

A STUDY OF THE EFFECTIVENESS OF GROUP
COUNSELLING AS A TREATMENT MODALITY
FOR ADOLESCENT FEMALE INCEST VICTIMS

CENTRE FOR NEWFOUNDLAND STUDIES

**TOTAL OF 10 PAGES ONLY
MAY BE XEROXED**

(Without Author's Permission)

MARILYN HOWELL MCCORMACK



ABSTRACT

This qualitative-descriptive study reports data on the effectiveness of a time-limited, goal-oriented group counselling approach for a specialized group of adolescent victims of incest. The sample of seven girls ($n = 7$) had all been confirmed victims of father-daughter incest. The girls were all involved in eight group counselling sessions between October 6, 1981 and October 29, 1981 at the Department of Social Services, St. John's, Newfoundland. The group counselling sessions were planned and conducted by the author and a co-leader, both graduate students at the School of Social Work, Memorial University of Newfoundland. Data was collected by a questionnaire which was administered before and after the group sessions. The questionnaire was broken down into two parts: Part I dealt with factual data of a general nature such as age, education, employment background, family background, duration of incest, and frequency of incest. Part II was made up of six self-report standardized and two non-standardized measures. Measures of the criterion variables were determined by the girls' pre and post self-ratings of the Index of Self-Esteem (ISE), the Index of Family Relations (IFR), the Index of Peer Relations (IPR), the Child's Attitude Toward Mother (CAM), the Child's Attitude Toward Father (CAF), and the Rathus Assertiveness Scale (RAS). The two

non-standardized scales, the Index of Responsibility and the Index of Guilt were comprised of self-report open-ended questions.

Analysis indicated that all seven girls were of adolescent age and most had been involved in incestuous relationships with their fathers for several months or years. All of the families were dysfunctional and socially disruptive activities such as alcoholism, violence and promiscuity were frequent occurrences. Following incest disclosure, four of the parental couples remained living together.

Analysis of the major indices or scales used in addition to clinical observation and judgement indicated that the characteristics of the girls in this study resembled the characteristics of girls from incestuous families and their members as depicted in the literature. The objective measures revealed significant positive change in some of the domains for most of the participants in the group counselling. In this regard, all group members appear to have been helped by the group counselling sessions.

ACKNOWLEDGEMENTS

I wish to express my deepest appreciation to my thesis supervisor, Dr. Victor Thompson, for his interest, continuous guidance and support in supervising me during this endeavour.

I also wish to extend my gratitude to the Department of Social Services, St. John's, Newfoundland, who willingly helped to recruit the subjects for this study. I would like to especially thank both my clinical colleague and co-leader of the group, Roxanne Nugent, who provided support, motivation, and direction throughout the study. I would like to thank the seven girls who so cooperatively and willingly participated in my study.

I owe much to my family; to my husband, John, and to my daughter, Lisa, for their patience and encouragement throughout the completion of this work. Finally, to my father, Henry Howell, whose encouragement, support and expectations motivated and guided me through my education, I am eternally grateful.

I would like to extend special thanks to Mary Lawlor for her patience and care in typing this thesis.

TABLE OF CONTENTS

CHAPTER		Page
I	INTRODUCTION	1
II	REVIEW OF LITERATURE	7
	Introduction	7
	Dynamics of Incestuous Families	7
	Effects of Incestuous Behavior on the Child	15
	Current Treatment Approaches	18
III	STATEMENT OF PURPOSE	23
	Rationale	24
	Concepts	25
IV	METHOD	28
	Setting and Population	28
	Sample	29
	Procedure	30
	Questionnaire and Administration of the Test	32
V	RESULTS AND DISCUSSION	37
	Demographic Data	37
	Background Data about the Incest	38

CHAPTER		Page
	Clinical Assessments of Group Members	41
	Measurement Indices and Scales	53
	Non-Standardized Scales	62
	Group Counselling Experience	63
VI	CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS	68
	Conclusions	68
	Limitations	72
	Recommendations	74
	BIBLIOGRAPHY	75
APPENDIX		
A	Group Therapy for Victimized Daughters of Paternal Incest	82
B	Data Sheet	85

LIST OF TABLES

TABLE		Page
1	Background Data Related to Incest for the Study Sample (n = 7)	39
2	Information Related to the Impact of Incest Disclosure	42
3	The Index of Self-Esteem (ISE) Pre and Post Test Scores for the Study Sample (n = 7)	54
4	The Index of Family Relations (IFR) Pre and Post Test Scores for the Study Sample (n = 7)	55
5	Child's Attitude Toward Father (CAF) Pre and Post Test Scores for the Study Sample (n = 7)	57
6	Index of Peer Relations (IPR) Pre and Post Test Scores for the Study Sample (n = 7)	58
7	Child's Attitude Toward Mother (CAM) Pre and Post Test Scores for the Study Sample (n = 7)	59
8	Summary of the Significance and/or Direction of Change for Subjects on the Hudson Indices	60
9	The Rathus Assertiveness Schedule (RAS) Pre and Post Test Scores for the Study Sample (n = 7)	62

CHAPTER I

INTRODUCTION

The incest taboo is widely believed to be universal. In most cultures, there are usually severe penalties for sexual relationships within the nuclear, extended, or foster family with the obvious exception of relations between legally bound husbands and wives. Historically, there have been some early exceptions to this taboo. For instance, in ancient Greece and Rome, royalty often married close relatives in an effort to maintain the purity of their blood lines and retain familial wealth and power. The topic of incest in this era was referred to in several classical plays and poems. For example, the Greek tragedies of Oedipus and Electra have incestuous unions as their central themes.

Incest is defined by most authors as sexual fondling, or vaginal, anal, or oral-genital intercourse amongst the following relatives along either family of origin or marriage lines: parent, child, grandparents, sibling, as well as aunt or uncle. For the purpose of this study, incest will include fondling, fellatio, vaginal, anal, or oral-genital intercourse between an adult and a child who are related by blood or marriage or who are pseudo-related as in a foster family.

Despite our moral and ethical prohibition on incest, sexual encounters between various family members do occur. The sexual assault of children is an increasingly visible social problem about which professionals are becoming more aware. Justice and Justice (1979) found that the number of actual cases reported to child welfare authorities in the State of Texas in 1974 was 214. This figure rose to 1,153 in 1977--an increase of over 500%. These same authors noted that the Santa Clara County Program for the treatment of child sexual abuse in California received 36 referrals in its pioneer year of 1971 and over 600 referrals in 1977--an increase of approximately 1,500%. Both of these alarming findings, when further analyzed, revealed that the majority of the reported sexual abuses were committed by a family member. The increased reporting of incestuous incidents coincides with the introduction of revised legislation regarding children's rights, as well as the escalating emphasis on the individual's moral and legal responsibility to report suspected child abuse.

In addition to legislative changes, a number of reasons may account for the current dramatic increase in documented incest cases. For example, community exposure to the existence of new and specialized sexual abuse treatment programs generally increases the number of referrals. Further, as various professionals become more

familiar with the dynamics of incest, they also become more adept at identifying families who engage in this behavior.

There is an increasing interest by various professionals in assessing the consequences of incestuous behavior on various family members. There are some contradictory research findings regarding the degree of personal distress caused by sexual abuse in incest victims who were children. Sloane and Karpinski (1942) first reported serious repercussions of "acting out" behavior, mostly of an unstable and promiscuous nature in adolescent girls. For example, many of the girls in the sample had run away from home, committed petty thefts, and engaged in illicit sexual acts. Kempe (1978) reported that many victims of incestuous relationships had low self-esteem, feelings of worthlessness, and much public shame and failure. Ferenczi (1949) reported that incest makes children feel physically and morally helpless due to the overpowering force and authority of the adult which makes them dumb and robs them of their senses. He noted the most important change to be the introjection of the guilt feelings of the adult. Similarly, Gross (1981) reported that the adverse effects on the development of the daughters included the etiology of somatic symptoms and signs.

Conversely, other studies have attempted to show that incest initiated in pre-adolescent girls does not have such long-lasting or negative consequences. Bender and Gruett (1952), Barry and Johnson (1958), and Yurokoglou and Kempe (1966) all noted minimal anxiety in father-daughter incest cases where the daughter was young and the mother was a collusive partner in the act.

Much of the research on incestuous behavior is dependent upon skewed, non-representative samples which were obtained under the auspices of a legal, social, or clinical agency that frequently encounters cases of incest in the population it serves. Yet, there has been some similarities regarding the dynamics of incestuous families, personality traits of family members, and the effects of this behavior on family members, in the findings of these researchers and an increasing interest in providing services to incestuous families has occurred.

Weitzel (1978) reported that there are no cited systematic efforts to evaluate the effectiveness of different therapeutic interventions with victims of incest. He indicated that treatment methods have ranged from intensive psychoanalytic therapy to radical environmental changes, i.e., the permanent removal of the child from the home. Groth (1978) suggests that group therapy is an effective means of treating the problems of sexual assault and incest. He describes the Santa Clara County Child

Sexual Abuse Treatment Program in California as the empirical basis for supporting a group therapy approach. This program involves the cooperation of professionals of various governmental departments in providing a range of individual, dyadic, and group therapy sessions to incestuous family members who are legally required to participate in this program.

In Newfoundland there has been an increase in the number of incest referrals made to the Department of Social Services from professionals and other social agencies. This increase has made the need to provide services to incest families evident. Due to the lack of existing treatment programs and the literary evidence suggesting that group service was appropriate, a program which was goal-oriented and time-limited was devised. A group of daughters from incestuous families were brought together to participate in the eight session group counselling process. The formulation and outcome of this group counselling process is the focus of this thesis.

Summary. The amount of literature on incest has increased during the past few years but it is surprisingly inconclusive regarding the impact of this behavior on victims. The more accurate reporting of incest, in addition to the possibility that the actual occurrence of the incest has increased, suggests that this is now a

social problem which requires some type of intervention and attention. However, since it is not clear whether incest is harmful to the victims it has been difficult to develop treatment approaches that would be generally effective. One program which appears to be helpful to incestuous families employs a group approach whereby various members of incestuous families meet with peers to discuss experiences, to attempt to self-evaluate, and to understand one's own family and situation. In this province, there are no formalized treatment programs; therefore, due to the noted increase of incest, a group approach for victims of incest was used. This research deals with the outcome of this time-limited, goal-oriented counselling approach.

The next chapter of this thesis comprises a comprehensive review of the literature on incest.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The amount of literature on the subject of incest has increased recently. In the past, there was an abundance of incest material written which reflected folklore, superstition, and simple ignorance. The current trend is an attempt to understand this behavior by compiling scientific research and sharing data with professionals who are being confronted with this problem. In attempting to understand incestuous behavior the following literature review will focus on materials written covering three aspects of incestuous behavior. The first will examine the dynamics of incestuous families, the second will look at the effects of incestuous behavior on the victim, and the final section will review the current treatment approaches.

Dynamics of Incestuous Families

An examination of the literature related to the dynamics of incestuous families reveals that there are two major types of families in which incest occurs. These are the classic incest families and the multiproblem incest families (Nakashima & Zakus, 1977). Some families in which incest is committed fall into neither of these

categories but may have characteristics common to both. In addition, since every family is different it is sometimes difficult to readily categorize a family in which incest is likely to occur.

Nakashima and Zakus (1977) describe the classic incest families as those whose behavior is primarily confined within the family and within the home. On a superficial level these families appear to be quite stable and individual family members function fairly well. Communication patterns in these families are well concealed from outsiders and there is little or no acting out in the community. The classic incest families are not usually known to social agencies. The dysfunctional roles, such as the role reversal of mother and daughter, of family members are not readily noticed.

The second type of incestuous family is described by Nakashima and Zakus (1977) as the multiproblem incest family. In these families incest is only one small aspect of the total family disorganization. These families have multiple problems, such as alcoholism, marital discord, delinquency, poverty, which are generally known by outsiders. With the multiproblem incest family there is much acting out in the community with many different social agencies being involved with various family members. Due to the number of problems being presented the incest is often not discovered. The result, however, is that most

of the referrals for treatment tend to be from the most obvious type of family, the multiproblem.

The characteristics of the father-mother-daughter triad have been described by various authors in the literature. The following is a review of the various studies and their conclusions regarding each of the personalities in the incestuous family.

The fathers in six incestuous families studied by Lustig (1966) came from emotionally deprived backgrounds and had desertion anxiety. The six families were non-voluntary referrals from a court. Data was obtained in the course of psychotherapy. Strong ambivalence toward their own harsh, authoritarian fathers was found to be typical of fathers in five families referred to (Weiner, 1962; 1964). Weiner's small number of families was examined by psychotherapeutic interviews and objective tests. Fathers of a large group of 203 families studied by structured interviews by Weinberg (1955) were dominant figures who adversely influenced family members in an effort to control all family members but particularly the daughters. Another characteristic noted in the course of psychotherapeutic interviews was that the incestuous fathers lost contact or left their parents at an early age thereby missing the significance of the parent and child relationship (Reimer, 1940). An incestuous role model was found to be important by Raphling et al. (1967)

in the course of doing psychiatric evaluations. By administering the Stanford Binet Intelligence test to four fathers of incestuous relationships, Bender and Blau (1937) concluded that subnormal intelligence was a common characteristic of these males. Contrary to this finding, however, Cavallin (1966) reported that the 12 fathers in his sample had higher than average I.Q. scores. Similarly, Lukianowicz (1972) concurred with this finding after studying 55 fathers of incestuous families, all of whom scored higher than average in intelligence. In the most thorough study to date Giarretto (1978) in his interviews with 600 fathers concluded that in addition to lacking self-esteem and being fearful and angry, these fathers also seemed better able to deal with little girls than with adult women by whom they seemed sexually threatened.

Many of the same authors assessed the mothers of the incestuous families. A common finding of the mothers' role which was reported by Maisch (1972), following interviews and objective tests on his study of 78 females, was that these women rarely were direct participants in the father-daughter incest but often played a collusive role in the behavior. Similarly, it was noted by Lustig et al. (1966) that a mother from their sample often rejected her husband's sexual advances but left the home, placing her daughter in her husband's lap and stating, "You two take care of each other while I'm gone". In a single case study

referred for psychiatric evaluation, Eist and Mandel (1968) reported that the mother came from a background of emotional deprivation. Also, Kaufman, Peck, and Tagiuri (1954) found by conducting interviews and administering objective tests that the mothers in the 11 cases they studied had been rejected and treated with hostility by their own mothers. The 27 families interviewed by Cormier, Kennedy, and Sagoweiz (1962) revealed mothers who were so passive and submissive to their husbands that they were unable to protect their daughters from them. Chronic depression was a common characteristic noted by Browning and Boatman (1977) in the 14 mothers referred to them for psychiatric evaluation. An aversion to sex accompanied by refusal to engage in a sexual relationship with their husbands was the major finding in the 58 mothers studied by Reimer (1940). Once again, in the latest study, Giarretto (1978) noted that of the 600 mothers studied in his sample, most were dependent upon the marital relationship for at least financial support and all tended to show little insight into their own role in the incestuous relationship due largely to the fact that denial had become their major coping strategy.

Many of these studies outline characteristics of the daughters from incestuous families as well. In 1978, Meiselman studied 20 incest cases and found that the daughters in the incestuous relationship were of average

intelligence. He also noted that their predisposition to incest lead to problems such as having difficulty forming relationships with men and sexual maladjustment. Meiselman concluded that the daughters' attractiveness played an unimportant role in the incestuous relationship. Contrary to these findings, however, Bender and Blau (1937) concluded by conducting psychotherapeutic interviews and the administration of objective tests that the four incestuous daughters in their study were attractive and unusually seductive and provocative. Weinberg (1955) in his study of 203 incest families concluded that the daughter's position in the family was an established factor of incest cases. For example, 64% of the daughters in his sample were the eldest in their families.

In addition to analyzing the individual characteristics of the father-mother-daughter triad much of the literature focuses on similarities found in comparing a number of incest families. For example, clinical studies of father-daughter incest such as those completed by Heims and Kaufman, 1963; Rhinehart, 1961; Machotka, Pittman, and Flomenhaft, 1967 found that a pattern of role reversal between mothers and daughters was a frequent occurrence. In their cases, the mothers were seen to develop a very special, conflict-laden relationship with one of her daughters long before the incest occurs. The chosen daughter is initially treated very well, even being over-

indulged in comparison with her siblings, and she is encouraged to assume the responsibilities of an adult woman very early in life. At first, mother and daughter are allies and workmates in the care of the younger siblings and the performance of household tasks, but gradually the mother relinquishes her responsibilities to the daughter and allows her to play the role of "little mother" in the family. The role reversal implies a special wifelike relationship with her father. Although encouragement of incest is not on a conscious level, the mother is assumed to have backed out of her sexual role in the marriage and been relieved when her husband directed his sexual attention to the daughter. In a study of 165 incest families, Gebhard et al. (1965) conducted structured interviews and found sexual difficulties between husbands and wives to be a consistent factor. Eist and Mandel (1968) described inadequacies in parenting as well as in the spouse role as common characteristics found in their sample. Finally, Kempe (1978) noted from his work with incestuous families that there seemed to exist a silent agreement between husband, wife, and daughter to have the incest remain a secret.

Summary. The preceding literature review on the dynamics of incestuous families outlines the variety of information which has been compiled. For the most part,

the research which has been conducted has been done with small, non-representative samples. Participants in the studies referred to have been largely involuntary, having been referred for evaluation by the courts. Results have been obtained by depending upon structured or non-structured interviews conducted by the researcher. Although some studies report results derived from the administration of objective measures, the majority rely upon the subjective analysis of the researcher. It should also be noted that there is often a lack of consistency in findings amongst the authors.

Despite the discrepancies of the various studies, there was value in reviewing the literature with regard to the dynamics of incestuous families. Many authors found similarities between the fathers, mothers, and daughters in their samples and were also able to obtain data relating to the overall pattern of relationships within the context of the incestuous family unit. The fathers have been described as harsh, authoritarian and in control of all family members. The mothers are referred to as passive, emotionally rejected women who prefer to opt out of the marital relationship and maternal role. The daughters are described as the eldest female member of the family who occupy a "special role". The responsibilities which the eldest daughter is expected to fulfill for her mother and the close liaison which she has with

her father while fulfilling these responsibilities leads to the establishment of more than a normal father-daughter relationship. It becomes obvious by reviewing this aspect of the literature that incest by its very nature is not strictly a sexual event; thus it becomes difficult to isolate the effects of incest from those of the family milieu. In addition, treatment cannot be done in isolation. Family dynamics are important in work with victims.

The next section of the literature review will examine the effects that living in an incestuous family and being a victim of incestuous activity has on a person.

Effects of Incestuous Behavior on the Child

Many of the studies, as previously outlined, noted specific results of incestuous behavior which were documented throughout the literature. Just as sample selection and size and method of study varied according to the researchers, similarly identified findings or problems also varied.

Kempe (1978) found that daughters involved in incestuous behavior suffered from guilt especially at the time of public discovery. He attributed the guilt to the fact that these girls had missed the appropriate development of their sexuality and were forced to put an end to an embarrassing affair. He further noted that incest which stopped before adolescence caused fewer problems for the child than incest that continued into or throughout

adolescence. Kempe explained that during adolescence incestuous experiences are traumatic due to heightened awareness of the adolescent and active involvement in the identity formation and peer group standards. For example, Kempe (1978) reported that many victims had low self-esteem, feelings of worthlessness, and much public shame and failure.

Weiner (1962) reported that difficulty in sexual adjustment was prevalent in daughters from his sample. He noted that while some daughters became trained to be sexual objects, giving and receiving sexual pleasures for approval, other daughters viewed all men as beasts.

Sloane and Karpinski (1942) concluded that incestuous behavior had serious repercussions for adolescent girls. For example, there was much acting out behavior, such as delinquency, running away from home, drug abuse, and prostitution noted in the daughters from their sample.

Heims and Kaufman (1963) paid particular attention to the psychological development of victimized girls and indicated that character disorders rather than neuroses or psychoses were common findings. With the cessation of the incest during adolescence, these girls appeared depressed and some developed learning difficulties. Some of the girls also experienced premature stimulation of sexual drives and deviant patterns of superego injunctions.

James (1977) described victims of incest as having low self-esteem, low tolerance to teasing and joking about their personal traits, and a conviction that they are "bad" women who had already been sexually used. Many of the daughters were noted to show giddy, sexually provocative behavior around males.

Shultz (1980) found that victims of incest whom he studied often complained of feeling isolated and were unable to express themselves to others about their incestuous experiences. For example, he noted that many of the daughters had difficulty forming relationships with other people and were fearful of confiding personal feelings.

Giarretto, Giarretto, and Sgori (1978) found that many of the daughters assumed responsibility for the incest and showed feelings of guilt and confusion attending the sexual relationship with their fathers. These girls also felt that sexual feelings were bad and abnormal.

Although Lukianowicz (1972) concluded that 77% of the females involved in incest in his sample had some ill effects as a result of their experience, 23% of these females showed no apparent ill effects.

Similarly, Yurokoglou and Kempe (1966) suggested that incest might not be detrimental to the child. They found that two daughters whom they interviewed did not seem to regard the incestuous experience as highly unpleasant or traumatic but merely described it in a

benign and matter-of-fact way. From this they concluded that any guilt or detrimental effects by the daughters seemed related more to threatened dissolution of the family than to the incestuous relationship itself.

Summary. The majority of the authors who studied incestuous families concluded that incest has detrimental effects to the personality development and functioning of the daughter. The few authors who did not concur with these findings depended upon very small samples and did not utilize objective measures to support their results. Overall, there has been some consistency in findings in comparing the work of the majority of researchers although the methodology employed in most studies basically remains questionable. Nonetheless, the findings in the literature on the effects of incest for the daughters generally lends support to the completion of further studies in this area. Such studies will lend support to the development of appropriate treatment approaches.

The final section of this literature review will examine the therapeutic approaches which have been used with incestuous families.

Current Treatment Approaches

With increasing awareness and interest in sexual abuse and incest, some authors have attempted to determine

the appropriate treatment modalities for dealing with members of the incestuous family.

Weitzel (1978) reported that there are no cited systematic efforts to evaluate the effectiveness of different therapeutic interventions with victims of incest. He indicated that treatment methods have ranged from intensive psychoanalytic therapy to radical environmental changes, i.e., the permanent removal of the child from the home.

Nakashima and Zakus (1977) reported that because incest is a multi-faceted and complicated diagnosis involving a broad range of individual and family pathology, intervention must be planned according to the needs of each individual case. For instance, a variety of approaches may be used in treatment, including physical separation, treatment of individuals involved, marital counselling, and family therapy. These may occur either separately, conjointly, and/or sequentially.

Machotka, Pittman, and Flomenhaft (1967) reported that therapy dealing with the pathological family dynamics rather than the sexual activity is an appropriate intervention strategy.

Browning and Boatman (1977) concluded that society's punitive attitudes toward incest overshadows therapeutic approaches. They recommend that professionals adopt a more positive attitude about the prevalence of incest and

thus enable parents to freely seek help for their children and themselves.

Herman (1981) recommends prevention as the only cure for incest. She feels sex education should be an integral part of the school curriculum. By teaching children the difference between affectionate and explorative touching and then making them aware of what to do when confronted with sexual abuse inside their families, the problem of incest can be overcome.

While Berry (1975) recommends intensive psychiatric intervention, Eist and Mandel (1968) report that family therapy is the appropriate treatment for incestuous families. Giarretto, Giarretto, and Sgori (1978) recommends a variety of treatment for incest families. They indicated that parents need marital counselling as well as parenting training. They also found that age and sex cohort group treatment is effective for all members of the incestuous family, as within various groups, family members have an opportunity to share with other people who have had similar experiences. These authors favor group treatment following a period of individual treatment for each family member. They advocate, however, that participation in the treatment process is more successful when persons are legally mandated to attend therapy through the intervention of the criminal justice system. Tsai, Feldman-Summers, and Edgar (1979) reported that short-term group therapy is profoundly

effective in the alleviation of guilt and the palliation of other long range consequences of childhood molestation. These authors ran therapy groups composed solely of women who were molested in their childhood.

Knittle and Tuana (1980) reported that group therapy had some uniquely positive characteristics that more effectively address the needs of adolescent victims of intrafamilial sexual abused than individual or family therapies. These authors indicated that therapeutic attention and corrective experiences are provided by homogeneous group therapy.

Summary. Treatment of incestuous families has ranged from psychiatric counselling for individual family members to dyadic and finally group therapy. Evaluation of each of these therapies was mainly done by the author himself who relied heavily on one or more case histories which included qualitative information obtained in a non-structured interview. Some authors used objective measures to assess problem areas for incest families and devised programs to address the identified needs. The most recent trend in helping incest families is group therapy. Evaluation of this treatment method to date has been minimal with authors such as Giarretto, Giarretto, and Sgori (1980); and Knittle and Tuana (1980) quoting it from their own studies as a viable means of helping members of

the incestuous family.

The evaluation of treatment approaches seems to be the focus of attention for many professionals concerned with incest. In an effort to determine the most effective means of helping such families greater emphasis is being placed on assessing problems associated with incest by using objective measures and self-reports to determine the existence and extent of an individual's problems. To determine whether intervention is effective, it is helpful to compare changes in the interpersonal functioning of family members before and after treatment. This study will evaluate a time-limited, goal-oriented group counseling approach on a specific group of adolescent victims of incest.

CHAPTER III

STATEMENT OF PURPOSE

As seen by the review of the literature, victims of incest have been reported as having personal difficulties as a result of their role in an incest family and their participation in an incestuous relationship. Specific problems outlined include low self-esteem, worthlessness, guilt, difficulty forming relationships within the family and with peers, sexual adjustment difficulties, and public shame and failure. These difficulties were noted to result in anti-social and/or deviant behavior such as delinquency, running away from home, drug abuse, prostitution, character disorders, and learning difficulties. Such problems heighten the need for social agencies and professionals to develop programs to effectively help victims of incest.

Treatment approaches used to date have been diversified and there appears to be minimal empirical evidence to recommend one treatment approach over another. In order to determine the effectiveness of a group counselling approach with a specific group of adolescent victims, this study was undertaken. Given the paucity of programs available for victims of incest in Newfoundland and the high number of victims being reported to authorities, a group counselling approach was viewed as a plausible mode

to intervene in such cases, if effective. The focus of this study, therefore, is to assess the effectiveness of this treatment modality for incest victims.

Rationale

Specific problems of incest victims have been outlined in the literature review. In addition, this researcher has personal knowledge of the problem of incest victims from professional work with such persons. Based on the literature related to treatment, it was posited that a structured group counselling approach with incest victims may be helpful. To test this hypothesis, data on incest victims was obtained prior to beginning the group and data was obtained in the actual group sessions which was supplemented by before and after measures designed to objectively measure movement due to the exposure of the victims to group counselling.

The findings of this study may provide other practitioners with methods of evaluating treatment outcome in similar group counselling programs. For instance, one may isolate specific interventions that may be repeated and measured by other practitioners.

Evaluation of this group counselling program may also be construed as a means of justifying to other professionals the benefits of becoming involved in similar counselling groups for victims of incest. This justification

seems important due to the fact that this counselling is a specific approach to helping victims of incestuous relationships.

Finally, clinical evaluation of social work treatment is now considered to be a beneficial and necessary part of practice for all social workers (Gingerich, 1977). Recent developments in research methods make it possible to effectively evaluate clinical social work practice (see Bloom, 1975; Fischer, 1976; Gottman & Leiblum, 1974; Howe, 1974). The use of measurement instruments provide a simple, convenient way of examining the client's condition; therefore, the actual use of these measurement instruments in a group counselling program for victims of incest may enhance the diagnostic and evaluative abilities of this form of social treatment. This could also have wider implications for the evaluation of any similar social work practice so that others may use results for consultation and improvement of the effectiveness of that practice.

The next section outlines the concepts used in this study.

Concepts

Incest is defined as "the crime of sexual intercourse of cohabitation between persons related within the degrees within which marriage is prohibited by Law"

(Revised Oxford Dictionary, 1977). Various authors, such

as Giarretto (1978) and Kempe (1978) have broadened this definition to include sexual fondling and/or oral-genital intercourse. For this study's purposes, incest is considered as sexual fondling, anal, oral-genital, or vaginal intercourse between a daughter and a natural or adoptive father, or stepfather of either a marital or common-law union.

Group therapy is defined as "a form of treatment for a group of patients with similar emotional problems" (Revised Webster's Dictionary, 1975).

Assertiveness is defined as "the ability to insist on one's rights, or on being recognized" (Revised Webster's Dictionary, 1975).

Self-esteem refers to a personal judgement of worthiness that is expressed in attitudes the individual holds toward himself (Coopersmith, 1967).

The index of family relations is meant to measure the way the adolescent feels about his family as a whole (Hudson, 1977).

The index of peer relations is meant to measure the way the adolescent feels about the people with whom they work, play, or associate most of the time, the peer group (Hudson, 1977).

Child's attitude toward mother is meant to measure the degree of contentment the adolescent has in her relationship with her mother (Hudson, 1977).

Child's attitude toward father is meant to measure the degree of contentment the adolescent has in her relationship with her father (Hudson, 1977).

The index of responsibility is meant to measure the accountability the adolescent feels regarding his behavior in the incestuous act.

The index of guilt is meant to measure the feelings of self-approach which the adolescent feels about the wrong that has been done in the incestuous relationship.

CHAPTER IV

METHOD

Setting and Population

The study was conducted in St. John's, Newfoundland at the District Office of the Provincial Department of Social Services. Both the group sessions and the personal interviews were held at that location. This office serves the city of St. John's and the Metropolitan area, population 150,000 (Statistics Canada, 1981) with diverse social services such as social assistance, child welfare, juvenile corrections, and family services.

The seven adolescent or young adult girls who made up the study sample were all referred in the previous year to social workers employed by the Child Welfare Division, St. John's District office of the Department of Social Services. These girls had all been sexually molested by their fathers but some were initially referred for behavior problems such as running away from home or being beyond parental control.

At the time of the study, the girls were between the ages of 12-18 years. The respective ages of the girls in the group were as follows: one age 12, four age 15, one age 17, one age 18. Of the seven girls, three were living in foster homes and had been since the disclosure

of the incest, two girls had never been removed from their natural families although one of them, whose parents were separated, moved from her father's home to that of her mother, and one girl had lived in a foster home when the incest had been disclosed but was now living independent from home.

The group sessions were offered by two group co-leaders who were graduate degree candidates at the School of Social Work, Memorial University of Newfoundland.

Sample

The staff of the Child Welfare Division of the St. John's District of the Department of Social Services were requested to select and refer victims of paternal incest for the group counselling program. They were instructed to choose referrals using the following criteria: 1) the girls must be adolescent or young adults; 2) the cases must have been confirmed as cases of father, stepfather, foster-father/daughter incest; 3) the girls' parents or legal guardians must have been informed of the nature of the group and their permission must have been granted for attendance in group counselling.

Prior to joining the group, all of the girls agreed voluntarily to an individual interview so that the researchers could explain the reason for and nature of group counselling. Each girl also agreed to be interviewed

at the end of group sessions about her perceptions of her relationship with her mother. In addition, they agreed to complete a questionnaire before and after participation in group counselling. During the initial interview, the girls were advised that information shared by individual members during group sessions was to be kept in strictest confidence by both group members and leaders. None of the girls who volunteered to participate in group counselling had participated in any therapeutic groups prior to this experience. They were informed that the focus of the group counselling would be to share factual information regarding incestuous behavior as well as to allow members the opportunity to ask questions or explore their own feelings about their incestuous experience and/or personal lives.

The average age of the sample was 15 years. With the exception of two girls, all were enrolled in school. Except for one girl, the latest incident of repeated incestuous activity had occurred within the past 12 months prior to participation in the study.

Procedure

The group met twice per week for eight consecutive sessions from October 6, 1981 to October 29, 1981 to work on the major problems thought to be most likely for incest victims. These sessions were semi-structured in that each

session had a different theme or main topic. During the session, informal discussions of a self-explanatory and informational nature were held. An outline of the group counselling sessions is attached (see Appendix A).

The group met in the coffee room of the St. John's District office of the Department of Social Services. The room was quite spacious, with two sofas and armchairs which were rearranged in a semi-circle to permit visual contact with each person. There were no telephones and the room was booked for that scheduled time to ensure no interruptions. Flip charts were used to illustrate specific points.

This study assesses the eight outcome variables before group counselling begins and at the end of the treatment. The study design is a pre and post test, one shot case study (Campbell & Stanley, 1963). This study seeks to determine change in the outcome variables that result from participation in the group counselling.

The eight variables that were measured before and after counselling were self-report assessments of: 1) self-esteem; 2) satisfaction in family relations; 3) satisfaction in peer relations; 4) child's attitude toward her mother; 5) child's attitude toward her father; 6) assertiveness; 7) responsibility; and 8) guilt.

The next section describes the questionnaire, its purpose, and how it was used in this study.

Questionnaire and Administration of the Test

The questionnaire administered before and after the group sessions was made up of six self-report standardized and two non-standardized measures. The standardized measures were six subscales, five of which contained 25 questions and one of which contained 30 questions. The non-standardized measures consisted of open-ended and self-evaluative questions. These subscales were used to measure the dependent variables or outcomes of the group counselling sessions. The other part of the questionnaire was broken down into two parts as follows:

Part one. This consisted of a data sheet which each girl completed at the beginning of the group. The section dealt with factual data of a general nature such as age, education, employment background, family background (i.e., composition of the family, position in the family, present marital status of parents, source of family income), duration of incest, and frequency of incest.

Part two. Five of the standardized scales used came from a group of seven measurement scales collectively referred to as the Clinical Management Package (CMP), developed and tested by Hudson (1977). These short form measurement scales of the CMP were developed in order to obtain measurement of the degree or magnitude of a client's problem in a number of categories. The first scale used in this study is called the Index of Self-Esteem (ISE). It

measures the degree or magnitude of a problem a client has with the evaluative component of self-esteem. The second scale, called the Index of Family Relations (IFR), measures the way a client feels about his/her family as a whole. The third scale, called the Index of Peer Relations (IPR), measures the degree or magnitude of a problem a client has with his peers. The index Child's Attitude Toward Mother (CAM) is the fourth scale and it measures the degree or magnitude of a problem that a child has with his mother. The final scale Child's Attitude Toward Father (CAF) is used to measure the degree or magnitude of a problem that a child has with his father. Each of these indexes are structured as 25-item summated category partition scales with positively and negatively worded items within it, in order to control the effect of a response bias. The scores have a positive range from 0-100. They have a clinical cutting score of 30. Persons who obtain a score above 30 are perceived to have a problem in the domain being tested and those who score below 30 are deemed to be free of such problems. The purpose of the scales is to monitor and evaluate the magnitude of a client's problem through periodic administration of the same scale to the same client. These scales have a reliability of $\alpha = .90$ and have high face discriminant and construct validity (Hudson, 1977, pp. 3, 4). According to Hudson results obtained from administration of these

scales are best understood when used with clinical evaluation of the subject as well.

The sixth scale used in this study was the Spencer Rathus Assertiveness Scale (RAS). This 30-item schedule was published in 1972. The self-report schedule presents 30 items in the form of statements to which subjects respond as characteristic or uncharacteristic of them, according to a six-point Likert-type scale with no center point. It tests the level of assertiveness or social boldness of the respondent. Scores on this schedule may range from +90 to -90. Certain items are reverse scored to reduce bias. The average score of a respondent falls between 0 and +10. A change of 20 points is considered to be significant by Rathus (1972). This schedule was used in the Experimental Investigation of Assertiveness training in a group setting at the College of Saint Rose (Rathus, 1972). The schedule has been shown to have moderate to high test/re-test reliability and good split-half reliability. The validity norms are also satisfactory (Rathus, 1972).

The seventh scale used in this study was a non-standardized measure designed to explore the respondent's feelings of responsibility. The questionnaire was comprised of four subjective and self-exploratory questions. The questions were divided as follows:

- 1) Responsibility regarding the incestuous relationship. This question was designed to determine if the respondent

felt responsible for the incestuous behavior and, if so, why she felt this way.

2) Responsibility relating to other family problems. This question was designed to assess the respondent's feelings of responsibility relating to other family problems and why she felt responsible.

3) Responsibility relating to parents' problems. This question was designed to explore if the respondent felt responsible for problems experienced by her parents and, if so, why she felt this way.

4) Responsibility relating to problems experienced by other family members. This question was designed to determine whether or not the respondent felt responsible for problems experienced by other family members and, if so, why she felt this responsibility.

The final scale used in this study was also a non-standardized scale which was designed to explore the degree of guilt felt by the respondent which related to the incestuous relationship. The questionnaire consisted of a scale which ranked from 1-6. The respondents were asked to rate how guilty they felt about their involvement in the incestuous relationship on this scale and then rank from 1-6 the events which caused them to feel the guilt. Number 1 indicated the event that caused the least guilt and Number 6 the event that caused the most guilt for them. These instruments are presented in Appendix B.

A comparison of the test scores before and after group sessions showed whether or not there had been a change in either a positive or negative direction which could be attributed to the respondents' participation in group counselling. The self-report indices or scales which formed the dependent variables were chosen because the literature indicated that girls involved in incestuous relationships often have problems in these respective areas.

The next chapter presents the findings and discusses their implications.

CHAPTER V

RESULTS AND DISCUSSION

The results and discussion of data are presented in the following five sections: 1) Demographic Data; 2) Background Data About the Incest; 3) Clinical Assessments of Group Members; 4) Measurement Indices and Scales; and 5) Group Counselling Experience.

Demographic Data

The demographic data revealed that five of the seven subjects were enrolled in school at the time of the study. However, four of these girls were academically behind in their grade levels. One of the subjects at age 14 was in grade 7, two of the subjects at age 15 were in grade 8, and one subject at age 15 was in grade 4 special education. One of the two girls who was not attending school had completed grade 4 and the other had completed grade 8. Only one of the subjects had work experience and she was currently unemployed.

Three of the subjects were living in foster homes. Two subjects were living at home with both parents present and one subject lived with her mother and the mother's common-law husband (not the incest aggressor). One subject lived independent from home.

All of the subjects had at least one sibling in the family group. One of the subjects was the only child living at home. One subject was the only girl in the family.

At the time of the incestuous activity, six of the girls were the oldest children living at home.

Five of the girls' families were in receipt of frequent or long-term social assistance. In the other two girls' families, both parents (mothers and fathers) were employed steadily in unskilled occupations.

Background Data About the Incest

Table 1 gives information about the background data related to the incest for the sample. The average age of the sample when the incest behavior was disclosed was 14.8 years. The average duration of the incest activity was 4.1 years. Four of the subjects reported incestuous activity occurring at least twice monthly.

As indicated in Table 1, four of the subjects reported incestuous behavior with their natural fathers. Also, four of the subjects reported incestuous activities with their stepfathers (one of the girls had been involved with both her natural father and stepfather).

The nature of the sexual activity was sexual fondling only for four of the girls. Three of the girls reported having vaginal intercourse as well as sexual

TABLE 1

Background Data Related to Incest for the Study Sample (n = 7)

Case No.	Age at Disclosure	Frequency	Duration	Relation(s) With	Nature of Incest	Background to Incest
1	15	Once every 2 months	2 years	Natural father	Sexual fondling	Both parents alcoholics. Father also violent at times. Father had previously had incest with older daughter. Left home.
2	18	5-6 times only	Less than 1 year	Natural father	Sexual fondling	Father drinking excessively; mother left him and subject 4 years previously.
3	17	Weekly	10 years	Natural father	Vaginal intercourse and sexual fondling	Father abused alcohol; diagnosed psychopathic personality; mother passive; father later made advances to younger daughter.
4	15	Twice monthly	4 years	Step-father	Vaginal intercourse and sexual fondling	Stepfather has history of drinking and violence; mother overprotective of daughter due to epilepsy.
5	14	Twice monthly	6 years	Natural father and common-law father	Vaginal intercourse and sexual fondling	Both parents promiscuous and immature; father drank excessively; mother also drank to excess.

(cont'd.)

Table 1 (cont'd.)

Case No.	Age at Disclosure	Frequency	Duration	Relation(s) With	Nature of Incest	Background to Incest
6	12	4-5 times only	Less than 1 year	Stepfather	Sexual fondling	Stepfather history of alcohol abuse and violence; he also engaged in adolescent brother-sister incest. Both parents immature and marital discord. Father had past history of promiscuity.
7	15	Twice monthly	4-5 years	Stepfather	Sexual fondling	Stepfather with violent tendencies. Mother had low I.Q. and promiscuous. Incest occurred first with subject's older sister who left home.

fondling. The two subjects who reported the least number of incestuous incidents and the shortest length of the affairs were both initiated to sexual fondling only.

Table 2 gives information related to the impact of incest disclosure. Following the disclosure of the incest, four of the subjects were placed in foster homes. Two of the subjects remained with their natural parents and one subject changed parental residences.

Prior to the incest disclosure there were six families where both parents lived together and one family in which a marital separation had already occurred. Following disclosure, however, only three families were two-parent families; three couples separated upon disclosure of the incest. As Table 2 indicates, two of the fathers were incarcerated following disclosure of incest while three fathers remained at home.

Clinical Assessments of Group Members

The analysis of the outcomes of the objective measures or codes is best understood with the help of information available from clinical observation or judgement. In all cases information relating to the social background, both past and present, was available and this data, in addition to that which was shared in the context of the group counselling sessions, helped in the interpretation of the results. The following descriptive analysis of the

TABLE 2

Information Related to the Impact of Incest Disclosure

Case No.	Present Age	Results of Disclosure for Victim			Status of Parents Before Disclosure		Status of Parents Following Disclosure			
		Remained in Home	Foster Home	Other	Living Together	Separated	Living Together	Separated	Incarceration of Father	No Change
1	15	X			X		X			
2	18			Went to live with mother		X			X	
3	17		X		X		X			
4	15		X		X			X	Later father incarcerated following incest with second daughter	
5	14		X		X			X		X
6	12	X			X		X			X
7	15		X		X			X		X

results is presented with a profile of the individual group members.

Subject One. This 15-year-old girl was the only member of the family living at home at the time the incestuous behavior occurred. She was involved in occasional (once every two months) sexual contact with her father over a two-year period. The incestuous behavior involved carressing the breasts and vaginal areas. The subject came from a low socio-economic family where alcoholism and domestic violence characterized the family home. This subject's parents were both immature and they had a poor marital relationship. The family did not seek professional services for their marital, personal, family problems.

This subject was an attractive, intelligent girl who always presented a neat appearance. At every group meeting, it was noted that she wore stylish clothing and always had her hair arranged perfectly and her make-up applied. During group counselling sessions, she spoke very little and communicated with group members through non-verbal behavior. She always selected a seat where she could easily observe the other girls. Socially, she appeared ill at ease and would sit in a very rigid position, looking down most of the time. This girl maintained limited eye contact but would gaze directly at the other group members when attempting to solicit support from her peers.

During periods when she discussed her feelings her facial expression was generally sad. She spoke very quietly and described herself and her relationship with peers and family using very negative comments. She also expressed feeling guilty and responsible about her involvement in the incestuous activity.

The T_1 scores on the objective measures for this subject reflect difficulty in all dimensions studied. Clinical observation of her demonstrated that this girl had a poor self-concept and difficulty relating to peers and family. Her negative attitudes about herself were reflected also in her speech. Despite this, however, the girl was capable of manipulating group members and soliciting support through her use of her physical attractiveness and non-verbal cues. On the T_2 scores this girl showed significant positive change in her relationship with peers. In all other domains the T_2 scores continued to indicate difficulties and this may have resulted because of the design of the group sessions which were to allow group members to self-explore their own attitudes, familial relationships, and attitudes by providing comparative descriptions of more normal and healthy families and through discussions. Because Subject One felt overwhelmed by her life situation, it would be consistent with her behavior to note a minimal amount of change in her during such a short period of time. On the T_2 scores this subject showed

significant positive change in her relationship with peers and this may have resulted from the group counselling and the relationship she began to form within the group itself.

Subject Two. At age 18, this subject was the eldest member of the group. Like Subject One she was the only member of the family living at home with her father when the incest occurred. She had been sexually molested (caressed around the breasts and vaginal areas) five or six times over a period of less than one year. The subject came from a low socio-economic family where her father drank excessively. There had been a marital separation for four years before the incest was disclosed.

The subject was a homely girl who wore unattractive clothing, had unkempt hair and an untidy appearance. Intellectually she was backward and had completed only a grade 4 level of education. This girl had a history of psychiatric problems related to depression.

Observation of Subject Two throughout counselling sessions revealed a withdrawn individual. This girl did not relate well to group members and often appeared blank-faced as if she was not comprehending the group discussion. Her speech was slow and often revealed inconsistent responses out of the context of the ongoing discussion. She spoke very little of her own family relationship and feelings and seemed unable to follow or internalize the counselling.

Socially, this subject was quite isolated and had great difficulty relating to peers. In discussing the incestuous relationship this subject expressed feelings of guilt as she had enjoyed the sexual contact with her father.

The objective tests administered to assess this subject revealed problems in the T_1 scores covering all domains. The T_2 scores showed minimal change in all domains except the CAF. On this scale, the subject showed significant positive change in her attitude toward her father. This may have resulted through the opportunity provided during group sessions to compare more positive experiences and nurturing from her father than from her mother. In fact, the T_2 score on CAM revealed that this girl had significantly more problems in her relationship with her mother following group counselling.

Subject Three. This 17-year-old girl was the second oldest member of the group. She was the eldest child in her family. The sexual history obtained from this subject indicated that the incestuous behavior began 10 years ago with her father caressing her breasts and vagina, and later developed into a sexual intercourse experience which occurred weekly until the disclosure of the incest. The subject came from a low socio-economic family where both of her parents were employed steadily in unskilled occupations. The father, who had personality problems, also

abused alcohol frequently. He was also known to engage in extra-marital affairs and had a poor relationship with his wife.

This subject was a very attractive girl who dressed fashionably and always presented a neat, clean appearance. Intellectually the girl was quite bright. She had dropped out of school at the completion of grade 8 due to the disclosure of incest and subsequent family breakdown. The girl had spent one year in a foster home and was living independently at the time that she participated in the group. Although the subject had some work experience in unskilled positions, she was currently receiving social assistance and boarding with friends.

This girl was quite comfortable in the group and readily expressed her views on various topics. She mixed easily with her peers and seemed able to gain their respect and confidence quickly. She was known to sit closest to Subject One, a girl much like herself. She was seen to reach out to others to help them or to touch them at difficult times. Verbally she expressed feelings of guilt and responsibility about the incestuous relationship and her family breakup. She seemed to understand family dynamics and quickly assessed her own situation.

On the objective tests, Subject Three showed problems in all domains on her T_1 scores. The T_2 scores revealed that she had made significant positive change in

four of the six domains studied. In two areas, IPR and RAS, this subject showed scores close to the normal range on T_2 . Also, following group counselling this subject expressed the view of having fewer feelings of guilt and responsibility. The most positive change made by this girl was in her attitude toward her mother on the T_2 test; her score no longer fell within the problematic range.

Subject Four. This 15-year-old girl was the eldest girl living at home when the incest occurred. She was involved in sexual intercourse with her stepfather bi-monthly for a period of four years. The subject came from a multi-problem family who resided in a rural community. In addition to nuclear family members, this family also consisted of a variety of transient boarders. The stepfather was an alcoholic and the family was characterized by scores of domestic violence.

This girl was an average looking girl who was not fully matured physically. For this reason she appeared younger than 15 years of age. Her appearance was clean but she dressed in old-fashioned and often repaired clothing. Intellectually, this subject was attending school in a grade 4 special education program.

This girl appeared to be shy during group counselling sessions. At every meeting she sat close to the door and rarely initiated conversation with peers. She seldom

offered opinions. Her verbal expression revealed that she had low self-esteem. In addition to expressing the view that she had few friends, this girl also talked very negatively about herself and her own abilities. Subject Four showed minimal anxiety about the incestuous relationship itself but expressed feelings of powerlessness in controlling what had occurred. In fact, this subject stated that the incest did not create problems within her family until it was disclosed. The disclosure resulted in family breakup which generated strong feelings of guilt and responsibility for this girl.

In combining the clinical observation with this subject's objective scores it was noted that on T_1 , all scores were in the problematic range except IFR. On T_2 , however, this subject showed problems in all domains, even IFR. However, there was significant positive change noted on CAM, CAF, IPR, and RAS.

Subject Five. This 14-year-old girl was the eldest member of her family. She was involved in sexual fondling which later led to sexual intercourse. There were severe marital problems in her family resulting in alcoholism and constant fighting within the home. The incestuous behavior was not disclosed until the parents separated. In the meantime, this girl was also the victim of rape by her mother's common-law husband.

This girl was a very giggly immature person. Physically she was an attractive girl but at age 14 had a large amount of grey hair. She always dressed in the latest fashions yet wore clothing that was very seductive. During group counselling, this subject was very vocal and often made comments which put her in the position of "clown" in the group. She was also extremely open about her sexual experiences and showed no hesitation in providing details to other group members. She was known to tease or joke with the other group members about the pleasurable aspect of the incestuous behavior. She tried very hard to befriend Subject One and Subject Three yet was not totally accepted by them.

In describing her home life, this girl spoke very adamantly about her love for her father and resentment toward her mother. Because of her attachment to her father, in addition to her mother blaming her for the incestuous behavior, this girl had strong feelings of guilt and responsibility about her role in the incestuous relationship and family breakup.

On the objective tests this girl showed T_1 scores in the problematic range in all domains. This subject, however, had less problems in her relationship with her father. Similarly, the T_2 score on CAF showed further movement in a positive direction following group counselling. The only other area in which this girl showed significant

positive change was in her level of self-esteem. This was possibly due to the counselling sessions and a decrease in the amount of guilt and responsibility which this subject expressed having about her involvement in the incest.

Subject Six. This subject was the youngest member of the group. Like the others, she was the eldest member of her family. She had been involved in brief sexual contact with her father on four or five occasions. The incest involved caressing the breasts and vaginal areas and had occurred over a period of less than one year. The family was of low socio-economic background with both parents employed in unskilled occupations. The stepfather was known to drink excessively and also had witnessed incest in his own family.

This girl presented a very neat and clean appearance. She was academically quite bright and was studying at the grade 7 level of a regular school program. She presented as a very confident and self-assured person. During group counselling she expressed very positive feelings about her family relationships, particularly her relationship with her mother. The only negative feelings expressed by this subject were those toward her father. This girl sat closest to Subjects One and Three and seemed to form friendships quickly with them. She seemed surprised by the attitudes of some of the girls toward their mothers.

On the objective measures, the T_1 scores indicated few problems in the domains being studied with the exception of CAF. There was slight indication of problems with assertiveness and self-esteem on the T_1 scores but these areas showed improvement in T_2 scores. Given this subject's brief involvement in incest, the support she received from her mother and her personality findings were consistent with the data presented.

Subject Seven. This 15-year-old girl was also the eldest member of the family living at home at the time of the incest. She had been sexually involved with her stepfather bi-monthly for a period of four to five years. The incest involved caressing the breasts and vaginal areas. The family was a low socio-economic one, where alcoholism and domestic violence were consistent problems.

This girl presented a neat, clean appearance but was not dressed as fashionably as some other group members. Generally her dress was casual, such as jeans and blouse, and she seldom wore make-up to the group. She tended to be very quiet and spoke only when spoken to. She generally sat nearest to Subjects One, Three and Six, but seldom spoke to anyone. This girl expressed very negative feelings about family members but particularly about her stepfather. She could not maintain eye contact and sat rigidly in her seat, often refusing to remove her coat. This girl also

expressed guilt about her involvement with her stepfather.

On the T_1 scores this girl showed problems in all domains. However, following group counselling her T_2 scores indicated significant improvement in IFR, IPR, RAS, and CAM. On the T_2 score for the CAM, this girl showed that she no longer had difficulty in her relationship with her mother. The most difficult problem for this girl was in her attitude toward father and in both T_1 and T_2 scores there was little change in this.

The following section outlines the results of the objective tests which were completed on the group members before and after participation in the group counselling process.

Measurement Indices and Scales

Data was collected from administration of a measurement instrument made up of eight subscales or indices which measured eight dependent variables. This instrument was given twice, before and after the group counselling sessions. Thus, the design allowed for a comparison of scores in the two different test administrations.

Results of the sub-tests used in this pre and post test study are reported in Tables 3, 4, 5, 6, 7, 8, and 9. A descriptive analysis also follows. In Table 3 the pre and post test scores for the study sample ($n = 7$) are given for the Index of Self-Esteem (ISE).

TABLE 3

The Index of Self-Esteem (ISE)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores	Time 2 Scores	Direction of Change	Significance of Change*
	T ₁	T ₂	(+ or -)	(7-point diff.)
1	61	56	+	No
2	50	46	0	No
3	59	47	+	Yes
4	57	60	0	No
5	68	51	+	Yes
6	34	31	0	No
7	50	42	+	Yes

*In order for significance between T₁ and T₂ scores to occur, a 7-point difference between T₁ and T₂ scores is needed. Less than a 7-point difference in the two scores is attributable to error (Hudson, 1977).

There is significant change from T₁ and T₂ for three respondents according to the 7-point criterion. The scores of the other four respondents did not show a 7-point difference; therefore, the slight change is attributable to error. The T₁ scores indicate that all respondents in the sample had a problem with self-esteem. Although T₂ scores indicate that all except one still have a self-esteem

problem, counselling appears to have helped three of the group members in that area.

Table 4 shows the pre and post test scores of the study sample for the Index of Family Relations (IFR).

TABLE 4

The Index of Family Relations (IFR)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores	Time 2 Scores	Direction of Change	Significance of Change*
	T ₁	T ₂	(+ or -)	(7-point diff.)
1	72	86	-	Yes
2	38	33	0	No
3	62	43	+	Yes
4	22	38	-	Yes
5	71	64	+	Yes
6	25	26	0	No
7	69	41	+	Yes

*In order for significance between T₁ and T₂ scores to occur, a 7-point difference between the T₁ and T₂ scores is needed. Less than a 7-point difference in the two scores is attributable to error (Hudson, 1977).

Table 4 shows the change in scores from T₁ to T₂ in a positive way for three of the seven respondents. The

scores of two respondents changed significantly in a negative direction. Also in the T_1 and T_2 scores, one of the seven respondent's scores indicated that she did not have a problem in the domain of family relations. In sum, it appears that group counselling helped three out of the seven subjects in the sample in the area of family relations in two cases.

Table 5 shows the results of the pre and post test of the scale Child's Attitude Toward Father (CAF) for the study sample.

Three out of seven respondents showed a change from T_1 to T_2 . More specifically, these three respondents (Subjects Two, Three, and Four in Table 5) showed enough positive change to indicate a significant reduction in problems with their attitudes toward their fathers. All of the seven respondents showed scores in the problematic range of scores in both the T_1 and T_2 scores despite their participation in group counselling.

The pre and post test scores of the study sample for the Index of Peer Relations (IPR) are shown in Table 6.

Table 6 shows the change in scores from T_1 to T_2 in a positive way for four of the seven respondents in the sample. The scores in T_1 and T_2 show that one of the seven respondents had no problem in the area of peer relations while three other respondents showed no significant change in this problem area.

TABLE 5

Child's Attitude Toward Father (CAF)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores T ₁	Time 2 Scores T ₂	Direction of Change (+ or -)	Significance of Change* (7-point diff.)
1	98	94	0	No
2	79	65	+	Yes
3	83	64	+	Yes
4	63	32	+	Yes
5	38	35	+	No
6	64	61	0	No
7	91	87	+	No

*In order for significance between T₁ and T₂ scores to occur, a 7-point difference between the T₁ and T₂ scores is needed. Less than a 7-point difference in the two scores is attributable to error (Hudson, 1977).

Table 7 shows the pre and post test scores of the study sample for the index Child's Attitude Toward Mother (CAM).

Table 7 shows a significant change in scores between T₁ and T₂ for five respondents. According to Table 7, six of the seven respondents showed scores on the T₁ schedule indicating problems in their attitude toward

TABLE 6

Index of Peer Relations (IPR)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores	Time 2 Scores	Direction of Change	Significance of Change*
	T ₁	T ₂	(+ or -)	(7-point diff.)
1	99	91	+	Yes
2	46	49	-	No
3	42	35	+	Yes
4	61	42	+	Yes
5	55	52	0	No
6	27	24	0	No
7	54	36	+	Yes

*In order for significance between T₁ and T₂ scores to occur, a 7-point difference between the T₁ and T₂ scores is needed. Less than a 7-point difference in the two scores is attributable to error (Hudson, 1977).

their mothers. One of the seven respondents (Subject Six) had no problem with her attitude toward her mother, either prior to or following group counselling. The T₂ scores indicate three of the six respondents who participated in group counselling (Subjects Three, Four, and Seven in Table 7) showed significant positive change in their attitude toward their mother at the conclusion of the group. One of the

TABLE 7

Child's Attitude Toward Mother (CAM)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores T_1	Time 2 Scores T_2	Direction of Change (+ or -)	Significance of Change* (7-point diff.)
1	64	70	0	No
2	32	57	-	Yes
3	46	26	+	Yes
4	52	43	+	Yes
5	73	67	0	No
6	7	1	0	No
7	59	6	+	Yes

*In order for significance between T_1 and T_2 scores to occur, a 7-point difference between the T_1 and T_2 scores is needed. Less than a 7-point difference in the two scores is attributable to error (Hudson, 1977).

seven respondents, Subject Two, showed significant change in her T_1 and T_2 scores in a negative direction which indicates that this girl had more problems with her attitude toward her mother following her participation in the group.

The eighth table outlines the respective changes of each group member across all five dimensions studied by the use of the Clinical Management Package Scales (CMP).

TABLE 8

Summary of the Significance and/or Direction of Change
for Subjects on the Hudson Indices

Subjects (n = 7)	ISE	IFR	CAF	IPR	CAM
1	0	-	0	+	0
2	0	0	+	-	-
3	+	+	+	+	+
4	0	-	+	+	+
5	+	+	+	0	0
6	0	0	0	0	0
7	+	+	+	+	+

Note: 0 indicates that there was no significant movement of the subject according to the differences in T_1 and T_2 scores.

+ indicates that there was significant change in a positive direction for the subject according to the difference in T_1 and T_2 scores (score difference of at least 7 points).

- indicates that there was significant change in a negative direction for the subject according to the difference in T_1 and T_2 scores (score difference of at least 7 points).

Table 8 shows that only two of the seven subjects (Subject Seven) showed positive change in the five domains measured by Hudson's scales. Subject Five showed positive change in three of the five areas as a result of her partici-

pation in group counselling. While Subject Six showed no change in these five areas according to the difference in T_1 and T_2 scores, Subject Two showed no significant change in three of the five areas studied but her T_2 scores indicated that this girl had more difficulty with her attitude toward her mother following group counselling. Subject One showed change in two of the five domains studied by the use of Hudson's scales and Subject Four showed change in three of the five domains. According to the statistical analysis of change for the seven respondents, participation in group counselling yields different outcomes for each group member.

The ninth table shows the pre and post test scores for the study sample for the Rathus Assertiveness Schedule (RAS).

The T_1 scores on this measure indicate that all group members showed problems with their level of assertiveness. Subject Three, however, showed the least amount of difficulty in this area. The T_2 scores show that four out of the seven respondents rated themselves as being more assertive following the completion of group counselling. However, only three of the four respondents showed significant change of at least 20 points in a positive direction. The remaining three subjects' T_2 scores indicate very slight movement in a positive or negative direction, which may be attributable to error rather than change. Following group

TABLE 9

The Rathus Assertiveness Schedule (RAS)

Pre and Post Test Scores for the Study Sample (n = 7)

Subjects (n = 7)	Time 1 Scores T_1	Time 2 Scores T_2	Direction of Change (+ or -)	Significance of Change* (20-point diff.)
1	-42	-43	0	No
2	-22	- 4	0	No
3	- 8	- 6	0	No
4	-37	- 4	+	Yes
5	-41	-42	0	No
6	-27	- 4	+	Yes
7	-44	-17	+	Yes

*In order for significance between T_1 and T_2 scores to occur, a 20-point difference between the T_1 and T_2 scores is needed.

counselling, three subjects' T_2 scores (Subjects Two, Three, and Six in Table 9) were approaching the average score range which indicated that they were as assertive as most people.

Non-Standardized Scales

The two non-standardized scales used in this study consisted of questions on guilt and responsibility. Due to difficulty in finding suitable standardized scales to tap

these variables, attempts were made to construct appropriate measurement indices. The variables were considered to present significant problems for victims of incestuous behavior, as was suggested in the literature. The ad hoc arrangement used by the researchers in this study to devise the scales later presented difficulty in scoring. Thus, the attributes of guilt and responsibility were discussed in the preceding section on Clinical Observation of the Group Members.

The final section of this chapter deals with the group counselling experience.

Group Counselling Experience

The group of adolescents agreed to meet on a regular basis to deal with their concerns about their involvement in incestuous activity. Prior to beginning group counselling most members expressed feelings of being different from their peers and of being socially isolated. Their willingness to become part of a group was to understand their own feelings and to learn about incestuous behavior through the counselling experience.

The initial meeting for this special group of adolescents was a crucial time in which group leaders told the girls why they were meeting and what to expect. The adolescents also had an opportunity for input into the group sessions as the agenda for each of the meeting times

was shared. The girls were also advised of the background and interests of the group leaders.

The group leaders had different experiences in working with incest families. One leader had been primarily involved in the assessment and counselling of incest offenders, while the other had been primarily involved in providing services to children and adolescents involved in incestuous relationships. The different experiences of the leaders enabled them to enrich the work with the group.

The leaders structured time to discuss the group. Prior to the first group session an agenda for the group counselling program was tentatively planned. Once the group commenced, the leaders met prior to each session to review the previous session, discuss knowledge gained from contacts with individual group members, structure the format for the next session, and tune in with each other. In addition, a time was set aside following each session to discuss patterns of interaction, specific group members, and overall developments. Overall, the planning and discussion prior to and following group sessions assisted the leaders in establishing a mutual trust and support system. The preparation by the leaders aided in enabling the group sessions to be thorough and informative.

From the first group meeting it became immediately obvious that these girls were pleased to participate in the group and were surprised to learn that they were not the

only adolescents who had been exposed to incestuous activities. It was noted, however, that these girls varied in personal attributes, age, intelligence, and maturity. Many of the girls were shy and found it difficult to socialize. Since the girls did not know each other, the group leaders had each girl introduce herself. Following this procedure, the group leaders led the discussion with general information about group counselling and the goals of the group.

Group members were given assurance of confidentiality and the right to share only that information about themselves or their families which they wished to share. A commitment to deal generally with incestuous behavior and its patterns was undertaken by the leaders with the understanding that individual members had the right to draw upon the resources of the group for support with individual concerns or problems. Because of the time limit, a definite structure for the group counselling was imposed.

Each session of the group counselling had a major focus. In the early sessions, the group leaders presented information of an educational nature and stimulated discussion amongst group members. Topics included a definition of incest, incest disclosure, and information about family roles and responsibilities and how these differ from family to family. By encouraging discussion and self-disclosure, the members became more open and began to share their own

perceptions and experiences. Even those group members who did not share specific detail of their own experiences indicated familiarity and consensus with other members' experiences through verbal and non-verbal gestures. During these meetings, the group members were encouraged to have input into the sessions by putting forward their own ideas and views about family behavior as a group. This information was then compared with the behavior of members in incestuous families and those families in which incest does not occur.

Sharing information about normal family life and conduct helped the group members see how their own families deviated from those commonly accepted norms of conduct within families. This in turn helped group members understand what being a member of a deviant family may mean and how this may affect an individual's personal and moral development. The group members became aware of how being shunned by others or isolated, due to the knowledge that incest is taboo and not a part of normal family life, may begin to elicit feelings of guilt, shame, worthlessness, and lack of dignity and privacy in people who are members of an incestuous family. However, in the group counselling the leaders provided group members with the ability to understand the impact of this behavior on themselves and their families and provided them with the opportunity to alleviate some of these feelings and alter their self-

perceptions through disclosure and discussion.

A difficulty with the group, however, was that some members moved through the processes more quickly than others. For those who were unable to understand or internalize fully an attempt was made to gear sessions to their needs and levels. For this reason the movement from an ego-centered participation to a more group-centered participation was very slow.

The differences in personalities, age, maturity, intelligence, and experiences brought some beneficial and some detrimental effects to the group. On the one hand, each member played a specific role in the group, such as guilt member, deviant, clown, scapegoat, internal leader, etc. These roles allowed the group to form patterns of interaction which aided in making them feel like a more cohesive and solid group. The ability of the group to obtain some movement was due to these roles. On the other hand, individuals who were more self-conscious and unable to do indepth self-exploration and self-disclosure likely made fewer personal gains than those in positions to take advantage of the program.

Termination of the counselling group left most members with the expressed view of wishing to continue the group or wishing to establish a more advanced group counselling program. Again, the views reflected the difference in position which most members portrayed.

CHAPTER VI

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Conclusions

This study attempted to explore the effectiveness of a group counselling approach in helping victimized daughters of incestuous families. It was found that the group members had characteristics like those depicted in the literature. In addition, family behaviors described by the group members were very similar to those found in the literature. Six of the girls described family traits similar to those found in the multi-problem incest family, and the seventh girl's family typified the classic incest family. Individual family characteristics of the father-mother-daughter triad in all seven families were also consistent with research findings. Dysfunctional family roles in all seven families, with a clear role reversal of mother and daughter in six cases, were also prevalent.

The subjects in this study displayed feelings and behaviors reportedly associated with exposure to or involvement in incestuous relations. The girls in the group expressed having feelings of guilt about their involvement in the sexual relationships. Kempe (1978) reported this as a common finding in his study of girls with whom he worked. Six of the girls felt a sense of responsibility to

protect either their mothers, siblings, or both. Difficulty in sexual adjustment either through verbally expressed negative attitudes about sexual behavior or use of sexual behavior to gain control in social situations was prevalent. The sexual experiences of one group member contributed to her promiscuity. Five of the girls presented problems associated with acting out behavior such as truancy and delinquency. All group members lacked self-esteem and had difficulty in forming relationships with other people. Shultz (1980) identified this in his work with victims of incest. Five of the girls had difficulty in communicating verbally with peers or the group leaders. They had difficulty expressing opinions and appeared reluctant to be too open. All of the girls in this study expressed feelings of being shunned and socially isolated and felt they were the only persons to be involved in incestuous activities. These feelings of being different controlled the social activities in which the girls were involved. For example, none of the girls were involved in social group meetings such as Allied Youth, Girl Guides, or Church-affiliated interest groups, etc. Six of the girls reported they have no special friend with whom they spend time. In addition, six of the girls revealed they have no special interest in social activities. For example, neither of the six girls had developed interests in arts or crafts or sports programs.

Interventions following disclosure of the incestuous relationships varied for the group members. All girls became involved with social workers and police officers. Six of the girls did not view this experience as being positive. Four of the girls were immediately removed from their parents care and often from their association with siblings and/or other extended family members. In four families the incest perpetrator was sent to an assessment facility. One girl was forced to change parental residences and was placed with her estranged mother. For all members disclosure of the incest resulted in some degree of family disintegration. These experiences are not unlike those described in the literature. For all seven subjects, however, the impact of the incest disclosure was reported to have increased personal problems, at least at the point of initial discovery.

Rehabilitation for group members generally followed two trends--psychotherapy and/or psychiatric intervention. None of the group members had been involved in any form of counselling experience prior to participation in the group. In reviewing the scores of the objective tests in conjunction with the clinical assessment, there is evidence that all group members began to make positive changes in interpersonal functioning in at least some of the domains studied. The five girls who were involved in the incestuous activities on a frequent basis for a period exceeding two

years were more disturbed than the two girls who had been involved in incestuous activities five to six times in less than a year. The latter two subjects showed less problems prior to group counselling and no problems after the process. Of the five subjects who were involved in the more frequent incestuous activities over the longer period of time, four of the girls who were quite bright made more personal gains than the fifth girl who was not intellectually bright. All of the subjects appeared comfortable with the knowledge that other girls had experienced incestuous behavior in their families. This was viewed by all subjects as being helpful in making them feel less isolated. The girls became more open about their personal lives throughout the group counselling process and evaluated their own feelings and attitudes, becoming more self-assured and assertive about themselves. Their ability to relate to peers and the group leaders was markedly improved at the termination of the counselling process.

The response of the individual group members to the group counselling leads one to be optimistic about the potential of group counselling to deal with such problems. The opportunity to share experiences, to gain knowledge of themselves and of their families, and to deal with internal problems resultant from their participation in incestuous activities was supportive to these girls. Because of these findings, albeit minimal in some respects,

this study lends support to more extensive investigation into the feasibility of utilizing group counselling as a therapeutic approach to helping victims of incest. Such research is recommended since it has implications for clinical social work practice.

Limitations

Although the literature indicates that incest occurs in all strata of society the likelihood of detection of incestuous behavior increases with the increased frequency of contacts families have with agencies of social control. A social assistance family has many contacts with social control agents, thus is more likely to be found out. The consequences of this for research is that although it is easy to obtain subjects for a program such as this, the subjects likely are not representative of the general population of those sexually involved with parents.

Additional bias occurred due to the lack of specificity of criteria for selection of subjects. Social workers employed with the Department of Social Services were asked to select incest victims who they thought would benefit from group counselling. The resulting group of young people was so wide-ranging in age, sophistication, and intelligence that group sessions had to be geared to the lowest common denominator. The group counselling scope was reduced or stultified more than it would have been with

a more homogeneous group.

The counselling approach chosen limited the scope of the project. The co-workers developed a very structured form of counselling which combined educational presentations to stimulate discussion. However, the structured material set the focus of the meeting thus eliminating discussion that possibly may have been more pressing from the standpoint of the participants.

The experiment had an eight-session time frame which imposed definite limitation in regard to what would be covered and discussed. Had there been more time the difference between Time 1 and Time 2 in the Hudson (1977) scales likely could have been greater. Eight sessions severely restricted the opportunity for group interaction to develop to the point where the group would be extensively cohesive and dynamic. Furthermore, the defined structure also meant that individual group members were thrust into dealing with information for which they may not have been ready. The consequence of this was to allow minimal change in personal functioning for some group members despite some observed and some verbally expressed changes in attitudes, feelings, and behaviors. An adjunct of some individual counselling concurrent with group counselling may have proven to be more effective.

Termination of the group counselling program was also hasty with no follow-up or further group treatment

opportunities. This was a verbally expressed limitation by all group members.

Recommendations

The following are recommendations that came out of the experience of group counselling with female victims of incestuous relationships and from completing this research study.

1. Further studies of victimized daughters of incest should be completed with a random sample of daughters involved in incestuous activities in all social classes of society. This aspect poses a problem since the upper classes will be underrepresented.

2. The criteria for selection of participants of such groups should be carefully planned to ensure a homogeneous group. The group members may benefit from participating in group counselling with girls of similar age, maturity, intellect, and experience.

3. The method of group counselling used should be varied to determine if a less structured group which relies upon more input from group members would prove more effective.

4. The time frame for providing group counselling should be extended to determine if group members could make more progress in personal development due to more intense counselling of a longer duration.

BIBLIOGRAPHY

- BARRY, B.J. & JOHNSON, A.M. The incest barrier. Psycho-analytical Quarterly, 1958, 27, 845-894.
- BENDER, L. & GRUGETT, A.E., Jr. A follow-up report on children who had a typical sexual experience. American Journal of Orthopsychiatry, 1952, 22, 825-835.
- BENDER, L. A Dynamic Psychopathology of Childhood. Illinois: Charles C. Thomas, 1954.
- BENDER, L. & BLAU, A. A reaction of children to sexual relations with adults. American Journal of Orthopsychiatry, 1937, 7, 500-518.
- BERRY, G.W. Incest: Some clinical variations on a classical theme. Journal of the American Academy of Psychoanalysis, 1975, 3, 151-161.
- BLOOM, M. The Paradox of Helping. New York: Wiley & Sons, 1975.
- BOWLES, R.T. & COOK, J.V. Child Abuse: Commission and Omission. Scarborough: Butterworth & Company (Canada) Limited, 1980.
- BROWNING, D. & BOATMAN, B. Incest: Children at risk. American Journal of Psychiatry, 1977 (January), 134, 69-72.
- CAMPBELL, D.T. & STANLEY, J.C. Experimental and quasi-experimental designs for research on teaching. In N.L. Gage (Ed.), Handbook of Research on Teaching. Chicago: Rand McNally, 1963.
- CARTER, C.O. Risk to offspring of incest. The Lancet, 1967 (February), 436-447.
- CAVALLIN, H. Incestuous fathers: A clinical report. American Journal of Psychiatry, 1966, 122, 1132-1138.
- COOPERSMITH, S. The Antecedents of Self-Esteem. San Francisco: W.H. Freeman, 1967.
- COREY, G. & COREY, M.S. Groups--Process and Procedure. California: Wadsworth Publishing Company, 1977.
- CORMIER, B.M., KENNEDY, M. & SANGOWIEZ, J. Psychodynamics of father-daughter incest. Canadian Psychiatric Association Journal, 1962, 1, 203-217.

- DE FRANCIS, V. Protecting the Child Victim of Sex Crimes Committed by Adults. Denver: American Humane Association, Children's Division, 1969.
- DE FRANCIS, F. Plain Talk About Child Abuse. Denver: American Humane Association, Children's Division, 1972.
- DEPARTMENT OF SOCIAL SERVICES. Child Welfare Statistics, 1972-1980. Government of Newfoundland and Labrador.
- DIETZ, C.A. & CRAFT, J.L. Family dynamics of incest: A new perspective. Social Casework: The Journal of Contemporary Social Work, 1980, 602-609.
- EIST, H.I. & MANDEL, A.V. Family treatment of ongoing incest behavior. Family Process, 1968, 1, 216-232.
- FERENCZI, I. Confusion of tongues between adults and the child. International Journal of Psychiatry, 1949, 30, 225-230.
- FISCHER, J. The Effectiveness of Social Casework. Illinois: Charles C. Thomas, 1976.
- FRANCES, V. & FRANCES, A. The incest taboo and family structure. Family Process, 1976, 15, 235-244.
- FREUD, S. Totem and Taboo. New York: Vintage, 1946.
- FREUD, S. On the history of the psychoanalytic movement, 1914. In Standard Edition, 14. London: Hogarth Press, 1962.
- FRIEDLANDER, K. The Psychoanalytical Approach to Juvenile Delinquency. London: Routledge and Kegan Paul, 1947.
- GEBHARD, P.H. Sex Offenders: An Analysis of Types. New York: Harper and Row, 1965.
- GIARRETTO, H. Humanistic treatment of father-daughter incest. In R.E. Helfer and C.H. Kempe (Eds.), Child Abuse and Neglect: The Family and the Community. Ballinger: Cambridge, 1976.
- GIARRETTO, H., GIARRETTO, A., & SGORI, S.M. Coordinated community treatment of incest. In A. Burgess, et al. (Eds.), Sexual Assault of Children and Adolescents. Toronto: Lexington, 1978.
- GINGERICH, W.C. The evaluation of clinical practice: A graduate level course. Journal of Social Welfare, 1977 (Winter), 109-117.

- GLASSER, P., SARRI, R. & VINTER, R. Individual Charge Through Small Groups. New York: The Free Press, 1974.
- GORDON, L. Incest as revenge against the preoedipal mother. Psychoanalytic Review, 1955, 42, 284-292.
- GROSS, R.J., DOERRO, H., CALDIROLA, D., GUZINSKI, G.M., & RIPLING, H.S. Borderline syndrome and chronic pelvic pain in patients. International Journal of Psychiatry, 1981, 101, 79-96.
- GROTH, N. Guidelines for the assessment and management of the offender. In A.W. Burgess, et al. (Eds.), Sexual Assault of Children and Adolescents. Toronto: Lexington, 1978.
- GROTH, A.N., BURGESS, A.W., HOLMSTROM, L.L. & SGORI, S.M. Sexual Assault of Children and Adolescents. Toronto: Lexington Books, D.C. Heath & Company, 1978.
- GOTTMAN, J.M. & LEIBLUM, S.R. How to do Psychotherapy and how to Evaluate it. New York: Holt, Rinehart and Winston, 1974.
- HAYES, F. Statistics. New York: Prentice-Hall, 1978.
- HEIMS, L.W. & KAUFMAN, I. Variations on a theme of incest. American Journal of Orthopsychiatry, 1963, 33, 212-312.
- HENDERSON, J. Is incest harmful? Canadian Journal of Psychiatry, 1983 (February), 34-40.
- HERMAN, J.L. Incest: Prevention is the only cure. M.S., 1981 (November).
- HOWE, M.W. Casework self-evaluation: A single subject approach. Social Service Review, 1974, 48, 442-449.
- HUDSON, W.W. A Clinical Management Package for Social Workers. Honolulu: University of Hawaii, School of Social Work, 1977.
- JAMES, J. & MEYERDING, J. Early sexual experience in prostitution. American Journal of Psychiatry, 1977, 12, 1381-1385.
- JANEWAY, E. Incest: A rational look at the oldest taboo. M.S., 1981 (November).
- JUSTICE, B. & JUSTICE, R. The Broken Taboo. New York: Human Sciences Press, 1979.

- KARPMAN, B. The Sexual Offender and his Offenses. New York: Julian Press, 1954.
- KAUFMAN, I., PECK, A.L. & TAGIURI, C.K. Family constellation and overt incestuous relations between father and daughter. American Journal of Orthopsychiatry, 1954, 24, 266-279.
- KEMPE, C.H. Sexual abuse: Another hidden pediatric problem. American Journal of Pediatrics, 1978, 62, (3), 38.
- KEMPE, C.H. & KEMPE, R.S. The Common Secret: Sexual Abuse of Children and Adolescents. New York: W.H. Freeman and Company, 1984.
- KNITTLE, B.J. & TUANA, S.J. Group therapy as primary treatment for adolescent victims of intrafamilial sexual abuse. Clinical Social Work Journal, 1980, 236-242.
- KOCH, M. Sexual abuse in children. Journal on Adolescence, 1980, 643-656.
- LLOYD, J. The management of incest: An overview of three interrelated systems--the family, the legal, and the therapeutic. Journal of Social Welfare Law, 1981, 16-28.
- LUKIANOWIEZ, N. Incest. British Journal of Psychiatry, 1972, 120, 301-313.
- LUSTIG, N., DRESSER, J.W., SPELLMAN, S.W. & MURRAY, T.B. Incest: A family group survival pattern. Archives of General Psychiatry, 1966, 41, 31-40.
- MACHOTKA, P., PITTMAN, F.S. & FLOMENHAFT, K. Incest as a family affair. Family Process, 1967, 6, 98.
- MAISCH, H. Incest. London: Andre Deutsch, 1972.
- McINTYRE, K. Role of mothers in father-daughter incest: A feminist analysis. Journal of the National Association of Social Workers, 1981, 26, 462-466.
- MEISELMAN, K. Incest: A Psychological Study of Causes and Effects with Treatment Recommendations. San Francisco: Jossey-Bass, 1978.
- MOLNAR, G. & CAMERON, P. Incest syndromes: Observations in a general hospital psychiatric unit. Canadian Psychiatric Association Journal, 1975, 20, 373-376.

- NAKASHIMA, I.I. & ZAKUS, G.E. Incest: Review and clinical experience. Pediatrics, 1977, 60, 696-700.
- PIAGET, J. The Construction of Reality in the child. New York: Basic Books, 1954.
- RAPHLING, D.L., CARPENTER, B.L. & DAVIS, A. Incest: A geneological study. Archives of General Psychiatry, 1967, 16, 505-512.
- RATHUS, S.A. An experimental investigation of assertive-ness training in a group setting. Journal of Behavior Therapy and Experimental Psychiatry, 1972, 3, 81-86.
- RATHUS, S.A. & DAVID, J.S. B.T.--Behavior Therapy. New York: Doubleday and Company, Inc., 1972.
- REIMER, S. Research notes in incest. American Journal of Sociology, 1940, 45, 566-575.
- RHINEHART, J. Genesis of overt incest. Comprehensive Psychiatry, 1961, 338-348.
- SGORI, S.M. Sexual molestation of children: The last frontier of child abuse. Children Today, 1975 (May-June), 44, 18-21.
- SHULTZ, L. The Sexual Victimology of Youth. Charles C. Thomas Publishing, 1980.
- SLOANE, P. & KARPINSKI, E. Effects of incest on the participants. American Journal of Orthopsychiatry, 1942, 12, 666-673.
- STATISTICS CANADA. Census field. Population Estimate and Projection Division, 1981. Census of Canada. Population: Demographic characteristics by age group. Volume 2, Ottawa: Minister of Supply and Services, 1978.
- TORMES, Y. Child Victims of Incest. Denver: American Humane Association, Children's Division, 1980.
- TSAI, M., FELDMAN-SUMMERS, S., & EDGAR, M. Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. Journal of Abnormal Psychology, 1979, 88, (4), 407-417.
- WEBSTER'S REVISED OXFORD DICTIONARY, 1977.
- WEINBERG, S.K. Incest Behavior. New York: Citadel, 1955.

- WEINER, C.G. Rape and Sexual Assault: Management and Intervention. Aspen Systems Corporation, 1980.
- WEINER, I.B. On incest: A survey. Excerpta Criminology, 1964, 4, 137-155.
- WEINER, I.B. Father-daughter incest: A clinical report. Psychiatric Quarterly, 1962, 36, 607-632.
- WEITZEL, W., POWELL, B. & PENICK, E. Clinical management of father-daughter incest. American Journal of Disturbed Children, 1978, 132, 127-130.
- YALOM, I.O. The Theory and Practice of Group Psychotherapy. New York: Basic Books, Inc., 1975.
- YUROKOGLU, A. & KEMPH, J.P. Children not severely damaged by incest with a parent. Journal of American Academy of Child Psychiatry, 1966, 5, 111-124.

APPENDIX A

Group Therapy for Victimized Daughters
of Paternal Incest

GROUP THERAPY FOR VICTIMIZED DAUGHTERS
OF PATERNAL INCEST

Agenda

- October 6 Introduction
4:00-5:30 p.m. Purpose of group
 Preview of overall content of 7 sessions
 Input from sample regarding their needs
 to be met in sessions
- October 8 Incest: Definition of Incest
4:00-5:30 p.m. Discussion re the feelings surrounding
 the act
 Incest disclosure
 Self-perception of incest victims
 (guilt, blame, etc.)
- October 13 Role of Mothers
4:00-5:30 p.m. Role of mother in family life
 Role of wife in marital relationship
 The differences between roles of wife
 and mother
 Samples' perception of a good mother
 and wife
 Samples' reflection of how their mother
 fitted these definitions
 Role of mother in incestuous families
 Samples' feelings regarding their
 mother

October 15

Role of Fathers

4:00-5:30 p.m.

Role of father in family life

Role of husband in marital relationship

The differences between roles of husband and father

Samples' perception of a good father and husband

Samples' reflection of how their fathers fitted these definitions

Role of father in the incestuous act

Samples' feelings regarding their fathers

October 20

Role of Child

4:00-5:30 p.m.

Role of children in family life

Samples' perception of their role in the family

Samples' perception of how they related to the family group

Samples' perception of how others related to them in the family group

October 22

Sexual Knowledge

4:00-5:30 p.m.

Menstruation

Sexual intimacy prior and following

Marriage

Conception

Birth control

APPENDIX B**Data Sheet**

Part I

DATA SHEET

Name: _____

1. Age: _____ 2. Highest grade attained: _____

Are you presently?

3. Attending school: _____

4. Working: _____

5. Unemployed: _____

At the time of incest were you living at?

6. Home: _____

7. Other (explain): _____

Prior to the incest disclosure were your parents?

8. Living together: _____

9. Separated: _____

10. Divorced: _____

Following incest disclosure were your parents?

11. Living together: _____

12. Separated: _____

13. Divorced: _____

At the present are you living with?

14. Both parents: _____

15. Mother only: _____

16. Father only: _____

17. Foster home: _____

18. Other (explain): _____

Number of siblings?

19. None: _____
20. One: _____
21. Two: _____
22. Three or more: _____

Position in family?

23. Oldest child in family: _____
24. Oldest girl in family: _____
25. Only girl in family: _____
26. Only child: _____
27. Oldest girl living at home at time of incest: _____
28. Other (explain): _____

Family income?

29. Social assistance: _____
30. Father's occupation: _____
31. Mother's occupation: _____
32. Number of parents presently working: _____

Incest occurred usually (state frequency, if known)?

33. At least once per month: _____
34. Less than once per month: _____

Incest continued for a period of (state duration, if known)?

35. Less than 12 months: _____
36. More than 12 months: _____

Part II

Index of Self-Esteem (ISE)

Today's Date: _____

Name: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Sometimes
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well. _____
2. I feel that others get along much better than I do. _____
3. I feel that I am a beautiful person. _____
4. When I am with other people I feel they are glad I am with them. _____
5. I feel that people really like to talk with me. _____
6. I feel that I am a very competent person. _____
7. I think I make a good impression on others. _____

8. I feel that I need more self-confidence. _____
9. When I am with strangers I am very nervous. _____
10. I think that I am a dull person. _____
11. I feel ugly. _____
12. I feel that others have more fun than I do. _____
13. I feel that I bore people. _____
14. I think my friends find me interesting. _____
15. I think I have a good sense of humor. _____
16. I feel very self-conscious when I am with
strangers. _____
17. I feel that if I could be more like other
people I would have it made. _____
18. I feel that people have a good time when
they are with me. _____
19. I feel like a wallflower when I go out. _____
20. I feel I get pushed around more than others. _____
21. I think I am a rather nice person. _____
22. I feel that people really like me very
much. _____
23. I feel that I am a likeable person. _____
24. I am afraid I will appear foolish to others. _____
25. My friends think very highly of me. _____

Index of Family Relations (IFR)

Today's Date: _____

Name: _____

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most of all of the time

Please begin.

1. The members of my family really care about each other. _____
2. I think my family is terrific. _____
3. My family gets on my nerves. _____
4. I really enjoy my family. _____
5. I can really depend on my family. _____
6. I really do not care to be around my family. _____
7. I wish I was not part of this family. _____
8. I get along well with my family. _____
9. Members of my family argue too much. _____
10. There is no sense of closeness in my family. _____
11. I feel like a stranger in my family. _____

Index of Peer Relations (IPR)

Today's Date: _____

Name: _____

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time; your peer group. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I get along very well with my peers. _____
2. My peers act like they don't care about me. _____
3. My peers treat me badly. _____
4. My peers really seem to respect me. _____
5. I don't feel like I am "part of the group". _____
6. My peers are a bunch of snobs. _____
7. My peers really understand me. _____
8. My peers seem to like me very much. _____
9. I really feel "left out" of my peer group. _____
10. I hate my present peer group. _____

11. My peers seem to like having me around. _____
12. I really like my present peer group. _____
13. I really feel like I am disliked by my peers. _____
14. I wish I had a different peer group. _____
15. My peers are very nice to me. _____
16. My peers seem to look up to me. _____
17. My peers think I am important to them. _____
18. My peers are a real source of pleasure to me. _____
19. My peers don't seem to even notice me. _____
20. I wish I were not part of this peer group. _____
21. My peers regard my ideas and opinions very highly. _____
22. I feel like I am an important member of my peer group. _____
23. I can't stand to be around my peer group. _____
24. My peers seem to look down on me. _____
25. My peers really do not interest me. _____

Child's Attitude Toward Mother (CAM)

Today's Date: _____

Name: _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your mother. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Sometimes
- 4 Good part of the time
- 5 Most or all of the time

Please begin.

1. My mother gets on my nerves. _____
2. I get along well with my mother. _____
3. I feel that I can really trust my mother. _____
4. I dislike my mother. _____
5. My mother's behavior embarrasses me. _____
6. My mother is too demanding. _____
7. I wish I had a different mother. _____
8. I really enjoy my mother. _____
9. My mother puts too many limits on me. _____
10. My mother interferes with my activities. _____

11. I resent my mother. _____
12. I think my mother is terrific. _____
13. I hate my mother. _____
14. My mother is very patient with me. _____
15. I really like my mother. _____
16. I like being with my mother. _____
17. I feel like I do not love my mother. _____
18. My mother is very irritating. _____
19. I feel very angry toward my mother. _____
20. I feel violent toward my mother. _____
21. I feel proud of my mother. _____
22. I wish my mother was more like others I
know. _____
23. My mother does not understand me. _____
24. I can really depend on my mother. _____
25. I feel ashamed of my mother. _____

Child's Attitude Toward Father (CAF)

Today's Date: _____

Name: _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your father. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Sometimes
- 4 Good part of the time
- 5 Most or all of the time

Please begin.

1. My father gets on my nerves. _____
2. I get along well with my father. _____
3. I feel that I can really trust my father. _____
4. I dislike my father. _____
5. My father's behavior embarrasses me. _____
6. My father is too demanding. _____
7. I wish I had a different father. _____
8. I really enjoy my father. _____
9. My father interferes with my activities. _____
10. My father puts too many limits on me. _____

11. I resent my father. _____
12. I think my father is terrific. _____
13. I hate my father. _____
14. My father is very patient with me. _____
15. I really like my father. _____
16. I like being with my father. _____
17. I feel like I do not love my father. _____
18. My father is very irritating. _____
19. I feel very angry toward my father. _____
20. I feel violent toward my father. _____
21. I feel proud of my father. _____
22. I wish my father was more like others I know. _____
23. My father does not understand me. _____
24. I can really depend on my father. _____
25. I feel ashamed of my father. _____

Rathus Assertiveness Schedule

Date: _____

Initials: _____

Directions: Indicate how characteristic or descriptive each of the following statements is of you by using the code given below.

- +3 very characteristic of me, extremely descriptive
- +2 rather characteristic of me, quite descriptive
- +1 somewhat characteristic of me, slightly descriptive
- 1 somewhat uncharacteristic of me, slightly non-descriptive
- 2 rather uncharacteristic of me, quite non-descriptive
- 3 very uncharacteristic of me, extremely non-descriptive

- _____ 1. Most people seem to be more aggressive and assertive than I am.
- _____ 2. I have hesitated to make or accept dates because of "shyness".
- _____ 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.
- _____ 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.
- _____ 5. If a salesman has gone to considerable trouble to show me merchandise which is not quite suitable I have a difficult time in saying "No".
- _____ 6. When I am asked to do something, I insist upon knowing why.
- _____ 7. There are times when I look for a good, vigorous argument.

- ___ 8. I strive to get ahead as well as most people in my position.
- ___ 9. To be honest, people often take advantage of me.
- ___ 10. I enjoy starting conversations with new acquaintances and strangers.
- ___ 11. I often don't know what to say to attractive persons of the opposite sex.
- ___ 12. I will hesitate to make phone calls to business establishments and institutions.
- ___ 13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.
- ___ 14. I find it embarrassing to return merchandise.
- ___ 15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.
- ___ 16. I have avoided asking questions for fear of sounding stupid.
- ___ 17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.
- ___ 18. If a famed and respected lecturer makes a statement which I think is incorrect, I will have the audience hear my point of view as well.
- ___ 19. I avoid arguing over prices with clerks and salesmen.
- ___ 20. When I have done something important or worthwhile, I manage to let others know about it.
- ___ 21. I am open and frank about my feelings.
- ___ 22. If someone has been spreading false and bad stories about me, I see him/her as soon as possible to "have a talk" about it.
- ___ 23. I often have a hard time saying "No".
- ___ 24. I tend to bottle up my emotions rather than make a scene.

- ___ 25. I complain about poor service in a restaurant and elsewhere.
- ___ 26. When I am given a compliment, I sometimes just don't know what to say.
- ___ 27. If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.
- ___ 28. Anyone attempting to push ahead of me in a line is in for a hassle.
- ___ 29. I am quick to express an opinion.
- ___ 30. There are times when I just can't say anything.

Index of Responsibility

Date: _____

Name: _____

This questionnaire is designed to measure the degree of responsibility that you feel about yourself and the experience you have had with your father, stepfather, or foster father.

Please answer as honestly as possible.

1. Do you feel responsible for what has happened between you and your father, stepfather, or foster father? _____
If yes, why?

2. Do you feel responsible for your present family problem?
If yes, why?

3. Do you feel responsible for your parents? _____
If yes, why?

4. Do you feel responsible for other family members? _____
If yes, why?

Index of Guilt

Date: _____

Name: _____

This questionnaire is designed to measure the degree of guilt that you feel about yourself and the experience you have had with your father, stepfather, or foster father. Please circle the number on the scale below which indicates how guilty you feel about what happened to you.

0	1	2	3	4	5	6	7
.	.	.	.	.	.	.	.
Not guilty			Somewhat guilty			Very guilty	

Which of the following causes you to feel guilty? Please rank them on the scale of 1 to 6, where 1 indicates the thing that causes you to feel most guilty and 6 the thing that causes less guilt for you.

- _____ Disclosure (people other than family members becoming aware of how relationships in your family work).
- _____ Own Family Role (blaming self for what has happened in your relationship with other family members).
- _____ Peer Pressure (friends and acquaintances becoming familiar with what is happening in your family).
- _____ Desire to remain close to your father, stepfather, or foster father.

_____ Desire to keep family behavior a secret in order
to maintain stability of your home life.

_____ Feeling of having a dominant and important role
in your family.



