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The disclosure of incest by adolescent daughters: An examination of six cases

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The Disclosure of Incest by Adolescent Daughters

An Examination of Six Cases

by

Deborah Waxenberg

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1987

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Chair of Examining Committee

December 8, 1987
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ABSTRACT

The Disclosure of Incest by Adolescent Daughters

An Examination of Six Cases

by

Deborah Waxenberg

Sponsor: Professor I. H. Paul

This dissertation explores the nature and timing of shifts in individual functioning, intrafamilial dynamics, and extrafamilial relationships that can either promote or inhibit the disclosure of incest by adolescent daughters abused by fathers or father surrogates. Six cases of incestuously abused daughters seen in outpatient psychotherapy are presented and discussed in depth. Case material was gathered through interviews with therapists in which the Incest Questionnaire developed by the author was utilized. Three cases illustrate purposeful disclosure; three cases illustrate secrecy maintained through adolescence.

Clinical material suggests that disclosure is supported by a number of interrelated factors including: 1) at least one supportive relationship within or outside of the family; 2) a shift in empathy between mother and daughter in the overall context of a less profoundly

alienated relationship; 3) an increase in the offender's sexual demands and possessiveness; and 4) a change in mother's status and power in the family in either a positive or a negative direction. It appears that disclosure often occurs precipitously, despite a daughter's resolution to maintain secrecy, in the face of escalating narcissistic paternal control.

Clinical material further suggests that disclosure is less likely to occur when: 1) daughter is socially isolated; 2) the episodes of abuse are affectively isolated and discontinuous events; 3) mother is either disempowered or disengaged in relation to her husband; and 4) daughter is alienated from mother, who is experienced as excessively punitive, particularly in relation to daughter's sexuality.

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I would like to thank the Medical Center for granting permission to conduct this research and for making library

resources so available to me. I am grateful to all of the clinicians who shared their work, their questions, and their observations with me. Respect for all women who are struggling--in therapy and out, to overcome the impact of early traumatic sexualization can only deepen over the course of a project such as this one.

A different kind of thanks goes to my parents, Drs. Barbara and Sheldon Waxenberg, who, as my earliest and most sustaining models of how rich the work of a psychologist can be, have always been supportive and welcoming. And finally to my husband, Dr. Lawrence Jacobson, for all the love, technical assistance, patience, and impatience that went into nurturing this undertaking. I look forward to the next phase of our shared adventure.

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INTRODUCTION

Over the past twenty-five years increasing attention has been paid to the study of the intrafamilial sexual abuse of children. A growing body of literature has focused the emphasis in clinical theory and practice from the role of incestuous wishes in personality development to the prevalence and developmental implications of actual childhood sexual trauma, aspects Freud (1896/1962) initially emphasized in his work on the etiology of hysteria. It is now estimated that in the United States at least one woman in one hundred has been sexually abused by her biological father or a father surrogate (Herman, 1981). The characteristics of individual family members and patterns of family dysfunction that favor the inception and continuation of incestuous relationships have been documented. What triggers the revelation of the incest secret to a third party remains a critical question.

The disclosure of incest is clinically significant in several ways. While many children do resist sexual advances on their own, it is by breaking secrecy that a child acts on the hope of enlisting adult intervention and protection. The factors in a child's history that either support or impede revelation are therefore of great importance. Without disclosure, the psychological

resolution of the incest experience remains incomplete. Feelings and conflicts related to the incest may continue to be experienced or acted out. They may intensify over time as the tension inherent in maintaining secrecy intensifies. This tension, in turn, can further exaggerate the victim's alienation and the feared consequences of disclosure. She may be vulnerable to repeated victimization or to a recreation of the incest situation in the next generation (Burgess, Groth, Holmstrom, & Sgroi, 1978; Goodwin, 1982).

Until recently, the literature on disclosure has focused on two areas of the problem: 1) why victims do not tell and 2) the nature and extent of the crises precipitated by disclosure when it occurs. In the early incest literature, the maintenance of secrecy was equated with the victim's consent to the incest situation and was seen as motivated primarily by pleasure. Contemporary authors have advanced the view that children are not in a position to give consent as such and have underscored deterrents to breaking secrecy. Pervasive feelings of guilt, shame, and "badness"; conflicting feelings of loyalty to family members; and distorted fears of the consequences are among the intrapsychic deterrents discussed in this literature. Intrafamilial deterrents include inducements or threats made by the offender; the risk of retaliation; the potential for compounded betrayal if the victim is not believed; the dreaded and often

realized emotional and economic disruption to the family; and/or complete family dissolution. It is also now recognized that incest does not necessarily stop when it is revealed.

Clinicians have begun to make important distinctions among the different ways in which incestuous relationships come to light. Disclosures that occur because of external circumstances, when none of the participants had decided to reveal the secret, are considered to be "accidental". Such circumstances may involve observation by a third party, physical injury to the child, the diagnosis of sexually transmitted disease, or pregnancy. In purposeful disclosures, a participant, usually the child, consciously decides to tell an outsider about the sexual abuse (Sgroi, 1982). There is also a gray area of clues and symptoms, however, which are difficult for parents and professionals to decipher. These may include a child's conspicuous accumulation of money or material items, plummeting school performance, excessive concerns with cleanliness, precocious sexual activity, nightmares, and psychosomatic pains (Burgess et al., 1978).

Purposeful disclosures can themselves be difficult to decode and validate. The content, clarity, timing, and motivation of the disclosing message will differ for children of different ages and stages of development (Goodwin, 1982). Pre-school children, for example, do not have the language to make definitive statements about

sexual abuse. They may complain that they hurt or allude to "bad things" happening to them. They are frequently confused about body parts and body functions. Early school-age victims, who do not yet comprehend the illicitly sexual implications of the incest, may reveal the activity because it is too stimulating to keep secret. An older child usually tells for very different reasons: generally to escape or modify some family pressure situation.

Adolescent victims understand more fully that the intrafamilial relationship is not only dangerous but illicitly sexual. Motivational models presented in the literature for purposeful disclosure by adolescents address various dimensions of individual and interpersonal functioning. Some authors have emphasized increases in psychological and physical distress experienced by the victim as precipitants to disclosure. Heightened conflict with the offender in response to his increased possessiveness and sexual demands is another important area discussed. These changes tend to occur at the same time as the victim is taking more steps toward individuation, becoming more involved with peers, and fearful of pregnancy. Both protective and rivalrous feelings toward younger family members at risk for abuse have also been cited as motivating factors.

This body of work makes a significant contribution to the understanding of the motivations and timing of disclosure in both intra-individual and dyadic (father-

daughter and daughter-sibling) contexts. The analysis of the functioning of the entire family system that has been brought to the study of the development of incestuous relationships has not yet been extended to include disclosure. In particular, mother's behavior, seen as crucial to the inception of overt incest, is largely absent from clinical discussion of its revelation. This absence may in part reflect the often-expressed positions that mother's awareness of incest precedes daughter's disclosure and that mother is complicitous in maintaining secrecy. Changes in maternal functioning and in the quality of mother's relationships with all family members are rich areas to examine for shifts in the family that might motivate, enable, or impel the revelation of an ongoing incestuous relationship.

The present study focuses on purposeful disclosure by adolescent daughters sexually abused by fathers or father surrogates. The approach is exploratory in nature. The primary intent is to examine the nature and timing of shifts in intrapsychic functioning, intrafamilial homeostasis, and extrafamilial relationships that either support or inhibit the revelation of incest in this most frequently reported dyad. Toward this end, six clinical cases will be presented and discussed in depth along a number of dimensions. The kinds of clues to abuse that are offered by daughters will be examined. The implications both for reparative treatment work on mother-daughter

relationships and for preventing the recurrence of abuse will also be addressed.

Several factors discussed in the literature on overt incest have contributed to particular interest in determining whether an increase in maternal empowerment, emergence, or empathy between mother and daughter prior to disclosure can be detected. Among these factors are: 1) the failure of the mother-daughter bond in incest families; 2) daughter's often quite accurate perception of mother as too ineffectual to intervene; 3) research suggesting that the presence of a strong, competent, and protective mother can either deter abuse or prevent its recurrence; and 4) the view that disclosure is an act in which the child finds some permission and power. In keeping with this interest in power dynamics within incest families, particular emphasis will be given in the review of the literature to the ways in which issues of power, dominance, seduction, and blame have been addressed in the development of theoretical models of incest behavior and treatment paradigms.

CHAPTER I

REVIEW OF THE LITERATURE ON OVERT INCEST

Introduction

The literature on overt incest can be divided into three attitudinal or conceptual areas: epidemiological-descriptive, psychological-investigative, and family process (Gutheil & Avery, 1977). These conceptual areas also correspond roughly to phases in the historical development of incest research.

Epidemiological-descriptive research has been concerned with determining reliable estimates of the prevalence of intrafamilial sexual abuse, delineating the behaviors to be encompassed in a definition of incest, and providing some initial descriptive data on those affected. Psychological-investigative research has focused on the contributions of the individual dynamics of fathers, mothers, and daughters to the etiology of overt incest. The experience and manifestations of guilt by participants and the question of lasting harm to the victim have also been of interest.

The family process literature has viewed incest as one of many deviant behavior patterns that are symptomatic of

family dysfunction in which all family members--even those not overtly involved, are etiologically relevant. Here incest is typically seen as serving as a defense against separation and loss. The literature that comprises each of these areas will be reviewed below, followed by a presentation of the literature dealing specifically with disclosure.

Epidemiological-Descriptive Research

The epidemiological literature does not present a unified picture of the problem. There is considerable disparity in reported incidence estimates for a number of reasons. Researchers operate from different theoretical positions, draw their samples from different sources, and define incest differently in terms of the sexual activities and degrees of consanguinity that are included. The divergence of legal statutes and clinical considerations can add to the confusion. One point on which researchers have agreed, however, is that the number of detected cases does not adequately reflect actual incest experience. In the following sections various incidence estimates and some of the methodological problems encountered in incest research will be presented.

Incidence and Prevalence Studies

The first incidence estimates to appear in the clinical literature were those reported by Weinberg (1955)

of one to two cases per million inhabitants per year. These figures were derived from criminal statistics. Their inadequacy is striking when one considers how few cases come to trial and how often charges are lessened for convicted offenders. Despite general agreement that Weinberg's research under-represented the scope of the problem, Rosenfeld (1979) suggested that few professionals at that time expected a significantly higher rate of occurrence. Weinberg's figures were the most frequently cited during the 1950's and 1960's.

The question of sexual encounters between adults and children has also been investigated by sociologists through large-scale surveys. Herman (1981) reviewed five large-scale surveys of early sexual experience conducted between 1940 and 1978 on predominantly white, privileged, nonclinical samples of American women. She found that between four and twelve per cent of all women surveyed reported a childhood sexual experience (nature unspecified) with a relative. One woman in one hundred reported a sexual experience with her father or stepfather. These figures are also considered to be conservative estimates given their class bias and emphasis on self-report. More recently, Russell (1983) found that 4.5% of a random sample of 930 women reported an incestuous relationship with a biological, step-, foster, or adoptive father before the age of 18.

Studies of child and adolescent victims and adult

survivors of incest who have come to professional attention present greater variability in their findings. Peters (1976) reported that 14% of all children interviewed within a six month period following an emergency room contact for rape or sexual assault had been abused by a natural father, brother, or father surrogate. Studies of young women identified for deviant social and/or sexual behavior have reported disclosures of incestuous experience by 15% to 25% of their samples (Halleck, 1962; Malmquist, Kiresuk, & Spano, 1966 respectively). Prevalence rates reported from outpatient psychiatric caseloads, where a positive history of incest is given initially or revealed in the course of treatment, have ranged from 3.8% to as high as 33% (Browning & Boatman, 1977; Rosenfeld, 1979).

Kempe & Kempe (1984) estimated that father-daughter and stepfather-daughter incest account for approximately three-quarters of all reported incest cases. Finklehor (1984) concluded that a stepfather is five times more likely to sexually victimize a daughter than is a natural father. He further stated that while father-daughter incest is common, it probably accounts for less than one-third of all child sexual abuse.

Defining Incest

As Rosenfeld (1979) pointed out, the earliest definitions of incest recognized only completed genital intercourse with a blood relative. Such a restrictive definition excluded much of the sexual activity that is

initiated with children, particularly prepubertal children, and excludes same-sex participants. This definition was then expanded to encompass any overt sexual activity involving genital contact between people too closely related to marry, thereby including homosexual as well as heterosexual genital fondling, mutual masturbation, and oral-genital contact. This is the definition most frequently used in current research. Some variations, such as that suggested by Berry (1975), require that the offender have attained puberty and be at least five years older than the victim, but clearly encompass both same and cross-generational participants.

Other behaviors along the spectrum of adult-child sexuality, such as sexualized kissing, genital display without contact but in a sexualized context, use of pornographic materials, and verbal expressions of sexual interest are more ambiguous. While such acts are recognized as seductive, intrusive, and as exposure to sexual stimulation inappropriate for a child's age and level of development, they are generally considered to be "sexual misuse" or "psychological" rather than overt incest (Brandt & Tisza, 1977; Summit & Kryso, 1978). At the more radical end of the spectrum is the definition offered by Herman (1981), for whom any sexually motivated physical contact that must be kept secret between a child and an adult in a position of parental authority constitutes incest.

Earlier authors tended to stress traditional degrees of consanguinity in their inclusion criteria. As such, father-daughter, mother-son, and brother-sister sexual activity has always been considered incestuous. Same-sex parent-child pairs have been included when sexual behavior other than genital intercourse has been recognized. Sexual activity between grandparent and grandchild, uncle/aunt and niece/nephew, and half-siblings is generally regarded as incest. While sex between first cousins may constitute incest in the eyes of the law, such relationships are rarely included in within research definitions of incest. "Familial" feelings tend to be diluted and social and legal censure are minimal.

Over the past eight years, clinicians whose work has been informed by feminist theory have stressed the psychosocial relatedness of incest participants over blood ties. Their incest criteria include all those parental figures with whom the child has a pre-existing relationship, be it by adoption, marriage, common law partnership, or other arrangement. The emphasis is on the betrayal and corruption of the relationship rather than on the biology (Herman, 1981; Gelinas, 1983).

Validating Incest reports

A conceptual framework to assist clinicians in assessing the reality of reports of incest, both current and retrospective, has only recently been developed. This framework integrates earlier writings on the quality of a

child victim's confusion and unfolding of memories (Ferenczi, 1933/1955; Shengold, 1963) with more recently identified behavioral indicators of abuse and interview techniques for validation that can be used with victims at different stages of development (Goodwin, 1982; de Young, 1986). These tools are particularly important given that offenders will typically deny that incest has occurred, independent corroboration is usually not obtainable, and physical evidence is often lacking. Such validation work has provided invaluable information about the normative sequence of events in the development of incest relationships. This sequence will be presented here to further define the terms of discussion.

As outlined by Sgroi (1982), the activities of intrafamilial child sexual abuse occur within a fairly predictable pattern of five separate phases: engagement, sexual interaction, secrecy, disclosure, and suppression. The engagement phase: Sexual abuse is not capricious or unplanned. The offender has access to the child through a legitimate position of power that is exploited to engage the child in sexual activity. While the first encounter may be unanticipated, the offender can be expected to watch for or create opportunities for private interaction with the child thereafter. In most cases physical force is not used. Rather, there is subtle coercion in the various emotional and material inducements that are offered. Typically the activity is presented as "special", fun, or a

way to express love.

The sexual interaction phase: Generally multiple incidents occur over time involving a fairly predictable progression of sexual activity. Initial incidents may include exposure, fondling that focuses increasingly on body parts with erotic significance, or autostimulation. Subsequent incidents may begin in the same way but progress to mutual masturbation, oral-genital contact, or some form of penetration of the child's body.

The secrecy phase: The offender will seek to persuade or pressure the child to maintain secrecy surrounding the sexual activity. The child often cooperates. The emotional and physical intimacy may be pleasurable. The child may value the material rewards or feel unsupported and powerless to do otherwise. On the other hand, threats may be "necessary" to reinforce secrecy. These typically involve loss of love or incurred anger, removal of either the child or the offender from the home, or violence directed toward the child or other family members.

The disclosure phase: Disclosure may interrupt the secrecy phase either accidentally or purposefully. Incest may come to light accidentally through observation by a third party; investigation of precocious activity initiated by the child; or detection of physical injury, sexually transmitted disease, or pregnancy. In a purposeful disclosure, a participant, usually the child, consciously decides to reveal the incest to an outsider. Motivations

vary with the age of the child, nature of the abuse, and family constellation. Typically the aim of the disclosure is to escape or modify some family pressure situation. It is often colored by unrealistic expectations as to family reaction and outcome.

The suppression phase: This phase encompasses those actions initiated, typically by the offender, in a coercive manner to discourage intervention by outsiders once the incest is revealed. Such behavior may involve: denying the significance of psychological and physical sequelae of the abuse, inducing guilt in the child for her part in the disclosure, a spectrum of subtle pressures and verbal and physical threats directed toward the child and other family members who appear to be cooperating with outside authorities, and various means of undermining the credibility of the accusations and of the victim in general.

Psychological-Investigative Research

It is generally acknowledged that overt incest is the outcome of complex interpersonal processes. Researchers and clinicians working in this conceptual area, however, have been interested primarily in generating hypotheses about the contributions of the psychodynamics of individual family members to its etiology and in developing effective strategies for individual treatment. The research on

fathers, mothers, and daughters will be presented in the sections below.

Fathers

Overview of Characteristics

In her review of research on offenders, Meiselman (1978) pointed out that early studies sought to attribute the commission of incest to single behavioral and personality factors. Some researchers posited the more or less constant conditions of mental retardation and psychosis as "causes" of abuse. Others looked to transient altered states, such as those brought on by alcohol or drug use and extreme stress, to understand the transgression of the incest taboo. The findings of this kind of correlational research were of limited usefulness, however.

For the most part, incestuous fathers are not mentally deficient, psychotic, sociopathic, primarily substance abusing, or pedophilic (Weiner, 1962; Cavallin, 1966). They do evidence some predisposing personality characteristics, however, that interfere with their ability to control their impulses in situations where the temptation to commit incest exists (Lustig, Dresser, Spellman, & Murray, 1966). Prominent among these is the tendency to limit contacts to the nuclear family. Weinberg (1955) used the term "endogamic" offender to describe those men who confine their sexual objects to family members because they neither crave nor cultivate extrafamilial

social or sexual contacts, but for whom incest is not part of a broader pattern of social or sexual deviance. Clinical studies of endogamic fathers will be the focus of this review.

The literature describes men who, for the most part, have made an acceptable occupational and social adjustment, are of average intelligence, have shown no history of sexual perversion, and have no history of criminal behavior prior to or other than the incest (Cormier, Kennedy, & Sangowicz, 1962; Weiner, 1962). Fathers are typically in their late 30's or early 40's when they begin incestuous activity. Usually the oldest daughter in the home is approached first. The offender may then move on to other accessible children in serial fashion. Often incest is initiated after the father has sustained an important relational or narcissistic loss, such as the death of parents, disruption of marital relationship, loss of a job, or serious illness or injury (Gelinas, 1983).

Background and Personality Characteristics

Family backgrounds characterized by mild to extreme levels of poverty are frequently reported. Many early studies cited emotional deprivation in families of origin related to parental alcoholism, maternal absence through death or abandonment, or physical or emotional desertion of the family by the offender's own father (Kaufman, Peck, & Taguiri, 1954; Cavallin, 1966). Lustig et al. (1966) reported that incestuous fathers in their sample had

experienced frequent separations from their procreative families as well. Such separations may further de-emphasize the special value of the parent-child relationship and dilute constraints to sexual enactment.

More recently Parker and Parker (1986) compared a group of sexually abusing fathers with a control group of nonabusing fathers. They did not find significant differences in parental absences, changes, or discord in the early home situations of the two samples. Abusing fathers did perceive mistreatment by one or both of their parents with significantly greater frequency, however. They were also less likely to have been in the home during the daughters' first three years (many were stepparents) or to have been involved in performing childcare and nurturant tasks. Those who were reported greater discomfort with these tasks than the comparison group.

Another background feature cited with increasing frequency is the presence of an incestuous model in the offender's family of origin, through either observation of incestuous activity or sexual victimization. Through observation children may learn that family members are possible sexual partners. This message is reinforced when incest seems to have no serious consequences within the family. Observation is seen by Raphling, Carpenter, and Davis (1967) as an important determinant of a man's choice of incest over "extramarital" relationships to release sexual tension. Groth (1982) estimated that one in three

adult male sex offenders has been sexually abused in childhood. Incest offenses may be in part a replication and attempt at mastery of the offender's own victimization or other sexual trauma.

Salient personality characteristics of incestuous fathers have been identified from clinical interviews and psychological testing of incarcerated offenders. Findings include: 1) the absence of psychotic features; 2) evidence of average to high intelligence with a well-integrated system of defenses and considerable capacity for rationalization; 3) a significant degree of projection and paranoid trends; and 4) evidence of difficulty establishing an identity as an adult male (Weiner, 1962). Where offenders did experience psychotic disorganization, as in the cases presented by Cavallin (1966), the symptoms typically appeared after discovery and/or a period of incarceration. This same reactive pattern was found by Cormier et al. (1962) for offenders demonstrating severe depression and suicidal potential.

Substance Abuse

The association between chronic alcoholism or drunken episodes in times of stress and father-daughter incest has frequently been noted in the literature. There has been a shift over time, however, from the view of alcoholism as the "causative" agent in incest to the view of alcoholism and incest as symptomatic of a shared underlying problem. Often, though not necessarily, the assault is premeditated.

The offender drinks to "gather courage" for the approach. In addition to lowering inhibitions and relieving stress, the use of alcohol aids in self-deception and disavowal of responsibility for commission of the offense (Groth, 1982).

Because terms are infrequently defined, it is difficult to estimate with confidence the prevalence of alcohol abuse and dependence among incest offenders. It is typical to read, however, that between 20 and 50 percent of samples of incestuous fathers are alcoholic or drink to an excessive degree (Meiselman, 1978). Herman (1981) reported that while over one-third of her informants considered their fathers to be problem drinkers, alcohol abuse was not found to be a distinguishing characteristic when incest families were compared to a control group. This finding supports the need for caution in interpreting the role of alcohol in incest behavior.

Groth (1982) wrote that alcohol is much more likely to play a role in acts committed by "regressed" offenders whose primary sexual orientation is to agemates. For regressed offenders, incest constitutes a maladaptive attempt to cope with specific life stresses. There is usually no history of alcohol or drug use among "fixated" offenders, whose primary sexual orientation is to children, usually male. Offenses committed by this group are typically premeditated and grow out of persistent and compulsive sexual interest in children without an identifiable precipitating stressor. Few studies to date

have mentioned drug use by offenders. With the rise in polysubstance abuse, however, it can be expected that reference to drug involvement will appear more frequently in the literature.

Marital and Family Relationships

The marriages of abusing fathers tend to be first marriages that endure despite considerable discord or estrangement. Sex roles tend to be rigidly defined in incest families. The status of maternal role and functions and of women in general is seen as inferior. Families tend to be large and extramarital affairs are the exception (Cavallin, 1966). Many researchers have commented on the investment that incestuous fathers have in maintaining or appearing to maintain patriarchal strength in the family.

It is frequently considered a father's prerogative to supervise and restrict the lives of wives and daughters, deterring independent activities and extrafamilial relationships. Also involved here is the paranoid stance that many offenders demonstrate in relation to the community at large. Husbands tend to relate to their wives sexually in an unaffectionate and exploitative manner (Weiner, 1962). Physical force is often used to assert dominance. In Herman's (1981) study, for example, habitual violence toward wives and children was reported by half of the informants. Just as alcohol abuse was effectively concealed from outsiders, violence was kept within socially condoned limits and no outside intervention was provoked.

Fathers are often described as "prudish" men who dictate high moral standards to their families while sexually abusing their children. In the attempt to reconcile their actions and beliefs and to deal with their guilt, some fathers alternate periods of sexual activity with periods of heightened religiosity and prayer (Cormier et al., 1962). The capacity for rationalization can also be seen in the various justifications offenders use for the incestuous relationship: an expression of paternal love for the daughter; a need to assume the role of her protector and initiator; and a logical conclusion to his wife's frigidity, sexual refusal, or absence. Aspects of this ideology are also present in much of the literature from the 1950's and 1960's. Researchers frequently blamed wives for marital and sexual dissatisfaction and did not challenge assumptions about fathers' rights to sexual access to members of their families. Incestuous "affairs" were often not considered "extramarital".

It is difficult to reconcile contrasting views of these men in the literature. On the one hand, incestuous fathers are presented as ruling their families through excessive control and intimidation. On the other hand, they are described as "ineffectual and dependent", "slaves of love", weak, insecure, or "victims of a domineering or managing wife" (Raphling et al., 1967; Cavallin, 1966; and Peters, 1976 respectively). Goodwin (1982) proposed that achieving control of the sexual knowledge and actions of

the child may compensate fathers for their sense of being out of control of their own sexuality. Loss of control and an inability to take responsibility is so central to fathers' descriptions of the incestuous event that they often attribute excessive power to the child.

Herman (1981) suggested that the solution to this apparent contradiction lies in the ability of these men to assess their relative power in any situation and to vary their behavior accordingly. As such, they become sympathetic, helpless, or ingratiating in the presence of more powerful agents such as police, prosecutors, researchers, or therapists while behaving autocratically within the family.

While there is evidence to support this hypothesis, it is also possible that researchers and clinicians are confronting two distinct types of offenders. For example, Groth (1982) distinguished two prominent patterns of role relationships between husband and wife in incest prone families: an aggressive-dominant pattern and a passive dependent pattern. In the first instance, the husband occupies the dominant role in the family and maintains a position of power by keeping wife and children dependent and isolated. A helpless and invalidated wife cannot provide much emotional support so he turns to his daughter(s) to fulfill emotional and sexual needs. Sexual access is experienced as part of his narcissistic entitlement as head of the family.

In the second pattern, husband relates to wife more as a dependent child than a competent partner. Over time she come to feel unsupported or neglected and may turn elsewhere for emotional fulfillment. As she becomes increasingly self-sufficient and decreasingly attentive to his needs, he turns to his daughter as a surrogate "companion-wife-mother" who is expected to take care of him emotionally as well as sexually.

These characteristic modes of relating will be evident in treatment or research situations as well. The dominant offender may be belligerent or blatantly resistant. He may deny the offense, actively sabotage the work, or abandon his family. The passive-dependent offender may present as a victim of external forces and events over which he has no control. He may look to others for a magical cure (Groth, 1982).

Motivational Models of Incest Behavior

Various motivational models of incest behavior have been touched on above. They will now be addressed in a more explicit manner. As Finklehor (1984) has indicated, incest was initially viewed narrowly as a sexual crime, the product of hypersexuality or other sexual deviance in the offender. More recently, investigators have stressed the nonsexual or "pseudosexual" motivations of child sexual abuse. Two general characteristics are shared by these various explanatory models. The first is the offender's lack of impulse control, either characteristic of the

individual or the result of transient stress. The second is a confusion of roles in which the child, regarded as something other than a child or as a surrogate for someone else, becomes an object for the needs of the adult. Adequate recognition of the inappropriateness or inadequacy of the child to meet these needs is lacking (Summit & Kryso, 1978).

The model advanced by Cormier et al. (1962) offers one possible sequence of role confusion. A five stage process is posited in which 1) the daughter becomes the substitute for the wife; 2) the daughter is the substitute not for the present wife but for the girl courted many years ago; 3) parallel to this, the father has the illusion that he is again the young man he was when he wooed his wife; 4) the real wife comes to symbolize the forbidding mother; and 5) the daughter herself becomes transformed as the early giving mother (p. 212). Lustig et al. (1966) also discussed the mechanism of projective identification as a significant factor facilitating the reversal of family roles and its use by both parents to gratify or revenge unmet pregenital dependency needs. Other researchers have written of incest gratifying those needs related to competence; sexual and nonsexual adequacy and worth; recognition; validation; status, power, and control; affiliation; and identity (Herman, 1981; Groth, 1982; Sgroi, 1982).

Concern has been expressed, however, that

investigators who stress these aspects have seriously downplayed the sexual component of child sexual abuse. Finklehor (1984) re-emphasized that all sexual behavior is infused with nonsexual motives. The sexual abuse of children is not distinguished by the presence of such motives; however, different sexual acts contain different "alloys" of sexual and nonsexual motives. The fact that in incest behavior these needs take a sexual form of expression "reveals an erotic component. The sexual act and the sexualization of the child were important to the expression of the need. This sexualization is something that needs to be explained too." (p. 34).

Toward this end, Finklehor urged a move away from dichotomous explanatory models that pit deviant patterns of arousal against expression of psychosexual immaturity. He advocated an organizing framework that encompasses multiple explanations of all child sexual abuse, not only incest. While the various aspects of his model have been discussed in some form by earlier researchers and presented above, because a qualitative difference emerges when they are viewed as complimentary components rather than as competing theories, they will be enumerated here. The four factors are: emotional congruence, sexual arousal, blockage, and disinhibition.

1) Emotional congruence addresses why an adult finds it emotionally satisfying to relate sexually to a child and encompasses the kinds of nonsexual motivations discussed

above.

2) Sexual arousal underscores the fact that having strong emotional needs to engage children in caring or dominating relationships is not equivalent to finding children arousing. A theory must address why an adult finds children sexually stimulating. Evidence suggests that sexual preferences and proclivities do exist autonomously from emotional needs. Research also indicates that incestuous fathers have or develop deviant sexual arousal patterns and are frequently unable to spontaneously abandon their emotional investment in and sexual involvement with their victims--even when under clinical and/or legal investigation. The behavior becomes compulsive. Social learning as well as individual psychophysiological components are seen as shaping arousal patterns.

3) Blockage addresses why an individual is unable to gratify his needs through adult relationships. Blockages may be developmental--as posited in models of oedipal conflict and the fixated offender, or situational--as with the regressed offender because of a breakdown or loss of relationship or other transitory crisis.

4) Disinhibition speaks to why conventional inhibitions against sexual activity with children are absent or overcome. Here Finklehor integrates work on personality factors, situational stressors, substance abuse, and the analysis of the disinhibiting influence of social approval

for the excesses of parental authority within patriarchal society (pp. 37-46).

Mothers

Overview

The backgrounds of mothers in incest families are frequently characterized by inadequate psychological nurturance and material deprivation. Absences of one or both parents from the home for extended periods of time during childhood are frequently cited. Their mothers, if present, are often described as having been rejecting or hostile. Experiences of repeated verbal, physical, and sexual abuse are also frequently reported.

Histories of betrayal by parents or caretakers and unmet needs for nurturance lay templates for subsequent intimate relationships and influence choice of marital partner. According to Sgroi and Dana (1982), these women generally become involved with men who dominate and further victimize them. Often they are in poor physical health. Many women demonstrate impaired self-image if not chronic depression. While cases are cited in the literature of mothers who function as sole or primary family breadwinners or who have attained higher levels of education than their spouses, they tend to be economically dependent and to lack the skills to be self-sufficient (Herman, 1981). Early histories and the quality of marital relationships in turn have an impact on the relationships that these women

develop with their own children. Particularly affected are the abilities to maintain appropriate generational and role boundaries and to limit inappropriate intimacies between husband and daughter.

The early experiences and adult characteristics presented so far may not distinguish mothers of incest families from women of comparable socioeconomic backgrounds in whose procreative families incest has not occurred. They are of particular interest to researchers who seek to underline the contribution of mothers to the incest situation. Whether, how, and why a mother fails to protect her children from sexual abuse are central organizing questions for much of this literature. Acts of commission as well as omission are cited. The various functional, background, social, and marital factors that are seen as contributing to the inability of mothers to act as protective and restraining agents will be examined below.

Maternal Absence and Incapacitation

Maternal absence and incapacitation are often cited as the most immediate reasons for this failure of maternal restraint. It is not unusual to read that between six and eight percent of the mothers in clinical case samples are deceased or have deserted their families (Cavallin, 1966; Meiselman, 1978). Physical illness is also discussed as a factor contributing to the incest situation by ending mother's roles as sexual partner to father and protector of the children. Herman (1981) reported that 55% of her

informants remembered that their mothers had had periods of disabling illness resulting either in frequent hospitalizations or in mother's living as an invalid in the home. Maternal separations were experienced by 38% of the daughters in her sample because mother was hospitalized or felt unable to cope with child care duties and temporarily placed her children in the care of relatives.

Depression, alcoholism, and psychosis are also among the more commonly identified or deduced causes of maternal disability. Reliable statistics are unavailable, however, because these women rarely come to professional attention. While this situation is beginning to change with requirements to report abuse, mothers also rarely receive treatment. Chronic maternal depression is reported by Browning and Boatman (1977) and Sgroi and Dana (1982) and implicit though not labeled as such in descriptions of mothers presented by Kaufman et al. (1954). Isolation, alienation from more positive and supportive interpersonal relationships, and the expectation of continued failure based on repeated experiences in all areas of life are seen by Sgroi and Dana as the most significant dynamic components of maternal depression.

Isolated cases of psychotic mothers are reported by Weinberg (1955), Cavallin (1966), and Meiselman (1978). Many of the daughters in Herman's (1981) study remembered their mothers as suffering from "mysterious ailments" that made them seem withdrawn, unavailable, and peculiar.

Meiselman concluded that psychotic mothers are the exception and are probably not found more frequently in incest families than in the general population of a similar socio-economic background.

Repeated, sometimes enforced pregnancy is another frequently cited experience of mothers in incest families, one that is disruptive to family role structure and functioning in many ways. Multiple pregnancies and the strains of caring for many small children are physically, emotionally, and economically debilitating and result in a woman's diminished availability to her family. She may be sexually unavailable to her husband during pregnancy and the period post-partum. Her preoccupation with the pregnancy, physical absence from the home for delivery and recovery, and her absorption with the care of a newborn may be experienced as a desertion by her spouse and children. The response to this abandonment may be acted out through the initiation of explicitly sexual activity between father and daughter. It is common to read that mother was pregnant when the incest began. Herman (1981) further stressed the correlation between large family size and relative maternal powerlessness, suggesting that this correlation might offer some insight into mother's apparent passive acceptance of the incest offender's behavior in the home.

Background Features

Several case study reports have posited a three

generational pattern that develops in response to physical and/or emotional desertion, pathologically binds mothers and daughters, and results in heightened vulnerability of the granddaughter to overt incest (see in particular Kaufman, et al., 1954; Lustig et al., 1966; Eist and Mandel, 1968). In the first stage, the maternal grandmother unconsciously singles out one of her daughters to be the recipient of resentments held against the deserting maternal grandfather. Separation from a rejecting mother is rarely complete. Over time, the daughter becomes engaged in a cycle of attempted returns to her mother in the hope of receiving the love, acceptance, and encouragement she has never felt. These attempts typically end in disappointment and deflation. As she enters adulthood, this daughter carries a pervasive sense of worthlessness and strong dependency residuals which influence her choice of mate. Generally he is someone rejecting whom she in turn rejects. Her parenting is also affected.

A gradual process is begun when she has children whereby the highly ambivalent, hostile dependent attitude held toward the maternal grandmother is transferred to a particular daughter. This daughter is treated with special attention from an early age. Mother may indulge her materially, relate to her as a confidante, and seek her advice. Mother becomes increasingly dependent on this daughter and encourages her to assume responsibilities in

the home beyond what is appropriate for her years. In effect, the daughter becomes the mother to her mother. With this inversion of roles, mother may enlist daughter as marital negotiator or as a substitute for herself with her husband, as someone who knows better how to please him. This may be done in varying capacities and with varying degrees of subtlety, rivalry, and rejection, as daughter's enhanced status is perceived. In certain families demonstrating particularly poor controls, daughter is vulnerable to becoming not only emotional but sexual surrogate.

Marital and Family Adjustment

Sgroi and Dana (1982) highlighted several aspects of marital adjustment from their clinical work with mothers that are seen as contributing to the failure of maternal restraint. They described many mothers as holding from childhood unrealistic fairytale expectations of marriage and family life. These idealized fantasies center around finding in husbands and children the nurturance and security lacking in their families of origin. Following Groth's (1982) model of incest offenders, Sgroi and Dana distinguished two primary modes of husband-wife interaction: dominant relationships and dependent relationships. Both modes are reportedly dissatisfying to wives and contribute to the confusion in role boundaries, poor communication, and dysfunctional sexual relationships that can increase the potential for incest.

In general, women in the first group are characterized by low self-esteem and limited social and vocational skills. They become attached to men who will dominate them and foster their dependency, passivity, and tendency to remain within the family circle. While social isolation is often promoted or enforced by husbands, these women are seen as contributing by their avoidance of social opportunities. Husbands in this group tend to be extremely critical and contemptuous of their wives' abilities to function independently. Wives tend to act like "one of the kids". Children perceive mother's relatively impotent position in the family and tend to treat her more like a peer, furthering the erosion of maternal authority. Whether clearly aware of the incest or not, women in this group tend to be unable to intercede protectively or effectively on behalf of their children.

Wives of dependent husbands, on the other hand, tend to be more self-asserting, to have more fully developed social skills, and to appear more capable of functioning independently of their husbands. Women in this group typically describe their husbands as expecting them to behave like mothers rather than partners. Often they accept their husband's dependent, childlike behavior and act more like mothers. In turn, they are described by their spouses and daughters as cold, selfish, rejecting, unforgiving, and jealous of the special relationship between husband and daughter.

A compromise posture of "psychological absence" is frequently adopted by women in both groups in their relationships with spouses and children. They may continue to perform concrete parental functions and tasks adequately, but they are emotionally unavailable and physically unaffectionate. It is speculated that this apparent lack of psychological investment in the interpersonal aspects of family life is the end result of multiple unsuccessful attempts at engagement that were rebuffed or ignored by their spouses. Gelinas (1983) saw this relationally avoidant behavior as resulting from mothers' experiences of relationships as depleting, taking but giving nothing in return. In many cases this posture of absence may be implicated in the failure of awareness of or attention to inappropriate intimacies between father and daughter.

Following similar lines of inquiry, Goodwin (1982) found that deficits in mothering can sometimes be traced to defensive reactions to childhood incest experienced by the mother herself. Women in her case studies with a history of incest demonstrated inhibitions and fears about tenderness, which was experienced as sexual, threatening, shameful, or as an imposed loss of control. In the extreme, a mother who must turn off tender feelings may become either neglectful or physically abusive toward her children.

In many cases, psychological absence is translated

into a predictable pattern of physical absences from the home. Wives of both dominant and dependent husbands may escape the frustration, unpleasantness, and boredom of their roles by seeking companionship, distraction, or employment outside of the home. Wives of dominant husbands are more likely to justify such absences in terms of contributing to family support or being needed by their families of origin. Regardless of the justification, such a mother is seen as contributing to the incestuous relationship as she "manages to avoid setting limits for others and fails to fulfill her own role responsibilities by being elsewhere." (Sgroi & Dana, 1982).

Sexuality and Sexual Adjustment

In addition to the pronounced interpersonal dysfunction, the sexual relationships between marital partners in incest families are frequently dysfunctional. Researchers have thus sought to establish a link between maternal sexual functioning and the inception of father-daughter incest. Both promiscuity and aversion to sex have been discussed as factors contributing to the incest situation.

In her review of case study reports conducted in public agency settings, Meiselman (1978) found that a significant number of mothers had histories of sexual acting out that resulted in their being labeled "promiscuous". While researchers have seldom defined "promiscuity", in this context it is generally equated with

loose morality and encompasses an "unusual tolerance" for sexual activity; varying extents and frequencies of premarital activity; extramarital contacts including bringing men home when husbands are out; and minimizing the importance of sexual privacy such that children have the opportunity to witness sexual scenes. It is, however, a term that is applied differentially to men and women, social classes, and ethnic groups under different circumstances.

Gligor (1966) demonstrated, for example, that mothers in incest families were more likely to be labeled promiscuous than mothers of adolescent girls appearing in juvenile court for nonincestuous sexual activity. Further, researchers have generally not examined underlying pushes toward indiscriminant sexual behavior. The equation of promiscuous with "hard", psychopathic traits may be accurate in many cases. Promiscuous behavior on mother's part can be understood not only as causative but as symptomatic of broader family disorganization in which the strength of all moral and sexual taboos, including incest is diluted. In some cases, a wife's extramarital activity may serve to distract her from her husband's behavior with their daughter. In other cases, promiscuity may be understood as related to passive-dependent, masochistic personality characteristics. Here, a woman might give herself to men as the price for being held. Or she may derive masochistic pleasure from being used and

demonstrating what brutes men are (Meiselman, 1978).

Maternal frigidity and aversion to sex have also been discussed as factors contributing to the incest situation. Weiner (1962) and Gebhard et al. (1965) provided accounts of wives who denied their husbands intercourse or any form of sexual access for many years. Cormier et al. (1962) reported that many offenders in their sample described their wives as hostile and unloving in both sexual and nonsexual areas of the relationship. Others were "loving" in a nonsexual context, but, while they did not deny their husbands, their lack of sexual responsiveness was frustrating. Lustig et al. (1966) described many of the wives in their sample as simultaneously provocative and rejecting. Extreme examples of this kind of behavior involved sexually arousing husbands then withdrawing from the scene, leaving young daughters in their care.

In the clinical studies of daughters conducted by Meiselman (1978) and Herman (1981), mothers were described as naive and prudish, communicating to daughters attitudes toward sex ranging from indifference to revulsion. Rarely were positive feelings about sex and sexuality conveyed. Such mothers were also likely to react punitively to daughters' sexual questions and curiosity. Such reactions may play a significant role in silencing daughters' early attempts at disclosure.

The issue of aversion to sexuality is a particularly important one. Many authors have equated a woman's

avoidance of or withdrawal from sexual activity with her husband with the wish, conscious or unconscious, to shift sexual responsibility in the marriage from herself to her daughter. This withdrawal may be a significant ingredient in the inception of overt incest as a husband finds maladaptive solutions to sexual and nonsexual gratification, but is certainly not in itself sufficient. It does not necessarily constitute "setting up daughter". Many marriages continue sexless without incest developing in the family unit. Sgroi and Dana (1982) have also emphasized that many fathers carry on simultaneous sexual relationships with their children and their wives.

In addition to the issue outlined above, few studies have examined "frigidity" or orgasmic dysfunction in a relational context or questioned the underlying attitudes and formative experiences that contribute to women's inhibited responsiveness. Weiner (1962) reported that the wives in his sample experienced their husbands' sexual approaches as motivated primarily by physical release rather than mutual pleasure. Sgroi and Dana (1982) found that mothers of incest victims had limited knowledge and awareness of their own bodies and of the physiological aspects of their own sexuality in particular. This limited body awareness was seen as serving to reinforce sexual reluctance, avoidance, and dysfunction and as a factor limiting affectional relationships with all family members.

A history of sexual misuse or abuse in childhood may

also be implicated in a woman's perception of sex as dirty, shameful, intrusive, and exploitative. Goodwin (1982) suggested that mothers who can be determined to have actively set up their daughters may have an undisclosed or repressed history of sexual abuse themselves. The recreation of a similar situation for her child may allow her a chance to rework the trauma. This pattern is most clearly illustrated by case reports where the child's sexual abuse occurred at the same age as the mother's prior abuse.

Passivity and Powerlessness

Passivity and dependency are characteristics that appear frequently in descriptions of wives of incestuous husbands, in part to explain why women stay with rigidly dominant, verbally and physically abusive men. In extreme cases, particularly when battering is involved, the concept of masochism is used to denote a kind of satisfaction gained from being a virtuous victim who suffers for her family and actively seeks to perpetuate her victim role (Meiselman, 1978). Following these observations, Herman (1981) reported that many of her informants described their mothers as weak and powerless, strong only in their capacity for suffering. These women had internalized and in turn conveyed to their daughters the beliefs that a woman is defenseless against a man, that a marriage must be preserved at all costs, and that a wife's duty is to serve and endure.

Feminist authors have emphasized the importance of integrating the examination of cultural conditions and conditioning in this kind of discussion about personality characteristics. A woman may stay in the type of marriage described above for many reasons. There are harsh political and economic realities that affect the viability of mother-headed households. Many of these women have never been valued or reinforced for independent behavior and are inhibited in the expression of "adequate aggression" (Horney, 1967). They may have been consistently undermined and invalidated by their spouses.

A woman whose self-esteem is impoverished, who has little higher education or vocational skills and experience, no social supports, is in poor health, and encumbered by the care of many small children may well not experiences herself as in a position to challenge her husband's domination or behavior with her daughter. Such a woman might maintain a posture of denial or ignore signs of inappropriate behavior in the hope that they will go away. She might consciously or unconsciously "sacrifice" a daughter or utilize whatever outlets of personal power are available to her, however distorted they may be. She may be "strong in her suffering".

Herman (1981) made some interesting observations about maternal power and powerlessness in these families. To better identify the family characteristics that seem to both increase the risk of overt incest and protect against

its development, she compared experiences related by 20 daughters of "seductive" fathers with those of 40 incest victims. On the whole, the mothers of the "seductive" group appeared to be physically healthier, more assertive and competent, more socially active, and less isolated. They had experienced fewer pregnancies on average and there were no instances of early mother-daughter separations. Mother-daughter relationships were marked by estrangement, however. Little affection, cooperation, or trust were experienced by daughters. Overt competition was also a prominent feature.

Again, family and gender roles were rigidly defined. Wives were described as generally submissive to their husbands and determined to preserve their marriages at all costs. But they did not tolerate the extremes of abuse, such as beatings, that mothers of incest victims tolerated. Herman concluded that:

> In families where a more nearly equal balance of parental power was preserved, overt incest did not develop, even though the fathers' sexual interest in their daughters was quite apparent. The mothers who were able to function competently in their traditional roles, and who did not submit themselves to physical abuse, effectively protected their daughters from incest, even though they and their daughters were often bitterly estranged. The most effective barrier to overt incest thus appeared to be

> not the father's impulse control, but the degree of social control exerted by the mother. (Herman, 1981, p.124)

Failure of Maternal Restraint, Collusion, and Complicity

The review of the literature on mothers has been presented around the issue of failure of maternal restraint. There are serious problems with the question itself that must also be considered. Foremost among these is mother-blaming--the frequency with which a woman's failure to protect her children from abuse is equated with collusion and complicity. This equation is pervasive in the clinical literature, even when this protection requires mothers to behave in ways that are inconsistent with socially prescribed roles in male-dominant families. Herman (1981) organized the attribution of maternal responsibility for the incest situation into three primary areas:

1) Failure to perform marital duties
2) Forcing daughter to take her rightful place
3) Knowledge, tolerance, or in some cases active enjoyment of the incest

Implicit in the first count is a set of normative assumptions regarding father's prerogatives and mother's obligations within the family. Father's rights to sexual access and satisfaction are encompassed here as is the tendency to blame mother for whatever sexual problems are

encountered in the parental couple. Mother is expected to fill in for all the activities and functions not provided by other family members. She is the pivotal nurturant figure, and the one responsible for enhancing the skills and comfort of all family members. That she fails to meet family expectations in these capacities or maintains a posture of emotional distance, thereby enhancing family feelings of deprivation, may contribute to the "preconditions" of the incest situation. Such a failure in itself does not constitute collusive behavior.

Similarly, there is an expectation that mother can and will enforce controls in the family. Implicitly and explicitly expectations are presented in the literature that a wife will function as arbiter of inappropriate intimate or playful behavior between husband and daughter and that she will control her husband's sexual impulses when he cannot control them himself (Sgroi, 1982). This is a remedy that many mothers reportedly attempt. Daughters' testimonies reveal how inadequate these attempts at running interference can be (Herman, 1981; Goodwin, 1982). There are several reports in the clinical literature of incest "nipped in the bud", principally by Cormier et al. (1962) and Machotka, Pittman, and Flomenhaft (1967). In each case, the process began with a wife's questioning or confronting her husband's behavior with their daughter. In those cases where incest was reported to have been successfully prevented, some form of professional

intervention was necessary.

Mothers are also typically held responsible for the role reversals with daughters that are frequently described in incest families. These distortions of ordinary family roles involve all family members. They are products of the rigid patriarchal role assignments that tend to be made in these families and have frequently gone unchallenged in the literature. For example, researchers have typically not questioned why, when a mother is incapacitated, her traditional responsibilities are assigned to the next oldest female member of the household, rather than father assuming some of the caretaking and nurturant functions.

The issue of knowledge of the incest itself is the most complex. Overall, there is general agreement in the literature that mother's behavior always involves some degree of denial. Authors disagree, however, about what is being denied. Many equate mother's denial or minimization of family disturbance with disavowal of the knowledge that actual sexual contact is occurring between husband and daughter. The idea that a mother could not have known about the incest is particularly difficult to come to terms with. It strikes at the heart of childhood needs to perceive and preserve mother as an omniscient and omnipotent figure.

It is clear that a unified statement cannot be made to describe maternal behavior in this regard. Rather, there is a spectrum of maternal positions that encompasses

genuine incognizance, awareness, disavowal, and complicity. It is important to recognize those cases in which the incest is actively and successfully concealed by the offender and in which realistically mother would not "know". There are mothers who, on learning of the incest, take action, reporting to police, family physician, or mental health practitioner. Entering the collusive end of the spectrum are mothers who are explicitly told by their daughters or confronted with the fact of the incest by direct observation or daughter's pregnancy who deny, minimize, or flee from the evidence before them. Some mothers do encourage secrecy or concealment from outsiders. Some may disbelieve or blame their daughters. Either response enables the maintenance of an alliance with husbands, displacement of their own feelings of guilt about choosing this alliance over protecting daughters, disguised expression of rivalry with daughter, and reduction of the pressure to respond actively and constructively (Goodwin, 1982).

The most extreme cases of failure of maternal protection are those in which mother is either a passive bystander on the scene or an active participant in the sexual assault itself. Groth (1982) has formalized this extent of complicity in terming such a mother a "co-offender". He emphasized that when mother is a co-offender, her dependency on her spouse is a major contributing factor. While Herman's (1981) statement that

maternal collusion, when it occurs, is a measure of maternal powerlessness may minimize the involvement of individual psychopathology, discussion of whether mothers do not know or do not wish to know cannot be productive without consideration of these issues. For each individual mother there is a "gain-loss assessment" (Burgess et al., 1978) to be made in this regard. To understand her conclusions, the internal resources available to her and supports available within the family and the broader community must be examined.

Daughters

Overview of Characteristics

Typically it is the oldest daughter in the family who is involved in the incestuous relationship. She is generally of average intelligence, although a drop in school performance and scores on formal intelligence measures is frequently observed after the relationship is established. Often by the age of 10 this daughter has been pressed into service as a "little mother" in the family. This role assignment might involve specific household chores and responsibilities, functioning as confidante to one or both parents, keeping father happy or placated, mediating parental conflict, or protecting mother. Daughters are often described as presenting a facade of maturity and competence that, after the incest comes to light, crumbles rapidly under stress and alternates with

periods of regressed behavior (Rist, 1979). In cases where a younger daughter has been abused, the offender has often "moved on", perhaps as an older daughter begins to resist. It has been estimated that in at least 30% of incest families with more than one child, multiple children are involved in the incest, either serially or simultaneously (Herman, 1981; Goodwin, 1982).

While high risk periods have been identified at both ages 4 and 9 (Gelinas, 1983), incestuous activity most frequently begins when the child is between 8 and 12 years of age (Finklehor, 1984). It has been estimated that, because of the difficulty of vaginal intromission with a prepubertal child, offenders limit contact to genital and anal fondling and/or oral genital stimulation for approximately 90% of victims under age 12 and 30% of older victims, as intercourse is introduced more frequently. Physical evidence of force is found in less than 10% of abuse cases (Goodwin, 1982). The average duration of incest relationships is generally reported to be between 3 and 6 years.

Risk Factors

Much child sexual abuse is undoubtedly short-circuited without a child's explicit knowledge because the potential offender, intrafamilial as well as extrafamilial, senses that the child will not make a good "target" (Finklehor, 1984). It is important, then, to examine the factors that compromise a child's ability to avoid or resist abuse.

Investigators have looked to qualities in the child, the family, and the broader social environment that might have fostered the development of the incestuous relationship. Frequently cited risk factors include: attractiveness and seductive behavior; anything that makes a child feel emotionally insecure, needy, or unsupported; and force. These factors will be discussed below.

Early authors noted a child's attractiveness, precocious sexual development, flirtatious or seductive behavior, and promiscuity as predisposing factors to incest (Bender & Blau, 1937; Weinberg, 1955). This emphasis has since been tempered both because it has not been supported by research findings and because it has resulted in a tendency to blame the child for the abuse. Such characteristics may arouse the sexual curiosity of adult males; they may serve as the basis for a variety of rationalizations. In general, the number of daughters in clinical samples for whom descriptions of attractiveness or early sexual maturity apply is not significant (Meiselman, 1978). Sgroi (1982) asserted that children who become incest victims have usually displayed no more than the usual degree of age appropriate exploratory or acting out behavior, even though they are described as seductive. Children do experience and seek out pleasurable bodily and specifically genital sensations. Little girls do demonstrate early primitive wishes to marry their fathers and to be close and fully--including sexually, loved by

them (Ekstein, 1980). Meiselman similarly found that, depending on sampling source, in only a small minority of case study samples were daughters engaged in sexual acting out prior to the incest.

Where seductive behavior is demonstrable, the incestuous history may be the "nidus" rather than the consequence of this behavior (Krieger, Rosenfeld, Gordon, & Bennet, 1980). Sexualized children are typically hyperattuned to the needs and desires of adults. They are often eager to please those under whose care they live. Similarly, they are often confused about expression of affectionate and sexual feelings. The sexual arena may become the child's primary means of gaining attention and nurturance. These distorted lines of development may result in what would constitute seductiveness in adult terms. "Seductive" behavior may also reflect a child's state of arousal and search for release, identification with the adult aggressor, a defensive turning of passive into active, or a way of testing new adults to see if appropriate boundaries will be maintained (Krieger et al., 1980). The younger the child is when eroticized, the more frantic and pervasive such behavior is likely to be (Yates, 1982).

From the earliest clinical reports, it was observed that children were susceptible to adult seduction because of emotional deprivation in their earlier years. Two aspects of this process are differentially stressed in the

literature. Many authors have emphasized the daughter's participatory response to sexual advances by a father figure as a distorted search for the caring and warmth missing in her relationship with her mother, who may be absent, incapacitated, emotionally distant, or punitive (Meiselman, 1978; Rosenfeld, Nadelson, Krieger, & Backman, 1979). Kaufman et al. (1954) perceived that daughters accepted these advances as expressions of affection and returned them in part because mothers had unconsciously given them permission. Examples of such permission include the condoning or promoting of unusual sleeping arrangements and nighttime rituals. In contrast, other authors, such as Lustig et al. (1966), have stressed elements of rivalry and revenge against the hated and depriving preoedipal mother in the child's motivation.

Social isolation is stressed in Finklehor's (1984) list of risk factors and refers to both isolation of the entire family from the broader community and the child herself having two or fewer friends. A lonely child may be more susceptible to offers of affection in exchange for sexual activity and has no reference group with which to compare the sexual attitudes, behavior, and rationalizations present in the family.

The presence of a stepfather is another significant risk factor. Finklehor (1984) reported that a stepfather was five times more likely to sexually victimize a daughter than was a natural father. Generally these findings have

been explained in terms of the dilution of biosocial constraints on stepfathers and the disruption to the family caused by divorce and remarriage. Rosenfeld et al. (1979b) also emphasized that, particularly in cases where the biological father abandoned the family, children will feel that it is their responsibility to keep the stepfather in the family through participation in the sexual activity he initiates.

While a child's ability to resist is sometimes directly overcome by adult force, it has frequently been observed that physical force is rarely used in the early stages of incest activity. It is rarely necessary. Incest does frequently occur in the context of a high degree of family violence, however. Daughters often report that they had felt threatened and feared violence even though their fathers had said nothing specific about the consequences of refusing to cooperate. Because the experience of having no choice but to comply is central for so many daughters, the issue of force should be examined as part of a continuum that includes coercion and consent.

Force, Coercion, and Consent

Force, coercion, and consent are murky issues. The perspective one takes on these issues has a significant impact on the clinical, legal, and social interventions that are made. Most early authors did not have a framework for conceptualizing these differences. They tended to view the child and the adult in explicitly sexual contact as

equal partners entering a consensual contract. Some children were seen as active initiators who, motivated by a desire for "satisfaction-pleasure", induced adults to sexual acts. Compliance was assumed in cases where children failed to actively resist both unexpected and forseeable situations and submitted to the sexual assault or seduction (Abraham, 1907/1927; Bender & Blau, 1937).

Distinctions between the child's response to intrafamilial and extrafamilial offenders were also not often made in the early literature. The fundamental asymmetry in adult-child, particularly parent-child relationships, was rarely appreciated. Compliance and resistance were seen as discrete, diametrically opposed responses rather than as responses along a continuum. Ferenczi (1933/1955) was essentially the only early author to emphasize the coercive nature of incest. He described incest as the result of a pathological "confusion of tongues" on the adult's part between the essential tenderness of infantile eroticism and the passionate in adult sexuality.

More recently, researchers have emphasized these relational and power imbalances to highlight the coercive nature of incest. The offender is seen as a powerful, emotionally and materially essential person in the child's life. A dependent child may do whatever she perceives as necessary to preserve a relationship with her caretakers--including complying with an adult's insistence on a sexual

relationship. Children are taught from an early age both to trust and to be obedient to adults. To obey carries rewards of approval; to refuse may result in punishment. Consciously or unconsciously offenders exploit this learning (Finklehor, 1980; Herman, 1981; Goodwin, 1982).

Finklehor (1979) and Herman (1981) among others have asserted that children are not in a position to truly give consent. According to Finklehor, two factors distinguish adult-child sex from sexual exploration between partners of the same generation. First, children lack the information to make an informed decision about participation. It is not only that they may be unfamiliar with the "mechanics" of sex and reproduction, but they are also generally unaware of the social meanings of sexuality. They are unlikely to be aware of the rules surrounding sexual intimacy, the acceptability of sexual partners, the natural history of sexual relationships, and the social consequences of the experience they are about to undertake. Second, because children are dependent on the resources adults control, they do not truly have the freedom to say yes or no--even if a child subsequently exploits her position. It is the adult's decision to eroticize the relationship and to continue doing so.

Burgess et al. (1978) used the term "accessory-to-sex syndrome" to describe daughters' roles in incest relationships and to distinguish these pressured sexual situations from those which are forced. Here a child is

pressured by the authority of the offender, enticements, entrapment, obligation, curiosity, ambivalence, and/or powerlessness. While in this schema children are considered to be incapable of consenting, they are viewed as contributors in a secondary way. By agreeing to go along, they become accessories to the offense, in contrast to rape which is clearly forced on the victim against her will.

The varying conceptualizations and admixtures of force, coercion, and participation have more than philosophical significance. The degree of responsibility attributed to the child by the family, social services, and the legal system will have direct impact on important decisions if and when the incest comes to light. Among these are: who, if anyone, will be separated from the family; whether reunion is seen as viable; whether the offender will be prosecuted; and how issues of blame, power, control, and the child's feelings of guilt will be dealt with in individual therapy (Giaretto, 1980; Lamb, 1986)

The Course of the Sexual Relationship

How a child responds to a sexual approach will depend on the particular child, the quality of the approach, and the dynamics of the family situation. While each incest situation is unique, the array of behaviors can be grouped into several representative scenarios for the purposes of discussion. Some studies report a percentage of cases in

which the sexual contact was limited to one incident. Meiselman (1978) found that this was true for 25% of the cases in her sample; Herman (1981) found this applied to 18% of hers. Meiselman concluded that the daughter had successfully resisted or the father had either regained his self-control or was restrained by others. More commonly, daughters are described as passive at the beginning of the incest experience and as remaining so over a period of years, while fathers try to prolong the sexual relationship for as long as they can.

Children often describe a first abuse experience that involves waking up to find father exploring their bodies with hands or mouth. Meiselman (1978) reported that in 43% of the cases in her sample in which the manner of initiation was known, father had quietly entered his daughter's bed while he allegedly believed her to be sleeping. Confused and fearful of the consequences of a confrontation, daughter will most often feign sleep, shift position, or make exaggerated signs of awakening in the hope that father will leave.

Once contact has been initiated in this manner, father may begin to make sexual advances in other settings. Often, and particularly if he limits himself to fondling, middle-of-the-night episodes are repeated over an extended period of time with daughter continuing to pretend to be asleep. It is as though there is a mutually agreed upon fiction that she is unaware of the sexual activity or that

there is in fact nothing to be aware of. Experiences may be dissociated or memories of the abuse repressed. She may come to believe that she has dreamed it.

The prepubertal daughter who does not resist when the sexual contact is introduced, though she is awake and alert, may initially perceive the sexual activities as a form of parental affection. She may already have been involved in preparing special treats for her father or seeing to his needs. She may have taken his side in marital conflicts or she may have sympathized with his feelings of deprivation in the marriage in part out of her own feelings of maternal neglect. Over time, the normative expressions of physical affection between father and daughter, such as tickling, cuddling, wrestling, bathing, and bedtime exchanges, grow more intense and sexual in nature. These games or rituals may be the only form of physical intimacy experienced by the child in the home.

If the abuse does not frighten or injure her, or if her father can quiet her objections, daughter will probably engage in a progression of sexual behaviors repeatedly over time. Early on, she may be preoccupied in a positive way with her father's attentions. Alternately, she may accept that it is her duty to replace an absent or incapacitated mother. She may deny the explicitly sexual nature of the contact and frame it as "helping Dad". In some cases the sexual activity is introduced abruptly, but father gives daughter explanations to induce cooperation which she

accepts. In other families, daughter is threatened or beaten into submission (Meiselman, 1978; Sgroi, 1982).

While she may not put up physical resistance, daughter may try to avoid the perpetrator by a variety of strategies, including staying away from home or manipulating situations so that they are not left alone. In extreme cases, she may extricate herself by setting up a sibling. Trading rooms so that she shares a bedroom and a younger sister becomes vulnerable by sleeping alone is an example of such an avoidant move. If the incest is not discovered, it generally continues because the daughter perceives it as less undesirable than the other options available to her.

As daughter enters adolescence, she becomes more interested in relationships outside the family and begins to struggle for independence. She may want to have friends, to participate in social activities, to date, and to stay out late. Father may become threatened as he senses that she is less receptive to him. He may become increasingly suspicious and jealous of her extrafamilial involvements, particularly her relationships with boys. His efforts to restrict her social life may escalate such that daughter becomes aware of the extent to which the incest exists to meet his needs and is rooted in unilateral possession of her.

At this juncture, several responses are possible. Daughter may become more rebellious, frustrated, and

resentful. If she is not intimidated, she may end the incest by directly confronting her father with her unwillingness to continue. She may try to manipulate her special position by withholding sex or threatening to disclose as a means of bargaining for increased privileges. She may begin to run away. If the estrangement and animosity are not too great she may tell her mother. Or she may tell a friend or another adult she can trust. In contrast to these more empowered responses, she may begin to feel increasingly depressed as she realizes how strongly incest is condemned by others and guilt-ridden as her relationship with her mother deteriorates. She may become increasingly withdrawn, begin to use drugs or alcohol, engage in self-mutilating behavior, or make one or a series of suicide attempts.

Most frequently, the incest ends when the daughter leaves home. Daughters involved in incestuous relationships are especially likely to leave home before age 18. Meiselman (1978) found that 50% of her sample did so. They ran away, went to live with a boyfriend or other relatives, or entered into precipitous marriages. Herman (1981) reported that in not one of the cases in her sample was the incest ended by the father. Rather, daughters put a stop to the sexual contact by whatever means they could. Most felt that in their fathers' minds the relationship had never ended and that given the opportunity they would resume the sexual contact. Reports of feeling unsafe with

father and of having to defend themselves as long as their fathers lived were common. Goodwin (1982) therefore recommended asking the adult who reports a history of incest if she continues to be able to say no to the incestuous partner.

The Question of Gratification

The equation of a child's lack of active resistance or failure to disclose with the experience of sexual gratification has been debated in the literature. Reports of genuine sexual pleasure are rare, however, and most often found in cases where an older adolescent daughter is involved with a stepfather (Meiselman, 1978). Several daughters in Meiselman's sample described their fathers' attempts at intercourse as disgusting. Others supposed that intercourse had taken place, but, while the details of family circumstances and manner of approach were accessible to consciousness, memories of specific sexual incidents were repressed, indicating conflict if not trauma.

Several of Herman's (1981) informants remembered that they had experienced some pleasure in the encounter or that they had sometimes initiated the contact once the routine of the sexual relationship had been established. These memories exacerbated feelings of confusion and shame. That a child may respond physiologically to the stimulation while her subjective experience is not one of pleasure further complicates discussion of this issue.

Overall, a deep ambivalence about the incest emerges

in both clinical reports and autobiographical accounts. Particularly when the relationship has not been violent, daughters have strong positive feelings about their fathers. They may welcome the warmth and cuddling, feel gratified by their special status, find excitement in the shared secret, and enjoy some measure of triumph in their mothers' humiliation, while having negative feelings about the sexual contact itself. Positive feelings may make it more difficult to actively resist or enhance reluctance to betray father to others to end the incest.

The negative side may be expressed in explicit self-reports; disturbances in consciousness and memory; and the defensive splitting of the figure of the offender into good father, who is welcomed and perhaps actively summoned, and bad father, whose image may be cut off from consciousness. Adult survivors have related predominant feelings of fear, paralysis, cognitive "short-circuiting", self-hypnotic anesthesia, and conscious efforts to induce some type of dissociative defense while the sexual activity was occurring. (Gelinas, 1983. See also Angelou, 1969; Armstrong, 1978; Brady, 1979; Vale Allen, 1980; and Bass & Thornton, 1983 for autobiographical and literary illustrations of this ambivalence.)

Negative Effects

The issue of persistent negative effects of incest has also been the subject of debate. The lack of assessment tools for separating the consequences of actual sexual

involvement from the effects of the deprivation and disorganization of incest families has contributed to this debate (Rosenfeld, et al., 1979). There is now considerable documentation that incestuous abuse does result in a number of characteristic problems. These may manifest themselves immediately after the event or considerably later in life. The developmental repercussions of sexual abuse by surrogate fathers appear to be indistinguishable from those of abuse committed by biological fathers (Kaufman et al., 1954). While a full explication is beyond the scope of the present study, both short-term and long-term sequelae will be reviewed below.

The more immediate symptoms of distress observable in children and adolescents include anxiety, depression, a corrosive effect on self-esteem, social withdrawal, learning difficulties, somatic disturbances, sleeping and eating disorders, hysterical seizures, runaways, and self-mutilating and suicidal behavior (Gross, 1979; Boatman, Borkan, and Schetky, 1981; Shapiro, 1987). Victims tend to see themselves as damaged, bad, and responsible for the sexual activity. A distorted sense of self-worth may develop from this sexual stigmatization, from the sexual value the child has to the offender, and from the fantasied and very real power the child has to destroy the family.

A range of sexual disturbances may also be seen. These include excessive masturbation, imitative or ritualized sexual behavior initiated with other children,

periods of promiscuity, and avoidance of sex. Behavioral reenactments may be compulsive attempts at mastery of trauma through repetition and reversal and may reinforce the victim's self-punishing "whore" image (Gelinas, 1983). In contrast to this more turbulent presentation, an alternative accommodation pattern exists in which the child succeeds in hiding any indications of conflict. The child may be unusually achieving, popular, and eager to please teachers and peers. This child may not be believed if she reveals the incest (Summit, 1983).

These difficulties may persist into adulthood. Many adults abused as children struggle with chronic depression, anxiety, guilt, markedly poor self-esteem, substance abuse, and an inability to form trusting relationships (Tsai & Wagner, 1978). Alternately, disturbances may be triggered later in life. Any normal developmental milestone that touches on or is metaphoric for an area of functioning that has been impaired by the incest may precipitate symptoms. The most common developmental triggers occur in the areas of sexuality, parenting, and situations in which the individual is singled out for special treatment (Gelinas, 1983).

Affected areas of sexual feelings and behavior noted in the literature include: flashbacks to the incest, orgasmic dysfunction, arousal contingent on feeling in control, aversion and avoidance, promiscuity, homosexuality, prostitution, and repeated pregnancy (Tsai &

Wagner, 1978; Finklehor, 1984). A history of incest is also frequently associated with impaired self-protective mechanisms and a tendency toward repeated victimization, particularly rape and battering. Marital problems often develop from difficulties with sexual contact and intimacy and from the disturbed relational experiences and expectations that result from growing up in a dysfunctional and exploitative family. The same early experiences that make sexuality unmanageable can make the physical and emotional sensations that accompany maternal love intolerable. Early mother-child bonding may be impaired. Hence there is an increased risk of physical and/or sexual abuse to children of the next generation (Goodwin, 1982).

Imbalances in the personality of the incest survivor may parallel the relational imbalances in the family system. As a result of growing up a parentified child, caretaking functions and a sense of responsibility are overdeveloped, while aspects of the self-system and interpersonal skills are impaired. The survivor may have no expectations of reciprocity in relationships or sense of legitimate rights. Often it is not only sexual desire that is renounced but all strong feelings and urges.

Other persisting negative effects of incest encompass disturbances in the integrity of the individual's experience. Such disturbances may involve intrusions or compulsive repetitions of some aspect of the traumatic experience in thought (e.g. nightmares, flashbacks, or

hallucinations); emotion (e.g. panic attacks or weeping episodes); or behavioral reenactments in word or deed (Gelinas, 1983). Other disturbances result from the "selective restructuring of reality" that enabled the child's psychic survival of the abuse (Summit, 1983). These same mechanisms interfere with effective psychological integration in adulthood. Memory deficits and the inability to "trust the testimony" of ones senses persist (Herman & Schatzow, 1987; Ferenczi, 1933/1955). Reliance on denial and dissociation under stress also persists, such that a survivor's behavior may be erroneously interpreted as psychotic. One of the most pathological developmental consequences of incest is the formation of multiple personalities.

Finklehor and Browne (1985) sought to organize the clinical observations cited above into a conceptual model capable of specifying how and why sexual abuse results in the kind of trauma that it does. They postulated four traumagenic factors: traumatic sexualization, betrayal, powerlessness, and stigmatization. Each factor or dynamic can be seen as a clustering of injurious influences which "alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities" (p.531). Each of the four dynamics will be discussed below.

Traumatic sexualization refers to the processes by which a child's sexuality, sexual feelings, and attitudes

are shaped in ways that are developmentally inappropriate as a result of sexual abuse. It occurs when a child is rewarded for sexual behavior and learns to use sexual behavior to manipulate others; when certain parts of a child's anatomy are fetishized or given distorted importance by the offender; and when frightening events and memories become associated in the child's mind with sexual activity. It also occurs through the misconceptions and confusion about sexual behavior and morality that are transmitted to the child.

Sexual abuse experiences can vary considerably in the nature and extent of the tramuatic sexualization they provoke. For example, experiences in which the offender tries to draw a sexual response from the child are probably more sexualizing than those in which the child is used as a passive masturbatory object. Enticement is likely to have a very different impact from force. The quality of the sexualization is also likely to vary with a child's cognitive grasp of the activity. The behavioral and emotional concomitants of the sexualization encompass all of the indicators discussed above.

Betrayal refers to the dynamics by which children discover that a trusted and valued person has harmed, lied to, and exploited them. The depth of the betrayal experienced is affected by the child's preexisting relationship to the offender as well as by how taken in the child feels. An initially suspicious child may feel less

betrayed than one who experienced the contact as nurturing and then discovers its complex and illicit nature.

The dynamic of betrayal also involves nonoffending trusted family members who failed to protect the child and the family's response to disclosure. Children who are disbelieved, blamed, or ostracized feel more deeply betrayed than those who are supported. There are two general types of response to betrayal cited in the literature: hostility, anger, counterdependence, and aversion to intimate relationships on the one hand, and dependency, clinging, and impaired judgment about the trustworthiness of others related to a desperate search for a redeeming relationship on the other.

Powerlessness refers to the process by which the victimized child's will, desires, and sense of efficacy are continually contravened. Repeated invasions of a child's body and life space are essentially disempowering. This dynamic is exacerbated by whatever coercion and manipulation the offender may impose as well as by the failed efforts the child makes to halt the abuse. The extent of the powerlessness the child experiences will be affected by how authoritarian the offender is, how trapped the child feels, and how unable she is to make the adults around her understand and believe what is happening. Fear and anxiety are symptoms that reflect this inability to control noxious events, as are the coping strategies related to victimization. Alternately, some children

attempt to compensate for the experience of powerlessness through unusual and dysfunctional needs to control or dominate.

Stigmatization refers to the negative connotations that are communicated to the child and to the badness, shame, and guilt that become incorporated in the child's self-concept. The offender may blame or demean the child for the incest. The child may internalize the shamefulness that is conveyed through the offender's pressure for secrecy. The reactions of family members and people in the community can also be stigmatizing: shock, hysteria, blaming, or imputing of other negative characteristics, such as damaged goods or loose morals, which may create risk of sexual advances by others. As with the other factors, stigmatization occurs in varying degrees in different abusive situations.

Family Systems Literature

In the early family therapy literature, incest was conceptualized as one of many socially deviant behavior patterns employed by a dysfunctional family in the maintenance of its own integrity and existence. Both symptom and solution, the incestuous relationship served a tension-reducing function in the face of family anxiety stimulated by threats of separation and loss. Lustig et

al. (1966) articulated a multifaceted view of incest as a homeostatic mechanism that 1) serves the parents' pregenital dependency needs, 2) defends against parental feelings of sexual inadequacy and provides father with sexual release, 3) reduces apprehension around the family's ability to satisfy all members and stay together, and 4) expresses rage at mother for her lack of nurturance. The salient aspects of this early work will be presented and critiqued below followed by a discussion of the tenets that have been incorporated into the work of subsequent theorists and practitioners.

Multigenerational histories of desertions and abandonment reactions were frequently cited in early family reports. Various aspects of the fear of separation and family dissolution and its impact on family structure are discussed. First, parents who have experienced early, abrupt, and/or insufficiently worked through separations from families of origin tend to emphasize the dangers of the outside world to their children. This emphasis may take on a distinctly paranoid cast. The division between inside and outside sets in motion a self-perpetuating dynamic whereby the isolated family becomes both less accessible and less responsive to cultural norms and rewards (Lustig et al.,1966). Self-worth and normal autonomous strivings in the children are experienced by the parents as extremely threatening. As abandonment anxiety is internalized by all family members, separation phenomena

become imbued with greater destructive power.

The processes by which incest further cements the family begin with implicit and explicit demands on children to perform parenting functions that parents have either abdicated or never fully accepted because of their own feelings of inadequacy. The reversal of roles is completed when a daughter is elevated to a spousal and ultimately sexual role, thereby taking pressure off a depleted mother. Poor differentiation of roles makes these families particularly susceptible to the substitution of daughter for mother (Sholevar, 1975). The selection of the oldest daughter for this reversal depends on her ability to assume the maternal role and to accept and embody the projections of mother image in which her parents' childhood residue finds expression (Cormier et al., 1962; Magal & Winnik, 1968).

Incest also achieves a more manageable level of dissonance by relieving the tension derived from the inadequacy of the couple's sexual and emotional life. It becomes more tolerable for both parents to stay in the marriage and some measure of family abandonment anxiety is alleviated. The cementing process is furthered by the guilty sexual secret shared by father and daughter and by their shared contempt and rage at mother for her failure to meet their needs (Gutheil & Avery, 1977).

While incest is seen as representing a total family involvement, more attention has been focused on the Oedipal

triangle than on the sibling subsystem. Siblings also influence the incest situation. Because of the implicit permission to use family members sexually, siblings may themselves become abusers. They may play a collusive role in maintaining incest dynamics, such as through actively setting up a sibling, to preserve the family from disintegration or to protect themselves from abuse. One child may be selected for sexual abuse while others are ignored, physically abused, or threatened. Siblings may recognize only the "special" status granted to this child and contribute to the scapegoating. In other families the sexual basis of this specialness may be known. Berry (1975) discussed incest envy as a powerful disorganizing force for the sister not chosen. At the other end of the spectrum, siblings are a potential source of support and strength for resisting or disclosing abuse.

The homeostasis achieved by incest is maintained only so long as family members present a facade of role competence. Discovery of the incest can disturb this balance. The defense breaks down, for example, if daughter is discovered to be pregnant, thus exposing mother's inadequacy (Magal & Winnik, 1968). When the precipitants of disclosure are discernible, they generally relate to daughter's separation fears.

Gutheil and Avery (1977) highlighted two disclosure configurations that illustrate daughter's faltering in negotiating the transition between family and heterosexual

peer choice. In the first configuration, daughter feels trapped by the incestuous tie. She discloses the incest to extricate herself and to summon external support. In the second configuration, daughter is aware of and embittered by her lack of preparation for separation. She may impulsively alert the authorities as though to stifle the temptation to return to her family. Machotka et al. (1967) observed a pattern in one case in which the daughter made accusations of incest whenever her father's attempts to control her life became intolerable, as well as to humiliate and provoke her mother. In many families, the daughter may attempt suicide to express the separation conflict.

There are several significant problems with the application of systems theory and interventions to incest families. The structural and dynamic characteristics that are crucial to the occurrence of overt incest are not sufficiently differentiated. Immature parents, parentified children, disturbed marital and role relationships, and an atmosphere of collusion are features of many kinds of dysfunctional families; alcoholic familes are one example (Barnard, 1983). Some enmeshed families sexualize relationships out of the failure both to recognize privacy and personal boundaries and to differentiate adult sexual behavior from child sexual behavior (Finklehor, 1980). In other families, an abusing parent who is either fixated in sexual object choice or psychopathic may be the salient

factor (Anderson & Shafer, 1979). Family models of incest behavior must take these differences into account. Despite the avowed emphasis on the collusion of all family members in pathological relationship patterns and functioning, there is a marked tendency to blame mothers and daughters for the incest.

This early work was also developed in a very different sociopolitical climate, one predating statutes that mandated the reporting of sexual abuse. Because incest was often seen as incidental to inverted and confused relations, interventions often focused on underlying family dynamics and role distortions rather than the current or historical fact of the incest. This conceptualization was in part a productive response to the inadequate solution of removing either father or daughter from the home. Disordered relationships do continue when the sexual activity stops.

The focus on process over content and group ecology over the individual had several damaging effects, however. It detoxified the introduction of explicitly sexual activity by a paternal figure into a nurturant relationship. It frequently led to intervention strategies that paid insufficient attention both to the compulsive aspects of incest behavior for the offender and to the traumagenic potential for the child. It thereby created a parallel process in the treatment situation of the denial, inadequate protection, and betrayal experienced by the

child in the family. In addition, there was considerable emphasis during this early family therapy period on strengthening traditional family roles. In incest families where an exaggerated patriarchal structure exists such interventions are akin to tightening an already overly tight screw.

Despite these criticisms, there are many extremely useful concepts in the family literature for understanding and working with incest families if they are employed within a somewhat different framework. Among these are: the intergenerational transmission of pathology; appropriate vs inverted generational boundaries; triangulation and parentification; rigid vs flexible family structure involving systematic ways of communicating, resolving problems and conflicts, meeting members' needs for affection and intimacy, and dealing with affect, individuation, loss, and change; family loyalty; and centrifugal and cetripetal forces influencing adolescent separation (Bowen, 1966; Minuchin, 1974; Beavers, 1976; Bosormenyi-Nagy & Spark, 1980).

These concepts give form and etiologic significance to the transactions described in incest families. They provide an important relationally dynamic view of the inception of incest, the maintenance of secrecy, and disclosure. They also help to identify treatment goals if the family decides to stay together after the incest is revealed.

Current perspectives integrate the above concepts and observations with emphasis on the personality and controls of the offender, the compulsive nature of incest behavior, maternal disempowerment, and opportunity factors (Finklehor, 1980; Herman, 1983). Similarly, treatment efforts incorporate structural and strategic interventions but in a clearly authoritative context. The incest must stop; the adults must acknowledge their responsibility for the abuse, and the child's experience must be validiated. Some form of coercive intervention via the legal justice system is generally seen as essential for meaningful protection and treatment (Sgroi, 1982).

Families are generally so divided and fragmented following disclosure that family treatment is not the modality of choice. Individual and group modalities are recommended initially for support and confrontation of all key family members. Sessions with the parental couple and different family dyads are then gradually introduced before the entire family is brought together. Herman (1981) identified three essential points of family treatment: 1) the need to restrict and control the excessive power of the offender, 2) the need to reinforce and foster mother's power, and 3) the need to restore the mother-daughter relationship.

Disclosure

In this section the various models and transactions discussed in the literature for adolescent disclosure will be reviewed. How frequently incest is revealed, who gets told and why, the issue of false accusations, family responses, and the potential for the disclosure experience to mediate the trauma of abuse will be addressed. Because pressure for secrecy is an integral component of incest, the relational dynamics that support secrecy will also be discussed.

Incest may come to light accidentally or purposefully. In an accidental disclosure, the abuse is revealed through external circumstances rather than by a participant's decision to tell. Such circumstances may involve observation by a third party; detection of physical injury, sexually transmitted disease, or pregnancy; or investigation of precocious sexual activity initiated by the child. In a purposeful disclosure, a participant, usually the victim, consciously decides to tell an outsider about the abuse. The content, clarity, timing, and motivation of the revelation will differ with the child's developmental level and family circumstances.

According to Finklehor (1984), retrospective surveys have never shown that more than one half of the adult respondents had told anyone about the abuse that was occurring. Such surveys generally combine data on

intrafamilial and extrafamilial abuse, which is more likely to be reported, and therefore somewhat inflate estimates of incest reporting. There is also general agreement that most ongoing sexual abuse is not reported outside the immediate family. Meiselman (1978) estimated that for every case of incest reported to police or social service agencies there are at least three cases that do not come to the attention of the authorities. With professional requirements to report abuse, however, there has been a significant increase in the number of complaints investigated by protective agencies.

It is interesting that when some authors discuss disclosure they mean revelation of the incest to someone outside of the family circle. It is generally the position of these authors that the nonparticipants within the family already "know" of the incest at some level of awareness and have colluded in maintaining secrecy. For the present study, any intentional revealing message to family members or persons outside the family will be considered. It is important, however, to follow how far reports go through official channels and to what extent families reorganize around the secret.

Numerous deterrents to disclosure are discussed in the literature. Many daughters are warned by their fathers not to tell. They may be threatened with severe consequences to mother, father, or themselves. They may be told that disclosure will destroy mother; precipitate divorce; force

prosecution and jailing of father; or result in daughter herself being extruded, punished, or otherwise retaliated against. The punitive focus of the judicial system has also been discussed as a deterrent.

Women who remember no explicit warnings frequently sensed as children that in breaking secrecy they would be responsible for creating considerable emotional and economic disruption to the family. They feared losing important ties with one or both parents prematurely. Summit (1983) emphasized the distortion and splitting of conventional morality in incest families: maintaining a lie becomes a virtue while telling a truth becomes a sin.

The dependency and abandonment anxiety in incest families can increase a child's investment in keeping the family together. Gelinas (1983) emphasized that daughter may feel trapped because informing mother of father's sexual advances goes against her sense of responsibility for taking care of her parents' emotional needs. Herman (1981) described most of the daughters in her sample as dreading that their fathers would desert the family and that their mothers would completely fall apart. However much they recognized that their parents were unhappy together and wished for divorce, they did what they could to avert it.

The feared consequences of disclosure also become exaggerated over time, increasing the burden of secrecy and distorting the daughter's view of herself and others. Fear

of disbelief, punishment, abandonment, and rejection may intensify. The victim may imagine that everybody knows about the incest, that they can tell from her presentation, blame her, or discredit her. These distortions are compounded by guilt for not having prevented or stopped the sexual relationship or for having experienced some pleasure in it.

How peripheral, distant, or difficult to approach mother is may also function as a deterrent to disclosure. Daughter may sense or expect mother's refusal to acknowledge the reality of the sexual relationship and maintain secrecy because "mother won't listen anyway". The question of incest clues is important here.

Poznanski and Blos (1975) asserted that incest occurrring over a long period of time has visible antecedents and visible accompaniments. Nonverbal expressions of sexual interest almost always precede actual physical contact. In healthy families, mothers sense this sexual tension and intuitively intervene to protect both their daughters and their own interests with their husbands. In dysfunctional families, mothers frequently utilize denial to protect themselves from correctly interpreting the sexual nature of the interactions between husbands and daughters. Again, there are disagreements in the literature as to whether mother is primarily motivated to deny the reality of incest because of her own unconscious participation in setting up the incest

situation or because of the very real difficulties she would have to face (divorce, loss of financial support for herself and her children, community reactions, possibility of legal proceedings). In contrast to this view, Summit (1983) asserted that the "obvious" or visible clues of incest are usually obvious only in retrospect. He further emphasized that a woman needs to trust the reliability of her partner to preserve her own sense of security and adult self-worth.

Maternal denial or failure to decipher incest clues is difficult to assess. Case study reports generally cannot specify how many clues mother was exposed to or how pointed or ambiguous they were. Daughter's conviction regarding how direct her communications were may be distorted by the tension and rage she feels at mother's failure to detect the abuse and to protect her. Meiselman's (1978) report that there was not one case in her sample of 58 in which mother actively discovered the incest by questioning her daughter or husband about their unusual behavior is significant in this regard.

Victimized children are particularly sensitive to how and why interest in them is shown. According to Swanson and Biaggio (1985), many women who give retrospective reports of abuse state that they had not told earlier because no one had asked. Some describe a kind of magical need to have another person "say the word". Had someone else introduced the issue of sexual abuse, they say they

could and would have revealed their experiences. It is as though their responsibility for the negative consequences of the disclosure would have been lessened. This process is further inhibiting; people rarely do ask.

Clinical studies report different findings with regard to how old victims are when they tell, whom they tell, why, and how significant others react. For example, Goodwin (1982) reported that the majority of children in her program who complained of sexual abuse were of latency age. The modal age was 10. Gelinas (1983) found that sexual contact is often terminated by the victim around age 14 or 15 by disclosure or threats of disclosure. It is more typical to read that daughters never explicitly told their mothers, or anyone else, of the incest as long as they remained at home.

Meiselman (1978) found that mother had been told of the incest by her daughter or an intermediary in 20 of the 58 cases in her sample. In a series of 97 cases seen at the Harborview Sexual Assault Center in Seattle, 46.5% of the children first reported the incest to their mothers. The remainder first told a friend, relative, babysitter, neighbor or social agency (reported by Herman, 1981). The ages of the victims at the time of disclosure were not given. Reports to school personnel are also cited. Brant and Tisza (1977) found that it was rare for an adolescent to turn to a medical setting with a direct complaint of incest unless she was pregnant as a result.

The frequency with which children retract reports of abuse has led many practitioners to conclude that these reports were false; however, Goodwin (1982) cautioned that false retractions are much more common than false accusations. Less than 4% of the parental sexual abuse referrals seen by her team involved a child making a false report and rarely were such accusations determined to be opportunistic lies. A child who retracts a valid incest accusation is usually terrified by the impact of her actions on the family. Increased professional attention has been turned to the investigation of questionable allegations of child sexual abuse when parents are in conflict over custody and visitation. Such charges are generally made by one parent against the other on behalf of a younger child and may be the result of distortion, misinterpretation, overreaction, or outright lying on the part of the reporting parent (Bresee, Stearns, Bess, and Packer, 1986).

The adolescent daughter's disclosure is generally precipitated by an intolerable change in the terms of the incestuous relationship. Changes may be experienced most clearly in the nature of father's sexual demands or controlling behavior. Accommodation mechanisms may also break down in the face of changes in the way she feels about herself or in relationships with mother, peers, or siblings.

When daughter reaches puberty, father may attempt to

initiate intercourse or increase the frequency of sexual contact. Breaking secrecy may be prompted by fears of this new level of intrusion and the risk of pregnancy. A fight with father is another frequent precipitant. Such fights are usually provoked by increased jealousy and possessiveness on father's part, his attempts to seclude or restrict her socially, or interrogations about her sexual behavior with boyfriends. Daughter may reveal the incest following a more general rebellious showdown with father's authority, spurred by her view of him as a hypocrite. The immediate precipitant may also be father's refusal to grant certain privileges or material rewards. For example, Rosenfeld et al. (1979) gave an example of a daughter who reported her father to the police because he refused to give her a portable radio. She experienced intense guilt because a "selfish" revelation had contributed to the break-up of the family.

A younger child is often told that the incestuous activity is acceptable but must be kept secret. She often complies because she lacks the experience base for questioning not only what the offender tells her but broader family values as well. As the victim enters adolescence, she becomes more capable of challenging the authority of both parents and of demanding a more separate life for herself. Her social world expands. She begins to appreciate the full sexual implications and social proscriptions associated with the incestuous relationship.

Increased capacity to enjoy genital stimulation, developmental interest in mastering sexuality, and interest in competing sexually also tend to increase the adolescent's guilt about continuing the relationship (Goodwin, 1982). She may internalize these negative judgments and stay in the relationship because she feels worthless or she may break secrecy. Feelings of guilt and disloyalty over the disclosure and over the steps toward individuation she is beginning to make may converge.

The two configurations presented by Gutheil and Avery (1977) and discussed in the previous section are relevant here in that they organize disclosure phenomena around daughter's developmental strivings and presses and the family's reactions to them. Under these circumstances, unless the abuse has been violent, daughter generally does not want her father punished. The aim of the disclosure may not even be directed to stopping the incest per se but to attaining more freedom. She may want to modify aspects of the situation in the home. Expectations for change may be essentially realistic or blend with the magical.

Daughter may sense that the offender is turning his attention to a younger sibling who is now at risk for sexual initiation. She may tell to protect this sibling or because she is jealous. Siblings may begin to confide in each other at this juncture to extricate themselves from the abusive situation. Extrafamilial relationships may also provide the support and strength to report the abuse.

A sensitive friend, teacher, outreach worker might ask if something is wrong at home.

The concomitant changes in the adolescent's relationship with her mother are extremely complex. Their affective coloring will depend on how the failure of the mother-daughter bond has been played out in the family. Early problems in her relationship with her mother may be compounded by several factors. Foremost among these are conflict over 1) having been sexually compromised by mother's husband at a time when her interest in competing sexually is heightened and 2) the perceived need to protect mother from the reality of her own sexual knowledge. She may feel equally betrayed and deceived by her mother. She may break secrecy as she becomes increasingly guilt-ridden and her relationship to her mother deteriorates.

Not all models emphasize positive aspects of mother-daughter attachment. Machotka et al. (1967) discussed the aggressive uses of disclosure and presented a case analysis in which daughter was seen as wielding her accusation like a weapon to taunt, provoke, and humiliate mother and to safeguard the family from change.

Byrne, McCarthy, and Kearney (1984) presented interesting observations regarding pre-disclosure phenomena. These are derived from their work with incest families in Ireland, where professionals are not required by law to report allegations of sexual abuse. They found that prior to disclosure mothers begin to "emerge" in some

way. They may begin to reevaluate their lives and to question their marriages and their roles in the family. The emergence is an ambivalent one which carries with it increased personal power. Adolescent daughters are embarked on a similar process.

In this team's view, mothers and daughters in incest families are engaged in a cycle of reciprocal blaming, punishing, rescuing, and one-up-manship interactions. The primary goal of this fused system is to protect mother from closeness with her husband through daughter's assumption of maternal role functions. As mother begins to question her marriage, daughter may see that the incest behavior is no longer necessary to keep her parents together. She may at this point reveal the incest history to her mother or to an outside agency.

A daughter's revelation to an outside agency is seen as a more ambivalent event. On the one hand, such a move represents a legitimate attempt to enlist help for the family. On the other hand, it is seen as a power move against mother that 1) expresses daughter's anger at exclusion from her mediating role in the marriage, 2) challenges mother's mothering by taking on this responsibility herself and calling in a higher authority aligned with maternal functions, and 3) attempts to undermine mother's emergence and to bring her back into the family through public shaming.

A child's report of incest creates a crisis for the

family. Confusion, accusations, blaming, denial, and fear of prosecution and loss of economic well-being ensue. The offender alone or the entire family may mobilize to suppress the report or to pressure the child to recant. All family members, but particularly the daughter, may be at risk for retaliation. Alternately, negative affect may be displaced onto the outside world, particularly helping professionals, to buffer family members from the intensity of the emotion that follows a disclosure (Solin, 1986). In such an atmosphere, families may draw tighter together to protect themselves from real or exaggerated public censure. When families do come to the attention of the authorities, mother is forced to take some kind of action for or against husband or daughter.

Mother may respond to the victim with consistent, intermittent, or a lack of support. There is a tendency to assume that mother's post-disclosure behavior is continuous with her pre-disclosure behavior. Because of the nature of the crisis facing the family, this is not necessarily the case.

Examples of consistently supportive maternal responses to disclosure are rare in the literature. In 5 of the 20 cases in Meiselman's (1978) psychotherapy sample in which mother was told about the incest, she acted promptly and effectively to end it. Such an outcome is considered to be far more likely when mother is dissatisfied with the marriage and the incest revelation provides additional

motivation or leverage to get out.

In many other cases, mother believes her daughter, but she fails to act or intervene effectively. She might be too frightened or dependent to risk a confrontation. Supporting the observation of Lustig et al. (1966), Berry (1975) and Summit and Kryso (1978) presented cases in which mother took action only when her facade of role competence was challenged. In one instance, neighbors became suspicious. In the other, mother was forced by her husband to observe the incestuous activity.

An inconsistently supportive maternal stance creates considerable confusion for the disclosing daughter. Mother may alternately validate her experience, deny or minimize the reality of the incest, focus on her "seductiveness", or blame her. Such a stance is also implicated in the frequency of retractions of incest reports. Unsupportive mothers may disbelieve, discredit, blame, beat, or extrude their reporting daughters. The quality of daughter's attachment to her mother is the key to her reaction to mother's insistence that the fact of the incest be suppressed. If there has been genuine caring between them, daughter may feel it is cruel to force mother to acknowledge the incest and she will try to resolve the situation by herself. Otherwise, she may report to an outsider.

Hypotheses and observations regarding the role of maternal empowerment in preventing or terminating abusive

situations have been presented in this review. Maternal emergence has been discussed as creating an imbalance in the family homeostasis that may precede or precipitate disclosure. It has also been reported that the behavior of vicitimized daughters changes in a positive direction when they see that mother is angry at the offender--that she has resolved the loyalty issue in favor of her child (Burgess et al., 1978). This is a significant post-trauma finding, which again suggests that maternal empowerment can facilitate reparation of the mother-daughter relationship. The clinical material in the present study will be examined to determine whether changes in maternal strength and authority are evident prior to disclosure, whether these facilitate a positive identification with mother on daugther's part, and hence increase the likelihood that daughter will disclose the incest to mother.

CHAPTER II

METHOD

Introduction

The present study examines various dimensions of the motivations for the disclosure of father-daughter incest, the timing of the revelation, and the factors that facilitate disclosure on the one hand, and favor the maintenance of secrecy on the other. Why a daughter reveals the incest when she does and how a daughter comes to feel that she cannot tell anyone are among the principal questions addressed.

The scope of the present study is limited to disclosure by adolescents. There is a distinctive richness and complexity to the interplay of developmental tasks and family dynamics in adolescent disclosure, especially if the abuse has persisted over years. It is an account of this complexity that is sought. Particular attention will also be paid to the vicissitudes of the mother-daughter relationship and mother's emergence within the family.

Given the paucity of detailed investigations into this area of incest phenomena, an exploratory case study approach was utilized to allow an open and flexible means

of studying complex intrapsychic and interpersonal interactions. While this method entails a sacrifice of breadth and statistical analysis, it was chosen because it is well-suited for maximal access to and detailed illustration of dimensions of disclosure. The lines of inquiry that guided this investigation included 1) changes in sense of self, 2) intrafamilial dynamics, and 3) the involvement of extrafamilial relationships.

Data Collection

Subjects

Six cases of female adolescent and adult individual psychotherapy patients who had revealed a history of sexual abuse by fathers or father surrogates were studied. Three subjects had made a purposeful disclosure of the incest between the ages of 13 and 18. Three had maintained secrecy throughout adolescence. Subjects were recruited according to the criteria listed below from the patient population of the psychiatric services of a large urban medical center. As such, the sample includes women from a variety of family constellations and ethnic, educational, and socioeconomic backgrounds.

It was expected that for some patients in the sample the incest would be current at the time treatment was initiated and that disclosure would occur in the context of

therapy. For others it was expected to be a fairly recent experience, with the possibility that disclosure precipitated the clinical contact. For yet others it was expected to be long past and the therapeutic work retrospective. The recency of the incest was considered to be less significant than what brought a woman to treatment to work on the traumatic sexualization.

Criteria for Inclusion

1. Following Meiselman (1978), sexual activity was defined as a definite sexual approach, as perceived by the patient, involving successful or unsuccessful attempts at exposure, genital fondling, oral-genital contact, and/or vaginal or anal penetration. Only those cases of repeated approach were considered given the impact of a persisting sexualized relationship on the family dynamics around disclosure.

2. The offender had to have been a biological, step-, adoptive, or common-law father or in a clearly established paternal role in relation to the victim and a partner to the victim's mother.

3. Only those cases for which the therapist expressed no doubt about the validity of the incest report were included. These determinations were based on the extent to which the nature and progression of sexual activity followed the normative sequence outlined in the literature, the vividness and integrity of memories as they unfolded, clinical presentation, and the absence of apparent

secondary gain in making an accusation of incest.

4. Purposeful disclosure was defined as a conscious, intentional revelation to anyone seen by the adolescent as a potential intervenor. e.g. mother or other family member, school personnel, therapist, friend or parent of a friend, or staff of protective services or child abuse hotline. It was not necessary for the incest to be ongoing at the time of disclosure. It was recognized, however, that such circumstances would have their own unique motivational coloring.

Setting

The Medical Center is a 486 bed voluntary hospital located in an ethnically diverse, economically disadvantaged urban area of New Jersey. Comprehensive psychiatric services are provided to over 700 children, adolescents, and adults weekly in accordance with a sliding fee scale. Services include individual, group, and family treatment on inpatient, partial hospital, and outpatient units. The proposal for the present study was approved by the Research Committee of the Department of Psychiatry and by the Ethics Board of the Medical Center.

Procedures

Because of the salience of issues related to trust and the delicacy of the clinical situation, it was considered clinically more suitable not to interview incest victims directly. Primary therapists were therefore interviewed in depth utilizing the Incest Interview about those women in

their caseloads who met the criteria for inclusion. Therapists were not informed of the specific interests of the investigator regarding disclosure. They were told that the study was concerned with the natural history of incestuous relationships. Supplementary data for the case studies were obtained from patients' medical records. No formal measures were administered.

Instruments

The Incest Interview is a semistructured interview developed by the author. The content was suggested by a thorough review of the relevant literature and questions were honed through pilot interviews with a small number of therapists. The interview consists of 21 question areas designed to obtain descriptions of family of origin, history of the incestuous relationship, circumstances surrounding disclosure or impediments perceived by the daughter, consequences of disclosure, current psychosocial adjustment, and persisting effects of the incest (see Appendix A).

Interviews were audiotaped and required one to one and one half hours to complete. The tapes were then transcribed with most potentially identifying information altered or deleted from the transcription. Certain information, such as number of siblings, maternal occupation, and the course of the sexual relationship, was generally presented unaltered both because it was seen to be of dynamic significance and because detailed case

histories were required for a meaningful illustration of disclosure phenomena. As more and more clinical reporting is done in this area, highlighting how prevalent certain patterns in incest families are, anxieties about preserving confidentiality while reporting details have diminished somewhat. The information obtained was not added to the patients' medical records, however, as clinical staff considered it too sensitive.

Supplementary data available in patient records included psychosocial history, psychiatric evaluation, psychological assessment (usually MMPI report), substance abuse screening, communications from other agencies where relevant, ongoing progress notes, medication records, and on occasion personal writings shared as part of the therapeutic effort.

This method of data collection necessitates reliance on material that is conscious and articulated by patients, on the interest and sensitivity demonstrated by therapists, and on carefully controlled clinical inference. The narratives that emerged are composed from the perspective of the victims alone, except in the rare case where other family members were also involved in treatment at the Medical Center. In some cases the material was worked on many years after the fact, with the attendant distortions and simplifications of an adult's memory of childhood experiences.

There are numerous precedents for this manner of data

collection. Meiselman (1978) and Herman (1981) in particular have made significant contributions to the study of intrafamilial sexual abuse while limiting their samples to women in psychotherapy and using therapists as informants. Initial piloting for the present study also demonstrated that this procedure is a very rich way to plumb the complexities of incest phenomena. The potential limitations regarding possible distortions of memory, absence of statistical measures, and a small sample are compensated by the value of case discussion with an experienced professional who has obtained a detailed dynamic account of issues surrounding disclosure in the context of an ongoing and trusting relationship.

Data Analysis

The objective of the data analysis was twofold: 1) to examine the dynamics of the motivations and timing of disclosure as they are demonstrated in this sample and 2) to generate an expanded model for disclosure that encompasses not only shifts in intraindividual functioning and the father-daughter dyad but mother and siblings as well, as has been done in the literature on the inception of incest. Because the emphasis of the present study is on the quality of the incest experience, the method of data analysis is descriptive in nature.

The six cases were examined in detail in an attempt to identify features that are consistent across cases, differences between disclosure and nondisclosure families and scenarios, and the ways various dimensions are played out in individual cases. A number of important issues and relationships were identified to assist in the organization and analysis of the material. They are as follows:

1. Motivation for disclosure and/or anticipated response.
2. The relationship with the person to whom the incest was revealed.
3. Pivotal changes in daughter's sense of self.
    a) Can a period of increased subjective distress, acting out behavior, or increased self-valuation be identified prior to disclosure?
    b) Are there comparable shifts that can be identified in cases where daughters maintain secrecy?
4. The degree of conflict and closeness with and among father, mother, and siblings that support either disclosure or secrecy. Of particular interest here is whether changes can be detected in:
    a) possessiveness, sexual demands, or otherwise self-gratifying behavior on the offender's part.
    b) the marital relationship.

c) mother's emergence and power within the family which might facilitate a positive mother-daughter identification and daughter's perception of mother as someone able to take empathic and/or protective action.

d) protective or rivalrous feelings toward mother.

e) the strength of the sibling subsystem.

5) Daughter's development of extrafamilial relationships that might serve either to promote or validate the view of the incest as a pathological adaptation from which she can extricate herself or to reinforce her sense of shame and the need for secrecy.

While not exhaustive, these items were intended to provide a flexible organizational framework through which complex individual, intrafamilial, and extrafamilial dynamics could be examined.

CHAPTER III

ILLUSTRATIVE CASE MATERIAL

Disclosure Cases

Case 1

D. H., a 38 year old woman recently separated from her husband and teenage son, came self-referred to the Outpatient Unit. At intake she described a long history of anxiety and depression exacerbated by the break-up of her family, fear and avoidance of sexual contact, and dependence on antianxiety medication. She also reported one accidental overdose of pills and alcohol some years earlier that had left her in a coma for several days. Because she had lost 20 pounds over the preceding two months and appeared disorganized, the intake clinician recommended inpatient treatment. After a brief hospitalization, Ms. H. began weekly individual psychotherapy on an outpatient basis. She had been seen for two and one half months by a female therapist at the time this information was collected. She denied prior psychiatric contact.

Ms. H. was the older of two daughters born to an

intact family. Her father, a second generation Italian-American, met his wife when he was serving in the Armed Forces in Europe during World War II. Mother spoke no English and had no job skills appropriate to urban American life. According to Ms. H., her mother never developed friendships and continued quite homesick despite the presence of a sizable ethnic community in the area. Father worked as a machinist. He drank and gambled frequently, was physically abusive to his wife, and was known to run around with other women.

Ms. H. reported that the sexual abuse began when she was 5 years old. Her father began by exposing himself to her and then masturbating. In time he had his daughter manually stimulate him, progressing to the initiation of oral-genital sex and then vaginal intercourse when she was 12. The sexual activity occurred at home somewhat more frequently than once a month until the patient was 15. Neither her mother nor her sister, who is three years younger, were in the house on those occasions. The circumstances that provided the opportunities for father to be alone with daughter were unclear to her therapist.

Father justified the sexual activity by explaining that this was how fathers showed their love for their daughters and how daughters showed their love in return. Apparently, cross-generational divisions were drawn in the family fairly early. Father encouraged an atmosphere of conspiratorial specialness. Ms. H. was his favorite; it was

the two of them against mother and sister. It was unclear whether this favored status translated into material reward, but it did mean that she was privy to the details of his extrafamilial sexual activity. Father told her about the other women he saw, reassuring her that "Daddy loves you best".

Secrecy around the incest was enforced by vague threat. Father warned the patient that if she told anyone, something bad would happen. While he did not elaborate on this threat, Ms. H.'s fantasy of the consequences of disclosure are striking. She imagined that her mother would kill her father and that mother, sister, and the patient herself would all go to jail.

Father initiated a dramatic change in the sexual ritual some time during Ms. H.'s 15th year. He began taking her to bars and hotels to drink and then have sex. He reportedly told people that she was his niece with the idea that an avuncular relationship made this behavior more acceptable. Ms. H. explained to her therapist that she also looked older than her age at this time. In contrast, her therapist described her as a young-looking slip of a woman. During this same year, Ms. H. met a young man whom she saw as her "ticket" out of the house. They began dating.

The outings with her father continued regularly every weekend until Ms. H.'s 17th year when she told her mother about the incest. Mother responded by demanding that

father leave the house immediately. No formal complaint was filed. Ms. H. had no further contact with her father.

Several factors contributed to Ms. H.'s decision to disclose when she did. She had been feeling increasingly depressed and isolated over the course of high school. With the exception of her boyfriend, she had not had significant relationships either with peers or adults. The increased frequency and circumstances of the incest had been weighing on her.

Ms. H. also described feeling "guarded" in relation to her sister. She began watching her father for signs that he was approaching her sister sexually. She was afraid that if she refused him, he would abuse her sister. This behavior seemed to have both protective and jealous aspects. The family's hopes for the future were invested in the younger daughter, who was described as pretty and intelligent. The factor that had the most immediate impact, however, was father's restricting Ms. H.'s contact with her boyfriend. These restrictions were intolerable to her. Until this point, she had been scared of her father and his unpredictability. She had never actively resisted him and, for the most part, had used alcohol to cope with the incest.

Ms. H. described feeling very supported by her mother's prompt action to remove father from the home. She was glad that mother did not respond violently. She developed the idea that she, mother, and sister would

continue to live together and that she would be allowed to see her boyfriend as she wished. Interestingly, shortly after her disclosure Ms. H. and her boyfriend had a major fight precipitated by her perception that he was oversexed. He married another woman within a few months.

While empowering changes in mother prior to disclosure cannot be clearly discerned, both Ms. H.'s fantasies of her fierceness and her prompt response to remove father from the home are a marked contrast to early descriptions of her as isolated, homesick, and tolerant of physical abuse. Ms. H. was particularly surprised when mother remarried six months later. Mother told her daughters that she had met this man in church. He was considerably older than she. Ms. H. has since wondered whether mother might actually have become involved with him while still married.

With mother's second marriage, the relationship between mother and daughter deteriorated. Ms. H. experienced a traumatic sexualized reaction to a new man entering the home. She was terrified that her stepfather would molest her and she spent much of her time locked in her room. Mother was aggravated by this rejection of her husband and impatient for her daughter to appreciate that he was different from father. Ms. H. has since described him as kind and said that she grew to love him.

About six months after their break-up, Ms. H.'s boyfriend recontacted her. They resumed dating while he was still married and were married themselves soon after

his first marriage was dissolved. Their marriage was characterized by alternating periods of under- and over-functioning by each partner, which also served in part to ensure that they had minimal sexual contact. Husband left to live with another woman shortly before Ms. H. came for treatment. He also obtained custody of their son, whom he in turn left with his elderly and frail parents in another state.

As stated above, Ms. H. had no further contact with her biological father. The family did learn that he had remarried and was drinking heavily. He died of cirrhosis six years after the disclosure of the incest. She did not attend the funeral and has said that she is glad he is dead. She has come to believe that adults abuse children not because they are sick, but because they are evil.

Case 2

C. N., a 16 year old high school junior, was referred for an emergency intake by the local children's protective service after she reported her stepfather for sexually abusive behavior. Ms. N. and her mother had been seen by a female therapist for two joint sessions and one individual session each at the time this information was gathered. Her stepfather declined involvement in the assessment. He felt his previous statements had already been used against

him.

Ms. N. was the older of two children born to parents who divorced when she was 7 and her brother was 4. Ms. N.'s mother, 36 and a nurse, grew up in a middle-class religious and moralistic family. Mother described a sheltered adolescence with no dating and much time spent sitting for the children of her family's minister. She denied any history of alcohol abuse or sexual misuse in her family of origin.

Mrs. L. had married one of the first few men she dated while in nursing school. She very much wanted to have a child of her own. Within two years of marriage, however, she realized that her husband was alcoholic. He was verbally and physically abusive when he drank. He continued to work and attend college, but with little success. Additional income became necessary as the family grew. Mother returned to work on evenings and weekends shortly after the birth of their second child. Father cared for the children at home. After a three year period of separations and reconciliations, mother initiated the divorce when she learned that he sometimes locked the children in a room and drank. Father maintained erratic contact with the children for the first year following the divorce, then essentially dropped out of sight.

For the following two years, mother and the children were on their own, supported by Public Assistance and mother's babysitting. Ms. N. and her mother agreed that

they were close until age 9, when mother met her second husband. He was in the process of divorcing his first wife at that time. He had two children from this marriage. Following an adjustment period of about a year, family relationships and functioning were described as good.

Ms. N's relationship with her mother began to deteriorate gradually during her 12th year. The family moved twice during this time. These moves involved both a loosening of the extended family support system and two school changes for the children. Ms. N.'s academic performance declined. The therapist described mother as caring and consistent but as having difficulty with adolescent behavior. In particular, she described mother as unable to engage in negotiating with her children for age appropriate increases in privileges and independence. Instead, she tended to institute rigid rules which her daughter experienced as arbitrary. For example, Ms. N. had been required to come home directly from school. She had begun to protest this requirement earlier in the year. Mother responded by extending the curfew to 4:30, which she saw as demonstrating considerable flexibility.

Rules about boyfriends were another source of conflict between mother and daughter. Ms. N. was initially only allowed to date boys who were within a year younger or older than herself. Mother made an exception for her current boyfriend of six months, who was two years older. Mother did not allow her to ride in the car with him,

however, unless they were going to church. Ms. N. described a positive relationship with her stepfather during this period. She felt he was more supportive than her mother and less invested in restricting her. She also grew very close to her same-age stepsister.

Approximately one year before this clinical contact, three to four months before the first incident of abuse, the family experienced several significant stressors. Mother developed a heart condition. She was able to continue work on medication, however, and denied that her medical status affected marital and family relationships. Stepfather was promoted to a managerial position in the large company for which he worked and found aspects of this advancement to be very stressful. The family also moved again.

Stepfather's ex-wife had remarried by this time and moved farther away. His son's behavior, which included running away, had become a source of great concern and had prompted the involvement of protective services. After a period of conflict with his ex-wife over custody of this child, stepfather cut off all contact with his own children. This meant a loss for him as well as for the stepsiblings. It was also around one year earlier that Ms. N.'s family was seen for therapy for help with her younger brother's oppositional behavior.

The first incident of abuse occurred on an evening 9 months prior to intake while mother was out at a meeting.

When Ms. N. went to kiss her stepfather goodnight, he reportedly held her firmly, extended the kiss, fondled her breasts, and inserted his finger into her vagina through her pajamas. He later came into her bedroom, acknowledged that he had taken the contact too far, and apologized. According to Ms. N., he also suggested they not discuss the incident with her mother lest she get upset and aggravate her heart condition. He subsequently denied having said this. Ms. N. related that after this first incident her stepfather continued to look at her in a sexual way and that he often extended his hugs to fondling her breasts and genital area.

One and one half weeks before the clinical contact, on a Sunday night, Ms. N. and her stepfather had fought about her boyfriend and curfews. He told her that she could not go out. She replied that she was going anyway and that this time she was really going to tell. She called her boyfriend, who brought her to the home of his father and stepmother, where she was still living at the time of the intake. She disclosed the abuse to them and they called protective services. It is not known whether Ms. N. had made other threats to disclose or whether this fight was part of a larger picture of possessive behavior on stepfather's part.

Mother learned of the allegations from the prosecutor. Ms. N. had not tried to tell her about her stepfather's approaches. She gave two reasons for her reluctance. She

felt that her mother would not believe her, a fear which had been partly borne out, and she did not want to undermine mother's health with an added stressor. Significantly, mother's heart condition had worsened 1-2 weeks prior to daughter's disclosure. She took a medical leave from work and was facing the possibility of surgery.

Mother's struggle to make sense out of the allegations was evident during the crisis intervention work. She focused on slight discrepancies between daughter's and prosecutor's reports as to the depth of penetration to discount the accusation. She could not see how sexual abuse could be a problem when her husband and daughter had always been close and she had seen her daughter hug him recently.

There was also a tendency to attribute the allegations to her daughter's own sexual involvement with her boyfriend. Ms. N. had become sexually active four months earlier. Mother had learned about this from one of Ms. N.'s friends. While she disapproved, she had not directly confronted her daughter with her knowledge. Mother alternately thought that her daughter was construing stepfather's nonsexual behavior as sexual because her own relationship with her boyfriend had become so sexualy stimulating, that if it had happened it was because she was in some way seductive, and that there were numerous reasons why it could not have happened. To challenge her mother's denial, Ms. N. told her during a joint session that

stepfather had watched her take a shower during the week before she made the disclosure. He had reportedly told her not to close the bathroom door completely because the wallpaper was being steamed off. Then she saw his eye through the crack in the doorway.

Stepfather had been jailed then released pending further investigation. Officially he was not to appear at the family home; however, mother needed his support as she faced surgery and he visited frequently. This situation forced the loyalty issue for the family. Daughter felt that she could not return home if he were there. Stepfather minimized his actions at this point, stating that even if it had happened once, it was not serious.

Both mother and daughter were clearly hurt by issues related to daughter's unwillingness to return home. Their behavior in sessions and out was characterized by moves toward each other to check for signs of caring and rebuffed retreats. Daughter wanted mother to believe her and to acknowledge and understand her feelings. She went for several brief visits on the pretext of picking up necessities. She admitted to feeling "homesick" for her brother and her dog. Mother, on the other hand, wanted her to say that she missed her, which daughter was not able to do. Mother expressed concerns about losing her daughter. She believed that the boyfriend's stepmother, who had no children of her own, was trying to win her away.

Case 3

E. R. was brought with 3 of her 5 siblings to the Outpatient Unit by her mother at age 16 for continued treatment to address the sequelae of a long-term incestuous relationship with her stepfather. Ms. R. and her older sister had disclosed the abuse to mother several months earlier while the family was living over seas. Ms. R. had experienced a traumatic reaction immediately following the disclosure. She believed she was dying of cancer, that she had herpes, and that organisms from the water could penetrate her skin. She had episodes of uncontrollable crying and shaking and clung regressively to her mother. Mother had acted promptly to bar the stepfather from the home and to obtain medical and psychotherapeutic attention for her children. Ms. R.'s symptoms were largely resolved by the time the family returned to the U. S.

Mother requested evaluations for all family members present at the Medical Center. Mother herself, the older sister with whom the disclosure was made, Ms. R., and her younger brother were seen for ongoing individual psychotherapy with occasional mother-child sessions. Another sister was seen for a brief intervention only. Ms. R. had been seen by one female therapist on a weekly basis for 8 months and by a second female therapist on a less regular basis for 9 months after her first therapist left

the agency.

Ms. R. was born in Central America and adopted in early infancy by the R. family. Mother herself was of mixed Anglo and Latino background. She described a strong pull to take in this child as soon as she saw her, although she had borne four children in six years (three daughters and one son) and her youngest was still an infant. Ms. R. knew nothing of her biological parents. Her adoptive parents divorced when she was 4. Father maintained irregular contact with the children. Ms. R. felt that her mother's demands on him for money interfered with their sustaining a close relationship.

Mother remarried within a year of the divorce. Her second husband was employed at middle management level in a large international firm. His position required postings to various developing countries. While the family was always part of a small American community, frequent moves precluded the development of close relationships. Stepfather had had a vasectomy prior to the marriage and the couple adopted one child together. Ms. R. had been told by her mother that before the marriage her stepfather had alluded to a secret which, if revealed, would cause mother to leave him. Ms. R. believed that this secret was related to stepfather's sexual attraction to children.

Ms. R.'s wish to create a normal adolescent life for herself also served as a resistance to detailed discussion of the nature of the sexual abuse in therapy. She told her

first therapist that stepfather began fondling her when she was 10. She gave an earlier onset of molestation to her second therapist. These discrepancies seemed to come from a process of redefining what constituted inappropriate touching between father and daughter, rather than from an opportunistic altering of her story. He began to have vaginal intercourse with her later in her 10th year. The frequency of these contacts was not described. Stepfather occasionally introduced pornographic materials to enhance his excitement. During this period the family lived in a sprawling house. Mother was often out, involved in various volunteer social work projects. At times, however, she and other family members were at home while the abuse occurred.

Over the course of treatment, Ms. R. said little about her mother and stepfather's marriage. She rarely spoke of them in an interrelated way. It appeared, though, that she was exquisitely attuned to and troubled by signs of conflict between them. Mother had told her own therapist that she had withheld sex from her husband as punishment when she was angry. Daughter described herself as an intermediary and peace maker. In keeping with this role, Ms. R. began to feel increasingly guilty for the sexual activity with her stepfather because it was "doing something against" her mother. When she was 12 she began to avoid and refuse her stepfather and to talk with him about breaking off their sexual relationship. She described him as growing "sad" when she refused him, which

she said was her "weakest point". It appeared that her sensitivity to his wounded presentation, rather than explicit threats regarding her failure either to comply or to maintain secrecy, formed the coercive leverage for the continuation of the abuse.

When Ms. R. spoke of her stepfather in therapy she differentiated those times he acted and cared for her like a father from those times he did not. As a father, he taught her things and shared activities with her. She enjoyed this specialness and, in this sphere of their relationship, loved him. His not-father side encompassed their sexual relationship. Ms. R. recalled that he had always promised to stop if a specific sexual act hurt her. Sometimes she gave nonverbal cues of discomfort or pain, in part as a test of his word and attunement to her. Other times, she explicitly told him that he was hurting her. He did not stop. As she remembered these experiences, Ms. R. began to feel rage at her stepfather for the first time for his hypocrisy and exploitative behavior. She also began to question whether he could actually have loved her given the primacy of his own needs.

As Ms. R. turned 15-16, she began to resist her stepfather more actively. She grew more willing or able to tolerate both his displeasure and open expression of anger between them. He began to approach her less frequently. Several factors appear to have supported this change. Ms. R. began talking with her next oldest sister about the

abuse. At some point she learned that stepfather had approached all three of her older sisters. He had had intercourse with the oldest, who had since moved out on her own and of whom mother was quite critical. The two middle daughters were more able to resist and experienced less frequent and less intrusive abuse.

No clear changes occurred in peer relationships during this period of increased resistance. Ms. R. had always been an excellent student involved in extracurricular activities with an outward appearance of popularity. Her experience, however, was of being on guard lest someone sense that she was "different". Although she had been interested in several boys, she was afraid that if she risked getting close to someone, he would be able to tell that she was unusually sexually experienced and would reject her. Ms. R. knew about her stepfather's vasectomy. On a conscious level, fear of pregnancy did not play a part in her resistance.

Around this time, mother's behavior also changed. She began to question stepfather in front of the children about why he tickled them. She asked her daughters privately whether "anything was going on", whether stepfather "touched" them. In subsequent sibling discussions, Ms. R.'s sisters made it clear that they took mother's questioning as evidence that she already knew about the incest. Their tone was accusatory. Ms. R. was far more protective and continued to insist that mother's developing

concern and awareness were genuine.

Particularly with mother giving what appeared to be permission to come forward, Ms. R. began to feel increasingly guilty for doing something against her. She remained afraid, however, that mother would reject her if she knew. She and her sister were both quite depressed and talked often about what they should do. Mother then told the older daughter a pivotal story about a friend who had allegedly recently revealed that she had been incestuously abused. Sister told Ms. R. this story and urged her to go to mother. Ms. R. had been crying and "feeling bad". Both daughters felt that mother's response to her friend was unconditionally supportive. A short time later they went to her together and told her about the incest.

Mother's initial response was experienced by her daughters as very supportive. She believed them in the face of stepfather's initial denials. She acted swiftly to prevent his contacting the children. She obtained medical attention and psychological consultation. She also assured them that they were not "bad" for any physiological response they might have had to their stepfather's stimulation. She was able to reinforce in a positive way that their bodies were made to respond. Mother was also sensitive to Ms. R.'s transient regression, need for comfort, and to her assertions that now her mother was the only one she loved and who loved her.

Once the family returned to the U. S. and began to

establish roots and routines, the situation changed. Maternal grandmother came to live with them. Mother continued to call family conferences to review the details of the incest in a way that took on voyeuristic tones for her daughters. She was restrictive of their social lives and contacts. Now juniors in high school, Ms. R. and her sister were required to return home directly after the school day ended. They were not allowed to telephone boys. Mother responded more critically to Ms. R.'s strivings for autonomy and separateness than to those of her sister, who was more actively challenging. She tended to attribute this behavior on Ms. R.'s part to the incest and saw it as damage to be repaired through therapy.

There was also a significant issue of who owned the rights to the incest story. While mother cautioned her daughters not to tell anyone, she told her own friends, the men she dated, and her first husband without consulting her daughters. This enraged them. Grandmother also used the information to shame and control, threatening for example to reveal the incest to others if Ms. R. dated boys who did not meet with her approval. In the meantime, mother continued to keep the children in the dark about the overall implications of the revelation for the family. For example, she did not discuss plans to divorce or prosecute stepfather. Her daughters speculated that she had wanted to leave the marriage for sometime, but did not want to lose the financial support. She seemed to hold the threat

of prosecution over stepfather's head to ensure financial maintenance.

Ms. R. was seriously involved with two young men over the course of treatment. At a point in each relationship it became enormously important for her to reveal the incest history. Her boyfriends' reactions helped her to gauge their overall sensitivity and the potential for the relationships' futures. It was also important for her to feel accepted by a male who knew about the abuse. The fact of her telling became a source of conflict with mother. In addition, during sexual exploration with her second boyfriend, she experienced flashbacks to and revealed for the first time that she had also been abused by her older brother. He had forced her to fellate him on numerous occasions and threatened to tell mother about her sexual activity with stepfather if she refused. She did not want the family to know about this.

The most frightening situation for both mother and daughter arose around one man from whom mother had received a proposal of marriage. Ms. R. was encouraging her mother to remarry. She had the idea that if mother were happy with a man, she would be happier with her children. Yet she also had the uneasy sense that mother was trying to foster a special relationship between herself and this man, encouraging them to do things together. This uneasiness was heightened first by mother's indirectly conveying inappropriate gifts from her boyfriend to Ms. R. and later

by her jealous reaction to Ms. R.'s allegedly touching him in an overly familiar, sexualized way.

The question arose whether this was another instance of a "setting up" that might have occurred with stepfather or an attempt at mastery of the initial incest situation through reenactment. It was extremely painful for mother and daughter to work together in treatment to address this process. They both began to vent some of the blaming that had been suppressed. In this family, normal developmental strivings had been contaminated by the incest history. It was a therapeutic goal to help both mother and daughter make the appropriate differentiations between these and to reframe growth as positive. It was not possible to do so as long as Ms. R. remained in treatment at her mother's insistence. The final phase of treatment was therefore for Ms. R. to set her own termination date, which she did shortly after her 18th birthday. Mother herself chose to remain in therapy.

Secrecy Cases

Case 4

D. C., a 30 year old single self-employed woman with a high school education, came self-referred to the Outpatient Unit complaining of depression and anxiety exacerbated by a

visit with her father six months earlier. During this particular visit, Ms. C.'s father had grabbed her buttocks with intent that she perceived as sexual and she had confronted him about his history of sexually abusive behavior. She was angry and disappointed at his failure to acknowledge the inappropriateness of his behavior and its impact on her. In addition to depression, anxiety, and flashbacks, she had been drinking heavily for 12 years, driving while intoxicated, and bringing men she met in bars home with her.

Ms. C. had been seen in once weekly individual psychotherapy by a male therapist for three months at the time this information was collected. The history of sexual abuse by her father was discussed openly at intake. Two and one half months into treatment she revealed that her brother had also pressured her into sexual activity. She stated that she had only just begun to remember these experiences. A particular sexual experience served as the trigger for the recovery of memories. She was extremely reluctant to discuss them.

Ms. C. was the second of three children spaced at approximately two year intervals and the first daughter born to an intact family. She was raised in a fairly rural area on a farm which her father worked but did not own. Her family was socially as well as geographically isolated. Ms. C.'s father saw to the crops and livestock on the farm while her mother was employed as a secretary at a school

some distance away.

Ms. C. stated that her parents had stayed together despite a marriage that had always been bad. The extent and degree of open conflict were not clear. She described her father as an episodic heavy drinker. She did have some positive memories of experiences shared with him when he was not drunk or sexually aggressive. She had also come to see him increasingly as a pathetic victim of marital abandonment and alcohol.

Mother was described as an attractive, self-involved, inaccessible, and demanding woman. She did not drink but reportedly behaved in erratic and unpredictable ways, often slapping the children for relatively minor misdemeanors. Ms. C. and her sister were expected to carry considerable household responsibilities. Their older brother was relieved of many of these chores because of his gender and the value assigned to his participation in such extracurricular activities as sports. Ms. C., in contrast, came home directly from school and had minimal opportunity for peer contact or involvement.

Mother was also involved in a long-term sexual relationship with a man who was in some way affiliated with the farm. It was unclear when and how Ms. C. became aware of her mother's affair. Her knowledge of this relationship did predate her father's sexual advances, however, and she related early memories of her mother bringing this man to the family home.

Father began his sexual approaches when Ms. C. was between 11 and 12 years old. There was a certain ritualized quality to these episodes. Deliveries of livestock feed were made to the farm periodically and it became her job to help father store the feed in the barn. Why no other assistance was enlisted or what the overt rationale for this arrangement was were unclear. But it did ensure that father and daughter were alone together at a distance from others for extended periods of time every few months.

It was Ms. C.'s job to climb up into the hay loft and operate the pulley while her father remained below securing bales on the hook. At some point in this chore, he would climb onto the loft, lie on top of her, and rub her breasts, buttocks, and vaginal and anal areas through her clothing. He had usually been drinking. As far as Ms. C. reported, this activity was not accompanied by any exhibitionistic or masturbatory activity on her father's part. She was not required to bring him to climax, nor did he seem to be looking for a particular response from her. She denied any progression of this activity over time.

According to Ms. C., her father did not present rationales or threats to secure either her participation or her silence. No words were exchanged during these incidents and no mention was made of them at other times. It was not clear what her father was seeking since specifically sexual release did not seem to be an aim.

Nevertheless, it was very much Ms. C.'s experience that she had no choice but to comply with her father's behavior. Initially she tried to avoid him and these chores, but experienced no support from other family members in her efforts. Early on she had also wanted to tell her mother what was happening, although it was not clear to her therapist how she hoped her mother would respond. She explained that her fears that her mother would not believe her inhibited disclosure.

Ms. C. left home at 17, primarily to get away from the sexual abuse, which had continued on a periodic basis. It is notable that her father persisted in sexualized "grabbing", generally of her buttocks, during visits until she cut off all contact with him shortly before beginning therapy. She stated that so far as she knew they had never been observed. She experienced no physical trauma. In therapy she expressed the belief that her mother must have known and given tacit permission for the incest, perhaps in bartering for tolerance of her extramarital activity.

Because of her reluctance to discuss her brother's abusive behavior, less was known about these experiences. His advances began when she was 12 and he was 15. The sexual intrusions were described as more extensive than her father's, including fellatio, but stopped short of intercourse. How frequently and where they occurred was not known by her therapist. Her brother was also described as having been more clearly coercive. Ms. C. reported that

he threatened to shoot a beloved pet with his beebee gun if she did not go along with his sexual demands. She did refuse him on one occasion; he followed through on his threat. After this incident, she did not attempt complete resistance again. Rather, she adopted a strategy of going so far but no further. In therapy she began to express feelings of puzzlement and guilt about why she drew the line of acceptable or tolerable sexual activity where she did and to question whether there was something in the sexual activity that she found gratifying.

Following the confrontation with her father, Ms. C. disclosed the paternal incest to other family members. She wanted them to acknowledge what had happened to her in the past and to engage them in improving the current family situation. She was shocked at their resistance to dealing with the sexual abuse as well as the broader family dysfunction. She had hoped for support from her sister in particular and felt abandoned by her sister's response of disbelief and disgust. Initially, sister stated that she had never been approached sexually. Hurt and frustrated, Ms. C. cut off all contact with her family. She and her sister did have subsequent contact, however, during which sister admitted that brother had approached her sexually several times. She actively resisted. This disclosure did not create an openning for increased closeness between them, but rather seemed to increase Ms. C.'s internalization of blame for the incest.

Case 5

Ms. A. P., a 28 year old single college graduate employed on a freelance basis in radio production, came self-referred to the outpatient unit. She described a history of depression since age 14 characterized by withdrawal, sleep disturbance, crying spells, and angry outbursts which her relocation two years earlier had exacerbated. Ms. P. reported two previous outpatient treatment experiences. The first ended with a suicide attempt when her male therapist left the agency through which she saw him. She described being "kicked out" by her second therapist, who reportedly would not tolerate her angry outbursts. Ms. P. had been seen in twice weekly individual psychotherapy with a female therapist for 10 months at the time this information was gathered. She was also treated with antidepressant medication.

Ms. P. was the oldest of 5 daughters. Her mother became pregnant after completing her nursing education to secure a marriage opposed by her Italian parents. Ms. P. described her father, a mid-level manager, as depressed and said that as a young child she had had the feeling he was going to leave the family. He died unexpectedly when she was 7, while her mother was pregnant with their fifth child.

With her father's death, Ms. P. began to assume a caretaking role in relation to her sisters. Her mother, who had always been withdrawn, began to experience apparently psychotic decompensations during which she became paranoid about her oldest daughter--seeing her as the devil, as responsible for all the family problems, and even accused her of killing her father. Mother would kneel and pray with all the children to exorcise the devil from Ms. P. She received no treatment during these episodes.

Ms. P.'s mother remarried within a year of her husband's death. Her stepfather, who had worked with her father, had 2 sons from a previous marriage which had ended in divorce. At some point, Ms. P. learned that he had been physically abusive to his own children and that sexual abuse was also suspected. She described her mother and stepfather as getting along well. He never entered mother's delusional sphere.

Ms. P.'s stepfather began approaching her sexually when she was 11. He would enter the bedroom, fondle her genitals silently, then move on to her sister, with whom she shared a bedroom. These episodes took place while mother was bathing before bed. Ms. P. pretended to be asleep and thrashed about hoping her stepfather would stop and go away. Sometimes he did leave. Other times he pinched or slapped her hard.

Ms. P. and her sister did not discuss the abuse initially, although they were each aware of the other's

experience. Around six months after their stepfather began his visits, Ms. P. found an advice column about sexual abuse. She showed it to her sister and they decided to go somewhere to get help. Mother became aware that they were planning something--it is not clear whether she knew the specific content, and began what Ms. P. termed a "campaign of terror". She divided them physically by changing their bedrooms and emotionally through manipulating Ms. P.'s sister. Mother was successful at disrupting the alliance and turning younger sister against older.

When Ms. P. was 13 or 14, her mother decompensated again, this time spending several months incapacitated in bed. Ms. P. bathed and fed her, took charge of the house, and looked after her younger siblings. During this period, her stepfather came into her room nightly and began to press her head to force her to fellate him. Again, she attempted to resist by thrashing around. He reponded either by stopping or by pinching or slapping her. She began to gain weight. Again, this activity was silent. He did not try to induce her cooperation verbally, nor did he make verbal threats to enforce secrecy. The abuse continued under the premise that she remained asleep.

Ms. P. related several tentative attempts to approach her mother about the abuse during these years. She described intentionally beginning with what she determined were age appropriate and thus relatively benign sexual questions related to menstruation or reproduction. She

would look at her mother carefully to gauge how open she was to discussing sexual issues. In each instance, mother reacted punitively, accusing her of acting on her sexual curiosity with boys in the neighborhood.

Ms. P. was actually quite isolated and described being slighted and avoided by her peers at school. As she had the responsibility for caring for her siblings, when she was invited to a party she brought them with her. Her maternal grandmother, who for the most part was experienced as supportive, also warned her about becoming a slut. During this period, she grew unable to concentrate at school, her grades dropped, she gained more weight, and began to have intense headaches that continued into adulthood.

When Ms. P. was 16 or 17, her stepfather grew more insistent in his physical demands for intercourse. She resisted him by struggling hard and throwing him off her. At his third attempt, she "made a racket" so that her mother could no longer deny the reality of the incest. Mother did not respond protectively. Instead, she became increasingly confirmed and vocal in her delusional beliefs about her daughter and Ms. P. was sent to board at the high school she attended.

Ms. P. came home for several weekend visits, but the situation deteriorated to the point where sometime before her 18th birthday mother demanded that she take her possessions and leave the family home. She was told that

what she could not take with her would be thrown out. Mother also cut her out of the family photographs. Interestingly, mother did attend her high graduation, dressed in black as though she were attending a funeral.

Ms. P. cut off all contact with her parents when mother began to call her friends, roommates, and employers to warn them that she was stealing from them or that she was a psychotic killer. Ms. P. lost several jobs because of these phone calls, had to move, and felt she could not face her friends. Her maternal grandmother and step-grandfather (grandfather had abandoned the family) continued to be supportive during this period. She had idealized her grandmother, but began to wonder in therapy why she did not recognize or intervene in the disturbed family situation. Ms. P. did see her mother briefly at her grandmother's funeral several years later. Not long after, she learned that mother and stepfather had left the state. Her stepfather had been charged with raping a 15 year old girl.

Case 6

D. T., a 30 year old Jewish married homemaker and mother of a 3 year old daughter, was referred to the Outpatient Unit for continued treatment following her discharge from the Inpatient Service. Ms. T. had been

hospitalized for 5 weeks after she came close to ingesting a bottle of aspirin with suicidal intent. She said that she had been depressed and thinking about suicide for 3 months. This was her first admission but her second depressive episode.

While on the unit, Ms. T. revealed to staff a 7 year history of sexual abuse by her stepfather. Her family of origin had known about the incest since she was 17, but she had not told her husband until hospital staff encouraged her to do so. Ms. T. was initially reluctant to engage in outpatient treatment and acknowledged testing her therapist's interest in her with erratic attendance of scheduled weekly sessions. Overall, she had been seen in individual psychotherapy for 5 months by a female therapist when this information was collected. She continued to experience nightmares and flashbacks of the abuse, periodically felt depleted by and resentful of childcare and homemaking responsibilities, and was sexually avoidant of her husband.

Ms. T. was the older of 2 children born to parents who divorced when she was 7. Her brother, 3 years her junior, had been psychiatrically hospitalized several times and was seen by Ms. T. as unreliable, impulsive, manipulative, and favored by mother and maternal grandmother. Ms. T. described her father as an alcoholic who was physically abusive to her mother and overly harsh in disciplining his children. For example, she remembered him physically

forcing her to eat when she refused and locking Ms. T. and her brother outside of the house in their underwear despite the temperature as punishment. She described her mother as accepting of abuse and unable to intervene protectively for the children. After an incident in which father stabbed her, however, mother did press charges. She filed for divorce while he was in jail. The family had no further contact with him.

Mother began dating stepfather when Ms. T. was 8. They married two years later. Stepfather's occupation was not known to the therapist. Prior to the onset of abuse, stepfather was experienced as kindly though exacting in his expectations. Ms. T. described an abrupt introduction of explicitly sexual contact into their relationship 3 months after the wedding. One Saturday when mother was at work, a short while after stepfather brought Ms. T. home from a regular weekly appointment, he called her into the bedroom he shared with her mother. Ms. T. found him lying naked on the bed. He commanded her to "kiss it", insisting that she swallow his ejaculate because this was more pleasurable for him.

These incidents continued on Saturdays with a ritualized quality. Sometimes stepfather stood before a mirror while she fellated him. Sometimes he ran the shower or played the radio to camouflage their activity in case someone returned home. Ms. T. described feeling repulsed and nauseated by the contact.

Both a progression of sexual activity and an expansion of abusive situations occurred over time. Ms. T. was not able to speak with her therapist in explicit terms about the nature and extent of the abuse, only that "he did everything you can imagine." Later in treatment she described stepfather as always angry. He beat her sometimes when she refused him, yet he appeared angry when she acceded and he climaxed. Participation in some form of sexual activity became a frequent prerequisite for permission to go out to play. Ms. T. remembered returning home after school dreading that her mother's car would not be in the driveway. She described feeling safe when the car was there.

As far as Ms. T. reported, stepfather did not use explicit threats to insure her secrecy. Though she tried to avoid being home alone with him, it was her experience that the abusive situation was essentially inescapable. She wished that she had had the strength to tell someone about the abuse and wondered why no one, particularly her grandmother at whose house she often lingered, had asked her why she avoided going home. She thought that if her mother had asked her whether something was "going on" she would probably have blurted it out despite her fears of the consequences.

Ms. T. also described a growing awareness from friendships developed in the transition from junior high to high school that her relationship with her stepfather was

not "normal". She never revealed the incest to these friends, but she did begin to put up more resistance to his demands and to threaten to tell her mother.

Stepfather responded to her resistance with several kinds of punishment. Sometimes he assigned her house cleaning chores which she felt were unnecessary or excessive. He watched her while she cleaned, making critical and disparaging remarks. Other times, when she relented, he was particularly aggressive during intercourse and caused her pain. Stepfather responded to her threats to disclose by challenging her to go ahead and tell. He was confident that mother loved him so much that she would never believe her. Ms. T. knew this to be accurate and kept silent. She continued to fear that she--not they, would "get caught" by her mother. Various scenarios of "getting caught" continued into her adult dreams.

Ms. T. portrayed her childhood as characterized largely by material deprivation; however, she also described periodic extravagant shopping trips initiated by her stepfather. Assuming an air of generosity, he selected and bought expensive and attractive clothes for her. She tried to convince herself that he bought these gifts for her because he loved her. Despite her efforts, she experienced them as payment for sex and hated the falseness of the shopping trips as well as wearing the clothes.

A picture of mother as relationally avoidant emerged from the vignettes related by Ms. T.. Mother was often

away from the home on weekends and, saying she was tired, frequently excused herself when the family was together. Ms. T. recalled many occasions when mother retired upstairs in the early evening, leaving her to watch television alone with stepfather. She dreaded these times because stepfather then wanted sex. She tried to cajole and plead with mother to stay, fearing and hoping that she would sound too desperate and betray her reasons. She told her therapist that she could not believe that her mother did not suspect the incest at that time.

This uneasy and avoidant quality persisted into their adult relationship. Mother typically initiated a date then, after an hour or so, was ready to leave. Ms. T.'s experience was one of wanting more of her. Mother's response was that she would "make it up" to her another time. At the same time, an unspoken expectation existed that Ms. T. call her mother daily. She stated that she found this oppressive. When she did not call, mother grew alarmed and called to find out what was wrong. This was the essential pattern to their relationship.

Ms. T. began dating her husband when she was 16-17. By this time stepfather was very jealous of all her extrafamilial relationships and demanded an accounting of the time she spent away from home. He particularly disapproved of her relationship with her boyfriend and either limited the amount of time she could spend with him or made permission for dates conditional on sex with him.

By this time he had also involved Ms. T.'s brother in the sexual activity, having him "do all kinds of things to me."

When Ms. T. was 17, brother went to mother and told her about the incest. He did not discuss doing so with Ms. T. in advance. She felt that he was motivated by protective feelings for her and that he had acted because he knew she was "too weak" to act on her own behalf. Mother believed that the incest had occurred, but she blamed Ms. T. for initiating it. She also discussed the disclosure with her own mother. Ms. T. remembered both her mother and grandmother telling her that they did not know if they could still love her. They had since told her that they did love her. Ms. T. shared her disbelief with her therapist that they could reverse their feelings so readily or completely. She said that she could not be happy until she believed that her mother loved her.

Despite her attribution of blame, mother did join with Ms. T. to help her elude stepfather's sexual demands. She tried to ensure that they were not left alone together. She continued to do so even after Ms. T. married. She suggested and participated in cover-ups about Ms. T.'s whereabouts. She helped her create a fictional female friend for stepfather's benefit and lied when Ms. T. was out with her boyfriend. This subterfuge continued until Ms. T. left home to marry several years later.

Stepfather died after a long struggle with cancer 2 years before Ms. T.'s hospitalization. Ms. T. went to

visit him while he was ill. She was annoyed that mother did not allow them much time to speak privately, as though she could not relinquish her role as interceder. During these visits stepfather begged Ms. T.'s forgiveness. She told him that she could not forgive him. She subsequently came to feel conflicted about refusing him his death bed request. She believed that because stepfather was no longer alive, she would be unable to resolve the incest trauma. She also continued to feel betrayed by and enraged at mother's failure to tell stepfather that she knew about the incest.

CHAPTER IV

DISCUSSION AND CONCLUSIONS

A total of 17 cases were reviewed for inclusion in the present study over a 1 1/2 year period. The preceding 6 cases were selected for presentation because more information was available and because family constellations and circumstances most clearly met the criteria for inclusion. While generalizations cannot be made from a sample this size, several issues and themes emerge that warrant discussion.

Of the remaining 11 cases, several adults left treatment abruptly after disclosing the incest to their therapists. Several of the women continuing in therapy were not at a point to discuss their experiences in detail. Adolescent referrals were often seen in the clinic a considerable time after disclosure and prosecution of the offender when it occurred. Some of those youngsters who were court referred experienced the mandate to attend therapy as their part of the punishment extended by the criminal justice system. In the face of their anger, resentment, and self-blame, a therapeutic alliance was untenable. Others showed a strong push to normalize their lives and were resistant to exploration of the incest

experience. This kind of resistance was also shown by some of the adolescents for whom revelation of the incest was a recent experience. Once some modification of the immediate family situation was made, they no longer wanted to discuss it. In some of the more chaotic families in which abuse was reported, the presence and role of the offender in the family were judged to be too transient and circumscribed to qualify as paternal.

For the reasons cited above, the composition of the sample is weighted toward retrospective study of incest relationships. The patients presented ranged in age at initiation of treatment from 16 to 38, with a mean age of 26;4. By definition, both adolescent cases are illustrative of disclosure phenomena. The ages of the subjects at the inception of the incest ranged from 5 to 15, with a mean age of 10. The lengths of the relationships ranged from under 1 year to 12 years, with a mean duration of 6 years. Two women in the sample were abused by biological fathers and four, one of whom was adopted, by stepfathers. All stepfathers had entered the family as emotionally significant if not legally recognized figures by the time the identified patient had reached the age of 9. These findings are consistent with those reported in the epidemiological-descriptive literature.

Summary of Case Material

C#	ages	offender	nature of contact	outcome
1	5-17	father	progression to intercourse	told mother
2	15-16	stepfa.	fondling, deep kissing digital penetration	told boyfr's parents
3	10-16	stepfa. brother	progression to intercourse fellatio	told mother told ther.
4	11/12-17	fa. brother	fondling (?) fellatio	left home recovered memories through treatment
5	11-17	stepfa.	progression to attempted intercourse	"kicked out"
6	10-17	stepfa.	progression to intercourse brother also involved	bro. told mother

The 6 patients were seen through the Department of Psychiatry's Outpatient Unit by 5 female clinicians and 1 male clinician. One female therapist treated 2 of the patients in the sample. One patient saw 2 therapists sequentially. The therapists, who had between 1 and 3.5 years work experience beyond the completion of their clinical training, described themselves as psychodynamically oriented. All had been present at inservice education sessions on sexual abuse in addition to their own readings and clinical supervision. There was general agreement on terms and concepts related to the

definition, validation, and treatment of incest.

Examination of the case material suggests that neither the nature of the biological tie to the offender nor the existence of multiple offenders are factors that differentiate disclosure from secrecy cases. Findings regarding age at initiation of abuse and duration of the relationship are more disparate in this sample. The relationship in Case 1 stands out in that it continued for 12 years. Early onset and duration appeared to be less significant factors affecting the likelihood of disclosure in the subjective experience of the victim than other factors which will be discussed below. Later adolescent initiation by a stepfather, as in Case 2, may increase the likelihood of disclosure.

While the exact nature of the sexual contact does not clearly distinguish disclosure from secrecy cases, completed intercourse was reported by more of the women in the disclosure group. Repeated intercourse was experienced by 2 of the 3 disclosure cases. The activity reported by the daughter in Case 2 did not progress beyond fondling, digital penetration, and voyeurism. Of the secrecy cases, intercourse was attempted in Case 5 and completed in Case 6. While the abuse in Case 4 was described as limited to fondling, the question of more extensive contact is raised by the way in which recovery of memories of abuse perpetrated by her brother occurred in the course of treatment.

No clear relationship was evident between the classification that best described the offender and the likelihood of disclosure. It appears that for the father in Case 1 the incest behavior constituted one aspect of a broader sociopathic lifestyle. Cases 2 and 4 are consistent with endogamic or regressed offender models, with incest developing in the context of relational losses and impaired impulse control. Case 3 presents a mixed picture of pedophilic trends, regressed behavior, and marital dysfunction. This daughter believed that her stepfather had married her mother primarily to gain acccess to the children. Stepfather in Case 5 can best be described as pedophilic. He was suspected of abusing his own children, known to have abused his stepdaughters, and charged with the statutory rape of an unrelated minor. The orientation that best describes stepfather in Case 6 cannot be clearly determined from available information, but again a mixed picture of dominance and pedophilic interests emerges.

None of the offenders were described as habitually physically abusive to their daughters during sex; however, pain during vaginal intercourse was reported by one disclosure and one secrecy daughter (Cases 3 and 6 respectively). The secrecy daughter felt that the pain was inflicted intentionally as punishment for her attempts to resist. The experience of pain did not figure prominently in either case in the decision to tell or maintain secrecy.

It did constitute another dimension of betrayal for both daughters.

In terms of a general climate of violence in the home, father in Case 1 was described as abusive to his wife but not his children. The daughter in Case 6 lived with an abusive father in early childhood, observed her mother tolerating extremes of abuse by him, and was on occasion beaten by her stepfather for refusing sex. He was not physically abusive to her mother. Two of the mothers in the secrecy cases (4 and 5) were described as physically abusive or excessive in their punishments of the victimized daughter. Fathers in these families were described as insistent but not violent with regard to the sexual abuse.

There is a significant difference between 2 of the 3 secrecy cases and the disclosure group in the quality of the sexual encounter. The approaches in Cases 4 and 5 were described as silent ritualized events. No clear induction process took place. No threats were voiced. No acknowledgement of the fact of the incest or the existence of the secret was made by either participant. It was as though the episodes of abuse were dissociated from the fabric of family life and relationships. It may be that the developmental implications are somewhat different in these kinds of encounters. One tends to see a more pervasive inability among victims to "trust the testimony" of their own senses.

This discontinuity is in marked contrast to the

quality of father-daughter relationships in the disclosure group and in Case 6, in which the incest was revealed by a subsequently victimized brother. Here the relational distortions are far more pervasive. One can see the inversions of generational boundaries, the inappropriate emotional expectations that fathers have of their daughters including their sense of sexual entitlement, the incorporation of specialness by some of the daughters, the confusion between the affectionate and the erotic, and the interplay between extreme possessiveness and disclosure.

It is striking how difficult it can be to obtain a clear picture of why the adolescent victim told when she did and what she wanted to happen in response to her disclosure. It appears to be particularly difficult for adolescents to put their motivations into words. Sometimes the fantasies that inhibit disclosure are more vividly articulated. In this sample they ranged from rejection to murder. Adult survivors reflecting on this period of their lives seem better able to give verbal expression to inner promptings.

In addition, therapists tend to make inferences to fill in gaps in the clinical narrative. Therapists often became aware through the process of interviewing that they had made assumptions and did not have explicit information in experience-near terms about their patients' immediate and longer-term aims in revealing the abuse. It also appears to be the case that in the intensity of the

disclosure moment many of these considerations are overshadowed.

Nevertheless, several observations can be made from the narratives obtained. So far as is known, the daughters in Cases 1 and 2 had engaged in some private internal debate in which they concluded that the risks of disclosure were too great--in Case 1 violence and in Case 2 disbelief and the responsibility for worsening mother's health. Their disclosures occurred in the most immediate sense in response to a fight with step/fathers over restrictions on their freedom to date. In this way, both scenarios are consistent with the first disclosure configuration discussed by Gutheil and Avery (1977).

In neither case did daughter express overt rivalrous or triumphant feelings in relation to mother or provoke her with the information. It is speculated that daughters come to use disclosure provocatively when their messages are not taken seriously from the outset-- by family or professionals. Nor did daughter in Case 2 indicate a conscious attempt to shame mother by disclosing the abuse to someone outside the family. Uppermost in her awareness was protecting mother while getting stepfather. It is hypothesized that as mother's condition deteriorated and she became more dependent on her husband, daughter's sense of vulnerability increased. It did seem, however, that at those times when mother asserted her disbelief or tendency to minimize, daughter revealed more details of stepfather's

behavior as though to shake mother out of her complacency.

Case 3 stands out not only in this sample but in relation to other case study reports in that mother did attempt an active role in uncovering the incest secret. The events in this family also suggest that a mother's efforts to investigate the possibility of incest or to be available to her children's revelations are not sufficient to bring about disclosure. Daughters' experiences of alienation and fantasies of danger become elaborated over time. For Ms. R. considerable coaching from her mother and support from her sister were given before she could come forward. She had long wanted stepfather to stop and to love her like a father; the sexual contact actually was occurring less frequently when she broke secrecy. Uppermost in her mind at the time was the wish to make reparation to mother for having done "something against her" and to feel accepted and reinstated in her love. It appears that some parallel change in mother occurred enabling increased closeness with this daughter, whom she had chosen to adopt when her biological daughter was a few months old.

The expectation of maternal disbelief was cited as a primary reason for maintaining secrecy in Cases 4 and 6. In Case 4 mother was largely absent from clinical material. What little was said lacked dimension and affective depth. This quality suggests that much therapeutic work needs to be done before the experiences contributing to daughter's

conviction that she would not be believed or what she might have wanted to achieve from disclosure can be understood.

In Case 6 the expectation of disbelief was fostered by stepfather's assertions that mother loved him too much to believe her, daughter's experiences of her own powerlessness, the ways in which the overvaluation of men was played out in her family, and the extent to which her mother tolerated abuse to have a man. The patient repeatedly stated that she had wanted to bring about a "normal" relationship with her stepfather. She defined this as an unconditionally loving, conflict-free, nonsexual relationship, for which children's stories and television programs served as models.

Case 5 exemplifies processes of parentification in a context in which daughter also embodied mother's negative projections. It is striking that this daughter persisted in her attempts to enlist her mother in stopping the abuse despite mother's punitive, periodically psychotic response to her. It is possible to take a system's view of mother's response to her daughter's final "racket" and interpret her extrusion as the only means available to an incapacitated mother to keep her daughter out of harm's way. This interpretation seems unlikely, however, in view of the long-standing, profound negative valence of mother's behavior, which included periodic exorcisms of her daughter and excising her image from family photographs.

Those daughters who had not disclosed while the incest

was active sought validation and empathy from adult disclosure. In Cases 4 this was not forthcoming. In Case 6 it was ambivalently offered. It is also of considerable interest that in those cases of multiple intrafamilial offenders in which the paternal incest was revealed, during either adolescence or adulthood, the fraternal incest was not.

So far as has been reported, none of the patients in either group engaged in suicidal or self-mutilating behavior while still living in the parental home. Nor did any report a history of runaways prior to disclosure. These behaviors are important in that they serve as indices of psychic pain and self-blame. They also may result in the involvement of the professional community, which in turn may increase the likelihood that sexual abuse will be investigated and revealed. Suicide attempts have also been discussed in the literature as occurring at a pivotal point in the incest relationship in which they serve as an alternative to disclosure. Hence, reports of attempts, gestures, or preoccupation with suicide might be expected in a sample this size.

Symptoms of distress in this sample tended to be more "silent" or less disruptive to family life: social withdrawal, drop in academic performance, crying spells, weight gain. Daughter in Case 1 did drink while the abuse was ongoing but so far as is known, she drank only when her father brought her to bars to support a dissociative style

of coping with the sexual contact. She did develop a chemical dependency in adulthood and make a subsequent suicide attempt. Daughter in Case 2 left home in the service of telling. Daughter in Case 3 remained a model student while the incest was ongoing despite her depression and guilt. A year or so later she engaged in some mildly rebellious experimentation with cigarettes and alcohol, which her mother defined as a pathological consequence of the incest.

Daughter in Case 4 drank heavily after leaving home and endangered herself by driving while intoxicated and bringing strangers home. This behavior stopped shortly after she entered treatment. In Case 5, daughter made a suicidal gesture in adulthood after her first therapist left the agency and may have begun to delicately self-cut after she left home. Daughter in Case 6 described one near suicidal episode in adulthood which, as in Case 5, was precipitated by a contemporary interpersonal situation. The adult onset of these behaviors speaks to the issue of delayed traumatic reaction, as well as to differences in the quality of family life and level of ego organization.

Mothers in all 6 cases had been consistently present in the home. Of the disclosure sample, mother in Case 2 developed a heart condition approximately 3 months prior to the initiation of the abuse. Her medical status was intrinsic to the pressure for secrecy felt by her daughter and utilized by her husband. This case is singular in the

sample in that the mother-daughter relationship had grown conflictual and more distant around adolescent issues prior to the sexualization of the father-daughter relationship. Mother appeared to have difficulty tolerating her daughter's increased investment in relationships outside the family sphere, demands to have more say in structuring her life, and sexuality.

The extent to which this daughter's disclosure to people outside of the family was influenced by this prior deterioration of their relationship or by mother's medical status cannot be determined from the information available. It is significant nonetheless that the disclosure closely followed the exacerbation of mother's condition. This decline in health was presumably alarming to all family members, who had experienced significant relational losses in the preceding year. There were no indications that Ms. N. was aware of the potential humiliation to her mother in excluding her from the initial disclosure. She described her motivation in protective terms, both of mother's health and her own validation. It is unclear whether she realized that mother would be informed of the allegation in the way that she was. The course of events and mutual feelings of betrayal escalated with the forced loyalty decisions that followed disclosure and the intervention of the judicial system. As Solin (1986) discussed, these are not necessarily continuous with pre-disclosure relational dynamics. Mother's need for support from her husband in

the face of her own illness was another contributing factor.

Mothers in Cases 1 and 3 were neither physically nor psychologically incapacitated. Both responded promptly to their daughter's disclosure by taking action to end their marriages in ways that are consistent with Meiselman's (1978) observations. Mother in Case 1 had been clearly disempowered in her marriage. She was economically dependent. She had not found a way to integrate herself into majority culture or, until much later, into the existing ethnic enclave. She was tolerant of her husband's irresponsible, promiscuous, and physically abusive behavior. Her daughter speculated that mother had come to know her second husband while still in her first marriage. Meeting a kindly older man may have provided mother with the base from which she could act protectively toward her daughter and leave an abusive marriage. She had something to gain and someone to act protectively on her behalf.

The position of mother in Case 3 is more difficult to assess. She was experienced initially by all clinic staff who had contact with her as formidable and controlling. Her apparent competence later came into question. Again, while there are dangers in inferring pre-disclosure dynamics from post-disclosure behavior, it is speculated that mother's questioning her children about the incest grew out of a change in her investment in her marriage and/or her need to reinforce her control of family relationships. This

hypothesis is also based on her subsequent controlling behavior: keeping her children and the therapeutic team in the dark about her specific plans for divorce and prosecution as well as her plans in general; the ways in which she dealt with her own and her children's sexuality and autonomy; and the potential for recreating the abusive situation in the family.

In the two cases in which mothers acted swiftly to remove the offender from the home, daughters did not discuss paternal efforts to suppress the incest report in treatment. This absence from the clinical narrative does not necessarily mean that fathers did not attempt to pressure the family in some way; however, it does suggest that in the end result daughter's did not experience such behavior as determining outcome. In Case 2, however, where daughter left the home and mother's response was equivocal, stepfather's behavior was discussed by both mother and daughter as playing an influential role in the unfolding of post-disclosure events.

Overall, greater degrees of psychological disturbance, tolerance of physical abuse, punitive behavior toward children, and valuation of male family members were attributed by daughters in the secrecy sample to their mothers. Mother in Case 4 was described as looking outside the family to work and an extramarital relationship for her primary sources of satisfaction, at least for part of the identified patient's childhood. Her absence from much of

the material from the initial phase of treatment may parallel the way daughter experienced mother's psychological disengagement from the family, while also managing her rage. Mother was experienced as impulsive, excessively harsh toward this daughter, and giving preference and special privileges to her son. It appears that for this daughter in this family the combination of failure to enlist maternal support in early covert strategies to avoid incest episodes, her experience of being the child least valued by mother, and the reality of multiple offenders culminated in the conviction that she would not be believed. Thus she left home.

Case 5 is the most disturbed family situation in the sample. Mother experienced paranoid decompensations during which she received no treatment. The children were protected neither from sexual abuse nor from psychotic parenting. The inversion of role responsibilities between mother and daughter was most pronounced in this case. At its most extreme, mother's behavior involved dangerous delusional behavior toward this identified daughter.

It was not mother's psychosis <u>per se</u> that inhibited disclosure, however. Despite their pathological relationship, daughter did persist in sending vague signals to her mother about the abuse, apparently during the periods that she was not psychotic. In the most immediate sense, mother's punitive reactions to daughter's age-appropriate questions about sex are attributed with

inhibiting disclosure. Daughter described her wishes and her partial efforts to puncture mother's denial of the abuse as becoming more insistent and aggressive over time. This increased insistence appears to have been coincident with the erosion of support within the sibling subsystem. Ms. P. developed no significant extrafamilial involvements to support her. It is of great interest that as she was increasingly isolated and extruded from the family, with presumably nothing more to lose, she made nonverbal alerts but never revealed the fact of the abuse to her mother in words.

Case 6 is interesting in that it is the one case in the secrecy sample in which mother was intimately involved in the details of her adult daughter's daily life. Mother had been exposed to the most extreme physical abuse of all mothers in the sample during her first marriage. She was described as depleted and relationally avoidant while the incest was ongoing and depressed in later life. In this family there appeared to be a transgenerational pattern of valuation of males over females. This can be seen in mother's and grandmother's differential treatment of the patient and her brother, the abuse mother tolerated to have a man in her life, and her idealization of her second husband.

Daughter experienced the sexual and accompanying physical abuse as inescapable and saw herself as lacking the strength to reveal it. It is speculated that this lack

of a sense of gender-associated agency and power was transmitted by mother in a variety of ways. Indeed, in the disclosure scenario in this case a co-victimized brother revealed the father-daughter incest to protect his sister.

Daughter described attempts to send numerous clues to mother, at times feeling as though she were screaming them. Mother did not detect or acknowledge them. It is important to stress that the clues revolved around getting covert help to avoid being alone with stepfather, not the sexual abuse itself. At the same time, Ms. T. described intense wishes that someone, her maternal grandmother in particular, had investigated the possibility of incest. Her belief that she would then have "blurted it out" is consistent with the observations of Swanson and Biaggio (1985), in which the victim wishes for the secret to be magically unlocked by someone else saying the word, thus partially relieving her of the responsibility for the consequences.

It is also notable that mother acted in the direction initially desired by her daughter once she learned of the incest. She invented and supported the ruse of an imaginary friend to protect her daughter, to enable daughter to pursue her relationship with her boyfriend, and to protect her own interests with her husband. Avoidance appeared to be the distorted avenue of defense, protection, and power most readily available to the women in this family. It provided the structure for reorganizing around

the incest secret and was basically effective in that no subsequent episodes of abuse were reported by daughter. Daughter did continue to feel profoundly betrayed by mother's inability to confront her husband directly about the incest, however.

None of the daughters in either group were aware of histories of incest or sexual abuse in their mothers' backgrounds. None appeared able to consider this as a possibility in wondering how their mothers could have allowed the abuse to happen to them. The development of an empathic tie between mother and daughter depends not only on mother. For this bond to be genuinely reciprocal, daughter must be able to stop blaming at some point and wonder about influences in mother's history that contributed to the imbalances in her marriage and in her relationships with her children. Participation in this process is seen as an eventual goal of treatment.

The parts played by brothers and sisters in this sample are also varied and complex. In Cases 2 and 6, disclosure and secrecy cases respectively, the identified patient was the older of 2 children and only daughter in the nuclear family. In Case 2 a relationship with a stepsister had been lost and brother had become symptomatic shortly before the onset of the abuse. Case 6 is the only known example of a sibling inducted into joint sexual activity. Here the co-victimized brother revealed the abuse his sister had experienced.

There were no clear instances of active "setting up" among siblings or of incest envy in those families with more than one daughter. In Case 1, both protective and rivalrous feelings towards a younger sister perceived to be at risk contributed to the pressure felt by the identified patient to disclose the incest.

In Case 3, all 4 daughters had been approached sexually by stepfather and had shown different abilities to say no. It was speculated that because the identified patient had lost 2 fathers, biological and adoptive, her investment in preserving the stepfamily was greater and compromised her willingness to resist. While the sisters did not intervene to protect each other initially, there was no evidence of self-extrication by placing another at risk. Later on, sisters were able to come together as allies. The sister closest in age was a particular source of support prior to, in preparation for, and following disclosure. This alliance persisted in the face of mother's apparent investment in identifying this daughter as more damaged and dividing the sisters through granting markedly different privileges although they were the same age.

In Case 5, as in Case 3, all of the daughters in the family were victimized. Initially the identified patient had a mutually supportive relationship with the sister to whom she was closest in age. They were working together on how to get help when mother began what were perceived as aggressive, successful efforts to divide them. In the 2

cases in which there was an older brother in the family (Cases 3 and 4), this brother also abused the patient.

The quality of sibling relationships--specifically whether siblings perceive each others as a source of support, is deeply affected by a number of variables. Prominent among these are the kinds of relational models conveyed by parents, i.e. exploitative, competitive, supportive; how siblings perceive their differential worth in the family; and by how parents, mothers in particular, respond to the alliances that they see developing between their children.

Involvement with a boyfriend was not a necessary precondition to disclosure in this sample nor did such a relationship ensure that daughter would tell. Two disclosure daughters (Cases 1 and 2) and one secrecy daughter (Case 6) described developing significant relationships with boyfriends while the sexual abuse was ongoing. As this sample suggests, a boyfriend himself or the alternative relationships that his family provides can create a significant bridge out of the incestuous family, as in Case 2, or a more immediate and concrete "ticket out", as in Case 1. It does not appear to be primarily the relationship itself that influences the disclosure scenario, however. Rather, it is the way that the offender's narcissistic and compulsive tie to his daughter is challenged and daughter's reaction to the ways he acts on the threat that can precipitate revelation.

In conclusion, examination of these 6 cases underscores the need to look at events and dynamics in incest families in an intricate relational matrix. Linear or correlational models of incest behavior cannot adequately convey the complexities of families in which the incest taboo has been transgressed. Nonetheless, it can be said that daughters do not break secrecy unless they experience some support either within or outside of the family. This telling often occurs precipitously, despite resolutions to maintain secrecy, in the face of escalating narcissistic paternal control.

Two basic family configurations emerge from this data, one in which secrecy is more likely to be maintained and one in which disclosure is more likely to occur. Case material suggests that a daughter is less likely to disclose in those situations where 1) she is socially isolated; 2) the episodes of abuse are affectively isolated events which are discontinuous with other aspects of her relationship with the offender; 3) mother is either disempowered or disengaged in relation to her husband; and 4) daughter is alienated from mother, who is experienced as excessively punitive in general and in relation to daughter's sexuality in particular.

Similarly, disclosure is supported by a number of interrelated factors. Among these are: 1) the existence of at least one supportive relationship within or outside of the family; 2) some shift in empathy between mother and

daughter in the overall context of less profound disruption or alienation in their relationship; 3) an increase in sexual demands, jealousy, and possessiveness on the offender's part at a time when daughter is increasingly invested in but conflicted about moving outside the family sphere; and 4) a shift in mother's behavior that leads to a shift in her status in the family. This shift may bring either an increase or decrease in maternal empowerment.

In each of the three disclosure cases, some pivotal change can be identified or inferred in maternal functioning prior to the revelation of the abuse. The shift for the two mothers who took clear protective action was in a positive direction. They had the expectation of some gain in their lives in leaving their marriages. For mother in Case 1 this gain consisted of a more supportive marriage to a kindly older man. The nature of the gain for the mother in Case 3 in leaving her marriage is less clear. It may have provided a way to leave an immature or inadequate partner, to protect herself from the demands of intimacy, or to reassert control. The shift for mother in Case 2 was in a negative direction, involving increases in physical incapacitation, vulnerability, and dependence on her husband. This shift was a significant precipitant of her daughter's disclosure to supportive figures outside the family.

Unfortunately, the specific signals about increased availability to hear the revelation and ability to take

constructive action that mothers gave daughters and that daughters perceived cannot be clearly constructed from daughter's narratives. Data suggests that signals regarding unavailability are more easily identifiable. It seems likely that positive changes are communicated in a wide array of subtle to more striking behaviors. It may be mother's increased interest in her appearance that daughter notices, an increase in her attention to the details of her children's lives (as in Case 3), a change in the way she talks to her husband, or the development of involvements outside the home (as in Case 1).

With the benefits of hindsight, it is possible to see that the instrument used in this study was lacking in certain respects. While it included items on motivations for disclosure, inhibiting and facilitating fantasies, the sequence of events in the family, and behavioral changes evidenced by all family members, the questionnaire could have benefited from an increased focus on what had helped the daughter to think that her mother would be able to hear her and help her <u>then</u>.

It is also striking how absent mothers are from the narratives provided by daughters in some cases. It may be that a daughter in the midst of working through experiences of incestuous abuse cannot maintain this kind of attunedness to or empathic tie with her mother's behavior--even in retrospective exploration. It is seen as necessary, therefore, to go to mothers themselves to piece

together this aspect of the puzzle. This, as well as other goals of the study, can best be accomplished through treatment programs that involve all family members as soon as possible after the incest is revealed.

At the time the present study was conceptualized and undertaken, only a handful of model programs designed to provide comprehensive treatment to incest victims and their families with the collaboration of law enforcement agencies existed throughout the country. The Medical Center has neither the mandate nor the resources to provide this kind of service. Increasingly, pretrial diversion programs are being established to provide much needed services. Treatment is generally court-ordered for offenders, whose participation is supervised by parole or probation. Such programs can provide crucial information regarding etiological factors, strategies for legal and clinical intervention, and opportunities to address the appropriate limits of parental love if the family plans to reunite. It is also in such a setting that a study such as this one could best be conducted.

Because this data was gathered in the context of treatment relationships, it is fitting to close with a brief discussion of issues that relate specifically to disclosure in psychotherapy. It is interesting to note the ways in which the incest narrative can change over time or at various points in treatment. Reconstructions of the incest experience can be affected by the recovery of

memories, the unleashing of suppressed affect, the ways in which the patient grows able to challenge the world view internalized from a disturbed family system, how the therapist is experienced transferentially, and countertransference enactments. They can become very confusing to patients and therapists. It can be even more difficult for family members, who are often more directly the objects of the accusatory aspects of such revisions, to understand these changes and maintain a supportive stance.

What is emphasized in the disclosure and working through of the incest also depends on the daughter's stage of development when she enters treatment. At each stage in the life cycle the dynamics of traumatic sexualization, betrayal, powerlessness, and stigmatization take on a different coloring and emphasis. For adolescents, issues related to launching, mother's capacity to tolerate competition and give permission for her to grow up, the question of lasting damage, and the development of heterosexual peer relationships not contaminated by the incestuous experience may be salient. Difficulties with emotional and sexual intimacy, self-destructive behavior, repetitive patterns of abusive relationships, and adequacy and competence in maternal and occupational roles may be more salient for adult survivors.

Lastly, because self-revelation is central to psychotherapy, it is important to consider the extent to which early disclosure experiences may be recreated

transferentially with regard not only to the disclosure of the sexual abuse but to the revelation of any personal material. The major obstacles to developing a successful therapeutic alliance are essentially the same problems that bring an incest survivor to seek help in the first place: feelings of shame and hopelessness and fears of exploitation and betrayal in intimate relationships.

Haller and Alter-Reid (1987) found that just as disclosure in childhood is often followed by suppression or retraction, adult disclosure in individual and group psychotherapy may be accompanied or followed by the recurrence of fears of abandonment and betrayal and by a pattern of superficial compliance, guardedness, and secretiveness. This behavioral pattern was particularly characteristic of women who reported extremely negative childhood disclosure experiences. It was further recommended that secretiveness be explored not just as a measure of a damaged capacity for trust but as a measure of the pathological tie to the family secret and in particular to the suppressing parent.

A contrasting pattern observed by this author relates to the ways in which the contravention of the daughter's self in an incestuous relationship impacts on her sense of ownership of her experience in later life. The daughter in Case 6, for example, had little sense that she could refuse to answer questions that other people asked her about her life. She felt chronically exploited and betrayed as this

information was rarely used in ways that she experienced as supportive. Daughter in Case 3 was engaged in a chronic struggle with her mother over who owned the incest story, which impacted on the freedom she felt to use therapy fully. These are just a few examples. It is likely that there are as many patterns of self-revelation in treatment as there are incest survivors.

It is also important that the therapy relationship does not come to recreate the shared secrecy of the original incestuous relationship. Herman (1981) cautioned that the confidential and special nature of the therapeutic relationship does not lend itself to a full resolution of the issue of secrecy. While the patient may find relief from shame through the sharing of the incest secret, within the special dyad of the victim and her confidant, feelings of having special value or interest because of her sexual history can be perpetuated.

Implications also emerge from the present study for more broadly based educational programs designed to promote disclosure. One component for children must provide information about sexual relations and assault and support rights to bodily integrity. It is clear that emphasis on children telling is ineffective and damaging if parents are neither prepared to endorse this kind of education nor supported to listen. It is also clear that if children are taught that disclosure will help their families in the long run, creative intervention programs that can achieve more

than family disruption and punishment must be developed.

Another component must actively reach out to parents, who may themselves feel unsure about where to draw the line between affectionate intimacy and inappropriate sexual behavior. Parents may need help in finding ways to comfortably address these issues with their children and in knowing how to decipher a potential disclosure. Clinical material presented here suggests that adults must be receptive to children's attempts to enlist help to avoid being alone with a particular individual. Questions related to sexual maturation and behavior may also be offered as veiled incest clues. The way a parent responds to these initial offerings will also affect how much more they are told. Either a punitive response or an aggressively investigative stance may equally silence a child. It is also not enough to question a child about abuse if, for whatever reason, the child is not prepared to come forward.

Because patriarchal family structure is so deeply implicated in the sexual abuse of children, a basic change in the power relations between mothers and fathers is another crucial aspect of the process of promoting disclosure. Strengthening mother's position in the family may diminish the alienation and rivalry so often found between mother and daughter because father is no longer seen as the source of all sustenance in the family. A mother who can act on her own behalf models self-

determination for her daughter, has a choice about remaining in a marriage, and will be better able to respond to her daughter's report of abuse with protective action. A father who does not dominate his family but participates in a flexible and cooperative nuturing parenting arrangement is far less likely to perceive his children as property, a sense of entitlement on which incest behavior is predicated. In the broadest sense, promoting disclosure involves redefining in nonexploitative ways the appropriate limits of parental love.

APPENDIX A

Incest Questionnaire

Identified patient #:

Date of birth:

Race/ethnicity:

Level of education:

Yearly family income:

Primary therapist:

Unit:

Date of admission:

Diagnosis on admission:

Date of discharge/termination:

Date form completed:

1) Presenting problem and precipitants in patient's/ family's words:

   Clinician's observations:

2) IP's relationship to offender(s):

   to victim(s):

3) Age at which incestuous relationship was begun:

   How and where was the child approached? Anyone else present or nearby?

4) Nature of early sexual contact (i.e., caressing, pornographic materials, kissing, genital fondling, mutual masturbation, fellatio, cunnilingus, intercourse, other)

5) Progression of sexual activity? At what ages? Frequency?

6) How was victim's participation secured (i.e., game, assurance of love, emphasis on offender's neediness, favorable comparisons with mother, father's duty to initiate into sexual knowledge, bribery, force):

7) Family circumstances at inception of incest:

   a) extent of isolation from community at large:

   b) extent of marital discord or estrangement:

   c) father unemployed:

   d) mother ill, working, or absent for other reasons:

   e) birth of sibling:

   f) daughter nearing puberty:

   g) other stresses leading to child taking on increased parental responsibilities:

   h) other:

8) Was secrecy around the incest actively enforced?:

   If so, how? (i.e., bargaining; threats of imprisonment of offender or child, break-up of family, devastation of mother, vaguer threats of withdrawal of love):

   Did other family members "know"? Is this the victim's experience or is there validation from family members?

9) Other earlier or concurrent incestuous relationships within the nuclear family:

10) Was the incest discovered? When, how, and by whom? Consequences? (mother's response, rationalizations, agency involvement):

Did the incest stop with discovery?

11) Did the victim tell anyone about the incest? Whom? How did she decide whom to tell? At what age?:

Hoped-for response:

Actual response? (marital separation, placement, involvement of protective services, legal action, did victim recant?):

12) Was the incest ongoing at time of disclosure?:

If so, did advances/sexual contact continue after incest was made known?:

13) If not, how did the incest stop?:

14) Circumstances prompting disclosure--as much as possible differentiate between data patient provides and therapist's inference:

a) Prior to disclosure, did shifts in relationship with father/offender occur?

--increased sexual demands:

--fear of pregnancy

--increased self-centeredness on offender's part:

--attention turned to siblings:

--increasing jealousy or restrictions on extrafamilial contact:

--increased bargaining power with offender:

b) Changes in victim prior to disclosure:

--increasing psychological distress and symptoms (i.e., changes in mood, runaways, suicidal behavior, substance abuse, promiscuity, eating disorder, trance-like states, accidents):

--peer relationships:

--formation of significant extrafamilial relationships:

--other:

c) Changes in relationship to mother prior to disclosure:

--increasing unavailability (i.e., maternal illness, depression, death):

--increasing competition? How expressed?:

--increased contact or closeness:

--other:

d) Changes in marital relationship prior to disclosure (i.e., closeness, extent of conflict or abuse, estrangement):

e) Changes in mother prior to disclosure (i.e., beginning to emerge, increasing comfort with sexuality, question marriage, move outside family, improved self-esteem, enter treatment):

f) Changes in relationships with siblings prior to disclosure:

15) Following disclosure, were there changes in relationships with or perceptions of family members?:

Is there ongoing contact between victim and offender or is the relationship cut off?:

16) Family's socio-economic status while incest was ongoing? Parents' occupations? Level of education? Urban/suburban/rural setting?:

17) Pattern of substance abuse in the family:

18) Psychiatric history for other family members:

19) Multigenerational history of incest:

20) Impact of incest:

a) Medical consequences (i.e., venereal disease, vaginal/anal damage, broken bones):

b) Persistent psychological effects of incest as perceived by victim:

C) Therapist's perceptions of long-term effects:

21) Integration of the incestuous experience--what did the relationship mean to the victim then? What does it mean now?:

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