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The Forgotten Ones: Maternal Abusers and Their Victims - A Pilot Study

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Abstract.

This paper analyses the phenomenon of mothers who sexually abuse their children, most specifically their sons. It defines the term *Maternal Abuse*, offers a review of the contemporary academic discourse on female sexual abusers, and presents a quantitative study of maternal abuse in the Republic of Ireland and Northern Ireland, which appears to show that the existing statistics from Health Board and ISPCC reports (SEHB Section 8 Report, 1997; ISPCC National Report, 1997) significantly underestimate it's prevelence. It concludes by suggesting that though Ireland is considerably more aware of the phenomenon of sexual abuse than in the past, but that the incidence of this particular type of abuse is poorly recognised by the child protection and welfare authorities.

Introduction.

For the purpose of this paper maternal abuse (hereafter referred to as MA) will be defined as: *the physical, psychological and emotionally damaging misuse of children for the sexual gratification of their mother.* While this definition is certainly broad, it is purposefully so. A definition was required which would encompass all sexual acts which are abusive and damaging to a child.

Literature Review.

In 1975, Sgroi wrote the insightful comment: "Recognition of sexual molestation in a child is dependent upon the individual's inherent willingness to entertain the possibility that the condition may exist" (p 31). Mendel (1995), states in his study of victims of sexual abuse that the various beliefs which impede the recognition of the full scope of sexual abuse in males can be divided into two categories. The first category comprises of notions of masculinity that make it difficult to recognise men as victims. These culturally derived ideas influence men not to see the sexual interactions in their childhood as abusive and therefore to refrain from reporting these incidents. This attitude is implicitly or explicitly held by society at large and is reflected among caring professionals.

The second category consists of analogous beliefs about femininity that obscure female perpetrators. Both male victims and and the society of which they are a part tend to deny or minimise female perpetration and to view abuse as a distinctly male phenomenon.

Males as Victims.

Several recurrent themes appear in the research into male socialisation and it's impact on reporting sexual abuse in childhood. Males are socialised to be, and to experience themselves as, powerful, active and competent, rather than as passive,

helpless or victimised (Mendel, 1995). The experience of victimisation is highly dissonant and threatening to males. A male victim may assume that he is "less of a man" due to his inability to protect himself, and to his experience in a helpless, victimised role (Dimcock, 1991). The male victim is likely to act in such a way as to avoid seeing himself as a helpless victim. Sepler (1990) asserts that treatment interventions aimed at helping male survivors recognise abuse as being not their fault and beyond their control represent an unfortunate throwback to work with female survivors. It is largely to escape this self image that male victims act out aggressively or perpetrate abusive acts on others. It is only when a man feels secure in his competence and power that he can hope to integrate or accept his abuse.

An additional set of beliefs revolve around the notion that males are eternally ready and able for sexual activity. Thus any sexual acts, with females at least, must have been invited or at least welcomed by the male involved (Gerber, 1990). Boys and adolescents also appear to be included in this reasoning and misconstrue sexual activities with older women as something other than abuse.

Gerber (1990) focused on the role of arousal and pleasure in influencing male victims non perception of themselves as victims. If arousal is obtained, the male sometimes believes that he must have wanted the interaction. While this dynamic

is common in females also, it is more prominent in males, due to social stereotyping and the fact that male arousal is visible. Gerber reports that perpetrators often comment on the size of victim's erections. To the victim, this contra-indicates abuse. Gerber refers to this as the myth of complicity.

Hunter (1990) proposes another aspect of male socialisation as being contributive - he asserts that because men are primarily cognitive in orientation (as opposed to affective), they have less access to non-verbal memories, and then are less likely than women to tune into sensations and feelings, or fleeting images which may lead to the recovery of repressed childhood trauma.

Underrecognition of Females as Abusers.

As in the case of males victims, the social stereotyping of women has been the primary reason that female perpetrators have remained largely unnoticed by the system. The most comprehensive examination of this issue is provided by Craig Allen (1990). He argues that a number of beliefs "intertwine to produce barriers that prevent the recognition of females' child sexual abuse" (p 109). Allen identifies three main barriers: overestimation of the strength of the incest taboo; overextension of feminist explanations of child sexual abuse; and over-generalisation of the observation that female child sexual abuse is rare.

In the first barrier, the notion that a woman could sexually abuse a child was considered preposterous and, in those rare cases in which it occurred, indicative of severe mental illness on the part of the woman. These beliefs, argues Allen, "have contributed to substantial bias on the part of professionals against the possibility that females could sexually abuse children" (p 109).

The second barrier to recognition proposed by Allen is the overextension of the feminist explanation of child sexual abuse. He accepts the reasoning of many feminist researchers that "male dominance, differential socialisation and sexual exploitation in fact may help to explain a substantial portion of sexual abuse" (p 110). He argues, however, that seeing sexual abuse solely in these terms leads inevitably to a minimisation of female perpetration. He calls Finkelhor and Russel (1984) to task for what he sees as their effort to review data "solely to demonstrate that child sexual abuse is primarily perpetrated by males" (p 113).

An argument forwarded by Finkelhor and Russel, and others (Fromuth and Burkhart, 1987, 1989; Risin and Koss, 1987), is that the *acts* of abuse perpetrated by females are, in fact, of a less severe nature than those perpetrated by males. While it can be problematic trying to assert what is severe and what is not, we *can* draw a distinction between seductive behaviour and fondling and full blown sexual

intercourse. With this is mind, we can again call Finkelhor and Russel's findings into question. Petrovich and Templar (1984) found a high incidence of female perpetrated sexual abuse in a sample of adult male rapists. They noted that the specific acts perpetrated were *very* severe (out of a total 73 cases of abuse of a boy or adolescent by an older female, 60 included vaginal or anal sex, with 38 included oral sex). Condy et al (1987), obtained similar results. Ramsey Klawsnik (1990b), in her retrospective study of Massachusetts sexual abuse cases, found severe acts of sexual abuse and torture to have been committed by male and female alike, and did not find distinctions along gender lines in the acts committed. Female perpetrators in her study engaged in oral-genital contact in 60% of cases, vaginal intercourse in 29% of cases, rape with objects in 27% of cases, sadistic sexual activity (defined as "burning, beating, biting or pinching breasts or genitals, or tying the child during acts of sexual assault", p 4) in 56%. While we must not generalise from Ramsey-Klawsnik's study, it is interesting to note that our assertion that female abusers act in a predominantly delicate and gentle, if inappropriate and overstimulating manner, may be as much a cultural myth as any other we have discussed.

Several researchers who examined female perpetration noted a high incidence of abuse in concert with or under the coercion of a male perpetrator (Faller 1987; McCarty, 1986; Wolfe, 1987). In many of the cases reviewed by these authors,

women who perpetrate sexual abuse against children are themselves physically, emotionally and/or psychologically abused by their husbands or boyfriends. They may participate in or initiate sexual abuse with their children because they are scared of a male partner or to sustain a relationship upon which they are dependent, economically or otherwise. Wolfe (1987), for instance, found that in 6 of 12 cases of female sexual abuse, the female perpetrator was accompanied or coerced by a male. Social attitudes toward sexual interaction between adult or adolescent females and younger boys play a pivotal role in the underidentification of sexual abuse of this sort. Neither society as a whole, nor the survivor component of our society, frame such interactions as abuse. They are instead glorified, or seen as an "initiation" of the "fortunate" boy into "manhood". In a study of societal attitudes regarding sexual abuse, Finkelhor (1984), surveyed 521 parents in the Boston area. The survey was made up of a series of vignettes, depicting various forms of sexual scenarios, which were to be graded from 1 to 10, 1 being definitely *not* sexual abuse, 10 being *definitely* abuse. It was found that scenarios depicting female perpetrators and male victims were considered to be the least abusive.

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Aims.

The aims of this study are:

- to explore whether MA is a widespread phenomenon, and examine whether the statistics which appear in Health Board Section 8 reports (SEHB, 1997) and ISPCC documentation (National Report, 1997) underestimate the problem.
- to enumerate the incidence of MA in Ireland (both the Republic and Northern Ireland).
- to examine responses by existing child protection and welfare professionals to the results of the study.

Research Methodology.

Participants

This study began by writing to facilities in both the Republic of Ireland and Northern Ireland, where it was felt that victims or perpetrators may go for help, or be referred to were identified. Therefore the mailing list included residential care centres, psychiatric services, sexual abuse counseling centres, societies for the prevention of cruelty to children, the Samaritans, the social services, hospitals, VD clinics, crime prevention units, women's groups, men's groups and other public interest groups. 150 centres were contacted in all in this initial sample group. The contact letter simply stated the aims of the study, and asked whether or not the centre wished to be involved in the study. Of the 150 centres petitioned, only 50

expressed a wish to be directly involved in the research. Of the others, 77 did not respond at all, despite a repeated posting of the contact letter. The other 23 wrote back expressing a variety of concerns about involvement, ranging from lack of time available to ethical concerns about the confidentiality of clients disclosures, even if identities were strictly protected.

Questionnaires were then posted to the 50 centres who had agreed to participate. All were received back fully completed.

Materials

The twelve item *Victim of Maternal Abuse* (Dunphy, in press) questionnaire was designed for this study. It was designed to be completed by social care workers who had come across incidents of MA through their work practice. In an accompanying letter, the social care workers were asked, if it were possible, to complete the forms with the assistance of the disclosing client(s), but that if they felt this would be too traumatic an experience for the client, then to complete the questionnaire themselves. All but six of the centres sent back questionnaires which had been filled out with the assistance of clients.

Of the items in the questionnaire, 6 were concerned principally with enumeration, and were aimed at the social care worker (eg. how many clients are there in your

centre; what is the gender ratio; how many boys have disclosed maternal abuse), while the remaining questions were concerned with the psychological repercussions of this particular form of abuse (eg. describe your feelings toward your mother and/or father; describe your feelings toward yourself).

Procedure

The study was carried out in March, 1998. All centres which agreed to participate were contacted by telephone, and the social care worker who was to complete the questionnaire was given an opportunity to ask any questions or voice any concerns he or she may have had about any items to the researcher. The social care workers also were then encouraged to discuss the dynamic of answering the questionnaire with one or more client(s) who had disclosed incidents of MA. The social care workers administering the questionnaire were advised to tell clients exactly what the questionnaire was for, to assure them of the confidentiality and anonymity (their names, or the location of the centre would not be divulged), and that there were no right or wrong answers to the latter half of the questionnaire (the psychological implications items). Social care workers were also advised that if clients appeared to be getting upset while answering any items, then they were to be immediately informed that they could stop, and that the questionnaire was not that important anyway. The social care workers were informed to inquire what had

upset the client, and include this on an explanatory form. Only one client was upset by the procedure.

Results

Enumeration.

Initial analysis of the responses indicates that the accepted statistics are inaccurate. The national statistics for *maternal* abusers is 1%. These figures are extrapolated through contact with the Health Boards and examining the Section 8 Reports (SEHB 1997) and by looking at ISPCC reports (Report, 1997).The professionals who filled in the questionnaires recorded that they were in contact with 500 individuals who were directed to their care and had disclosed incidents of sexual abuse. The geographic location of these centres eliminated the danger of overlapping, each being a large enough distance apart to ensure that individuals were not being considered in the enumeration twice. Of the five hundred recorded, 230 were boys. Of the 230 boys, 92 reported having been sexually abused by women. Of these, 67 reported having been sexually abused by their mothers. Of those reporting MA, 29 reported that the abuse was mother-initiated (see Table One)

Psychological Impact Responses.

Some aspects of the results of this section of the questionnaire are interesting in

terms of post-trauma victim response. While the incidence of guilt, self-loathing suicide and para-suicide are as expected, the comment from 10% of the sample that the abuse had actually brought them *closer* to their parent is surprising. Also, the reported incidence of hatred toward either parents was significantly lower than similar American studies (Weinberg, 1955; Wolfe, 1987; Risin and Koss, 1987; Mendel, 1995).

The wording of items in this section of the questionnaire was specifically vague to allow for more genuine expression of feelings from the sample group. What the responses as a whole indicate is, however, a complete shattering of the individual's ego, and a dislocation from the family unit.

Professional Responses.

In light of the above findings, the question needs to be asked: how can the statistics that are so regularly published by the Health Boards and ISPCC be so wrong? Some child protection and welfare professionals were contacted and asked to assess why they felt that these startling findings seemed so at odds with the data from the afore-mentioned agencies.

The social care workers who administered the questionnaires were in no doubt as to why the incidence of MA in this country are not being reported. In their opinion, there is still a huge professional taboo around the issue. Social workers,

they commented, when faced with a case of MA, prefer not to deal with it, and hope that the case will go away. Others, they said, will respond to social care workers who bring such cases to their attentions by rationalising that it would be too damaging to the child in question to have the matter pursued. Other responses to social care workers have been that the agency is trying to foster relationships between child and family, not tear them further apart. Alternatively, if the father in the family is in prison or absent, then the mother is the only parent the child has. An investigation, therefore could ruin any chances of getting the family back together again.

Sexual Abuse Counselling Centres said that they have a duty of confidentiality to their clients, and therefore do not report cases unless their clients expressly wish for them to. They tend also to deal with cases several years after the fact, so their statistics are often not pertinent to Health Board statistics.

The psychiatric services responded that, while they understood the serious psychological damage such abuse causes, they did not see their role as being one of reporting such abuses. They saw their role more as dealing with the aftermath of abuse.

Cultural Differences: North and South.

It is interesting to note that there were no discernible differences between responses from the section of the sample from Northern Ireland and those from the Republic.

Study Limitations.

The main limitation of this study is that it can only enumerate the number of *reported* incidents of maternal abuse. There may be many more which will never come to the attention of child protection and welfare professionals.

Another limitation is that the questionnaires were completed by social care workers, albeit in 44 cases assisted by clients, so a certain dilution of facts may have occurred. It was considered necessary to have a social care worker present in case a client became upset, and to complete the enumeration section of the questionnaire. Also, having a social care worker present, it was felt, would help to instill trust in the client that this sensitive information was not being sent to an untrustworthy agent, and that confidentiality would be observed.

Conclusion

The study shows that MA appears to be a more widespread phenomenon in Ireland than previously thought. It also shows that the existing statistics appear tounderestimate the problem, due mainly to attitudes toward male victim/female abuser stereotypes.

Maternal Abuse, like all forms of sexual abuse, respects no boundaries. Courtois (1988) called it the "final taboo". As has been highlighted by this paper, child protection and welfare professionals *are* aware of the existence of mothers who sexually abuse their children, yet these true instances do not appear in nationally published statistics. This is a situation which needs to be corrected if the treatment of sexual abuse survivors is to develop in this country - in particular methods of reporting and collation need review.

Social care in Ireland has gone through a series of paradigmatic shifts in recent decades (see McElwee, 1998). Parynik Mendel (1995) comments that it is part of human nature to see what it *believes* to be the truth. Thus, it is very easy to ignore the less savoury aspects of our society, until they become impossible for us to ignore. A series of scandals has forced us to acknowledge the flaws in our child care system, and the flawed humanity of the religious orders who have been

largely responsible for this care. It may be, unfortunately, time for another scandal, in which this, very different dynamic of abuse is brought to the public's attention.

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Of the research population of sexually abused individuals taken, 46% were sexually abused males (n=500).

Of the males, 40% were abused by females (n=230).

Of those males abused by females, approximately 75% (rounding it off to the nearest whole) were abused by their mothers (n=92).

So, of the male population taken, approximately 29% had suffered MA (n=230).

Of those who had suffered MA, 40% had suffered mother-initiated MA (n=92).

Of the *entire* population taken, approximately 14% had suffered MA (n=500).

Interestingly, none of the girls reported MA.

Table One

60% reported feelings of self-loathing after the abuse.

75% reported feelings of guilt.

35% reported feelings of hatred toward their mother.

33% reported feelings of hatred toward their father.

22% reported mixed feelings toward parents.

10% reported feeling closer to parents after the abuse (6% to fathers, 4% to mothers).

78% reported suicidal feelings after the abuse.

Of those who reported suicidal feelings, 66% reported having attempted suicide.(n=92)

Table Two