Introduction
Child sexual abuse has occurred in the past, it has occurred in different cultures, and it still occurs today.

A history of child sexual abuse is associated with global impairment, poor social competence, major depression, conduct disorder, oppositional defiant disorder, generalized anxiety disorder, agoraphobia, overanxious disorder, poor school grades, poor receptive language ability, a general increase in psychopathology and many more.1,2,3

Public health-marketing campaigns have targeted adults and youths to prevent smoking, drinking and driving, and human immunodeficiency virus transmission. However, adults and youths have not been targeted for child sexual abuse (CSA) prevention, although attempts to address the problem have been made. An understanding of the precursors that may lead to sexual abuse and the risk factors for child abuse are an important societal and public health issue.3,4,5,6

Sexually abusive youths
Many perpetrators of sexual abuse are themselves children. Juveniles molesting children have been reported in literature as early as 1884.3

30-50 % of all cases of child sexual abuse (CSA) are committed by juvenile offenders. This accounts for 50 % of sexually abused boys and 15-25 % of sexually abused girls (illustrated in figure 1).7,8 The mean age of juvenile child molesters (JCM) is 14 years, consisting of 97 % males and 3 % females. 63 % of their victims were less than 9 years of age (girls were 2-3 times more likely to be abused (76%), than boys (24 %)). Female juvenile offenders were 1,2 years younger than their male counterparts and they tended to abuse younger children. Male juveniles abused children closer to their own age. Female adolescents abused more girls who were acquaintances than female adults, who tended to abuse boys in a family setting. More than 46 % of sexually offending adolescents begin their deviant behaviour before the age of 12 years. This supports the social learning hypothesis for the development of sexual offending by adolescents.9,10,11

Most of the juvenile child molesters (JCM) were living with their parents (84%), witnessed family violence (63,4%) and had lost a parental figure (57 %). These JCM were victims of physical (42%) and sexual abuse (39%) themselves and showed learning disabilities and behavior problems (including truancy) in 60 % of the reported cases.9

These JCM were less assertive, less mature, less educated about sexual matters, had more family dysfunction (Table 1) and poor individual social competence. They did not recognize and understand the abusive nature of their own sexual behavior. Denial and misattribution were common characteristics. The lack of protection, validation and empathy in the family settings of these youths, the pessimistic explanatory styles of their caregivers and deficits in self sufficiency of the youths, accounted for the lack of moral or legal sense of responsibility for their abusive behavior. These characteristics and this behavior amongst JCM are matters of concern for the following reasons: more than one type of sexual behaviour is exhibited, it is of chronic nature with recidivism (Table 2) and force is used in more than 30 % of the cases.12,13,14

Sexually abusive adults
The common perception of CSA considers the majority of offenders to be males who sexually abuse females/girls. Studies on females who sexually abuse are rarely performed. Until recently, abuse by females was thought not to exist.10,15

Female child molesters (FCM)
Few studies on FCM exist, possibly due to the difficulties in collecting data (Table 3). Furthermore, conclusions drawn

Figure 1: Diagram of abuse of boys and girls by the different child molesters

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile molester</td>
<td>Juvenile molester</td>
</tr>
<tr>
<td>Female adult molester</td>
<td>Female adult molester</td>
</tr>
<tr>
<td>Male adult molester</td>
<td>Male adult molester</td>
</tr>
</tbody>
</table>

Continued on p48 ➔
Matthews developed four categories for FCM:

I Predispersal or Intergenerational: They were the most common type consisting of lone female perpetrators, abusing more than one person/child.

II Male co-ordinated perpetrator: They consisted of passive-dependent type of abusers, claiming the abuse was initiated by the male.

III Experimenter/Exploiter: They were mostly lone teenage perpetrators abusing young males while babysitting.

IV Teacher/Lover: They were lone female perpetrators who "fell in love" with an adolescent.

FCM did not differ from male perpetrators in terms of the number of victims abused, number of acts per child (5-7) or the severity of the abuse, but they tended to abuse younger victims through policynarios group sex. FCM accounted for 20 % of boys and 5-6 % of girls abused (lone or solo female perpetrators were responsible for 14 % of boys and 5 % of girls abused). FCM tended to abuse more girls (62%) than boys (38%).

TABLE 1 - Family dysfunction (leading to inconsistent care)

<table>
<thead>
<tr>
<th>Family Violence</th>
<th>Physical and Sexual Abuse</th>
<th>Out of Home Placement</th>
<th>Substance Abuse</th>
<th>Parental and Sibling Abuse</th>
<th>Neglect</th>
<th>Psychiatric Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>63.4 %</td>
<td>42 %, 39 %</td>
<td>34 %</td>
<td>28-30 %</td>
<td>28 %</td>
<td>26 %</td>
<td>9 %</td>
</tr>
</tbody>
</table>

TABLE 2 - Predictors for subsequent sexual perpetration

- Younger age of victimization
- Greater number of incidents
- Longer period waiting to report abuse
- Lower level of perceived family support post disclosure of the abuse

TABLE 3 - Difficulties in collecting data on female child molesters.

- Underreporting: Gender bias was found in favour of women.
- Male victims less likely to disclose.
- Lower index of suspicion.
- The view of the female as caretaker.
- Behaviour seen as seductive or inappropriate nurture more rather than abusive or criminal.

The child molester can be differentiated from other sex offenders by the fact that they have higher social desirability scores, are rarely intoxicated and have less antisocial traits. They tend to be chronic offenders (relapse rates of 25 % after treatment) with a strong internal need to confess to the police. They report more childhood abuse (8-60 % were themselves sexually abused as children) and are more fearful of negative evaluation, are overly sensitive, have low self-esteem, are unassertive, shy and weak and socially inept.

Studies have been done, comparing sex offenders in terms of their occupational classification. Clerical and non-clerical sex offenders were studied. Clerical child molesters tended to have a higher education, were older and the majority suffered from sexual disorders themselves (70,6 %) compared to other sex offenders. They tended to abuse more male victims (92 %), older victims and the offences related more to psychosocial adjustment and development issues compared to non-clerical child molesters. Non-clerical child molesters tended to have a higher mean severity of psychopathology, specifically on the psychopathetic and schizophrenic scales.

Phallometric assessment has proved to be useful in distinguishing men who are sexually attracted to children from non-offenders, in predicting recidivism, as well as in distinguishing homicidal and non-homicidal child molesters from one another and from non-offenders.

Profile analysis

Identifying child sexual abusers using multiple analytic tools and describing biological, socio-cultural and psychological etiologic components have been attempted without success.
THE CHILD MOLESTER:

### TABLE 4 - Fixed versus Regressed type of child molester

<table>
<thead>
<tr>
<th>Fixed</th>
<th>Regressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child centered</td>
<td>Primarily sexually better orientated towards age equals</td>
</tr>
<tr>
<td>Molest male children</td>
<td>Molest female children</td>
</tr>
<tr>
<td>Use alcohol less frequently</td>
<td>Use alcohol more frequently to break down inhibitions</td>
</tr>
<tr>
<td>Come from broken homes</td>
<td>From intact homes</td>
</tr>
<tr>
<td>Have a history of abuse</td>
<td>Abuse less commonly reported</td>
</tr>
<tr>
<td>Less likely to be raised by biological parents</td>
<td>More likely raised by biological parents</td>
</tr>
<tr>
<td>More childish</td>
<td>More mature</td>
</tr>
<tr>
<td>Lack peer age relationships</td>
<td>Have peer age relationships</td>
</tr>
<tr>
<td>Playing out a primitive sense of identification and a distorted view of sexuality</td>
<td>Attribute adult roles to a child</td>
</tr>
<tr>
<td>Early onset of pedophilic interest</td>
<td>Late onset of pedophilic interest</td>
</tr>
</tbody>
</table>

**References**