



Pergamon

Child Abuse & Neglect 26 (2002) 425–441

Child Abuse
& Neglect

Effects of mother-son incest and positive perceptions of sexual abuse experiences on the psychosocial adjustment of clinic-referred men☆

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Received 6 March 2001; received in revised form 17 September 2001; accepted 25 September 2001

Abstract

Objective: The primary objective was to examine the long-term impact of mother-son incest and positive initial perceptions of sexual abuse experiences on adult male psychosocial functioning.

Method: Sixty-seven clinic-referred men with a history of sexual abuse participated. The participants completed self-report measures regarding their current psychosocial functioning and described the nature of their sexual and physical abuse experiences during childhood.

Results: Seventeen men reported mother-son incest, and these men endorsed more trauma symptoms than did other sexually abused men, even after controlling for a history of multiple perpetrators and physical abuse. Mother-son incest was likely to be subtle, involving behaviors that may be difficult to distinguish from normal caregiving (e.g., genital touching), despite the potentially serious long-term consequences. Twenty-seven men recalled positive or mixed initial perceptions of the abuse, including about half of the men who had been abused by their mothers. These men reported *more* adjustment problems than did men who recalled purely negative initial perceptions.

Conclusions: Mother-son incest and positive initial perceptions of sexual abuse experiences both appear to be risk factors for more severe psychosocial adjustment problems among clinic-referred men. © 2002 Elsevier Science Ltd. All rights reserved.

Keywords: Mother-son incest; Initial perceptions; Sexual abuse; Male survivors

☆This study was based, in part, on a dissertation written by Lauren Gonzalez.

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Introduction

Despite recent attempts to integrate and synthesize research findings on the psychosocial adjustment of adult male survivors of child sexual abuse (cf. Holmes & Slap, 1998; Jumper, 1995; Rind, Tromovitch, & Bauserman, 1998), many questions still remain unanswered. Although reviewers agree that there is at least a *small* main effect of child sexual abuse (CSA) on adult male psychosocial adjustment, there is less consensus about which sexually abused males are at risk for psychosocial difficulties and what mediating factors contribute to long-term individual differences in adjustment. Although controversial, a recent meta-analysis by Rind and colleagues (Rind, Tromovitch, & Basuerman, 1998) has highlighted an important, unresolved question: what conditions heighten the risk that sexually abused children will develop psychosocial difficulties later in adulthood? Two hypotheses generated by these researchers are: (1) parent-perpetrated incest increases the risk for adult adjustment problems, and (2) initial positive perceptions of CSA mitigate the risk for adult adjustment problems. However, very little research on adult male survivors of CSA has addressed the specific effects of mother-perpetrated incest or the role of initial perceptions of childhood sexual experiences. In the present study, we investigated the impact of mother-son incest and positive initial perceptions of sexual abuse on the psychosocial adjustment of clinic-referred adult male survivors of CSA.

Mother-son incest

Although researchers have noted that mother-son incest may be more common than previously believed (Banning, 1989; Lawson, 1993), there is still very little empirical data on the impact of mother-son incest on adult psychosocial functioning. Krug (1989) described a constellation of interpersonal and sexual problems, self-destructive behavior, and aggression in a group of eight clinic-referred men with a history of mother-son incest. These observations were generally supported in an empirical study of 121 clinic-referred male survivors (Mendel, 1995). However, little other empirical data on mother-son incest exists at present. While the literature on father-daughter incest is extensive and suggests that, compared to CSA committed by nonpaternal perpetrators, it has more long-lasting negative effects for women (cf. Beitchman et al., 1992), equivalent data for mother-son incest does not appear to exist. Although Rind et al. (1998) note that nine studies of college students have tested the association between immediate family incest and adult adjustment outcomes, most of these studies used exclusively female samples. We were unable to locate any studies using college or community samples that specifically examined the long-term effects of mother-son incest.

Many questions about mother-son incest merit research attention: Does mother-son incest lessen or heighten the negative impact of CSA, compared to father-son incest or abuse committed by unrelated adults? Do mothers commit less intrusive acts of abuse than other abusers (cf. Hetherington, 1999), and does this factor moderate the negative sequelae of mother-son incest? Do maternal perpetrators act in conjunction with other perpetrators (like fathers, as some research suggests; for example, Mathews, Mathews, & Speltz, 1990), and does this account for the consequences of mother-son incest? What are the implications of

mother-son incest for adult sexual orientation, compared to abuse by nonmaternal perpetrators? We attempted to address these questions in the present study.

Positive initial perceptions of sexual abuse

It is possible that victims' initial perceptions of CSA experiences as negative or positive predict adult functioning (Fondacaro, Holt, & Powell, 1999). In their meta-analysis, Rind and colleagues (Rind et al., 1998) found that, across 11 studies, college males tended to report more positive than negative initial perceptions of CSA experiences. These investigators proposed that positive or neutral perceptions of CSA experiences may be linked with a more positive prognosis for adult male adjustment. They state: "Assuming that retrospectively recalled immediate reactions are associated with later adjustment. . . these results imply that resulting harm is not prevalent, at least for men, in the college population" (p. 36). Rind and colleagues correctly labeled this proposition as an assumption rather than an empirical finding. They did not cite any studies showing a linkage between initial positive perceptions of CSA and later psychosocial adjustment in college-aged males, and following a review of all of the attainable published reports meta-analyzed by Rind and colleagues, we were unable to find any studies of college male survivors of CSA that actually tested this linkage.

Rind et al. (1998) did cite one study using an exclusively female sample to support their thesis that positive initial reactions might mitigate long-term negative effects of CSA in men and women (Long & Jackson, 1993), although this study actually did *not* demonstrate that college women with positive or ambivalent initial reactions to sexual abuse were statistically different from women with negative initial reactions in terms of their psychosocial adjustment. The only significant differences obtained in this study were between women with guilty/fearful, angry/disgusted, and emotionally neutral responses. Hence, the assumption about the benign nature of CSA experiences that men (or women) in the community experienced as "positive" may best be viewed as a hypothesis in need of testing.

Rind et al. (1998) also reported an interesting finding that studies of college males defining CSA as either "wanted" or "unwanted" childhood sexual experiences yielded smaller effect sizes than studies defining CSA as only "unwanted" experiences. Unfortunately, their meta-analytic sample does not contain data to answer two fundamental questions: (1) How many of the experiences in these studies were actually "wanted?" and (2) Are "wanted" experiences predictive of better psychosocial outcomes than "unwanted" experiences? Although these meta-analytic findings are not easily interpretable, the effects of "wanted" versus "unwanted" abuse would be worthwhile to investigate within samples of CSA victims in future studies.

Two studies of incarcerated adult male samples suggest that initial positive perceptions of abuse experiences in childhood may not predict later positive adjustment. Of course, incarcerated adults are not representative of most male survivors of CSA. Nevertheless, Briggs and Hawkins (1996) found that men who reported positive initial perceptions of CSA experiences were more likely to be incarcerated for a sexual offense than were men with less positive reactions. In addition, Fondacaro and colleagues (1999) found that incarcerated men who felt that their CSA experience was "not abusive" were more likely to have problems with alcohol abuse in adulthood than men who felt that the CSA was "abusive." However,

the lack of sample generalizability and inconsistency of findings in these studies precludes any conclusions about the role of initial perceptions of CSA for males.

Perhaps positive perceptions of CSA or denial of the abuse represent attempts to avoid negative affect associated with the abuse, such as fear or pain. Because avoidant coping strategies are linked with long-term adjustment problems in survivors of CSA (Spaccarelli, 1994), we hypothesized that men who reported initial perceptions focusing on the positive or nonabusive nature of their CSA experiences would actually have *increased* adjustment problems in adulthood.

The present study addressed two main hypotheses: (1) mother-son incest would be linked with more adjustment problems among adult male survivors than sexual abuse perpetrated by non-mothers, and (2) initial positive perceptions of CSA and denial of the abuse would also be linked with more adjustment problems among adult male survivors. Because previous theory and research have suggested that more severe sexual abuse and/or a chaotic family environment may be associated with psychosocial maladjustment among adult male CSA survivors (Briere, Evans, Runtz, & Wall, 1988; Browne & Finkelhor, 1986; Rind et al., 1998; although also see Briere, 1988), these variables were also examined to determine if they might account for linkages between mother-son incest, positive initial perceptions of CSA, and adult adjustment. The outcome variables assessed in this study reflect psychosocial problems typically experienced by adult males with a history of CSA, including symptoms of Post-Traumatic Stress Disorder (PTSD), aggression, sexual/interpersonal difficulties in adulthood, and other trauma symptoms (e.g., Briere, 1989; Holmes & Slap, 1998).

Method

Participants

Men with a self-reported history of CSA ($n = 67$) seeking treatment at two mental health clinics in a large metropolitan city in the western US were invited to participate in the study. All participating men completed assessments to determine their eligibility for inclusion in the study. Following Briere et al. (1988), Fondacaro et al. (1999), and others, we defined CSA as sexual experiences before the age of 16 years with someone older by 5 or more years. The definition of sexual abuse is a crucial aspect of any research on CSA, and we employed these criteria because they are used frequently in this field (cf. Holmes & Slap, 1998). Because of their differing treatment needs, men were excluded from treatment, and thus from the study, if they reported sexual interest in children or a history of CSA perpetration.

The age range was 18 years to 57 years ($M = 33.7$, $SD = 9.1$). The majority of the men were Caucasian (77%), with 16% Latino, 3% Asian, 3% Native American, and 2% African American. Socioeconomic status (SES) was measured using Hollingshead's (1975) system. Hollingshead scores ranged from 17 to 66 ($M = 46.3$, $SD = 13.8$), reflecting a mixed but generally educated, middle-class sample.

Measures and procedure

Abuse information. Participants completed a questionnaire assessing sexual abuse frequency (number of episodes), duration (length of time between the first and last episodes), types of sexual acts involved, age of onset, relationship to perpetrator(s), sex and age of perpetrator(s), and the total number of perpetrators. Other questions related to physical abuse history and the presence of parental alcoholism during childhood. Men were also asked to report on their current sexual orientation. A written, open-ended question, “How were you feeling during the abuse?” was coded by two judges as indicating “positive feelings,” “negative feelings,” “mixed positive and negative feelings,” or “emotional numbness.” Inter-rater reliability (kappa) was .89. A second question, “At that time, did you feel that this sexual experience was abusive?” was dummy-coded (yes = 1, no = 2).

Adult adjustment. The Problem Checklist was developed for this study to measure specific areas of impairment that are hypothesized to follow from CSA experiences. Finkelhor and Browne’s (1985) Traumagenic Dynamics Model served as the theoretical foundation for this instrument. The measure included a list of 43 problem areas. For each item, respondents were asked to identify whether they had experienced or were currently experiencing a specific problem (dummy coded as yes = 1, no = 0). Six rationally-derived subscales were created based on conceptual groupings of problem areas, including Sexual Problems (five items, sample item: “Aversion to sexual intimacy”), Interpersonal Difficulties (nine items, “Discomfort in intimate relationships”), Self-Destructiveness (five items, “Suicidal thoughts”), Aggressiveness (five items, “Desire to hurt others”), Stigmatization (four items, “Feelings of being different”), and Dissociation (three items, “Periods of amnesia, unrelated to drug or alcohol abuse”). Kuder-Richardson reliability statistics ranged from .70 to .80.

The construct validity of the Problem Checklist was assessed by comparing participants’ scores on Problem Checklist with their scores on the Trauma Symptom Checklist-40 (TSC-40; Briere et al., 1988), a well-validated instrument for use with adults with a history of CSA. A subsample of abused men ($n = 17$) and an additional group of clinic-referred, nonabused men with similar demographic characteristics ($n = 39$) were recruited for this purpose (complete information on the demographics of both subsamples of men and the subscale intercorrelation matrix can be obtained from the first author). There was a strong correlation between the total scores from the Problem Checklist and the TSC-40 ($r = .79$, $p < .01$). Additionally, most of the TSC-40 and Problem Checklist subscales were moderately or strongly intercorrelated, providing preliminary evidence of construct validity.

A checklist instrument was also developed to measure PTSD symptoms. The PTSD Scale contained a list of 15 symptoms that parallel the DSM-III-R (American Psychiatric Association, 1987) criteria for the disorder (although the DSM-III-R criterion of “sense of foreshortened future” was not included in the PTSD Scale). For each item, respondents identified if they had experienced the symptom within the past 6 months (yes = 1, no = 0). The summary score for this scale was the average rating of all 15 items. The Kuder-Richardson reliability statistic for this scale was .84.

Table 1
Descriptive statistics for men's sexual abuse experiences

Variable	<i>M</i>	<i>sd</i>
Age of onset (years)	6.78	3.44
Number of abuse incidents	53.75	139.21
Duration (weeks)	198.60	162.09
Number of perpetrators	2.00	2.28
Number of disclosures about abuse (ever)	8.07	9.59
Delay before disclosing (weeks)	427.98	290.04

Note: *n* ranged from 55 to 66.

Results

Abuse experiences: descriptive statistics

Table 1 presents descriptive statistics for the abuse experiences reported by the participants. The mean age of the onset of abuse was 6.78 years. The sexual abuse tended to be frequent ($M = 53.75$ incidents per subject) and of long duration ($M = 3.8$ years). The most severe abuse act reported by the participants was highly intrusive (e.g., intercourse) for 30 men (46%), moderately intrusive (e.g., oral-genital contact) for 12 men (19%), and less intrusive (e.g., fondling) for 23 men (35%). For men who experienced highly intrusive abuse acts, 26 men reported being anally penetrated, 6 men reported anally penetrating the perpetrator, and 5 men reported sexual intercourse with a female perpetrator (three of these were mothers).

Over a third (37%) of the men reported abuse by more than one perpetrator. The 67 abused men identified a total of 97 perpetrators. Of these 97 perpetrators, 96 were known to the victim. Most perpetrators were immediate ($n = 36$; 54%) or extended ($n = 17$; 25%) family members. Of these, 18 were fathers or stepfathers, 17 were mothers, 14 were uncles, and 10 were brothers.

Extrafamilial perpetrators ($n = 25$) were primarily teachers, babysitters, family friends or neighbors. Forty-eight men (72%) were abused by male perpetrators only. The remaining 19 men (28%) were either abused by female perpetrators only ($n = 7$) or by both male and female perpetrators ($n = 12$). Of the 19 identified female perpetrators, 17 were biological mothers.

SES was modestly correlated with several predictor and outcome variables, including Total Symptoms ($r = [\text{minus}].26$, $n = 58$, $p < .05$) and number of perpetrators ($r = [\text{minus}].27$, $n = 58$, $p < .05$). Therefore, all analyses of variance and correlations were computed controlling for SES.

Mother-son and father-son incest

Table 2 presents results from ANCOVA analyses (controlling for SES) comparing men with and without a history of mother-perpetrated sexual abuse on each outcome measure. The results suggest that men who had been sexually abused by their mothers ($n = 17$) had

Table 2

ANCOVA *F* values for effects of mother and father perpetration and initial perceptions of abuse on self-reports of current functioning on Problem Checklist and PTSD scales^a

Scale	Mother perpetration	Father perpetration	Initial positive or mixed feelings about abuse	Initially felt experience was “not abuse”
Total Symptoms	9.33**	.05	8.81**	5.34*
Sex Problems	6.67*	.02	3.33	1.06
Stigmatization	.94	.33	1.35	1.78
Dissociation	4.33*	.00	.56	2.81
Aggression	3.41*	.03	11.32**	4.76*
Self	.83	.38	7.50**	2.27
Destructiveness				
Interpersonal Problems	8.37**	.45	3.90	3.45
PTSD symptoms	2.55	5.34*	.99	4.40*

Note: *n* ranged from 45 to 59.

^aControlling for Hollingshead SES scores.

p* < .05.; *p* < .01.

more self-reported problems in several domains than men who had not been abused by their mothers, including more Sexual Problems, Dissociation, Aggression, Interpersonal Problems, and Total Symptoms. The same analyses were then repeated, with men who had been sexually abused by their fathers eliminated from the comparison group (so that the comparison group did not include any parental incest cases). The pattern of results was identical, except that there was no longer a significant group difference for Aggression, whereas a significant difference emerged for PTSD symptoms, indicating that abused men who had experienced mother-son incest reported more PTSD symptoms than abused men who had not experienced any parental incest.

Men with a history of mother-son incest were marginally significantly more likely to be subjected only to “less intrusive” sexual acts (e.g., genital fondling) than men abused by non-mothers, $\chi^2(1, n = 66) = 2.72, p < .10$. “Less intrusive” abuse occurred with 9 of 17 men (52.9%) abused by mothers, compared to only 15 of 49 men (30.6%) abused by non-mothers.

A significant relationship emerged between stated sexual orientation and a history of mother-son incest, $\chi^2(2, n = 65) = 6.35, p < .05$. When a mother was involved in the abuse (*n* = 17), 12 men (75%) reported heterosexual orientation, two men (12.5%) were gay-identified, and two men (12.5%) were unsure. When only male perpetrators were involved (*n* = 48), 18 men (38%) reported heterosexual orientation, 16 men (33%) were gay-identified, and 14 men (29%) were unsure. The same pattern held true when the two men abused by unrelated females were grouped with those abused by their mothers (*n* = 19). These results suggest that men were more likely to report a heterosexual orientation if they were abused by their mother (or females, in general) than if they were abused only by male perpetrators.

Table 2 also shows ANCOVA analyses comparing men with and without a history of father-perpetrated sexual abuse. Men who had been sexually abused by their fathers (*n* = 18)

had more self-reported PTSD symptoms than men who had not been abused by their fathers. However, a history of abuse by a father was not associated with differential degrees of symptomatology on the seven Problem Checklist subscales. In addition, men abused by their fathers did not differ from the rest of the sample in terms of the intrusiveness of sexual abuse acts. There was also no significant relationship between abuse by a father and adult sexual orientation. The same analyses were then repeated, with men who had been sexually abused by their mothers eliminated from the comparison group (so that the comparison group did not include any parental incest cases), and the results remained unchanged.

A final set of exploratory ANCOVAs were conducted to compare men who had been abused by mothers with those who had been abused by fathers. Six men reported abuse by both mother and father, and were excluded from these analyses, leaving 11 men abused by mothers and 12 men abused by fathers. Results indicated that, compared with men who had been abused by their fathers, those who had been abused by their mothers experienced more self-reported Total Symptoms [$F(1,17) = 8.21, p < .05$] and more Interpersonal Problems [$F(1,17) = 8.66, p < .01$] on the Problem Checklist. Thus, mother-son incest was associated with more self-reported symptomatology than father-son incest.

Perceptions of the abuse

To examine the relationship between participants' initial perceptions of sexual abuse experiences and their adult functioning, two sets of analyses were conducted. First, men were grouped according to their response to the question "At that time [of the CSA], did you feel that this sexual experience was abusive?" Seventeen men (25%) answered "yes," 32 men (48%) answered "no," and the remainder of the sample (18 men = 27%) indicated feeling "unsure" and were dropped for these analyses. Men who did not initially perceive the sexual experiences as abusive endorsed more PTSD symptoms, Aggression, and Total Symptoms than did men who perceived the CSA as abusive (see Table 2).

Second, men were grouped according to their response to the open-ended question "How were you feeling during the abuse?" Four men (6%) gave responses categorized as "positive feelings" (such as sexual pleasure or nurturance), 23 men (34%) gave responses categorized as "negative feelings" (such as fear or disgust), 23 men (34%) gave responses categorized as "mixed positive and negative feelings," and 5 men (8%) gave responses categorized as "cannot recall/other" (including three men without any memory of the event and two men who reported feeling "numb"). The remainder of the sample (12 men = 18%) declined to respond to this question. Then, because of low cell sizes for the "positive" and "mixed" categories, men were recategorized according to whether they indicated any positive feelings (27 men = 40%) versus those who indicated only negative feelings (23 men = 34%). Men with responses coded as "cannot recall/other" were dropped for these analyses. Men who recalled having at least some positive feelings about the sexual abuse reported more Aggression, Self-Destructiveness, and Total Symptoms (see Table 2) than did men who recalled only negative feelings. Thus, positive or mixed initial perceptions of the CSA were linked with more self-reported symptoms than entirely negative initial perceptions.

To examine the overlap between a history of mother-son incest and initial perceptions of the abuse, two χ^2 analyses were conducted. There was no significant association between mother-son

Table 3

Partial correlations and ANCOVAs for effects of abuse severity and family environment on self-reports of current functioning on Problem Checklist and PTSD scales^a

Scale	Partial correlations (<i>prs</i>)				ANCOVAs (<i>F</i> values)		
	Freq	Dur	Age of Onset	# of Abusers	Intrusive	Physical abuse	Alcoholic parent
Total Symptoms	-.05	.20	-.20	.29*	.57	9.43**	1.38
Sex Problems	-.12	.02	-.13	-.01	.94	.43	.01
Stigmatization	-.09	-.09	.10	.13	.93	.95	.51
Dissociation	-.05	.06	-.49**	.10	.09	17.46**	.03
Aggression	-.01	.15	-.10	.37**	.55	5.94*	1.40
Self Destructiveness	-.01	.13	-.11	.31**	.05	7.66**	.01
Interpersonal Problems	-.11	.23*	-.13	.18	1.37	2.71	6.70**
PTSD symptoms	-.04	.15	-.10	.22*	.55	6.95**	.01

Note: "Freq" = frequency of abuse, "Dur" = duration of abuse, "Intrusive" = intrusiveness of abuse (highly, moderately, or less intrusive, as described in the "Descriptive Statistics" section). For the Dissociation scale, *n* ranged from 36 to 43. For all other scales, *n* ranged from 48 to 57.

^aControlling for Hollingshead SES scores.

p* < .05.; *p* < .01.

incest and initial perceptions that the CSA was "not abusive," $\chi^2(2, n = 49) = 1.20, ns$. There was a significant association between mother-son incest and positive or mixed perceptions of the abuse, $\chi^2(2, n = 50) = 4.30, p < .05$ (7 men with a history of mother-son incest reported positive or mixed feelings, while 1 did not, and 20 men without a history of mother-son incest reported positive or mixed feelings, while 22 did not). The seven participants who reported some initial positive feelings to mother-son incest each also reported concurrent negative feelings such as "shame." The remaining men who experienced mother-son incest either reported feeling numb or could not recall their feelings (*n* = 4), or declined to respond to the question (*n* = 5). Thus, men who experienced mother-son incest were more likely to recall concurrent positive and negative initial perceptions of the CSA, as opposed to purely negative perceptions, than were men not abused by their mother. However, over half of the victims of maternal incest had difficulty recalling or reporting on their initial perceptions of the abuse.

The role of abuse severity and family environment

The impact of several indices of abuse severity on current psychosocial adjustment was also examined (see Table 3). Men who had been abused by a greater number of perpetrators reported more Total Symptoms, Aggression, Self Destructiveness, and PTSD symptoms. An earlier age of onset was significantly correlated with more self-reported symptoms of Dissociation on the Problem Checklist, but not with other outcome variables. The frequency of abuse experiences and the duration of abuse were generally not correlated with measures of outcome. Additionally, the intrusiveness of abuse acts (i.e., highly, moderately, and less intrusive, as described above) was not associated with differential levels of symptomatology

among the participating men. Thus, with the exception of the number of perpetrators, there were not many significant associations between abuse severity and current psychosocial functioning.

The impact of two indices of the participants' childhood family environments, physical abuse and parental alcoholism, was also examined (see Table 3). Sixteen of 50 men (24%) reported having been physically abused in childhood, and they endorsed more Dissociation, Aggression, Self-Destructiveness, PTSD symptoms, and Total Symptoms than did men who did not report physical abuse. Nine of 50 men (18%) reported that one of their parents had suffered from alcoholism during childhood, and these men reported more Interpersonal Problems than did men without a history of parental alcoholism. In general, a history of physical abuse was more strongly linked with adult psychosocial problems than was a history of parental alcoholism.

Abuse severity and family environment as control variables. Further analyses were conducted to test if the indicators of abuse severity and the family environment (i.e., the seven independent variables in Table 3) statistically accounted for the significant associations between psychosocial adjustment, mother-son incest, and initial perceptions of the abuse. Because of random missing data, sample sizes were reduced excessively by controlling for all of these indicators at once. Therefore, each indicator of abuse severity or the family environment was covaried one at a time to determine if it statistically accounted for effects of mother-son incest and initial perceptions of the abuse. To limit the number of ANCOVAs, Total Symptoms was used as the only outcome variable for these analyses.

With 3 independent variables (i.e., mother-son incest, some initial positive perceptions of the abuse, and initial feelings that the CSA was "not abuse") and the 7 covariates entered one at a time, 21 separate ANCOVAs were conducted for Total Symptoms. Three main effects were reduced to nonsignificance simply because of the loss of sample size caused by entering the covariate. In 2 of the remaining 18 analyses, a previously significant effect was reduced to marginal significance. Specifically, controlling for a history of parental alcoholism reduced the effect for positive or mixed initial feelings to marginal significance [$F(3,35) = 3.53, p = .07$], and controlling for the number of perpetrators reduced the effect for initial perceptions that the CSA was "not abusive" to marginal significance [$F(3,43) = 3.81, p = .06$]. Given that the covariates had an impact on only 2 of 18 analyses (a ratio approaching the level of chance alone), and that even these effects remained marginally significant, there appeared to be little support for the hypothesis that abuse severity and the family environment would account for the effects of initial perceptions of the abuse or mother-son incest on adult psychosocial adjustment.

Discussion

Mother-son incest and adult psychosocial adjustment

Clinic-referred men who were molested by their mothers reported more disturbance in several areas of psychosocial functioning than did men who were abused by nonmaternal

perpetrators, including more interpersonal and sexual problems, and more symptoms of aggression and dissociation. These results, which are consistent with Mendel's (1995) findings, add to the very limited empirical literature on the long-term effects of mother-son incest.

Mother-son incest appeared to be particularly damaging, even compared to other forms of sexual abuse including father-son incest. Although sample sizes were small for these analyses, men sexually abused by their mothers reported more interpersonal problems and total symptoms than did men abused by their fathers. Some men who were abused by their father stated that they struggled with the breaking of an additional taboo, homosexuality, above and beyond the incest taboo. However, it appears that, on average, the biggest struggle was faced by men abused by their mother, the figure most of them depended upon as a primary caregiver. In therapy, these men often expressed rage, shame, and profound sadness that they were abused by the person who was supposed to teach them how to love, trust, and feel safe in the world. As one survivor described it, being sexually abused by his mother was "the absolute essence of chaos."

In adulthood, anger, aggression, and an inability to trust has often interfered with the attempts of these men to form intimate relationships. One man described ending a relationship with a woman who had sexual interest in him out of fear of becoming destructive toward her. Other men described "going numb" whenever their female partner would become sexually aroused or sexually assertive.

Our findings on the effects of mother-son incest were consistent with research findings on male victims of female-perpetrated CSA (i.e., samples of males molested by women, but not specifically by mothers), which suggest that, compared to male perpetration, female perpetration is linked with more interpersonal problems in intimate relationships for men—particularly sexual aggression (Briggs & Hawkins, 1996; Duncan & Williams, 1998; Petrovich & Templer, 1984). Being victimized by females, who, according to masculine stereotype, are weaker than males, may be especially hard to tolerate for boys and men. Consequent feelings of shame and rage may be directed toward the women with whom they are intimately involved in adulthood.

Several potentially confounding factors were examined to determine whether they could account for the obtained effects for mother-son incest, including two phenomena commonly linked with incest—multiple perpetrators and physical abuse (Hetherington, 1999; Rind et al., 1998). In the present study, a greater number of perpetrators and a history of physical abuse were both associated with more overall symptoms among the study participants. However, after controlling for these and five other indices of abuse severity and the family environment, the association between mother-son incest and overall symptomatology remained significant, suggesting that these potential confounds did not account for the negative effects of mother-son incest.

In our sample, a trend in the data suggested that mother-son incest was more likely than abuse by other perpetrators to be limited to "less intrusive" acts such as genital fondling. However, some men did experience very intrusive, violent sexual abuse from their mothers. Mothers are granted considerable latitude with respect to tasks such as bathing, giving physical affection, dressing, and sleeping with children (Hetherington, 1999). Overstimulating physical contact that occurs in the context of these maternal caretaking tasks might never be

reported as “child abuse,” even though this inappropriate touching may be quite detrimental in the long term for adult male functioning, as our results suggest. Heightened public awareness of the potentially subtle nature of mother-son incest is clearly needed, given the tendency toward denial of this form of sexual abuse (Hetherington, 1999).

Initial perceptions of the sexual abuse

Recently, there has been controversy over a meta-analysis (Rind et al., 1998) in which the authors suggest that the positive initial perceptions of CSA experiences often reported by male college students might indicate that most males are not negatively affected by CSA. According to Rind and colleagues, “It is not parsimonious to argue that boys or girls who react neutrally or positively to CSA are likely to experience intense psychological impairment” (p. 44). However, the studies meta-analyzed by these authors did not explicitly test the impact of initial positive perceptions of the abuse on adult male psychosocial adjustment. Our findings suggest that Rind and colleagues’ hypothesis that positive initial perceptions of sexual abuse experiences predict positive adjustment in adult males could be incorrect, at least in clinical populations.

In our sample, men who experienced some initial positive feelings such as sexual pleasure and nurturance reported *more* aggression, self destructive behavior, and total symptoms than did men who experienced exclusively negative feelings. Men who did not initially consider the sexual experiences to be abusive also reported more aggression, PTSD symptoms, and total symptoms than did men who considered the CSA to be abusive. The findings for total symptoms remained significant (or, in two cases, marginally significant) when seven indicators of abuse severity and the family environment were statistically controlled. Rind and colleagues (1998) correctly assert that research with clinical samples must be replicated with more representative samples, and we hope that future investigations on this topic will be conducted with community samples. However, their suggestion that positive initial perceptions of sexual abuse may predict positive psychosocial adjustment among adult males was speculative rather than empirically based. The data presented here represents an attempt to begin exploring this question through systematic research. Additional studies to test the generalizability of these findings would be very useful. Tentatively, our findings suggest that sexually abused males who experienced positive or mixed initial feelings about the abuse may be at *increased* risk for psychological impairment in adulthood, at least in clinical samples.

What could explain this counterintuitive finding? It may be that, for some men, any pleasure experienced during a “taboo” sexual activity (such as mother-son incest or sex with another male) actually leads to a strong reaction of shame, guilt, and self-recrimination. Although the pleasure is a positive initial reaction, this reaction may subsequently trigger a complex of negative emotions. In fact, most men who reported some positive initial perceptions of CSA, such as pleasure or curiosity, also reported concurrent negative emotions. Several men in therapy described how they felt “especially” deviant because they had experienced some pleasure while having sex with their mother. Such feelings may account for the heightened symptomatology experienced by men with some positive initial perceptions of CSA experiences.

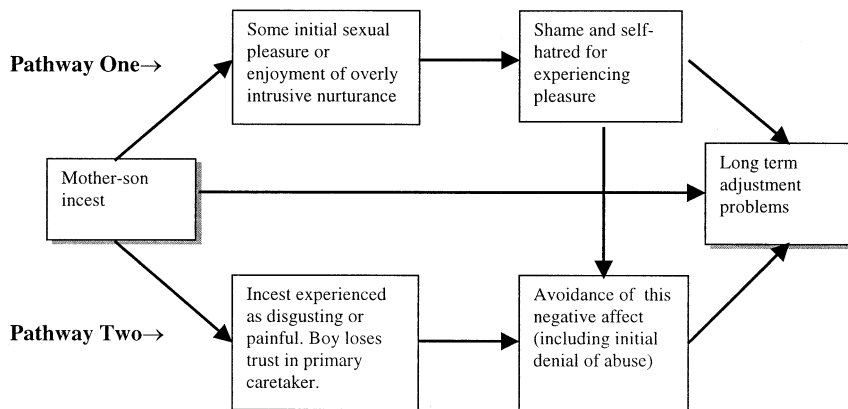


Fig. 1. A hypothetical model of the effects of mother-son incest.

For example, one male survivor described feeling that his most intense orgasm occurred at age 13 while having intercourse with his mother, who immediately ridiculed and verbally abused him after he ejaculated. He recalled running into the bathroom and scrubbing his genitals in a manic attempt to wash away the incest. He then cried and vomited when he realized he could not wash it away. In therapy, he stated that the abuse would have been less harmful if he had not experienced pleasure, because “I am now associated with something that is disgusting that I liked. I have incest tendencies. I am a part of the incest. I am as screwed up as my mother. I am as tainted, I am as damaged, I am as dirty as she is. . . The incest has cheapened and dirtied my manhood.”

This man’s story and our current research suggest that clinicians who work with boys and men with a history of CSA should explore the victim’s memories of their initial perceptions of the abuse to ascertain how these perceptions may be related to present adjustment problems.

A hypothetical model of mother-son incest and positive initial perceptions of CSA

In the present study, we found that men who were molested by their mothers were more likely to report mixed positive and negative initial perceptions of the CSA, as opposed to purely negative perceptions, than were men abused by nonmaternal perpetrators. In light of the results discussed above, this finding suggests that experiencing some positive initial perceptions of CSA may mediate the link between a history of mother-son incest and negative adult outcomes. Fig. 1 illustrates a hypothetical model of this pathway. In Pathway One, mother-son incest results in initial positive reactions to the abuse, such as experiencing sexual pleasure, which leads to shame and self-hatred. These feelings and attitudes result in long-term problems with anger and aggression in intimate relationships, among other possible negative psychosocial outcomes. It will be important to test this hypothesized model in future studies.

Over half of the victims of maternal incest in our study (9 of 17) had difficulty recalling or reporting on their initial perceptions of the abuse. It seems plausible that some of these

men experienced primarily negative emotional reactions to the mother-son incest but found it difficult to recall or express these feelings in a research setting. Our clinical experiences and some case studies (Krug, 1989) suggest that strong initial negative reactions, without concurrent positive feelings, sometimes occur for victims of mother-son incest. These initial negative reactions often focus on the taboo of the act itself (e.g., a sense of disgust) or the pain involved in the sexual activity. In Pathway Two of Fig. 1, overwhelming negative emotions about the incest may threaten the mother-son relationship (e.g., Hetherington, 1999), leading to an avoidant coping strategy—denial of the negative feelings and of the abuse itself—that is aimed at protecting the relationship by minimizing the significance of the incest. The use of avoidant coping strategies has a cost, however, since avoidant coping has been consistently linked with negative psychosocial outcomes for CSA survivors (cf. Spaccarelli, 1994). Pathway Two is largely hypothetical and will require direct empirical evaluation in the future.

Perpetrator gender and adult sexual orientation

Men who were sexually abused by their mothers were more likely to report a heterosexual orientation in adulthood than were men abused by fathers or other male perpetrators. In other studies, adult heterosexual orientation has also been linked with female-on-male CSA, and homosexual orientation has been linked with male-on-male CSA (e.g., Briggs & Hawkins, 1996; Finkelhor, 1984; Johnson & Shrier, 1985; Mendel, 1995). Because of the correlational nature of our study, we were not able to examine the direction of effects of this linkage. However, anecdotal evidence based on the self-reported experiences of some of our gay therapy group members provides a source of speculation.

Several men in our study wondered whether they were sexually attracted to other men because of their sexual abuse experiences. Some sought treatment hoping that they would no longer be attracted to men once they “worked through” their sexual abuse issues. While it is theoretically possible that sexual abuse plays a formative role in the development of gay orientation for some men, what appears more likely is that gay children are particularly vulnerable to molestation by older males because there are few acceptable ways of expressing their sexuality (Doll, Joy, Bartholow, & Harrison, 1992). For example, one client reported very early awareness of being gay in the context of a chaotic, unsupportive family. His search to explore and validate his sexuality led him to place himself in dangerous situations where he was molested repeatedly by older males. He and other men in our groups appeared to be aware of a gay sexual orientation before the CSA, suggesting that molestation by a male perpetrator is not necessarily causal in the development of a gay sexual orientation.

The finding that most men abused by their mothers became heterosexual may be because of simple base rates, since most men become heterosexual anyway. Some theorists have argued that a primary opposite sex longing in childhood is more true for boys who are destined to be heterosexual adults than for boys who will develop a homosexual orientation (e.g., Isay, 1995). It is probable that heterosexual boys have more curiosity about female anatomy and sexuality, especially during early adolescence. These boys may be more at risk for abuse at the hands of a seductive mother figure.

Summary and implications

Because this study was based on a relatively small sample of clinic-referred men with a fairly young age-of-onset of CSA who provided self-report data (some of which was retrospective in nature), caution is warranted in generalizing from these findings. It cannot be assumed that college or community samples such as those meta-analyzed by Rind et al. (1998) would necessarily yield the same pattern of results. Men with a history of CSA who choose to seek psychosocial treatment may have a unique pattern of predictors of adult adjustment, even when compared to men who were abused but do not seek help. However, clinic-based samples provide data that are highly pertinent to clinicians, and many of our findings were consistent with case studies and the limited empirical research on adult male survivors of CSA. Major implications of this study are: (1) mother-son incest appears to have a dramatic negative impact on adult male functioning, even though much of the abuse appears to be “less intrusive” in nature and is often limited to genital fondling, perhaps in the context of maternal caregiving routines; (2) positive or mixed initial perceptions of CSA may forecast *heightened* adjustment problems for adult males, rather than fewer problems; and (3) positive initial perceptions and denial of the abuse may mediate the link between mother-son incest and later adjustment problems—a hypothesis that merits further research attention.

Acknowledgments

The authors are grateful to the UCLA Psychology Clinic and St. John’s Medical Center for their participation in this study. Special thanks are extended to the men who participated. The authors also thank Dean Mobbs and Cindy Hagan for their feedback on an earlier draft of this manuscript.

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Résumé

Objectif: Le premier objectif consistait à examiner l'effet à long terme de l'inceste mère-fils ainsi que des perceptions initiales positives de cette expérience sur le fonctionnement psychosocial de l'homme adulte.

Méthode: Soixante-sept hommes ayant des antécédents d'abus sexuels ont participé à l'étude après avoir été adressés à un centre de consultation. Les participants ont rempli eux-mêmes un questionnaire concernant leur fonctionnement psychosocial habituel et ils ont décrit la nature de leurs expériences de mauvais traitements physiques et sexuels durant l'enfance.

Résultats: Dix-sept hommes ont fait état d'un inceste mère-fils et ils ont mentionné un plus grand nombre de symptômes traumatiques que les autres hommes abusés sexuellement, même dans les cas où, pour contrôle, il y avait des antécédents d'agresseurs multiples et de sévices physiques. L'inceste mère-fils pouvait probablement avoir été subtil, comportant des comportements difficiles à différencier de soins normaux (par exemple, toucher les organes génitaux), et en dépit de cela les consé-

quences à long terme ont pu en être sérieuses. Vingt-sept hommes se souvenaient de perceptions initiales des abus positives ou mélangées, y compris à peu près la moitié des hommes qui avaient été abusés par leur mère. Ces hommes ont fait état de plus de problèmes d'adaptation que les hommes qui ont signalé des perceptions initiales purement négatives.

Conclusions: Il semble que l'inceste mère-fils d'une part et les perceptions initiales positives d'abus sexuels d'autre part constituent les facteurs risquant de causer les problèmes les plus graves d'adaptation psychosociale chez les hommes adressés au centre de consultation.

Resumen

Objetivo: El objetivo principal fue el examinar el impacto a largo plazo del incesto madre-hijo y las percepciones iniciales positivas de las experiencias de abuso sexual infantil en el funcionamiento psicosocial de adultos varones.

Método: Participaron sesenta y cinco varones remitidos a consulta clínica por una historia de abuso sexual. Los participantes completaron instrumentos de auto-informe con relación a su actual funcionamiento psicosocial y también describieron la naturaleza de sus experiencias de abuso sexual y de maltrato físico durante su infancia.

Resultados: Diecisiete varones notificaron ser víctimas de incesto madre-hijo, y éstos presentaron más síntomas traumáticos que los otros hombres abusados sexualmente, incluso después de haber controlado una historia de múltiples perpetradores y maltrato físico. El incesto madre-hijo tenía probabilidad de ser sutil, incluyendo conductas que podían ser difíciles de distinguir del cuidado rutinario (por ejemplo, tocamiento genital), a pesar de las consecuencias potencialmente severas a largo-plazo. Veintisiete varones recordaron percepciones iniciales positivas o mixtas del abuso, incluyendo en este grupo a la mitad de los varones que han sido abusados por sus madres. Estos varones notificaron más problemas de ajuste que los varones que notificaron percepciones iniciales puramente negativas.

Conclusiones: Tanto el incesto madre-hijo como las percepciones positivas iniciales de experiencias de abuso sexual parecen ser factores de riesgo para problemas más severos de ajuste psicosocial entre los varones derivados a consulta clínica.