



# Female-Perpetrated Child Sexual Abuse: A Vignette Study Investigating Professionals' Gender-Related Perception Bias and the Influence of an E-Learning Course

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## Abstract

The attitude of professionals towards victims' disclosures of child sexual abuse has a decisive influence on the well-being of the victims. However, both vignette studies as well as victim surveys suggest that professionals' perception on sexual abuse is influenced, among other factors, by the perpetrators' gender. The present analysis investigates whether professionals' perception of sexual abuse is influenced by the perpetrators' gender, the professionals' gender as well as their experience and field of profession. Additionally, the effect of an e-learning course was examined. As part of an e-learning course on child sexual abuse,  $N=1925$  German professionals (social work, educational, medical-therapeutic, legal professionals) were presented with pre- and post-editing vignettes differing in the perpetrators' gender and the ambiguity of the situation. The professionals had to rate the situations in terms of sexual abusiveness. The findings revealed that the same situation would be more likely classified as abusive when the perpetrator was male, particularly in ambiguous situations. Moreover, work experience, personal experiences with sexual abuse, and awareness of sexual abuse had significant positive relationships with the professionals' rating of the abusiveness of a situation. An effect of training was identified, with situations being more likely rated as abusive after the course, specifically in cases with female perpetrators. Victims of female-perpetrated sexual abuse are still often disbelieved, and their experiences trivialized because professionals perceive violence by women differently due to gender stereotypes and a lack of knowledge on female-perpetrated violence. This study highlights the important effect of training. Both science and professional practice need to increase knowledge about female-perpetrated child sexual abuse, as it remains a taboo topic.

**Keywords** Female-perpetrated child sexual abuse · Vignette study · Perception of child sexual abuse · e-learning course for professionals

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## Introduction

*“Before the public is convinced of the true extent of female sexual abuse doctors first have to suspend their disbelief.”* (Wilkins, 1990, p. 1153)

Child sexual abuse (CSA) has been thoroughly discussed; however, only recently have female perpetrators come more into the focus. Meta-analyses show that the prevalence of women who have experienced CSA ranges between 15.0% and 19.7%, and the prevalence of men ranges around 8% (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011). As in CSA in general, the prevalence of female-perpetrated child sexual abuse (FCSA) varies depending on the source of information (Tozdan et al., 2019). For international official reports, the prevalence of female perpetrators ranges between 1.4% and 12.0% (Tozdan et al., 2019). If victimization surveys are considered, the prevalence for female perpetrators is rather found to be 1.5–26.0% (Augarde & Rydon-Grange, 2022; Tozdan et al., 2019). Especially boys seem to be at risk for FCSA, since FCSA was reported by men up to 40% and by women up to 6.0% (Cortoni et al., 2017; Dube et al., 2005). That means that, even though FCSA seems to occur less often than male-perpetrated child sexual abuse (MCSA), it does take place and needs to be paid attention to (Bunting, 2007).

The consequences of FCSA on victims' lives, such as mental disorders, can be equally severe compared to the consequences of MCSA (Deering & Mellor, 2011; Dube et al., 2005; Gerke et al., 2023; Rudin et al., 1995; Saradjian, 2010). Yet, victims of FCSA and their experiences of violence are not taken as serious as victims of MCSA by professionals and society (Banton & West, 2020; Clements et al., 2014; Deering & Mellor, 2011; Kite & Tyson, 2004). FCSA might be trivialized because of the socio-cultural context, resulting in common social beliefs, such as gender stereotypes and sexual scripts regarding “appropriate” female behavior (Crawford & Popp, 2003; Denov, 2001; Kramer, 2015; Kramer & Bowman, 2021). Social scripting theory assumes that individuals have internalized scripts for the conceptualization and explanation of certain social behaviors (Simon & Gagnon, 1986; Wiederman, 2005). Sexual scripts about male and female sexuality differ, and there are different expectations on gender roles in sexual interactions: Females are expected to be less sexually interested and aggressive, while men are considered the aggressor and the leading part in sexual interactions (Sahl & Keene, 2010; Wiederman, 2005). FCSA challenges these scripts because females are the aggressors (Crawford & Popp, 2003; Denov, 2001). This leads to a dissonance that is resolved through reframing the offense, either consciously or unconsciously, towards culturally more acceptable beliefs about female behavior (such as portraying the female perpetrator as mentally ill or forced by a male, attributing abusive behavior to the woman's own experiences of childhood abuse). Eventually, this reframing leads to the negation of women as active and responsible perpetrators (Crawford & Popp, 2003; Denov, 2001). Such negation or trivialization by society as well as professionals results in societal stigma (e.g., blaming the victims, biased media representations, narratives, and

stereotypes about the victims) and internalized stigmatization by victims (shame, self-blame) (Kennedy & Prock, 2016). Due to these gender-specific aspects, FCSA appears to be even more stigmatized than CSA in general (Denov, 2001; Mellor & Deering, 2010).

Stigmatization is a primary barrier for disclosure and support seeking (Kennedy & Prock, 2016). In an open-question survey, victims of FCSA describe refraining from disclosing their childhood experiences due to fears of disbelief, self-blame, shame, and confusion about female perpetration (Deering & Mellor, 2011). As adults, over half of the respondents had disclosed their experiences within a therapeutic relationship, often encountering negative reactions such as trivialization and disbelief (Deering & Mellor, 2011; Peter, 2008). The perception that many counseling centers primarily focus on CSA in general, mostly encountering victims of male perpetrators, creates uncertainty among victims of FCSA about where they can turn to (Peter, 2008). Even when victims muster the courage to disclose during childhood, they often do not receive adequate support and responses, as professionals seem to recognize and respond to sexual abuse based on the gender of the perpetrators (Akdemir & Gölge, 2022; Bunting, 2007; Easton, 2013). Both, laypersons and professionals tend to disbelieve or trivialize disclosures of FCSA (Akdemir & Gölge, 2022; Mellor & Deering, 2010). In contrast, MCSA is taken more seriously, believed to have a more severe impact on the child, and is more likely to be prosecuted (Clements et al., 2014; Kite & Tyson, 2004; Shields & Cochran, 2020). A short-vignette study with a sample of therapists found that the perpetrators' gender was mainly a decisive factor for the assessment when a situation was ambiguous but had no influence when a situation was clearly abusive (Hovey et al., 2013).

In addition to the perpetrator's gender, vignette studies suggest that certain aspects of the rater/participant/professional, such as gender, field of profession, and years of experience, have an impact on the perception of adult-child sexual interactions (Fanetti et al., 2008; Geddes et al., 2013; Maynard & Wiederman, 1997; Rogers & Davies, 2007; Sahl & Keene, 2010). Male raters tend to judge more leniently, assume fewer consequences for the victim and less need for punishment for the perpetrator, compared to female raters (Fanetti et al., 2008; Geddes et al., 2013; Rogers & Davies, 2007; Sahl & Keene, 2010). Hetherington and Beardsall (1998) found an effect of the rater's profession. The study revealed that FCSA was taken less seriously than MCSA, meaning that female perpetrators were seen as warranting imprisonment to a lesser degree, as well as warranting therapy for the victim to a lesser extent. This discrepancy was more pronounced within the group of police officers compared to social workers (Hetherington & Beardsall, 1998). Furthermore, they found a mediating effect of the rater's profession and gender. Among female professionals, only the social workers tended to judge more harshly on female perpetrators than on male perpetrators (Hetherington & Beardsall, 1998).

Hetherington and Beardsall (1998) suggest that professionals who had more contact with female perpetrators of CSA seemed to recommend harsher punishments for them compared to professionals with less experience in dealing with FCSA. For instance, police women, who, on average, had dealt with more cases of FCSA than their male counterparts, considered harsher consequences for female perpetrators. Similarly, male social workers, who had more experience with FCSA compared to

their female counterparts, also recommended harsher consequences for female perpetrators (Hetherington & Beardsall, 1998). This finding aligns with the results from Mellor and Deering (2010), who discovered that the professional group most likely to have dealt with cases of FCSA, namely child protection workers, did not show a significant difference in their treatment of male and female perpetrators. In a sample of therapists, Hovey et al. (2013) found no significant difference in vignette ratings based on therapeutic experience. However, this lack of difference might be explained by the varied operationalization of experience – general therapeutic experience versus experience specifically in dealing with cases of FCSA.

Taken together, these factors contribute to the perception that FCSA is rare and less harmful than MCSA, ultimately leading to the denial of women as potential perpetrators, even by professionals. It appears that different standards are applied when considering MCSA and FCSA (Clements et al., 2014; Denov, 2001; Kite & Tyson, 2004; Mellor & Deering, 2010). Simultaneously, professionals' reactions to the disclosure of FCSA have been found to significantly impact victims' well-being. Supportive responses, including the validation of experiences, can mitigate the negative consequences of the abuse (Denov, 2003).

The present study aims to investigate whether social workers, educational, medical-therapeutic, and legal professionals rate vignettes of FCSA versus MCSA differently. Additionally, the study examines the professional's gender, specific field of profession, and experience. Moreover, it compares ratings before and after an e-learning course on CSA, aiming to explore whether training enhances professionals' awareness and sensitivity to subtypes of CSA. To the authors' knowledge, this is the first study to investigate the effect of an e-learning course on professionals' perception of cases involving FCSA versus MCSA. Specifically, the study hypothesizes, based on previously described literature findings, that there is a difference in the assessment of how sexually abusive a situation is rated depending on

- a) whether the perpetrator is male or female,
- b) the gender, field of profession, and years of professional experience of the rater,
- c) the time of rating, i.e. whether before or after an e-learning course on CSA.

## Method

### Procedure

The participants of the study engaged in an e-learning course focused on preventing childhood sexual abuse. Recruitment efforts were conducted through social media, a newsletter, and previous e-learning courses provided by the research team. The course was offered free of charge and encompassed both theoretical aspects (e.g., terms, frequencies, perpetrator strategies, risk and protective factors, forms and contexts of abuse) and practical learning content related to child sexual abuse (e.g., initial steps, conversational skills, support for victims and caregivers, development of protection concepts). While the course included a chapter on FCSA, it was not the primary focus. Participants completed the course online and independently, going

through chapters and watching expert videos. The duration of completion varied, with participants taking up to seven months ( $M=4.8$ ,  $SD=2.1$ ), with an average working time of 51–60 h.

Prior to participating in the course, participants provided informed consent and sociodemographic data. Additionally, information about their profession and current occupation details were collected. Both before and after the course, participants were surveyed using a questionnaire that included short one-sentence vignettes designed to assess their perception of situations that could constitute sexual abuse (utilizing one-sentence vignettes by Hovey et al., 2013). This questionnaire was a component of a larger survey aimed at evaluating and assessing the quality of the course. It was administered at the outset of the course and again at the conclusion to assess changes in perception among professionals. The study adhered to the principles of the Declaration of Helsinki and received approval from the ethics committee at Ulm University.

## Survey Instruments

In order to assess the professionals' attitude towards male and female sexual perpetrators, a vignette-style self-report questionnaire was administered, consisting of seven one-sentence vignettes (Hovey et al., 2013). Participants were instructed to quickly rate the vignettes without much consideration. Five vignettes were balanced in terms of gender of the perpetrator and the victim. Each vignette was presented once with a male perpetrator and a female victim, as well as with a female perpetrator and a male victim. The remaining two vignettes addressed cases of sexual abuse where the victim and perpetrator were of the same gender. Accordingly, these vignettes were presented once with a male perpetrator and a male victim, and once with a female perpetrator and a female victim. The severity of the situations varied, with some being ambiguous; however, situations served as indicators to take a closer look at the case. Participants used a Likert-style scale ranging from 1 (strong disagreement/very unlikely to be sexually abusive) to 7 (strong agreement/very likely to be sexually abusive) to rate how likely they would consider each situation to be sexually abusive. Thus, the theoretical range for the scale is 14 to 98. The main focus of the analyses, however, was on the perception of male compared to female perpetrators, where the theoretical range is consequently from 7 to 49. The vignettes by Hovey et al. (2013) were translated to German by the first author and reviewed by a second researcher with high levels in both, German and English. For a comprehensive overview of the vignettes, please refer to the [Appendix](#).

## Sample

The sample comprised  $N=1925$  professionals, with the majority being female ( $n=1705$ , 88.6%), while a total of  $n=197$  (10.2%) were male. A small percentage identified as non-binary ( $n=12$ , 0.6%). Gender information was not available for  $n=11$  professionals (0.6%). On average, professionals were in their mid-thirties ( $M=36.7$ ,  $SD=10.8$ ). Social work ( $n=925$ , 48.3%) and educational work ( $n=527$ , 27.5%) were

the most represented occupational fields in this sample. On average, professionals had approximately seven years of professional experience ( $M=7.4$ ,  $SD=7.8$ ). Refer to Table 1 for further details.

Participants categorized their current occupation into four occupational fields: Social work, medical-therapeutic, educational, and legal. Professions associated with these fields could overlap. In the medical-therapeutic field, professionals included child and adolescent psychotherapists (in training) ( $n=98$ , 30.0%), psychologists ( $n=55$ , 16.8%), and psychotherapists for adults (in training) ( $n=89$ , 23.5%). Those in the educational field included child care workers (for youth and residential care) ( $n=178$ , 36.9%), educational workers ( $n=95$ , 19.7%), special education teachers (for the disabled) ( $n=86$ , 17.8%), and teachers ( $n=51$ , 10.6%). The large majority of professionals in the social work field were social workers ( $n=674$ , 76.7%). In the legal field, there were only two participants, one of whom named their profession as a psychologist. A total of  $n=58$  participants, who had also indicated a profession, marked “other” for occupational field; approximately half of them ( $n=32$ , 55.2%) were psychologists. For more details, see the [Appendix](#).

The majority of the professionals in the sample were not accustomed to discussing sexual abuse with the children and adolescents they work with. When asked whether their work involves routinely addressing sexual abuse, 79.4% ( $n=1528$ ) denied. Among the professionals who regularly inquire about incidents of sexual abuse, two-thirds did also inquire for female perpetrators ( $n=249$ , 62.7%).

## Statistical Analyses

The analyses were conducted using version 4.1.1 of the statistics program R. Descriptive frequency analyses were employed to examine the sociodemographics of the sample. Various statistical analyses were used to analyze the influence of professional experience, field of work, and gender of the rater as well as the perpetrator’s gender on the evaluation of the vignettes. Paired t-tests were performed to investigate the significance of the e-learning course’s effects and gender differences. To provide insight into the magnitude of these effects, the effect size measure Cohen’s  $d$  (Cohen, 1988) was calculated. Regression analysis was applied to investigate the impact of professional experience, with the rating specified as the dependent variable (DV) and the work experience in the current profession (in years) as the independent variable (IV). Additionally, a one-way ANOVA was performed to examine differences between various professional groups, with the rating as DV and the occupational field as IV (medical-therapeutic, educational, social work, and other). Professionals working in the “legal” occupational field were excluded from the analysis due to the small sample size ( $n=2$ ).

## Results

### Perpetrator’s Gender

To assess whether the behavior of women or men was more likely to be classified as sexually abusive, the scores of the professionals’ answers to the vignettes

**Table 1** Sociodemographic data, profession, professional experience and routine questions

Variables	<i>M (SD)</i>	<i>n (%)</i>
Age ( <i>n</i> = 1925)	36.7 (10.8)	
Occupational field ( <i>n</i> = 1914)		
Medical-therapeutic		365 (19.1%)
Educational		527 (27.5%)
Social work		925 (48.3%)
Legal		2 (0.1%)
Other		95 (5.0%)
Professional experience in years ( <i>n</i> = 1921)	7.40 (7.79)	
Gender ( <i>n</i> = 1914)		
Male		197 (10.3%)
Female		1705 (89.1%)
Non-binary		12 (0.6%)
Have you experienced sexual violence during your childhood and/or adolescence? ( <i>n</i> = 1028)		
Yes		199 (19.4%)
No		743 (72.3%)
Not specified		86 (8.4%)
How many cases of (suspected) sexual violence against children and adolescents have you dealt with in your professional experience so far? ( <i>n</i> = 1925)		
None		423 (22.0%)
1–10		991 (51.5%)
11–20		269 (14.0%)
21–30		119 (6.2%)
31–40		41 (2.1%)
More than 40		82 (4.3%)
Do you routinely ask children and adolescents for incidents of sexual abuse? ( <i>n</i> = 1925)		
Yes! Females as well as males		330 (17.1%)

**Table 1** (continued)

Variables	<i>M (SD)</i>	<i>n (%)</i>
Yes! However, rather females than males		60 (3.1%)
Yes! However, rather males than females		7 (0.4%)
No! Generally, not		1528 (79.4%)
If yes, do you explicitly ask for sexual abuse exerted by female perpetrators? ( <i>n</i> = 397)		
Yes! Females as well as males		220 (55.4%)
Yes! However, rather females than males		18 (4.5%)
Yes! However, rather males than females		11 (2.8%)
No! Generally, not		148 (37.3%)



in which the perpetrator was male were added up and compared to the scores of the vignettes with a female perpetrator. Only the data from the survey before the e-learning course were analyzed at this point. The actions of male perpetrators were, on average ( $M=35.55$ ,  $SD=7.43$ ), more likely to be rated abusive than the actions of female perpetrators ( $M=33.22$ ,  $SD=7.25$ ). The difference between the two ratings was tested using a paired t-test, which yielded a significant difference in the ratings ( $t(1924)=31.99$ ,  $p<.001$ ). Despite the highly significant difference between the two ratings, the effect size ( $d=0.32$ , 95% CI [0.30, 0.34]) was rather small (Cohen, 1988).

To gain a better understanding of the difference between the genders, a closer examination of the case descriptions proved to be worthwhile. While there was virtually no difference in the rating for some of the vignettes, others differed quite clearly (see also Table 2). The most relevant difference manifested itself in the case where an aunt or an uncle kisses a niece or nephew on the lips. For the case of “an uncle kissing his 8-year-old nephew on the lips” the average score across all professionals was  $M=4.21$  ( $SD=1.76$ ). When the vignette described as “an aunt kissing her 15-year-old niece on the lips”, the judgement of the professionals was considerably less severe ( $M=3.41$ ,  $SD=1.69$ ). The difference between the two ratings was once again statistically significant ( $t(1924)=24.21$ ,  $p<.001$ ). The effect size for this difference is still small, however on the verge to being considered medium-sized ( $d=0.46$ , 95% CI [0.43, 0.50]) (Cohen, 1988).

On the contrary, hardly any difference between the genders can be detected for the case where either a “35-year-old male neighbor having sexual relations with a 15-year-old male neighbor” or a “35-year-old female neighbor having sexual relations with a 15-year-old female neighbor” is described. In both instances, a comparably severe judgement was passed by the professionals. The average for the male perpetrator and the male victim was  $M=6.17$  ( $SD=1.41$ ). For the female perpetrator and the female victim, the values were almost identical ( $M=6.14$ ,  $SD=1.41$ ). The results in Table 2 show that consensus between male and female perpetrators was higher when the mean for the vignette was higher in general.

### Rater's Gender, Experience and Field of Profession

As a next step, we compared how the perception of vignettes involving male and female perpetrators differed based on whether the rater was male or female. Due to the small sample size ( $n=12$ ), rater who identified as non-binary could not be included in the analysis. In an initial analysis, it was examined whether the rating of sexual abusive behavior differed based solely on the rater's gender itself. Across all vignettes, male rater considered abusive behavior to be slightly more severe ( $M=69.27$ ,  $SD=13.05$ ) than female rater ( $M=68.70$ ,  $SD=14.46$ ). The difference was, however, not statistically significant ( $t(254.94) = -0.57$ ,  $p=.57$ ). A descriptive look across all vignettes revealed that male perpetrators were judged more severely by male rater ( $M=36.01$ ,  $SD=6.69$ ) compared to female rater ( $M=35.49$ ,  $SD=7.51$ ). Female perpetrators were also judged more severely by male rater

**Table 2** Difference in means of one-sentence short vignettes items between perpetrator gender

Item	Perpetrator gender		Difference in means
	Female <i>M (SD)</i>	Male <i>M (SD)</i>	
1 A 35-year-old male/female neighbor having sexual relations with a 15-year-old male/female neighbor (same sex)	6.14 (1.41)	6.17 (1.41)	0.03 $t(1924)=1.74, p=.08$ $d=0.02, 95\% \text{ CI } [0.00, 0.05]$
2 A 30-year-old stepfather/stepmother watching pornographic (sexually explicit) videos with his/her 16-year-old stepdaughter/stepson	6.11 (1.38)	6.16 (1.35)	0.06 $t(1924)=3.29, p=.001$ $d=0.04, 95\% \text{ CI } [0.02, 0.07]$
3 On one occasion a 25-year-old male/female teacher kissing a 14-year-old female/male student on the cheek	5.21 (1.66)	5.36 (1.59)	0.16 $t(1924)=9.43, p<.001$ $d=0.10, 95\% \text{ CI } [0.08, 0.12]$
4 A single father/mother asking his/her 13-year-old daughter/son to give him/her a full body massage (unclothed) after a stressful week at work	5.69 (1.58)	5.98 (1.47)	0.29 $t(1924)=16.62, p<.001$ $d=0.19, 95\% \text{ CI } [0.16, 0.21]$
5 Stepmother/Stepfather bathing his/her 11-year-old stepson/stepdaughter	3.71 (1.84)	4.14 (1.87)	0.43 $t(1924)=18.42, p<.001$ $d=0.23, 95\% \text{ CI } [0.21, 0.26]$
6 A 12-year-old male/female child sleeping in the same bed with an adult female/male relative	2.95 (1.68)	3.52 (1.82)	0.57 $t(1924)=22.97, p<.001$ $d=0.32, 95\% \text{ CI } [0.29, 0.35]$
7 Uncle/Aunt kissing his/her 8-/15-year-old nephew/niece on the lips (same sex)	3.41 (1.69)	4.21 (1.76)	0.8 $t(1924)=24.21, p<.001$ $d=0.46, 95\% \text{ CI } [0.43, 0.50]$

( $M = 33.27$ ,  $SD = 6.74$ ) than female rater ( $M = 33.21$ ,  $SD = 7.30$ ), although to a much smaller degree. The corresponding t-tests showed that these differences were – just like the difference for the combined rating across all vignettes – not statistically significant.

Furthermore, the impact of years of work experience on the rating was examined. The result of the regression analysis was a significant positive relationship between years of work experience and high vignette rating ( $\beta = 0.24$ ,  $t = 5.72$ ,  $p < .001$ ). Thus, with every additional year of work experience the rating increased by 0.24 scale points. The  $R^2$  value indicated that only 1.73% of the variance in the dependent variable can be explained by the independent variable. The model's overall significance was confirmed by the F-test ( $F(1, 1857) = 32.74$ ,  $p < .001$ ). Therefore, it can be concluded that work experience had a statistically significant effect on rating. The model's predictive power, however, was low.

When splitting the regression results by the ratings for vignettes with male and female perpetrators, similar findings emerged. The analysis revealed a significant positive relationship between the independent variable and the dependent variable in both groups. Specifically, the coefficient estimates for years of work experience were  $\beta = 0.11$  ( $t = 5.19$ ,  $p < .001$ ) for vignettes with male perpetrators and  $\beta = 0.12$  ( $t = 5.92$ ,  $p < .001$ ) for vignettes with female perpetrators. These results suggest that the impact of work experience on the dependent variable was consistent across gender conditions. Once again, the  $R^2$  values indicated that the model explained only a small proportion of the variance in the dependent variable for both groups:  $R^2 = 1.43\%$  for vignettes with male perpetrators and  $R^2 = 1.86\%$  for vignettes with female perpetrators.

Finally, the effect of the rater's occupational field was analyzed. Three one-way ANOVAs were conducted to investigate the effect of occupational field on total vignette scores, scores for male perpetrators, and scores for female perpetrators. The results showed that for total scores, there was no significant effect of occupational field ( $F(1, 1855) = 1.34$ ,  $p = .25$ ). Similarly, for male scores, there was no significant effect of occupational field ( $F(1, 1855) = 0.61$ ,  $p = .44$ ) as was also the case for female scores ( $F(1, 1855) = 2.21$ ,  $p = .14$ ).

Additionally, other aspects of the rater were explored in an exploratory manner. Although significant results were obtained, small effect sizes were observed; hence, no further regression analyses were conducted with these variables. A subset of  $n = 903$  professionals answered the question whether they had experienced CSA themselves, and  $n = 188$  individuals affirmed this question. This group of professionals rated the vignettes considerably more severely. The average rating for this group was  $M = 71.66$  ( $SD = 13.3$ ) compared to  $M = 68.69$  ( $SD = 13.05$ ) for professionals without a history of CSA ( $t(288.9) = 2.74$ ,  $p < .01$ ). Furthermore, there was a significant correlation not only between work experience and vignette rating but also between the number of cases of CSA a professional had dealt with ( $\rho = 0.09$ ,  $p < .001$ ). Finally, our data demonstrated that the rating of vignettes is associated with awareness of CSA. Those who routinely inquire about incidents of sexual violence significantly evaluated the vignettes more critically ( $t(588.66) = 3.01$ ,  $p < .01$ ). On average, the rating was  $M = 70.53$  ( $SD = 13.55$ ) for the group of professionals who routinely inquire about CSA, compared to  $M = 68.18$  ( $SD = 13.61$ ) for the group who fail to do so.

## Effects of Training

As a first step in investigating the potential impact of training, the differences between the ratings at the first and second point in time were compared. Not all professionals who took the first questionnaire participated in the second one. Consequently, data points from  $n=844$  professionals were collected in the second survey at the end of the e-learning course. Although the groups of those finishing both questionnaires and those only taking the first questionnaire did not differ in sociodemographics, only data from professionals who completed both questionnaires were considered for the analyses of the training effect to avoid potential selection biases.

The ratings for sexual abusive behavior increased from  $M=68.96$  ( $SD=13.94$ ) to  $M=74.30$  ( $SD=15.21$ ), and this increase was statistically significant ( $t(843)=9.69$ ,  $p<.001$ ). The effect size for this difference is small ( $d=0.37$ , 95% CI [0.29, 0.44]) (Cohen, 1988). When comparing the genders, the increase was particularly driven by the rating for female perpetrators. There was an increase of 3.10 scale points from an initial rating of  $M=33.33$  ( $SD=7.14$ ) to  $M=36.43$  ( $SD=7.73$ ) ( $t(843)=11.01$ ,  $p<.001$ ). The rating of vignettes describing male perpetrators increased by 2.23 scale points from originally  $M=35.64$  ( $SD=7.13$ ) to  $M=37.87$  ( $SD=7.68$ ) ( $t(843)=7.95$ ,  $p<.001$ ). The effect sizes of both changes were small (Cohen, 1988). Cohen's  $d$  for the change in perception of female perpetrators was  $d=0.42$ , 95% CI [0.34, 0.49], and  $d=0.30$ , 95% CI [0.23, 0.38] for the change in perception of male perpetrators.

The sample of the  $n=844$  professionals who took the survey at the end of the course consisted of  $n=761$  female and  $n=83$  male professionals. In contrast to the pre-course-rating, after the course, female rater considered abusive behavior to be slightly more severe ( $M=74.36$ ,  $SD=15.22$ ) compared to male rater ( $M=73.78$ ,  $SD=15.16$ ). However, this difference was not statistically significant ( $t(100.88)=0.33$ ,  $p<.743$ ).

## Discussion

This study aimed to investigate whether professionals rate short vignettes of FCSA and MCSA differently. Furthermore, it was examined whether the rating of the perception of sexual abuse is dependent on the gender of the rater, the field of profession, and the professionals' experience. Additionally, the study assessed whether training professionals through an e-learning course on CSA, including the topic of FCSA, raises their awareness and sensitivity to this marginalized subtype of CSA.

### Perpetrator's Gender

There was a difference in the assessment of how sexually abusive a situation was rated depending on the perpetrators' gender: In the present study, vignettes with male perpetrators were significantly more likely to be rated sexually abusive compared to vignettes with female perpetrators. This is consistent with previous research

(Clements et al., 2014; Denov, 2001; Hetherington & Beardsall, 1998; Hovey et al., 2013; Mellor & Deering, 2010). The vignettes of the present study were obtained from Hovey et al. (2013), who found that their sample of Canadian therapists were more likely to rate a situation as sexually abusive when the perpetrator was male. Our replication of this result on a Germany sample of professionals from several occupational fields supports and thereby enhances the robustness of this finding.

A more lenient judgement and preferential treatment of female perpetrators have also been observed in other contexts: In an educational setting, with laypersons rating vignettes depicting teacher sexual abuse, the pairing of a male teacher and female student was perceived more negatively than the pairing of a female teacher and male student (Fromuth & Holt, 2008; Gakhal & Brown, 2011; Geddes et al., 2013). Overall, a review with thirteen peer-reviewed qualitative and quantitative studies of professionals' and victims' perspectives described that professionals rated FCSA less harmful and less serious than MCSA (Clements et al., 2014). In a Turkish study, sexual double standards were assessed and reported as the strongest factor affecting the attitudes towards FCSA by professionals (Akdemir & Gölge, 2022). Moreover, traditional attitudes towards parenthood, especially motherhood, as well as the role of female sexuality myths and sexual scripts was assessed and found to be significant predictors (Akdemir & Gölge, 2022).

Another result of the present study was that the ambiguity of the situation was likely to be a key factor for the difference in perception of FCSA compared to MCSA: When the situation was unambiguous (e.g., "a 35-year-old male/female neighbor having sexual relations with a 15-year-old male/female neighbor"), both genders were judged equally harsh. However, when the situation was ambiguous regarding sexual abuse (e.g., "uncle/aunt kissing his/her 8-/15-year-old nephew/niece on the lips"), female perpetrators seemed more likely to be given the benefit of the doubt. Hovey et al. (2013) also found an interaction of gender of the vignette's perpetrator and ambiguity of the situation, which we could replicate with our finding on a sample of several professional groups.

The finding indicates that professionals generally acknowledge the existence of FCSA; however, when the situation is unclear, and it is not easy to decide on whether there is a crossing of personal boundaries, females are given more space. The short character of the vignettes and the request to answer them quickly and without much consideration was intended to assess the very first and intuitive reaction of the professionals. Christensen (2021) found in her qualitative study that interviewed professionals mostly acknowledged the harm and severity of FCSA. At the same time, it is not necessarily transferred to practice, as some of the professionals had witnessed colleagues minimizing or disbelieving reports of sexual violence due to the gender of the perpetrator (Christensen, 2021). A possible explanation could be that only unambiguous situations of (severe) FCSA were discussed in the interviews, such that according to the present study's results, the professionals did not make a difference in rating the cases depending on the gender of the perpetrator because only severe and unambiguous cases of CSA were in mind. At the same time, the cases that the professionals dealt with in practice might have been rather ambiguous, such that the perpetrator's gender did influence the professionals' decisions and reports.

## Rater's Gender, Field of Profession and Experience

There is a descriptive, but not significant, difference in the assessment of how sexually abusive a situation is rated depending on the gender of the professional. Previous research, mainly with student samples, suggests that females rate sexual abuse more strictly (Fanetti et al., 2008; Geddes et al., 2013; Rogers & Davies, 2007; Sahl & Keene, 2010). Generally, men are less likely than women to perceive situations (unless extreme, such as sexual coercion) as sexually harassing, which is assumed to be due to less empathy for the victim (group) due to a failure to take over their perspective (Bongiorno et al., 2020; Diehl et al., 2014). As our sample includes male social workers, educational, and medical-therapeutic professionals, i.e., most likely those who have been working with victims of sexual violence, it can be assumed that they do not lack empathy for the victims, in contrast to a general/student sample of male students. Other authors with professional samples, however, did find a difference in the rating of FCSA between male and female rater (Akdemir & Gölge, 2022; Hetheron & Beardsall, 1998). This might be due to the inclusion of professionals from the justice sector, who generally seem to rate situations of sexual violence less harshly, as described below (Akdemir & Gölge, 2022; Hetheron & Beardsall, 1998; Mellor & Deering, 2010).

In the present study, no effect was found for profession, i.e. social worker, educational and medical-therapeutic. This might be due to the similarity of the professions. In contrast to our results, other authors (Akdemir & Gölge, 2022; Hetheron & Beardsall, 1998; Mellor & Deering, 2010) found that mental health and social workers were less likely to minimize FCSA compared to health workers and justice employees. Justice employees could not be analyzed in the present study due to vanishingly small numbers of participants from that field. However, further research is needed on this group of professionals and sensitivity to gender-based perception biases.

Significant positive relationships were found for the rating of the situations and years of professional experience, as well as number of cases of CSA dealt with. This is in line with Mellor and Deering (2010), who stated that professionals who have had experiences with cases of FCSA do not differ between male and female perpetrators. The result, however, contradicts the results by Hovey et al. (2013), who found in their sample of therapists that therapeutic experience generally does not affect the ratings. The sample of the present paper should be further analyzed, focusing on the differences between the professional groups, i.e., social workers, medical-therapeutic, and educational professionals. Additionally, significant positive relationships were found for the professional's personal history of CSA, as well as routinely inquiring about sexual abuse experiences, i.e. awareness for sexual abuse. These results might explain the above-mentioned different ratings of (male) students versus (male) professionals. Dealing with CSA cases or having one's own experiences of CSA seems to lead to a higher sensitivity to it.

## Effects of Training

There is a difference in the assessment of whether a situation is rated sexually abusive pre and post an e-learning course on CSA. The ratings after the e-learning

course are significantly higher than before, i.e., both female and male perpetrators were rated more harshly after the e-learning. Descriptively, in comparison to pre-training, female rater, in particular, increased their rating. The influence of social desirability bias needs to be considered here, which tends to be slightly more pronounced in women (Dalton & Ortegren, 2011). Therefore, it can be assumed that women, rather than men, during the second survey, believed that a clear assessment of the vignettes as sexually abusive was desirable. An explanation for the gender-related increase might also be that the pre-ratings of the female rater was quite low compared to the male rater. Thus, while there was more possibility for an increase in ratings among female professionals, ceiling effects are possible for male professionals. Nevertheless, it cannot be ruled out that women are more sensitive to training than men. Research findings on gender differences in online learning approaches are still inconsistent and need further investigation (Heo & Toomey, 2020; Yu, 2021). Either way, while not statistically significant, the finding that women post-training rate more severely is more consistent with the body of knowledge that women generally rate harsher on sexual abuse than men (Fanetti et al., 2008; Geddes et al., 2013; Rogers & Davies, 2007; Sahl & Keene, 2010).

More interestingly, the increase in ratings was higher for female perpetrators than for male perpetrators. While the ratings for male perpetrators increased by 6.3%, the ratings for female perpetrators increased by 9.3%. It must be noticed that the e-learning course included a specific chapter on FCSA, indicating the need to be sensitive about female perpetration. The result is in accordance with Akdemir and Gölge (2022) who found trained professionals, especially when the training included the topic of FCSA, were more likely to consider FCSA a serious problem. Moreover, they state the ratio of training is specifically low among justice employees (Akdemir & Gölge, 2022). The present e-learning course was also offered to professionals from the justice sector; however, the number of these professionals was vanishingly small. Sensitization for FCSA is crucial for professionals within all sectors, as those affected by FCSA often do not receive the protection and support that victims of MCSA receive (Denov, 2003; Hetherington & Beardsall, 1998; Mellor & Deering, 2010). Moreover, the reaction of professionals to disclosure plays a major role, such that supportive reactions can reduce the negative health consequences for the victims (Denov, 2003). Disclosure is seen as an interplay between signals from the child and responses from the adult. Children usually have a good sense of how adults will react to disclosure and are therefore more reluctant to disclose if they suspect that adults might react in a negative way (Reitsema & Grietens, 2016). Adults' reactions, in turn, are influenced by their personal knowledge of sexual abuse and personal sexual scripts (Reitsema & Grietens, 2016). Actors within the helping system need to take disclosures of FCSA seriously and react valuing and sensitive as reactions of the social environment have an influence on the psychopathology and later adaptation of the victim (Reitsema & Grietens, 2016). Therefore, it is critical to raise professionals' awareness of FCSA and various types and degrees of abusive behavior, as otherwise, the victims experience the disadvantages of the lack of awareness and responsiveness for FCSA.

It is also worthwhile to consider high-risk contexts for FCSA. Studies suggest that female perpetrators are often familiar and no stranger to the victim (Rudin

et al., 1995). Especially the biological mother appears to be a frequent perpetrator (Gerke et al., 2020, 2021). This can be explained by women/mothers having much easier access to children compared to men/fathers and being able to hide their sexual grooming and assaults more easily in everyday emotional and physical care at home as well as in educational and institutional settings. Moreover, a growing part of research on this subject focuses on sexual abuse in childcare contexts (Darling & Hackett, 2020). Early prevention for mothers at risk (Gerke & Dietz, 2022) as well as training for professionals working in childcare contexts could be an important step to raise awareness for the possibility of FCSA and move away from a “friendly mother illusion” within society.

### Strengths and Limitations

The present study was the first study in Germany to investigate the differences in rating of situations of FCSA versus MCSA. The large sample size, as well as the two measurement points, were strengths of the study. The study included a very specific sample of professionals generally interested in the topic of child sexual abuse and who decided to attend the e-learning course, constituting a highly engaged sample. Results might have differed for another group of participants/professionals.

A limitation was a large difference in sample sizes of male and female professionals. An unequal gender distribution can bring statistical limitations and compromise the robustness of the findings. When one gender group dominates the sample, it may introduce bias and reduce the statistical power of the analysis. Consequently, the ability to identify significant effects is limited (MacCallum et al., 2002). Moreover, employees from the legal sector could not be included in the analyses due to the vanishingly small number ( $n=2$ ). Therefore, a comparison between professional fields could not be conducted. Overall, the predictive power of models and effect sizes of results were only small to moderate. This indicates that the ratings of the vignettes were influenced by multiple factors, with each factor contributing only a small portion of the explanation for differences in ratings among individuals. Lastly, the one-sentence vignettes were replicated from Hovey et al. (2013). Two of the seven vignettes included same-sex sexual violence, and of those, one differed in perpetrator gender as well as victim age, such that these two vignettes were not well comparable. Further analyses with these irregularities have not been conducted. As vignettes with both, male and female perpetrators, were presented to the same sample, the rating might be influenced by an anchoring bias (Jacowitz & Kahneman, 1995). For instance, professionals of the study might pass an initial judgement about a vignette with a female perpetrator and adjust their rating for the vignette with the male perpetrator (or vice versa) on the basis of the initial judgement of the CSA case. This might lead to a decrease of the magnitude of the difference in rating-severity.



## Implications for Research and Practice

The present study was able to show that professionals were more likely to assess a situation as abusive if the perpetrator was male than if she was female. This gender-based perception bias is assumed to result from gender stereotypes deeply rooted in society. Research needs to further investigate and describe the impact of these biases on the care and treatment of victims of violence, “victim blaming”, for example, has rather been described for constellations with male perpetrators and female victims. It was discussed that there seems to be a difference in professionals’ own evaluation of their gender-based perception bias and a rather objective evaluation of their bias, e.g., vignettes. Further research needs to take that into consideration when conducting studies, incorporating elements such as interviews with professionals. To better understand the perception of MCSA compared to FCSA, vignettes with female perpetrators versus male perpetrators should separately be presented to different samples to avoid a possible anchoring bias. That way, a more accurate capture of the true difference could be explored in future studies. The present study used short one-sentence vignettes and asked the participants to answer quickly and without much consideration, as the aim was to assess the very intuitive first reaction. Further studies could implement longer vignettes with more context and interactions to describe further gendered differences in the professionals’ reaction and handling of cases of CSA.

The study’s results show the important effect of training, specifically that professionals are more sensitive to abusive situations after an e-learning course on CSA, including the topic of FCSA. Professionals especially lack knowledge on female-perpetrated sexual violence. Therefore, it is important to sensitize professionals to their own perceptual biases and educate them about female-perpetrated violence.

## Conclusion

Professionals’ perception of CSA is biased by gender of the perpetrator, with situations involving male perpetrators being more likely to be rated sexually abusive compared to situations with female perpetrators. This bias is particularly evident for ambiguous situations. An effect of training was found, indicating that knowledge on female-perpetrated violence is important to sensitize professionals to their own gender-related perception biases. Although FCSA is less frequent than male-perpetrated abuse, it needs to be recognized by professionals when disclosed.

## Appendix

### One-sentence vignettes

*In your opinion, are the following situations child sexual abuse? Please answer spontaneously without thinking too long. Please proceed in order.*

		Definitely no	No	Rather no	I am not sure	Rather yes	Yes	Definitely
		1	2	3	4	5	6	7
1	A 30-year-old stepfather watches pornographic (sexually explicit) videos with his 16-year-old stepdaughter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A stepmother bathes her 11-year-old stepson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A 35-year-old male neighbor has a sexual relationship with a 15-year-old male neighbor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	An aunt kisses her 15-year-old niece on the lips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A stepfather bathes his 11-year-old stepdaughter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	On one occasion, a 25-year-old female teacher kisses a 14-year-old male student on the cheek.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A 12-year-old male child sleeps in the same bed with an adult female relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A single mother asks her 13-year-old son to give her a full-body massage (unclothed) after a stressful week at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	On one occasion, a 25-year-old male teacher kisses a 14-year-old female student on the cheek.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	An uncle kisses his 8-year-old nephew on the lips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A 12-year-old female child sleeps in the same bed with her adult male relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A 30-year-old stepmother watches pornographic (sexually explicit) videos with her 16-year-old stepson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A single father asks his 13-year-old daughter to give him a full-body massage (unclothed) after a stressful week at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	A 35-year-old female neighbor has a sexual relationship with a 15-year-old female neighbor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Professions and participants' self-assignment to occupational fields.*

	Medical-therapeutic n (%)	Educational n (%)	Social work n (%)	Legal n (%)	Other n (%)
<b>Medical background</b>					
Neurologist for adults	-	-	-	-	-
Specialist in Child and Adolescent Psychiatry/Psychotherapy	17 (5.2%)	-	-	-	-
Specialist in Pediatrics/Child and Adolescent Medicine	12 (3.7%)	-	-	-	-
Specialist in Psychiatry/Psychotherapy, adults	1 (0.3%)	-	-	-	-
Specialist in Psychosomatic Medicine and Psychotherapy, adults	-	-	-	-	-
Physician (Other)	12 (3.7%)	-	-	-	1 (1.7%)
<b>Psychological background</b>					
Psychotherapist for adults	43 (13.1%)	-	-	-	2 (3.4%)
In psychotherapeutic training	34 (10.4%)	1 (0.2%)	2 (0.2%)	-	5 (8.6%)
Psychologist	55 (16.8%)	12 (2.5%)	24 (2.7%)	1 (100.0%)	32 (55.2%)
School Psychologist	2 (0.6%)	3 (0.6%)	-	-	3 (5.2%)
Child and Adolescent Psychotherapist	68 (20.8%)	3 (0.6%)	1 (0.1%)	-	1 (1.7%)
Psychologist in child and adolescent psychotherapeutic training	16 (4.9%)	1 (0.2%)	2 (0.2%)	-	-
Other professions in child and adolescent psychotherapeutic training	14 (4.3%)	3 (0.6%)	10 (1.1%)	-	-
Teacher	4 (1.2%)	51 (10.6%)	2 (0.2%)	-	2 (3.4%)
Educator	2 (0.6%)	95 (19.7%)	64 (7.3%)	-	-
Special Education Teacher („Behindertenpädagog*in“)	-	4 (0.8%)	3 (0.3%)	-	-
Special Education Teacher („Heilpädagog*in“)	1 (0.3%)	30 (6.2%)	12 (1.4%)	-	-
Special Education Teacher (“Sonderpädagog*in“)	-	52 (10.8%)	14 (1.6%)	-	3 (5.2%)
Social Worker	6 (1.8%)	26 (5.4%)	674 (76.7%)	-	2 (3.4%)
Child Care Worker	1 (0.3%)	117 (24.3%)	31 (3.5%)	-	1 (1.7%)
Child Care Worker for Youth and Residential Care	-	61 (12.7%)	24 (2.7%)	-	-
Rehabilitation Teacher („Heilerziehungspfleger*in“)	-	14 (2.9%)	6 (0.7%)	-	-
Nursing Staff	20 (6.1%)	6 (1.2%)	4 (0.5%)	-	5 (8.6%)
Art or Occupational Therapist	19 (5.8%)	3 (0.6%)	6 (0.7%)	-	1 (1.7%)

In Germany, there are different types of special education teachers that do not translate well. Therefore, the German title is mentioned in the table

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## Declarations

**Competing Interests** The authors have no competing interests to declare that are relevant to the content of this article.

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