

“The Best Kept Secret: Mother-Daughter Sexual Abuse”

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Our culture denies that mothers perpetrate sexual abuse; maternal incest frequently occurs undetected. Mother-daughter sexual abuse, especially, is under-recognized, under-researched and under-reported.

This workshop describes the complex dynamics of the incestuous mother-daughter relationship. Participants will learn about the subtle, yet intentional violations of normal mother-child boundaries, overt and covert forms of sexual abuse and the psychological manipulations used to control and to silence victims.

We will explore ways to include mothers as potential perpetrators in both prevention programs and in sexual abuse investigations.

Six key therapeutic issues for victim recovery will be identified. The transition from “*victim*” to “*survivor*” is essential, both for the individual's recovery and also to prevent child sexual abuse in successive generations.

The presenter is both an experienced counselor and a resilient survivor of mother-daughter sexual abuse.

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What Is Sexual Abuse?

Sexual abuse of a child is inappropriately exposing or subjecting the child to sexual contact, activity, or behavior. Sexual abuse includes oral, anal, genital, buttock, and breast contact. It also includes the use of objects for vaginal or anal penetration, fondling, or sexual stimulation. This sexual activity may be with a boy or a girl and is done for the benefit of the offender. In addition, exploitation of a child for pornographic purposes, making a child available to others as a child prostitute, and stimulating a child with inappropriate solicitation, exhibitionism, and erotic material are also forms of sexual abuse.¹

The National Child Abuse and Neglect Data System

NCANDS is the main source of information about children who are abused in the United States.²

Four main types of abuse—physical, sexual, psychological and neglect—are identified in the annual data collection.” In reality these categories overlap. *I submit that all forms of sexual and physical abuse are also emotionally abusive.* How can a child be sexually abused and not also be hurt emotionally? The emotional damage inflicted by incest betrayal often far outlasts the physical trauma of the actual sexual assaults.

Who Are the Perpetrators?

According to 2012 statistics, 81.5 % of all child abuse victims were abused by a biological parent either acting alone or with someone else. *Nearly two-fifths (36.6 percent) of all reported child victims were abused by their mothers acting alone.*³ But this is for all types of abuse, combined. Unfortunately, the statistics do not collate specific types of maltreatment (such as sexual abuse) with the relationship of the perpetrator to the victim (mother or father). From these statistics we do not know how frequently the victims’ mothers or their fathers were their sexual abuse perpetrators.⁴

The Current Research (Or Lack Thereof) on Maternal Sexual Abuse

It is difficult to find statistical data about *any* female perpetrators, let alone specifically about mothers who abuse their own children. There are two major sources of information: government statistics and research studies in which adults complete anonymous “retrospective surveys” indicating specific abusive behaviors that they experienced during their childhoods and identifying their sexual abuse perpetrators. Based on the differences between the number of child sexual abuse victims cited in recent annual statistical reports and the higher percentages of adults who later state that they were sexually abused as children, researchers suspect that maternal incest is highly under-reported.

“Current Information on the Scope and Nature of Child Sexual Abuse,” (Finkelhor, 1994) summarizes nineteen adult retrospective surveys conducted in the United States and Canada from 1980 to 1994. In these various surveys, adult survivors of childhood sexual abuse indicated that from seventy

to ninety percent of their offenders were either family members or acquaintances.⁵ “There is no question that women do sexually abuse children, that much of this abuse goes undetected, and that, until recently, it received little professional attention.”⁶ “Summarizing data from several surveys, the authors concluded that about 20% of the sexual contacts that prepubescent boys have with older partners involve female partners; about 5% of prepubescent girls’ sexual contacts with older partners involve female partners.”⁷ No specific data is offered regarding the frequency of maternal incest.

Child Sexual Abuse in the United States:

The frequency with which girls and boys experience sexual abuse before the age of 18

<p><u>Girls:</u> Estimated 1 in every 4 to 5 girls; Minimum of 20% of all girls</p> <p>Out of 100 girls, 20 are abused</p> <p>Of those 20 victims, 5% have a female perpetrator</p> <p>One girl in 100 was abused by a female perpetrator</p>	<p><u>Boys:</u> Estimated 1 in every 10 to 20 boys Minimum of 5% of all boys</p> <p>Out of 100 boys, 5 are abused</p> <p>Of those 5 victims, 20% have a female perpetrator</p> <p>One boy in 100 was abused by a female perpetrator</p>
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More females are abused than males. However, the rate (one in 100) of victims perpetrated by females is identical for both genders.

(Based on research summarized in David Finkelhor, Ph.D. “Current Information on the Scope and Nature of Child Sexual Abuse,” *Sexual Abuse of Children* (1994) 4,2.)

Recent Canadian statistics are more precise. “The 2003 Canadian Incidence Study of Reported Child Abuse and Neglect” (CIS-2003) does identify specific perpetrators of substantiated sexual abuse. While not specifying the gender of the victims, “five percent of cases where sexual abuse was the primary substantiated maltreatment involved biological mothers as perpetrators.”⁸

One landmark research study on the subject of mother-daughter incest was published in 1997. In *The Last Secret, Daughters Sexually Abused by Mothers* Bobbie Rosencrans, summarizes and analyzes the survey responses of ninety-three adult women who reported that their mothers had sexually abused them when they were children. The survey, conducted in 1990, consisted of a seventeen-page questionnaire composed of five hundred items with room for comments from the participants. It serves as a remarkable testimony both to the reality of mother-daughter sexual abuse and to the resiliency of many of the survivors.⁹

Interpersonal Dynamics of the Incestuous Mother-Daughter Relationship:

1) **Dual distortions:** The mother may view her child simply as an extension of herself, therefore lacking any independent feelings or needs. The child's body is seen as a part of the mother—as an object to be freely used for the mother's gratification.

Or the mother may simultaneously regard the child as a separate person but with the unique ability to meet *the mother's* needs for intimacy and belonging. It is a one-way relationship. If the daughter is viewed as separate, the child exists only to give love, affection and attention to the mother. Both distortions deny the child's humanity and individuality.

2) **Psychological control:** The sexually abusive mother controls and manipulates her young daughter into meeting the mother's needs. The child is forced to behave in ways that meet the mother's demands for emotional and physical intimacy. She discourages the daughter's developmental striving for independent thought and activity. Instead, she cultivates feelings of helplessness and dependency in her child. Additionally, mother's behaviors may consistently be paired with verbal expressions of love and devotion leading the child to think that abuse = love.

3) **Early onset:** The mother regularly commits numerous acts of both covert and overt sexual abuse, such that the child views them unquestionably as "normal." Early on, mothers purposefully incorporate these activities into their daily routines (bath time, nap time, toileting). These behaviors typically begin when the daughter is approximately age three.¹⁰

4) **Total disregard for personal boundaries:** The mother has no respect for her daughter's feelings—no recognition of her rights to psychological and physical privacy. For example, a mother may insist on watching her daughter bathe, dress and use the toilet; the mother may also demand that her daughter watch her dress, bathe, use the toilet, or engage in sexual activity.¹¹ These behaviors may continue throughout the daughter's adolescence until she is finally able to leave home (often only for college or early marriage).

5) **Coercion:** Female perpetrators more often use coercion and threats rather than actual physical force.¹² Threats of abandonment are highly effective in persuading a daughter to keep silent. "If you tell anyone what we do, you'll be put in a foster home and never see your brothers or me again" is a devastating consequence for a young girl to contemplate.

6) **Isolation:** In families where the mothers are the sole sexual abuse perpetrators, the fathers or father figures may not be living in the home or they may be gone a lot due to their work. Sometimes they are physically present but emotionally unavailable. Often the mother is the dominant spouse, excluding the father from all childrearing activities and decisions.

The incestuous mother may intentionally isolate her daughter from other adults who might offer friendship, support or intervention. Frequently daughters are not allowed to spend much time at other children's homes. Close relationships outside of the immediate family—with teachers, a Scout leader, or other kids' parents—are suspect and are discouraged. The mother fears competition for the daughter's affections (and also possible disclosure) so she may closely monitor the daughter's activities and friendships, even keeping her from spending time with members of the extended family.

Covert Sexually Abusive Behaviors

Many mother-daughter incestuous behaviors do not involve physical touch, yet they are still confusing and frightening to a child. Child victims may find it impossible to describe their mothers' bizarre activities to someone else. They may not even know that their mothers' covert and exploitative behavior is inappropriate. Other times children *do* know it is wrong but their silence is guaranteed through intimidation and/or threats.

Some examples of covert mother-daughter sexual behaviors:

- Pre-occupation with the child's bodily functions; may administer excessive enemas or laxatives and/or follow unusual cleansing rituals. (*very common in cases of maternal incest*)
- Initiating inappropriate conversations about sex: asking questions, making crude comments or telling sexual jokes; providing private and graphic sexual information that is unquestionably inappropriate to share with a child.
- Treating the daughter as a peer or a lover—sharing intimate secrets and having adult conversations with the child. The covert adult-child relationship takes on the sexual energy and emotional intimacy that belongs in an adult-adult relationship. This can occur whether or not the father/father figure is also living in the home.
- Taking an inappropriate, obsessive interest in the child's body and in her physical and sexual development. Examples: repeatedly asking questions about a girl's bra size or her menstrual periods or making comments about her physical/sexual development privately to the daughter and/or publicly to other people.
- Not respecting the child's right to personal privacy; intentionally coming in the room during the daughter's toileting, bathing or dressing activities. (Voyeurism)
- Intentional nudity: the mother deliberately exposes her naked body, including her breasts and vagina, to her daughter. Examples: not wearing underpants and then sitting with her legs open wide; insisting on the daughter's presence during toileting, bath time or while the mother is getting dressed or undressed. (Exhibitionism)

These behaviors may be consistently paired with verbal expressions of love and devotion. The mother conceptualizes her parenting as “normal,” “caring” and “loving” and disguises the sexual abuse as presumably innocent, non-sexual acts of maternal nurturing.

Overt Sexually Abusive Behaviors

Overt mother-daughter incestuous behaviors are openly sexual and far more difficult to deny or explain away. They *do* involve physical touch. Yet child victims may well lack the awareness and the vocabulary to describe their mothers' sexual activities. If they have only been educated/cautioned about male perpetrators, little girls may not even know that their mothers' most overt activities constitute sexual abuse. If they do know it is wrong, again their silence may be obtained through intimidation and threats.

Some examples of overt mother-daughter sexual behaviors:

- Mothers may masturbate in front of their children: during mother-daughter “nap times” or in the course of bathing in the bathtub.
- Mothers may use their daughters to masturbate themselves by rubbing themselves up against their daughters.
- Stroking, fondling, caressing the daughter’s body—from her face and mouth and neck to her breast area and nipples, her buttocks and genitals. There may be direct, deliberate digital stimulation of the daughter’s clitoris.
- Oral stimulation: kissing, licking, and sucking of the daughter’s face, mouth, neck, breast area and nipples, genitals, clitoris, buttocks and anus. Mothers may perform oral sexual acts on their daughters, sometimes continuing until the mothers and/or the daughters experience orgasm.
- Penetration of the daughter’s vagina—digitally or with a variety of objects.
- Penetration of the daughter’s rectum—digitally or with a variety of objects. (This is separate from the covert behavior of administering frequent and totally unnecessary enemas.)
- Daughters may be forced to sleep with and bathe with their mothers; be forced to touch, fondle and/or perform oral sexual acts on their mothers.¹³

These behaviors may again be consistently paired with verbal expressions of the mother’s love and devotion, leaving the exploited daughter to feel confused, frightened and/or sexualized and subsequently, profoundly ashamed.

Six Therapeutic Issues Critical to Victim Recovery

- 1) **Belief**— victims enter therapy with two fears: (1) that the counselor will *not* believe them and (2) that the counselor *will* believe them. If her therapist’s demeanor conveys disgust or incredulity at the hint of mother-daughter sexual activity, the client may cease all disclosure. *The covert and overt sexual behaviors must be acknowledged and labeled as sexually abusive acts willfully perpetrated by their mothers.* This process is both excruciating and cathartic.
- 2) **Betrayal and Loss**—acknowledging that her perpetrator was her mother is often more devastating than recalling the specific acts of abuse. The *who* may be more difficult to accept than the *what*; the *why* may be more mystifying than the *how*. Mother-daughter incest exemplifies the ultimate violation of trust. It annihilates the maternal bond and destroys any sense of safety and protection within the home.
- 3) **Stigma of Same-Sex Perpetrator**—Myth: The victim made love with another female. Fact: Her mother *forced* the sexual behaviors on her. The myth implies mutual consent between equals; the fact states that the child was a victim. Some adult victims have sexual identity issues; many victims struggle with poor body image and shame-based adult sexuality. Mother-daughter incest can also distort and make suspect subsequent female-female friendship bonds.
- 4) **Re-Victimization** (emotional, physical, sexual) by other people. Victims must learn how to recognize and to establish healthy boundaries and learn to make safe decisions. Being appropriately assertive about their needs is extremely difficult for many victims.
- 5) **Breaking the Cycle** “Will I be like my mother?” “Will I abuse my own children?” Fact: most female victims of maternal incest never perpetrate other children. ***But there must be a fundamental, conscious, psychological separation from the abuser.*** If victims still identify with their perpetrators, minimize the abuse, make excuses for their parents and deny the degree of harm inflicted, they will not be emotionally healthy themselves *or* be safe with children. Until this conscious separation occurs, victims will remain stuck—conflicted about “love” and “sex” and “family” and “power.” Cognitive therapy can help the victim to understand why she didn’t tell anyone, to overcome possible guilt, to evaluate her survival strategies (such as dissociation) and to reinforce her personal resiliency strengths.
- 6) **From “Victim” to “Resilient Survivor:”** *To become a survivor, one must demonstrate both empathy and awareness.* Feeling empathy for children helps to prevent her becoming a perpetrator herself. But it is having conscious awareness of sexually abusive behaviors—both covert and overt—that will enable her to help keep *her* children, and/or other children in the extended family, safe from molestation. Confronting her perpetrator is not mandatory. Forgiving her perpetrator is not obligatory. But she absolutely ***must*** protect children from her perpetrator. She must speak her truth—with her own children and family members—so that her sexually abusive mother does not take additional victims. Speaking out is the final step to becoming a resilient survivor.

(Online resource: *Making Daughters Safe Again* website at <http://mdsa-online.org>)

Recognizing Females as Potential Sexual Abuse Perpetrators

Prevention

1) **Educational programs for children**

All child abuse educational materials should be gender-inclusive; all prevention programs for children should include both females and males as victims *and* as possible perpetrators.

We must include mothers and stepmothers as potential perpetrators in addition to fathers and stepfathers. We need to mention female friends and neighbors, sisters, aunts and grandmas along with their male counterparts in all prevention materials. One simple and effective change is to use “his or her” instead of only the male personal pronouns when talking about someone who might hurt a child.

Privacy and boundary issues and covert forms of sexual abuse should be discussed with children. They should be encouraged to tell another trusted adult if *anyone* else’s behavior is making them feel uncomfortable or unsafe.

2) **Pre-natal and Parenting Classes:**

We need to address child abuse (physical, emotional, neglect *and* sexual) during pre-natal and parenting classes. What better time than with highly motivated new parents-to-be! Utilizing surveys, interviews, guest speakers and guided discussions, expectant parents can be encouraged to talk about *their* childhood histories. A variety of parenting styles and approaches to discipline should be openly discussed.

If they can’t identify and talk about abusive behavior they experienced during their childhoods, how can new parents hope to break the cycle of abuse? If they can’t acknowledge childhood sexual abuse, how can they prevent perpetrators (in some cases their own parents) from potentially molesting the next generation? Healthy parent-child boundaries and grandparent-grandchild boundaries should be discussed.

Programs such as “Healthy Families America,” a research-based national model offering education, home visits and referrals to new parents are crucial to child abuse prevention efforts. To date, “Healthy Families America” exists in over 430 communities in the United States and Canada. Participation is voluntary but 90% of all the families who are invited to participate in the program accept services.¹⁴

Earlier Intervention

1) **Trainings for Mandated Reporters** (teachers, physicians, etc.)

We must identify women as well as men as potential perpetrators in all child abuse literature, trainings, publicity and programming. Schoolteachers, health care professionals and counselors need to have accurate information about female sexual abuse behavior patterns. We cannot presume guilt or innocence based solely on gender stereotypes.

2) Sexual Abuse Investigations with children

Social workers, child advocates, law enforcement personnel, prosecutors and judges need to gain knowledge of the behaviors typically present in mother-child, and specifically mother-daughter, sexual abuse. If they are aware that some mothers *do* incest their children and if they have an understanding of female sexual abuse patterns, then the investigating professionals may be able to intervene more quickly. They will be better equipped to recognize maternal incest, to ask relevant behavioral questions and to receive disclosures from victims and/or non-offending adults.

Maternal sexual abuse often includes subtle, covert parent-child behaviors. It is helpful to be familiar with these “red flags.” Four common characteristics of mother-daughter incest include: administering frequent, forced enemas; exposing her naked body to her daughter (exhibitionism); discussing her adult sexual relationships with her daughter; and not allowing the daughter any toileting, bathing or dressing privacy (voyeurism).

Watch for inappropriate interpersonal dynamics between mother and daughter: the dual distortion as the mother objectifies her daughter; extreme psychological control (the mother may try to silence the child in your presence by speaking for her); the lack of physical and/or psychological boundaries; coercion through the intentional misrepresentation of Social Services or law enforcement procedures; and self-selected social isolation.

A heightened awareness of covert abusive mother-daughter acts may lead interviewers to question what might at first appear to be innocent acts of nurturing and care. “Tell me about bath time at your house.” “Does anyone help you take your bath?” “Who?” “What do they do to help you?” “Do you help anyone else take their bath?” “Who?” “What do you do to help them?”

“Do you ever take naps?” “Where do you take your naps?” “Does anyone else nap with you?” “What clothes do you wear at nap time?” “What does the other person wear?” Questions about sleeping arrangements, enemas, privacy, and nudity may be crucial in questioning the potential victim of maternal incest. “What special kinds of things do you and Mommy get to do together?” “Is there anything you get to do with Mommy that you’re not supposed to tell anyone?” “What might happen if you told?”

While it is hard for children to talk about *any* sexual abuse, it is exceptionally difficult in the case of maternal incest. The person who has upset and confused them is their *mother!* How can they even begin to describe what happened? Who will believe them? Plus their silence may have been guaranteed through years of shame and guilt or by intimidation and threats.

Most incest is never reported during the victims’ childhood years. Lacking physical evidence or the perpetrator’s confession, mother-daughter sexual abuse usually goes undetected. Yet by listening to the child and conveying a genuine interest in her feelings and experiences, you may at least instill the idea that someday she can tell her story and be believed. That may be all you can do at the time.

But that respectful affirmation of the child can make a powerful difference in her life. It may help her to view herself as separate and as very different from her abuser, thus planting seeds of separation, resiliency, self worth and hope.

Footnotes:

- ¹ “Fact Sheet: Sexual Abuse of Children” from Prevent Child Abuse America
http://www.preventchildabuse.org/learn_more/research_docs/sexual_abuse.pdf
- ² “Child Maltreatment 2012 Report,” (NCANDS), the U.S. Department of Health and Human Services, Administration for Children and Families at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>, “Summary,” page ix
- ³ “Perpetrator Relationship,” “Child Maltreatment 2012 Report,” (NCANDS), the U.S. Department of Health and Human Services, Administration for Children and Families at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>, pages 21-22; 46
- ⁴ “Perpetrators by Parental Type, 2012” “Child Maltreatment 2012 Report, (NCANDS), the U.S. Department of Health and Human Services, Administration for Children and Families at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>, page 63
- ⁵ David Finkelhor, Ph.D. “Current Information on the Scope and Nature of Child Sexual Abuse,” *Sexual Abuse of Children* (1994) 4,2: 45
- ⁶ David Finkelhor, Ph.D. “Current Information on the Scope and Nature of Child Sexual Abuse,” *Sexual Abuse of Children* (1994) 4,2: 46
- ⁷ David Finkelhor, Ph.D. “Current Information on the Scope and Nature of Child Sexual Abuse,” *Sexual Abuse of Children* (1994) 4,2: 46
- ⁸ Falton, B., Lajoie, J., Trocme, N., Chaze, F., MacLaurin, B., and Black, T. (2005). *Sexual abuse of children in Canada*. CECW Information Sheet #25E. Montreal, QC: McGill University, School of Social Work. Retrieved 2/10/06 from <http://www.cecw-cepb.ca/DocsEng/CISSexAbuse25E.pdf>
- ⁹ Bobbie Rosencrans, MSW. *The Last Secret: Daughters Sexually Abused by Mothers*. Brandon, VT: Safer Society Press, 1997.
- ¹⁰ Bobbie Rosencrans, MSW. *The Last Secret: Daughters Sexually Abused by Mothers*. Brandon, VT: Safer Society Press, 1997, p. 66.
- ¹¹ Bobbie Rosencrans, MSW. *The Last Secret: Daughters Sexually Abused by Mothers*. Brandon, VT: Safer Society Press, 1997, pp. 92-93.
- ¹² “Fact Sheet: Sexual Abuse of Children“ from Prevent Child Abuse America
http://www.preventchildabuse.org/learn_more/research_docs/sexual_abuse.pdf
- ¹³ Bobbie Rosencrans, MSW. *The Last Secret: Daughters Sexually Abused by Mothers*. Brandon, VT: Safer Society Press, 1997, pp. 87-96.
- ¹⁴ http://www.healthyfamiliesamerica.org/about_us/index.shtml
- ¹⁵ Matthews, R., Matthews, L.K., & Speltz, K. (1989) cited in Renee Koonin, *The Australian Social Work Journal*, (1995) 30, 2.