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## Sexual Abuse: The Victim's Role in the Incestuous Family System

Margaret Angus Wedbush

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**SEXUAL ABUSE: THE VICTIM'S ROLE IN THE  
INCESTUOUS FAMILY SYSTEM**

Margaret Angus Wedbush, B.A.

A Culminating Project Presented to the Faculty of the  
Graduate School of Lindenwood College in Partial  
Fulfillment for the Requirements for the Degree of Master  
of Arts

1992

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## DEDICATION

This research project is dedicated to Joan, my eleven year old "little sister".

## ACKNOWLEDGEMENTS

The completion of this culminating project brings me to the end of the journey of my graduate training. Many times during the course of this project I had doubts of whether or not this degree was truly within my reach. At times I thought I saw a light at the end of the tunnel, but as my father has often said, it could be a train. There is no way I could have completed such a feat, had it not been for the many individuals who saw me through it. I would like to take this opportunity to express my deepest gratitude to those individuals who believed in me and helped me achieve what seemed like an impossible feat.

First, I would like to thank each of my committee members, Dr. Pam Nickels, Dr. James Evans, and Judy Fletcher for their time and efforts in reviewing this piece of research. I would especially like to thank Dr. James Evans without whom I could have never completed this project. He guided me through each step and was unbelievably helpful and accomodating. I also want to thank him for his patience, because I know I truly drove him crazy at times.

It would not be possible to conclude without

acknowledging my parents, Tom and Shirley Angus. They gave me life, determination, education, and helped to form me into the person which I have become. They gave me so many opportunities to be the best I could be, even when it meant sacrificing a great deal for them. You will never know how much I appreciate the educational opportunities you have given me, and the enduring support! Thank you Mom and Dad...I love you guys.

Lastly, I thank my husband and best friend, Craig for his unbelievable encouragement and support. There is no way humanly possible that I could have made it through this without you. You always pushed me a little harder, gave me a shoulder to cry on, and even helped me look up research. Your undying cheerfulness throughout all of this, especially when I have been at my worst, has been unbelievable! We have been together ten years and I truly believe that you too, have helped form me into the person which I have become, and for that I am eternally grateful. Thank you Craig...I love you.



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## ABSTRACT

The present study was an investigation of the incestuous family system. Adult survivors of incest were compared with adults currently receiving treatment for stress. It was hypothesized that the extent of reported assumption of maternal roles within the family system would be significantly higher in the abused sample than in the control sample. A secondary hypothesis was that the degree of assumption of maternal roles would be greater for abused subjects reporting an incapacitated mother (due to alcohol/drug abuse) than for abused subjects not reporting an incapacitated mother.

It was found that there was no significant difference between reported assumption of maternal roles for abused subjects and that reported for non-abused subjects. The secondary hypothesis regarding a greater assumption of maternal roles for abused subjects reporting an incapacitated mother, in comparison with abused subjects not reporting an incapacitated mother, was also not supported.

However, mothers of abused subjects were more likely than mothers of non-abused subjects to abuse alcohol or chemicals.

## INTRODUCTION

Sexual abuse has become one of the most common forms of child abuse. Herman and Hirschman (1981) found that 20-35% of predominately white, middle class women have indicated experiencing a childhood sexual encounter with an adult male. Between 4 and 12% of these women have experienced such an encounter with a relative, and about 1% of all women have been involved in father-daughter incest.

Mayer (1983) states that regardless of statistics, most authorities agree that child sexual abuse is more prevalent than current statistics indicate. The main obstructions to adequate data gathering include the following:

- 1) Police reports: If a case of child sexual abuse is given directly to a prosecutor, it is not reported in the statistics. Therefore, most police statistics are inadequate.

- 2) Stereotypical bias: Due to sexual abuse being viewed by the public as a violent trauma, cases not involving forcible attacks are discounted.

- 3) Avoidance by professionals: Due to a lack of knowledge regarding the dynamics of child sexual abuse, many professionals tend to suspect that victims are

fabricating cries of sexual abuse out of anger or revenge related to family conflict.

Mayer (1983) suggests that some physicians believe that a genital examination of a child-victim is intrinsically traumatic, and therefore may not obtain proper medical evidence of the abuse.

More current procedures involving the assessment of sexually abused children utilize non-invasive ways of doing so (V. McNeese, personal communication, April 13, 1992). McNeese is currently a psychologist at Cardinal Glennon Hospital, and states that in all instances of suspected child sexual abuse, a physical examination must be given. The current procedure for this involves the use of a coloscope, which is basically a pair of binoculars on a tri-pod with a very bright light. Mounted on top of the tri-pod is a small camera. This allows the physician to take photos of the child's genitalia or anus. The camera serves the purpose of clearing up any controversy involved with assessing the abuse as well as helping to ensure that the child will not have to undergo a second exam. There is no penetration involved in the exam. McNeese suggests that 60% of child sexual abuse cases, even those involving penetration, show no physical evidence of the abuse. She states that a very good diagnostic evaluation is needed to corroborate what the child says. Basically, the

determination of sexual abuse is based on what the child says (V. McNeese, personal communication, 1992). She states that when interviewing a child, the procedure must be done in a very non-judging, objective way. The child can give a history of fondling, oral contact, etc., and it is the basic assumption among professionals that children do not make these things up. McNeese states that information is the primary way to ascertain whether or not a child has been sexually abused (V. McNeese, personal communication, 1992).

4) Reluctance to report: Child victims are reluctant to report sexual abuse due to feelings of guilt, shame, and fears of disturbing the family system. Other fears of the victim include revenge of the offender, fear of not being believed, and removal from the home (Mayer, 1983).

Much for the same reasons, mothers are frequently reluctant to report sexual abuse as well. Mothers fear loss of financial and emotional security, disruption of the family, social condemnation, and the trauma of interrogations and court proceedings for their daughter.

5) Age-sex factors: Cases of child sexual abuse involving male victims are reported less frequently than females. Finkelhor (1979) suggests that male victims are less frightened by sexual contact and as a result do not possess as many symptoms as female victims.

Therefore, the abuse is not detected as easily.

6) Skewed reporting: In terms of the socio-economic strata, the lower class is more likely to disclose the abuse and the middle and upper classes are more likely to use private means to ensure that the problem is not reported (Slager-Jorne, 1978).

7) Prejudice, emotional impact and the taboo: The incest taboo encourages guilt and non-disclosure of the abuse.

8) Classification confusion: There is much confusion concerning which family members are included in the incest category. Arbitrarily, step-relations, cousins, and in-laws may be discarded, regardless of how close the living relationship is.

Father-daughter incest could be considered one of the most disturbing manifestations of family pathology. The responsibility for this form of child abuse does not only involve the perpetrator, but the entire family system (Mayer 1983).

The mother in the incestuous family system plays a very important role. In many cases, the mother is disabled or incapacitated by physical or mental illness or alcoholism (Geiser, 1979; Herman and Hirschman, 1981; Parkes, 1984). As a result the daughter often assumes many of the maternal roles, and eventually assumes the role as the father's sexual partner.

The purpose of this study is to explore the victim's role in family system. A static comparison design, involving a demographic questionnaire was used to determine what part the child victim played in the family system. The specific question was "To what extent does the typical incest victim assume maternal functions within the family system?"

## CHAPTER TWO

## A REVIEW OF THE LITERATURE

The research in this chapter will be divided into three sections. The first section of this review will examine the literature in terms of definition, and sexual abuse in general. The second section will provide a review of the characteristics and manifestations of the victim, both past and present. And the third will review the incestuous family system and its dynamics.

Sexual Abuse

As early as 15 years ago, many psychiatrists believed incest was a rare occurrence. Since then, researchers estimate that between 200,000 and 360,000 cases of child sexual abuse occur each year in the U.S., and 80% of these involve incest (Dolan & Horowitz, 1991). Dolan and Horowitz also cite that, based on surveys in California and Massachusetts in the 1980's, as many as 1 in 5 girls and 1 in 7 boys under the age of 18 had been sexually abused by a relative.

There are many different opinions about what actually constitutes sexual abuse. Some myths hold that incest occurs only if there is anal, oral, or vaginal penetration. The definition of incest has since been broadened to include fondling, rubbing one's genitals against a child, excessive washing, etc. Several pieces



of literature have been reviewed and synthesized in an attempt to derive a working definition of incestuous child sexual abuse (Anderson & Schafer, 1979; Courtois & Watts, 1982; Finkelhor, 1984; Forward & Buck, 1978; Herman & Hirschman, 1981). The literature suggests that child sexual abuse can be defined along a continuum of degree of severity; perpetrators and victims can be of either gender, the abuse can occur between family or non-family, onset can be anywhere between infancy through adolescence, the act may be coercive or nonaggressive, it may involve anything from inappropriate sexual touching to sexual intercourse, and duration may range from a single incident to several years.

In order to further elaborate on the various sexually abusive behaviors, Sgroi (1982) provides the following list:

1. Nudity: The adult parades nude around the house in front of all or some of the family members.
2. Disrobing: The adult disrobes in front of the child . This generally occurs when the child and adult are alone.
3. Genital exposure: The adult exposes his or her genitals to the child. The perpetrator directs the child's attention to the genitals.
4. Observation of the child: The adult surreptitiously or overtly watches the child undress,

bathe, excrete, and/or urinate.

5. Kissing: The adult kisses the child in a lingering and intimate way. This type of kissing should be reserved for adults. Even very young children sense the inappropriateness of this behavior and may experience discomfort about it.

6. Fondling: The adult fondles the child's breasts, abdomen, genital area, inner thighs, or buttocks. The child may similarly fondle the adult at his or her request.

7. Masturbation: The adult masturbates while the child observes; the adult observes the child masturbating; the adult and child observe each other while masturbating themselves; or the adult and child masturbate each other (mutual masturbation).

8. Fellatio: The adult has the child fellate him or the adult will fellate the child. This type of oral-genital contact requires the child to take a male perpetrator's penis into his or her mouth or the adult to take the male child's penis into his or her mouth.

9. Cunnilingus: This type of oral-genital contact requires the child to place mouth and tongue on the vulva or in the vaginal area of an adult female or the adult will place his or her mouth on the vulva or in the vaginal area of the female child.

10. Digital (finger) Penetration of the anus or

rectal opening: This involves penetration of the anus or rectal opening by a finger. Perpetrators may thrust inanimate objects such as crayons or pencils inside as well. Preadolescent children often report a fear about "things being inside them" and "broken".

11. Penile penetration of the anus or rectal opening: This involves penetration of the anus or rectal opening by a male perpetrator's penis. A child can often be rectally penetrated without physical injury due to the flexibility of the child's rectal opening.

12. Digital (finger) penetration of the vagina: This involves penetration of the vagina by a finger. Inanimate objects may also be inserted.

13. Penile penetration of the vagina: This involves penetration of the vagina by a male perpetrator's penis.

14. "Dry intercourse": This is a slang term describing an interaction in which the adult rubs his penis against the child's genital rectal area or inner thighs or buttocks (Sgroi, 1982, p.2).

There is a definite "taboo" that is associated with incest, (Forward & Buck, 1978). According to Forward and Buck, all children are born with, or quickly develop an incestuous attraction to their mothers. It is only later that the child learns of the taboo and diverts that attraction to appropriate partners. Forward & Buck also suggest that when people live in close quarters, share

daily living experiences, and have close emotional ties, it is only natural for people to become sexually attracted to each other. They state that incestuous desires are in everyone, however, most people possess unconscious mechanisms which allow us to deny these desires.

Although many cases of sexual abuse go unreported, due to social changes such as declining morals and an increase in the portrayal of all forms of sexual expression in the mass media, there has been an alarming rise in the number of cases reported (Mayer, 1985). In addition, there has also been a rise in the manifestations of sexual abuse, for example, incest combined with physical abuse, torture, and/or "kinky" activities (Mayer, 1985).

Mayer (1985) cites that experts dealing with child sexual abuse conservatively estimate that 1 in 10 families is involved in incestuous abuse (Mayer, 1985). The majority of incest victims are female, and approximately 98% of the perpetrators are male. Mayer (1985) cites that there have also been high correlations found between incest and prostitution.

The problem of incest is often documented as being a sexual problem. However, Sgroi (1982) suggests that incest is more appropriately defined as a problem of power and control, and that the offender is acting out

or expressing non-sexual issues. Sgroi (1982) goes on to suggest that as long as society continues to view child sexual abuse as a sexual problem, therapists will continue to intervene inappropriately.

Cases of extrafamilial abuse are also very difficult to track. This is partially due to the fact that many of these cases, as well as intrafamilial abuse, go unreported. However, Mayer (1985) reported that for every incest victim, there are ten victims of extrafamilial molestation. Although a large number of females are molested, it has been suggested that the majority of victims of molestation are pre-adolescent males.

#### Victim

There is no single cause of father-daughter incest, but through many studies of incest, some commonalities have emerged. In most cases, the daughter has taken on a maternal and spousal role in the family, and is often the oldest child. She takes on more and more roles in the family, becoming the "little mother", until she is eventually fulfilling the role of the father's sexual partner, known as the "little wife" (Geiser, 1979; Meiseleman, 1981). Most of these victims are described as being dependent, vulnerable, and helpless. In this type of family setting, emotional support from the mother is usually absent, and the daughter will usually tolerate

this type of "love" from the abusive father, as opposed to no love at all. Mayer (1983) states that the victim's compliance also serves as a protection mechanism for the rest of the family. The daughter often believes that if she tolerates her father's abuse, he will not hurt any other family members in the same way because she is the chosen one.

Although the victim has taken on many maternal roles such as household and caretaking responsibilities, her emotional state is often regressed (Mayer, 1983). This is usually demonstrated in a number of different ways, including school phobia, nightmares and fear of the dark or of being alone (Mayer, 1983). As a result of the abuse, victims often become fixated emotionally at a very early age, possibly at the age of onset. Other common characteristics of victims include low self-esteem, enuresis, headaches, gastric distress, promiscuity, lack of insight, internalized guilt and blame, ambivalence regarding parents, and pseudo-maturity.

Several studies indicate that while there are feelings of ambivalence on the victim's part, these feelings are mainly toward the father (Geiser, 1979, and Kaufman, Peck, & Tagiuri, 1954). The victims viewed their mothers very negatively, while their feelings toward their fathers were either ambivalent or positive. It is suggested that part of the daughter's feelings

toward the mother may stem from a resentment (for not protecting her from the abuse) and the positive feelings toward the father are due to receiving some type of affection which was denied by the mother. Herman and Hirschman (1981) however, suggest that ambivalence is felt toward both parents.

The affects of child sexual abuse almost always follow the victim into her adult life. Forward & Buck (1978); Herman & Hirschman (1977); Meiselman (1978) discuss symptoms and presenting complaints of adult clients and survivors of child sexual abuse. Many of these women have a very negative self-image, a sense of being different from "ordinary" people, express self-hatred, and are depressed and anxious. In addition, they may be self-destructive and suicidal. Regarding physical complaints, patients expressed feelings of dissociation, migraine headaches, severe backaches, gastrointestinal and genitourinary problems, inability to concentrate, lethargy, anxiety, phobic behavior, and substance abuse. Meiselman noted that her sample was more obese than her control group, attributing the obesity as a protection and insulation. Sexual problems include an inability to function at all sexually, masochistic behavior, inability to relax, vaginismus, inability to have an orgasm, and promiscuity.

These victims also expressed concerns regarding

relationships. These concerns can be described in four categories: relationships in general; marital relations; parental relations with both their own parents or their in-laws; and relationships with their children (Courtois & Watts, 1982). Relationships in general are often described as superficial, conflictual, empty, or sexualized. There is an inability to trust, and an undeserving feeling of good or pleasurable relationships. While many of these women feel very negatively toward men, they also tend to overvalue men and search for a protector. Many adult victims of child sexual abuse tend to marry men who abuse them as well, which keeps them constantly in touch with the early abusive experience, and reinforces a negative self-worth.

Many of these women also have severely strained relations with their parents. This is evidenced by feelings of mistrust, fear, ambivalence, hatred, and betrayal. When this is the case, poor relations are often carried over to in-laws and to the victim's own children (Courtois & Watts, 1982).

Meiselman (1978) states that about half of her subject group was labeled neurotic, a minority were psychotic or borderline, and most others demonstrated adjustment reactions or personality disorders.

Schultz (1980) cites a study of victims of sexual abuse which mainly focused on background, family



conditions, schooling, later occupation, and marital relationships. The conclusions of this study were first, that regarding the exposure of sexual abuse, there is no significant difference between children from urban and from rural/small-town environments. However, the majority of children came from the lower social strata, especially from families where both parents work, and are not properly supervised. About one third were children of divorced parents and subsequently, 15 cases involved abuse by the step-father. In fact, more than one third of the offenders in these cases were fathers, step-fathers, foster-fathers, teachers, clergymen, or close acquaintances of the family. The majority of abuse in these cases occurred in the offender's home.

The authorities in the cases Schultz cites often did not take any special action to care for these children after the abuse was discovered. Of the 50 girls in the study, 45 were left in the home, and of 12 boys, 9 were left in the home and the offender was not removed.

At the time of Schultz's study, the majority of the former victims were married, although about one fourth were reportedly unhappily. In terms of occupations held by the female victims, included were factory workers, shop assistants, housewives, tailors, domestic servants, and clerks. A small number of these victims were employed as children's nurses, deaconesses, managers, and

marriage consultants. Among the male victims, occupations included were labourers, skilled craftsmen and salesmen, and one dance musician (Schultz, 1980). Schultz (1980) states that generally speaking, these former victims are living in the same or similar social circumstances as those from which they originated.

Reported injuries as a result of the abuse, include 3 females who were infected with gonorrhoea, 4 pregnancies, 2 of which resulted in illegal terminations, and one female who suffered serious bodily injuries. With the exception of one woman, all of the victims denied any lasting damage as a result of the sexual abuse. However, several of the victims admitted to having suffered for some time after the abuse, and concurred that the investigations by the police or in court had made a considerably worse impact on them than the offence. A small number of the victims experienced sexual inhibitions in their adult lives, which is believed to be a result of the previous sexual trauma (Schultz 1980).

The follow up investigation of this study resulted in the following conclusions:

1. Children from a good environment and family conditions suffered less injury as a result of the offenses, especially when the environment continued to be good afterwards.

2. Children of the lower social classes are in greater danger of sexual assault, especially in families where both parents are at work and the children are largely left to themselves without supervision.

3. Sexual offenses of whatever kind, repeated over a long period of time, more often cause lasting injury than single occurrences.

4. The age at which the offence occurs was not, in the present sample, a significant factor in the causation of lasting injury (Schultz, 1980 p.65).

Coinciding with the thinking of Schultz, Rist (1979) reports that in a study of incest survivors, the outcomes were as follows:

1. Sexual promiscuity, often in addition to substance abuse.

2. Inorgasmic sexual response

3. Later neurotic reactions, often in addition to somatic symptoms and anxiety.

4. Several cases of no severe emotional damage to the victim.

Herman and Hirschman (1981) report that in a study of adult survivors of child sexual abuse, the survivors differed from the control group in the following ways: more suicide attempts, higher rate of pregnancy, and more run-away attempts as a child. These women also tended to marry earlier than the women in the control group,

often as a means of escape. In addition, the majority of women in the non-abuse group continued their education past the college level, while the abuse group did not (Herman & Hirschman, 1981). And finally, mothers in the incestuous families were more often away from the home for various reasons (Herman & Hirschman, 1981).

Also along the same thinking of Schultz, Peters (1988) reported that among a study of depressed women, those who were sexually abused were not impaired more than non-abused subjects. In addition, the number of contact abuse incidents, as well as the duration of the abuse resulted in greater difficulty in adulthood (Peters, 1988).

#### Family Dynamics

Families in which incest occurs have been described by many theoreticians as being disturbed or pathological. Several of these theoretician's views have been reviewed and synthesized, in an attempt to look at the families in which incest occurs (Maisch 1973; Lustig et al. 1966; McIntyre 1981). The literature suggests that incest is not the cause, but the symptom of a disturbed family order; relationships are unstable and crisis ridden; incest is an act to reduce tension within dysfunctional families; incest occurs only when the normal constraints of the family or society break down.

Lewis (1979), suggests that incestuous families can

be described as character disordered, and that the characteristics of this disorder can be found in the incestuous parent, the spouse and other family members as well. The characteristics of this syndrome are as follows:

1. Major difficulty with impulse control, expressed in sexual acting out, chemical abuse, etc. (includes low frustration tolerance and demand for immediate gratification); alternative description is that of "oral character," often with alcohol or obesity or fixated oral sex as symptoms;
2. poor judgment and failure to learn by experience;
3. conflicts and inability to work cooperatively with authority;
4. predominantly physical, rather than verbal, expression of needs;
5. manipulateness used as a major tool of need satisfaction;
6. irresponsibility in some form;
7. little or no expression of guilt about social behavior;
8. callousness, narcissism, self-indulgence, relating to people as objects;
9. low anxiety, with depressive symptoms purely situationally, based;
10. major conflicts over dependency; and
11. inability to tolerate intimacy, covered by a "sociable" facade. (Anderson & Shafer, 1979 p.438).

Potential danger areas for the victim in such a family include suicide, depression, poor self image, and vulnerability to chemical dependency and to prostitution (Lewis, 1979).

Rist (1979), suggests that the incestuous family relationship falls, not only into the category of the perverse triangle, but as one pathological system. There is a crossing of generational boundaries which is almost always likely to be pathogenic:

"If the parent who is older, stronger, and more experienced, communicates to the child that he wishes the child as a partner, sexual or otherwise, the child

logically would not be able to comply with this request since the parent has commanded him to be 'equal'" (Rist, 1979, p. 685).

Rist also believes in a three generational hypothesis concerning the peverse triangle, which suggests that a breach of generations with the child will correspond with a breaching at the next generational level. In such a setting, the key dynamics are not sexual deviation, but rather rejection and abandonment.

The mother, often referred to as "the silent partner", plays a very important role in the incestuous family. McIntyre (1981) suggests that the mother's role falls into four categories: the way the mothers are involved in the incest, the personality characteristics they possess, the nonfulfillment of their roles as wife and mother, and their reactions to discovering the incest. McIntyre suggests that the mother's role in the incestuous family is usually described along one or more of these dimensions.

However, McIntyre (1981) suggests that the criticisms of mothers for not fulfilling their physical and emotional roles are sexist in their assumptions. He suggests that the father should be criticized for his lack of care. McIntyre also cites that many times these mothers are criticized for fulfilling their own needs which are not fulfilled through the traditional maternal

role.

Peters (1976) suggests that the mother's awareness is usually unconscious, and that she takes some type of unconscious pleasure in witnessing her husband's loss of sexual control. In terms of role fulfillment, it is suggested that the mother may lack affection and warmth toward her husband, and has usually withdrawn from him both sexually and emotionally. By doing so, she may subconsciously encourage her daughter to provide these needs instead. These women are described as dependent in a marriage where there is clearly an unequal balance of power, and typically are viewed as being helpless, frail, and incompetent to care and protect themselves, or their children. In many cases, the mother is disabled or incapacitated by physical or mental illness or alcoholism (Geiser, 1979; Herman & Hirschman, 1980, 1981; Parkes, 1984).

The mothers in incestuous families have also been described as having a poor self-image, feelings of inadequacy as wife and mother, and an inability to take responsibility and cope with everyday problems (Mayer 1983). These women often come from an abusive background and have generally been raised by cold and rejecting mothers (Rist 1979).

Summit and Kyrso (1978) also cite a different view regarding the mother's role in this incestuous family

system. They state that the mother is typically unhappy in her marriage, may feel some jealousy toward her adolescent daughter and her new attractiveness, and therefore seeks validation outside the home. The mother, usually for the first time, begins to explore interests outside the family, such as church and social activities, and a job outside the home.

Lustig (1966) suggests that overt father-daughter incest within the nuclear family depends on five conditions: 1. the daughter takes over the mother's role, becoming the central female figure of the household; 2. there is an impaired sexual relationship between the parents; 3. the father is unwilling to act out sexually outside the family; 4. a fear of family disintegration and abandonment is shared by all involved; and 5. the nonparticipating mother consciously or unconsciously sanctions the incest.

In terms of the abusing father in such a family, Weiner (1962), suggests that three different personality traits are usually present: 1. introversive personality: a man who is isolated socially and highly dependent on his family for emotional relationships; 2. psychopathic personality: a man whose indiscriminate promiscuity may include sexual relations with his children; and 3. psychosexual immaturity: a man with pedophilic cravings who may become sexually involved



with other children as well as with his daughters.

The literature suggests varying views regarding the victim's role in the incestuous family system. Some authors state that the mother plays a very important role in the family system, and due to her negligence and non-fulfillment of roles, the daughter takes on most of the caretaking roles, including the father's sexual partner. Others feel that the mother's role should be minimized, while the father should be more closely criticized for his lack of care.

#### Statement of Purpose and Research Hypothesis

This study was designed to examine the victims role in the incestuous family system. The primary hypothesis for this reseach study is the prediction that the extent of reported assumption of maternal roles within the family system will be significantly higher in the abused sample than in the control sample. A secondary hypothesis is that the degree of assumption of maternal roles will be greater for abused subjects reporting an incapacitated mother than for abused subjects not reporting an incapacitated mother.

## CHAPTER THREE

## METHOD

Design

The nature of this study calls for a static group comparison design using a specially prepared questionnaire to gather data on the dependent variables. The targeted groups for this study were a group of adult survivors of child sexual abuse who are currently involved in a support group for prior incest issues and a control group of adults currently in treatment for stress.

Subjects and Samples

The abuse group contained 20 subjects while the control group contained 15. The mean age for the subjects in the abuse group was 35, and for the control group, 31. The abuse group was composed of females only, as was the control group. The highest education level completed by subjects in the abuse group was "some college" but the average education level completed among these subjects was a high school diploma or GED. The highest level of education completed among the control group as "college" and the average level as "some college". The average income level among the abused group as 20 - \$30,000; for the control group, \$40,000+. The subjects for the experimental group were selected

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through support groups of Survivors of Incest Anonymous. The subjects for the control group were chosen through groups of adults who are currently undergoing treatment for stress, with no known history of sexual abuse. All participation was voluntary.

### Materials

A 20-item questionnaire was given to all subjects. The questionnaire was reviewed by individual evaluators to ensure that it measured the variables described in the hypothesis. The variables measured in the questionnaire were: the assumption of maternal roles by the child, and the degree of whether the mother was incapacitated in some way. Demographic information was also measured.

The general format of the questionnaire (See Appendix 1) was a combination of yes/no, checklists, and open-ended short answer.

### Procedure

The questionnaires were distributed by the group leaders of both the experimental and the control groups. The subjects were asked to fill out the questionnaire and return it at the next meeting. All participation was voluntary.

### Scoring and Analysis

Each answer which indicated an assumption of maternal roles was given a numerical value of one. These

answers were tallied in order to yield an overall assumption of maternal role score. Other information considered was whether or not the mother was incapacitated due to alcohol and/or drug abuse.

The data for these two areas were analyzed in the following ways:

- a. Overall comparison of maternal assumption role as analyzed via t- tests.
- b. Comparison of specific aspects of maternal role assumptions were analyzed via Pearson correlation analyses.

## CHAPTER FOUR

## Results

Among the sexually abused subjects, the mean number of maternal-role activities assumed was 2.00 (standard deviation = 2.00). Among the control-group subjects, the mean number of maternal-role activities assumed was 1.53 (standard deviation = 1.36). These two means did not differ significantly,  $t(33) = -.778, p > .05$ .

There was no significant linear correlation between the mothers' using or not using alcohol/drugs and the degree of assumption of maternal role on the subjects' part,  $r(18) = .051, p > .05$ .

There was also no significant linear correlation between the mothers' abusing alcohol/drugs and the degree of assumption of maternal role on the subjects' part,  $r(18) = .051, p > .05$ .

Mothers of abused and non-abused subjects did not differ significantly in using alcohol and/or chemicals  $t(33) = -.574, p > .05$ .

However, among the mothers of sexually abused subjects, the mean number of chemical abusers was .500 (standard deviation = .513). Among the mothers of non-abused subjects, the mean number of chemical abusers was .067 (standard deviation = .258). These two means differ significantly,  $t(33) = -2.992, p < .01$ . These results

are shown in Table 1.

Table 1

Alcohol/Drug Use and Abuse Among Mothers of  
Sexually Abused and Control Subjects

	Used Chemicals		Abused Chemicals	
	Abused Subjects	Control Subjects	Abused Subjects	Control Subjects
N	20	15	20	15
Mean	.50	.40	.50	.07a
Standard Deviation	.51	.51	.51	.26

a Group difference is significant at the .01 level of

## CHAPTER FIVE

## DISCUSSION

The results of this investigation did not support the stated hypothesis. The extent of reported assumption of maternal roles within the family system, was not significantly higher in the abused sample than in the control sample. In addition, the degree of assumption of maternal roles was not greater for abused subjects reporting an incapacitated mother (due to alcohol/drug abuse) than for abused subjects not reporting an incapacitated mother (due to alcohol/drug abuse) was also not supported.

The present outcome was not in agreement with several studies cited in the literature review. First, Herman and Hirschman (1981) stated that mothers in incestuous families were more often incapacitated in some way, and that in these families the father usually did not assume the nurturing role. Rather, the daughter, usually the oldest, was most often burdened with the mother's traditional duties. In their study, 45% of the women in the incest group, as opposed to only 5% in the control group reported taking on a maternal role within their families, often by the age of 8 or 9. Primary responsibilities included the majority of housework, and child care. Herman and Hirschman (1981) suggest that



becoming the father's sexual partner seemed to develop as an extension of the daughter's maternal role.

Rist (1979) suggests that mothers in incestuous families were often raised by cold rejecting mothers. Rist goes on to cite that these women usually marry, but then soon after desert their husbands sexually. Rist's explanation for this is that these women are still vainly trying to please their mothers, and therefore marry, but soon after find it impossible to maintain an adult sexual role. Rist (1979) also suggests that the mother reverses roles with the oldest daughter in an attempt to make up for the relationship she wished to have with her own mother. This role reversal begins generally, and eventually includes becoming the sexual partner of the father. In addition, Rist (1979) suggests that the mother, by this time has given the daughter and husband covert, but unambiguous messages: "refusal of sex with the husband, setting the daughter's bedroom next to the husband's, being absent from the house, asking the daughter to 'comfort' the father, etc", ( Rist, 1979, p.687), and that these messages imply that the daughter is to assume the role of the father's sexual partner.

Rist (1979) goes on to suggest that the daughter in these incestuous family systems usually feel abandoned by their mothers, and therefore turn to their fathers. When the father and daughter join forces, the daughter's

need for affection is met while at the same time revenge on her mother is achieved. Rist suggests that when these dynamics occur within certain pathological families, actual incest may result.

Geiser (1979) and Meiselman (1981) cite that within incestuous family systems, often the oldest daughter takes on more and more family roles, becoming the "little mother", until she is eventually fulfilling the role of the father's sexual partner, known as the "little wife". They go on to suggest that in these types of families, emotional support from the mother is usually absent, and that the daughter will usually tolerate this type of "love" from the abusive father as opposed to no love at all. Mayer (1983) suggests that the victim's compliance also serves as a protection mechanism for the rest of the family.

However, here it was found that mothers of abused subjects were more likely than mothers of non-abused subjects to abuse alcohol or chemicals. This supports the theory of Herman and Hirschman (1981). They state that undiagnosed alcoholism, psychosis, and depression were among the problems most commonly reported among mothers of sexually abused daughters. This is also in line with the idea that sexual abuse is more likely in situations of addiction-related incapacitation.

In contrast to previous literature cited in this

research project, and perhaps in support of the results derived, McIntyre (1981) suggests that the criticism of mothers in the incestuous family for not fulfilling their roles physically and emotionally are sexist in their assumptions. First, he suggests that mothers are expected to be the primary source of nurturance in the family, and that if they do not or cannot maintain this type of relationship with their husband and children, they are accused of emotionally abandoning the family. McIntyre (1981) states that this abandonment causes the father and daughter to look for emotional support elsewhere, and "presumably" sets the stage for incest to occur. McIntyre's feeling is that the father should be criticized for his lack of care rather than completely focusing on the mother.

A second criticism that McIntyre suggests is that many times mothers are criticized for escaping their roles at home by taking care of their own needs. McIntyre (1981) suggests that many mothers experience boredom, disappointment, and lack of personal fulfillment in association with the traditional maternal role. He suggests that mothers who explore new interests, such as work, education, etc., are viewed as being selfish, irrational, and irresponsible due to escaping the emotional duties at home. McIntyre's criticism here is that the context of how it may benefit the mother and

strengthen her emotional well-being is not taken into account. McIntyre (1981) suggests that this type of thinking takes place because the mother is deviating from the cultural expectation that the mother should serve everyone else's needs before her own.

Summit and Kyrso (1978) also have a somewhat different view of the family dynamics in an incestuous family. They state that the mother is typically unhappy in her marital role and is no longer concerned with endorsing her husband's ego needs. The loss of her youth and girlish attraction may have a somewhat depressing effect on the mother. She may also resent the attractiveness of her adolescent daughter. The mother may turn outside the family for validation and diversion and engross herself in a job, church, or social commitments. The mother may, for the first time since she married, feel free to be away, and count on the daughter to take her place (Summit & Kyrso, 1978).

Summit and Kyrso (1978) also suggest that the daughter in this incestuous family is at the same time experiencing difficulties and confusion about her emergence as a woman. They suggest that the adolescent girl needs support during this transition, and that her most trusted allies in this process should be her mother and father. The daughter looks to her mother as a model of feminine behavior and then tests the new model on her

father. Summit and Kyrso (1978) cite that a father should be harmless to flirt with, and should be approving, admiring, and responsive to her growing sexual attraction. The father should be capable of maintaining control and appropriateness regarding the daughter's new sexual awareness. Summit and Kyrso (1978) suggest that incestuous activity begins when the father bends his limits and the mother chooses to ignore them.

#### Limitations of the Study

Flaws present in the design of this study include, first, the fact that the  $t$  test may not have been sensitive enough, due to the small sample that was used. Secondly, the sample was not chosen randomly, but rather was selected through various support groups. Thus, the abused and control groups might have been nonequivalent in ways that obscured the results.

Thirdly, when measuring the extent of assumption of maternal roles, perhaps an age range should have been given to better define "childhood". Also, the only means for measuring whether or not the mother was incapacitated, was examining her use and abuse of alcohol or chemicals. It is uncertain whether the findings would have been different had "incapacitated" been defined more broadly, such as: mother ever being very ill for length of time, psychologically unstable, or hospitalized or away from the home for some period of time.

Another limitation to the interpretation of the findings lies in the fact that the study was not limited to survivors whose abusers were only their fathers or step-fathers. This may have made a significant difference in the assumption of maternal roles.

#### Future Research

More research on the family dynamics within the incestuous family system is very much needed. Further research would do well to look into the mother's background, (i.e. whether or not she was sexually abused as a child, what her relationship with her mother was like, etc.). This may help to provide some insight into the mother in this system and allow for determining more about her emotional and mental state.

Future research which examines more about the relationship between the parents in the incestuous family, in comparison with a family not involved in incest would also be helpful. It would be interesting to compare the relationships of these two samples when the abuser is the father or step-father.

Lastly, future research could look more at the entire family. It would be helpful to explore how the incest affects the rest of the family, especially when only one sibling is involved in the incest.



## APPENDIX A

## Demographic Questionnaire

Following is a set of questions regarding your educational and family background. Please answer the questions with only one response unless otherwise directed. It is asked that ALL questions be answered, so choose the "closest" response if there is not one which fits exactly. All responses will be anonymous and confidential. Thank you.

1. What is your age? \_\_\_\_\_
2. What is your current occupation? \_\_\_\_\_
3. Please indicate your current income level - with spouse or partner:
 

_____ 0 - \$5,000 _____ 5 - \$10,000 _____ 10 - \$15,000 _____ 15 - \$20,000	_____ 20 - \$30,000 _____ \$40,000 + _____ not applicable (no spouse or partner)
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4. What was the marital status of your parents during your childhood?
 

_____ married	_____ divorced
_____ separated	_____ never married
5. What is the marital status of your parents now?
 

_____ married	_____ divorced
_____ separated	_____ never married
6. Did your mother use alcohol or other chemicals while you were growing up?
7. Did your mother abuse alcohol or other chemicals while you were growing up?
8. Were you or anyone in your family ever hurt physically by another family member?



9. How many children were in your family? \_\_\_\_\_
10. Where did you rank in age?  
 \_\_\_\_\_ first born                      \_\_\_\_\_ second born  
 \_\_\_\_\_ middle                              \_\_\_\_\_ last born  
 \_\_\_\_\_ only child
11. Please indicate your regular family duties as a child:  
 Check all that apply.
- \_\_\_\_\_ laundry for whole family  
 \_\_\_\_\_ laundry for self  
 \_\_\_\_\_ cooking most of family meals  
 \_\_\_\_\_ cooking for self  
 \_\_\_\_\_ caring for sick family members  
 \_\_\_\_\_ cleaning house for family  
 \_\_\_\_\_ grocery shopping for family
12. What is the highest level of education you have completed?  
 Check only one.
- \_\_\_\_\_ less than grade school  
 \_\_\_\_\_ grade school  
 \_\_\_\_\_ junior high  
 \_\_\_\_\_ high school (or GED)  
 \_\_\_\_\_ technical or vocational school  
 \_\_\_\_\_ some college  
 \_\_\_\_\_ college degree  
 \_\_\_\_\_ some graduate training  
 \_\_\_\_\_ graduate degree
13. Have you ever been sexually abused? \_\_\_\_\_  
 (If you answered no to this question, stop here.  
 If you answered yes, please continue).
14. Who was the perpetrator?  
 \_\_\_\_\_ father                              \_\_\_\_\_ brother  
 \_\_\_\_\_ grandfather                      \_\_\_\_\_ neighbor  
 \_\_\_\_\_ other relative                      \_\_\_\_\_ other (please specify)  
 \_\_\_\_\_ step-father
15. At what age did the sexual contact begin? \_\_\_\_\_

16. Please indicate the frequency of the abuse:  
 \_\_\_\_\_ once  
 \_\_\_\_\_ occasionally  
 \_\_\_\_\_ regularly, but at intervals greater than a week  
 \_\_\_\_\_ regularly, once a week  
 \_\_\_\_\_ regularly, more than once a week  
 \_\_\_\_\_ unknown (don't remember; not sure)
17. Please indicate the duration of the abuse:  
 \_\_\_\_\_ single incident  
 \_\_\_\_\_ 3 - 5 years  
 \_\_\_\_\_ 6 months or less  
 \_\_\_\_\_ 5 years or more  
 \_\_\_\_\_ 1 - 3 years  
 \_\_\_\_\_ unknown
18. Which of the following activities were involved in your sexual contact with this person(s)? Check all that apply.  
 \_\_\_\_\_ fondling  
 \_\_\_\_\_ kissing  
 \_\_\_\_\_ person touching your breasts  
 \_\_\_\_\_ person touching your genitals  
 \_\_\_\_\_ you touching their genitals  
 \_\_\_\_\_ person's mouth touching your genitals  
 \_\_\_\_\_ your mouth touching their genitals  
 \_\_\_\_\_ intercourse  
 \_\_\_\_\_ anal penetration  
 \_\_\_\_\_ other (describe) \_\_\_\_\_
19. Was the abuse ever reported? If so, to whom?
20. Was there anyone else you told about the abuse?  
 \_\_\_\_\_ friend  
 \_\_\_\_\_ relative  
 \_\_\_\_\_ teacher or school staff  
 \_\_\_\_\_ partne  
 \_\_\_\_\_ other (specify)

THANK YOU FOR YOUR HELP IN RESPONDING TO THESE QUESTIONS.

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