

Female Perpetrated Sexual Abuse and Pedophilia

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ABSTRACT There is a growing recognition that child sexual abuse is a critical public health problem. Child sexual abuse is not a medical diagnosis and is not necessarily a term synonymous with pedophilia. Although pedophilia is generally regarded as a phenomenon in males, victim surveys have shown that female perpetrators are sometimes indicated. Currently, there is no valid estimate of pedophilia in women and the question remains whether pedophilia even exists in women. In the literature there are very few cases and studies about female sexual offenders and pedophilic disorder. Herein, the case which a female patient who abused her son and other women is presented under the light of literature.

Keywords: Child abuse; pedophilia; battered woman

Pedophilia is described as an enduring sexual attraction towards pre-pubertal children.¹ The prevalence of pedophilic sexual preference is approximately 1%; however when fantasies are investigated, that prevalence can reach up to 5% among men in the general population. At present there is no current prevalence of pedophilia in women.²

Child sexual abuse by female offenders is not as yet well known, but increased evidence has shown that females may also be sexual offenders towards children.³ In a meta-analysis, it was shown that the percentage of female sex offenders is less than 3%.⁴

There are some studies about female sex offenders and in these studies, the differences between male and female sex offenders were defined. Studies have shown that female sex offenders are less selective than male sex offenders about the sex of their victim. Some of these studies have indicated that female sex offenders have a mild preference for male children, while others noted their sample was more likely to offend against female children.⁵

Incest is a sexual assault which is observed in all populations, and forbidden, and condemned. Prevalence of incest is not known definitely, but it is estimated that 20-25% of overt children sexual assaults.⁶

In this report we present the case of a woman who had a chaotic family background and who then abused her son and other women. As we know, this is the very rare occurrence in the literature; namely a female child abuser (mother-son incest) who is sexually attracted to females and also meets the criteria of pedophilia.

CASE REPORT

E.E., a 16-year-old girl, was referred to our outpatient clinic by the Forensic Medicine Department to be evaluated for her mental health after sexual abuse. Her history revealed that she had been raped by her brother 2-3 years previously, had got pregnant, had a stillborn baby, and then stayed in a Women's Protection Facility. When she was staying there, she had said that to social worker in the Women's Protection Facility, "Z.Y., (who aged 22-year old woman and living there together) had touched my genitalia and nipple and had kissed my lips". E.E. have also told that "I had not like this, but I could not resist Z.Y.". In conclusion of psychiatric assessment, it was clear that she had been badly affected by the rape of her brother and by the abuse of Z.Y. She was diagnosed with mild mental retardation and posttraumatic stress disorder, and administered psychotherapy and medical treatment in our clinic. We have also investigated social reports about E.E and Z.Y. and have thought that history of Z.Y. was seen very rarely in clinic practice and we presented the history of Z.Y. here. We gathered the information about Z.Y. from social reports and psychiatric evaluation reports.

The examination of the social analysis report of exploiter Z.Y. revealed the following: She was a 23 year old Turkish woman who was from in a village of a city in Turkey, and her father had forced her to marry with a rich old man when she was 19 years old. She had not would this marriage and so she had subsequently run away from home to went another city, and there she had met with H.A when she was 19 years old., and married with him in a religious marriage (not legal). H.A had also diagnosed with alcohol dependence disorder by a psychiatrist and he had been treated in the hospi-

tal. She had got pregnant after a while. After the her child's birth when she was 20 years old, she have returned to her father's house to make peace with her family, but her father held her captive, and forced her to marry an old, deaf and mute man. Z.Y. thought that she would not be able to cope with that, so she again run away from home. At the same time H.A. have stayed in hospital because of alcohol dependence, so she did not have anywhere to go. Then she have applied to the police for help. The police placed her in Women's Protection Facility for women in another city, and her baby was born when she was there. During that time, she talked to her husband by phone. After a while, she had been told that there were no rooms available in refuge, and then she went to another city. She had applied to the police there for help, and she was placed in refuge in this city. While staying in there, she had said once that she wanted to give her child up for adoption. It was seen that she felt negative feelings towards her child, and sometimes expressed them verbally and physically. The authorities thought that having the child adopted would be best for the welfare of the baby, and they started the adoption process. At that time, Z.Y. was examined by a psychiatrist, in the psychiatric report, she was diagnosed with moderate depressive episode and personality disorder- not otherwise specified and hospitalized for one month. She have been treated with psychotherapy and drugs includes risperidone and sertraline during the hospitalization. Her son stayed in a nursery during that time. The baby was given back to her after the end of her treatment. Three months later, F.S. who was living in the same refuge with Z.Y reported that Z.Y. abused her baby and F.S told that "She were kissing the lips of the her baby who was 10-month-old boy baby, sucking, and then inserting her finger into his anus". Interviews were held with other people staying in the institution, and E.G. said that "Z.Y. tortured her baby, committed violence against him, argued with everybody, and called E.E. to her room". In the interview, E.T. who was living in the same refuge with Z.Y stated that "Z.Y. committed violence against her son, she had a sexual relation

with E.E., they argued with her since they warned her on this issue, Z.Y. pressed the genital organ of her son against her own, kissed and sucked the lips of the baby, and put her finger into the anus of the baby". E.E. said that "I saw that Z.Y. has been applying violence to her baby, I heard that she wanted to throw him out of the window. She had called me to her room and kissed my lips, touched my breasts and genitalia, and did all those although I did not want to".

After the abuse was learned by authorities, the forensic process was started and Z,Y was evaluated by a psychiatrist. She admitted that she had touched the baby with sexual thoughts, had played with his genitalia. She thought that her baby also liked this sexual contact, and he enjoyed it. She thought that the baby looked like her ex-husband H.A., and she had sexual satisfaction in this way. In addition, she admitted her behavior with E.E. In addition she also said that she had done the same to S.K. and L.T. who were living in the same refuge with her, she could not stand her sexual desires, and masturbated from time to time. Furthermore she also said that she had had sexual intercourse with men other than her husband, and she did not know who was the father of her son. According to psychiatric evolution report, she have normal IQ score, she know that this is a crime and also she have ability to direct her behaviors. She was diagnosed with moderate depressive episode and personality disorder- not otherwise specified as the same as before diagnoses.

Under the light of all our gathered data, according to the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), the patient's behavior is described as a paraphilia, non-exclusive pedophilia with sexual attraction for both sexes (attraction also for children). It was supposed that she could have been abused in her childhood, when her chaotic life was taken into consideration, and that could have been a risk factor for her being an exploiter.

DISCUSSION

We report on a patient who presented with heterosexual pedophilia and was a child sexual abuse

offender. To the best of our knowledge, pedophilic cases in women are very rare in the literature. It is known that fantasies of pedophilia cases are not unfamiliar with ego and disturbing. Therefore, they rarely apply to psychiatry outpatient clinics for treatment, and they are more often seen in clinic due to legal cases of sexual assaults to children.⁷

The present case was learned by us via another legal case. It was suggested that only about 50% of all individuals who do sexually abuse children are pedophilic.⁸ Some authors say that, in this pedophilic group, sexual offending by females is relatively common but that it is unknown because of the absence of reporting or because these women tend to be overlooked by the criminal system.⁹ It is speculated by some authors that, sexual offending by females is not easily understood, because mothers usually do activities with children such as bathing and dressing and adolescents do not think that this is abusive behavior such as a sexual relationship with a woman and they like it.¹⁰

The risk factors for male sexual offenders are much better known but very little is known about the factors related to sexual offending by women. In a study, investigating female sex offenders between 1994 and 2005 in the Netherlands, the most common characteristics were intellectual impairment, a high current and/or lifetime prevalence of psychiatric or personality disorders, and increased lifetime prevalence of neglect and sexual abuse.¹¹ These abuse histories often include higher levels of physical and sexual abuse, higher numbers of perpetrators in reference to their own sexual abuse in childhood, a higher probability of close familial relationships with their victims, a higher probability that their perpetrators were siblings, and a higher probability that the onset of their abuse happened at an earlier age and continued for a longer time than that experienced by male offenders.¹² We were unable to find any childhood abuse information about sexual abuse or neglect in the offending woman. However, when her chaotic life was taken into consideration, traumatic experiences in childhood (especially sexual abuse) might be evaluated as the existent risk factor in our patient. Paraphilic

behaviors may also be observed temporal lobe epilepsy, post-encephalitic neuropsychiatric disorders, septal lesions, multiple sclerosis, cranial trauma occurred before 13 years of age, and secondary to tumors in various regions of brain.² We do not have data about cranial imaging, physical and neurological examinations in our patient. It has been shown that they generally do not use force during their activities, on the contrary, they start first with innocent touches, and progress to many methods such as inappropriate touches, show nude pictures, and pornography.¹³ Our case preferred to touching inappropriately and kissing. Pedophilia does not always occur in isolation; men with pedophilia often have histories of psychiatric disorders that, in some cases, can mask discovery of etiological course. Whether this is a secondary phenomenon that relates to emotional and social consequences of this preference, or whether these are true co-morbidities remains difficult to find.² However, females who were diagnosed with paraphilia were younger and they were much more frequently diagnosed with psychiatric disorders and personality disorders when compared to paraphilic men.¹⁰ There is a relationship between pedophilia and co-morbid psychiatric disorders. Among pedophiles, two-thirds had a lifetime history of mood or anxiety disorders, 60% had lifetime substance abuse history, with 51% naming alcohol as their drug of choice, and 60% were diagnosed with a personality disorders; of which obsessive-compulsive (25%), antisocial (22.5%), narcissistic (20%), and avoidant (20%) were the most common, as reported in reviews.¹⁴ In our case, the offending woman had also been diagnosed with depression and personality disorder- not otherwise specified. We do not know if she had any drug or alcohol abuse history. The sexual interest of pedophilic patients towards children is usually reported to occur in adolescence, but there are data showing that it may develop in adulthood.¹³ In our case, we do not know the onset age, but we know that she had experienced normal sexual relationships with men before. We speculated that in our case, living with only women and her life experiences may have induced these sex-

ual behaviors. We would like to point out with this case the possibility female sex offenders who perpetrate their crimes in different ways and it is possible to observe that incest concept has been covered under the pedophilia. In definition of pedophilic disorder in DSM-5, it was mentioned about this in an incest limited item with pedophilia, so concomitance of incest was also emphasized. Moreover, DSM-5 emphasized that these characteristics of pedophilic disorder should also be mentioned, if single tendency type (interested only in children) or non-single tendency type; sexually interested in males, sexually interested in females, and sexually interested in both genders, were present.¹⁵

LIMITATIONS

Our greatest limitation with this case is that the psychiatric evaluation of Z.Y could not done by us. We gathered information from social studies reports and psychiatric reports about Z.Y. We have not been able to reach the childhood, family, and social history, psychometric evaluation outcomes and psychiatric assesment report of ZY for formulation of the case. However, we would like to present this case with our limited data because the case is seen rarely in clinic practice.

CONCLUSION AND SUGGESTIONS

It should be noted that some of the risk factors of abuse can be identified (personality disorder, psychiatric disorders, inadequacy of family support, social problems, losses etc.) but that the missing data must be completed to describe the complicated process.

It could be very useful that psychiatric monitoring and treatment of the child and mother should be continued and the results should be recorded. It is emphasized that protecting the child and legal processes are also important in this process, as well as treatment and rehabilitation of the mother.

This case is remarkable child abuse report and indicates that there are many different dimensions of child abuse. In working with victims of sexual abuse, it is necessary to investigate the motivation for such behaviors not only in males but also in fe-

males, especially given the current social and cultural context where such revelations are likely to result in significant negative consequences.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or

members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Opinion / Concept: Merve Çıkılı Uytun, Esra Demirci; **Design:** Merve Çıkılı Uytun, Esra Demirci; **Inspection/Consultancy:** Merve Çıkılı Uytun, Esra Demirci; **Data Collection and/or Processing:** Merve Çıkılı Uytun, Esra Demirci; **Analysis and/or Comment:** Esra Demirci; **Resource Range:** Merve Çıkılı Uytun; **Writing the Article:** Merve Çıkılı Uytun; **Critical Investigation:** Merve Çıkılı Uytun; **Resources and Fund Provisions:** Esra Demirci; **Materials:** Merve Çıkılı Uytun, Esra Demirci.

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