those with medical aids and certain limitations regarding mental healthcare treatment.

Beyond this, the South African environment is not markedly distinguishable from other comparable environments except, perhaps, that women who sexually violate children tend to be more underground. Nevertheless, the body of knowledge amassed in this research gave rise to a considerable number of recommendations, which, if implemented, could have a positive impact on the landscape of female-perpetrated child sexual violations in South Africa.

Conclusion

*“there is a section of the Alps
It is an impossibly steep, very high part of the mountains.
... They built these tracks even before there was a train in existence
that could make the trip. They built it because they knew
some day [sic], the train would come.”
(From the 2003 film, Under the Tuscan Sun).*

Opening Remarks

If there is to be any real positive shift regarding adult female-perpetrated child sexual violation, we need vision, and we need faith. We cannot continue to do the same things over and over and hope for a different outcome. We cannot continue to deny the existence of this type of personal violation or believe it is someone else's problem. The mental health services environment in South Africa, academia, and the relevant government departments, to name a few, need to find a way to ‘build train tracks’ regardless of how ‘impossibly steep’ any part of the ‘mountain’ might be. We need to do this for women at risk of becoming child sex offenders, and we need to do it for those

who are already offending but who have no constructive path on which to go anywhere—by doing so, we also make inroads into preventing the victimisation of more children.

The following was at the back of my mind during this research:

“Explore the mystery of another human being”, from the speech by Valedictorian, Daniel Wilson, in 2010, at a school in the US called Brophy, and “Educate the whole person”, from the speech of a member of the teaching staff on the same occasion (Papakyriakou, 2014, p. 246)

It occurred to me that when endeavouring to make sense of female-perpetrated child sexual violation, the focus tends not to be on the whole person or the mystery of another human being. Instead, it tends to be only on one aspect of a human being—the dysfunction, the aberrant behaviour, the criminality—and it is sometimes difficult to see beyond these.

In seeking to explore the mystery of another human being, we need to provide overwhelmed, vulnerable, traumatised, dysfunctional women with a safe space where they can find real help, support, and understanding—not only spaces to hide from a predator regardless of the form the predator takes, or how a woman chooses to hide or cover her pain and dysfunction. We need to provide women with the skills to thrive in their respective environments—not merely survive from moment to moment. We need to educate the women whose frame of reference is one of desperation, lack of awareness, hopelessness, and fear.

Those in society who are more enlightened and have a more solid grip on their lives ought to have a moral obligation to bend to meet the needs of women who are silently asking for help. But instead of receiving help, they find themselves acting out in

desperate and destructive ways by misdirecting their anger and their frustration and harming children. We need to find the means to provide these women with support and resources without fear of immediate reprisal. To repeat the words of Participant #27: “*I don’t think we can bring them out of hiding unless we have the space for them. I think that would be cruel.*”

To this end, the final chapter of the thesis made recommendations for practice arising from the findings, and extends an invitation to professionals to help ‘build a train track’ and it discussed such things as strengths, weaknesses, et cetera. It also discussed the concept of Authenticity as an important component of strengthening trustworthiness. I have included Authenticity in this report.

Authenticity

According to James (2008, in Given, 2008), the concept of authenticity is considered a significant component in establishing trustworthiness in qualitative research so that the research may be of some benefit to society.

Demonstrating authenticity. The final question on the Interview Schedule about whether participants wished to tell me anything else resulted in sentiments, comments, and reflections regarding the research. These were not explicitly solicited, but they offered insight into the effect that research has, even on relatively disinterested parties, including how the research enquiry was received. The comments offered by around 70% of the participants were gratifying, and they validated the choice of the topic for the research.

Not only did all participants give of their time and expertise to a project such as this, but the majority also permitted themselves openly to share the effect that the research had on them and to express their views on the research more broadly with the

person conducting the research. For some, the research had a more personal effect while for others their professional persona appreciated the ethos of the research as well as the potential benefits. Others still offered help in the moment or the future. Overall, participants were interested to know if they had helped, and I wished to record those sentiments as well.

Also, in some instances, the comments afforded the research complementary data such as the isolation of being in private practice that did not enter the conversation during the exploratory question regarding the mental health services environment for the benefit of practitioners, for example. Thus, the final question, "Is there anything you would like to add?" afforded participants the opportunity to have their voices heard beyond the five exploratory questions in the Interview Schedule, true to the criterion of 'fairness' in Authenticity.

For purposes of supporting and demonstrating the concept of authenticity, I have prepared a table (Table 5, below) in the same format as those in the findings chapter. I included the verbatim quotations as an appendix in the thesis.

Table 5

Effect of the Research on the Participants.

Effect of the Research on the Participants		
Statements of Belief	Clusters of Similar Issues	Principal 'Metaphors'
<ul style="list-style-type: none">]/ Epic study]/ Thought-provoking]/ Enlightening]/ Field bare, difficult]/ Raised many issues]/ Feedback would be extremely helpful]/ Greater emphasis curricula 	<ul style="list-style-type: none">]/ Meaningful research]/ Implement new curricula, changes, awareness campaigns. 	All-purposive ointment for a bruised soul

J Knowledge will be well received in academia.		
J Participating is a privilege J Wish to be part of the process J Doctorate huge contribution J Treatment/intervention programme development and guidelines J Very brave dealing with this side of issue J Discussion interesting, horrifying	J Break open thought processes. J Create useable information. J "Wow, thank G*d somebody's thinking about this" especially a female (Participant #25).	Better late than never
J PhD to make a difference, written in way practice can use. J Practitioner will listen more closely to clients. J Pleased about research, opens conversation badly needed.	Research a purpose, not for the sake of research.	Ensure the good oil is received.
J Very interested in outcome J Focus is on all issues J Need cutting-edge info. J Persistent, enduring campaigns J Greater emphasis curricula J Touched a nerve J Publish thesis as a book	Balanced comprehensive view, motivating changes	Stick neck out

Recommendations

During my deliberations regarding recommendations, I reflected on the statement regarding psychology where it utilises the scientific method of stating a question, proposing a relevant theory, forming rigorous experiments to test the assumptions, and applying the understanding to create evidence-based strategies to solve problems and enhance lives (APA, Science of Psychology, March 2014). The evidence-based strategies for purposes of solving problems and improving or enhancing lives in this research come in the form of recommendations that are given below. These are achievable through the efforts of individual practitioners in a variety of fields, for example, the mental health services environment, technology, and academia, while others would require collaboration between individuals and a variety of systems. Furthermore, I am of the

view that outcomes could be facilitated further by involving the private sector in these recommendations.

As was the case with the literature, there is some overlap also with the recommendations, but the foundation of the recommendations would seem to be the need for a change in mindset and reprioritising, and changes in the utilisation and distribution of resources (e.g. time, funding). I have chosen to make numerous recommendations rather than only a handful of the main ones because of the compound nature of the problem that needs to be solved. Building train tracks begins by laying one track at a time. But why prioritise this particular ‘train track’? There are competing priorities in the land in the quest to achieve Vision 2030 by improving the lives of the poor and the marginalised, eliminating poverty, reducing inequality, and changing “the life chances of millions … especially the youth” (Millennium Development Goals, Country Report, 2015, p. 3). To quote Hickson and Kriegler (1996, p. 85), “A society that abuses its children is abusing its own future.”

The above notwithstanding, in the introduction to this chapter and in the Integration and Discussion, I endeavoured to make a case for the need to provide mental healthcare services to women who sexually violate children. For example, to follow through on every citizen’s right to have access to healthcare, to diminish the need to have to fund the aftermath of sexual abuse, and to protect further children from harm through tertiary prevention. Almost 40% of the South African population is made up of individuals aged 19 years and under (Community Survey, 2016, p. 22–23). Although not all 21 809 600 would be vulnerable to sexual violation, preventing even one child from being sexually violated by a woman could be viewed as ‘changing the life chance’ of at least that one child to begin with. Changing the life chance of that one child could conceivably have a positive ripple effect on endeavouring to ensure that the child does not

himself or herself become a perpetrator of sexual violence in the future, thus preventing another generation of children from becoming victims of female- or male-perpetrated child sexual violations.

I begin the list of recommendations by focusing on those related to relevant professionals, and academia; these are followed by recommendations for mental health service provision, and the section concludes with recommendations for the criminal justice environment.

Practitioner-related (5 recommendations).

Self-education. Despite the dearth of information regarding women who sexually violate children, and the negligible mental health service provision for this subpopulation, knowledge is being expanded, and this would be accessible through technology, conferences, discussion groups, et cetera. With sufficient interest, initiative, and more knowledge and more tools in their hands, relevant practitioners could enhance their efforts in providing services to expanded populations, for example, women who sexually violate children and need some form of psycho-educative intervention.

Blind spots. Practitioners' blind spots limit the efficacy of psychotherapeutic interventions. Practitioners' blind spots regarding unresolved conflicts, for example, related to sexuality or sexual abuse, ought to be looked at in order better to deal with the variety of manifestations of these issues in their clients or patients' lives.

Access to support for practitioners. Providing care and support should not be a one-way process from practitioner to client/patient. Professionals in all disciplines should have access to affordable and relevant support in the way that supervision and debriefing works. The technological environment could extend this support through a network of peers online and through 'apps' (applications that are downloaded by a user to a mobile device). This support should also be extended to professionals in other fields, for

example, criminal justice where professionals are expected to serve the public sector, but where they are not provided with mental healthcare, debriefing, et cetera. Robust and supported service providers would be better placed to provide strong support and interventions for individuals requiring those.

Resources for practitioners. A variety of resources could be part of an online, or indeed a telephonic ‘lifeline’ for practitioners—resources relating to all issues pertaining to child sexual abuse, mandatory reporting, correct and updated reporting procedures, and information regarding agencies where reports may be made, as well as organisations or individuals where practitioners may refer clients/patients with whom they are not equipped to work, et cetera.

Public sector posts/human resources/funding. There is a need for the State to increase posts in public sector mental healthcare environments, and in other relevant environments such as hospitals and clinics, and in correctional services and policing, to alleviate the excessive pressure on practitioners in those environments, and where applicable in NGO/NPOs as well. Furthermore, the issue around funding needs to be examined to motivate the redirection of financial resources from the State—and donor priorities, if possible—to provide relevant stakeholders including NGO/NPOs with sufficient funds to implement sex offender programmes.

Academia and training (8 recommendations).

Curricula. I propose that modules regarding sexual violence, child sexual abuse, and perpetrators, both male and female, be added to curricula after a bachelor’s degree (from Honours level upwards in South Africa, and the equivalent elsewhere) for all relevant subjects, and that more diploma and certificate courses are put in place.

Staff training. I propose that institutions of higher learning do the following: identify key staff who are willing to become involved in the field of child sexual abuse;

send them abroad to relevant individuals and institutions to equip themselves with knowledge about the field; and to teach other staff in South Africa about sexual violence and everything related to it that will include perpetrator dynamics, treatment programmes, and best practice for both victims/survivors and perpetrators.

Outreach. Ways need to be found to take the knowledge into the field, including rural communities and correctional services, and to implement this as above where possible to create a network of mental healthcare providers not only in traditional ways and in traditional environments, such as hospitals or clinics or ‘therapy’ spaces. Also, professionals in various environments could brainstorm ways to ‘bring the people to the knowledge’ through psycho-educative initiatives. Retirement villages gather their residents and take them to places where they can broaden their horizons—something similar could be implemented in the community to expand their horizons on a subject such as female-perpetrated child sexual violation to prevent further violations.

Other teaching/training/learning opportunities. Training, sharing of information, and outreach could be done in commercial learning environments independently of universities or in collaboration with universities and other stakeholders, in the way other topics are taught, for example, financial management. Individuals involved in running courses and workshops for such things as ‘life coaching’ could collaborate with stakeholders in the field of child abuse and run courses and workshops on this topic. These could be either in-person or via online platforms, similar to, for example, Coursera ([coursera.org](https://www.coursera.org)) that offer over 2000 courses from universities and instructors across 25 countries, and other online platforms such as OnlineGED or an international equivalent. Initiatives such as these could take the pressure off NGO/NPOs having to do the bulk of the advocacy and training in this regard, particularly in-person training.

Continuous Professional Development (CPD). Similarly, CPD-related training and workshops could be included in forums, conferences, congresses, conventions, and symposia, and could include online initiatives similar to those mentioned above.

Training practitioners. Professionals in all sectors and environments, including the Department of Justice, the National Prosecuting Authority (NPA), and medical schemes require training and information regarding the dynamics of child sexual abuse that include women who sexually violate children. Having professionals in relevant fields who are not optimally informed aggravates an already complex and overwrought violent environment. By improving knowledge, service provision can be strengthened to become more effective.

Best practice. A variety of related professionals and disciplines could collaborate to find the best way forward regarding treatment modalities, and methods by which women at risk of offending could be encouraged to seek help—and the type of aid they could be offered.

Further research. This research could be duplicated in peri-urban areas or in rural areas to gain knowledge about a unique subpopulation in other environments that have little or no mental healthcare services, or where cultural practices compound the issue of child sexual abuse. Findings and solutions resulting from research conducted in urban areas cannot be extrapolated to rural areas. Other findings and other solutions ought to be sought for those areas.

Mental health service provision (6 recommendations).

Prescribed Minimum Benefits (PMBs). Stakeholders need to motivate the need for medical aids to revise the issues around PMBs, and to allow more than just six sessions for mental health service provision for a variety of ‘at-risk’ populations, where these PMBs create limitations for practitioners. The six sessions allowed by some

medical aid schemes were seen—even by some clinical psychologists in the research population—as wholly inadequate to address mental health issues particularly for individuals with more complex mental health concerns.

Taking the ‘mountain to Muhammad’. Outreach programmes involving rural communities and other underserviced environments could be put in place to provide mental healthcare services. This could include counselling and relevant information on the topic of female-perpetrated child sexual violations (though being mindful of potential cultural conflicts). This could be achieved through mobile ‘clinics’, initiating community and family gatherings, educating and training community leaders and helpers, and heads of family (see also resources for women below), et cetera.

A case in point regarding mobile clinics: To address some of the needs of parents and children in townships in the W. Cape, for example affordability, long waiting periods, feeling intimidated by clinical settings, and the stigma of seeking mental healthcare (notes PsySSA Congress, 2016), Banetsi Mphunga, a registered counsellor (aka The Kasie Counsellor in Khayelitsha) developed an innovative approach to mental health service provision—he provides a range of counselling services while also being involved in mental health promotion. Also, to expand the reach into the community, he trains volunteers as psychosocial supporters from his mobile clinic (a VW Kombi). The services are provided free of charge (PsySSA Congress 2016, Abstract Book, p. 77). The concept of training volunteers to support the efforts of mental health service provision was reaffirmed by Nel and Van Wyk (2013, in Peacock, 2013, p. 870 and Ivbijaro (2017, p. 11), and this could include registered counsellors and lay counsellors.

Resources for women. I hold the view that there is a dire need to adjust the manner in which efforts are made to manage the issue of female-perpetrated child sexual violation, which, at present, is very much like locking the stable door after the horse has

bolted, and with only peripheral knowledge about the horse. Instead, we need to take a step back and provide resources *before* women act out in destructive ways. This could be accomplished by setting in place a variety of support and psycho-educative structures along the lines of women's forums that facilitate personal development, teach women life skills, money management, healthy coping mechanisms, optimal nutrition, 'wellness', et cetera, that are accessible, affordable, and culturally relevant. These could be in-person resources or online. Empowering women was after all listed as MDG 3—Millennium Development Goal #3—whose target date was 2015 (Millennium Development Goals, Country Report, 2015, p. 56), while Pflugradt & Cortoni (2015, citing Blanchette & Brown, 2006) made a case for strengthening and improving the socioeconomic functioning of sex offenders during the process of treatment and rehabilitation.

Regarding technology, the bonus of utilising technology where possible is that it allows people to expand their reach—and to be reached—in ways previously not imagined. 'Doctors Without Borders' (*Médecins Sans Frontières*⁴) has conquered physical borders by delivering "emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender, or political affiliation." (msf.org, About MSF, para. 1, lines 1–3). With technology, all borders could be conquered, while the concept of 'doctors without borders' could be implemented in those areas with no technology. Taking the information to the people makes it easier to educate and empower women before they fall into the category of 'women at risk'.

⁴ An international humanitarian non-governmental organisation (msf.org)

According to the 2016 Community Survey (p. 146), 94% of households across South Africa have cell phones, with a variety of options to access the Internet. For example, from the dwelling, the place of work or educational institution, and an Internet café (p. 149); almost half accessed the Internet via a cell phone from “any place” (p. 150). Somewhere within these figures, it is likely that there is at least one woman who is sexually violating a child, and she could access resources via technology—if any were available. This applies equally to all three resources recommended for women (a further two are discussed below).

Resources for women at risk. There is much power in being able to be anonymous while seeking either destructive pathways or constructive pathways. The recommendations focus only on the constructive pathways to alleviate the destructive pathways. By providing online forums or resources, and telephonic resources that may be accessed anonymously, women could begin to explore troubling behaviours if they are aware of them or learn more about particular behaviours, and for those at risk the anonymous online environment could allow them to begin to explore the possibility of reaching out for help should they need it. Other at-risk populations, let’s say those battling obesity or drug addiction or depression can access help—except where there is none—without fear of reprisals. Women who are at risk of sexually violating children are virtually forced into hiding lest they are deemed by other parties to have crossed the line, and because of mandatory reporting laws, they would, in all likelihood, find themselves in the criminal justice system rather than in the mental healthcare system.

Resources for women who are offending. Anonymous informative and therapeutic spaces, even if only as a first point of contact, could provide women who are sexually violating children with a safer space in which to consider disclosing behaviours that are

unlawful, until such time as they have the courage to come out of hiding entirely and show their faces to a mental health practitioner or someone in law enforcement.

While one does not wish to provide women who sexually violate children with more places to hide, efforts can be made to provide them with resources, support, help, and a presence that could result in them curtailing their offending—or at least presenting themselves for mental health care for a different issue, namely depression, or anxiety that could be masking the sexual violation of a child, not as might be the case at the moment. This sounds Utopian, but if we do not provide these women with any form of support, or resources, or information, how confident are we that sufficient inroads have been made to curtail or to prevent female-perpetrated child sexual abuse.

As shown in the literature, online forums exist in the United Kingdom and the Netherlands (through the Lucy Faithfull Foundation). Also, at least one online forum exists for matters to do with women's sexuality that is facilitated by a professional in South Africa (e.g. dreve.co.za) as well as other forums with a global online presence involving other practitioners (mHealth). Providing a safe point of contact for women at risk or women already sexually violating children need not be beyond the realms of possibility. It would be unconscionable for society to expect women who are vulnerable to all manner of ills to be like 'long gentlemen'—bamboo—that bend but do not break.

Mandatory treatment. Mental health treatment should be mandatory for sex offenders regardless of their sentencing, and the authorities should provide the opportunities for such treatment by working with relevant professionals willing and able to develop programmes and assist in their implementation.

Criminal justice processes (5 recommendations).

Laws/definitions/sentencing/restitution. The laws and definitions regarding child sexual abuse, which, as discussed, has not necessarily resulted in changed behaviours,

merely harsher punishments for the same crimes that had a different name, could be revisited. Where appropriate, other means of recompense and rehabilitation through restorative justice, community service, and suspended sentences with strict monitoring procedures need to be found and put in place. These alternatives to incarceration as we know it, could come in the form of halfway houses for women who are at risk of sexually violating children or for those who are already doing so, where aside from dealing with the legal processes attached to their offending, where applicable, they are offered psychotherapy while also ‘giving back’ to the community along similar lines to the concept of restorative justice.

Mandatory reporting. The SA Law Reform Commission could be approached to discuss the possibility of revising the laws regarding mandatory reporting of cases of child sexual violations, allowing practitioners more discretion regarding when to report. Judges and magistrates are permitted to exercise their judgment regarding matters before them, as are medical doctors regarding treatment, so why are mental health and medical practitioners being discriminated against and not being afforded similar latitude regarding mandatory reporting. As was shown in the literature (Hendricks, 2014), even practitioners fear reprisals—if they do report a case of child sexual violation or if they do not report a case of child sexual violation. And in the end, who has benefitted?

Collaboration between professions. This would require various disciplines (psychology, criminology, and law) to facilitate comprehensive pre-sentencing reports that take into account many factors related to an individual accused of a crime. The purpose of this would not be to excuse the accused’s behaviour, instead to attempt to explain it to strengthen mitigating circumstances when it comes to sentencing. More to the point, if comprehensively undertaken, this pre-sentencing report could be utilised to guide mandatory treatment, and in so doing practice could make inroads into gaining

more credible information about female-perpetrated child sexual abuse, and how best to manage them and their actions.

More efficient criminal justice process. The findings revealed that the criminal justice process is fraught with challenges. For example, disbelief regarding female-perpetrated child sexual abuse, male victims being ridiculed should they report the crime to the law enforcement agencies, long drawn out processes between law enforcement and the justice system, the accused being allowed to ‘play the system’ thus delaying proceedings, victims of abuse not being encouraged to have psychotherapeutic intervention while the case is ongoing so as not to contaminate the evidence thus delaying his or her healing.

If one casts one’s mind back to two high-profile murder cases in South Africa in recent years (Oscar Pistorius, who was accused of murdering his girlfriend Reeva Steenkamp, and Shrien Dewani, who was accused of plotting to murder the woman he had just married, Anni), one might begin to wonder why some cases are loaded with extraneous complications while others are not, and why some cases are drawn out while others are not. While inroads have been made in the criminal justice system regarding sexual crimes against children, including the establishment of fit-for-purpose courts, the FCS Unit (Family Violence, Child Protection and Sexual Offences), the lifting of the 20-year limit to lay charges in cases of sexual crimes, among other things, I respectfully suggest that the criminal justice system in South Africa could step up and revisit its processes to find equitable solutions for all parties involved in crimes against children.

Correctional services. Those within the correctional services environment could engage in programme development for female child sex offenders in collaboration with appropriate professionals by bringing in professional teams to help implement programmes and teach corrections staff. Women who sexually violate children seem to

find their way into this environment, but for a variety of reasons do not find a rehabilitative space. By engaging in programme development, by finding ways to educate and train staff, by motivating the need for an increase in human resources, and funding, the correctional services environment could become the vehicle that drives offender rehabilitation. This is, after all, where offenders seem to end up, as a burden to taxpayers, where they appear to learn little of use regarding the behaviours that brought them to this place, to begin with.

Call to Action

I would call on researchers and other role players in various fields, including psychology, criminology, law, and technology, to take any of the above recommendations and find ways to transform them into practice. If any of these recommendations are made a priority for a researcher, there is no reason why systemic changes could not take place, one step at a time, one initiative at a time. A good question to ask is, “How important is it?” If something is deemed important enough, and if one’s ‘why’ is strong enough, all manner of obstacles could be overcome. To quote Archer, “Nobody cares until you’ve made the topic important to them” (March 2017, Research Insights, p. 11).

Mental health service provision for women who sexually violate children could become one of the priorities in South Africa, and the country could become an authority in psychotherapeutic interventions for women who sexually violate children, and it could start with individual initiatives. In the words of Participant #28, **“South Africa can become an authority in dealing with psychopathology if this can get specific attention for programmes for adult *female* perpetrators … I think there’s a great need for something like this.”**

Intention to pursue. I intend to pursue at least three of the above recommendations and to collaborate with various individuals to turn these ideas into action. A preliminary plan has been drawn up, and it awaits the examination of the thesis before I can begin to move forward.

Concluding Remarks

As I complete the thesis, I might be reproached for climbing onto a soapbox at least as regards an invitation to helping professionals, which I make below following the “Call to Action” above.

To state my case: This research began as a quest for more knowledge about a topic that is close to me. The process of conducting this research has had a profound effect on me, on my thought processes, and on my willingness to engage further with this topic. As such, I am willing to stand on a soapbox and to invite mental health practitioners and all those in the helping professions to consider having a re-think about why they are in these professions, if they consider a re-think necessary; ultimately, what it means to them on a visceral level (as it did for me when contemplating this research and as it appears to have done for over two-thirds of the research population who shared the effects of the research with me in the interviews).

For those not willing to work with adult females who sexually offend against children, for all the reasons they might have, which is their right, I would respectfully suggest it is important to let go of our delusions that ‘this’ could never happen to me or anyone in my family: ‘I could never be a child molester or commit this kind of crime’. Much like the prevalence of female-perpetrated child sexual abuse: How do we know? Although we might believe we have limits to what we are capable of doing under various circumstances, if we look within, with raw honesty, how can we answer that question

truthfully if we have not been in that particular situation at that particular time that precipitates child sexual abuse? Perhaps not everyone would harm a child sexually; perhaps not everyone would commit murder; perhaps not everyone has the biological makeup to commit a heinous offence against a vulnerable person—perhaps, being the operative word.

For those who are ambivalent about working with women who sexually violate children because they feel unqualified or lack the knowledge, they might consider finding relevant training, doing research, and networking to fortify their skill set. In this way they could be better placed to consider providing mental health services to these women should such a client approach them, with a two-pronged goal of assisting an individual in need, and endeavouring to prevent further sexual victimisation of children.

For those who are willing to work with the subpopulation of women committing sexual violations against children, they could find a way to step up and help implement the recommendations and find more ways to work with a community that is out there and not in their consulting rooms, or indeed find a way to educate and support other less qualified and less willing practitioners.

Regardless of willingness and ability, it might be useful if we could all expand our thinking and step into another's shoes for a moment and consider: 'What would I need and expect if *I* had the propensity to commit a heinous act; if *I* committed the heinous act; if *I* could see no way out of my monstrous predicament with nowhere to go, no one to talk to, no one from whom to seek help without ending up incarcerated—but not healed?' Let us consider who amongst us would wish to be a pariah, to be rejected, to be an outcast of this magnitude—and not be able to be helped. Let us consider that if we broke the law, would we honestly wish to languish in prison, without the means to rehabilitate ourselves.

As mental health practitioners and as researchers, I would suggest we would need to step outside ourselves and seek perhaps new compassion, empathy, and benevolence towards a fellow human being while permitting ourselves to be bothered by the behaviours at the same time. We need to step outside our comfort zones and face the realities around us—and not forget that “There but for the grace of …” we could be protagonists in one of those realities.

The participants in this research talked about how influential the field of psychology could be—and should be—and how much more psychology and psychologists could do. Should we not be looking deep within to seek to be different, perhaps more effective and expansive practitioners, and to tackle the big issues, not just those we feel we could comfortably work with or where we are confident that there would likely be a positive shift? Should we not find ways to earn a living, and to join hands with other practitioners and do something different? I know it is not easy. Meaningful and different things seldom are.

Writing style. I made a conscious decision to write the thesis in such a way as to make it accessible and comprehensible to most individuals in society because it touches the lives of all, directly or indirectly, not only those in institutions of higher learning or professional practices. My instinct was validated when this research highlighted the inaccessibility of services for the majority of the country’s population, and the dearth of relevant, responsible, accurate information, knowledge, and guidance regarding adult female-perpetrated child sexual abuse.

I hold the view that to put the thesis (and this report) beyond the reach of the public would be as unhelpful and perhaps as unconscionable as denying the country’s population knowledge about the reality of female-perpetrated child sexual abuse, or healthcare, or clean water. I would suggest that it is our moral imperative to facilitate

changes in society through the sharing of knowledge, for the benefit of all, in ways that are more understandable to all—or at least many—in society.

A factor that appears to contribute substantially to the scourge of female-perpetrated child sexual abuse is that it is well beyond public consciousness through the systemic dismissal of its existence, through the lack of priority regarding funding or education, awareness campaigns, and advocacy, and through the deniability of the possibility of such occurrences. It is also beyond public consciousness because it is not talked about or documented, as was shown by the dearth of research in South Africa. Would it not, therefore, be our duty to bring things out into the open and to equip society with the tools to deal with issues that are so hidden they might as well be buried in concrete—except that we occasionally feel the impact when a case of female-perpetrated child sexual abuse becomes known, generally through the media in a high profile case. Then we are at a loss as to what to do with it.

Use of ‘we’ in the thesis. I made another conscious decision, this time about using the pronoun ‘we’ in various instances in the writing of the thesis and this report even though in academic writing one might wish not to use personal pronouns. But I am of the firm belief that all members of society, ‘we’, are in some way accountable for the ills of society because we turn a blind eye, or we enable, or we fail to be involved in relevant preventative and advocacy campaigns, or because we fail to teach/learn about what constitutes wrong or right, or because we could be doing more. ‘We’ are also responsible for providing some form of care, in whichever way we are best equipped. As such, when I have used ‘we’, I have placed accountability at the feet of all in society—myself included.

Personal concluding remark. Even though I do not condone sexual violence against children, or indeed against anyone, in any form, I find myself able to comprehend

that which is incomprehensible. Even the strongest among us have vulnerabilities. And limits. I can temporarily try to put myself in the frame of mind of a vulnerable or traumatised or profoundly frustrated or rageful woman who has reached her limit. I can temporarily put myself in the mind of a woman susceptible to the will of another. Would I cross the line and commit a sexual offence against a child? I do not know. Probably not, but right here, right now I cannot say with certainty that I would not—because I have not ever reached that particular tipping point. I contend that unless and until we are actually at a tipping point, we cannot truly know how we would respond. The manner in which we act out our despair might not be child sexual abuse; it might be something else. We just do not know. We also do not know what each individual's tipping point is, or what is percolating in any one individual's mind regardless of what is on the surface.

Nevertheless, perhaps it all comes down to being endowed—some might say blessed—with sufficient self-control not to cross the line and commit a terrible act against someone, not to set out deliberately, wittingly to harm another. Either way, though, as a final thought, perhaps before we rush to judge, condemn, point fingers, turn our backs, as we do, let us pause, and look in the mirror—and hope we do not see the face of a potential adult female perpetrator of child sexual abuse whose image we cannot just wipe away as one does condensation.