FACTORS THAT IMPACT ON FEMALE INCEST CLIENTS IN COUNSELING

BY

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Dedicated

to

Jeff Weingarten

and to

the loving memory of my parents

Pearl and Herbert Port

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FACTORS THAT IMPACT ON FEMALE INCEST CLIENTS IN COUNSELING

By

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Incest victims often seek counseling as adults for relief from a variety of difficulties. Once in counseling, some victims avoid disclosing incest to their counselors, while others disclose and resolve conflicts associated with incest. The purpose of this study was to identify and explore factors that assist female adult incest clients in disclosure and exploration of incest during counseling. Clients' background factors, counselors' characteristics, attitudes, and behaviors, and other factors were investigated.

Thirty-seven women who were sexually abused during childhood by family members and who had visited counselors in the past three years participated in this study. Each subject completed a structured interview and a Barrett-Lennard Relationship Inventory (BLRI).

Demographic and incest data were described. Variables of interest such as client background factors, factors related to childhood disclosure, counselors' characteristics, counselors' reactions to incest disclosure, impact of disclosure and counselors' reactions on subjects, and other variables that might be related to disclosure were obtained from the interview. The BLRI was used as a measure of clients' perceptions of counselor characteristics.

No relationship was found between disclosure of incest during counseling as adults and three client background factors: age of onset of incest, close relationships during childhood, and satisfaction with childhood counseling. Reactions that subjects received when they disclosed during childhood were not found to be related to disclosure of incest during counseling as adults.

No relationship was found between disclosure of incest to counselors and perceptions of counselor characteristics prior to disclosure. Counselor characteristics that were helpful to subjects in disclosing and discussing incest were described. No relationship was established between counselors' reactions to subjects' disclosure and the amount of time spent discussing incest for the duration of counseling. Subjects' belief that incest was the main issue to discuss in counseling was not found to be related to disclosure of incest to counselors.

Subjects disclosed most frequently when they thought they would feel better by disclosing, someone encouraged them to disclose to counselors, and/or when counselors asked them directly. Implications for training, practice, and research were discussed.

CHAPTER ONE
INTRODUCTION

Statement of the Problem

When children are hurt physically or emotionally, their parents usually provide the nurturing and soothing. However, when children are sexually molested by family friends or relatives, their parents very often do not find out about it. Children do not tell their parents because they may be afraid of their parents' anger or may worry about being blamed. Embarrassment also prevents children from talking about being sexually molested. When sexual abuse is perpetrated by one of the parents, it is less likely for the children to come forth openly and trust anyone with this personal information, commonly referred to as the "incest secret" (Burgess & Holmstrom, 1974; Herman, 1981; Rush, 1980).

Once incest has occurred, the probability of legal and social authorities finding out about it is low. The adults in the family fear legal sanctions and social shame. The children involved are fearful of causing family dissolution or retaliation and will not risk disclosure to outside authorities (Meiselman, 1978). The children are at greater psychological risk when they are unable to

seek help and resolve the conflicts associated with their victimization. Consequently the abuse often continues, escalates, and results in children feeling more confused, guilty, fearful, and isolated (Courtois & Watts, 1982; Herman, 1981; Sgroi, 1982).

Children may disclose their incest experiences as a result of various precipitants. Changes in the relationship with the perpetrators such as attempts at intercourse, increasing seclusion and restrictions, and/or the onset of puberty often prompt the victims to disclose. Victims may fear that their younger siblings will begin to be subjected to abuse and often disclose to protect them. For many victims, however, the decision to keep silent often continues into adulthood. Most incest victims reach their adult years bearing their secrets intact (Herman, 1981). In one survey of college students, it was reported that of the 19.2% of the female population and 8.2% of the male population who indicated being sexually abused by an adult, 63% of the girls and 73% of the boys never told anyone (Finkelhor, 1979).

There are some writers who have stated that the effects of incestuous relationships were not negative and may even have been beneficial to the victims (Bender & Blau, 1937; Constantine cited in Herman, 1981; Kinsey, Pomeroy, & Martin, 1953; Ramey, 1979). The majority of the literature, however, describes the traumatic effects that exist for victims of incest (Courtois & Watts, 1982; Finkelhor, 1979; Herman, 1981; Meiselman, 1978; Tsai & Wagner, 1978). Some of the complaints common to incest victims include inability to trust males and females, low self-esteem,

self-hatred, passivity, sexual identity conflicts, impairment in sexual functioning, feelings of isolation, guilt and shame, and somatic complaints.

The presence of these symptoms has led to the suggestion of the existence of a syndrome common to all incest victims, termed a "Post-Sexual-Abuse Syndrome" (Briere, 1984, p. 12). This syndrome consists of a pattern of relatively chronic symptoms which include dissociation, anxiety, isolation, sleep disturbances, anger, sexual dysfunction, substance addiction, and self-destructiveness. Briere indicated that these symptomatic behaviors were originally coping mechanisms to childhoods characterized by victimization. As a result of sexual abuse occurring early in children's psychosexual development, such symptomology became integral components of victims' personality structures as they developed into adulthood.

Because these psychological effects persist into adulthood, many victims seek counseling for relief from a variety of difficulties and a range of symptoms. Once in counseling, some victims either consciously or unconsciously avoid revealing their incestuous histories (Courtois & Watts, 1982; Finkelhor, 1979; Herman, 1981; Meiselman, 1978). Those clients who use an avoidant pattern may continue in therapy for years without disclosure (Courtois & Watts, 1982; Herman, 1981). Other clients who disclose their incestuous experiences do not return for counseling after their disclosure (Meiselman, 1978); they return but avoid bringing up the issue again (Forward & Buck, 1978); or they bring

up the incest again in counseling but minimize and/or deny the detrimental effects on them (Courtois & Watts, 1982; Herman, 1981). There are other clients, however, who do reveal their incest histories and eventually resolve conflicts associated with their victimization (Courtois & Watts, 1982; Giaretto, 1982; Herman, 1981; Meiselman, 1978).

It is not known why some clients are willing to disclose and explore their incest experiences, while others go to great lengths to avoid the issue. It has been suggested that the disclosure or lack thereof may parallel how victims handled their experiences throughout their lives. Those who did not disclose during childhood for fear of the reaction of others may project this fear onto their counselors, while those who were not that traumatized by the experiences disclose rather easily (Courtois & Watts, 1982). Others disclose because they are in pain at the time they sought counseling or because the counselor guesses it or coaxes them to talk about it. It was reported that incest victims have difficulty trusting both males and females as a result of their betrayal as children; thus the building of rapport with them is a more difficult task than usual (Herman, 1981; Meiselman, 1978). There was speculation that victims of incest have magical expectations of their counselors, which leads to disappointments, resentments, and greater levels of mistrust on the part of incest victims (Sgroi, 1982).

Counselors may contribute to their clients' nondisclosure and avoidance of the issue of incest due to their own discomfort with the subject (Meiselman, 1978; Olson & Sykes, 1982; Sgroi, 1982). Counselors may convey their values and attitudes regarding incest through their behaviors. Counselors' reactions such as shock, horror, distress, blame, and disbelief could result in strengthening clients' resistances to disclosure and may lead to their avoidance of bringing up the issue again (Courtois & Watts, 1982; Herman, 1981; Meiselman, 1978; Sgroi, 1982).

Factors in the counseling process that may be helpful or detrimental to clients with respect to disclosure and resolution of conflicts associated with their incestuous histories include counselors' gender, attitudes, and assumptions about sexual abuse, reactions to the clients, type of therapy, and timing of interventions (Courtois & Watts, 1982; Herman, 1981). Clients' resistance in the form of various defenses such as repression, intellectualization, dissociation, denial, and unrealistic expectations are factors that could impact on clients' willingness to reveal their incestuous backgrounds (Sgroi, 1982). Additionally, client-counselor relationships and the level of trust developed in them by clients has been suggested as a factor in clients' willingness to disclose incest experiences (Meiselman, 1978). There has been, however, no in-depth analysis conducted to investigate if and how these factors affect the clients' willingness to disclose and explore their conflicts.

Purpose of the Study

The purpose of this study was to identify and explore the factors that assist female adult incest clients in disclosing and discussing their incest experiences during counseling. Three areas were investigated: a) factors in clients' backgrounds that may have influenced their decisions to disclose their incest experiences to their counselors; b) clients' perceptions of counselor characteristics, attitudes, and behaviors that were helpful or detrimental to them in the decision to disclose their incest experiences to their counselors; and c) clients' perceptions of factors that were conducive or not conducive to them for further exploration of their incest experiences with their counselors once disclosure occurred.

Need for the Study

Although adult incest victims often seek counseling in various mental health centers or in the private sector, they frequently do not get the help they need (Butler, 1978; Sgroi, 1982). Incest victims enter into counseling with specific needs that must be met in order for therapy to progress. These needs remain unmet because incest clients may have resistances to receiving support (Herman, 1981, Meiselman, 1978). It also has been suggested that some counselors are uncomfortable with incest clients and may react in ways that are not helpful to these clients (Courtois & Watts, 1982; DeYoung, 1981).

When adults molested as children disclose their histories to their therapists they may be seeking some sense of cathartic relief. In addition to this, they may be seeking reassurances about some aspect of the incestuous experience. Meiselman (1978) stated that some victims are fearful that their personalities have become permanently warped by the incest and that they are doomed to becoming psychotic. Incest victims want reassurance that there is hope for them to successfully resolve their conflicts. They also may be seeking reassurance that they are not responsible for the incest situation.

Many victims feel guilty for participating in the activities and for not terminating the affair earlier (Giaretto, 1982; Herman, 1981; Meiselman, 1978). Herman (1981) indicated that once young daughters reveal their incest secret they need a lot of reassurance that they are believed and are not to blame. Adult clients also need this unwavering belief in their stories, since skepticism disrupts rapport (Meiselman, 1978). They also need praise for their courage in coming forward.

Incest clients have resistances to receiving the reassurances that they need (Herman, 1981). Often, the clients' shame over their participation in incestuous relations is so great that they have strong impulses to flee from their therapists once they disclose. Having left therapy once, they find it very hard to return. Herman (1981) indicated that the relief and gratefulness incest victims feel after disclosing their secret arouses threatening feelings in them. They long to trust and further

confide in their therapists, yet their childhood legacy is one of betrayal by both parents. In any intimate relationship, they may fear further exploitation, neglect, and/or abandonment. Their resistance to receiving support, appropriate as the support might be, is high.

Another behavior seen in incest clients has been described as a "flight into health" (Forward & Buck, 1978, p. 166). Clients in group therapy who receive acceptance from the group despite their revelation of incest often feel a great sense of relief and euphoria. They may leave therapy prematurely because they feel "cured" (Forward & Buck, 1978, p. 166). One further resistance seen in young incest victims is an emotional withdrawal masked by a bland external appearance and an apparent lack of concern about the incest (Peters, 1976). This defense is a result of the need to protect themselves while they were involved in the incestuous experiences and may continue into adulthood even after the cessation of the incest. Incest victims may use familiar defenses such as repression, intellectualization, dissociation, minimization, and denial to avoid disclosure and to avoid talking about the incest again (Courtois & Watts, 1982; Forward & Buck, 1978).

Courtois and Leehan (1982) indicated that adults abused as children often exhibit great sensitivity to understanding another person's moods. They believed that this skill is a defense mechanism developed by abused children to avoid triggering violent outbursts. Incest victims, therefore, may be very sensitive to

the feelings, attitudes, and mood changes of their counselors (Courtois & Watts, 1982; Meiselman, 1978; Sgroi, 1982). Incest victims are aware of the feelings of horror that their stories elicit, and are therefore extremely sensitive to any reaction of withdrawal and discomfort on the part of their counselors, no matter how subtle the cues (Herman, 1981).

Some counselors feel uncomfortable when clients reveal their incestuous histories (Herman, 1981; Meiselman, 1978; Sgroi, 1982). Butler (1978) described the reactions of religious leaders, medical professionals, and counselors when questioned about the incidence of incest among their parishioners, patients, and clients. Butler indicated that they denied any incidence of incest and became anxious when questioned. The few who said they were familiar with a number of incest cases said they felt untrained and unskilled to deal with them and seldom attempted any intervention or counseling with the victims or their families. As a result of the feelings of uncomfortableness displayed by counselors when their clients revealed their incest histories, many clients felt "cut off" and did not bring their incest up again (Meiselman, 1978, p. 346).

Some counselors refused to believe that the incest actually took place. Since psychoanalytic theory relies strongly on the belief in sexual fantasizing by children, therapists have been trained to deny and not believe reports of incestuous experiences (Herman, 1981; Rosenfeld, 1979). When this attitude of disbelief is conveyed to clients, clients are denied the opportunity to share

their experiences and receive the therapeutic assistance and intervention which may be required (DeYoung, 1981). Meiselman (1978) indicated that clients feel more confused and hostile when not believed by their counselors. Consequently, clients may terminate therapy prematurely.

Another reaction of counselors that may impede the progress of therapy is intense anger toward the offender. A common error made particularly by female therapists is overidentification with victims which results in reactions of horror and rage. When therapists express intense anger towards the offenders, clients may become defensive of the offenders. Incest clients who have some positive feelings toward their offenders may not feel safe openly sharing these feelings with their counselors (Courtois & Watts, 1982, Herman, 1981).

Some therapists, particularly males, may identify with the aggressor. They may try to excuse or rationalize the behavior of the offenders, either to themselves or to their clients. These therapists focus on the victims' activities that may imply complicity or enjoyment. Clients' positive feelings towards the offenders are encouraged while their anger is discouraged or denied. These counselors tend to focus excessive interest in the sexual relationships with the offenders and ignore other aspects of the relationships. Counselors who behave in this manner with their clients may induce feelings of guilt, blame, and helplessness in their clients (Courtois & Watts, 1982; Herman,

1981). They also run the risk of sexual involvement with their clients in reality or in fantasy (DeYoung, 1981; Herman, 1981).

Incest victims may be regarded by some of their therapists as "damaged goods" (Sgroi, 1982, p. 113). Many victims are perceived as so altered and damaged that the usual constraints about sexual behavior do not apply to them, and are thus more vulnerable to sexual victimization by their therapists (DeYoung, 1981; Sgroi, 1982; Summit & Kryso, 1978). Clients have reported sensing a change in their therapists' attitudes toward them once their incest histories were revealed (DeYoung, 1981; Sgroi, 1982).

Significance of the Study

The results of this study have implications for practice, training, and research. If counselors have more knowledge about the needs and beliefs that incest clients bring to counseling, they may be better able to help the clients set clear goals and become aware of unexpressed and thus unmet needs. Knowledge of those factors that are helpful to disclosure may help counselors better facilitate client disclosure early in therapy. Information about counselor reactions that may be helpful to clients once disclosure is made can help counselors become more effective in helping clients explore their incestuous experiences and resolve their conflicts successfully.

The results of this study could have benefits for training future counselors. Information obtained about client needs and helpful and nonhelpful factors in counseling interactions can

help develop a data base for courses in training programs that focus on counseling victims of sexual abuse. Knowledge of the reactions perceived by clients during the counseling process could be used to help counselor-trainees explore their own attitudes and reactions towards incest victims.

The results of this study could stimulate further research in the area of sexual victimization from the perspective of the victims. The importance of studying how early sexual experiences are perceived by the victims themselves has been stated by Finkelhor (1979). Further research regarding counselor attitudes toward incest, client-counselor interactions, incest client resistances to therapy, and treatment issues could be conducted as a follow-up to this study.

Definition of Terms

For the purpose of this study, the terms below will be defined as follows:

Adult incest victims. Persons 18 years or older who were victims of familial sexual abuse during their childhoods. The victims may sometimes be referred to as incest survivors.

Background factors. Circumstances in the childhood of the subjects such as age at onset of incest, close relationships, and satisfaction with counseling experiences.

Child sexual abuse. A sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency, and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance. The abuse may consist of all types of sexual contact such as inappropriate sexual talk, exhibitionism, kissing, fondling, masturbation, fellatio, cunnilingus, dry intercourse, and digital or penile penetration of the anus or vagina (Sgroi, 1982).

Congruence. Having consistency between what an individual says and what she or he implies by expression, gestures, or tone of voice (Barrett-Lennard, 1962).

Counselor characteristics. Counselor gender and personality qualities.

Empathy. The ability to sense another person's affect and intensity of experience as well as recognizing its particular context (Barrett-Lennard, 1962).

Incest. A form of child sexual abuse that takes place within the immediate or extended family. This includes parental incest (with parent, stepparent, or surrogate parent) and familial incest (with grandparents, aunts, uncles, cousins, or siblings). The presence or absence of a blood relationship between incest

participants is of far less significance than the kinship role they occupy (Sgroi, 1982).

Incest offender. The adult or older adolescent who is in a more powerful and dominant position than the child and has implicitly or directly lured the child into sexual compliance. The offender also may be referred to as the perpetrator, aggressor, or abuser.

Level of regard. The affective aspect of one person's response to another including various qualities of "positive" and "negative" feeling. Examples of positive feelings include respect, liking, appreciation, and affection. Examples of negative feelings include dislike, impatience, and contempt (Barrett-Lennard, 1962, p. 4).

Unconditional regard. The degree to which constancy of regard is felt by one person for another who is communicating self experiences to the first (Barrett-Lennard, 1962).

Organization of the Study

The remainder of this study is organized into four chapters. Literature related to the conceptual framework of incest, the theoretical and historical perspective of incest, and the special issues to be considered when counseling adult incest victims is reviewed in Chapter Two. The methodology used to conduct this study is described in Chapter Three. The results of the study and a discussion of these results are presented in Chapter Four. The conclusions, implications, summary, and recommendations for future research are presented in Chapter Five.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

The review of literature in Chapter Two is divided into three sections: a conceptual framework for child sexual abuse, theoretical approaches to studying incest, and the treatment issues in counseling adult incest victims. The section regarding the conceptual framework includes the definition of and description of behaviors involved in incest, incidence of incest, participants and family dynamics in incestuous abuse, and the reported long-term effects on victims. The section about theoretical approaches reviews the systems theory and the social and cultural theory as they apply to the study of incest, the portrayal of incest in literature and media, and the view of incest in the psychiatric and professional literature. The section on treatment issues describes approaches and special considerations that must be addressed when working with incest clients. These issues include factors impacting on clients' decisions to enter psychotherapy and to disclose the incest, reactions to disclosure of incest, clients' resistances, and the counselors' role in the treatment of adult incest victims.

A Conceptual Framework For Child Sexual Abuse

Definition

Child sexual abuse consists of sexual acts imposed on children who lack emotional, maturational, and cognitive

development. The ability to lure children into sexual relationships is based upon the all-powerful and dominant positions of adults or older adolescent perpetrators, which is in sharp contrast to children's ages, dependencies, and subordinate positions. Authority and power enable the perpetrators, implicitly or directly, to coerce children into sexual compliance (Sgroi, 1982).

When child sexual abuse takes place between children and nonfamily perpetrators, the abuse is labeled extrafamilial sexual abuse. The adults involved in extrafamilial sexual abuse include babysitters, neighbors, friends of parents, daycare or school personnel, scout leaders, and other adults who have access to children.

Intrafamilial sexual abuse, or incest, consists of sexual contacts between children and older family members. Nonparent perpetrators may involve older siblings, cousins, aunts, uncles, or members of the extended family who do not occupy parental roles with the victims. Parent or parent-figure perpetrators include biological parents, stepparents, grandparents, and boyfriends or girlfriends of parents (Sgroi, 1982).

Although laws differ state to state, many legal definitions of incest refer to marriage or sexual intercourse with blood relatives (Russell, 1982). It is now widely recognized that sexual intercourse is not the only sexual activity which constitutes incest. Sexual behaviors such as inappropriate sexual talk, exhibitionism, intimate kissing, fondling, mutual masturbation,

fellatio, cunnilingus, dry intercourse, and digital or penile intercourse are included in recent expanded definitions of incest (Finkelhor, 1979; Herman, 1981; Russell, 1982; Sgroi, 1982).

Incidence of Incest

A study conducted by Finkelhor (1979) surveyed 530 female college students and 266 male college students and then held a follow-up personal interview with those volunteering to participate. Finkelhor's findings show that of the 19.2% females who were sexually abused by an adult during childhood, 8.4% were abused by a family member and 1.3% by a father or stepfather. The median age of the victims at onset was 10.2 years and 94% of the perpetrators were male. Of the males, 8.6% were sexually abused during childhood and 1.5% of these assaults were by family members (17%). The median age of the boys at onset was 11.2 years and 84% of the perpetrators were male.

Russell (1982) surveyed a random sample of 930 women in the San Francisco area. Detailed interviews were designed to encourage good rapport in order to facilitate disclosure of early sexual experiences. Russell reported that 16% of the sample experienced intrafamilial sexual abuse before age 18 and 12% of the women experienced incest before age 14. The rate of father-daughter incest was 4.5%, which was almost five times greater than previous estimates. The perpetrators were predominantly male (96%). One further finding of Russell's study was that only 2% of intrafamilial sexual abuse incidents were

reported to the police. These extremely low figures provide evidence that reported cases are only a small fraction of the actual incidence of incest.

Incest Participants

Perpetrators

Characteristics of the perpetrators of incestuous abuse have been described by Groth (1979). In examining a sample of 148 offenders who sexually assaulted underage persons and who were referred to the sex offender program at Somers Correctional Institute in Connecticut, Groth discovered certain biopsychosocial traits the offenders displayed. Offenders ranged in age from 14 to 73, with 71% under age 35. At the time of their first offense, most men were under age 30. In 14% of the cases, the offenders were members of the child's immediate family. Groth stated that this number does not reflect the true proportion of incest offenders to extrafamilial sexual offenders since there is reluctance to prosecute family members and incest offenders are thus less likely to be in this sample.

The impression that emerged from Groth's study of sexual offenders is that child molesters are relatively young, are heterosexual men who are not insane, retarded, or sexually frustrated, and who have multiple life difficulties. The sexual encounters with children are distorted expressions of needs for intimacy, power, affiliation, control, hostility, and aggression

as opposed to sexual needs. They seek to control their child victims rather than injure them and thus pose more psychological than physical harm to their victims.

Victims

DeFrancis (1969) investigated 263 child sexual abuse cases in the files of the American Humane Association Protection Agency. DeFrancis determined that over 90% of child sexual abuse victims were girls. Most incest activities begin with prepubescent girls and boys with a range of two months to 17 years. The median age at onset for girls is 10 years and for boys 11 years. Female incest victims tend to be the oldest daughters in father-daughter incest families. They are characterized as being pseudomature, seductive, passive, and responsible for caretaking others in their families (Herman, 1981).

Boys involved in incestuous relationships most often are abused by men and are more often subject to physical abuse along with the sexual abuse. Finkelhor (1984) reviewed data from the 1978 National Reporting Study of Child Abuse and Neglect and determined that families of boy victims are poorer and more likely to be broken, which would be consistent with the higher frequency of physical abuse occurring with the sexual abuse. Generally, boys who have been incestuously victimized are more often characterized as hostile and aggressive compared to the passive state of female victims.

Mothers of incest victims

Mothers in incestuous families have been characterized as "silent partners" (Forward & Buck, 1978, p. 45). Often they are absent from their homes, physically or emotionally. They are passive, nonnurturing, depressed, and disenchanted with their lives. Mothers' behaviors range from ignoring signs that incest is taking place to subtly promoting it. Many of these women have poor social skills, few friends or outside interests, and often lack everyday living skills such as ability to drive and handle money. They tend to fear change or separation from the offender once the incest is revealed and often feel inadequate to take responsiblity to stop the incest from reoccurring (Sgroi, 1982).

Siblings of incest victims

Siblings of incest victims may be unaware that incest is taking place and may be resentful of the incest victims' special positions in the family. Incest victims may get special privileges such as new clothes, extra money, or freedom from physicial abuse. They may be perceived as having special relationships with the offenders, and thus, there may be much sibling rivalry present. In other instances, siblings are aware of the incest that is taking place since they may have been victims themselves. Sometimes these multiple victims will discuss their abuse with each other and give each other mutual support. Siblings are often very sensitive to the incest family's problem despite parental attempts to shield them from information about the incest accusation (Goodwin, 1982).

Family Dynamics

The incest family is frequently isolated. Particularly in parental incest families, personal relationships outside of the home are discouraged and often are severely limited. Family members have few friends and are encouraged to meet all their social needs within their households. Perpetrators usually dominate family decision making although these perpetrators may appear to outsiders to be quiet, unassertive, and emotionally colorless people. Incest families tend to move often, thus decreasing the possibility of intimacy with other people (Sgroi, 1982).

Gelinas (1983) describes the "parentification" of the children in incest families (p. 319). Incest children gradually come to function as parents by doing the cooking, laundry, child care, and caretaking for their parents. These children actually assume responsibility for these tasks as opposed to being helpers. Mothers tend to be subordinate and powerless and withdraw physically and/or emotionally. Incest children take over responsibility for their fathers' emotional needs to the exclusion of their own. The incest is perceived consciously or unconsciously as necessary by all family members to keep the family unit intact.

The outside world is perceived as hostile and family members often sabotage any members' attempts to interact with outsiders. Children in incest families see power being used capriciously, inconsistently, and irresponsibly. They learn how to use power and frequently manipulate each other. Denial is the most

frequently used coping skill in incestuous families. Real feelings are often denied, and projection of these feelings on others is very common. Role boundaries are often blurred and limits are rarely set (Giaretto, 1982; Herman, 1981; Meiselman, 1978; Sgroi, 1982).

Effects on Victims

The full effects of overt incest may not be observable until such time that victims attempt to make adult sexual adjustments (Meiselman, 1978). Most of the clinical research includes data on a few males in samples with a majority of females without specifically mentioning which effects apply to males. The empirical studies clearly distinguish the effects of child sexual abuse on female vs. male victims. It is difficult to draw conclusions about male victims at this early stage in research since few clinical and even fewer empirical studies have been conducted exclusively with boy victims.

Clinical research results

Gelinas (1983) described the emotional reactions and self-perceptions that are found to be salient in clinical research with incest victims. These include feelings of shame and guilt, manifestions of chronic anxiety, feelings of vulnerability, and phobias. Depression is commonly cited and is described as chronic, resulting in an inability to find satisfaction or pleasure in life, and leading to suicide ideation or suicide attempts. A sense of stigma in adults as a result of the memory of the childhood sexual abuse often leads to victims reporting

self-perceptions of worthlessness, helplessness, impairment in self-esteem, sense of inferiority, and inability to control their own destiny.

Interpersonal relationships are often affected by the incest. Victims have difficulty in trusting men and this distrust is manifested by social isolation, difficulty in establishing close relationships, and fear of being exploited or abandoned. Adult incest victims often seek out redeeming relationships compulsively and desperately, thus leading to their involvement with inappropriate partners. Victims may choose spouses who are physically and emotionally abusive to them and to their children (Gelinas, 1983; Herman, 1981; Justice & Justice, 1979; Tsai & Wagner, 1978).

Adult sexual functioning has been a major emphasis in the literature on long-term effects. Affective problems include generalized negative associations with sexual activity, difficulty in associating pleasure with arousal and intimacy, and flashbacks to the incest experience during sexual activity. These negative associations may lead to retreats from all sexual contacts, or to attempts to avoid close relationships. Some victims perceive sexual threats from any affectionate gestures from their partners. Specific sexual dysfunctions such as vaginismus, inability to tolerate arousal or sexual stimulation, inability to orgasm, and orgasm without a sense of pleasure are mentioned (Burgess & Holmstrom, 1978; Rosenfeld, Nadelson, Krieger, & Backman, 1979; Tsai & Wagner, 1978).

Empirical research results

The empirical studies reinforce the findings in the clinical literature and give more specific proportion to the effects. Depression is most commonly reported in the clinical literature on long-term effects of incest. However, in the empirical studies, there is little discrimination between incest victims and control groups. Herman (1981) noted major depressive symptoms in 60% of the incest victims in a study, and in a comparison group of women who had had seductive but nonincestuous fathers, 55% also reported depression. Meiselman (1978) in a study of 58 adult incest victims in therapy found depressive symptoms in 35% of the incest victims compared to 23% of the control group (100 randomly selected therapy clients), which was not a significant difference.

In regard to suicidal behavior the findings were more clear cut. Herman found that 38% of the incest victims versus 5% of the nonvictims had made at least one suicide attempt. Briere (1984) conducted a random study of 153 female walk-in clients to a local community health center. Briere reported that 51% of the sexual abuse victims versus 34% of nonabuse victims had a history of suicide attempts.

Emotional reactions such as fear and anxiety were reported by Briere (1984). Briere found that 54% of the sexual abuse victims experienced anxiety attacks compared to 28% of the nonvictims. Nightmares were more common in victims than nonvictims (55% vs. 23%) and sleeping difficulties were more prevalent in victims (72%) than nonvictims (55%).

Negative self-concepts was another long-term effect confirmed by empirical research. Courtois (1979) interviewed 30 adult incest victims and reported that 87% of the victims believed that their sense of self had been moderately to severely affected by the experience of incest. They sensed being different, branded, and permanently damaged.

Women sexually abused during childhood reported problems with relating to both men and women. Meiselman (1978) found that 60% of the sample in a study disliked their mothers and 40% felt negatively toward their fathers. Fear of husbands or sex partners was seen in 64% of the sample compared to 40% of the control group. Thirty-nine percent of the sample never married.

Difficulty in parenting is a long-term effect now being looked at empirically. Goodwin, McCarty, and DiVasto (1982) investigated 100 mothers of abused children and compared them to 500 women from the same community. Of the mothers of abused children, 24% reported incest during their childhood compared to only 3% of the control group. They suggested that when closeness and affection were confused with sexual overtones as in incest, incest victims had difficulty being emotionally and physically close with their own children, and thus, set the stage for child abuse.

Revictimization of incest victims later in life was reported in Russell's (1982) random survey of 930 women in San Francisco. Russell found that 33-68% of the sexual abuse victims were raped later on in life compared to 17% who were not childhood victims.

Between 38% and 48% of the sexual abuse victims had physically abusive husbands compared to 17% who were not childhood victims. Between 40% and 62% of the incest victims were sexually assaulted by their husbands compared to 21% of nonvictims.

Adult sexual adjustment of incest has been a major area of empirical investigation. Meiselman (1978) noted that sexual maladjustment was the most outstanding finding of the incest cases studied. Of the incest victims, 87% reported serious problems with sexual adjustment since the incest compared to 20% of the control group who reported sexual problems. Orgasmic dysfunction was reported by 74% of the women and flashbacks to the incest interrupted sexual experiences with chosen partners during adulthood.

Promiscuity is another long-term effect reported empirically. Meiselman (1978) reported 19% of the sample characterized their behavior as promiscuous. Fromuth (1984) conducted a survey of college women. Fromuth observed that the subjects who experienced child sexual abuse more often described themselves as promiscuous rather than stating that they were sexual with numerous partners. Fromuth did not find differences between sexual abuse victims and nonvictims on the measure of number of partners. Fromuth concluded that the self-description of promiscuity may have more to do with negative self-concept which would lead to a sexual self-labeling rather than a true reflection of their behavior.

James and Meyerding (1977) interviewed 136 prostitutes and found that 55% of them were sexually abused as children prior to their first intercourse. Of the adolescents in their sample, 65% had been forced into sexual activity before age 16. Silbert and Pines (1981) supported this link between juvenile sexual abuse and prostitution in their investigation of prostitutes. They found that 60% of the prostitutes they interviewed had been sexually abused before the age of 16 by an average of two people for an average of 20 months.

Substance abuse by incest victims also has received empirical support. Herman (1981) reported that 35% of the incest victims in a study abused alcohol and drugs compared to 5% of nonincest women. Briere (1984) found that 27% of childhood sexual abuse victims had a history of alcoholism compared to 11% of nonvictims. Sexual abuse victims had a 21% rate of drug addiction compared to 2% of nonvictims.

Theoretical Framework for Studying Incest

Systems Approach

Rather than viewing intrafamilial sexual abuse as originating exclusively from individual factors such as adjustment problems of the perpetrators, family disorganization, or victim characteristics, some researchers see incest as the product of a cumulative influence of a number of factors. Tierney and Corwin (1983) described a "systems" approach for explaining the occurrence of incest (p. 106). Variables in their model fall into four broad categories: socioecological or family climate factors;

aspects of family structure; predisposing factors in the perpetrator, victim and spouse; and precipitating or situational factors.

Socioecological factors such as household density, geographic isolation, and social isolation may promote a climate for seeking social and sexual satisfaction within the family. Social isolation has been associated with higher risk for sexual abuse by Finkelhor (1979). Family composition is an aspect of family structure that may lower the constraints against illicit sexual contact. Stepfamilies appear to be more prone to sexual exploitation (Finkelhor, 1979; Russell, 1984). Role disturbances such as the role reversal between mothers and children and the lack of a strong, affectionate relationship between mothers and children are family structural features that have been associated with incestuous families (Browning & Boatman, 1977; Herman, 1981; Summit & Kryso, 1978). Power imbalances have been observed in incest families. These imbalances are seen in domineering, authoritarian, patriarchal family systems (Finkelhor, 1979; Herman, 1981; Meiselman, 1978).

The systems model synthesized the individual maladaptive personality characteristics of incest participants as described in the literature. Male parent or parent figures were psychosexually immature, had low impulse control, few social ties, childhood deviant sexual contact within family, and low marital and sexual satisfaction. The female spouses were seen as having poor self-concepts, low marital and sexual satisfaction, emotional

distance from the victims, and histories of childhood abuse. The victims had few social ties and had high needs for affection and attention.

The above factors may be present in families and yet may not lead to child sexual abuse unless certain changes take place that add more strain on family members. Life stresses, in the absence of positive coping skills, are factors that may precipitate sexual abuse. Parental absence is another precipitating condition. Gelinas (1983) noted that sexual contact often began when mothers were in hospitals giving birth to new siblings. Fathers who have been away and return to a changed home situation may be at higher risk to sexually abuse their children. Incapacitation of mother as a result of illness, travel, or desertion has been mentioned as a contributing factor in incest families (Herman, 1981).

Social and Cultural Approach

Sexual victimization of children is not universal. There are cultures and societies in which the incest taboo is strictly observed (Mead, 1968). One of the major theories that accounts for the frequency of the violation of the incest taboo in our society from a social and cultural point of view has been called the Male Supremacy Theory (Finkelhor, 1979). This theory has been associated with incest clients' reluctance to disclose their incest experiences to others and with certain societal attitudes and behaviors towards incest victims (Brownmiller, 1975; Courtois, 1979; Finkelhor, 1979; Herman, 1981; Rush, 1980).

This theory stated that our society has a high degree of male supremacy. Men are considered as the dominant status group and to maintain control, need a vehicle by which to socialize women to a subordinate status. The vehicle of sexual victimization and the threat of it are helpful to the controlling group to keep women intimidated (Brownmiller, 1975). This process starts in childhood with the victimization of girl children. Finkelhor (1979) indicated that whether or not it functions to maintain male dominance as Brownmiller suggested, the sexual exploitation of women and children is certainly easier in a male-dominated society.

Florence Rush (1980) related evidence of the tradition of encouraging sex between men and little girls that dates back to ancient civilization, over 5,000 years ago, when sex and marriage between men and very young children took place with great frequency. Women and children were viewed as property of their fathers or husbands and had no rights of their own. All heterosexual relationships were defined as financial transactions. Marriage was the purchase of a daughter from her father, a female could be sold and resold by her master as a prostitute, and a rape was the theft of a girl's virginity which could be compensated for by payment to her father or by marriage to her.

This view of women as property of men was carried through the centuries. Women who who were raped were forced to marry the rapists or were punished along with the rapists (Brownmiller, 1975). Jewish women who were raped during the European pogroms

could be easily divorced by their husbands. Male children were also subject to sexual abuse although they could not legally be raped. However, if they were homosexually assaulted, they could be put to death or exiled.

The tradition of a male dominated society continued through the twentieth century. Herman (1981) explained how this type of society with its resultant differences in male and female socialization impacted on sexually exploitive behaviors of males and females. Herman cited Mitchell (1974), Lewis (1976), and Chodorow (1978) who focused on the psychological consequences of the sexual division of labor in child care. Children raised by subordinate females insured that boys and girls differed in every aspect of personality development such as the formation of gender identity, the acquisition of conscience, the capacity to nurture, and the internalization of the incest taboo. As a result, boys developed a male psychology of domination and girls, a psychology of victimization. A male's socialization within a patriarchal family leads to his difficulty with empathizing with his victim. Without empathy, he has diminished his major internal barrier to abusive behavior. With a restricted ability to form mutually affectionate relationships, men tend to enter into sexual relations with subordinate females such as women who are younger and/or perceived as weaker, as well as girl children.

In twentieth century Western society, the rights of ownership and exchange of women within the family were vested primarily with the father. Daughters belonged to fathers alone and though the

incest taboo forbade them to make sexual use of their daughters, no other man's rights are offended should the fathers choose to disregard this rule. Thus, of all possible forms of incest, that between father, stepfather, or father figure and daughter is the most easily overlooked (Herman, 1981).

The prevalence of incest is reflected in literature and media. Not only is incest portrayed as a common occurrence, but the children are considered responsible for the incestuous experiences. The "Seductive Daughter" (Herman, 1981, p. 36) dates back to the biblical story of Lot. Lot's wife was turned into a pillar of stone (cold and withdrawn) and therefore, to preserve the seed of their father, Lot's daughters decided to seduce him. They made him drink wine and each had sex with him. Lot is seen as entirely innocent in this situation and the initiative of the sexual encounters was the full responsibility of his daughters.

Rush (1980) cited many examples of the portrayal of seductive young girls in literature and the movies. One example of the modern American version of the seductive daughter is in the book Lolita. Humbert Humbert, a middle-aged man gave an account of his seduction by 12 year old Lolita. She was the temptress, the initiator. She was the example of the sexually wise, turned on and seductive young girl who wanted and initiated sexual activity with an older man. The movie Taxi Driver starred Jodi Foster as a 12 year old prostitute who was happy to sexually satisfy any male's sexual desire.

Professional Perspective of Incest

The contemporary psychological thought concerning incest and its effects developed during the 20th century as a result of the work of Freud (Courtois, 1979). Freud's initial belief, stated as early as 1892, was that childhood sexual trauma was the underlying etiology for female clients' hysteria. Peters (1976) indicated that Freud may have had difficulty accepting the high incidence rate of his clients' reports of incestuous activities. This was evidenced by Freud's admission to suppressing the fact of a father as molester in two cases reported in 1895. By 1924, Freud shifted the emphasis from the actual occurrence of childhood sexual trauma to childhood fantasizing of sexual desires for their parents.

Some writers believe that Freud, as well as other psychoanalysts of that time, welcomed the idea that reports of sexual victimizations could be regarded as fantasies. The thought that respectable family men were having sex with their daughters was too monstrous a thought for the professionals (Finkelhor, 1979; Herman, 1981; Meiselman, 1978). The widespread acceptance of Freud's theory of childhood sexual fantasies led to the common practice of psychotherapists allowing their patients to repress emotionally significant and pathogenic facts (Peters, 1976).

There was little examination of early sexual trauma and its impact on psychological functioning for the next 30 years. The few studies that investigated incest concluded that childhood incest did not appear to be psychologically damaging. Children in

a sample of psychiatric cases reported by Bender and Blau (1937) were viewed as charming, seductive, willing, and sexually initiating.

During the 1960's there was an increase in the number of studies devoted to incest. Some of these studies investigated the individual and family dynamics of incest. Other studies investigated and supported the view that incest was symptomatic of family dysfunction rather than of individual dysfunction and that incest was harmful to the child participants (Cormier, Kennedy & Sangowicz, 1962; Gagnon, 1965; Lustig, Dresser, Spellman & Murray, 1966). Rather than blaming incest victims for their seductiveness, writers began looking at other members of incest families. Tormes (1968) conducted a study on incest for the American Humane Society. Tormes studied the family setting and circumstances surrounding father-daughter incest and concluded that mothers in incestuous families fail to protect their children from sexual abuse.

During the 1970's, the women's movement helped to bring incest out in the open as it did with other sensitive issues such as rape, spouse abuse, and child abuse. Concern for the welfare of victims also contributed to a shift in the focus and number of studies on sexual abuse (Finkelhor, 1979). Studies in the 1970's tended to focus on how sexual abuse is ignored and how victims are not believed. Peters (1976), a psychiatrist who worked with sexual assault victims in private psychoanalytic practice and in the Philadelphia rape victim clinics, wrote a landmark article

documenting case histories of incest victims. Peters challenged the existing psychoanalytic belief that reports of childhood incest were mostly fantasies of young minds. Peters criticized the practice of psychotherapists who allowed and continued to allow patients to repress facts concerning their incest experiences. Peters related the repression of these facts to serious psychological problems for the victims as adults.

Butler (1978) interviewed incest victims and their families throughout the United States to gather information on the participants in incest. Butler reported on the difficulty she encountered when she talked with members of professional communities about their contacts with incest victims. The professional communities consisted of religious leaders, pediatricians and other physicians, nurses, law enforcement, human services workers, and counselors when she asked about their experiences with incest victims. Despite the reports of the widespread prevalence of incest that were being published, the response she received from professionals was one of denial that incest was taking place. Butler indicated that the professionals she interviewed were uncomfortable talking about incest. They said that they were untrained and unskilled in ways to deal with incestuous assault and rarely attempted counseling or intervention with the members of such troubled families.

Descriptive data on variables in childhood sexual victimization such as incidence, participants, family dynamics, sexual behaviors involved, short and long-term effects, and risk

factors were collected by researchers in the 1970's. Finkelhor (1979) surveyed 796 male and female college students in the New England area. Notable in Finkelhor's findings was the frequency of incest among girls (14%) and boys (9%), with father-daughter incest reported as the most traumatic. Some of the factors Finkelhor identified as possible high risk for incest were stepfather in home, absent mothers, unsatisfactory marital relationship of parents, and social isolation. Force and age of partner were found to be two factors that produce the most trauma. A salient finding in this study was that 63% of the girls and 73% of the boys who were sexually abused by adults never told anyone.

Researchers in the 1970's studied the long-term effects of incest. Meiselman (1978) investigated 58 women clients who experienced incest during childhood using a control group of 100 randomly drawn patients. Meiselman determined that psychotherapy patients with incest experiences did not differ from psychotherapy patients without incest with respect to type of psychopathology. However, the incest group was more disturbed, and more likely to have physical complaints and interpersonal and sexual difficulties.

Courtois (1979) conducted structured interviews with 30 women in the Baltimore, Maryland and Washington D.C. area who experienced incest during childhood. The women were recruited by advertisements in newspapers, magazines, and radio and by referral from therapists. Courtois investigated details of their family background and incest experience, including its aftereffects. A

major value of this study was the suggestion to use new methods and new areas of inquiry for future, less biased investigations of incest and its effects.

As more rigorous research methods are being used, more accurate data are being collected about incest. As a result, more relevant and therapeutic treatment methods are being developed and studied in the 1980's. The next section will detail literature related to the area of treatment of adult incest victims.

Treatment of Adult Incest Victims

Presentation for Treatment

Adults who have experienced incest during childhood usually present for treatment in a characteristic "disguised presentation" (Gelinas, 1983, p. 326). Gelinas organized the symptoms of this presentation into an Incest Recognition Profile (IRP). Clients often have presenting problems of chronic depression and may have atypical elements such as dissociative and/or impulsive elements. Incest clients may describe histories of premature housekeeping and heavy childcare responsibilities during childhood or adolescence. Gelinas stated that if the symptoms of the disguised presentation become the focus of treatment and the history of incest remains hidden, treatment will become increasingly frustrating and unsatisfying for clients. These clients will be at risk for becoming repetitive treatment seekers while the negative effects of incest become more elaborated.

Factors related to entering psychotherapy in a clinical sample of adult incest victims was investigated by Kerr and Crisci

(1984). The researchers developed a 75 item questionnaire covering areas such as demographics, sexual abuse experiences, attempts to disclose the experiences to others and responses to disclosures, use of peer and significant adult relationships, and therapy histories. Psychotherapists were contacted about the study and were asked to select incest clients who could then volunteer to participate in the study. Nineteen women volunteered and completed the self-administered questionnaire.

Information was elicited about subjects' current and previous therapies. Of the 19 subjects, all had been in therapy at least twice. The range of separate therapy contacts initiated was from 2 to 17 separate therapies. The most frequent number of separate therapy contacts was five. Although the subjects may have entered therapy for the first time in the range from age 12 to 31, age 18 was the most frequent age of entering and 19.36 was the mean age.

Ten questions were asked about each of the therapy contacts and cumulative reports of the first and fifth contact were reported by the researchers. Subjects reported coming to their current therapies for a range of problems in living, with 68.5% wanting to specifically talk about their sexual abuse experiences. In 49.3% of the treatment contacts, child sexual abuse was not discussed at all. The researchers concluded that the repeated therapy contacts and difficulty in discussing sexual abuse experiences, particularly at the beginning of therapy, suggests that undisclosed child sexual abuse may have remained problematic for these clients. Failing to address the past sexual abuse in

some direct form seems to leave conflicts unresolved for incest clients. These findings support the contention of Gelinas (1983) that negative effects of incest will persist if the incest is not dealt with directly during therapy.

Self Disclosure and Counseling

Jourard (1963) discussed the importance of self-disclosure by clients and counselors during counseling. Jourard defined self-disclosure as talking about oneself to another person. He believed that self-disclosure was a factor in the process of effective counseling and suggested that people become clients because they have not disclosed themselves in some optimum degree to the people in their lives.

The relationship between talking about oneself and positive mental health dates back to Freud in the nineteenth century. Freud believed that when people struggled to avoid knowing their own thoughts and feelings, they got sick. They could only become well and stay relatively well when they knew their inner thoughts and feelings. The method by which they could know themselves was through self-disclosure to another person. The real self, or subjective side of people, includes what people think, feel, believe, want, or worry about. People reveal their subjective sides through the process of self-disclosure.

Jourard stated that in order to elicit and reinforce self-disclosure in clients, counselors should manifest their real selves in the counseling process. Counselors can do this by

spontaneously and honestly conveying their thoughts and reactions to their clients. This self-disclosure on the part of counselors can facilitate self-disclosure on the part of clients.

Disclosure of Incest

Although disclosure of incest to counselors may be helpful to clients, not all clients spontaneously disclose. Children involved in incest are often warned by the offender not to tell anyone. The offenders warn the children that whatever happens as a result of disclosure will be the children's fault. Breaking up of families, someone going to jail, mothers having nervous breakdowns, and children being removed from their homes are all examples of the threats received and reported by child incest victims in order to keep them quiet (Berliner & Stevens, 1982).

Sgroi (1982) discussed two types of disclosure of child sexual abuse, accidental and purposeful. External circumstances may lead to the accidental revelation of the secret of incest. Purposeful disclosure takes place for various reasons. Young children may tell secrets because the activities were so stimulating that they want to share them with someone.

Older children often disclose in order to escape or modify some family pressure situation. The adolescents who previously may have enjoyed the special loving relationships with their fathers may now be more interested in peer relationships outside of their homes. Their fathers, however, want to keep them isolated and become very restricting with them. Other situational changes that may prompt older children to reveal the sexual abuse

include fear of becoming pregnant, protection of younger siblings from abuse, and/or separation or divorce of mother from the offender (Berliner & Stevens, 1982).

When incest victims become adults, life changes take place that foster disclosure of incest. Moving away from home seems to precipitate disclosure since victims may feel safer and out of the family grasp. Since incest victims may be more vulnerable to repeated sexual victimizations, they may realize their inability to protect themselves and seek treatment. Relationships, marriages, and parenting are additional developmental stresses in the lives of adult incest victims. They may fear that they or their spouses will harm their children, fear that their children will be sexually abused by the same family members who abused them, and fear that the extended family may never be normal because of all the intact secrets (Goodwin & Owen, 1982).

Despite the numerous reasons incest victims give for disclosing their incest, there are many incest victims who never reveal their secrets. Courtois and Watts (1982) indicated that disclosure as adults may be associated with the reactions they received when they disclosed during childhood.

Reactions to Disclosure of Incest

Sgroi (1982) discussed some of the family reactions to disclosure of incest activities by child victims. The perpetrators often react with alarm. They know that exposure could result in loss of social status, job, and family. They usually react defensively with self protection as their main goal.

They may react with hostility to the children who disclose and towards anyone who is supporting or advocating for these victims. Perpetrators use their power within their families to the fullest in order to control their children and other family members and to undermine the credibility of the allegations.

Mothers of incest victims may initially react to disclosure by expressing concern for their children. Some mothers may have previously been told about the incest or may have suspected it and did not intervene. Even with no direct responsibility, mothers of victims must face the consequences of siding with their children. They usually end up choosing between protecting the children or protecting the perpetrators. If perpetrators are providing mothers with economic support, social status, and/or emotional support, the choice is very difficult and painful. If perpetrators have previously been violent or abusive towards their families, mothers may fear further abuse. If perpetrators exert pressure on mothers to side with them, it is not unusual for mothers to collapse under this pressure. Mothers may express disbelief of their children's stories, side with the perpetrators' stories of seduction and compliance by their children, and/or minimize the negative effects of the activities.

Siblings may react protectively and with concern for the victims; however, they too may also act defensively. They fear disruption of their family life, the unknown, and separation even if their home lives have been problematic for them. Siblings, as their mothers, may have to choose between the victims and the

perpetrators. Perpetrators have much of the power in the families and are more effective in getting the support they need from siblings. Sgroi stated that only those family members who have great ego strength and security can be expected to maintain protection and concern towards the victims.

Roland Summit (1983) discussed the critical role of the mental health profession in the crisis of disclosure. Summit explained the difficulties facing emotionally distraught children who are accusing respectable, reasonable adults of perverse, assaultive behavior. Disbelief and rejection by adult caretakers increase the helplessness, hopelessness, isolation, and self-blame that children are already experiencing as a result of the sexual abuse. Victims looking back are usually more embittered towards those who rejected their pleas for help than to the perpetrators who initiated the sexual activities. When no adults intervene to acknowledge the reality of the abusive experience to the children and to fix responsibility on the adults involved, children tend to deal with the sexual abuse as an intrapsychic event. They incorporate high levels of guilt, self-blame, pain, and rage.

Caretakers of incest victims may turn to mental health professionals for expert advice once disclosure of incest takes place. Summit expressed concern that clinical specialists tended to reinforce the more acceptable belief that children were rarely legitimate victims of intrafamilial sexual abuse and that their complaints could be dismissed as fantasies, confusions, or wishes for power within the families.

Reactions of rejection, disbelief, blame, anger, and lack of support can impact on how incest victims perceive the helping professionals (Courtois & Watts, 1982). Courtois and Watts reported that adult incest victims often do not disclose the secret of their childhood experiences for fear of a negative reaction by the people they may confide in. If they have further experienced negative reactions from therapists during childhood disclosure, their fear of being hurt again may be compounded. Many adult incest victims disclose because they are in such pain at the time of therapy or because the counselors guess or coax the information out of them.

There is some evidence that disclosure may take place more readily when victims experienced a close relationship with a nonparental adult during childhood (Kerr & Crisci, 1984). Over 50% of the 19 adult incest clients they surveyed believed that had been influenced at least slightly toward entering therapy by these adults, despite the fact that disclosure of sexual abuse occurred in less than 13% of these relationships.

There is no empirical evidence of the factors that are helpful to adult incest victims for disclosure of their incest experiences during counseling. Knowing the particular issues that adult incest victims are coping with has led some authors to suggest why confiding in therapists is difficult for this client population. These resistances to therapy experienced by incest victims are detailed below.

Clients' Resistances to Therapy

Meiselman (1978) gathered information on 58 cases of incest who had presented for treatment in a psychiatric clinic from 1973-1976. This information was compared to a control group of 100 nonincest clients seen at the same facility during the same period of time. Clients who revealed their incest seemed very fearful that the incest had caused some permanent damage. Their perceptions of themselves as bad, damaged people led some of them to fear that their personalities were warped. Their concerns about the effects of the incest may have been denied or minimized by the perpetrators, other family members and nonfamily members and they often do not trust their own perceptions. The people whom they are to have trusted the most in this world have betrayed their trust. They may have been rejected, not supported, certainly not protected. Therefore, trusting anyone, even those in whom trust is justified, is a difficult task for incest clients.

Meiselman also noted the intense need that clients have for seeking reassurance about their responsibility for the incest. Incest victims have been told that they are sexy, seductive, and that they are to blame for the occurrence of incest. Incest victims who never told anyone believe that there must have been something they could have done to prevent its occurrence or to terminate the affair earlier than the incest ended. This high level of guilt has been cited as one of the reasons clients may not disclose to their counselors (Herman, 1981).

Herman believed that incest clients' strong feelings of shame and hopelessness and their fear of betrayal in intimate relationships were the first major obstacles to forming working alliances with therapists. If they did disclose, their feelings of shame were so intense that they had strong impulses to flee from therapy. Herman stated that this inclination to run from therapy could be moderated by calm, accepting attitudes on the part of the therapists. It was also important for clients to hear that they are not necessarily permanently damaged.

Herman stated that once the first obstacle of shame was overcome, clients often felt relieved and grateful. However, though they may long to trust and confide further in their therapists, their suspicion was aroused. They have had so little experience with consistent trusting people that they have no frame of reference for trusting others. They may fear that their therapists will dominate and exploit them or neglect and abandon them. This fear must be clarified and discussed before the clients act on it and disrupt therapy.

Incest clients may tend to test their therapists for long periods of time. MacVicar (1979) reported on counseling six incest victims, ages 13-19. MacVicar indicated that a considerable amount of seductive behavior took place with male therapists. Since incest victims have been subjected to sex as a replacement or substitution for affection, they often have difficulty distinguishing between sex and affection. They sexualized their relationships with men, and particularly with

male therapists. Although there was no empirical evidence comparing this behavior to other psychologically disturbed clients, this behavior has been reported from clinical samples (Courtois & Watts, 1982; Herman, 1981; McBride, 1983/1984; Meiselman, 1978).

Testing behavior may also be directed at female therapists. Incest clients are often full of rage towards their mothers for not protecting them, and in many cases, not supporting or believing them. They have learned not to trust females. MacVicar (1979) reported that in a study, the girls tested the female therapists over and over again by getting involved in self-destructive behavior. They were concerned with whether the therapists could intervene and provide some sense of protection.

One of the long-term effects of being involved in an incestuous relationship was that adult incest victims exhibit nonassertive behavior. They had an inability to express anger directly and if they felt angry towards their therapist, they tended to terminate therapy prematurely. If clients sensed any invalidation of their feelings by their therapists, they relived the incestuous experience which caused them to feel powerless and hopeless. Leaving therapy prematurely resulted in the clients feeling even more hopeless than before therapy started (Herman, 1981).

Counselors' Role in Treatment of Adult Incest Victims

Courtois and Watts (1982) described some of the counseling pitfalls that may occur when counseling adult incest victims.

They believed that the attitudes and assumptions held by counselors about incest and incest victims are of foremost importance. They stated that it is important to view incest as a sexual assault where the children are always considered victims. However, counselors should not assume the aftereffects are always devastating.

Courtois and Watts indicated that as a result of the stereotyping and myths surrounding all forms of sexual assault, incest often evokes responses of horror, disbelief, judgment, and denial. If these attitudes and reactions are perceived by the clients, there can be harm done to the therapeutic relationship. Sensitive counselors may tend to treat incest clients as extremely special or so complicated that they do not have adequate skills to treat them properly. This attitude may lead counselors to quickly refer incest clients away or to subtly steer them away from focusing on the incest experiences.

Counselors may tend to focus only on the incest to the exclusion of other concerns and issues. The limits of the therapeutic relationship may be extended by having more frequent sessions or giving them extra attention outside of the scheduled sessions. Although incest victims at times do warrant extra support and attention, categorizing them as always needing this extra work may reinforce their sense of differentness and isolate them even further.

Counselors may show attitudes of skepticism and ask questions about complicity of clients in the incest when their clients

reveal their experiences. Courtois and Watts believed that this attitude may reflect the theoretical tradition of the discipline of psychotherapy which started from Freud. These attitudes invalidate clients' feelings and may lead to further confusion and resentment on the part of clients.

Herman (1981) believed that most counselors lack the ability to work with incest because they have never been trained to do so. Psychoanalytic tradition has focused on denial and disbelief of the high prevalence and effects of incest. Until recently there was little professional literature for counselors to refer to when confronted with incest clients. Supervisors were trained to question the truthfulness of disclosure of incest by clients. There was no institutional support for counselors to examine their own assumptions and feelings about incest. Thus, training institutions reinforced counselors' tendencies to deny and avoid facing their feelings about incest. This avoidance was rationalized as concern for the "fragile" patient (Herman, 1981, p. 181).

In addition to avoidance and denial, counselors may use other defensive techniques when working with incest victims. Female therapists tend to identify with victims and may react strongly with feelings of helplessness and despair when first hearing of the incest. They may feel so overwhelmed that they are unable to react calmly. Herman believes that this overreaction may be a result of the revival of female therapists' own seductive elements in their relationships with their fathers, or the recognition for

the first time the overt or covert incest in their own histories. They may relive their own childhood reactions of the excitement of feeling special, the fear of being overpowered, and the longing for protection.

If therapists have not mastered their own feelings about incestuous elements in their own childhood, they will tend to shy away from the details in their clients' stories. These reactions can aggravate clients' feelings of isolation and reinforce their sense of being contaminated people who frighten others away. Clients' fear that the incest is such a terrible secret is validated and they may leave therapy in disappointment.

Another error that some therapists make is to express intense anger towards the perpetrator, possibly more than their clients are actually feeling. They may try to get their clients to express their anger and stand up to their fathers, and may be unwilling to hear any positive things clients may express about their fathers (or the perpetrators). They may try to deflect their clients' anger away from their mothers and onto their fathers, pointing out that mothers were victims too.

Herman (1981) indicated that when therapists show intense anger towards the offender, clients may feel robbed of the special relationship they may have had with their offender fathers. Often they feel angrier towards their mothers for not protecting them, and their fathers may have been the only source of caring and affection in their lives. They may assume that the therapists are motivated by spite and jealousy and experience therapists as

rivals. As a result, clients perceive the counseling relationship with hostility and competitiveness rather than with cooperation. Clients may also feel blamed and judged for having tender feelings towards the offenders, when therapists model and unconsciously convey that angry feelings are the only acceptable feelings to have towards incest offenders.

Male therapists tend to identify with the offenders. Herman (1981) described the difficulty some males have permitting incest clients to express anger towards the offenders. They may excuse or rationalize the offenders' behavior and may tend to focus on the victims' behaviors that imply complicity or enjoyment. Male therapists may focus more on the sexual aspects of the relationships and ignore other important issues. The effects of these mistakes not only increase clients' guilt and hurt. They begin to relive the incestuous relationship with powerful males in caretaker roles. Once again, they are not being protected, their feelings are invalidated and they feel powerless and hopeless.

Male therapists run the risk of becoming sexually involved with their clients, either in fantasy or in reality. This is seen as further victimization of clients who have experienced childhoods of sexual exploitation. Mary DeYoung (1981) reported on three women from a 10 member support group who were sexually involved with their male therapists.

There were three commonalities in the case reports by DeYoung. First, all three clients were reluctant to discuss victimization with their therapists until they had been in therapy for some time, despite the fact that the women believed that their personal problems were directly related to their incest experiences. Second, all three women in this study flashed back to their incest experiences during their sexual encounters with their therapists, evoking negative feelings in them. Third, in each of the cases, the sexual contact initiated by the therapist came immediately after the disclosure of the incest. Somehow, the clients were perceived in more sexual terms once disclosure of incest took place.

The clinicians' perceptions of the impact of incest on their clients was studied by Sheehy and Meiselman (1981). The researchers assessed if the presence of incest in the case histories of female clients caused therapists to judge their clients to have less favorable prognoses than nonincest clients. It was hypothesized that clinicians would judge incest clients to be more disturbed and have less chance for recovery than nonincest clients.

The results of the study showed that there were significant differences between the therapists' willingness to work with clients. Therapists indicated that they would be less willing to work with incest clients. The researchers suggested that the

presence of incest caused the clients to be perceived as difficult in some way that was not reflected in their prognoses or that the therapists did not feel comfortable working with incest victims.

Summary

Literature related to a conceptual framework for child sexual abuse, theoretical approaches to studying incest, and the treatment issues in counseling adult incest victims was reviewed in this chapter. Intrafamilial sexual abuse or incest is currently recognized as a widespread phenomena in which both girls and boys are victimized. Perpetrators are generally young, not insane, of normal intelligence, and have multiple life difficulties. Mothers and siblings of incest victims are portrayed as contributing to the maintenance of the incest secret within the family as well as being victims themselves. Victims are seen as usually suffering from a multitude of symptoms in many spheres of their adult functioning.

Incest is viewed as originating from a cumulative influence of a number of factors. These factors include socioecological or family climate factors, aspects of family structure, predisposing factors of the perpetrators, and precipitating or situational factors. The prevalence of incest was attributed to a cultural climate where there is a power differential between males and females. Males are considered the dominant sex and women and children are seen as the property of men. Incest has been denied

and/or minimized by the helping professionals until recently. Since being brought to light in the 1970's, incest is now being studied more rigorously.

The treatment of adult incest victims may be affected by a number of factors. Due to the effects of the incest experiences, adult incest victims have particular resistances to entering and completing treatment. Incest clients usually do not initiate counseling specifically for recovery from incest. Once in counseling, incest clients often are reluctant to disclose incest to their counselors. Counselors may contribute to the resistances of incest clients as a result of feelings aroused in them when incest histories are revealed. There have been no empirical studies conducted to determine factors that impact on adult incest victims disclosure and exploration of their incest experiences during counseling.

CHAPTER THREE
METHODOLOGY

The purpose of this study was to identify and explore the factors that assist female adult incest victims in disclosing and discussing their incest experiences during counseling. Three areas were investigated: a)factors in clients' backgrounds that may have influenced their decisions to disclose their incest experiences to their counselors; b)clients' perceptions of counselor characteristics, attitudes, and behaviors that were helpful or detrimental to them in the decision to disclose their incest experiences to their counselors; and c)clients' perceptions of factors that were conducive or not conducive to them for further exploration of their incest experiences with their counselors once disclosure occurred. This chapter includes a discussion of the research design, the research questions, the population and sample, instruments, research procedures, analysis of data, and limitations of the study.

Research Design

Due to the exploratory nature of this research and in order to collect the maximum amount of data, a modified case study format was chosen as the method of study. Early research in the area of sexual abuse incidence and effects consisted of case studies that were instrumental in providing information for the

formulation of later controlled, experimental studies. As a method of research, the case study has several advantages.

First, it is intensive and brings to light important variables, processes, and interactions that deserve more extensive attention. It pioneers new ground and very often is the source of new hypotheses for further study. Second, case study data provide useful anecdotes to illustrate more generalized statistical findings (Isaac & Michael, 1981). Its exploratory nature is its most outstanding feature, as well as being its greatest deficit. Its lack of controls permits things to vary as they will and thus increases its potential for new and important findings. It is therefore a logical choice for research in a previously unexplored area (Neale & Liebert, 1973).

The case study has played an important role in psychology, and can be a potential source of scientifically validated inferences if modifications are made to reduce threats to internal validity (Wisner, 1982/1983). Some of the modifications suggested by Kazdin (1981) were applied in this study. Some of Kazdin's suggestions were not relevant since this was a descriptive rather than an experimental study. The two modifications applied were the inclusion of objective data (in the form of one empirically-based inventory) and the reporting of many cases instead of just one.

Research Questions

1. What is the relationship between background factors of adult incest clients and their decisions to disclose their incest experiences to their counselors?

2. What is the relationship between reactions of family members and others to clients' disclosure of incest during childhood and clients' disclosure of incest to counselors as adults?

3. What counselor characteristics helped or hindered clients in disclosing their incest histories to counselors as adults?

4. What is the relationship between counselor reactions to clients' disclosure of incest and the amount of time spent discussing incest for the duration of counseling?

5. What other factors encouraged or discouraged clients from disclosing and or/discussing incest during counseling as adults?

Population and Sample

The population from which this sample was drawn consisted of adult women living in Alachua County, Florida, and surrounding areas who were victims of parental and/or familial sexual abuse prior to age 18. Alachua County, Florida, consists of rural areas and the city of Gainesville. The population of the county is approximately 151,000 people (1980 census), with over 35,000 of these being students at the University of Florida in Gainesville.

The exact size of the incest population in Alachua County is unknown. The number of adult incest victims who visited mental health facilities in Alachua County and the University of Florida

during the year 1983-1984 was approximately 150. This number is probably much lower than the actual number of incest victims in Alachua County for two reasons. First, agencies do not keep records of how many clients are incest victims. Second, this number does not include clients who visited private practitioners and clients who are not currently in treatment.

An estimate of the size of the incest population can be determined by looking at studies conducted in other cities. Russell (1982) investigated a random sample of 930 women in San Francisco. Sixteen percent of the sample reported at least one experience of intrafamilial sexual abuse before the age of 18 years. Finkelhor (1979) surveyed 530 female and 266 male college students in the Boston area and reported that 28% of the women and 23% of the men reported that they experienced incestuous sex. (The difference between the two studies is partially due to Finkelhor not applying an age limit in cases of incest.) It is believed that intrafamilial sexual abuse takes place in all ethnic groups, at all socioeconomic levels, and in both cities and rural areas. There are no data on the percentages of incest victims who are or who have been in counseling.

Subjects were selected on the basis of the following criteria: they were adult women (over 18) who experienced parental or familial incest prior to age 18; they had at least one visit with a counselor or psychologist during adulthood; their visit with a counselor or psychologist was within the last three years; the focus of their counseling session(s) was not necessarily their

incest; they could but did not have to be in therapy at the time of this study.

Potential subjects were not selected to participate in this study if they were below age 18, were victims of extrafamilial sexual abuse rather than intrafamilial sexual abuse, were not female, or did not experience counseling within the last three years or as adults. Women who were institutionalized or incarcerated at the time of the study, who were hospitalized during the six weeks prior to the interview, or in other ways were unable to participate were not included in this study. Data were obtained from 37 subjects.

Instruments

In order to collect data about the client/counselor relationship, a structured interview was conducted with all subjects by the researcher. In addition, the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1964) was used.

Structured Interview

The structured interview has been used only recently to gather information about victims of sexual and physical abuse (Courtois, 1979; Russell, 1975, 1982; Wisner, 1982/1983). The structured interview is particularly useful to explore a problem area for which insufficient information exists. It is personalized, flexible, and adaptable, and permits in-depth, free responses. Since the richness of the data might vary according to the interviewer, it was decided that the interviews would all be conducted by the same researcher. Two of the disadvantages of

using a structured interview were that the data collected may be subject to subtle biases of the interviewer and/or overt manipulation by the interviewer. The risk of the influence of these disadvantages was reduced by keeping in mind these possiblities as well as carefully preparing the exact questions to be asked during the interview.

Other limitations of this type of instrument were the time consumption and difficulty with summarizing results. The structured interview also was vulnerable to personality conflicts and required a skilled and trained interviewer. The researcher has had five years of counseling experience. Three years of this experience has been with counseling adult victims of incest and rape.

The structured interview was developed by the researcher and consists of four parts. A copy of the structured interview appears in Appendix A. A panel of experienced researchers reviewed the content and format of each item in the structured interview. Part One of the structured interview consisted of demographic questions about the subjects, including their dates of birth, ages, ethnic identifications, marital status, parental status, living situations, educational levels, and income levels.

Part Two of the structured interview contained questions pertaining to the incest and its perceived effects on the subjects. Part Two was designed to probe in some depth the specifics of the incest. Subjects were asked to discuss the following variables of the situation: age at onset of incest,

frequency and duration of the sexual activities, relationship of the perpetrator to the subjects, and type of activities involved in the incest.

The subjects were asked to discuss their beliefs as to why the incest ended and if any other members of their immediate family were abused as well. Questions about disclosure to family members or others were included to ascertain to whom the subjects chose to disclose and what reactions they experienced from these people. The impact of the incest and its long-term effects also were explored in this section. Questions about subjects' close relationships with others during childhood were included since there has been some recent evidence that adult incest victims may be more likely to enter psychotherapy if they had close relationships with adults during their childhood (Kerr & Crisci, 1984).

Part Three of the structured interview consisted of questions about counseling experiences during childhood. The subjects were asked about their ages at onset of counseling, type of counselors they visited, sex of counselors, duration of counseling, and whether or not other family members were included in the counseling. It has been suggested that the reactions of significant people to the child incest victims' disclosure of incest may effect the victims' decisions to disclose as adults (Courtois & Watts, 1982). Questions about whether or not subjects disclosed to their counselors during childhood and reactions of their counselors to them were included. Factors that may have

prevented them from discussing the incest during counseling were ascertained. Reasons for termination of counseling and satisfaction with their counseling also were discussed.

Part Four of the structured interview consisted of questions pertaining to counseling experiences since age 18. If clients visited more than one counselor during the past three years, they were asked to answer items in Part Four for the first and last counselors seen within the last three years. Subjects were asked about the difficulties they were experiencing at the time they decided to seek counseling. The difficulties listed in Part Four were taken from the description of possible long-term effects which are explicated in the literature referenced in Chapter Two. Since clients may enter counseling without disclosing the incest and with a "disguised presentation" (Gelinas, 1983, p. 326), they were asked whether they were planning to disclose the incest and whether they believed that the incest was the main issue that needed to be resolved.

Questions in this section also included clients' perceptions of counselor characteristics. The list of counselor characteristics was taken from the research that describes the characteristics of counselors which may be influential in therapeutic change (Barrett-Lennard, 1962; Mann & Murphy, 1975; Strong, 1968). A counseling history was taken that included questions about the duration and type of counseling subjects experienced. Subjects' disclosure of incest to their counselors and factors they perceived as helpful or not helpful to them in

deciding to disclose their incest to their counselors were explored.

The reactions of counselors to disclosure of incest have often been cited as a factor in determining how the clients responded to further treatment (Courtois & Watts, 1982; DeYoung, 1981; Herman, 1981; Sgroi, 1982). Therefore, questions about the reactions of subjects' counselors to their disclosure and about how subjects felt and behaved once they experienced these reactions were included in the structured interview.

The last two questions of the structured interview gathered information about subjects' reasons for volunteering for the study and their reactions to their participation in this study. Although questioning incest victims about their past experiences has the potential to be distressing to them, it has been reported that volunteer incest victim subjects have been very willing to talk to concerned and interested interviewers. Kerr and Crisci (1984) indicated that adult incest victims in their study reported feeling empowered by having the researchers listen to them relate their incest experiences. The information from these two questions was solicited for its potential value in future research methodology using the structured interview format.

Barrett-Lennard Relationship Inventory

The Barrett-Lennard Relationship Inventory was developed under the basic postulate that there are five aspects of the therapist's attitude that are influential in the process of therapeutic change. These include the therapists' level of regard for their clients, the extent to which this regard is unconditional, the degree of the therapists' empathic understanding, the therapists' congruence, and the therapists' willingness to be known by their clients. In addition to this, it was believed that it was the clients' experience of these aspects of the therapists' attitude and behaviors that most crucially affected the outcome of therapy (Barrett-Lennard, 1962).

The BLRI based on Mann and Murphy's (1975) adaptation of the BLRI (Barrett-Lennard, 1964) measured clients' perception of the counseling relationship. It contains 36 items in five scales: four eight-item scales entitled Empathic Understanding, Genuineness, Unconditional Regard, and Level of Regard, and one four-item scale entitled Resistance. The first four scales measure clients' perceptions of counselors' characteristics and the resistance scale refers to clients' resistance to the counselor. Each item has a response on a seven point scale indicating extent of agreement or disagreement with the item. Internal consistency reliabilities of the five scales ranged from .53 to .82 (Strong, Wambach, Lopez & Cooper, 1979).

The scales used in this study were the four scales that measure subjects' perceptions of counselor characteristics. It

was decided not to use the resistance scale in this study for two reasons. First, the scale was poorly defined and the number of items were too few. Second, this study investigated subjects' perceptions of counselor characteristics and this scale does not measure that variable.

Although the validity of the original BLRI is well documented, there was no available validity information on the shorter version developed in 1975. Therefore, as part of this study, the content validity of the shorter version of the BLRI was investigated. Copies of the long and short versions of the BLRI and the scoring keys for each version were distributed to four experienced researchers. They were asked to state their opinions as to whether or not the items in the short form represent the corresponding items in the longer form for the four variables, level of regard, empathy, unconditionality of regard, and congruence. The researchers evaluated the two versions of the BLRI and agreed that the items in the short form were representative of the items in the long form for the four stated variables. A signed copy of this statement is included in Appendix B.

Procedures

Recruitment of Subjects

Participants were recruited by using two main methods. First, ads were placed in local newspapers, magazines, and newsletters. The ads and announcements stated that women who were sexually abused by a family member or members during their

childhood and had visited a counselor at least one time during the past three years were needed for a research project. The wording of the ads and the list of where they were placed are found in Appendix C.

The second method involved mailing requests for assistance to mental health agencies, hotlines, crisis centers, and other community counseling services. A copy of the letters to the directors of these agencies can be found in Appendix D. The letters explained the research study and the need for assistance in locating volunteers. The letters were sent to the directors of these agencies who were asked to pass the information on to their staff members. A second set of letters was sent to psychotherapists in private practice. These letters were similar to the agency letters in content, but differed in requesting that the therapists themselves inform suitable clients of the study. The therapist letter is in Appendix E.

A letter to potential subjects was included in the mailings to directors of agencies and to private psychotherapists. The letter to potential subjects can be found in Appendix F. All letters outlined the purpose of the research, the need for volunteers, and the confidentiality of the interview and its contents. The letters also stated that participation would be on a strictly volunteer basis and volunteers could remain anonymous. There would be no remuneration provided. All interested potential subjects were asked to contact the researcher for further information.

Screening of Volunteers

An initial telephone screening was conducted to eliminate subjects who did not meet the criteria for the study. An explanation of the research was given and any questions the volunteers had were answered. If they agreed to participate, appointments were made for the subjects to meet with the researcher.

Administration of Instruments

At the appointed time, a consent form stating the purpose and benefits of the research was given to the participants and explained. The consent form is in Appendix G. Subjects were informed that the interview portion of the research would be audio taped to insure accuracy of reporting. Subjects also were informed of their right to withdraw from the study at any time and to omit answering any items to which they objected. The researcher's sensitivity to their possible discomfort in talking about their experiences was acknowledged at the beginning of the interview. Confidentiality of all information was stressed. All participants were informed that the results of the study would be made available to them upon request. Opportunities for subjects to ask questions were made before and after completing the interview and the instrument.

Data were usually collected in one day. There were a few subjects who could not complete the interview in the time allotted and, therefore, returned a second day to complete the study. One subject was not able to complete the interview due to the fact

that she had never disclosed and the incest was still occurring. The interviews and instruments were administered in the following order: Structured Interview Parts One, Two, Three, Four, and the BLRI. The interviews and instruments took between one and one-half to four hours to complete.

Due to the potentially distressing nature of the histories the subjects were recalling and discussing, a referral list of local counseling services was made available to all subjects. The referral list is located in Appendix H. In addition, access to the researcher by telephone was mentioned to the subjects in case any concerns arose following their interviews.

Analysis of Data

This section describes the method of statistical analyses used for the demographic data, the incest data, the variables of interest, the research questions, and the ancillary data. Demographic characteristics of the sample were compiled by using frequency distributions and relative frequency distributions for the following categories: age, race, marital status, parental status, education, occupation, and income.

The incest data were described by frequency distributions and relative frequency distributions in two categories. The first category is the description of the incest situation and includes information about duration of incest, age at ending of incest, perpetrator, types of sexual activities, and frequency of incest. The second category of the incest data is the description of the

family situations and includes information about family position, other family members sexually abused, occurrence of abuse in addition to sexual abuse, religion, and religious strength of family during childhood.

The variables of interest were described by frequency distributions and relative frequency distributions. The variables are categorized according to client background variables, variables related to disclosure of incest during childhood, counselor variables, and other variables that may be related to disclosure of incest. Client background variables that are described include age at onset of incest, close relationship with someone during childhood, and satisfaction with counseling experiences during childhood. Variables related to disclosure of incest during childhood include whether disclosure occurred during childhood, to whom disclosure was made, and reactions of persons to whom disclosure was made.

Counselor variables that were investigated in this study include counselor characteristics and counselor reactions to incest disclosure. Counselor characteristics of empathy, congruence, level of regard, and unconditionality of regard are described by means, standard deviations, and ranges of the subscale scores of the Barrett-Lennard Relationship Inventory. Additional counselor characteristics mentioned by subjects also are described by frequency distributions and relative frequency distributions.

The counselor variable, reactions to disclosure of incest, is described by frequency distributions in two categories, reactions of counselors to disclosure of incest and feelings and behaviors of subjects once disclosure occurred. In exploring other variables that might be related to disclosure of incest during counseling, information was described by frequency distributions and relative frequency distributions about the impact of incest on adult functioning, subjects' belief that incest was the main issue to discuss in counseling, and type of counseling experienced by subjects.

Research question one asked what the relationship was between background factors of adult incest clients and their decisions to disclose their incest experiences during counseling. The relationship between background factors of adult incest victims and subsequent disclosure of incest to counselors was determined by using point-biserial correlation technique and by determining a phi coefficient. The three background factors that were correlated with disclosure of incest to counselors were age at onset of first incest (point-biserial); close relationships during childhood (phi coefficient); and satisfaction with counseling during childhood (point-biserial).

Research question two asked what the relationship was between reactions of family members and others to clients' disclosure of incest to counselors as adults. The reactions that subjects received when they disclosed their incest during childhood were correlated with their decision to disclose incest to their

counselors as adults by determining a phi coefficient by using a contingency table. The variables were positive or negative disclosure experiences during childhood and disclosure of incest to counselors as adults.

Research question three asked what counselor characteristics helped or hindered clients in disclosing their incest histories to counselors as adults. This question was described using two methods. The relationship between subjects' perceptions of their counselors' empathy, coungruence, level of regard, and unconditionality of regard, and subjects' disclosure of incest as adults was investigated by determining point-biserial correlation coefficients for these variables. The counselor characteristics that helped or hindered subjects from disclosing incest were described by frequency distributions and relative frequency distributions.

Research question four asked what the relationship was between counselor reactions to clients' disclosure of incest during counseling and clients' further discussion of incest in counseling. A point-biserial correlation technique was used to compute a point-biserial correlation coefficient for the variables positive or negative counselor reaction and amount of time spent discussing incest for the duration of counseling once disclosure occurred.

Research question five asked what other factors may have encouraged or discouraged clients from disclosing and/or discussing incest during counseling as adults. Factors that

subjects perceived as impacting on their disclosures and discussion of incest during counseling are described by frequency distributions. The relationship between the variables, subjects' belief that incest was the main issue needing to be discussed in counseling and subjects' disclosure of incest during counseling was analyzed by computing a phi coefficient for these variables.

Finally, ancillary results were described by frequency distributions and relative frequency distributions. The ancillary results include factors that subjects believed were helpful for disclosure and discussion of incest in counseling, reasons for volunteering for the study, and how subjects experienced the interview process.

Limitations of the Study

There were several limitations to this study. One threat to internal validity was due to the use of a structured interview as the major instrument for this study. The interview was less subject to control than other methods of inquiry. The interviewer's skill could have varied as she became more experienced or more fatigued.

Another threat to internal validity was that the study required the subjects to discuss their experiences in retrospect. The retrospective data from the interview and the BLRI may have been influenced by conscious or unconscious distortion and/or by memory deficiencies. However, what is important is that it was clients' perceptions of their counseling experiences, whether distorted or flawed, that could have been an important determinant

of the events that took place during the counseling process as well as the counseling outcome.

There were also some threats to external validity. The generalizability of this study is questionable due to the method of the selection of the subjects. The subjects may not be representative of all incest victims. The use of 37 subjects and the prescreening of subjects helped to overcome this limitation. This study was explorative in nature and was meant to generate ideas for future research using more rigorous experimental design.

CHAPTER FOUR
RESULTS AND DISCUSSION

The first section of Chapter Four presents the results of the data collected for this study. First, a description of the sample is presented with demographic and incest data summarized. Second, descriptive statistics of the variables of interest are presented. Third, the correlation coefficients and t-scores or Z-scores are summarized for the correlation of variables to answer each research question. Finally, ancillary results are described. The ancillary results include subjects' opinions about factors that would be helpful to incest clients during counseling as well as reasons for volunteering for the study. The second section of this chapter presents a discussion of these results.

A total of 39 women who responded to newspapers ads or were referred by their therapists and who completed a telephone screening with the researcher were interviewed. One 21 year old woman did not complete the interview because she became very distressed talking about her incest. She had never disclosed her experiences to anyone and the incest was still occurring. Another woman who completed the interview had not visited a counselor within the last three years, although she did discuss her sessions

with a counselor she visited 10 years ago. The data collected from these two subjects were disallowed, leaving a total of 37 completed interviews.

In one part of the interview, subjects were asked to discuss information about their counselors. While 27 of the subjects had visited only one counselor, 10 had visited two counselors. Thus, some items have more than one response per subject. The number of responses is indicated in each of the tables where frequency distributions and/or relative frequency distributions are summarized.

Results

Description of the Sample

The sample in this study is described by presenting the demographic data and incest data for the subjects. The demographic data are summarized in Table 1. All of the subjects in this sample were female. The majority of subjects (n=34, 92%) were White, two (5%) were Black and one (3%) was Hispanic. Their ages ranged from 18-50 years old, with 14 (38%) in the range of 22-30 and 17 (46%) in the range of 31-40.

In respect to marital status, 15 subjects (41%) were single, 10 (27%) were divorced, five (13%) were separated, and six were married. Thus, a large majority were not married (n=30, 81%) at the time of the interview. In regard to parental status, over half of sample had no children (n=21, 57%) and 16 (43%) had 1-5 children.

The educational levels of the sample ranged from high school graduate equivalency diplomas through various graduate degrees. There were no subjects who fell below the high school degree level and a high number, 15 (41%) had bachelor degrees or higher. Consistent with this result, the occupations of the subjects showed a majority (n=26, 70%) in white collar or professional occupations, with an additional 10 (22%) being students who were unemployed or part-time workers. Three (8%) were full-time houseworkers. In looking at annual income levels apart from spouses, the largest number, 11 (37%) earned $10-15,000. Eight (27%) earned between $15-30,000, two (6%) earned above $30,000, and nine (30%) earned below $10,000.

The sample also was described by presenting data collected about subjects' incest histories. The incest data are summarized in Table 2. Of the 56 separate incidences of incest reported by subjects, the duration of incest ranged from a single incident to more than nine years. Incest usually ended just prior to or during adolescence with the highest numbers ending at age 12 (n=12, 18%) and at age 16 (n=9, 16%).

The perpetrators were most frequently fathers (n=13, 24%) and uncles (n=13, 24%). Nine (16%) of the subjects were abused by stepfathers and one subject was abused by her adoptive father, making a total of 23 (42%) of the subjects victims of male parental incest. Brothers were perpetrators in six (12%) of the cases. One subject (2%) was molested by a female cousin, the only reported female perpetrator.

Table 1
Demographic Characteristics of Subjects

Characteristic	n	%	Characteristic	n	%
Age(years):			Race:		
18-21	3	8	Black	2	5
22-30	14	38	Caucasian	34	92
31-40	17	46	Hispanic	1	3
41-50	3	8			
Marital status:			Parental status:		
Single	15	41	No children	21	57
Divorced	10	27	One child	6	16
Married	6	16	2-3 children	7	19
Separated	5	13	4+ children	3	8
Widowed	1	3			
Education:			Occupation:		
GED (h.s. equiv)	5	13.5	Houseworker	3	8
Vo-tech	1	3	White collar	10	27
College:			Professional	16	43
1 year	7	19	Student	7	19
2 years	2	5	Part-time	1	3
3 years	5	13.5			
A.A. degree	2	5			
B.A. degree	6	16			
Graduate school			Income:		
1 year	2	5			
2 years	1	3	$ 0-5,000	5	17
3 years	1	3	5-10,000	4	13
4 years	1	3	10-15,000	11	37
M.A. degree	2	5	15-20,000	3	10
Ed.S. degree	1	3	20-30,000	5	17
R.N.	1	3	30,000+	2	6

Table 2
Description of the Incest Situation

Duration of incest:

Time:	n	%
Single incident	11	20
6-12 months	4	7
1-2 years	6	11
3-5 years	11	20
6-8 years	11	20
9 years or more	10	18
Unknown	1	1

Age at ending of incest (yrs):

Age:	n	%
0-4	0	0
5-9	10	19
10-12	14	25
13-15	15	27
16-19	16	29

Perpetrator:	n	%
Father	13	24
Adoptive father	1	2
Stepfather	9	16
Brother	3	6
Adoptive brother	1	2
Stepbrother	2	4
Half brother	2	4
Grandfather	4	7
Uncle	13	24
Male cousin	4	7
Female cousin	1	3
Mother's boyfriend (live-in)	1	3
Uncle-figure	1	3

Table 2 continued

Types of sexual activities during incest:

	n	%
Voyeurism	28	50
Forced, prolonged, kissing	28	50
Sexually suggestive language	27	48
Forced hugging	33	59
Breast fondling	34	61
Vaginal fondling	38	68
Manual stimulation of offenders' genitals	21	38
Oral stimulation of offenders' genitals	15	27
Oral stimulation of subjects' genitals	14	25
Vaginal intercourse	23	41
Anal intercourse	2	4
Posing for pornography	7	13
Digital penetration	21	38
Masturbation	12	21
Dry intercourse	3	5

Frequency:	n	%
Once	10	18
Occasionally	12	22
Regularly, 1/wk.	5	9
Reg. more than 1/wk.	17	31
Reg. less than 1/wk.	11	20

Subjects were read a list of sexual behaviors and asked to respond "Yes" or "No" if they experienced these during their incest. The most frequently occurring type of sexual activities included vaginal fondling (n=38, 68%), breast fondling (n=34, 61%), and forced hugging (n=33, 59%). Vaginal intercourse occurred in 23 (41%) of the cases and voyeurism (being watched or forced to watch offender) was reported in 28 (50%) of the cases.

Subjects were questioned about the frequency of the incest. Of those subjects who experienced incest regularly over a period of time, five (9%) reported that the incest took place once a week, 17 (31%) reported more than once a week, and 11 (20%) reported that the incest took place less than once a week. Thus, 60% responded that the incest occurred regularly and at various intervals.

In addition to the incest data, subjects' childhood family circumstances were investigated and are described in Table 3. In regard to subjects' positions in their families, 17 (46%) of the subjects were the oldest children in their family and four more (11%) were only children. Ten subjects (27%) were middle children and six (16%) were the youngest child in their family.

Subjects were asked if they knew of other immediate family members who were sexually abused. Eleven sisters of the subjects and four of their brothers were also sexually abused. Other family members reported being sexually abused include cousins, mothers, father's stepdaughters, son, and father.

Table 3
Description of Family Situations

Family position:

	n	%
Oldest child	17	46
Middle child	10	27
Only child	4	11
Youngest child	6	16

Other family members sexually abused:

Family member:

Sister	11	44
Brother	4	16
Cousin	3	12
Father's stepdaughters	2	8
Mother	3	12
Father	1	4
Son	1	4

Occurrence of abuse in addition to sexual abuse:
Response:

Yes	30	81
No	7	19

Religious upbringing:

Protestant	20	54
Catholic	12	32
Jewish	3	8
Atheist/None	2	6

Family was strongly religious:

Response:

Yes	15	41
No	22	59

When asked if they were physically abused in addition to the incest, 30 (81%) subjects reported being physically or emotionally abused by someone in their families, although not necessarily by the incest perpetrators. In respect to religious background, 20 (54%) of the subjects were raised in various denominations of Protestantism, 12 (32%) were raised Catholic, and three (8%) were Jewish. Twenty-two subjects (59%) indicated that they were not raised in a strongly religious atmosphere.

Description of the Variables of Interest

Client background variables

This study investigated three variables in the backgrounds of the subjects that might influence disclosure of incest. These background variables were age at onset of incest, close relationship with someone during childhood, and satisfaction with counseling experiences during childhood. Descriptions of these variables are summarized in Table 4. Means, standard deviations, and ranges of background variables are summarized in Table 5.

Variables related to disclosure of incest during childhood

Variables related to disclosure of incest during childhood that might be associated with disclosure of incest as adults were investigated in this study. Descriptions of the variables related to disclosure of incest during childhood are summarized in Table 6. These variables include whether or not disclosure of incest occurred during childhood, to whom disclosure was made, and reactions of persons to whom disclosure was made. It was determined that of the 37 subjects, 20 (54%) disclosed their

Table 4
Description of Subjects' Background Factors

Age of onset of incest: Years:	n	%
0-4	3	8
5-9	23	62
10-12	7	19
13-15	3	8
16-19	1	3
Close relationship with someone during childhood: (N=37)		
Response:		
Yes	29	78
No	8	22
Satisfaction with childhood counseling: (N=11)		
Response:		
Very satisfied	1	9
Mildly satisfied	3	27
Mildly dissatisfied	0	0
Very dissatisfied	6	55
Did not remember	1	9

Table 5
Mean, Standard Deviation, and Range of Background Factors of Subjects

Background factor	n	$\bar{X}$	SD	RANGE
Age (in years) of onset of incest	37	7.8	3.0	5-16
Satisfaction with childhood counseling*	11	3.27	2.17	1-5

Note. The item marked * had the following scoring range: 1= very satisfied; 2= mildly satisfied; 3= mildly dissatisfied; 4= very dissatisfied; 5= did not remember

incest to someone during childhood while 17 (46%) did not disclose. The person most frequently disclosed to was Mother (n=14, 59%), next was Friend below age 18 (n=4, 17%). Other people disclosed to were professionals, sisters, adult family members, and boyfriends.

Of the 14 subjects who disclosed to Mother, seven (50%) experienced positive reactions such as support, belief, and acceptance, and seven (50%) experienced negative reactions such as blame, rejection, and anger. Of the total number of subjects who disclosed during childhood, 12 (54%) experienced positive reactions from the persons to whom the disclosure was made, nine (41%) experienced negative reactions, and one (5%) did not remember the reaction.

Ten subjects remembered seeing counselors during childhood. Of those 10, nine (90%) did not talk about their incest experiences with their counselors and one (10%) did. The person who disclosed to her counselor was believed by the counselor, but did not explore the incest further during counseling.

Counselor variables

There were two counselor variables that were investigated in this study that might be related to subjects' disclosure and discussion of incest during counseling. These variables were counselor characteristics and counselor reactions to disclosure of

Table 6
Circumstances of First Disclosure of Incest During Childhood

Disclosure took place:

Response:	n	%
Yes	20	54
No	17	46

To whom disclosure was made:

Mother	14	59
Friend(below 18)	4	17
Professional	2	8
Sister	2	8
Aunt	1	4
Boyfriend	1	4

Reactions of persons to whom disclosure was made:

Reaction:		
Positive	12	54
Negative	9	41
Did not remember	1	5

incest. Counselor characteristics such as empathy, congruence, level of regard, and unconditionality of regard were determined for each counselor discussed by subjects through the administration of the Barrett-Lennard Relationship Inventory (BLRI) to all subjects. Table 7 summarizes the means, standard deviations, and ranges of the Barrett-Lennard subscales scores.

Counselor gender was another characteristic investigated by this study. There were 31 contacts with female counselors and 16 with male counselors. Of the contacts with female counselors, there were 24 disclosures of incest. There were 14 disclosures of incest to male counselors. Six subjects indicated that they would not have disclosed to male counselors.

Table 7
Barrett-Lennard Relationship Inventory Means, Standard Deviations, and Ranges (N=47)

Subscale	$\bar{X}$	SD	Range
Congruence	47.25	11.25	20-56
Empathy	43.27	12.21	10-56
Level of Regard	48.38	11.27	8-56
Unconditional Regard	43.48	8.84	27-56

The variable, counselors' reaction to disclosure of incest, was investigated in two ways. First, subjects were read a list of 17 possible counselor reactions to their disclosure. They were asked to respond yes or no if they experienced the reactions on the list. Second, subjects were asked to list additional counselor reactions they perceived once disclosure of incest occurred. Subjects reported an additional 21 reactions from their counselors. A summary of counselor reactions is tabulated in Table 8.

For the majority of subjects, positive reactions from counselors were experienced with 35 of the subjects perceiving calmness, 32 perceiving empathic reactions, and 36 perceiving concern on the part of their counselors. However, there were some responses from subjects who perceived negative reactions from their counselors. Subjects' responses included seven incidences of counselors minimizing the importance of the incest, five incidences of counselors minimizing the effects of incest, five incidences of counselors appearing uncomfortable, and five incidences of subjects being told to put the incest in the past and forget about it.

Table 8
Counselors' Reactions to Subjects' Disclosure of Incest

Responses to yes or no questions:

Counselor reactions	n
Encouraged subject to talk more	31
Empathic	32
Calm	35
Concerned about me	36
Uncomfortable	5
Horrified	2
Nervous	3
Judgmental	2
Ignored the topic of incest	5
Fury	4
Blamed	1
Minimized effects of incest	5
Minimized importance of incest	7
Put in the past and forget it	5
Seemed angry with me	3
Overly interested in explicit sexual details	2
Made sexual overtures to me	1

Responses to open-ended question:

Counselor reactions	
Supportive	3
Loving	1
Nurturing	1
Drawing me out	1
Comforting	1
Not surprised	3
Caring	2
Offered me a hug	1
Intellectual-not explosive	1
Believed her	1
Surprised she did not mention it before	1
Professional, data gathering	2
Validated anger	2
Prayed for her	1
Validated lack of parental protection	1
Rushed her	2
Seemed to get a thrill out of it	1
Got defensive	1
"Forgive and forget"	1
"Not right to hate father"	1
Couldn't handle own anger got too angry	1

In order to determine what impact counselors' reactions to subjects' disclosure of incest may have had, subjects were asked about their feelings and behaviors once disclosure occurred. With regard to their general feelings, of the 39 subjects who disclosed, 21 felt better after disclosure and another four felt worse at first and then better. Five subjects felt worse and three felt better first and then worse. Six felt about the same as they did before.

Subjects were given a list of specific feelings and were asked to indicate "yes" or "no" if they experienced each feeling after disclosure of incest to their counselors. Subjects' feelings after disclosure of incest to counselors are summarized in Table 9. Out of a total of 39 subjects who disclosed, most (35) indicated feeling believed by their counselors and most (32) felt relief about disclosing. Although the majority expressed positive feelings resulting from disclosure, there were some subjects who experienced negative feelings after disclosure. There were eight responses that subjects were afraid that the counselor would use the information to hurt them and seven responses that subjects felt betrayed by their counselors.

In order to further explore the impact of counselor reactions to subjects' disclosure of incest, subjects were asked about their behaviors after disclosing their incest experiences to their counselors. Thirty-four talked to their counselors further about the incest, 32 started talking to others about the incest and 28 trusted their counselors more than they did before they mentioned

the incest. However, there were five responses that subjects did not trust their counselors anymore, three responses that subjects did not discuss the incest again with their counselors, and three responses by subjects who stopped seeing their counselors. These behaviors are summarized in Table 10.

Other variables related to disclosure of incest

Other variables explored that might be related to disclosure of incest during counseling include impact of incest on adult functioning, subjects' belief that incest was the main issue to discuss in counseling, and type of counseling. The impact of incest on adult functioning was determined by asking subjects how they perceived the incest impacted them. Table 11 summarizes subjects' perception of the impact of their incest and compares the subjects who disclosed their incest to those who did not disclose their incest.

With regard to subjects' perception of the impact of incest on their lives, only one subject indicated that the incest had no impact at all. Thirty-six (97%) of the subjects had negative impacts from the incest. Twenty-six of the subjects responded that they had very negative impacts and seven had moderate impacts. The three subjects who chose the response, "negative impact, then positive," indicated that they became stronger once they worked through the negative impact of the incest during counseling.

Table 9
Subjects' Feelings After Disclosure of Incest to Counselors

Responses to yes or no questions:

General feeling:	n
Better	21
At first worse, then better	4
Worse	5
At first better, then worse	3
About the same as I did before	6
Specific feelings:	
Afraid	12
Believed	35
Relief	32
Comfortable	24
More guilty	11
Empathized with and supported	31
Accepted by counselor	31
Regret that I mentioned it	6
Blamed	1
Angry with counselor	7
Betrayed by counselor	7
Afraid counselor would use the information to hurt me	8

Table 10
Subjects' Behaviors After Disclosure of Incest to Counselors

Behaviors	n
Trusted my counselor more	28
Started talking to others about incest	32
Talked to counselor more about incest	34
Didn't trust counselor anymore	5
Stopped seeing my counselor	3
Didn't discuss incest with counselor again	3
No change in trust of counselor	1

The type of therapy the subjects experienced is summarized in Table 12 and grouped according to whether or not subjects disclosed. The majority of subjects were seen in individual

counseling. Twenty-three subjects who disclosed their incest to counselors and five subjects who did not disclose were counseled individually. Participation in group therapy was very different for the two groups. Of the subjects who disclosed, nine were counseled both individually and in group therapy. None of the nondisclosing subjects were in group therapy.

With regard to subjects' belief that incest was the main issue to be discussed during counseling, subjects were asked during the interview whether or not they believed that incest was the main issue to be discussed during counseling before they began counseling. Of the 47 counseling experiences discussed, subjects believed that incest was the main issue to be discussed during counseling prior to half of the experiences. Twenty-three responses to this item were "yes" and 23 responses were "no." One response was "not sure."

Table 11
Subjects' Perceptions of Impact of Incest on Their Lives

	Disclosure (N = 47)*				Total (N = 37)	
	Yes		No			
Response	n	%	n	%	n	%
No impact at all	0	0	1	100	1	3
Moderately negative impact	6	75	2	25	7	19
Very negative impact	29	85	5	15	26	70
Negative impact, then positive	3	75	1	25	3	8
Moderately positive	0	0	0	0	0	0
Very positive	0	0	0	0	0	0
Positive at first, then negative	0	0	0	0	0	0

Note. The item marked * refers to 47 separate counseling experiences. Ten subjects discussed 2 counseling experiences each.

Table 12
Type of Counseling Experienced by Subjects

Type of counseling	Disclosure of incest: Yes n	Yes %	No n	No %
Individual only	23	60	5	56
Couple only	1	3	1	11
Individual and couple	3	8	2	22
Group only	0	0	0	0
Individual and group	9	23	0	0
Couple and group	0	0	0	0
Individual, couple and group	1	3	0	0
Family only	0	0	1	11
Individual and son	1	3	0	0
TOTAL	38		9	

Research Question One

Point-biserial correlation coefficients and phi coefficients were calculated to answer the research question, what is the relationship between background factors of adult incest clients and their decisions to disclose their incest experiences during counseling? The background factors correlated with disclosure of incest to counselors were age at onset of first incident of incest, close relationship with someone during childhood, and satisfaction with counseling experiences during childhood.

None of the three background factors investigated had significant correlations with disclosure of incest as adults at the .05 level of significance. The point-biserial correlation coefficients and t-scores are presented in Table 13 and the phi coefficient and Z-score are presented in Table 14. The age of onset, close relationship with someone during childhood, and satisfaction with childhood counseling experiences do not appear to have a relationship with subjects' disclosure of incest during counseling.

Table 13
Point-Biserial Correlation of Background Factors with Disclosure of Incest to Counselors

Background factor	Correlation coefficient	t-Score	p
Age at onset of incest	.15	.937	n.s.
Satisfaction with childhood counseling	.32	1.013	n.s.

Table 14
Contingency Table for Variables Close Relationship During Childhood and Disclosure of Incest

		Disclosure of incest to counselors				
		Yes		No		
		n	%	n	%	Row total
Close relationship during childhood	Yes	30	64	8	17	38
	No	7	15	2	4	9
Column total		37		10		

r (phi) = .03
Z = .2055
p = n.s.

Note. N=47 as there were 47 individual counseling experiences that were coded.

Research Question Two

Research question two asked, what was the relationship between the reactions subjects' received from family members and others when they disclosed their incest during childhood and their disclosure of incest to counselors as adults? Only 20 disclosures during childhood were reported and 2 of the 20 did not remember

the type of reaction received. Therefore, the two who did not remember the type of reaction were not included in the calculation of the correlation coefficients for this question.

A contingency table was used to correlate two variables. The two variables were childhood reactions to disclosure (positive or negative) and disclosure of incest to counselors as adults (yes or no). The phi coefficient and Z-score were computed for these variables. The r (phi) was -.35, the Z-score was -1.603, and the p was greater than the .05 level of significance. Thus, no significant relationship was established between these variables. The contingency table is presented in Table 15. The reaction that subjects experienced when they disclosed incest during childhood was not related to their disclosure during counseling as adults.

Table 15
Contingency Table for the Variables of Reactions to Disclosure During Childhood and Disclosure to Counselor as Adults

		Reaction of person to whom disclosure was made				
		Positive		Negative		
		n	%	n	%	Row totals
Disclosure as adult to counselor	Yes	9	43	9	43	18
	No	3	14	0	0	3
Column totals		12		9		

r (phi) = -.35
Z = -1.60
p = n.s.

Research Question Three

Research question three asked what counselor characteristics helped or hindered clients in disclosing their incest histories to their counselors? This question was addressed in two ways. First, a point-biserial correlation technique was used to correlate counselor characteristics measured by the Barrett-Lennard Relationship Inventory and subjects' disclosure of incest during counseling as adults. Point-biserial correlation coefficients were computed for each of the four subscales, empathy, congruence, level of regard, and unconditionality of regard, and the variable, disclosure of incest during counseling.

Table 16 summarizes the point-biserial correlation coefficients and the t-scores for the BLRI subscales scores and disclosure to counselors as adults. None of the correlations were significant at the .05 level of significance. Therefore, no relationship could be established between clients' perceptions of counselor characteristics and disclosure of incest.

In order to compare the perceptions of counselor characteristics of subjects who disclosed incest to their counselors and those who did not disclose incest, BLRI mean subscale scores were compared for both groups. Table 17 summarizes the means and standard deviations of the BLRI according to those who disclosed to counselors and those who did not. Both groups scored in the high middle range, thus indicating that both groups had positive perceptions of their counselors. No differences could be determined between the subjects who disclosed

incest and those who did not disclose relative to their perceptions of counselor characteristics.

Table 16
Point-Biserial Correlations of Barrett-Lennard Relationship Inventory (BLRI) Subscale Scores and Disclosure of Incest

BLRI subscale	Correlation coefficient r (pb)	t-Score	p
Congruence	-.08	-.538	n.s.
Empathy	-.1394	-.948	n.s.
Level of Regard	-.14	-.948	n.s.
Unconditional Regard	.12	.8108	n.s.

Table 17
Mean Scores of Subjects Who Disclosed Incest to Counselors as Adults and Subjects Who Did Not Disclose

BLRI subscales	Disclosure	
	Yes (n=37)	No (n=10)
Congruence	46.78	49.0
Empathy	42.32	46.8
Level of regard	48.37	48.4
Unconditional regard	44.02	41.5

The relationship between counselor characteristics and disclosure of incest as adults was investigated in a second way. Subjects who disclosed their incest to their counselors were asked to state two counselor characteristics that made it easier for them to disclose. A total of 33 characteristics were mentioned. These characteristics are summarized in Table 18.

To investigate those counselor characteristics that hindered subjects from disclosing the incest to their counselors, subjects were asked to indicate two characteristics of their counselors that hindered them most in their decision not to disclose the

incest. This question only elicited eight responses, two responses that indicated pushiness of the counselor, four that indicated the sex (male) of the counselor, and two that indicated the fact that the counselor was a minister. Characteristics that hindered subjects from disclosing incest to their counselors are summarized in Table 19.

Table 18
Reported Counselor Characteristics that Impacted Disclosure of Incest to Counselors

n	%	Counselor characteristic
9	13	Accepting
8	11	Caring
5	8	Experienced working with incest clients
5	8	Nonjudgmental
4	6	Warm
4	6	Trustworthy
3	4	Competent
2	3	Empathic
2	3	Patient
2	3	Nondominating
2	3	Calm
2	3	Understanding
2	3	Real
1	1.4	Attentive
1	1.4	Sensitive
1	1.4	Interested
1	1.4	Had sense of humor
1	1.4	Kind
1	1.4	Objective
1	1.4	Supportive
1	1.4	Intellectual
1	1.4	Self assured
1	1.4	Peer
1	1.4	Older Man
1	1.4	Same culture (Hispanic)
1	1.4	Comfortably dressed
1	1.4	Positive eye contact
1	1.4	Woman
1	1.4	Feminist
1	1.4	Christian
1	1.4	Experienced
1	1.4	Self-disclosing
1	1.4	Nurturing

Table 19
Reported Counselor Characteristics that Hindered Disclosure of Incest to Counselors

n	%	Counselor characteristic
2	25	Pushiness
4	50	Male
2	25	Minister

Research Question Four

Research question four asked what the relationship was between counselor reactions to clients' disclosure of incest during counseling and clients' further discussion of incest in counseling. A point-biserial correlation coefficient was computed for two variables. The two variables were counselors' reactions to disclosure (positive or negative) and amount of time subjects spent discussing incest experiences during counseling. The response format for the amount of time spent discussing incest in counseling included the following: one = not at all; two = some of the time; three = half of the time; four = most of the time; and five = entire time.

The results from this question showed that there were 31 subjects who perceived positive reactions to their disclosure of incest and five who perceived negative reactions. Three subjects perceived both positive and negative reactions and were not included in this analysis. The mean time working on incest in counseling was 3.19, (more than half the time) with an SD = 1.31. The correlation coefficient computed for the two variables, counselors' reactions to disclosure and amount of time spent discussing incest during counseling was r (pb) = .18, with the t-score = 1.067. This was not significant at the .05 level of

significance. No relationship was established between positive and negative reactions by counselors to disclosure of incest and the amount of time subjects discussed incest for the duration of counseling.

Research Question Five

Research Question five asked what other factors encouraged or discouraged clients from disclosing and/or discussing incest during counseling as adults. This was investigated by asking subjects about specific factors that may have impacted on their disclosure and subsequent willingness to discuss their incest experiences during counseling. A summary of reported factors that were helpful to subjects in disclosure of incest can be found in Table 20. A summary of reported factors that hindered subjects in disclosure can be found in Table 21.

Some of the salient helpful factors for disclosure of incest were that subjects (n=30) thought they would feel better by disclosing, and subjects (n=16) saw or read a media article that encouraged disclosure of incest. There were 12 subjects who were asked by counselors directly about the incest and 11 subjects who were encouraged by friends to disclose to their counselors. In regard to the factors that hindered subjects from disclosing their incest, nine of the subjects were not asked by their counselors, nine of the subjects did not have incest on their mind, eight subjects did not relate their difficulties to incest, and eight subjects thought that other difficulties were more important to talk about.

Table 20
Factors Impacting on Disclosure of Incest to Counselors

n	Responses to yes or no questions:
30	Thought they would feel better
16	Saw/read media article encouraging disclosure
12	Counselor asked directly about sexual abuse
11	Encouraged by others
8	Someone else had already told counselor
	Responses to open-minded question:
5	Needed to get it out
4	Sex of counselor
4	To tell full story
2	Experienced counselor as really listening
2	To start living
2	Counselor validated feelings
2	It just came out
2	Realized everything was related to incest
1	Reassurance of confidentiality
1	Forced by counselor
1	Reaction of counselor to subject
1	Reassuring manner of counselor
1	Counselor expressed a little anger
1	To justify hospitalization and suicide attempt
1	To put things into perspective
1	Curiosity as to relationship to problems

Table 21
Reported Factors that Hindered Disclosure of Incest to Counselors

n	Responses to yes or no questions:
9	Counselor did not ask
9	Incest was not on subject's mind
8	Did not think incest was related to difficulties
8	Thought other difficulties were more important to talk about
	Responses to open-ended question:
3	Felt too ashamed
2	Felt too guilty
2	Subject wanted to talk about safer things
2	Husband was with her in office
1	Felt too embarrassed
1	Feared counselor would think she wasn't normal
1	Counselor previously broke confidentiality
1	Counselor used euphemisms in talking about sex
1	Feared losing control
1	Didn't know counselor well enough
1	Didn't trust counselor yet

The belief that incest was the main issue to discuss in counseling was a variable investigated that might have impacted on subjects' disclosure of incest in counseling. Subjects were asked whether they believed that incest was the main issue which needed to be discussed at the time they decided to seek counseling. Forty-seven counseling experiences were examined. The responses to this item were evenly split, with 23 "yes" responses and 23 "no" responses. One response was "not sure." Of the 23 responses indicating that subjects did believe incest to be the main issue to be discussed, there were 22 disclosures of incest during counseling. However, there were 16 disclosures in the group who did not believe incest to be the main issue to be discussed.

In order to determine if there was a relationship between subjects' belief that incest was the main issue needing to be discussed in counseling and subjects' disclosure of incest in counseling, a contingency table was used. A phi coefficient was determined for the variables, belief that incest was the main issue to be discussed and disclosure of incest. The r (phi) = .34, and the Z-score = 1.63. This relationship was not significant at the .05 level. The contingency table for these results is found in Table 22. No relationship was established between subjects' belief that incest was the main issue and subjects' disclosure of incest. If subjects believed that incest was the main issue to be worked through, they were more likely to disclose the incest. However, of those who did not have this belief beforehand, there were still a high number of disclosures to counselors.

Table 22
Contingency Table for Belief that Incest Was Main Issue to Discuss in Counseling and Disclosure of Incest

Belief that incest was main issue	Disclosure				Row total
	Yes		No		
	n	%	n	%	
Yes	22	96	1	4	23
No	16	70	7	30	23
Column total	38		8		

r (phi) = .34
Z = 1.63
p = n.s.

Note. N = 46 as there were 46 individual counseling experiences that were coded.

Ancillary Results

Subjects were given an opportunity at the end of the interview to express their opinions about what factors would be helpful to incest victims to disclose their sexual abuse histories to counselors. Subjects believed that incest clients need reassurances that they are believed and that they were not responsible for the incest. Incest clients are helped by encouragement and positive reinforcement by counselors for the gains they made during counseling. Subjects reported that they need to feel hopeful that they will recover. It was important for subjects' to receive validation for all their feelings. They wanted counselors to respect their pace in resolving their conflicts associated with the incest.

The counselor characteristics that were mentioned as helpful include empathy, caring, warmth, nonjudgementalness, and sincere interest. They recommended that counselors maintain their calm when confronted with an incest disclosure. Additionally, six subjects stated that they would not have disclosed to male therapists. Nine subjects believed that counselors who were experienced with incest clients would be most helpful to clients in disclosing and discussing the effects of incest.

Subjects stressed the helpfulness of asking clients directly if they had been sexually abused as children. Structured interviews by counselors with new clients were recommended. Once disclosure is made, the incest should be acknowledged and validated as playing significant roles in the lives of clients.

Six subjects believed that group therapy with other incest victims was beneficial. Hearing the feelings of other incest victims and how they survived made them feel less alone. Listening to how others resolved their difficulties helped them feel encouraged that they could resolve their difficulties. Techniques such as keeping journals, assertiveness training, writing letters to their offenders, and visualizing, dialoguing with, and nurturing their "little girls," were helpful to subjects.

Subjects were asked to state their reasons for volunteering for the study and to describe their experiences as participants in the interviews. Twenty-five of the subjects' responses were that they wanted to help other incest victims. Fourteen responses were

that subjects wanted to help themselves and 14 wanted to support the study and help the researcher. These results are summarized in Table 23.

The experience of participating in the interview was positive for all but one subject. One subject stated that the interview had no impact on her. The interview was educational for some and therapeutic for others. None expressed regret for their participation.

Table 23
Subjects' Reasons for Volunteering for this Study

Response	n	%
To help other incest victims	25	32
To vent my feelings	3	4
To talk with someone who understands my experiences	15	19
To help myself	14	18
Curiosity	4	5
To support the study and help the researcher	14	18
Counselor asked me to	1	1.3
To see researcher again	1	1.3
To talk with a woman	1	1.3

Summary of Results

Thirty-seven female incest victims were the subjects of this study. The majority of the subjects were in early and middle adulthood, were white, middle class, white collar or professionals, and were not married. The subjects had experienced all types of sexually abusive behaviors by male family members at regular intervals during their childhood. The subjects' incest usually began between the ages of 5-9 years and lasted for more than three years.

In regard to their family situations, subjects were usually the oldest children in their families. The majority of subjects were from Protestant backgrounds and were not strongly religious. A large majority of the subjects experienced physical and/or emotional abuse in addition to the incest. Many subjects knew of other immediate family members who were also sexually abused.

Variables of interest for this study were described. These variables include client background factors, factors related to disclosure of incest during childhood, counselor factors, and other factors related to disclosure of incest during counseling as adults. Exploration of client background factors showed the average age of onset of incest to be 7.8 years, more than three quarters of the subjects had close relationships during childhood, and most subjects did not visit counselors during childhood. Of those subjects who did visit counselors, most were dissatisfied with their counseling. Only one subject disclosed her incest to her childhood counselor.

With regard to factors related to disclosure of incest during childhood, the following factors were described: whether disclosure occurred during childhood; to whom subjects disclosed; and reactions of persons to whom subjects disclosed. Approximately half of the subjects disclosed their incest to someone during childhood. When subjects did disclose, they often disclosed to their mothers or young friends. About half of the reactions to their disclosure were perceived as positive and half were perceived as negative.

In investigating counselor variables, counselor characteristics and counselor reactions to incest disclosure were described. Most subjects had positive perceptions of their counselors prior to disclosure. Subjects disclosed to both female and male counselors. Most subjects perceived positive reactions from counselors once they disclosed incest. Many counselors reacted calmly, with empathy, and with concern for their clients. There were some negative reactions such as minimization and denial of the impact of the incest, and uncomfortableness on the part of the counselors.

In regard to the impact that counselors' reactions may have had on the subjects, subjects reported feeling better after disclosure. They felt relief, and usually trusted their counselors more than they did prior to disclosure. Most subjects talked to their counselors further about the incest and began talking to significant others about the incest. There were some negative impacts, with subjects fearing their counselors would use the information to hurt them or betray them. Some subjects did not trust their counselors anymore, did not discuss incest in counseling further, and/or stopped counseling.

Other factors explored that might be related to disclosure of incest to counselors included impact of incest on adult functioning, subjects' belief that incest was the main issue to discuss in counseling, and type of counseling. Every subject but one indicated moderate to very negative effects from the incest. Only half of the subjects believed that incest was the main issue

to discuss in counseling. The majority of subjects were counseled individually or in concurrent individual and group therapy.

In regard to research question one, no relationship was determined between disclosure of subjects' incest experiences to counselors as adults and three background factors: subjects' age of onset of incest, close relationship with someone during childhood, and satisfaction with counseling experiences as children. With regard to research question two, disclosure of incest experiences as adults was not determined to be related to the reactions that subjects received when they disclosed as children.

The data collected for research question three showed that no relationship was found between subjects' disclosure of incest to counselors and subjects' perceptions of their counselors' characteristics prior to disclosure. However, counselor characteristics of acceptance, caring, experience working with incest clients, warmth, and trustworthiness were mentioned as being helpful to subjects who decided to disclose their incest. Male counselors were mentioned as being a hindrance to a few nondisclosing subjects.

With respect to research question four, no relationship was found between the reactions of counselors to disclosure of incest and the amount of time spent discussing incest for the duration of counseling. In regard to research question five, no relationship was found between subjects' belief that incest was the main issue

to discuss in counseling and disclosure of incest during counseling.

Additionally, other factors that may have impacted on subjects' decisions to disclose incest were that subjects thought they would feel better if they disclosed, they were encouraged to disclose by others or by the media, and/or their counselors asked them directly. Subjects who did not disclose were not asked about incest by their counselors, were not thinking about the incest, did not relate the incest to the difficulties they were having in their lives, and/or thought other difficulties were more important to talk about.

Subjects stated their opinions about factors that would assist incest clients during counseling. They stressed reassurances and encouragement by counselors. Calmness, warmth, and nonjudgmentalness were mentioned as helpful counselor characteristics. Counselors were recommended to ask clients directly about their sexual abuse histories. Subjects volunteered for the study to help other incest victims and to help themselves. The interview process was positive for most of the subjects.

Discussion of Results

This section presents a discussion of the sample, the variables of interest, the results of the research questions, and the ancillary data in this study. The number of volunteers for this study was much higher than in other studies. This was likely due to the recent publicity and destigmatization of discussing incest openly that has taken place during the past five years.

The demographics of the sample of female adult incest victims was representative of the population of Alachua County, Florida from which the sample was drawn. The sample compared favorably with other incest samples that have been studied recently (Courtois, 1979; McBride, 1983/1984; Russell, 1982.)

One salient point in the demographic data is the high number of subjects who were not married at the time of the interview. A majority of the subjects were never married, were divorced, or were separated. This finding supports prior research that has stated that experiencing incest may be related to difficulties with establishing and maintaining close relationships (Courtois, 1979; Herman, 1981). This finding could also be explained by the fact that Alachua County has a high number of young college students who are still single.

The incest histories were consistent with other studies of incest victims (Courtois, 1979; Finkelhor, 1979; Russell, 1982). Incest lasted for more than three years for the majority of subjects and the sexual activities were similar to sexual activities in other incest samples. The incest usually ended right before or during adolescence. The sexual activities ranged from voyeurism to vaginal and anal intercourse. Incest took place regularly and more than once a week for most of the subjects. There were 11 reported single incidences of incest in this study. It was usually in cases of multiple incest victimizations that single or occasional incidences by one of the perpetrators occurred.

With regard to incest perpetrators, there was one salient difference between the findings in this study and the findings of Russell (1984). While the subjects in this study experienced male parental incest in almost half the cases, uncles were perpetrators as frequently as natural fathers, while stepfathers were perpetrators less frequently than natural fathers or uncles. Russell's findings showed that stepfathers were more than five times as likely to be incest perpetrators than natural fathers. This difference could be due to the sampling procedure and should be investigated further.

With regard to family situations, subjects were usually the oldest or only children. However, almost one-third of the subjects were middle children. It was not determined if these middle children had older siblings who were molested first, which is the usual situation in incest families (Courtois, 1979; Herman, 1981). Subjects reported that more than half of their sisters and brothers also experienced incest. This supports the general belief that incest occurs among more than one family member.

In most of the cases physical and emotional abuse occurred along with the incest. It was not always the sexually abusing parent who was the one inflicting emotional and physical abuse. The other parent or older brothers were sometimes responsible for this additional abuse. This study did not support the speculation that experiencing incest was related to the incest families' restrictive religious atmosphere. Approximately half of the

subjects were brought up in very religious homes, but the other half did not report having strong religious backgrounds.

In regard to the background factors of subjects, the average age of onset of incest differed from the age reported in earlier studies (Courtois, 1978; Finkelhor, 1979; McBride, 1983/1984). This sample had an average age of onset of incest of 7.8 years. This age is more than a year younger than the age reported in the cited studies. This could be due to the fact that incest victims are now hearing more about incest in the media and may be remembering inappropriate sexual behaviors that took place at younger ages.

In exploring the variable, close relationships during childhood, it was found that most of the subjects had close relationships during childhood. Although incest families have been described as being isolated (Sgroi, 1982), many of the subjects managed to find someone they considered close to them. The close relationships were frequently with members outside of the nuclear family unit, such as aunts, friends, or grandmothers.

Satisfaction with childhood counseling was a third background variable that was described in this study. The role of counselors tended to be minimal during the childhoods of the subjects of this study. Slightly less than one-third of the subjects visited counselors during childhood. Of those subjects who visited counselors, most were dissatisfied with the counseling they received and only one subject disclosed her incest to her counselor during childhood. The minimal role played by counselors

is consistent with the reported lack of attention given to child sexual abuse by professionals in the past (Butler, 1978; Herman, 1981). As a result of stricter reporting laws, increased publicity about incest, and the establishment of child sexual abuse treatment centers, childhood counseling for incest may play a larger role in the present and future.

In the description of variables related to disclosure of incest during childhood, it was noted that only a little more than half of the subjects disclosed incest to someone during childhood. This result is surprising considering that more than three quarters of the subjects had close relationships during childhood. It is possible that subjects' guilt, shame, and protection of the family unit may have resulted in subjects' keeping of the incest secret. It is also possible that subjects may not have related their problems to the incest. Subjects may have denied, minimized, and/or repressed their incest.

One further speculation on the lack of disclosure of incest to close childhood relationships could be a question of subjects' perceptions of what close relationships entail. It has been stated that one of the effects of incest on its victims is lowered trust of others and lack of intimacy with others (Courtois & Watts, 1982; Meiselman, 1978). Subjects may not have a frame of reference for true closeness and intimacy and thus they might tend to be reluctant to be self-disclosing.

When subjects did disclose, they often disclosed their incest to their mothers who supported, believed, and accepted their

daughters in half of the cases. The reaction of mothers to incest disclosure has been described as one of withdrawal from, rejection, and jealously of their daughters (Forward & Buck, 1978; Sgroi, 1982). Since this study shows that a high number of subjects did turn to their mothers for help to stop the incest, it seems important to investigate further mothers' roles in the disclosure of incest.

With regard to counselor characteristics, subjects generally had positive perceptions of their counselors. Subjects' scores on the BLRI were in the middle to high ranges, which indicated positive perceptions of counselors' congruence, empathy, and level and unconditionality of regard. Many of the counselor characteristics that were mentioned by subjects as being helpful to them during counseling were similar to the qualities measured by the BLRI. Qualities such as acceptance, caring, and nonjudgmentalness were most frequently mentioned by subjects when asked about helpful counselor characteristics.

One salient counselor characteristic mentioned by some subjects was counselor gender. Six subjects indicated specifically that they would not have disclosed incest or discussed incest with male counselors. Since their incest was by male perpetrators, subjects' reluctance to disclose and discuss incest with males is understandable. However, other subjects who were abused by males did disclose their incest to male counselors. There were about twice as many subjects who visited female counselors as subjects who visited male counselors. It seems

reasonable to infer that those incest clients who would not discuss incest with males would likely not choose male counselors. The issue of male vs. female incest counselors could be important, however, in settings where clients are assigned to counselors.

With regard to counselor reactions to incest disclosure, counselors generally reacted to disclosure of incest in positive ways. Compared to previous studies, this study showed that there may have been an improvement in the way counselors reacted to disclosure of incest by their clients. Most encouraged subjects to talk more about the incest and many reacted with empathy, concern, and calmness. The difference between this study and prior reports of negative reactions by counselors to disclosure of incest could be explained by the recent attention being given to incest by the media. The counselors discussed by subjects in this study were counselors visited in the past three years. Counselors may now be more aware of the high incidence of incest and/or may have been trained in the area of incest. Thus, these counselors might be more inclined to believe and support incest clients than counselors who heard incest disclosures more than three years ago.

There were a few negative reactions by counselors and these seemed to contribute to subjects feeling worse after disclosure of incest to these counselors. Those subjects who received positive reactions of support and belief felt relief after disclosure to their counselors. They talked with their counselors more about the incest and they had a higher level of trust of their counselors than before they disclosed the incest. They

began to talk about the incest with other important people in their lives. Three subjects stopped seeing their counselors after disclosure of incest to their counselors and/or did not discuss the incest again with their counselors. After disclosure of incest to their counselors, some subjects felt more guilty, possibly a result of subjects acknowledging the reality of the incest rather than denying and minimizing it. This could also be the result of their breaking a secret that they had been told to keep. It was not reported that the reactions of their counselors made them feel more guilty.

In investigating other factors that might be related to disclosure of incest during counseling, it was noted that the impact of incest was moderately to very negative for all but one of the subjects. Thus, the impact of experiencing incest was not different for subjects who disclosed their incest to counselors and those who did not disclose. It could not be inferred that differing impacts of incest could influence subjects' decisions to disclose incest to their counselors.

With regard to type of therapy subjects experienced, the majority of subjects were seen in individual counseling. Participation in group therapy was very different for subjects who disclosed their incest in counseling and those who did not disclose their incest. More subjects who disclosed incest were in individual and group therapy than subjects who did not disclose incest. None of the nondisclosing subjects were in group therapy. This result can be explained by the fact that subjects were

referred to these groups for therapy after disclosure. Therefore, no conclusion can be drawn about the effect of being in a group on disclosure of incest in counseling. However, group therapy with other incest victims was highly recommended by all subjects who participated in this mode of treatment.

With respect to the research questions, no relationship was determined between disclosure to counselors as adults and the three background factors, age at onset of incest, close relationship with someone during childhood, and satisfaction with childhood counseling experiences. Since age of first incidence of incest was not determined to be related to disclosure as adults, it is recommended that other circumstances of the incest be looked at as possible factors related to disclosure as adults. Circumstances such as duration of incest activities, who the perpetrator was, frequency of incest, and how the incest ended are suggestions for further research.

No significant relationship was determined between the existence of close relationships during childhood and disclosure of incest as adults to counselors. Most of the subjects did report having close relationships as children. A similar proportion of subjects who had close relationships disclosed their incest as subjects who had no close relationships. However, the number of subjects (9) who did not have close relationships during childhood was very low, thus, it is recommended that the relationship between disclosure of incest as adults and close

childhood relationships be investigated with a higher number of subjects.

There was no relationship established between the reactions that subjects received during childhood disclosure and disclosure to counselors as adults. This study does not support the suggestion by Courtois & Watts (1982) that if incest victims perceived positive reactions from others when they disclosed during childhood, they might be more willing to disclose to counselors as adults. It is possible that those incest victims who received support as children were able to overcome the effects of the incest earlier in life and did not seek counseling for long term effects. Since one criterion for the subjects in this study was that they had to have been in counseling during the past three years, incest victims who were supported and helped earlier in life might not have volunteered for this study.

No relationship was established between subjects' perceptions of their counselors' characteristics and disclosure of incest to their counselors. Subjects who disclosed their incest to counselors and subjects who did not disclose had positive perceptions of their counselors' empathy, congruence, and unconditionality and level of regard. However, subjects stated that counselor characteristics of acceptance, caring, nonjudgmentalness, warmth, and trustworthiness were helpful in their decisions to disclose the incest to their counselors. When subjects knew that counselors were experienced with working with

incest victims, they were more willing to disclose the incest to their counselors.

The number of subjects (8) who stated counselor characteristics that may have hindered them from disclosing was very low. Four subjects mentioned the male sex of their counselor as a hindrance to them and this was consistent with the results in the ancillary data where six subjects indicated they would not have disclosed to male counselors. However, the other hindering characteristics mentioned were "pushiness" of counselors and the fact that the counselors were ministers. The low number of responses prevents any firm conclusions being drawn about these two characteristics.

No relationship was established between counselors' reactions to disclosure of incest and the amount of time subjects spent discussing the incest further in therapy. The amount of time spent discussing the incest during therapy was difficult to determine. Subjects who thought this question applied to the specific details of the incest may have responded differently than those subjects who thought this question applied to time spent on discussing the difficulties in their lives associated with their incest. Determination of time spent discussing the incest should be evaluated by clearer questioning.

In determining other factors that may have impacted on subjects' disclosure of incest to counselors, the evidence in this study suggests that those clients who disclosed were ready to do so before they went into therapy. They expected that talking

about the incest would help them feel better and they believed that they needed to get the incest out in the open. They also were encouraged to disclose by friends and/or by media.

Subjects who did not disclose were not thinking about the incest, did not think the incest was related to their difficulties and/or thought that other difficulties were more important to talk about. This denial and minimization process may have hindered them from disclosing. Only a small percentage of the subjects did not disclose because of shame, guilt, fear, embarrassment, or lack of trust of the counselor. This does not mean that those who did disclose did not experience these feelings, but they were more likely to have decided beforehand that they might feel better by talking about the incest.

Counselors who asked directly about the incest were helpful to clients who wanted to disclose. Evidence from this study suggests that those clients who may have been denying or minimizing the importance of incest and thus not disclosing were helped by direct questioning about the incest. Subjects often did not consciously relate any of their difficulties to their incestuous experiences. They did not identify themselves as incest victims until their counselors made that identification clear. Subjects were hindered from disclosing their incest by counselors who did not ask them if they had been sexually abused by family members.

The belief that incest was the main issue to be discussed in counseling was not established statistically as having a

relationship with disclosure of incest in counseling. However, there was a trend that a greater percentage of subjects disclosed if they believed that incest was the main issue to discuss in counseling. A lower percentage of subjects disclosed if they did not have this prior belief. It could be speculated that if incest victims believed that incest was the main issue to be discussed in counseling and had positive perceptions of their counselors as well, they may have disclosed incest to their counselors more readily than if they did not have a combination of these factors.

Of the 23 subjects who did not believe that incest was the main issue to discuss in counseling, 16 disclosed their incest to counselors. For some subjects, the disclosure was impulsive and unplanned, while others were asked directly about the incest by their counselors. Once subjects realized that their difficulties were related to their incest experiences, they felt freer to disclose and discuss the incest in counseling.

When subjects were asked to give their opinions about factors that would be helpful to incest clients, they addressed their remarks primarily to counselors. Their remarks supported the findings reported by Herman (1981) about helpful counselor reactions. Subjects stressed the helpfulness of calm reactions of counselors to their disclosures of incest. Their need for calmness could be explained by the intense emotions that incest often evokes for most people as well as for the subjects. Incest victims as children worried about the family's disintegration and the emotional reaction to disclosure of incest with the family.

As adults and as clients, subjects did not want to worry about their counselors' reactions to disclosure of incest.

Subjects stressed the importance of reassurances and validation of feelings by counselors. Subjects often had their feelings and judgments invalidated by people around them. They felt discouraged, powerless, and hopeless as children as well as during adulthood. They expressed needs for encouragement and hopefulness from their counselors.

Subjects stressed the helpfulness of asking clients directly if they had been sexually abused as children. They reiterated their confidence in counselors who have experience with incest clients. They believed that it was important that counselors help clients make the connections between incest and their life difficulties.

With regard to why subjects volunteered to participate in this study, one reason stated by subjects was to help the researcher. Many subjects also stated that they wanted to help themselves by volunteering for the study. All subjects seem to have benefited by the interview process. The use of a structured interview seems to have had benefits in addition to data gathering. For those who successfully finished their therapies, the interview process provided them with an opportunity to review their successes and improvements. It was an educational process for some subjects who made new connections between their incest and certain difficulties in their lives. For those who had never disclosed or discussed their incest, it was an opportunity to disclose and begin the process of recovery.

CHAPTER FIVE
CONCLUSIONS, IMPLICATIONS, SUMMARY, AND RECOMMENDATIONS

Conclusions

The following conclusions were drawn from this study:

1. There was no relationship between disclosure of incest to counselors as adults and three background factors of incest clients: age at onset of incest, close relationship with someone during childhood, and satisfaction with counseling experiences during childhood.

2. There was no relationship between disclosure of incest to counselors as adults and the reactions that incest clients received when they disclosed their incest during childhood.

3. There was no relationship between clients' disclosure of incest to counselors as adults and clients' perceptions of their counselors' characteristics prior to their disclosure of incest.

4. There was no relationship between counselors' reactions to clients' disclosure of incest during counseling and the amount of time spent discussing incest for the duration of counseling.

5. There was no relationship found between clients' belief that incest was the main issue to be discussed in counseling and disclosure of incest during counseling.

6. Factors that assisted incest clients to disclose incest during counseling and to discuss the incest further with their

counselors included clients' belief that disclosing would help them feel better, having someone encouraging clients to disclose the incest, and counselors asking clients directly about experiencing incest during childhood.

7. Incest clients preferred disclosing to counselors who were accepting, caring, nonjudgmental, warm, trustworthy, calm, and experienced working with incest clients. Female counselors were more likely than male counselors to elicit disclosure of incest by incest clients.

8. When clients' disclosure of incest was well received by counselors, clients felt better, increased their trust in their counselors, and discussed the incest further with their counselors and with significant others.

Implications

The findings in this study clearly have implications for future research in this area. Many of the findings of this study were unanticipated. Client background factors, childhood disclosure experiences, perceptions of counselors' characteristics, and belief that incest was the main issue to discuss in counseling were not found to be related to disclosure of incest during counseling as adults. Additionally, commonly held beliefs about the lack of help that incest clients experience from counselors did not stand up to statistical analyses.

The unexpected results could be explained by the sampling procedures. The incest clients who volunteered may be the clients who had trusting and positive experiences with their counselors.

Clients who had negative experiences with counselors and who were left distrustful and angry, may not have felt trusting enough to volunteer for this study. The next step in researching the area of counseling incest victims must be to improve the design of the studies. Studies in which extraneous variables are controlled, where samples are larger, random, and representative, and where an operational concept of counseling is defined are recommended.

This study also has implications for practice. Some of the particular needs that incest victims have were delineated in the results of this study. Sensitivity to these needs can help counselors establish rapport with incest clients by addressing these needs during the early stages of counseling. Counselors who remained calm when incest was disclosed to them and counselors who were accepting, caring and nonjudgmental made disclosure easier for incest clients.

Having counselors who were experienced with counseling incest victims was helpful to incest clients. It is recommended that counselors who are not experienced in this area attend training sessions that are presently being offered in many parts of the country. Reading books and journal articles on incest that have been written since 1978 is recommended. Additionally, it is important for counselors to become aware of their own attitudes, feelings, and reactions towards incest clients in order to be more effective in helping clients resolve their conflicts successfully.

Counselors were helpful to incest clients by asking them directly about incest during their initial sessions. Clients were

very willing to answer structured questioning about early childhood sexual experiences. Incest victims were relieved when they finally made the connections between some of the difficulties in their lives and their incest experiences.

It is also recommended that practicing counselors encourage their incest clients to attend group therapy with other incest victims in addition to the individual counseling. A coordinated effort among incest client, group therapist, and individual therapist is recommended for most effective treatment.

The results of this study also have implications for training. Counselors-in-training would benefit by courses in counseling victims of sexual abuse. Future counselors will be working with identified incest clients as more publicity is focused on child sexual abuse and as more incest victims come in for treatment. The curriculum in counselor education programs should include victimization theory, dynamics of incest, desensitization to incest, helpful and nonhelpful counselor reactions to incest, characteristic presentation of incest clients for treatment, specific needs of incest clients, and how to address the issue of incest during counseling. Counselor education programs should encourage students to conduct more research in the area of treatment of sexual abuse victims.

Summary

This purpose of this study was to identify and explore factors that assist female adult incest clients in disclosing and discussing their incest experiences during counseling. Since the

psychological effects of childhood incest persist into adulthood, many adult incest victims seek counseling. However, it has been reported that these clients frequently were not getting the help they needed. Many incest clients did not disclose their incestuous histories or if they did, may have prematurely terminated therapy. Counselors were reported to appear uncomfortable if the subject of incest was brought up and may have minimized or denied the importance of the incest. Until this study was conducted, there was no in-depth analysis conducted to investigate if and how clients' resistances and counselors' characteristics and behaviors affected clients' willingness to disclose and discuss their incest experiences in counseling.

The review of related literature was organized into three sections. The conceptual framework included an overview of the incidence, dynamics, and effects of incest. The theoretical section reviewed the systems theory and the social and cultural theory as they apply to the study of incest, the portrayal of incest in literature and media, and the view of incest in the professional literature. The section on treatment issues described approaches and special considerations that must be addressed when working with incest clients.

In order to conduct this study a modified case study approach was used. Adult women who were sexually abused by a family member or members and who had visited a counselor within the last three years were recruited by newspaper ads and requests from therapists and mental health agencies. All volunteers were screened by

telephone. Thirty-seven women were interviewed by the researcher with a structured interview and were administered the Barrett-Lennard Relationship Inventory.

Demographic and incest data were described for the sample of this study. Variables of interest such as clients' background factors, factors related to childhood disclosure, counselor factors, and other factors related to disclosure of incest during counseling as adults were described. Five research questions were investigated. In addition, ancillary data that included subjects' opinions about helpful factors in counseling incest clients and subjects' reasons for volunteering for the study were described.

Results showed that there was no relationship between disclosure of incest during childhood and three client background factors: age at onset of incest, close relationships during childhood, and satisfaction with childhood counseling. Additionally, there was no relationship found between disclosure of incest to counselors and reactions to childhood disclosures, perceptions of counselor characteristics, and/or belief that incest was the main issue to discuss in counseling. Counselor reactions to disclosure of incest were not found to be related to the amount of time discussing incest during counseling. Helpful counselor characteristics and counselor reactions to disclosure of incest during counseling were described.

Recommendations for Future Research

This study raises a number of other questions for further inquiry. For researchers interested in exploring factors that

assist incest clients in counseling, it is recommended that they explore subjects' complete counseling histories. This could be accomplished by asking fewer detailed questions about all counselors visited by subjects and asking about counselors' gender, main reasons for entering counseling, if clients disclosed, and satisfaction with counseling. In order to collect more data on nonhelpful factors in counseling incest victims, each subject could be asked questions about one counselor with whom they had positive experiences and one counselor with whom they had negative experiences.

A study is recommended that could survey adult male incest clients about factors that were helpful to them in disclosing and discussing incest during counseling. Young boy victims are being reported with greater frequency to the child sexual abuse agencies. However, a corresponding number of adult males are not coming forward and identifying themselves as incest victims to their counselors.

Another recommendation for future research is to determine incest clients' preferences and expectations in counseling. A survey of incest clients' preferences for expertise, genuineness, trust, acceptance, outcome, and directiveness by counselors could be conducted. Clients' expectations about types of problems appropriate for counseling, expectations about therapeutic gain, and expectations about counselors' behaviors in therapy could be measured and compared with clients' preferences in counseling. Incest clients' expectations and preferences in counseling could be compared to nonincest client samples.

Finally, a study could be conducted to investigate if there is a relationship between counselors who routinely ask about sexual abuse and incidence of disclosure of incest by their clients. An experimental design could be implemented to determine if there are differences in numbers of identified incest clients between counselors who routinely ask about incest and those counselors who do not. Counselors in selected settings could be asked to give new clients intake forms that contain questions about sexual abuse histories. The number of clients who disclose incest after one month of counseling could be compared with numbers of clients in similar settings who disclose incest after one month, but where intake forms with questions about sexual abuse were not used.

This study was undertaken due to the dearth of empirical research in the area of treatment of adult incest clients. This study described some of the factors that may impact on adult incest clients' disclosure and discussion of incest during counseling. Many questions still remain unanswered about counseling incest clients that need to be explored. It is hoped that this research can be a foundation for future studies of the treatment of adult incest victims.

APPENDIX A

STRUCTURED INTERVIEW

PART ONE ID#_____

1.1. Date of Birth:_____

1.2. Present age (years): (check one)

_____18-21

_____21-30

_____31-40

_____41-50

_____51-60

_____61 +

1.3. Sex:

__Female

__Male

1.4. Ethnic Identification: (check one)

____ White

____ Black

____ Spanish Surname

____ Native American

____ Asian American

____ Other (please indicate)_____

1.5. Present Marital Status: (check one)

____ Single

____ Divorced

____ Married

____ Separated

____ Widowed

____ Unmarried, living with significant other

1.6. If presently married, how many years? (check one)

____ 1-4

____ 5-10

____ 10-15

____ 16-20

____ 21-30

____ 31+

1.7. Please check one of the following that applies to your marital status:

____Never married

____Married once and still together

____Married once and divorced

____Married twice and still in second marriage

____Married twice and currently separated

____Married twice and divorced twice

____Other

1.8. What is your parental status? (check one) (include natural, adopted and stepchildren)

____No children

____Pregnant with first child

____One child

____2-3 children

____ 4+ children

1.9. Where do your children live most of the time? (check one)

____In your home

____Not in your home

____Not applicable

1.10. Please indicate highest level of education reached and highest degree earned only. (check one)

____ Less than high school, ___ years

____ Attended high school, ___ years

____ High school diploma, ____ GED

____ Attended vocational/technical school____ years

____ Attended college_____ years

____ A.A. degree

____ Bachelors degree

____ Attended graduate/professional school___ years

____ M.A. degree

____ Ed.S. degree

____ Ph.D. degree

1.11. What is your current occupation? (check one)

____Houseworker

____Blue collar worker

____White collar worker

____Professional

____Student

____Unemployed

1.12. What is <u>your</u> income level? (check one)

____$0-5,000

____ 5-10,000

____$10-15,000

____$15-20,000

____$20-30,000

____$30,000+

1.13. What is your combined income level <u>with</u> your spouse or partner? (check one)

____$0-5,000

____$5-10,000

____10-15,000

____$15-20,000

____$20-30,000

____$30,000

1.14. What was your position in your family? (Check one)

____Oldest child

____Middle child preceded by males

____Middle child preceded by females

____Middle child preceded by both sexes

____Only child

____Youngest child

____Unknown

1.15. What was your religion during childhood?

____Protestant, Which denomination_____

____Catholic

____Jewish

____Other, Which_____

1.16. Would you say that your family was strongly religious?

____Yes

____No

____Don't remember

PART TWO

The following questions pertain to the incestuous sexual abuse you experienced as a child (below age 18).

2.1. At what age (years) were you when the incest began? (check one)

___ 0-3

___ 3-6

___ 6-9

___ 10-12

___ 13-15

___ 16-18

2.2. The perpetrator(s) was (were) my: (check as many as apply)

____father

____stepfather

____mother

____stepmother

____brother

____stepbrother

____sister

____stepsister

____grandfather

____grandmother

____uncle

____aunt

____male cousin

____female cousin

____other, please indicate who_____

2.3. The abuse consisted of: (check as many as you experienced)

____ Voyerism (watching or being watched while undressed)

____ Forced, prolonged kissing

____ Sexually suggestive language

____ Forced hugs or other body contact

____ Breast fondling

____ Vaginal fondling

____ Manual stimulation of offender's genitals

____ Oral stimulation of offender's genitals

____ Oral stimulation of your genitals by offender

____ Vaginal intercourse

____ Anal intercourse

____ Posing for pornographic pictures, films

____ Other, please describe:_____

_____.

2.4. Frequency: (check one)

____ Once

____ Occasionally

____ Regularly, once weekly

____ Regularly, more than once a week

____ Regularly, but at intervals greater than a week

____ Unsure

2.5. How long did the incest go on? (Check one)

____Single incident

____0-6 months

____6-12months

____1-3 years

____3-5 years

____5-8 years

____ 8 years or more

____ unknown

2.6. At what age (years) were you when the incest ended? (check one)

____0-3

____3-6

____6-9

____10-12

____13-15

____16-18

____19+

2.7. The incest ended because: (check as many as apply)

____ I threatened to tell someone

____ S(he) left my home

____ I told someone else and they stopped it

____ Someone else found out and stopped it

____ I ran away

____ I left home to go to school

____ I got married

____ I got my own place

____ I moved in with someone else

____ S(he) died

____ Other, explain_____

2.8. Are you aware of any immediate family members who were sexually abused?

___No

___Yes Who?_____

2.9. In addition to the incest, were you physically or emotionally abused?

___No

___Yes

2.10. Did you disclose your incest to anyone during childhood?

___ No

___ Yes, If yes, please answer items numbered 2.11 - 2.13

2.11. To whom did you first disclose your incest during your childhood? (Check one)

___ To an adult family member

___ To a young (below 18 years) family member

___ To a young (below 18 years) friend

___ To an adult friend

___ To a professional (teacher, counselor, minister, doctor)

2.12. What was the reaction of this person when you disclosed the incest? (check one)

___ Believed me and supported me

___ First did not believe me, then began to believe me

___ General rejection (ignored, denied, blamed)

___ Said they believed me, but then began to doubt me

___ Other, explain_____

_____

2.13. At the time, did you experience this reaction as positive or negative?

___ Positive

___ Negative

2.14. What impact has being sexually abused had on your life? (check one)

___ No impact at all

___ Moderately negative impact

___ Very negative impact

___ Negative impact, then positive

___ Moderately positive impact

___ Very positive impact

___ Positive at first, then negative

2.15. Some people who have experienced incest have described difficulties in their lives as a result of their experiences. Please check as many of the following adjectives that describe some of the difficulties you may have experienced or are still experiencing.

___poor self-image

___depression

___mistrust of women

___mistrust of men

___problems in close relationships

___inability to feel sexual

___promiscuity

___fear of sex

___drug and or alcohol abuse

___anxiety

___fear(s) of _____

___lack of assertiveness

___sexual identity

___relationships with your parents

___guilt

___shame

___hostility

___insecurity

___physical problems

___problems with eating

___sleeping problems

___feelings of helplessness

2.16. Please explain any other difficulties you have experienced or are still experiencing_____

_____

2.17. Some people who have experienced incest have described some gains as well as losses as a result of their experiences. In looking at your experience now, what gains do you believe you have derived from your experiences? Please check as many lines as apply to you.

___I am a better sexual partner

___I have a special relationship with the perpetrator

___I enjoy sex

___I have a strong positive self image

___I have good relationships with women

___I have good relationships with men

___Having survived the incest,I can handle myself in most difficult situations now

___I am a good parent

___Other, please explain_____

_____

2.18. Has there been someone with whom you had a particularly close relationship during your childhood?

____Yes

____No

2.19. If you answered yes to item 14, please indicate the identity of this person. (Check one line only)

____ Immediate family member, Who?_____

____ Distant family member, Who?_____

____ Friend (Adult), Who?_____

____ Friend (under age 18)

____ Teacher

____ Minister, Priest, Rabbi

____ Counselor

____ Doctor

____ Other, Who_____

PART THREE

3.1. Did you visit a counselor during your childhood?

_Yes

_No

3.2. At what age did you first visit a counselor?___

3.3. What type of counselor did you visit?

___ Minister, Priest, Rabbi

___ Psychiatrist

___ Psychologist

___ School Counselor

___ Other

3.4. Other family members who participated in any of the counseling sessions? (check as many as apply)

___ Mother

___ Father

___ Brother(s)

___ Sister(s)

___ Other

___ None

3.5. Did you come into counseling wanting to talk about the incest with your counselor?

___ Yes

___ No

___ Yes, but I wasn't aware of it at the time

3.6. Did you talk about the incest with your counselor?

_Yes

_No

3.7. If yes, what was the reaction of the counselor to you? (check one)

___ Believed me and supported me

___ Believed me but did not explore it further with me

___ At first, did not believe me, then began to believe me

___ Negative reaction- ignored, denied, minimized it

___ Other, explain_____

_____

3.8. If no to item 6, what stopped you from talking about the incest to your counselor? (check one)

___ I was afraid he/she would not believe me

___ I was too embarrassed

___ I didn't think it was related to my difficulties

___ I was afraid the counselor would tell my family and family problems would result

___ I was afraid the offender would get into trouble

___ I was afraid the offender would try to get back at me

___ I was discouraged by_____

___ I thought the counselor would blame me for it

___ My counselor did not ask me

___ I didn't remember the incest at that time

___ Other_____

3.9. How long did you visit your counselor? (check one)

___ Once

___ Less than six months

___ 6-12 Months

___ 1-2 years

___ 3+ years

___ Unsure

3.10. What was the reason you stopped seeing your counselor? (check one)

___ My family stopped going and pressured me to stop

___ I felt better

___ The counselor thought I was fine and ended the sessions

___ Other?_____

_____

3.11. Sex of counselor:

__Female

__Male

3.12. How satisfied were you with the counseling you received during your childhood? (Circle one)

1	2	3	4
very satisfied	mildly satisfied	mildly dissatisfied	very dissatisfied

ANSWER ITEMS 3.13 AND 3.14 IF YOU TALKED ABOUT THE INCEST WITH YOUR COUNSELOR:

3.13. At the time counseling ended, how beneficial did talking about the incest seem to you? (check one)

___ very beneficial

___ only slightly beneficial

___ no effect on me

___ detrimental

___ very harmful to me

3.14. As you look back now, how beneficial to you was talking about the incest with your counselor then?

___very beneficial

___ only slightly beneficial

___ no effect

___ detrimental

___ very harmful to me

PART FOUR

The following questions pertain to your counseling experiences since you turned 18 years old. If you have consulted more than one counselor, please fill out a separate questionnaire for the first and last counselor you have seen during the past three years.

(Check A or B below)

___A. First counselor seen within last three years

___B. Last counselor seen within last three years

4.1. Type of counselor you visited (check one)

___ Minister, Priest, Rabbi

___ School Counselor

___ Psychiatrist

___ Psychologist

___ Social Worker, Mental health counselor, marriage and family counselor

___ Other

___ Don't know

4.2. How were you referred to the counselor? (check one)

___ Self-referral

___ Friend or spouse told me to go

___ Minister, Priest, Rabbi

___ Physician

___ Teacher

___ Family member told me to go

___ Other, please identify_____

4.3. Sex of counselor

___Male

___Female

4.4. Your age at first visit to counselor (check one)

___ 18-21

___ 22-29

___ 30-39

___ 40-49

___ 50-65

___ 66+

4.5. Place a check on the line(s) that correspond to the problem(s) you were experiencing at the time you decided to seek counseling: (Check as many as apply to you)

____threat or attempted suicide

____drug or alcohol abuse

____trouble with the law

____low self-esteem

____depression

____anxiety

____physical problems (headaches, backaches, others)

____phobias

____feelings were separated from my body

____lethargy

____inability to concentrate

____sexual difficulties

____weight control

____eating disorder

____academic problems

____peer relationship difficulties

____problems with my parents

____problems with my children

____marriage problems

4.6. List any other problems you were experiencing when you sought counseling._____

_____

4.7. Were you planning on disclosing your incest history to your counselor? (check one)

___Yes

___No

___Yes, but I did not realize it at the time

4.8. At the time you decided to seek counseling, did you believe that the incest was the main issue that you needed to work through?

___Yes

___No

4.9. Did you disclose your sexual abuse history to your counselor?

___Yes

___No

4.10. If yes to item 4.9, during which session, to the best of your memory, did you disclose your sexual abuse history? (Check one)

___First session

___Second session

___During the first month

___Between the second and fourth month

___Between the fifth and seventh month

___Between the eighth month and one year

___After one year

___After two years

___Don't remember

4.11. Which of the following adjectives describes how you perceived your counselor before you disclosed your incest history? (check as many as apply)

___attractive

___caring

___judgmental

___experienced

___trustworthy

___hostile

___self-disclosing and open

___genuine

___nurturing

___unemotional

___seductive

___manipulative

___disinterested

___accepting of me

4.12. Would you describe your perception of your counselor as positive or negative?

___Positive

___Negative

4.13. How long did you continue to see this counselor? (check one)

___once more

___one month

___2-6 months

___7-12 months

___1-2 years

___more than 2 years

4.14. Were you seen: (check one)

___individually only

___couple only

___group only

___individual and couple

___individual and group

___couple and group

___individual, couple and group

4.15. Which of the following factors were helpful to you in deciding to disclose your sexual abuse to your counselor? (check as many as apply to you)

___I thought I would feel better

___Someone else had already told my counselor. Who?_____

___I saw/ read an article in the media about it that encouraged me to talk to a counselor

___I was encouraged to tell by _____

___Counselor asked me directly

4.16. What two characteristics of your counselor made it easier for you to disclose the incest to her/him?

a._____

b._____

4.17. Were there any other reasons you decided to disclose your sexual abuse history to your counselor?_____

_____

_____

4.18. If you did not disclose the incest to your counselor during the first session, which of the following factors hindered your decision to disclose your sexual abuse history to your counselor? (check as many as apply to you)

_____Fear of reprisal from the offender

_____I felt too ashamed

_____I felt too guilty

_____I didn't think it was related to my problems

_____I believed that my other difficulties were more important to talk about first

_____I was afraid that the counselor would blame me or be judgmental

_____I was discouraged by _____

_____My counselor did not ask me about it.

_____The incest was not on my mind

4.19. What two characteristics of your counselor hindered you the most in your decision to disclose your sexual abuse history to your counselor?

a._____

b._____

4.20. Were there other reasons you decided not to disclose your sexual abuse history to your counselor? Please explain

_____

_____

4.21. After initial disclosure of your sexual abuse to your counselor, what was the reaction of your counselor? (Please check as many lines below as apply.)

_____seemed uncomfortable

_____encouraged me to talk about it more

_____horrified

_____nervous

_____judgmental

_____empathic

_____ignored the subject

_____expressed fury with the offender

_____blamed me

_____minimized the effects

_____minimized the importance of its occurrence

_____told me to put it in the past and forget about it

_____seemed angry with me

_____seemed overly interested in explicit sexual details of

the incest

_____made sexual overtures to me

_____seemed calm

_____seemed concerned about me

_____other reactions, please list_____

_____

4.22. At the time of disclosure, did you perceive the reaction of your counselor as positive or negative?

_____Positive

_____Negative

4.23. After I disclosed my sexual abuse to my counselor, I felt: (check one)

_____better

_____worse

_____at first better, then worse

_____at first worse, then better

_____about the same as I did before

4.24. Which of the following words describe how you felt after you disclosed your incest to your counselor: (check as many as apply)

_____afraid

_____believed

_____relief

_____comfortable

_____more guilty

_____regret that I mentioned it

_____blamed

_____angry with counselor

_____empathized with and supported

_____betrayed by counselor

_____accepted by counselor

_____afraid that she/he would use the information to hurt me

4.25. After disclosure of the incest to my counselor, I:
(check as many as apply to you)

_____didn't trust my counselor any more

_____trusted my counselor more

_____started talking to other people about the incest

_____stopped seeing my counselor

_____talked to my counselor more about the abuse

_____didn't discuss the abuse with my counselor anymore

4.26. How much longer did you continue in counseling after disclosing your sexual abuse to your counselor? (check one)

_____stopped going for counseling

_____one month

_____2-6 months

_____7-12 months

_____1-2 years

_____3 years

4.27. At the time you ended counseling, were you satisfied with the counseling?

_____Yes

_____No

4.28. What were your reasons for terminating your therapy?

_____

_____

4.29. The amount of time spent dealing with sexual abuse for duration of counseling sessions was: (circle one number)

1	2	3	4	5
not at all	some of time	half the time	most of time	entire time

4.30. How many other counselors have you seen since then? (check one)

___ one
___ two
___ three
___ four
___ five or more

4.31. How many counselors have you visited since age 18? (check one)

___ one
___ two
___ three
___ four
___ five or more

4.32. What factors, in your opinion, would be helpful to an incest victim to disclose his/her sexual abuse history to a counselor?

4.33. What were the reasons you volunteered to participate in this study?

___ To help other victims

___ To talk with someone who understands my experience

___ To vent my feelings

___ To get revenge on the offender

___ Other_____

4.34. What was the experience of taking this interview like for you?

____positive

____negative

____no impact

4.35. Comments?

APPENDIX B

BLRI CONTENT VALIDATION CERTIFICATION

I certify that I have analyzed the two versions of the Barrett-Lennard Relationship Inventory and have evaluated the items as they relate to one another. It is my opinion that that the items in the shorter form reasonably sample the constructs represented by the items in the longer form.

Jacquelyn L. Resnick, Ph.D.

Dr. Jacquelyn L. Resnick
Associate Professor of Counselor Education
University of Florida

I certify that I have analyzed the two versions of the Barrett-Lennard Relationship Inventory and have evaluated the items as they relate to one another. It is my opinion that the items in the shorter form reasonably sample the constructs represented by the items in the longer form.

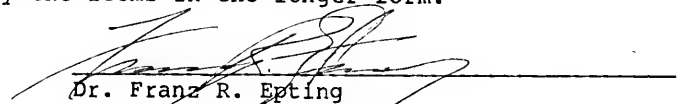
Dr. Janet Larsen
Professor of Counselor Education
University of Florida

I certify that I have analyzed the two versions of the Barrett-Lennard Relationship Inventory and have evaluated the items as they relate to one another. It is my opinion that the items in the shorter form reasonably sample the constructs represented by the items in the longer form.

Judith M. McBride

Dr. Judith McBride
Licensed Mental Health Counselor,
Child Sexual Abuse Treatment Program,
Mental Health Services, Alachua County

I certify that I have analyzed the two versions of the Barrett-Lennard Relationship Inventory and have evaluated the items as they relate to one another. It is my opinion that the items in the shorter form reasonably sample the constructs represented by the items in the longer form.



Dr. Franz R. Epting
Professor of Psychology
University of Florida

APPENDIX C

NEWSPAPER ADVERTISEMENT AND LOCAL NEWSPAPERS

Newspaper Advertisement in Personal Column

WOMAN RESEARCHER: Seeks women and men 18 or over, who had any unwanted sexual contact with family member or parent-figure, as child or adolescent. Must have visited counselor or therapist at least once during past 3 years, not necessarily for incest. Age at time of counseling, 18 plus. STRICTLY CONFIDENTIAL, remain anonymous if you wish.
Call Gilda Josephson,371-4857 or write her at:
Box 12518 Gainesville, Fl. 32604.
No obligation to participate.

To be placed in the following newspapers:

Collegiate Dispatch

Gainesville Sun

Gainesville Weekly

High Springs Herald

Newberry Neighbors

Town and Country Shopping Guide

University of Florida Alligator

Women to Women Newspaper

APPENDIX D
LETTER TO DIRECTORS OF MENTAL HEALTH AGENCIES, CRISIS CENTERS, AND HOTLINES

635 NE 1st Street
Gainesville, FL 32601
January 30, 1985

Dear Colleague:

My name is Gilda Josephson and I am a doctoral candidate in the Counselor Education Department at the University of Florida. I am writing to request your help and the help of your staff in locating subjects for my doctoral research project. The purpose of my study is to learn about the factors in the counseling process with adult incest victims that were helpful to them in deciding to disclose the incest to and work through the incest with their counselors.

As you can well imagine, my subject pool is a difficult one to identify and contact because of the shame and taboo that surrounds incest. I am asking you to assist me by announcing my project to your staff and by distributing the enclosed letter and attachments to your staff members. All that is required of your staff members is that they act as liasons between me and any incest victims they know. They can do this by giving a letter to incest victims and requesting that they participate in this study. The letter will explain the study, its purpose and its benefits.

The criteria for participation in my study are that subjects, male or female, must be 18 years or over, must have experienced a sexual contact of any type during childhood with any closely or distantly related family member(parent-figures can be included), and must have had a visit with a counselor when they were over age 18 and within the past three years. Subjects will participate in a structured interview that is scheduled to last between an hour and a half and two hours. They will also take one standardized instrument, the Barrett-Lennard Relationship Inventory, which will take about 20 minutes.

The volunteers may choose to remain completely anonymous to me. Whether they choose to remain anonymous or not, their names will never be connected with the study or the results in any way. I realize that to choose to participate is a very difficult decision by women and men who have experienced incest and especially those who have surrounded the incest with silence. Every effort will be made to be sensitive to the subjects' feelings.

The subjects may find that, rather than be a negative experience, the interview experience may be positive since it will allow them to talk about their incest and counseling experiences and because the questions show an understanding of what they have

experienced. This positive experience was reported by other researchers using this method of inquiry with adult incest victims. All the questions on the structured interview are based on an extensive review of the incest literature as well as on my own personal experiences in counseling many adults who were sexually abused as children.

The interviews and instruments will be administered by myself. I have a Master's Degree in Rehabilitation Counseling and have been counseling for the past 5 years. I worked at the Sexual Assault Recovery Service on the University of Florida Campus for two years and am presently in private practice in Gainesville. I have counseled incest and rape victims and their families both individually and in long-term therapy groups. I have also been involved in consultations, presentations, and program development in the area of sexual abuse and sexual assault.

Your assistance is crucial. If I can answer any questions or if you need any more letters, please contact me by phone at: 371-4857 (work) or 374-4569 (home) or by letter at: 635 NE 1st Street, Gainesville, FL 32601. I will be happy to provide you or your staff members with a copy of the results of this study if you would like to receive one. You may request results by calling me or writing to the above address.

Thank you very much for your assistance.

Sincerely,

Gilda S. Josephson

APPENDIX E

LETTER TO PRIVATE THERAPISTS

635 NE 1st Street
Gainesville, FL 32601
January 30, 1985

Dear Colleague:

My name is Gilda Josephson and I am a doctoral candidate in the Counselor Education Department at the University of Florida. I am writing to request your help in locating subjects for my doctoral research project. The purpose of my study is to learn about the factors in the counseling process with adult incest victims that were helpful to them in deciding to disclose the incest to and work through the incest with their therapists.

As you can well imagine, my subject pool is a difficult one to identify and contact because of the shame and taboo that surrounds incest. I am asking you to assist me by giving the enclosed letter to any incest victims you know and requesting that they consider participating in this study. The letter will explain the study, its purpose and its benefits.

The criteria for participation in my study are that subjects, male or female, must be 18 years or over, must have experienced a sexual contact of any type during childhood with any closely or distantly related family member (parent-figures can be included), and must have had a visit with a counselor when they were over age 18 and within the past three years. They do not have to be in therapy at the present time. Subjects will participate in a structured interview that is scheduled to last between an hour and a half and two hours. They will also take one standardized instrument, the Barrett-Lennard Relationship Inventory which will take about 20 minutes.

The volunteers may choose to remain completely anonymous to me. Whether they choose to remain anonymous or not, their names will never be connected with the study or the results in any may. I realize that to choose to participate is a very difficult decision by women and men who have experienced incest and especially those who have surrounded the incest with silence. Every effort will be made to be sensitive to the subjects' feelings.

The subjects may find that rather than be a negative experience, the interview experience may be positive since it will allow them to talk about their incest and counseling experiences and because the questions show an understanding of what they have experienced. This positive experience was reported by other researchers using this method of inquiry with adult incest victims. All the questions on the structured interview are based

on an extensive review of the incest literature as well as on my own personal experiences in counseling many adults who were sexually abused as children.

The interviews and instruments will be administered by myself. I have a Master's Degree in Rehabilitation Counseling and have been counseling for the past 5 years. I worked at the Sexual Assault Recovery Service on the University of Florida campus for two years and am presently in private practice in Gainesville. I have counseled incest and rape victims and their families both individually and in long-term therapy groups. I have also been involved in consultations, presentations, and program development in the area of sexual abuse and sexual assault.

Your assistance is crucial. If I can answer any questions or if you need any more letters, please contact me by phone at: 371-4857 (work) or 374-4569 (home) or by letter at: 635 NE 1st Street, Gainesville, FL 32601. I will be happy to provide you with a copy of the results of this study if you would like to receive one. You may request results by calling me or writing to the above address.

Thank you very much for your assistance.

Sincerely,

Gilda S. Josephson

APPENDIX F

LETTER TO POTENTIAL SUBJECTS

635 NE 1st Street
Gainesville, FL 32601
January 30, 1985

Dear Incest Survivor,

This letter has been passed on to you by one of the many professionals I have contacted for assistance, either individually or through an agency. I am asking for your assistance. I am undertaking a study of adult women and men (18 years or over) who have had incest experience as children or as adolescents and who have visited with a counselor at least once as adults. The visit with the counselor need not have been for the purpose of discussing the incest nor does the counseling have to be taking place at the present time. I need volunteers who will discuss their incest and their counseling experiences with me.

I understand how difficult or frightening this request may be for you. I realize that incest is a topic that is not talked about openly very often. One of the main outcomes of this study is to break down the taboo in our society that had been associated with talking about incest. Hopefully, as more is learned about how incest occurs, what happens to persons who experienced it, and what is helpful for incest victims in counseling sessions, we will be able to prevent its occurrence and/or offer incest victims more adequate assistance.

It is important that we learn firsthand about the incest experience and the helpful factors in the counseling process with individuals who experienced incest. Although you may feel apprehensive about being interviewed, it is my hope that you will feel good afterwards and that you will find the interview personally helpful.

If you decide to participate you will first be asked to contact me so that I can explain to you in more detail what this project is about and so that I can answer any questions or concerns you may have. Then if you decide to volunteer, we will arrange an interview time and location. I will be conducting all the interviews personally. I am a therapist in private practice in Gainesville and have been doing counseling for the past 5 years. During the last 3 years, I have been specializing in counseling incest and rape "survivors" and their families, both individually and in groups. This study will complete my requirements for my Ph.D. in Counselor Education.

The interview will last approximately one and one-half to two hours. I have designed the interview questions based on a literature review of incest and from my own personal experience in counseling adults who experienced incest. It includes questions

about the circumstances before and after incest and on counseling experiences experienced as adults within the last 3 years. Questions about counseling will be geared toward understanding the factors in the counseling process that were helpful or not helpful in your decision to disclose and explore the incest with your counselor.

All information revealed by you in the interview will be kept anonymous. Your name will never be connected with the study and its results in any way. If you would feel more comfortable doing so, you may use only your first name or a pseudonym. You will receive a copy of the findings, if you wish one, when the study is completed.

Your help is very important. If you would like more information or would like to volunteer, please call me at 371-4857 or 374-4569 or send the enclosed letter back to me and I will call you. I will explain the study in more detail and will be happy to answer any questions you have.

Thank you for considering to participate in this study.

Sincerely,

Gilda S. Josephson

I WOULD LIKE TO TALK TO YOU ABOUT YOUR STUDY

You may call me to discuss your study. It is my understanding that my identity will be kept confidential and, if I am not available when you try to call me, you will not discuss my participation with anyone else.

You may reach me at the following:

Name(or pseudonym)_____

Phone_____ _____

home work

I UNDERSTAND THAT THIS NOTE DOES NOT OBLIGATE ME TO PARTICIPATE IN THE STUDY.

Please return this form to:

Gilda Josephson

635 NE 1st Street

Gainesville, FL 32601

APPENDIX G

INFORMED CONSENT

INFORMED CONSENT

The purpose of this study is to learn more about the factors that assist adults who have experienced incest during childhood to disclose their experiences to counselors and to explore their experiences with their counselors once they have disclosed.

As a participant in this study, you will be asked to participate in a taped interview of approximately one and one half to two hours. You will also be asked to complete a written instrument, the Barrett-Lennard Relationship Inventory. To protect your privacy, no data will be published in the results of this study that would identify you personally. Tapes of the interviews will be erased upon completion of the study.

Since incest is a sensitive topic to many people, you have the right not to answer any question(s) or to discontinue your participation in the study at any time, without penalty, and the data will not be used. Your participation in this study is voluntary and you will not be reimbursed. Upon request, you may receive information on your scores of the inventory upon completion of the study.

If you have any questions about the above procedures, please feel free to ask the investigator, Gilda Josephson.

"I have read and I understand the procedure described above. I agree to participate in the procedure and I have received a copy of this description."

_____ _____

Subject Date

_____ _____

Witness Date

Gilda S. Josephson, Counselor Education Department, University of Florida, Gainesville, Florida

Principal Investigator

APPENDIX H

LOCAL COUNSELING REFERRAL SOURCES

LOCAL COUNSELING REFERRAL SOURCES

1. Rape and Crime Victim Advocate Program...377-7273
   377-6888
2. Suicide and Crisis Intervention Service..376-4444
3. Sexual Assault Recovery Service.....392-1171
   UF campus-students only
4. Psychological Counseling Center.....392-1575
   UF campus-students only
5. Mental Health Services Inc.
   Emergency Service.....374-5600
   Parents-United (Self-help groups for
   adults molested as children).....374-5640
6. Shands Adult Outpatient Clinic.....392-2662
7. Sexual and Physical Abuse Resource
   Center (SPARC).....377-TALK

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BIOGRAPHICAL SKETCH

Gilda S. Josephson was born in Brooklyn, New York, on March 28, 1946, to Pearl and Herbert Port. The youngest of two children, she was raised in Brooklyn and attended private schools there. During high school, she was active in sports, various student organizations, and summer camping. She graduated from Yeshiva of Flatbush High School in 1963.

In 1967, Gilda received her bachelor's degree in chemistry and education from Brooklyn College where she was a member of the Dean's List. She attended graduate school in education at Brooklyn College and the University of Rochester and received her certification for teaching science at the secondary school level in 1968. She taught science and math for grades 7-9 for four years.

Gilda married and began raising two children until she went back to graduate school in 1978. She received her master's degree in rehabilitation counseling from the University of South Florida in Tampa, Florida. In 1980 Gilda moved to Gainesville, Florida, to continued her graduate work at the University of Florida in the counselor education department.

Gilda completed an internship at the Student Mental Health Center and at the Sexual Assault Recovery Services at the

University of Florida. In 1982, she was employed at the Sexual Assault Recovery Services as coordinator of Campus Organized Against Rape, a student task force that focused on acquaintance rape prevention. She also provided individual and group therapy to college women victims of incest and rape.

Gilda has been actively involved in the effort against violence toward women and has coordinated two community-wide family violence awareness and prevention seminars. She is a member of the Sexual Battery Committee of the Gainesville Commission of the Status of Women, a Parent-Aide Program board member, a group facilitator for Parents-United, Inc., and a consultant to the Sexual and Physical Abuse Resource Center, a shelter for battered women and children. Gilda is presently in private practice in Gainesville, Florida, and does consultation and training in addition to counseling.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Margaret L. Fong
Assistant Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Phyllis Meek
Associate Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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Professor of Psychology