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Surviving Maternal Incest

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ABSTRACT

Although paternal incest has been well documented and studied, there is very little research on maternal incest, and victims rarely seek help. New clinical evidence suggests that maternal incest occurs at a much higher rate than previously thought. Estimates indicate approximately 5% of sexually abused girls and 20% of sexually abused boys have been victimized by women perpetrators. Myths that discourage the acceptance of male victimization are compounded by the idea of mothers as caregivers and nurturers. The societal taboo surrounding maternal incest can be particularly damaging to victims, resulting in guilt and shame. The attitudes of mental health professionals in regard to myths about maternal incest can promote conditions that either encourage or discourage men or boys from opening up about this type of abuse. This article reviews the prevalence and dynamics of maternal incest, the shame felt by victims and its consequences, treatment approaches, and areas of future research needed.

Keywords

Complex Trauma, Complex PTSD, Maternal incest, Mother-daughter incest, Mother-son incest.

Case One

John is a single, 38 year old publicist. While having sex with a woman, who resembles his mother both in looks and in temperament, he dissociated. He began shaking and felt sick. This was the first of what would become a frequent occurrence where he flashed back to his mother being on top of him. After years of struggling with personal, romantic, and professional relationships, the flashbacks finally drove John to seek help. He began therapy where more of the abuse perpetrated by his mother was uncovered over time.

As a child, he slept in the same bed as his mother. His father slept in a room down the hall. She started grooming him with touches: affectionate rubbing of his back to start. That soon progressed to genital touching and moved on to full penetration. At that point, it was clear that he had replaced his father emotionally and sexually.

As an adult, John lived in frequent fear. Things that reminded him of his mother sent him into a panic. He never had long term, romantic relationships. He never admitted the abuse to anyone nor did he press charges. Through therapy, he has developed better relationships, but he continues to work on his interpersonal relationships. He has a visceral disgust and rejection of his mother and still refuses to press charges.

Case Two

Raul is a 45 year old lawyer who has never married. His mother started having sex with him well before 10 years old, and it continued until he was 17 or 18 years old. He has been diagnosed with anxiety, depression, PTSD, and bi-polar disorder, among other comorbid diagnoses. He struggles with relationships.

Raul attributes his inability to maintain adult relationships to how much he enjoyed having sex with his mother. He relates how amazing the sensations were to him and feels that having sex with the woman who gave him life was such a great experience that no other woman could compare. However, he also realizes that what his mother did to him was horrible. When the sex with his mother stopped, he felt abandoned and unloved. He has been seeking the same feeling that he had with his mother ever since, but no woman that he has been with could ever make him feel the same way. He still idealizes his mother.

Raul flashes back to having sex with his mother constantly when

working, walking, and driving. He has flashbacks every time he is aroused, sometimes to the point of orgasm. Although on an intellectual level, he knows what his mother did is inappropriate and wrong, he still longs for and misses sexual contact with his mother.

What is Incest

The actual legal definition of incest varies from state to state. However, because the potential for the most damage occurs when incest is between an adult and a related child or adolescent, this is the definition we will use here [1]. The definition can be expanded to include quasi-related children where the perpetrator and victim are extended family or their role is similar to that of family in that the perpetrator has a close relationship with and some authority over the child such as a teacher or priest.

When a child is used for the sexual gratification of an older individual, the child is likely emotionally and sexually overstimulated. But sexual gratification is not the only or even primary motivator in most cases. Sexual contact can be used to satisfy nonsexual needs such as dependency, identity, self-esteem, sadism, power, or control of the perpetrator [2]. Damage to the child is exacerbated by the nature of their relationship with the abuser. In parent-child incest, the child is not only physically dependent on the parent to meet his or her essential needs but also emotionally dependent [3]. The access and close relationship provided within the family means the abuser typically has easy and long-term access to the child. Even more, secrecy within the family often means the abuse goes unreported for years and in some cases is never reported at all [2].

Maddock and Larson created four categories to explain the dynamics of the incest: affectional, erotic, aggressive, or rage [4]. Affectional incest typically occurs in families with limited physical nurturing. The child may be enticed into the relationship without the use of force because they are seeking the affection that is missing from their home environment. Erotic incest often arises from a hyper-sexualized home environment. Exhibitionism, voyeurism, lack of boundaries, and sexualized conversations may be commonplace. Because these behaviors are so ingrained in the child, the child may not even recognize this behavior as aberrant. Aggression-based incest arises from the disappointment or aggression of the perpetrator and may include physical force. Rage-based is the most hostile of the four types, potentially reaching life threatening levels [4].

While incest takes on many different forms, it often is not initiated with violence. The adult entices or coerces the child with affection or attention. In this case, incest may not be the only form of abuse going on in the home. A child who is already neglected by one or both parents may respond more readily to this type of attention. The child may feel they gain status by being singled out by a respected adult or feel included by sharing a special secret. They may gain prizes in the forms of special treats or material goods [5].

Abuse usually begins when the child is prepubescent, somewhere between ages of four and twelve. It tends to begin slowly and escalate over time, lasting an average of four years. Although in some cases, if the abuse is not discovered, it can last much longer. The incest may cover a broad range of behaviors from voyeurism and exhibitionism to full penetration. As the abuse continues, it is not uncommon for the abuser to resort to threats of violence, blame, or abandonment in order to keep the child from reporting the abuse [1,2].

Mother - Son Incest

Maternal incest ranges from inappropriate intimacy and/or sexually related contact between mother and son or mother and daughter, including everything from excessive hugging and kissing to intercourse. It satisfies the mother's own emotional, physical, intimacy, and/or sexual needs [6,7].

Unfortunately, there is very little data about maternal sexual abusers [8]. Mothers are expected to show more affection in the form of touching, hugging, and kissing which can blur boundaries between appropriate and inappropriate touching [9]. Many boys of this kind of abuse do not even see themselves as victims, making research on mother-son incest particularly difficult [10]. In fact, many mental health professionals, lawyers, health care workers, counselors, probation officers and police officers do not think mother-son sexual abuse exists or do not view it as a problem [11].

The evidence available does suggest that mother-son incest occurs at a much higher rate than previously thought [12]. Approximately 5% of sexually abused girls and 20% of sexually abused boys have been victimized by women perpetrators [2]. A recent study found approximately 4,800 Australian males have been sexually abused by their mother or stepmother [13].

Research has shown that maternal incest can be tied to alcoholism, other addictions, character problems, loneliness, neediness, and rage [6]. Offenders have often experienced trauma in their own childhood. In a study of 29 maternal incest offenders, 95% experienced sexual or physical abuse as a child, describing their childhood with words like "rough" or "horrible" [14]. They admitted to experiencing feelings of isolation, separateness, and apartness from others. They reported thinking of themselves as loners and lacking a consistent sense of intimate attachment or belonging to others. In a separate study of 26 offenders, none preferred sexual relationships with children or had a history of it in adolescence. With maternal incest, there can be a small age difference between mother and child. The average age of the mother was 20 years old at the birth of the child. Onset of abuse was found to be precipitated by a marital crisis in some cases, and the husband or male partner was often absent or out of the home [14].

Maternal incest manifests in many different ways. It has been described in four categories: subtle, perversive, overt, and sadistic abuse [15]. Subtle abuse does not involve contact, and the goal is not to arouse the child but for the mother to receive emotional or physical attention that she feels is lacking. Perversive is also non-

contact, but it is with the goal of criticizing the child's sexuality or emasculating the child. Overt abuse is oral sex, intercourse, or sexualized kissing to satisfy the mother's sexual needs. Sadistic abuse is forced sexual contact or violently abusing sexual parts in order to harm the child.

In cases of mother-son incest, the relationship may seem more like peers than parent - child [16]. The son is expected to fill the role of husband or caretaker as well as to understand complex emotional and physical needs. In many cases the son's need for independence is denied [16].

Myths about Mother-Son Incest

The idea that males subjugate women through sexual aggression leads to a society less inclined to believe sexual abuse of males by females [17,18]. As a result, there is a belief that females cannot sexually abuse their children, and motherly love cannot be sexual [5]. These ideas surrounding mother-son incest can impede research as well as the willingness of victims to report or seek help for the trauma they experience. Some think that mother-son incest is limited to intercourse, and there can be no harm without penetration [7].

The prevalent idea that female perpetrated abuse is rare may lead to victims feeling isolated and alone [9]. The idea that either the victim or the perpetrator must be unstable or that mothers who sexually abuse their children must have severe mental illness can add to the idea that this type of abuse must be rare [7,19]. Rationalizing the abuse as an extended expression of love can minimize or even dismiss the experience of the victim [9]. Ideas that abuse is due to a coercive male and that males welcome sexual experiences and do not experience as much harm can lead the victim to blame themselves [20]. In fact, victims of mother-son incest reported more trauma symptoms than other sexually abused men. Even more, those who reported positive or mixed initial feelings about the abuse, reported more adjustment problems than those who had only negative feelings about the abuse [21]. In the criminal justice system, women receive shorter sentences than men for offenses that were similarly intrusive [22].

These myths about mother-son incest are fueled in part by the idea of mothers as warm, nurturing women, who have unconditional love for their children and put their children's needs before their own [9]. The media has used the terms lovers, relationship, tryst, and sex romp instead of abuse or trauma based language [20].

Despite societal perception, recent research suggests that male and female experiences are much closer than previously realized. A survey by the CDC found that 1,270 million women and 1,267 million men reported non-consensual sex in the previous months [23]. Yet males are still frequently portrayed as the aggressors and females as the weak victims [18].

Mother - Daughter Incest

Camilla is a 42 year old nephrologist from France. She dissociated in therapy and started having flashbacks of her mother spanking her and touching her in her private areas. Camilla's mother had a history of sexual and physical abuse as a child by her father and Camilla's grandmother failed to protect her mother. Camilla looked physically like her father. Her parents divorced when she was four years old, and she stayed with her mother. Her mother frequently commented on how terrible it was that she looked like her father. When Camilla said something that reminded her mother of her ex-husband, her mother would criticize and spank her. She also remembers painful and aggressive sexual touching.

In therapy, Camilla reported feeling that her mother was reacting to what happened to her as a child and punishing Camilla for it. She felt that she was being targeted and abused for looking like her father, being her father's favorite, and being treated nicer than her mother was by her own father.

Research on mother-daughter incest is especially scarce. What little we know suggests that it is less prevalent than mother-son incest [19,24]. The perceived rareness of mother-daughter sexual abuse may cause victims to experience shame and stigma and feel reluctant to disclose the abuse in therapy [2]. Reports describe perpetrators as either needy and dependent upon the daughter or psychotic, sociopathic, and possibly addicted [2]. Perpetrators have often been abused during their own childhood and cases have shown instances of the mother acting out the abuse she experienced in childhood on her own daughter [25].

Sancak et al. describes a mother who sexually abused her daughter in an apparent attempt to please her boyfriend, who was not the girl's father. The woman's evaluations showed she had low self-esteem, low social contact ability, feelings of worthlessness, and a dependent personality. She married young at the age of 18 and reported emotional neglect and physical abuse although not sexual abuse in her childhood. Victims of mother-daughter incest report feeling additional shame and stigma because of the perceived rareness of this type of abuse [26]. They also relay feelings of additional self-blame, impaired identity development, and sexual problems [27]. Another case study of three victims of mother-daughter incest reported debilitating bouts of depression, suicidal behavior, self-mutilation, substance abuse, and sexual acting out [26]. They experienced an extreme sense of betrayal by their mothers. However, none of the women expressed rage at their fathers, the non-offending parent.

The mother-daughter relationship is very important in the development of a daughter's identity. In the case of mother-daughter incest, the support, distance, and modeling aspect of their relationship is absent. In therapy, victims may need support processing their fears of being like their mothers. When appropriate, they may also benefit from identifying the nonabusive parts of their mothers that would be healthy to integrate into their own identities [26].

The Effects of Incest

Children who experience repeated abuse must find ways to cope with a situation where they are not only defenseless but

also dependent on their abuser. The typical ongoing nature of incest and its occurrence inside the home leaves children with very little control over when it might occur next. It can happen at any time, and there is no safe place for them. These children are hypervigilant and filled with anticipation and anxiety. At the same time, they may also remain numb, unaware of the emotions they are experiencing [28]. Children become insecure and learn not to trust others. They may deal with feelings of confusion, guilt, humiliation, shame, rage, and despair. Self-hatred is a very common feeling in victims as they direct many of their negative feelings at themselves [2,29,30].

Children experiencing incest may deny and dissociate. Victims describe a feeling that they were hovering over their body, witnessing the abuse from above. They minimize feeling the full extent of their emotions and the full extent of the pain by experiencing it as though it was happening to someone else [31,32]. Dissociation arises from the need to both attach to and defend against the same person [33].

The strategies that help children survive incest remain a part of their personality as adults. Although these strategies help victims cope as children, they become maladaptive when they are adults attempting to interact with the world. Dissociating dulls the victim's emotions and daily life, masks the reaction to trauma, and ultimately prevents recovery [2]. The abuse leaves the victim feeling as though the world is a frightening place. They are deprived of the ability to feel safe and form meaningful, healthy relationships with others. The victim may continue to be emotionally disconnected and lack confidence and self-worth. They feel unlovable and inadequate [34].

The betrayal by the incestuous parent is often compounded by what is called the second injury [35]. The second injury occurs when the non-incestuous parent fails to notice the abuse or does notice the abuse but does nothing to stop it, introducing another layer of betrayal. This also occurs if the child confides in a social worker, teacher, counselor, doctor or other trusted figure, who then does not step in and stop the abuse or their efforts are ineffectual or lackluster. The child may see an additional layer of betrayal in him or herself as victims may deny the abuse even to themselves [36]. Children may blame themselves for causing the situation as a way to rationalize the abuse and maintain a good opinion of their parents. This last layer of blame leads to intense feelings of shame and self-hate. Some victims will even forget the trauma in order to cope with the abuse [37,38].

Children who were sexually abused suffer from many of the same psychiatric conditions as those exposed to other complex traumas. These include major depressive disorder, borderline personality disorder, somatization disorder, anxiety, substance abuse, complex PTSD, dissociative disorders, and eating disorders, among other diagnoses [2,29,30]. The primary way the symptoms of sexual abuse differentiate from those derived from other types of abuse is that those who are specifically abused sexually are more likely to display overtly sexualized behaviors. Unlike those who have experienced physical abuse or neglect, those who have been sexually abused show higher rates of arrest for prostitution [39]. They show less knowledge of HIV, lower rates of impulse control, less frequent use of condoms, and higher rates of sexually transmitted diseases [40]. Those who have been sexually abused also frequently have (consensual) sex for the first time and their first pregnancy at a younger age than their peers [41].

The trauma of incest, like other types of trauma, may be passed down from one generation to the next [42,43]. Daughters of incest survivors report the inability of their mothers to grow up or to show sufficient affection towards their children. Some mothers viewed their children as weak. The inability of these victims to meet their children's emotional needs left its own complex trauma on their daughters and placed the children at an increased risk of physical or sexual abuse. Even those daughters who were not sexually abused themselves reported characteristics typically associated with being a victim of sexual abuse [44].

For mother-son incest, the stereotypes associated with that type of abuse may lead to increased levels of shame and guilt. They may also experience fear of not being believed [45]. Victims may not believe that they have even experienced abuse [5].

Treatment

Victims of incest are more likely to suffer from complex-post traumatic stress disorder (C-PTSD) than PTSD because of the nature of the abuse. C-PTSD frequently arises from repeated, prolonged abuse and situations where escape is impossible or unlikely. The abuse is often relational and therefore deeply personal [46-48]. Those experiencing C-PTSD re-experience the trauma as if it is occurring in the here and now and suffer from vivid intrusive images, memories, flashbacks, repetitive dreams or nightmares [49,50].

Treatment for C-PTSD starts with the formation of a strong therapeutic alliance. The patient is seen, heard, and accepted without judgment [51,52]. Using a warm and open style, the therapist must be accepting without any conditions [53]. Unconditional acceptance provides positive reinforcement for the patient to engage in the process, disclose difficult details of the abuse, encourage growth, and facilitate resilience [54]. The patient should leave each session feeling as though their therapist cares about them [54]. The therapeutic alliance lays the groundwork for the patient to begin moving past mere survival and create new experiences that will heal the trauma [55].

Studies have found that a phased-based approach to C-PTSD treatment is superior to a single phased approach [56-59]. A possible treatment plan might include an initial stage focused on patient safety, regulation, and improving day-to-day functioning; a second stage for trauma processing and reframing the narrative; and a third stage to enhance the patient's daily living and build relationships [60].

Phase one would start by building a psychologically safe

environment, so it is possible to focus on affect regulation, stabilization, coping skills, trauma education, self-care, and support. This focuses on improved functioning in the here and now, in both therapy and the outside world [55]. Cognitive behavioral therapy (CBT) can be used to break negative cycles, identify the current triggers in the patient's life by setting goals and tackling them in a highly structured manner, dissect each negative thought and false core belief, and devise positive responses to each situation [61,62]. Working on one small component at a time prevents the patient from feeling overwhelmed.

Psychoeducation in small increments when relevant, appropriate, and timely helps the patient understand what they are experiencing and that they are not alone. Education can be the therapist explaining the details of complex trauma to the patient or providing patients with psychoeducation articles or books on the topic [55].

Trauma based narrative therapy can be used in stage two to address the root cause of the trauma [63]. Here the patient writes down their own narrative between sessions with as much detail as possible, and in the therapeutic session, the patient tells the story that they have written where additional memories may be recovered. Each time the patient revisits the narrative and the safer they feel, they reveal more about their past and the narrative becomes more complete. Trauma Based Therapy (TBT) and Psychoanalysis can complement the narrative therapy [29,64].

Stage 3 focuses on moving forward by combining the awareness and progress from the first two stages [55]. The patient can approach these same coping skills and techniques from the first stage with enhanced understanding. They now comprehend why they react the way they do to triggering circumstances and how the skills will help them through the uncomfortable situation they are experiencing [60]. This stage may utilize relaxation, mindfulness, and somatic techniques. When the patient is triggered, they learn to take time out, leave the situation that is upsetting them, and address the root cause of why they are uncomfortable or angry.

Future Implications

The mental health care community needs to start by confronting popular misconceptions about maternal incest. It is necessary to accept that mothers can and do sexually abuse their children. Not all mothers share a universal nurturing role. Sexual abuse is not limited to penetration and sexual touching - it's everything from voyeuristic behavior to sodomizing and penetrating with objects and full intercourse. In most cases, mothers did not have severe mental illness [19]. There are physical and emotional, long lasting effects of maternal incest [5].

Currently there is very little data on mothers who sexually abuse their children [8]. In order to effectively confront misconceptions about maternal incest, we need to understand the data, circumstances, and impact of maternal incest as well as the need for proper diagnosis and treatment for victims. Further research is needed to fully understand the full magnitude of both mother-son and mother-daughter incest.

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