

Carolen Bailey papers

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Version 3
August 20, 2018

Major Treatment Goals

1. Break up denial + rationalization.
   Incredibly tight defense system.
   Very difficult to do on one to one basis;
   need a multiple treatment approach
   (ex. dad's group confronting his games)
   Chn. need contact with other victims.
2. Deal with troublesome, practical problems
   (C.D. treatment, $, etc.)
3. Family secret needs to come out.
   Airing disappears shame level.
4. Work on family boundaries.
   Best is group. Help them grow up.
   F needs to begin taking responsibility.
   Kids need to learn to be kids.
   Build ego strength, sense of self-control.

Develop sense of own personal power & control of world & what happens with them. Pride to be a woman (power seen w/ men)

5. Chn need in-put re. sep. decreasing sexual shame. Sexual issues, contact.
6. Must end in marital therapy if couple stay together.

Need: Perpetrator's Group (best way) Are men who have been emotionally abandoned by F. Spouse's group. Recipients' (V.) group. Sibling groups. Family therapy to tie all together.

Need after-care (compulsive behavior pattern). Parents united, esp. Tendency to ret. to old socialization

Incest: A Practical Investigative Guide

By CAROLEN F. BAILEY

Whether it is the result of mandatory reporting laws, increased incidence, or greater awareness, police have been caught unprepared and untrained for the surge in reported incest.

Although the actual extent of incest cannot be documented, due to limited available statistics and non-reporting, many police departments are suddenly being confronted with increasing complaints of sexual abuse within the family. Reports received in Ramsey County, Minnesota, increased 300 percent in a one-year period, and yet many researchers feel known cases are still just the "tip of the iceberg." Unlike aggravated rape, which has shown greater concentration in the larger cities, incest permeates the rural as well as the urban communities. With limited knowledge and training, the police officer is increasingly expected to investigate and resolve the most difficult, frustrating, and challenging of all offenses: incest.

Most states now have laws that require reporting to authorities of physical and sexual abuse to children by a parent, guardian or other person responsible for the child's care. Criminal statutes generally describe "incest" as sexual intercourse between relatives nearer than first cousins with the knowledge of the relationship. For investigative purposes, the broader range of "sexual abuse" cases are included because investigative techniques are similar. There may not be actual intercourse but sodomy or other molesting may be involved in the sexual abuse; and although there may be no blood relationship, the child views the relationship as incestuous because the offender is serving as a parent, such as a stepfather or mother's boy friend who is living in the home.

Since father-daughter sexual abuse cases are the most often reported to police, for simplicity we will refer to the offender as he and the victim/child as she, but it should be emphasized that there are many male children who are victims of sexual abuse and some female adults who are perpetrators. The possibility that male children may also be involved should be paramount in the investigator's consideration of such cases. Also, during the investigation of father-daughter incest cases, it frequently has developed that brother-sister (or even other relatives) incest is also involved.

Probably more than any other type of offense, the incest investigation must be initiated and completed as quickly as possible after the report is brought to the attention of outside authorities. It is urgent that each family member be carefully questioned immediately after they are aware of the investigation and that this be documented because attitudes often change quickly and evidence is lost.

Assessing and Questioning

If the reporting source is other than the victim, as much detailed information as is possible should be obtained before the initial contact with the victim. How did the reporter obtain the information? Was it direct observation, suspicion or verbal complaints from a family member? Carefully prepared background information greatly facilitates the questioning of the victim.

The child who is the victim should be interviewed first before contacting any other family members. If the parents are aware the child is to be questioned, they may interfere and attempt to prevent the report. This is an extremely difficult interview, upon which the entire outcome of the investigation is based. The victim must be supported, reassured that she is not to blame, and must trust that the results of providing the report will be an improved lifestyle or she will not provide complete information.

If the victim herself has initiated the report, this is an advantage to the investigator because the child has already decided she can no longer tolerate the incest situation and desires a change. If the incest is initially reported by a social worker, it frequently is most effective to have the social worker bring the child in for a statement because the worker may already have a relationship with the child and the child may feel more comfortable. When the child has sought help, the child's primary concern often is finding a place to live. She frequently doesn't seem to care where she is to live as long as it is not with her father (or the incestuous relative). However, if



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the victim is asked what she would like more than anything else in the world, she usually will respond, "To be home with my mother, brothers, and sisters without my father there." Because of the need to protect the child, frequently she must be moved away from her family rather than the offender. This can later be seen as "punishment" and can further increase the child's feelings of guilt and responsibility for what has happened. Where it is possible, the offender should be removed rather than the child, but in cases where the offender is likely to bail out of jail and become violent, for example, it may be too great a risk to allow the child to remain in her own home. A police protective hold on the child is frequently utilized in these cases (most states have legal provisions). Placement of a child outside her home should be made on the basis of the immediate physical threat to the child of repeated sexual abuse and physical violence, the child's own fear and attitude, including her refusal to return home, and the need to prevent coercion of the child by one or both parents.

The child may be reluctant to tell her mother about the incest because she is ashamed and feels her mother is "too weak" to deal with the reality of incest (and frequently she is).

In questioning, determine from the child:

1. The most recent incident of incest, including a detailed sequence of events and the specific act itself.

2. The duration of offenses, including the initial contact, the nature and frequency of the molestings, and any specific dates available. A specific date of offense must be determined if prosecution is to be considered.

3. Are there any possible witnesses? This could be someone who merely came home early and felt it suspicious that the victim and offender were in the bedroom alone with the door closed, someone who heard the victim crying or someone who actually saw the offense. Friends of the victim, babysitters, and other relatives are often surprising witnesses or additional victims.

4. Who has the child told about the offense? A person whom the victim may have told immediately after the offense can be an excellent corroborating witness. Also, if the child told her mother it is significant to know whether the mother took action to protect the child, if she chose to ignore her, did not believe her or just hoped it wouldn't happen again.

A medical examination of the child may be indicated if intercourse is reported. Although incest is seldom reported immediately after the offense when sperm may be present, the medical examination may demonstrate the extent of penetration and provide treatment for possible injuries and venereal disease (uncommon among these victims). This examination is especially traumatic for the incest victim and should be tactfully explained to the child.

The parents of the victim should never be questioned together. The presence of the husband or wife can greatly limit or distort the information obtained. It is usually easier to maintain control of the case and less likely to create an immediate crisis if the mother can be questioned alone before the incestuous father is aware the complaint has been made. Although the mother frequently expresses surprise about the incest, she may later relate earlier suspicions. These should be noted because they may become relevant. Subtle comments made by the mother may indicate her previous denial of the incest. The nature and/or change in the mother's relationship with her husband may also be significant. The mother is usually receptive to the child's temporary removal from the home, although her willingness seems to decrease as the age of the child decreases. Unless she has actually witnessed the incest and summoned the police to the scene of the offense, the mother is frequently reluctant to separate from her husband, and, if she does, she often will reunite with him. The mothers in these cases should be considered extremely *unreliable* during the entire investigation. Even if she initially accepts the offense as valid, she may later deny it or blame the child. She is frequently very protective of her husband and feels dependent on him. If the mother can provide corroborating evidence, such as witnessing the offense, a written statement should be obtained immediately because she may later refuse to provide any information. This may be especially true if she has been married previously and this involves her second or third husband.

If it is explained to the mother that the officer is aware that this is a very difficult situation for her, that there will be professionals to help her and the family, and that the police responsibility is to assure the child's safety, the mother may be more likely to be cooperative. She may retaliate if the officer is quick to condemn her husband's actions rather than seek facts and explanations. It is important to convey to the mother the validity of the offense rather than argue about this because it is easier emotionally for the mother to deny the offense occurred. The investigation proceeds more smoothly and it is far easier for the child if the mother is able to accept the facts of the offense.

Physical evidence, such as pornographic magazines, contraceptives, etc., should be obtained as quickly as possible and may be available through the mother at the time of the initial notification.

Questioning of the father can be most effective in the police station. Frequently the father will come in voluntarily if asked and if immediate arrest is not indicated. An emotional approach in questioning the incestuous father is frequently effective, because the father often will express guilt about the incest and relief that the "secret" is out. Encouraging the father to explain his own difficulties in childhood, marriage, sex, etc., allows him an opportunity to "save face." If you become aware that he is one of the incestuous fathers who appear to feel that sexual abuse is appropriate, justified (as with certain religious arguments), and acceptable, then a matter-of-fact, no-big-deal approach might be effective. If the father admits the sexual abuse, an attempt should be made to obtain specific information about each incident, especially where dates may be available. Details, such as the exchange of money, which corroborate the child's account, lend further credibility to the complaint.

Research Findings

Utilize knowledge of the incestuous families during the investigation. Research generally indicates:

- The child reporting the sexual abuse is usually telling the truth.
- The oldest daughter is most frequently the first victim.
- Incest will perpetuate and permeate other victims unless there is effective intervention.
- The incestuous father is frequently chemically dependent (most often alcoholic) and physically violent to most family members.

The investigation should be referred to the local child protection agency that can provide considerable assistance during the investigation and services to the family. Many prosecution cases are successful as a result of the ongoing support provided to the witnesses by the social service agencies.

Conclusion

There has been a tendency to over-react to incest as a nameless sexual evil with disastrous effects. It is important to respond to the child who has been the victim of sexual abuse with warmth, objectivity, and acceptance, so that the child is not bound up in sexual fears and the entire process which follows is not demoralizing and ineffective.

We can help the child recognize the fact that sex is simply a part of life, one of the ways in which people relate to one another. It has the potential for either good or bad. If we are irrational about sex, it is not because sex is an irrational force but because we choose to be irrational. We dare not choose to be irrational at a time when a child comes to us in serious need of common sense and good judgment. ★

Sexual Trauma of Children and Adolescents

Pressure, Sex, and Secrecy

by Ann Wolbert Burgess, D.N.Sc.*

and Lynda Lytle Holmstrom, Ph.D.**

> I think the reason why a lot of kids don't do anything, don't tell anybody, is because an adult is an authority figure and somehow they have been forced to do something wrong by an authority, and therefore it must have been right.
>
> An accessory-to-sex victim, now age 23

This paper describes our work with a group of sexual trauma victims—primarily children and adolescents—whom we call accessory-to-sex victims. In this type of sexual situation, victims are pressured into sexual activity by a person who stands in a power position over them as through age, authority, or some other way. The victim is unable to consent because of either personality or cognitive development. The emotional reactions of victims result from their being pressured into sexual activity and from the added tension of keeping the act secret. This accessory-to-sex situation is in contrast to our prior work with rape victims, described in an earlier paper,[1] in which the sexual assault of rape was clearly against the victim's will as well as generating a life-threatening situation.

The Victim Counseling Program was established at Boston City Hospital in July, 1972, as a voluntary service project staffed by a psychiatric nurse (AWB) and a sociologist (L.L.H). There were two objectives of the project: (1) to

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Nursing Clinics of North America -- Vol. 10, No. 3, SEPTEMBER, 1975

provide counseling services to victims of forcible rape, attempted rape, sexual assault, and child molesting; and (2) to study the problems victims encountered as they proceeded through the institutions designed to help them —that is, the hospital, the police, the court. In the first year, 146 victims were seen, of whom 109 were adult women, 34 were pre-adult females, and 3 were pre-adult males. The second year of the project was designed to train and supervise emergency department personnel (primarily nurses) to implement victim counseling into their repertoire of services.

The third year of the project has expanded to include consultation by staff for other hospitals and institutions as they begin to develop programs for victims. We believe nurses are an important professional group to provide diagnostic and intervention services to sexual assault victims because of their bio-psycho-social skills and their presence in facilities where victims seek services. And we especially believe that nurses could play a key role in counseling children and adolescents in issues regarding human sexuality.

THE VICTIMS AND THE ACTIVITY

Over a two-year period, we looked at all cases admitted through the emergency services of the Boston City Hospital with the chief complaint of "I've been raped" and devised three diagnostic categories: rape trauma, accessory-to-sex, and sex-stress situations. We identified a sub-sample of 33 accessory-to-sex victims from the total sample; this sub-sample included 29 females and 4 males. We have also included 9 referral cases which provide the data on the silent reaction to accessory-to-sex incidents. Of the 42 total subjects, 36 were female, 6 were male, and 27 were white and 15 black victims.

The accessory cases were categorized according to whether the incident occurred once, several times within a short period of time, or over an extended period of months or years. Cases were categorized as attempted rather than completed if there was only mention of semi-sexual activity or extremely

minimal sexual contact such as the offender briefly touching the victim. Silent reactions to accessory-to-sex incidents are those in which the victim remained silent for a long amount of time—years. The majority of victims —27 of the total 42—were under age 9 and almost half of these 27 victims were traumatized over a period of years.

Relationship of Offender to Victim

Almost half of the offenders were family members. Of these 20 men, 10 were assuming the role of father in the home; 6 of the offenders were uncle of the victim; 3 situations involved a grandfather and one situation involved a cousin. Four of the offenders were involved with 10 of the victims, which emphasizes the frequency with which one family member is able to gain access to more than one female or male child in the family. One reason that these people have repeated access to the child is because they are family members and their presence is not questioned by the family.

PRESSURING THE VICTIM INTO SEXUAL ACTIVITY

The offender stands in a relationship of dominance to the victim. Ambivalence as a component of the decision-making process is a characteristic of the child's or young person's emotional life, and the offender trades on this. Georg Simmel, in discussing domination as a form of interaction, states that the desire for domination is aimed at breaking the internal resistance of the subordinate.[2]

In accessory-to-sex incidents, the offender pressures the victim into being an accessory to the sexual activity, that is, to go along with it at least once. The victim may be totally unaware that sexual activity is part of the offer. One victim described her happy visits to her grandparent's farm and how she enjoyed being thrown into the haystack. One day the grandfather said he would throw her into the haystack and give her a silver dollar if she did something with him. The child went along with him assuming it would

be as she had previously experienced the fun, but it turned out very differently.

As in this example, some method of pressure or offer is made to the person—i.e., being thrown into the haystack. Three main types of pressure were noted in the victim sample as shown in the following chart.

Method of Pressure	
Material goods	19
Misrepresenting moral standards	13
Need for human contact	3
No data	7

Material Goods. Children are most likely to be offered some type of material good such as candy or money. In one case involving a 6-year-old girl and 6-year-old male cousin, the girl said:

> Big Bobby asked me and Joey to come see his puppies. Then he said he'd give us some money to take down our pants.

The situation advanced to where the girl was further pressured into sexual activity and penetration was attempted by the offender.

Misrepresenting Moral Standards. Family members can pressure the child by telling the child it is "okay to do." As one victim said, "If an adult tells you to do something you do it." In the case of a 5-year-old, a neighbor-offender pressured the child into "playing house" with him. The matter came to the attention of the mother when she discovered blood in her child's pants.

Young people often do not have the ability to consent when confronted with pressure by material goods or when an adult misrepresents moral standards. Children under age 6 and latency age children may know that sexual situations between them and adults are wrong, but a concept of sexuality has not been incorporated into their life style and they go along with the pressure from the adult in the situation. The following example illustrates this inability

to make a decision until it was too late.

> He had me lay down...and then he showed me his penis and I remember his talking to me and telling me he was going to put that inside of me and he showed me where he was going to put it and he made me touch my vagina and he made me touch his penis. That's when I decided that there was no way—I looked at this thing and I looked at me and thought "no way." And I got upset and I tried to get away from him but he said, "Oh, I'm going to throw you in the haystack; everything will be all right, everything will be okay." And he kept telling me that. Then he started to enter me and I can just remember the pain.

Need for Human Contact. The majority of accessory-to-sex victims are children and adolescents. However, our sample did include some adult women who did not have the cognitive or emotional development to be able to consent or not to consent. These women were extremely isolated and impoverished socially and emotionally and they were enticed by men by their needs for warmth and contact.

TYPES OF SEXUAL ACTIVITY AND VICTIMS REACTIONS

The type of sexual activity of the offender varies. Each case in the victim sample was counted once for the type of sexual activity and if multiple activities were used—which was frequent—penetration or the one closest to penetration was cited. Penetration had the highest incidence in this victim sample—15 of the 42 victims—with hand-genital contact next with 10 victims, followed by fairly equal numbers of victims reporting mouth-genital contact, attempted penetration, and approach and pressure only with no sexual contact.

Physical Reaction to Sexual Activity

Children usually described the experience in terms of whether it hurt, a negative reaction, or was pleasurable, a positive reaction. Those who indicated neither reaction were categorized as neutral.

Over half the victims experienced a negative reaction to the sexual activity. Sometimes the negative reaction serves to disrupt the offender's intent and he leaves the situation as in the following case.

> A 6 year old girl stated that a man followed her into her building and offered her a bag of candy. She said, "He took me inside the hall and put his hands in my pants and pinched me and I cried." The man left the scene at that point and the child ran to tell her mother. The mother noted blood on the child's pants, notified the police and brought the child to the hospital.

There were some victims—7 out of 42—who found the sexual activity pleasurable. These tend to be cases in which hand-genital contact was used rather than penetration. One 19-year-old woman recounting her childhood experience with her grandfather said:

> He would sit me in his lap with my legs slightly spread apart and stroke my inner thighs, labia and genital area....I found it very pleasurable. I would have my back against his torso, my head on his chest and sometimes fall asleep. He was always so warm and gentle and he would tell me stories.

PRESSURING THE VICTIM INTO SECRECY

If the offender is successful with his victim, he must try now to conceal the deviate behavior from others. More likely than not, he will try to pledge the victim to secrecy in several ways. The child may not necessarily be aware of the existence of the secret, as in situations in which the act is gentle and pleasurable and the child does not believe it is wrong. The offender may say this is something secret between them or, in some cases, he may threaten harm to the child if she does tell.

In most situations, the burden of the pressure to keep the secret is psychologically experienced as fear. Victims have spontaneously described the following fears which they said bound them to the secret.

Fear of Punishment. The victim often fears punishment if she tells. As one victim said:

> I don't remember anything wrong with it till Dad began to threaten me if I told... There was pressure to go along with him...he said he would punish me if I told mother.

Fear of Repercussions From Telling. Some victims do not think they would be believed. As one 23-year-old victim said in reflecting back on why she did not tell her parents, "You know, to this day, I don't think they (parents)

would have believed me."

Some victims never tell because they fear the reaction the outside person will have to the disclosure. One victim said she just knew her parents "never would have acted right." Or the child may fear being blamed for the activity. One victim said:

> I think I never told because father (offender) might have said I was lying or I was a bad child and no one would like me again..

In two separate situations, the children were blamed after the disclosure. One 19-year-old male victim said, "Mother made us feel we were the cause of her brother being bad and wouldn't let us talk to our cousins."

Fear of Abandonment or Rejection. Children may fear that revealing the secret will cause catastrophic results. As one victim said:

> I thought it would be terrible to be separated from the family. I thought something terrible would happen if I told.... The fear of rejection was really great as a child.

Communication Barrier. Children do have difficulty sometimes putting a description of the activity into words, and oftentimes the child tells another companion who, in turn, tells an outside person. Children may not know the adult words. One victim describes this:

> ...that's extremely rare where a kid would really be able to waltz up to Mom and say, "Guess what? Guess what your father did to me? Is it wrong for Grandpa to stick his thing into me?" I mean, can you imagine?

DISCLOSURE OF THE SECRET

In many situations, the secret is broken and this is a crucial point. A secret disclosed without both parties' consent may be termed betrayal. Thus, there is the ever-present tension that the secret may be betrayed. Simmel describes a secret being surrounded by temptation and possibility of betrayal; and the external danger of being discovered is interwoven with the internal danger of giving oneself away.[3]

Disclosure of Sexual Activity

The disclosure of the activity becomes a key clinical factor. The emotional reaction of the victim is greatly influenced by how and when the secret is disclosed and the resulting behavior on the part of the outside person. There are several ways in which the secret may be disclosed.

Direct Confrontation. There are times when the act will be observed by others and direct confrontation will occur. In the case of a 12-year-old mentally retarded girl who was seen being led into a neighbor's house, the police were notified and, upon entering the room of the man, found the offender in the act of intercourse with the girl. Or there are situations in which the child is confronted with the fact that someone has found out about the sexual activity. One 19-year-old woman recounts her childhood experience in which her mother confronted her as follows:

> One time when I came back from a weekend with my grandparents my mother wouldn't talk to me...she finally said she was disgusted with me and that she knew what my grandfather and I were doing and that I would have to tell a priest in confession...I knew what she meant because no one else did what he did...she wouldn't talk to me for days and I was upset and mad at her. It was her father and he told me to and I was supposed to obey elders and I didn't think it was wrong. So why was she mad at me? Why wasn't she mad at him?

Victim Tells Someone. Some victims are able to directly tell a parent or outside person about the sexual activity. For example, one 9-year-old was able to tell her mother that her stepfather had been "fooling" with her.

The Clue. Visible clues were provided by many victims who were unable to tell someone directly. These clues included walking home without any clothes, children staying out all night, and a pregnancy. The more subtle clues were the mother noticing an accumulation of nickels and dimes or new clothes. Another mother asked why the children were eating lollipops all the time and was told, "Uncle Jimmy gave it to me and told me not to tell you." Or the child may draw a picture or write a note. One mother told how she discovered the situation.

> My daughter half hinted at it and I had a funny feeling something was wrong so I pumped her. We were sitting at the table having coffee and my husband asked her to do something and she said no. I asked her to do something and she did it. Later she asked me if I knew why she did things for me and not for my husband. I said no. And she said she would tell me some other time—it was grown-up stuff. Well, I got this awful feeling and I knew I had to find out so I asked her. She said she couldn't tell me but would draw it...I took one look at what she drew on the paper and I went kookey.

Signs and Symptoms. If the sexual activity continues over time, signs and symptoms often develop and these may be brought to the attention of a professional.

Some parents observe the signs such as the child staying inside more frequently, not wanting to go to school, crying with no provocation, taking an excessive number of baths, or a sudden onset of bedwetting, and they become suspicious and seek professional help. The following illustrates this:

> The mother of a 15-year-old girl stated to the nurse, "Mary is taking baths constantly and keeps complaining of stomach aches. She gets very upset when one of our neighbors comes around. She used to like going riding with him and he took her for cokes and donuts ...I am suspicious of what might be going on."

It was learned that the 35-year-old neighbor man had been pressuring the girl into sexual activity and this was producing the somatic and behavioral symptoms.

A variety of symptoms may be described by the child and the parent or the professional decodes the message. The symptoms may be gastrointestinal, where the child makes a complaint of a stomach ache or a urinary tract infection develops, or the child develops a medical condition such as pneumonia or mononucleosis. The following case illustrates how a silent reaction was missed during the first hospitalization but picked up the next time by the mother and the physician and nurse.

> 11-year-old girl admitted with two-day history of right lower quadrant pain which is absent now; sharp and intermittent without exacerbation or worsening over a two-day period; no vomiting or diarrhea. Sore throat for one day. No other remarkable findings except that one year ago was admitted to another hospital and was hospitalized 5 days and diagnosed to have pelvic inflammation.

A careful history obtained from the patient and her mother separately revealed the following:

> Patient told mother last evening that she was sexually assaulted by her father four times. Parents are now separated, divorce proceedings in progress. The child states that six months ago she and her four siblings were staying alone with their father (mother had left house for 4 weeks following parental argument). Father would either put the other children to bed early or send them on errands and then tell the patient to go to his bed. She would do so. He would then ask her to pull down her pants and he would do likewise. He would put 'vaseline on his pickle' and 'put it into her.' She did not look, turned her head and screamed. She thought it went 'into her bum.' She was lying on her back each time. This scene happened two times previously approximately one year ago when her mother was absent from the home. The patient told her two siblings that her father told her that if she ever told anyone he would kill her so she never told anyone till last evening. The mother was questioning her about ordinary games played when she stayed with her father and the patient then related the "dirty game" story. Mother became disturbed and brought the child to the clinic and wants to press charges against her husband.

CLINICAL IMPLICATIONS

Management of the Victim

Nurses are key professionals to diagnose and intervene with the child or adolescent victim of sexual trauma. Very often the child is brought into a clinic or emergency room where the nurse is the first person to assess the situation. We have found several techniques useful in our work with victims which we recommend that all nurses become familiar with.

Encouraging the Child to Talk. Many of the children spontaneously talked about the incident although the family found it difficult to discuss. The parents need to talk about how they are encouraging or discouraging the child to talk about it. One mother said, "She talks about it. I tell her to forget it. She gets nervous when his name is mentioned." Another mother said:

> She has brought it up three times today. I try to ignore it so she won't think about it but she keeps talking about it.

In this situation, the mother was encouraged to talk about her feelings and told it was a normal sign for the girl to talk about it and that when she had talked enough about it she would probably stop. And she did.

Draw-A-Picture. Some children will return for clinic visits as part of the treatment regimen. The method of drawing pictures of what happened as a method to insure the child was settling the experience was discovered early in our work with two sisters, age 9 and 10, who had been molested by their stepfather. The sisters had seen the hospital child psychiatrist and later said to a victim counselor:

> I was afraid he was going to ask me to draw a picture of what happened but he didn't.

Further in the conversation one sister said, "I know what he was trying to get me to say. He was a psychiatrist and wanted to know my reaction." The sisters were quite amenable to using crayons to draw the scene, which included two stick figures lying side by side in bed. This prompted further discussion of the actual details of the activity and the children were quite intent to talk about the details they had drawn on the paper. It is our belief that encouraging the children to talk about their experiences is an open and healthy way to deal with the tensions that have built up over the secrecy process.

Observing Symptoms Over Time. Parents need to be instructed about the possible physical and behavioral symptoms that can develop in the child from the pressure of the situation, and that are considered within the normal range for this reaction to a stress situation.

Minor phobic symptoms may be reported when the victim sees or hears the offender's name or sees him. One 12-year-old mentally retarded girl who was unable to verbalize her concerns would run into the house whenever she would see the offender in the neighborhood. Another victim described her change in behavior:

> ...afterwards I just wanted to get away from him. I was afraid to go where he was after that. Didn't like visiting there any more in the summer. I stayed in the house a lot...used the chamber pot under the bed rather than using the bathroom.

Changes in sleep patterns may be noted as well as the occurrence of dreams and nightmares. One victim described a recurrent dream that she had around the age of 7 and 8 which reveals her feeling of being trapped in the situation.

> Round disk figures were making me do things. Like in one instance I was in a safety pin race with elephants and I was walking so slowly; I couldn't walk fast and the elephants would beat me. I remember feeling this terror that something terrible would happen if they beat me and each time I would wake up before the end of the race...I couldn't do what I wanted to do...I couldn't move fast enough.

Management of Silent Reaction to Accessory-to-Sex Syndrome

We have defined a silent reaction to accessory-to-sex activity when the child has kept the burden of the secret of the activity within herself. This creates considerable tension, and victims have several reactions to having to keep the secret.

Co-conspiracy Dyad. Two victims of the same offender agreed that they did not feel guilty about the sexual experience, but rather about the fact that they had kept it hidden from a parent. In this situation, when the secret was dissolved, a split occurred in the family and this was equally upsetting to the victims.

In another silent reaction the victim said:

> It's the lying and the hiding and the not talking about it that is bad. It has to be put into perspective—need to talk about it rather than make it such a hideous thing.

Resistance Techniques. There are techniques that children will use that aid in their avoiding the sexual activity. However, they do not betray the secret and they do not disobey the pledge to secrecy, but they do play a game. One victim said:

> He said I would get another silver dollar if I did it. And I said I did not want to do it right then but that I would do it some other time. And for the next seven years I played that little game: "Well, I can't do it now, I have to do this for my mother." I was never so diligent for my mother except when we were visiting.

In a situation involving a father and two daughters, the one victim described how her sister managed to avoid the father:

> My sister said my was doing the same thing...but she wasn't afraid to talk back—be aggressive about it and he left her alone.... She would get emotionally sick now that I think back. She would throw up her food when she was upset. She cried a lot and had nightmares—that would be when he was after her and this kept him away from her.

Symptom Formation. Symptoms will develop as the person is pressured to keep the secret over time; these are related to the tension inherent in the fear of disclosure. Fears become exaggerated as in the following case.

> I felt anxiety, frustration and constant fear—a real paranoia that someone would find out. It affected my relationships with my peers. I lived in a shell and escaped by reading...I was always afraid of people and thought something terrible would happen if people found out.

The fear may be exaggerated to the degree that the woman feels that her sexual partners will know she has had such an experience and she may even fear blackmail. One victim said, "I was afraid if I ever told a man or anyone that I might be blackmailed."

The fear may be expressed through recurrent dreams as in the following:

> I am riding on my father's shoulders down the main street of the town where we lived. I am naked from the waist down. As we walk my father has oral sex with me and everyone sees us.

The symptom of flashback during subsequent sexual experiences may be reported. One victim describes this:

> ...sometimes when I'm not quite ready to have sex and (he) starts to enter me, I just black into that. I just think of that, the pain; it is a similar pain...I can't deal with it at all.

Reporting a Silent Reaction. What triggers the person to reveal the incident to another person is clinically important. It may be a timely question, it may be an asscciation to a conversation, or it may be the concern of the interviewer. One victim said the first person she told was a close friend over the telephone when they were both drunk. Another victim could not tell until the significant parties involved were dead.

One notable feature when the silence is broken is the characteristic of the unresolved issue phenomenon. The incident has been encapsulated within the psychic structure for so long that when the person finally discloses the secret, the emotional affect can be quite strong, as in the following case.

> ...I am going to get hysterical in a minute and that's really terrible. I always giggle when I get very upset. I'm sorry.... You know, he was wearing green work pants with a metal zipper. I never thought of that before either, I never really sat down and discussed it in detail. He unbuttoned his shirt, god ...all of a sudden I just have this feeling of his hairy chest on my chest...like remembering him rubbing my chest...with his chest.

When the nurse diagnoses a silent reaction to a sexual trauma situation, the details of the incident should be discussed fully in order to start the process of resolving the incident into motion.

DISCUSSION

In the limited number of research articles on the subject of the psychological components of the reaction of child victims to sexual offenses, the issues of victim participation and the child's personality structure are stressed. Abraham[4] discusses sexual trauma as a form of infantile sexual activity which is often desired by the child unconsciously. Bender and Blau[5] in their report on 16 cases in children between ages 5 and 12 state there is evidence that the child derived some emotional satisfaction from the experience and that the child in some cases was the initiator or seducer. In the follow-up of this group, Bender and Grugett[6] describe how children use charm in their role of seducer. Weiss et al.[7] report on the child's personality which favored the occurrence of the sexual activity. In contrast to these positions, Melanie Klein has stated that the experience of a seduction or rape by an adult may have serious effects on the child.[8]

In reviewing our data on child and adolescent victims, we have tried to avoid traditional ways of viewing the problem and instead to describe, from the victim's point of view, the dynamics involved between offender and victim regarding the issues of inability to consent, adaptive behavior, secrecy, and disclosure of the secret.

Our data matches that of Gagnon and Simon,[9] who discuss social network reactions and state that these may further complicate the child's reaction to disclosing the sexual activity. Our data clearly indicates that a syndrome of symptom reaction is the result of the pressure to keep the activity secret as well as the result of the disclosure. However, our data also shows that the child does react, in some way, to being involved in the sexual activity itself.

It may be speculated that there are many children with silent reaction to sexual trauma. The child who responds to the pressure to go along with the sexual activity with an adult may be viewed as showing adaptive response for survival in the environment. Case finding for this type of sexual child abuse will not be easy.

The study raises many questions. If the child goes along with the sexual activity and thus adapts to the situation, are there trauma effects? If so, is it the sexual component that is traumatizing to the developing personality or is it the threat of adult aggression and fear of disclosure and punishment?

What are the psychodynamic consequences when the sexual incident is not dealt with? Will the victim develop neurotic and personality defects? Will there be a lack of social controls or lack of adult identification? What does happen if the child is deprived of childhood experiences and over-stimulated with fears, sexual activity, and aggression? What implications are there for the development of a concept of sexuality?

Only long-term study can begin to look at some of these areas. It is our hope that this data may encourage further in-depth exploration of the effects of the repetition of sexual trauma on the developing personality of the child, and the rights of children to their own sexual development.

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DEFINITIONS

ROSENFELD AND NADELSON (1976):

"EXPOSURE OF A CHILD WITHIN A GIVEN SOCIO-CULTURAL CONTEXT TO SEXUAL STIMULATION INAPPROPRIATE FOR ITS AGE AND LEVEL OF DEVELOPMENT"

BERLINER (1977):

"SEXUAL EXPLOITATION OF A CHILD NOT DEVELOPMENTALLY CAPABLE OF UNDERSTANDING OR RESISTING THE CONTACT OR WHO MAY BE PSYCHOLOGICALLY OR SOCIALLY DEPENDENT ON THE OFFENDER."

FINKELHOR (1978):

"ANY KIND OF INTENTIONALLY AROUSING CONTACT TO THE SEXUAL ORGANS BY A FAMILY MEMBER."

LARSON (1980):

"PHYSICAL AND/OR SEXUAL CONTACT BETWEEN A PARENT OR PARENT-SUBSTITUTE AND A CHILD, FOR THE PURPOSES OF THE EROTIC GRATIFICATION OF THE ADULT, AND AT A DEVELOPMENTAL LEVEL BEYOND THE COMPREHENSION OF THE CHILD."

ISSUES:

1. MAY NOT INCLUDE GENITAL/BREAST TOUCHING, AND CAN STILL BE INCESTUOUS.
2. OLDER SIBLINGS, BABYSITTERS, UNCLES ETC. ARE CONSIDERED PARENT-SUBSTITUTES.
3. THE SEXUAL GRATIFICATION IS FOR THE ADULT, NOT THE CHILD, ALTHOUGH THE MAY EVEN BE SEXUALLY RESPONSIVE.
4. SEXUAL CONTACT MEANS SOMETHING DIFFERENT TO CHILDREN THAN TO ADULTS. THE DISCREPANCY IN MEANING CAUSES CONFUSION FOR THE CHILDREN.

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Assumptions Regarding Sexually Abusing Families

1. Incest is a "Family Affair"
2. Incest families are characterized by "Boundary Problems" in all four areas:
   - A. societal/family interface - rigid
   - B. intergenerational - diffuse
   - C. interpersonal - diffuse
   - D. intrapsychic - diffuse
3. The boundary problems both enable the incest to occur, and promote symbiotic relationships, hampering individuation and fostering fusion.
4. It is Multigenerational in nature.
5. It may present to clinician as a dysfunction in any or all three major symptom areas: marital, dysfunction in spouse, symptomatic child.
6. The abuse is a compulsive behavior pattern (sexual)
7. There is a strong family cohesiveness, revolving around the secret.
8. The family is "shame-based", including about sexuality.
9. There is always a denial system, supported by rationalization and projection.
10. All family members are psychosexually/psychosocially immature.
11. Grandiosity (narcicism), played out frequently as righteous indignation
12. Everyone in family feels powerless.
13. Pervasive desertion anxiety - fear of abandonment
14. Double-bind Interaction commonplace
15. Rigid sex role expectations
16. Sexual dysfunction, at least at level of satisfaction.

Incest Identification Signs/Symptoms - Children and Adolescence

Psychological/Emotional Signs:

1. Adolescent prostitution
2. Suicide threats of attempts
3. Moderate to severe depression or anxiety
4. chemical abuse - self
5. alcohol abuse - parents
6. developmentally unusual sexual behavior or language
7. Excessive fear of being touched, going home
8. Sexual preference/identity issues
9. Severe nightmares
10. Running away from home
11. Shame-based appearance
12. Evidence of bribes
13. Dramatic change in school behavior
14. Severe learning disorders
15. Lighting fires
16. Excessive masturbation

Medical/Physical Signs:

1. Unexplained abdominal pain
2. Body mutilation
3. Adolescent pregnancy
4. Oral, anal, genital veneral disease
5. Vaginal/urethral discharge, UTI
6. Pain on defecation/soiling pants
7. Involuntary gagging response
8. Parental obsession with child's bowel patterns, genitals
9. Sudden weight gain/loss

Signals That Sexual Abuse History Might Be Present

Adults:

A. Psychological Signals:

1. Repeated hospitalizations for depression
2. Frightening fantasies or dreams about being in bed while a dark, ominous figure comes towards her
3. Lack of clear memory of childhood
4. Compulsive sexual behavior
5. Chemical dependency
6. Sexual dysfunction, usually sex aversiveness, sometimes of phobic proportions.
7. Sado-masochistic sexual fantasies or behavior as a prerequisite for arousal
8. Sexual identity issues
9. Suicide attempts or threats
10. Repeated rape victim

B. Physical/Medical Signals:

1. Persistent pain in lower abdomen, usually adol. onset
2. Body mutilation
3. Frequent "cosmetic" surgery
4. Eating disturbances: bulimia, anorexia, obesity
5. Severe reaction to medical pelvic examination
6. "Pain" reported in genitals with no apparent cause
7. Chemical abuse

FAMILY SEXUAL ABUSE TRAINING PROGRAM Pre____ Mid____ Post____

INCEST SURVEY

OF THE FOLLOWING BEHAVIORS LISTED, WHICH ONES WOULD FALL WITHIN YOUR DEFINITIONAL SET AS BEING INCESTUOUS BEHAVIOR.?

	YES	NO
FATHER AND DAUGHTER KISSING EACH OTHER ON THE LIPS? (3-11 YRS. OLD)	___	___
FATHER AND DAUGHTER KISSING EACH OTHER ON THE LIPS? (13-18 YRS. OLD)	___	___
FATHER MASTURBATING WHILE FANTASIZING HIS DAUGHTER.....	___	___
MOTHER MASTURBATING WHILE FANTASIZING HER SON.....	___	___
BROTHER AND SISTER EXPLORING EACH OTHER'S BODIES (SCHOOL AGE).....	___	___
BROTHER AND SISTER EXPLORING EACH OTHER'S BODIES (ADOLESCENT).....	___	___
BROTHER'S EXPLORING EACH OTHER'S BODIES.....	___	___
SISTER'S EXPLORING AND TOUCHING EACH OTHER'S BODIES.....	___	___
FATHER BATHING WITH HIS 11-YEAR-OLD DAUGHTER.....	___	___
FAMILY MEMBERS OF VARIOUS AGES PARADING AROUND THEIR HOME NUDE.....	___	___
A 12 YR.-OLD CRAWLING IN BED AND CUDDLING WITH MOM AFTER DAD LEAVES	___	___
A FATHER WHO GETS AN ERECTION WHEN HIS YOUNG DAUGHTER SITS ON HIS LAP	___	___
A MOTHER WHO ENJOYS SEEING HER ADOL. SON'S NUDE TORSO WHILE HE PLAYS SPORTS AT SCHOOL.....	___	___
A 4-YEAR-OLD CRAWLING IN BED WITH HER NUDE PARENTS' IN THE MORNING..	___	___
AN 8-YEAR-OLD????.....".....".....	___	___
A 12-YEAR-OLD????????.....".....	___	___
A 16-YEAR-OLD????????.....".....	___	___
A MOTHER WHO STIMULATES HER INFANT'S PENIS BY "TICKLING" HIM WHEN SHE CHANGES HIS DIAPER, AND SEES HE LIKES IT?...	___	___
TWO COUSIN'S PLAYING "DOCTOR" WITH EACH OTHER.....	___	___
A FAMILY TAKING A NUDE SAUNA TOGETHER, WITH MEMBERS OF VARIOUS AGES	___	___
INTERCOURSE BETWEEN A FATHER AND HIS 17-YEAR-OLD DAUGHTER.....	___	___
INTERCOURSE BETWEEN ADOLESCENT SIBLINGS,.....	___	___
MARRIAGE BETWEEN FIRST COUSINS.	___	___
MOTHER BATHING HER SON, AGED 14	___	___
FATHER BATHING HIS DAUGHTER, AGED 14.....	___	___

INCEST-MYTHS

1. CHILDREN LIE/FANTASIZE ABOUT SEXUAL CONTACT WITH ADULTS.
2. CHILDREN PROVOKE, OR ARE PARTIALLY RESPONSIBLE FOR SEXUAL CONTACTS WITH ADULTS.
3. MOTHER COLLUDES IN THE INCESTUOUS RELATIONSHIP.
4. NON-VIOLENT INCEST IS NOT EMOTIONALLY DAMAGING.
5. THE ABUSER ONLY PICKS OUT ONE CHILD IN THE FAMILY TO ABUSE.
6. CHILDREN LIKE TO BE SEXUAL WITH ADULTS.
7. BROTHER-SISTER INCEST DOESN'T REALLY COUNT, BECAUSE IT'S NOT DAMAGING.
8. IF THE CHILDREN DIDN'T WANT IT, THEY COULD SAY STOP.
9. INCEST OFFENDERS ARE PSYCHOTIC, OR MENTALLY RETARDED.
10. TELLING OFFENDERS TO STOP IS ALL THAT'S NECESSARY.
11. TREATING THE CHEMICAL DEPENDENCY PROBLEM WILL STOP THE INCEST.
12. CHILDREN WHO EXPERIENCE INCEST ARE ALL TRAUMATIZED.
13. CHILDREN WHO EXPERIENCE INCEST HAVE NO POSITIVE FEELINGS ABOUT THE EXPERIENCE.
14. CHILDREN WHO ARE VICTIMS WILL USUALLY TELL SOMEONE, ESPECIALLY THEIR MOTHER.

SGROI: "RECOGNITION OF SEXUAL MOLESTATION IN A CHILD IS ENTIRELY DEPENDENT ON THE PROFESSIONAL'S INHERENT WILLINGNESS TO ENTERTAIN THE POSSIBILITY THAT THE CONDITION MAY EXIST."

NOEL R. LARSON, PH.D.

General Rules for Identification & Detection of Incest

1. Always believe the child
2. Always believe the adult victim
3. Always report suspected or confirmed incest
4. Use the lever of adjudication
5. Assume that information re: occurrence of abuse will be revealed indirectly or in "disguised" form
6. Do <u>not</u> rely only on your own family experiences.

SEXUAL OFFENSES AND CHILDREN

The Offender

According to N. Groth there are two types of offenders:

1) Fixated offender - a person since adolescence has been preoccupied with children as sex objects.
2) Regressed offender - a person who has turned to children when adult relationships become too complicated. Many incestuous relationships are of this nature.

There are two types of pressures used to coerce a child into a sexual act:

1) Psychological pressure - this is when enticement, entrapment is used. Bribes, rewards of attention, affection, candy is common. If the child refuses, this pediphile offender cares for child and feels safe with her/him. (The child is being introduced to adult sexuality too early and this causes confusion especially if it feels pleasurable. The child could be put in a bind of secrecy which is a burden of guilt and fear.)
2) Physical pressure - this is when use of threat, physical injury, restraint is used. Many times the intent is to control, not harm - but injury happens anyway. They exhibit lack of concern of what happens to others.

The extreme of this is the sadist who enjoys hurting others. (The child has total loss of control, security, protectiveness. The magical world of his childhood is shattered and she/he may have to face an adult world from now on.)

INCEST

There is a family dysfunctioning of some sort. The husband may relate to the wife more as a child/parent than as an equal. The child can then become the surrogate wife. Sometimes the wife is submissive and out of fear of loss of security, punishment etc, she doesn't report the crime. About 1% of the population is involved in incest.

Similarities and Differences Between Rape and Incest

Rape and Incest both involved:

A. Sexual violation of another.

B. Active or potential physical violence.

C. Disruption of the victim's sense of well being and ability to deal with the world.

D. Confuses value of self and others, principally men.

Incest takes these qualities and can protract them by several years, from childhood, puberty to adulthood:

A. Constant and continual threat or potential for sexual and physical violence.

B. Disruption/distortion of the development of a whole, integrated individual being, pshychologically, physically, emotionally and sexually.

C. Disruption/distortion of the 'Normally' supportive and naturing roles of parents.

D. A distorted perception of the outside world and her ability to deal with same.

Procedures for working With Sexual Assault of Children

1. Two types of calls

   A. Active - a present, ongoing incestuous relationship.

   B. Inactive - an incestuous relationship now over.

These incestuous relationships may be ugly, brute force resulting, causing day-to-day terror of sexual abuse or may be experienced as loving, caring ones...sexual use but not physical abuse. Sexual abuse, the problem rising only with the gaining of knowledge that other families don't have sexual interaction in the family or any possible variation between these two extremes...remember make no assumptions.

2. Likely sources of calls.

   A. Victim

   B. School Counselors

   C. Mother, member of family

   D. Witness (close friend)

3. How to deal with call

   A. Treat as rape call...supportive, non-judgmental

      1. Just listen, give no unasked for advice. She may feel there is nothing short of making up the

2. She may feel that younger sister, if present, may "inherit" her role or who are already involve. She may feel she has to stay and protect them.

Children hawe few legal rights. They are governed by their parents. If you interfered against their wishes you may worsen an already intolerable home situation. (this does not mean action should not be taken)

C. Try to establish a level of trust. You may be the only person she can talk to. Be there for her. Be her friend. When she can trust you enough you may be able to provide her with options she can choose from, i.e. pshychological help, criminal legal, general counseling, etc.

RESOURCE PAPER
INTRA-FAMILY SEXUAL ABUSE OF CHILDREN

Scope of the Problem

Intra-family sexual abuse--sexual abuse, in other words, which is perpetrated on a child by a member of that child's family group--includes not only sexual intercourse, but also any act designed to stimulate a child sexually, or to use a child for the sexual stimulation, either of the perpetrator or of another person. "Family," in this case, includes parents and parent surrogates--people who, by sexually abusing a child, are exploiting some kind of nonsexual, parental relationship, no matter how indirect or temporary, with that child.

Legal definitions of sexual abuse of children vary from state to state, as reflected in the following terms which range from specific acts to more broadly defined phrases that could include different kinds of activity:

- indecent exposure
- impairing the morals of a minor (or contributing to the delinquency of a minor)
- rape
- attempted rape
- sodomy
- exploitation
- incest

RESOURCE PAPER: INTRA-FAMILY SEXUAL ABUSE OF CHILDREN

A typical form of intra-family sexual abuse occurs between an adult male, either the father or the mother's sexual partner, and a female child living in the same house. Charles McCaghy, writing in Sexual Behavior, describes such a case:

> Because of these circumstances he has had several sexual contacts with his victim before he is apprehended. Furthermore, these contacts tend to develop into more serious types over time: while they may begin as caressing contact, subsequent contacts become genital-genital and oral-genital in nature. The molester's ability to prolong the sexual relationship is often due to the reluctance of his wife, who frequently knows about the situation, to report the behavior; obviously, if a report is made the husband will be taken from the home and the wife left on her own. Many such cases become known to the authorities because the wife finally decides to report for one reason or another, or because the victim reveals the activity in school or to police while being questioned about other delinquent activity. Alcohol appears to play an important role for this type; in many cases drinking preceded the sexual contact, particularly for the first offense. As with most child molesters, coercion plays a minor part in incestuous offenses. Of course, there is a built-in factor of parental authority operating.

From this description, two further common conditions emerge: first, a family relationship in which one of the parents is extremely passive and reluctant to assert him/herself in ways that would seem to destroy the family unit. It frequently happens that a mother is aware, or has very strong suspicions, of sexual activity between her husband/boyfriend and her child--but does not deal with it (or, often even permit herself to recognize it) out of fear that the perpetrator would leave, or seek some kind of revenge. Second, there is the part the child plays in encouraging the sexual activity. In some cases the child can engage in frankly seductive behavior. Usually, however, the interaction is more subtle, such as those situations, conscious or unconscious, in which an adult plays on a child's need for affection and/or simple human contact, and makes it clear to the child that the only way he or she can meet this need is through some kind of sexual activity. As McCaghy notes, this type of interaction can start out as simple physical caressing which gradually becomes more sexual. At this point the child may have to be forced into overt sexual activity, but the coercion can include, along with force or the threat of harm, the warning that unless the child cooperates, the perpetrator will withdraw his or her love, and implicate the child for his or her "bad behavior."

TITLE

RESOURCE PAPER: INTRA-FAMILY SEXUAL ABUSE OF CHILDREN

Intra-family sexual abuse of children violates one of society's strongest taboos, that against incest. Although, strictly speaking, incest refers only to sexual intercourse between two people who are so closely related by blood that they are forbidden by law to marry, any kind of intra-family sexual abuse of children arouses many of the strong feelings of revulsion evoked by incest per se. Society's responses indicate the depth of these feelings. On one hand, if a case of sexual abuse is overwhelmingly well documented, the responses of the courts and social agencies tend in most communities to be swifter and more definitive than for other types of child abuse: the abused child, more often than not, will be removed from the home, and the offending party is more likely to be liable for criminal prosecution. On the other hand, there is a reluctance on the part of many professionals to recognize, gather documentary information on, and report suspected cases--resistance, in part, to dealing with problems that stir up powerful sexual fears and conflicts present in everyone. Compared with physical abuse, for example, sexual abuse has not received a great deal of attention from the helping professions, and as a result we know less about the incidence of sexual abuse than about other forms of maltreatment of children.

All evidence points to the fact that sexual abuse of children is under-reported. In the 1960's the American Humane Association conducted a three-year study of child molestation in New York City in which it estimated that approximately 3,000 cases a year took place, three-fourths of which were intra-familial--an estimate further research has proven conservative. The year after Connecticut passed an expanded child abuse reporting law, which included a $500 fine for mandated reporters who failed to report suspected cases, the number of incidents of sexual abuse reported jumped 200 percent. According to Connecticut's statistics, three-fourths of the cases were intra-familial, and most of these were perpetrated by a father, male relative, or a boyfriend of the child's mother.

Professionals must be as receptive to the possibility of sexual abuse as they are to other kinds of child abuse. As Suzanne Sgroi wrote in the May-June, 1975, issue of Children Today:

> For too long health professionals have skirted the issue of reporting suspected sexual molestation when an unmistakable diagnosis of acquired venereal disease has been made in a child.... Because of reluctance to

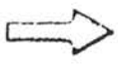
entertain the possibility of sexual molestation, we have often postulated modes of transmission of venereal disease to children within the family circle that were long ago discarded in relation to adults, such as the possibility of transmission via clothing, towels and bedsheets.

Only when professionals recognize, corroborate, and report cases of sexual abuse with the same sense of commitment that they bring to other forms of child abuse, will the extent and nature of the problem be known, and appropriate methods of treatment become widespread.

Underlying Family Conditions

Intra-family sexual abuse occurs in families under stress of various kinds. Some researchers, in fact, postulate that such sexual abuse is an extreme manifestation of a family breakdown. In addition to parents' low self-esteem, lack of proper nurturance as children, and inadequate "coping" skills, the following conditions are characteristic in cases of sexual abuse:

- prolonged absence of one parent from the home
- loss of one parent through death or divorce
- severe overcrowding in the home, especially in sleeping arrangements
- marital problems causing one spouse to seek physical affection from a child rather than the other spouse (a situation the "denying" husband or wife might find acceptable)
- alcoholism
- lack of social and emotional contacts with people outside the family
- geographical isolation, as in the case of some families in very rural areas
- a multi-generational pattern of intra-family sexual abuse
- cultural standards in a family which determine the degree of acceptable body contact



Definitions of sexual abuse must always be viewed from the vantage point of the community in which it occurs. Be aware of the cultural make-up of the trainee population and relate the contents of this lecture to the cultural standards and expectations of the group. For example, Native Americans may have a different cultural relationship to certain kinds of body contact than do white middle class Americans.

DEAR DAD...,

The following letter was written by an incest victim who has chosen to share her painful experience with us, in hope that there may begin to be a true understanding of the nature of incest. For years it has been believed all incest victims were seduced, bribed, coerced or did the seducing. While this may be true in some cases, this is another side to the picture.

Dear Dad,

Please read this letter with an open heart, it is written from my heart and is not meant to hurt or attack you.

I need to tell you how I felt the seven years you sexually assaulted me. It is very hard for me to write this, my whole body is trembling with fear and anger.

Fear is what I remember as I think of being six years old. Oh God why.... I remember the first time you raped me. You took me on a business trip with you, I was so excited, just me and my Daddy and getting to stay in a motel and eating out in restaurants with you.

It wasn't until that evening that my childhood crumbled. I remember you taking my clothes off and how trusting I was; even as you told me that what you were going to do was something wonderful, and that all little girls love it. Then came the tearing pain. I remember you covering my mouth to stifle my screams and the whole time telling me next time it won't hurt so much. I prayed... God please don't let him do this to me again. But God didn't hear my prayers and I prayed for his mercy every day for seven years. I hated you that night and I continued to hate and fear you for years. I remember when you had finished, I was still crying, and to this day I remember the pain I felt that night. You then asked me if I loved my mommie and I said yes. You asked if I loved my sisters and brothers and I said yes. That's when you told me if I told anyone of what you did to me you would put mom and everyone else against a wall and shoot them one by one and it would be my fault because I didn't keep your secret. I kept the secret and you found other ways to make sure I didn't tell as I got older remember...

For the next two years I only remember feeling confused and terrified of being alone with you and wondering when it would happen again.

Then I turned eight, I felt a hundred and wished I was dead. I remember thinking I couldn't experience anything else that could make me feel more hurt than I already felt in my heart. Until the night you decided to force me to have oral sex with you. I remember you pinning my head down and the gagging and choking (it seemed as though you pinned me for an eternity) and how much I wanted to throw up. But even more important, I remember not being able to eat without choking and gagging because of flash backs. For years Dad I couldn't stand to have anyone touch the back of my neck because of the tremendous force you used on me then and in the following years. Then came the night you fed

me booze and I remember crying and feeling sick from the liquor and the fear of knowing something awful was going to happen. Then my fear became a reality and you forced anal sex. I remember screaming out in pain and you hitting me and telling me to shut up. I thought I was ripping apart and my only thoughts were prayers to God as I remembered the pain I had felt at age six and asked God when it would end.

I could go on and on about incidents. I've only made you remember three out of hundreds. And now to the reason why I'm writing. I have just found out that you are doing these same things to your stepdaughter. The anger I kept hidden for years because of you erupted when I learned that you are still hurting children. I want you to realize that Annie trusted you once and loved you more than anyone and she could again, if you give her a father she can trust and love. If not, then you and only you will have to learn to live with the memories of her screams of pain and my screams of pain. Please look inside of yourself and try to seek help. I beg you, please spare Annie the nights I cried myself to sleep, the memories of nightmares and the years of wanting to run or die. Most of all please give her back the father she trusted and loved.

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PATTERNS OF RAPE

ANGER RAPE:

1. Aggression: more physical force is used than is necessary to overpower the victim; she is battered.
2. Assault is more impulsive and spontaneous.
3. Offender's mood state is one of anger and depression.
4. Offenses are episodic.
5. Language is abusive: cursing, swearing, obscenities.
6. Dynamics: retribution for perceived wrongs, injustices, or "put-downs" experienced by the offender.
7. Assault is of relatively short duration.
8. Victim suffers physical trauma to all areas of her body.

POWER RAPE:

1. Aggression: uses whatever force or threat is necessary to gain control of victim and overcome her resistance.
2. Assault is premeditated and preceded by persistent rape fantasies.
3. Offender's mood state is one of anxiety.
4. Offenses are repetitive and may show an increase in aggression over time.
5. Language is instructional and inquisitive: giving orders, asking questions, inquiring as to victim's responses.
6. Dynamics: compensation for deepseated insecurities and feelings of inadequacy.
7. Assault may be of an extended duration with the victim held captive for a period of time.
8. Victim may be physically unharmed: bodily injury would be inadvertant rather than intentional.

SADISTIC RAPE:

1. Aggression: physical force (anger and power) is eroticized.
2. Assault is calculated and preplanned.
3. Offender's mood state is one of intense excitement.
4. Offenses are ritualistic, typically involving bondage, torture, or bizarre acts, and are interspersed with other, non-sadistic sexual assaults.
5. Language is commanding and degrading.
6. Dynamics: symbolic destruction and elimination.
7. Assault may be of an extended duration in which the victim is kidnapped, assaulted, and disposed of.
8. Victim suffers physical trauma to sexual areas of her body; in extreme cases she is murdered and mutilated.

(Adapted from Men Who Rape: The Psychology of the Offender, by A. Nicholas Groth, with H. Jean Birnbaum. New York: Plenum Publishing Corp., 1979)

TYPOLOGY OF PEDOPHILIA

1. Primary sexual orientation is to children.	1. Primary sexual orientation is to agemates.
2. Pedophilic interests begin at adolescence.	2. Pedophilic interests emerge in adulthood.
3. No precipitating stress/no subjective distress.	3. Precipitating stress usually evident.
4. Persistent interest- compulsive behavior.	4. Involvements may be more episodic.
5. Pre-planned, premeditated offense.	5. Initial offense may be impulsive, not premeditated.
6. Equalization: offender identifies closely with the victim and equalizes his behavior to the level of the child; offender is a pseudopeer to the victim.	6. Substitution. offender replaces conflictual adult relationship with involvement with the child; victim is a pseudoadult substitute.
7. Male victims are primary targets.	7. Female victims are primary targets.
8. Little or no sexual contact with agemates; offender is usually single.	8. Sexual contact with child coexists with sexual contact with agemates; offender is usually married/common-law.
9. Usually no history of alcohol or drug abuse.	9. In more cases the offense may be alcohol related.
10. Characterological immaturity/poor sociosexual peer relationships.	10. More traditional lifestyle but under-developed peer relationships.
11. Offense += maladaptive resolution of life issues.	11. Offense = maladaptive attempt to cope with specific life stresses.

(Adapted from Sexual Assault of Children and Adolescents by Ann W. Burgess, A. Nicholas Groth, Lynda Holmstrom, & Suzanne Sgroi, Lexington Books/D.C. Heath, 1978.)

CRITERIA FOR COMPLETION AND DISCHARGE

Planning for completion of the program and discharge begins with the intake, diagnosis and admission process and continues through treatment. Completion and discharge are viewed as a process in which the adolescent, his family, his therapy group, probation officer/county social worker, and Lutheran Social Service Staff participate. Its beginnings occur as the adolescent and his family are exposed to and experience the philosophy and hypotheses of the program.

Specific steps toward completion usually are initiated by the adolescent when he announces his own belief in his readiness for discharge. He may discuss this initially with his family and/or group, but needs to at some point raise this issue with his group in the following manner:

1. Reviews the reason for his referral and admission to P/SA
2. Reviews his goals and progress towards, these goals in the program.
3. Reviews the steps and tasks that he has worked on and what he has learned and accomplished.
4. Identifies tasks to be completed.
5. Asks for feedback and recomendation from the group.
6. Listens carefully to the feedback and applies it to his situation setting up goals and time line if there are still uncompleted tasks.
7. Continues in the program to accomplish these goals and/or tasks and any others that may be recommended.

He may repeat the above process as often as necessary. He should be sharing the process as it occurs in his family sessions and with his probation officer and/or referring social worker when appropriate. When agreement is reached regarding completion discharge by all of the concerned parties, the following steps need to be taken:

1. Post treatment M.M.P.I or other appropriate testing.
2. Set a final date in group and identify if one, additional sessions are needed in family therapy, parents group or family journey
3. Identify if possible the need for and set up a contract for any following sessions in group or other along with specific tentative goals or issues to be addressed.
4. Accomplish closure with the group.
5. All parties must be clear as to all the above steps, tasks, and issues.

Criteria regarding readiness for completion and discharge:

1. Presenting sexual behavior patterns and related patterns are viewed by all concerned as either not occuring and/or within sufficient control of the adolescent and he is demonstrating a growing ability to make wise decisions regarding these behaviors
2. Owns the presenting behaviors.
3. Has integrated himself into the group and the treatment process to the extent that he feels and demosntrates an ownership of and control of his own treatment.

2. Owns the presenting behaviors.

3. Has integrated himself into the group and the treatment process to the extent that he feels and demonstrates an ownership of and control of his own treatment.

4. Participates in all phases of treatment.

5. Claims and uses time in group and in family sessions.

6. Moves from a more passive, dependent, irresponsible, helpless relationship to himself and his family to one that is more assertive and responsible.

7. Appears - where possible to be more actively involved with his family.

8. The other areas of his life are more positive - i.e. school, friends, etc.

9. Is achieving an understanding and acceptance of his sexuality from a wholistic possitive standpoint including his own maleness and sexual and integrety thus understanding into his sense of personhood.

10. Able to enjoy and not fear his fantasies and distinguish them from his behavior.

11. Examines his presenting sexual behavior, identifies its meaning and roots and shares this knowledge with his whole family.

12. He and his family actively improve their communications and work together on family issues.

13. Parents and other family members are open in their sessions, identifying feelings and able to accept each others' diffences and looking to their own responsibility towards the family and each other.

A FEW RESOURCE BOOKS FOR FAMILIES LEARNING TOGETHER ABOUT SEXUALTY

A Child is Born - Nilsson, Ingleman-Sundberg, Wirsen; Delta. The Drama of life before with the unprecidented photos by Lennart Nilsson.

Boys are Boys and Girls are Girls, So What's the Differnece - Gordon; John Day Pre-school through 4th grade.

Boys Have Feelings Too - Carlson; Atheneun
Growing up male for boys.

Changing Bodies, Changing Lives - Bell etal. Random House
An excellent comprehensive book for early to mid-adolescent and their parents.

Did the Sun Shine Before I Was Born? Gordon: Third Press. Pre-school through the 4th grade.

Embodiment - Nelson, Augsburg. Biblical, Theological view of sexuality.

Facts About Sex For Today's Youth - Gordon: Day. Adolescents and parents.

Facts of Love - Comfort; Crown. A readable affirming guide to their own sexuality. Illustrated with particularly sensitive drawings. For adolescents.

Gay Lifestyles, A Christian Interpretation of Homosexuality and the Homosexual
Pettenger; Universal Fellowship Press.

Growing Up Feeling Good - Waxman; Panjandrum/Aris.
A possitive introduction to sexuality for children pointing out that people and family styles do differ.

Human Sexuality: The Findings of the Action Reserach Project in Human Sexuality. Discovering Universities, DSMA, American Lutheran Church. An excellant documentation of the A.L.C.'s research into this important area in human life. Well documented. Useful for all congregations and church education programs.

I Wonder, I Wonder - Frey; Concordia. Pre-kindergarten.

Let's Make Sex a Household Word - Gordon. Parents

Love and Sex in Plain Language - Johnson; Bantam. Confirmation age.

Loving Free - Herrigan & Herrigan; Grosset & Dunlap. Pre-marrieds and marrieds.
A Christian couple dealing with sexual and other problems of marriage.

Loving Hands - Leboyer; Alfred A. Knopf
The traditional Indian art of baby message.

Meditations on the Gift of Sexuality - McIllvenna and Sutton; Speicific Press.
Two Methodist pastors write devotions with explicit photos dealing with many aspects of sexuality.

Men in Love - Friday; Delacorte. Men's Sexual Fantasies.

My Secret Garden
Forbidden Flowers - Friday, Pocket Books. Women's sexual fantasies. All three books illustrate the rich, wide spectrum of fantasy life that is possible and an important component of normal human sexuality.

Now What? Hutchinson; Center for Dialogue. A guide for the parent of a gay child.

Period - Gardner-Loudan, Hope, Quakerbush; Volcano Press. Mensturation and other related mental and physical changes girls experience, and the pelvic exam.

Sex with Love, A guide for Young Poeple - Hamilton; Beacon, Adolescents.
Offers options to sexual intercourse.

Sexual Options for Paraphegics and Quadraphegics - Money, Cole; Childre; Little Brown Company.

Show Me - McBride, Fleischaurer - Hardt; St. Martins. Sensitive and explicit photos for parents and children. Pre-school through adolescents.

Starting Early Sex Experience - Tepper; Rocky Mountain. Planned parenthood publications A parent's guide to early childhood sex education.

Teenage Body Book - McCoy; Pocket Books. A positive guide to understanding their bodies. For Teenagers.

The Joy of Gay Sex - Silverstein and White; Simon and Schuster. Sensitive guide for gay males.

The Joy of Lesbian Sex - Sisley and Harris; Simon and Schuster. Sensitive guide for lesbians.

The Joy of Sex
More Joy of Sex - Comfort; Fireside — Both books affirm positive sexuality touching on such topics as aging and disability.

The Family Book about Sexuality - Calderone & Johnson; Harper & Row
An excellent parents sex education book.

The Fires of Autumn - Dickenson; Drake
Sexual activity in middle and later years.

The Playbook for Kids about Sex - Blank; Down There Press.

The Playbook for Men about Sex Blank; Down There Press

The Playbook for Women about Sex - Blank; Down There Press

Other Books

Getting Well Again - Simonton & Matthews-Simonton: Torcher- St. Martins
A step-by-step guide to overcoming cancer for patients and their families.

Love and Addiction - Peele; Signet

Winning the Losing Battle- LeShar
Sensible attitude regarding weight control

* * * * * * * *

The following excellent little booklets are availabe from:
Vine Rocky Mountain Planned Parenthood Publications
1852 Vine Street,
Denver, Colo. 80206

Choices - Conception control, addressed to women, but good for both sexes.

Sisters - Female Sexuality for Blackwomen.

So You Don't Want to be a Sex Object. Positive, assertive, sexual attitudes for women.

Starting Early Sex Experience - Excellent little guide for future parents and parents of the young child regarding building sexual attitudes.

The Great Organism Robbery - Importance of communication, courting, caring in lovemaking.

The Perils of Puberty - For Girls

The Problem with Puberty - For Boys

You've Changed the Combination - Changing male female roles.

* * * * * * *

Other Helpful Resources

LUTHERAN SOCIAL SERVICE OF MINNESOTA

A. OBJECTIVES

To provide growth experiences that will:

1. Assist in determining values and attitudes regarding sexuality that are grounded in our Christian faith.
2. Increase understanding of, and comfort with, one's own sexuality.
3. Expand understanding about the effect of one's own attitude regarding the sexuality of other persons.
4. Celebrate the wholeness of God's gift of sexuality in His continuing creation with the potential for openness, joy and fulfilling intimacies.

B. PREMISES

1. SEXUALITY ENCOMPASSES MORE THAN SEXUAL ACTIVITY.

   Healthy sexuality involves an integration of body, emotions, intellect and spirit. Sexual activity is the physical expression of our sexuality.

2. SEXUALITY IS A NATURAL PART OF OUR CREATED BEING.

   Sexuality is innate, a part of our inner essential and God-given nature. It can be enhanced by information and experience.

3. SEXUAL FEELINGS AND FANTASIES ARE ALSO NATURAL.

   The ability to fantasize and to experience sexual feelings are gifts of God, given to enhance our sexuality. We are responsible for what we do with them.

4. SEXUAL HEALTH INCLUDES BOTH COMPETENCE AND RESPONSIBLE PERSONAL RELATIONSHIPS.

   Understanding and taking responsibility for our sexuality will be a very positive force throughout our lives.

5. WE CAN BEST HELP EACH OTHER REALIZE HEALTHY SEXUALITY WHEN WE UNDERSTAND AND ACCEPT OUR OWN SEXUALITY.

6. EACH PERSON NEEDS INFORMATION REGARDING HUMAN SEXUAL BEHAVIOR.

7. EACH PERSON NEEDS OPPORTUNITIES TO EXAMINE HIS/HER SEXUAL BELIEFS AND CONVICTIONS IN LIGHT OF ACCURATE INFORMATION AND WITHIN THE CONTEXT OF GOD'S WILL AND LOVE.

8. SEXUAL NEEDS AND BEHAVIOR WILL VARY FROM PERSON TO PERSON. RESPONSIBLE AND KNOWLEDGEABLE INDIVIDUALS ARE MORE LIKELY TO BE SENSITIVE TO THESE VARIATIONS AND WILL NOT BE SEXUALLY EXPLOITATIVE OF THEMSELVES OR OTHERS.

revised 11/27/79
dm

BELIEFS FOR YOUTH ABOUT SEXUALITY

God gave me my sexuality at the moment of conception. Even before I was born, I was a sexual person.

Everyone is sexual: babies, children, adults, older people.

Sexual feelings and fantasies are also God's gift to me. They are essential to my being alive.

I can misuse and abuse my own and others sexuality, just as I can misuse and abuse God's other good gifts. I have a responsibility to the feelings of myself and others.

When acting on sexual feelings and fantasies, I am responsible for the choices I make.

The church, my parents, my friends, and the world have given me confusing messages about my sexuality. When I'm confused, it is difficult to own my sexuality.

Good information, and a helpful family are important to my learning and my sexuality.

Sexual energy can help me to like, nurture and pleasure myself. It can help me to seek closeness, companionship, and communion with others.

I must experience my feelings, my knowledge, my values and my faith in order to be sexually healthy.

I need opportunities to explore my sexual beliefs and convictions.

I have the right to my beliefs about sexuality.

P/SA: PEOPLE AND PHILOSOPHY

Undergirding the hypothoses upon which the P/SA program was developed are a series of premises adopted by the Board of Lutheran Social Service of Minnesota. These premises affirm a wholistic, positive stance towards sexuality for all people from birth to death, the right of every person to full access to current sex information regardless of age, recognize the uniqueness of personal sexual beliefs or behaviors on another.

Consistant with this sex positive stance, P/SA takes the position that adolescents are people to be rated with full respect, that they are responsible, care about themselves and those close to them, have and are able to express and understand the roots of their feelings and have many of the same concerns and problems as adults, although considerably less power, and tend very early to join with adults in the belief that they are helpless, which, when it comes to sexual issues, is exactly what many adults want them to believe.

The hypotheses upon which P/SA is established include the following:

1). The adolescent male, either victim or behavior initiator, tends to join society in questioning the appropriateness of his behavior often seeing his behavior and himself as perverse and reprehensible. He is confused because his behavior, while satisfying, in that it is an attempt to meet some basic unmet need, as well as sexually stimulating to some degree, is also condemned. In his confusion, he often rejects and disowns his behavior.

2). He tends to discount or be unaware of his own senses and emotions and to distrust his fantasies. He is starved for touch and at the same time fearful of it.

3). He views himself as different or "set apart" from society and peers even though his behavior may take place as part of a group. He describes his behavior and often himself as "weird" or perverse and has few, if any, opportunities to check his self-perceptions given the cloak of silence thrown over socially disapproved sexual behavior, as is true of most sex behavior, in our society.

4). What he knows about relationshiip, intimacy and sexuality is both limited, often negative and divorced from his behavior.

5). His perception of his body is often separated from his person and becomes an object, limited to his genitals which become only a vehicle for contact with or control of another.

6). This sense of separation becomes a spriitual/moral issue as his religious beliefs and conscience no longer seem to be relevant to his sexuality.

In summary, P/SA operates from an assumption that young people (as well as adults) have learned destructive misinformation and myths regarding their sexuality and are unable at times to sort out their own feelings and thoughts in constructive, health enhancing ways. These fears and misunderstandings are often destructive to the mental, spiritual and physical health of the person and may lead to behavior which violates personal and societal laws and standards. When this happens, the person joins society in condemning, not only their feelings, thoughts and behaviors, but also themselves and see themselves as different from the rest of society. Such a boy is like a puppet with its strings cut and the parts scatttered hither and yon. It is the intention of P/SA to provide a therapeutic milieu in which he can locate all of his "parts", retie them together in their proper place and function as a whole person - and a good lover, first of himself, and then, and if and when he chooses, able to be in a love relationship with another person.

BEYOND PATHOLOGY: THE ECONOMY OF EARLY INTERVENTION AND ENRICHMENT TREATMENT MODALITIES FOR ADOLESCENT SEXUAL BEHAVIOR DISORDERS

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5th World Congress of Sexology
Jerusalem, Israel
June 21-26, 1981

When youth act out sexually in disapproved ways, we are often prone to identify those behaviors as "disordered", negative, pathological, perverse or all of the above. While some may clearly be so - rape, for example - all have a logic to them and are an outgrowth of the needs of that particular youth - his feelings, his attitudes about himself and those close to him; his life experiences and his need to comprehend and experience his sexuality. In other words, the particular sexual behavior of any one youth needs to be seen, at least from one perspective, as natural and as important for him at that particular point in his life. Thus he is not identified in this program as a sex offender.

In summary, the sexual behavior of a youth, while it may be disturbing to him, his family or his community and/or illegal, must be understood in the context of his needs - his person, his family - as well as of society. For it is an expression of all of these. It is essential then to look for what is positive in his flashing, his window peeking, having sex with younger children, having sex with another family member, crossdressing, bestiality, rape, prostituting, or serving as a victim of others. For there are clues in these behaviors, to his own sexual needs, to his personality, to his family system and, of course, to our society.

The 40 plus youth, ages 13-19, who have participated in the Personal/Socio Awareness Program of Lutheran Social Service of Minnesota in the four years of its history, have represented all of these behaviors. We have learned much from these youth and their families as they have given us the privilege of sharing in their most private and intimate aspects of their lives and beings. What we are beginning to learn, we think may be applicable to all adolescents and their families. Except for a few cases, they and their families come from middle America - solid, often conservative, religious, loving, quiet people, who, except for their son's "perverse sexuality" would, in most cases, probably not

have been in court and would not be in a therapy program. They come into our program in shock. "How could this have happened?" "How could our son do this?" And the boy is asking the same - "What is wrong with me?" "Why did I do it?" Along with the usual denial, "I'll never do it again". "I don't want to talk about it."

Because of limited funds and staff, we have not, to date, been able to research what we are learning and to provide hard data (although we intend to take steps to do so this year), but our clinical experience seems to be supporting the hypotheses we have established and which guide our programing. Further, we believe that our experience can be transplanted and adapted to other sites, as has already been done in two instances in our own area - provided the basic assumptions are adhered to and, of course, with staff compatible with these assumptions in training and attitude.

Underlying much of what we do in our assuming a sex positive approach and an inclusive stance towards most of those referred to us, is the assumption that it is probably impossible for a person to grow up in the United States - or at least in Minnesota, without being, to some extent, sexually pathological. It is out of that pathology that behaviors that might be viewed as innocuous hold within them symptoms of attitudes and present and future behaviors that are, or maybe, destructive to the person and his relationships. Thus, the boy who enjoys being nude and exhibiting his body has translated this behavior into the vehicle of his angry discontent with his parents' marital problems. The boy who is excited by dressing in women's clothing becomes obsessed with this behavior and going beyond pleasure, it becomes an expression of his rage towards the mother who abandoned him by dying. His anger now spills over and threatens to engulf other women who he comes in contact with and who he views as his mother and lover.

So we include a full spectrum of presenting behaviors, a wide range of adolescent ages, and both perpetrators and victims. We believe that their needs and tasks are very similar, as are those of their families. In their experiencing the similarity between them, one major obstacle to health is overcome, namely, isolation - that sense that "I am alone". Out of such loneliness and the inability to talk about what appears to be unspeakable, grows a sense that "I am perverse and sinful - and beyond redemption". For parents, the fear of failure and the gulf between parent and child deepens in silence.

To enable the successful treatment of these young people whose sexual experiences have been disturbing and perhaps destructive, requires a program which, while it focuses strongly on the presenting behavior, goes beyond that behavior in a search for meaning and with a strong emphasis on sexual enrichment and family. To focus only on the pathology is to limit the possibilities for significant and lasting growth and change and perhaps says something about our attitudes regarding the adolescent and his sexuality. Personal/Socio Awareness (P/SA) is based on several significant assumptions:

1) That the agency or program must assume a sex positive stance. Lutheran Social Service as a church related agency has adopted a series of premises that affirm a wholistic positive position towards sexuality for all people from birth to death, the right of every person to full access to current sex information regardless of age, recognizes the uniqueness of personal sexual beliefs or behaviors, not intruding on the personal boundaries of another, and the importance of the spiritual dimensions of our sexuality.

2) That the most effective sexual learning takes place within the family and that parents are concerned about and capable of being primary partners in their children's sexual growth.

3) Children and adolescents are fully sexual. They are people deserving to be treated with respect. They are responsible, care about themselves and those close to them, are able to understand and express the complex issues that lie at the roots of their emotions and their behaviors. They have many of the same sexual concerns and problems as adults, but unfortunately learn very early to join with adults in believing that they are helpless, which when it comes to sexual issues, is exactly what many adults want them to believe.

4) The youth served by P/SA exhibits some or all of the following characteristics when he enters the program:

   A. The adolescent male, either victim or behavior initiator, tends to join society in questioning the appropriateness of his behavior often seeing his behavior and himself, as perverse and reprehensible.

   B. He tends to discount or be unaware of his own senses and emotions and to distrust his fantasies.

   C. He is starved for touch and at the same time fearful of it.

   D. He views himself as different or "set apart" from society and peers even though his behavior may take place as part of a group. He describes his behavior and often himself as "weird" or perverse and has few, if any, opportunities to check his self-perceptions given the cloak of silence thrown over socially disapproved sexual behavior, as is true of most sex behavior, in our society.

   E. What he knows about relationship, intimacy and sexuality is both limited, often negative and divorced from his behavior.

   F. His perception of his body is often separated from his person and becomes an object, limited to his genitals which become only a vehicle for contact with or control of another.

G. This sense of separation becomes a spiritual/moral issue as his religious beliefs and conscience no longer seem to be relevant to his sexuality.

5) Treatment will be more effective if group process is the primary vehicle for therapy.

6) Any sexual pathology will be most effectively addressed and resolved when the youth learns to understand and enjoy his own sexuality. Thus the unofficial goal of P/SA is to teach its participants to be better lovers.

The program has four components to carry out these assumptions:

1) A therapy group which meets once a week for three hours and every other month for a 27-hour marathon session.

2) A weekly two hour parents group which is a supportive and educational experience enabling parents to end their own isolation and learn about their son's program.

3) Conjoint family therapy.

4) The Family Journey - a two-day sexual attitude reassessment seminar for families. Following a developmental model and using a variety of explicit and nonexplicit media, seminar leaders provide an opportunity for families to learn about the range of sexual expression. In small groups, family members may share their reactions with nonrelated other parents and youth.

Intake procedure and the four components are discussed in some detail in other papers. As the program continues to evolve, we have found that certain parent/youth tasks, treatment modalities and criteria for completion of treatment have become more significant.

For each youth, his initial and continuing primary task is to identify his presenting sexual behavior, to take full ownership of it ("I did it") and to

search for the root causes. Introducing himself in terms of his behavior when a new person joins the group gives him an opportunity to continue to clarify this behavior as a part of his sexuality. "This is my reality". And as he takes time in group to explore the scenario of his sexual experiences, he unravels the often tangled web of emotions, experiences, sensations, fantasies and meanings and exposes them to the light of day and the understanding gaze of his peers. What a relief! Their critical support and affection enable him to break through inhibiting fear and he can begin to make connections between himself and his sexuality, his person, his family and his society. How he has experienced his own fragmentation becomes clearer, healing begins and his self-concept improves. His understanding of his own personal, male sexuality provides him a base of understanding the similarities and uniquenesses between himself and other males and eventually females. The basis for relationship is established. A stronger sense and confidence in who he is provides the means with which to sort out his own role in family issues.

At the same time, the family is having to face the reality of their son's sexuality and from that the sexual nature, of their other children. Their son has, through the medium of his sexual behavior, exposed to the world "This is a sexual family". No longer is it easy to hide from that reality. They may come in asking to have their son "fixed". But through parents group and family therapy, they begin to slowly learn about sexuality of the family and its inter-relatedness with other issues. Sexuality is redefined much more inclusively. The family's role in their son's sexual behavior, attitudes about that behavior, family communication systems and relationship patterns become clearer and begin to change.

Several program methods have become primary tools in treatment. The group is, of course, the most significant program tool. It is the vehicle for each of the others. It enables social exploration and testing with peers that is

not possible in a one-to-one situation. The testing of peer reality enables the establishment of a group culture which now challenges staff to practice what they preach. In an open group, the flow of participants through the program enables the transmission of that culture and experience to new participants that is significantly deepening and speeding up the treatment process. Whether parent or youth - the reaction of the peer to one's secret terror is of far greater significance than that of the therapist. In the parents group, the endorsement of family therapy, The Family Journey, the marathon is far more valuable than the professional's statement. In the boys group, the decision to use the sauna and pool nude is now a norm and the natural phenomena of erections due to the visual stimulation of other male bodies has become rarely a risk, not because of group pressure but because of the security of group acceptance and endorsement of body. Thus, the boy with hypospadia can not only allow his penis to be seen, but announces his first self-induced ejaculation (at age 16) and lectures on the nature of his condition illustrated with larger than life diagrams of his own penis. So the boy with a congenital foot malformation is comfortable with a boy of same sex orientation. Methods flow together. The concept of body flow as described by Thore Langfeldt provides an understanding about male sexual response, and opens the feasibility for understanding a root of the two branches of abnormal male sexual behavior; one leading to sexual violence and rape and the other to the sexual dysfunctions of impotence and/or premature ejaculation. Discussion of these in group is fine. Permission to experience the natural body response and erections nude in a supportive group through the mediums of sauna and whirlpool is a far more affirming and impressive experience and opens the possibility of avoiding those abnormal options and offers sexual health instead.

Body issues of stress and fear of touch are addressed through guided exercises in focused abdominal breathing and simple message techniques. Group hugs at

the end of each meeting provide an entre for one boy to ask another to hold his hand while he struggles with a difficult issue and warm, lingering embraces at a moment of deep emotion or success in breaching a difficult threshold in personal discovery help him to redefine the meaning of maleness.

A library of selected literature on sexuality for use on marathons and the use of both explicit and nonexplicit media provide another visual dimension in understanding their own sexual natures and that of others. The use of a film depicting two boys in a loving erotic experience shown with the standard adult explicit relationship films affirms louder than any words that young people are fully sexual beings and are also capable of expressing their affection to each other.

The affirmation of all fantasy seems to foster a growing repertoire providing a greater choice and less possibility of a narrowly based fixation with its accompanying tyranny and potential loss of behavioral control as is so often true in the adult sex offender. Even with these men, it is important not to repress the fantasy, but rather to understand it and distinguish between it and behavior.

Finally, criteria for change seem to be more clearly emerging. Significant indicators of change lie in an almost total absence of recurrent presenting behavior in our population to date and completion of treatment within an average of six to nine months as opposed to an average of 24-30 months for adult offenders at the University of Minnesota. While we continue to have much to learn about change and growth, the following are the criteria we currently look for:

1) Presenting sexual behavior patterns and related patterns are viewed by all concerned as either not occuring and/or within sufficient control of the adolescent and he is demonstrating a growing ability to make wise decisions regarding these behaviors.

2) Owns the presenting behaviors.

3) Has integrated himself into the group and the treatment process to the extent that he feels and demonstrates an ownership of and control of his own treatment.

4) Participates in all phases of treatment.

5) Claims and uses time in group and in family sessions.

6) Moves from a more passive, dependent, irresponsible, helpless relationship to himself and his family to one that is more assertive and responsible.

7) Appears - where possible to be more actively involved with his family.

8) The other areas of his life are more positive - i.e. school, friends, etc.

9) Is achieving an understanding and acceptance of his sexuality from a wholistic positive standpoint including his own maleness, sexual integrity and sense of personhood.

10) Able to enjoy and not fear his fantasies and distinguish them from his behavior.

11) Examines his presenting sexual behavior, identifies its meaning and roots and shares this knowledge with his whole family.

12) He and his family actively improve their communications and work together on family issues.

13) Parents and other family members are open in their sessions, identifying feelings and able to accept each others' differences and looking to their own responsibility towards the family and each other.

We are discovering in P/SA how much we have to learn about child/adolescent and family sexuality. We are still barely into the infancy of our understanding. What seems to be most clear is the importance of enrichment and growth in treatment.

That to focus primarily on pathology is to limit the prognosis and perhaps not even allow for the change and growth that our youth and their families demonstrate so clearly is possible for them.

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P/SA: THE INITIAL INTERVIEW AND REALITY OF FEAR

In the initial interview the boy's sexuality is acknowledged and affirmed in a way that he likely has not experienced before and his presenting behavior is taken seriously and recognized as a logical expression of his needs as a sexual person.

This strong, positive acknowledgement of his sexuality usually enables him to own his presenting behavior which is a first step in his affirming and owning his own sexuality. At this point his parents are invited into the interview to have their fears acknowledged, also, and give these reassuring parameters:

1). It's normal for parents to be fearful, angry, sad and confused when their children behave in ways that they don't understand. (No one told us parents about our own sexuality, much less the sexuality of our children).

2) Their son has already owned his behavior, has demonstrated he can and will talk about it.

P/SA is a program where they and their son can experience success in understanding the meaning of this behavior.

Thus the reality of their son as a sexual person begins to come into focus, perhaps for the first time after 14 or 15 years of denial.

Sexuality is out in the light of day from this moment on. No limit is placed on the kind of language used except that it be meticulously accurate and meaningful to the user and listener. All facets of each boy's sexuality is explored and sensitively examined and he is gently helped to work it into the fabric of his person. Fantasies, experiences, emotions, values begin to have meaning and usefulness. He learns that his sexuality is an expression of his whole being and not just his penis and is a part of all his relationships, His ability to love another requires that he know and love himself and be able to enjoy pleasuring his body. Masturbation enables him to learn about how his body works, what his turn-ons are, what his semen tastes like, how he likes to be touched and where, and where he is vulnerable.

From the beginning, fear can be an almost paralyzing emotion for both the adolescent and his family. Let's face it! Given society's attitudes, double messages, myths, and misinformation it is almost impossible for anyone to grow up unscathed. For the youth whose behavior has been clearly defined as deviant and probably illegal, the fear is overwhelming with a counter reaction of denial, repression and minimization. Parents respond in similar fashion with occasional impotent rage quickly followed by the protective "My

son could never do a thing like that!".

Neither parent nor child are prepared to come to grip with the reality of the behavior and the real or imagined consequences of it.

Defining the fear within reasonable and understandable parameters is a major goal for the first interview and can be accomplished in the following steps:

1). Talk about the fear when they call to make the first appointment and then again during the first few minutes of the interview--letting them know that you understand and they don't need to hide it.

2). Seeing the youth alone first, underscores his focal position and greater fear and discomfort and gives him the opportunity to share information that his parents may not know. It also serves as the first step in interferring in the family system.

3). A comfortable, accepting, reassuring manner on the part of the therapist communicates that he or she understands and the world need not come to an end. By talking openly about sexual issues forthrightly--using language that is familiar to the boy and his family says--"we can talk about the unspeakable".

4). Invite the boy to clearly state what his behavior was, encouraging him to be detailed and use this an entr'ee to a quick sex history.

5). Reassure him about the normal aspects of his behavior (i.e. curiosity, pleasure, etc.).

6). Begin teaching new and accurate information during the interview--the positive importance of masturbation for example.

7). Invite his questions about P/SA and fill in what he doesn't ask, reassuring him that there is hope and answers for his often unspoken questions.

8). A strong encouraging invitation to join P/SA allows him to make a positive decision in his own behalf and reduces unnecessary worry about making it later (Strike while the iron is hot!). It's important that the interview be as close to his first meeting as possible to reduce the length of time between decision and first meeting.

9). When the parents join the interview, talk about their fears. (It's helpful for the therapist to be a parent and use that role to identify with their pain and discomfort).

10). Let the parents know of their son's openness and decision. Often they're amazed and reassured. (My son is not so terrible. There is hope).

11). Help the parents make a commitment to family therapy and parents group, and the Family Journey.

All of the steps normally take place in one interview of less that 3 hours.

Sexual Abuse in Children/Incest

Dear Ann Landers: Can you believe that researchers are now trying to get us to accept incest as "not necessarily harmful"? One "authority" even suggested it might be a good thing.

I read a long article on this subject, not in a sleazy under-the-counter magazine but in Time, no less. The whole concept is so mind-boggling I had to write to you and ask is the world changing THAT much? Am I crazy to think this is the sickest of sick?

A Johns Hopkins expert says, "A childhood sexual experience, such as being the partner of a relative or of an older person, need not necessarily affect the child adversely."

One of the authors of the original Kinsey report goes further. He says, "It is time to admit that incest need not be a perversion or a symptom of mental illness. Incest between children and adults can sometimes be beneficial."

Another "researcher" says that "if there were a little more touching in the home, the nation might not be facing the present rash of feverish adolescent sexual activity outside the home."

I have been reading your column for nearly 25 years. What you say has a serious impact on the morals in this country. Please state your views on this subject. I feel as if I am completely out of touch with the times and need to be set straight. Thank you, Ann. — Reader In The Detroit Free Press

Dear Detroit: The "experts" and researchers can say whatever they wish — to sell books, shock the socks off people on talk shows, or grab newspaper and magazine space. Incest is a hideous crime against children, and no amount of fancy language can make it "beneficial."

Any kind of sex without informed consent should be considered unacceptable if not damaging. How can a child give informed consent? It is not possible. Even though there may be an absence of violence, the act of incest is an assault on the innocent.

I have no credentials from Johns Hopkins, but over the years I have received thousands of letters from young girls who have been sexually abused by their fathers, grandfathers, uncles and brothers. They are pathetic creatures, trapped by fear, shame and deep-seated feelings of guilt. They write desperate, pleading letters — almost never signing a name or giving an address — asking what to do. I advise them, "TELL SOMEBODY AT ONCE — A TEACHER, AN AUNT, A DOCTOR, YOUR CLERGYMAN. YOU CANNOT ALLOW THIS TO GO ON." Then, I pray that these terrified little girls will have the courage to take my advice.

Incest "beneficial"? Only a sick mind could have hatched that adjective.

Dear Ann Landers: You were right to tell "Dead End Street, USA" to get his pedophilia over to a local therapist. I just hope he does it fast, before he turns a corner he'll regret. This man's compulsion to fool around with little girls is no less a crime because it has a fancy name. It is still the rankest show in town.

My little girl was a victim of such a man. She traded her innocence and mental health for a candy bar — not just once, but many times--whenever "Big Marvin" got a hankerin for a little girl. She's a grown woman now, but life is passing her by because of the damage done by this pedophiliac.

Can it be that "Dead End" doesn't go for help because he really doesn't want it? If the guy values his marriage, he will take your advice, seek his wife's understanding and make a full and complete commitment of cleaning up his act.

Why am I writing when you have already said it all? To underscore your advice--and your warning. If he is caught by the wrong father, he will rue the day. --Withhold my Name For My Daughter's Sake

Dear Name Withheld: Thank you for writing. And now may I offer some advice for your daughter? If life is passing her by because of her tragic childhood, she should get back into therapy (I assume she has had some), but this time she should see another therapist.

Dear Ann Landers: This morning your column made me see red. Your reply to "Worried Grandma" regarding her son sleeping with his 10-year-old daughter was absurd. The only problems in this area are created by old-fashioned biddies like Grandma and people with dirty minds — like you.

As the divorced mother of two young daughters, I would not hesitate for one minute to let my daughters sleep with their father. In fact, the thought would never cross my mind that something might be wrong with it.

I do see real problems, however, in explaining to my daughters why they cannot continue to sleep with their Daddy as in their younger days. Now, THAT would put some funny ideas in their heads.

I thought you were with it until I read that answer, Ann. You surprised me. — Montreal Mother

Dear Montreal: Here's a letter from Indiana that responds to yours in a way I never could. I hope you will read it carefully. She has been there. I have not.

Dear Ann: Not only do I want to underscore your note of alarm about little girls sleeping with their fathers, I'd like to extend it to little girls sleeping with their mothers.

Children grapple with all sorts of sexual feelings at an early age — including incest and homosexuality. The intimacy of an adult bed can create a lot of ambivalence, anxiety, confusion and guilt.

I know about all this because I slept with my mother all through my childhood. (Please note, I am a female.) I'm sure my mother was well-intentioned, but I suffered a great deal of emotional upheaval because of her ignorance. It took five years and two psychiatrists to bring me peace of mind. I had to acknowledge powerful incestuous feelings and also come to terms with my bisexuality.

Please tell parents everywhere to hug their children, love them, cuddle them and hold them. Then put them in their own beds for the night. Even a cushion on the floor is better than being in a bed with a parent. It is far more desirable than stirring up feelings the little ones can't handle. — No Name Please And No City Or State

Dear N.N.: Thanks for sitting in my chair today. You did a superb job.

Attacking the Last Taboo

Researchers are lobbying against the ban on incest

Sex researchers love to shock the public. Trouble is, the public is becoming more and more difficult to shock, and researchers are running out of myths to attack. Perhaps that accounts for the latest—and what may be the most reprehensible yet—trend in the field: well-known researchers and a few allies in academe are conducting a campaign to undermine the strongest and most universal of sexual proscriptions, the taboo against incest.

Most of the chipping away at the taboo is still cautious and limited. Says John Money of Johns Hopkins, one of the best-known sex researchers in the nation: "A childhood sexual experience, such as being the partner of a relative or of an older person, need not necessarily affect the child adversely." Money and Co-Author Gertrude Williams complain in their forthcoming book *Traumatic Abuse and Neglect of Children* about the public attitude that "no matter how benign, any adult-child interaction that may be construed as even remotely sexual, qualifies, a priori, as traumatic and abusive." One who commits incest, say the authors, is like "a religious deviant in a one-religion society" —thus neatly planting the notion that opposition to incest is quite like religious intolerance.

Wardell Pomeroy, co-author of the original Kinsey reports on males and females, is far more blunt. "It is time to admit that incest need not be a perversion or a symptom of mental illness," he says. "Incest between ... children and adults ... can sometimes be beneficial." Indeed the new pro-incest literature is filled with the stupefying idea that opposition to incest reflects an uptight resistance to easy affection and warmth among family members. Writes Anthropologist Seymour Parker of the University of Utah cautiously: "It is questionable if the costs (of the incest taboo) in guilt and uneasy distancing between intimates are necessary or desirable. What are the benefits of linking a mist of discomfort to the spontaneous warmth of the affectionate kiss and touch between family members?"

The SIECUS *Report*, the publication of the Sex Information and Education Council of the United States and an unfailing indicator of fads and fashions in the sex research world, published a major article attacking the incest taboo. Though the journal's editor, Mary Calderone, and her colleagues ran an ingenuous editorial denying that the article was advocating anything, the piece in fact depicted the taboo as a mindless prejudice. Wrote the author, James W. Ramey: "We are roughly in the same position today regarding incest as we were a hundred years ago with respect to our fears of masturbation." Ramey, a researcher who has worked with many of the leading sex investigators, says the incest taboo owes something to "a peculiarly American problem—the withdrawal of all touching contact." With a little more touching in the home, he thinks, the nation might not be facing "the present rash of feverish adolescent sexual activity outside the home."



Jill Clayburgh embraces Matthew Barry in the film *Luna*

More an object of pity than one of outrage.

As in any propaganda campaign, the words and terms used to describe incest are beginning to change. The phrase "child abuse" is distinguished from "consensual incest" involving a parent, and "abusive incest" is different from "positive incest." Some try to give the argument a bit of serious academic coloration, ransacking anthropological literature for a tribe or two that allows incest, or arguing that the incest taboo is dying of its own irrelevance. Rutgers Anthropologist Yehudi Cohen offers a simplified pseudo-historical argument: the taboo is a holdover of a primitive need to form personal alliances and trade agreements beyond the family. Since that is no longer necessary, he says, "human history suggests that the incest taboo may indeed be obsolete." Joan Nelson, a Californian who holds an M.A. in psychology from Antioch, has a special interest in the subject. She has launched the Institute for the Study of Sexual Behavior, and has passed out questionnaires looking for "good or bad" incestuous experiences.

For whatever reason, public interest in incest as a subject seems to have increased. Hollywood provides a good index; one survey shows there were six movies about incest in the 1920s, 79 in the '60s. The numbers are still growing. Recent films on the subject include *Chinatown, Luna* and the made-for-TV *Flesh and Blood*. But probing a sensitive subject for better understanding is one thing, and justifying incest is quite another.

How did the lobby against the taboo come about? One strain of its philosophy springs from the fringes of the children's rights movement, which insists that small children be granted all the rights of adults. Some have taken that to mean the right to be sexually active with any partner at all. Says Larry Constantine, an assistant clinical professor in psychiatry at Tufts, one such self-styled sexual radical: "Children have the right to express themselves sexually, even with members of their own family."

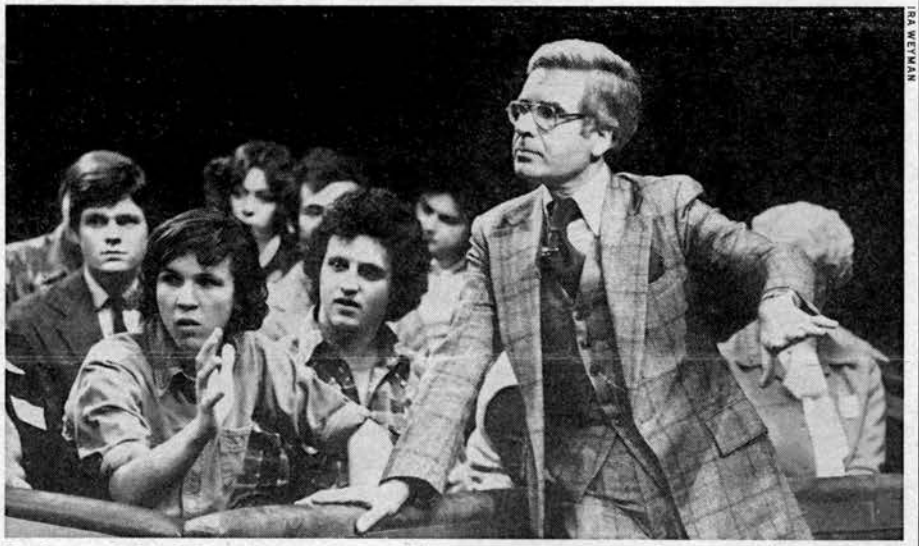
But most of the pro-incest thought rises logically enough from the premises of the sex-research establishment: all forms of consensual sexuality are good, or at least neutral; problems arise not from sex, but from guilt, fear and repression. That kind of faith is bound to lead its believers in crusades against all sexual prohibitions, including incest.

Traditional academics have tended to look down on sex researchers as pushy, ham-handed amateurs, and the arguments for incest will do little to change that view. The literature shows absolutely no attention to psychological realities: that often an adolescent and surely a small child can hardly produce anything like informed consent to an adult it depends on for life and guidance; or that the lifting of the incest barrier would invite the routine exploitation of children by disturbed parents. The sex researchers may get the shocked public reaction they expect, but their arguments are truly too simple-minded to earn it. Critic Benjamin DeMott, professor of English at Amherst, feels that outrage is not the proper response to what might be called the pro-incest lobby. Says he: "These voices cry out loudest for pity." ■

Lights! Camera! Argue!

A Harvard professor stars in a verbal free-for-all in Boston

"Drink up!" WCVB-TV Producer Claude Pelanne told the studio audience as it waited for the taping to begin. The wine glasses were quickly drained. Pelanne was not preparing the 40-odd guests for some mindless sitcom: he was readying them for *Miller's Court,* a Boston television show in which the audience matches wits on controversial issues of the law with Arthur Miller, a professor from the Harvard Law School. The result: an uninhibited, often dramatic and sometimes humorous encounter that now is viewed in 100,000 homes in the Boston area every Friday night at 7:30. Encouraged by the success of *Miller's Court,* WCVB, an ABC network affiliate, is considering syndication of the show.



IRA WEYMAN

Professor Arthur Miller and his studio audience debate civil disobedience in WCVB-TV studio

"If Roger says some idiotic thing, I want Claire to yell at him."

Only a man of Miller's theatrical talent could make a winner out of the heavy fare that is the show's subject matter. Roaming about a small stage, his hands stabbing the air for emphasis, Miller, 45, goads and needles, at times virtually cross-examines studio guests, who wear large yellow tags giving their first names. Leading discussions on such issues as sex discrimination, the death penalty, and child abuse, Miller elicits one view from one participant, an opposing thesis from another; occasionally, in the best Socratic manner, he lures a guest into contradiction to clarify a specific point. During a recent show on civil disobedience, for example, Miller asked, "Is conscience above the law?" then compared the refusal to pay taxes by military-spending opponents with illegal efforts to prevent school busing by busing foes. "That's confusing the issue," countered one young liberal. It is such disagreement that gives the show its spark. As Miller admonishes the audience before the cameras roll, "If Roger says some idiotic thing, I want Claire to yell at him."

Miller's goal in all this is to educate the layman. Why should the law be mysterious? he asks. An expert in privacy law and court procedure and one of Harvard Law's most popular and entertaining lecturers, Miller slid into television after a friend, Nieman Foundation Curator James Thomson, suggested that WCVB use the professor as a guest host on *Sunday Open House,* one of the station's many public affairs offerings. Those appearances led to his own show. *Miller's Court* made its debut last fall. At first the audience was minuscule, but soon interest perked, and the show now attracts 10% of the viewers during its Friday night slot—not enough to set off a mad scramble by advertisers, but a strong performance for a public affairs program. The initial plan for 13 shows has been expanded to include 31. Miller's explanation for his success: "My perverse nature."

To balance comment from the shoot-from-the-hip amateurs, mostly volunteers, in the audience, Miller invites experts on the subject under discussion. They contribute to the debate, and with their guidance, Miller ends the program with an assessment of how the legal system would settle the issue. The show, says Andrea Pollack of Lexington, Mass., a recent studio participant, "brings the law down to a level where we can understand it." Adds Tom Carlson of Medfield, another guest: "Miller gets the man in the street more interested in the law by giving him a chance to get in on the discussion." Miller's talent at sparking wide-open discussion is such that many viewers report switching off their sets after the show and continuing the debate in their living rooms.

Television watchers are not the only ones who have given the professor a warm reception; colleagues, too, have been complimentary, much to his surprise. "I had feared I would be drummed out of the corps," says Miller, who refused to tell associates of the impending series last year. "I was deathly afraid of the legal community's reaction." Instead, he finds colleagues more than eager to serve as his experts. For Miller, it has been the culmination of what he once described as his "Walter Mitty dream to be the Dr. Joyce Brothers of the law." ■

System Spoiled

Fewer plums for party faithful?

To the victor belong the spoils. That old political adage may have been laid to rest last week when the Supreme Court ruled that government employees cannot be routinely fired by a new administration simply because of their political affiliation. Critics, including two of the three dissenting Justices, quickly claimed that by striking a blow against the traditional patronage system, the decision could injure the already ailing political parties.

The case before the court was brought by two assistant public defenders from Rockland County, N.Y., both Republicans. When a Democrat was appointed as their boss in 1978, he tried to replace them with members of his own party. The former test, developed in the 1976 decision *Elrod* vs. *Burns,* permitted dismissal of employees who held policy-making or confidential positions. The court ruled last week, however, that under the First Amendment's protection of the freedoms of belief and association, a public employee cannot be fired for partisan reasons unless "party affiliation is an appropriate requirement for the effective performance of the public office involved." The two plaintiffs could stay on.

In dissent, Justice Lewis Powell attacked the decision for "vague and sweeping language" and suggested that it would create "a national civil service system" run by judges. Another critic, John Gunther, executive director of the U.S. Conference of Mayors, expressed concern that the ruling might produce "a government of eunuchs." Said he: "I don't see how you can carry out policy that way. People go to the polls for a change. That's not just one person. It's staff as well." ■

MYTHS ABOUT CHILD SEXUAL ABUSE

1. Children lie/fantasize about sexual contact with adults.
2. Children provoke or are partially responsible for sexual contacts with adults.
3. The mother colludes in the relationship.
4. Non-violent incest is not emotionally damaging.
5. The abuser selects only one child in the family to abuse.
6. Children like to be sexual with adults.
7. Brother-sister incest doesn't really count because it's not damaging.
8. If the children didn't like it, they could say stop.
9. Incest offenders are psychotic or mentally retarded.
10. Telling offenders to stop is all that's necessary.
11. Treating the chemical dependency problem will stop the incest.
12. Children who are victims will usually tell someone, especially their mother.
13. Incest occurs within the family so isn't really a problem to the community.
14. Incest is rare.

"RECOGNITION OF SEXUAL MOLESTATION IN A CHILD IS ENTIRELY DEPENDENT ON THE PROFESSIONAL'S WILLINGNESS TO ENTERTAIN THE POSSIBILITY THAT THE CONDITION MAY EXIST."

By Carolee Bailey

QUESTIONING THE SEXUAL ABUSER

1. Preparation

Before questioning, be sure that you know all the facts available. There will obviously be facts that you receive during questioning that you may want to check later, but there are many resources you can utilize so that you are more aware before you even approach the person to be questioned.

A. Get all the details from your referral source. Pursue specifics.
B. Obvious resource for initial information is your own records. Files on closed cases should be immediately available and often contain valuable history.
C. Other agencies may have considerable information on the family of which you are unaware. These could include community center, Probation Office, Dept. of Education, police files, etc. The abuser is frequently a known criminal, and it could be dangerous!
D. Associates of the abuser, such as landlords, neighbors, employers, relatives, etc often have helpful information.

2. Location of Questioning

Generally, suspects should not be questioned in familiar surroundings. The office, especially at the police station, gives the questioner the greatest advantage for several reasons. The person to be questioned is less comfortable and confident in your office than on his own home grounds. When questioning, you want the person to fix his attention on you. A moment when he leaves the room or is otherwise interrupted gives him relief from questioning and a chance to pull himself and his story together. The office assures privacy and that the questioning will not be interrupted by children, etc. It is wise not to allow people to come and go from the room and to limit the interview to as few people as possible. When there are other people in the room, the person being questioned may not feel free to talk, especially if it is his wife, parents or other relatives. Also, the office in itself contributes to creating a more official atmosphere and sense of authority, and the significance of this alone may cause the person to be more apprehensive about lying. However, depending on the specific circumstances, if you want to gain insight in to family relationships, home conditions, etc., a visit to the home may be helpful. If you do not want someone fully prepared in his account, there is some advantage in catching him "off guard" and stopping out unexpectedly. Usually, if an arrest is not indicated at the time, abusers can be persuaded to come in to the office voluntarily (some excuses given for delaying).

3. Why do suspects confess? Because they are in a state of mind which leads them to believe cooperation is the best course of action to follow. As long as they believe they can escape detection or punishment, they will NOT be persuaded to cooperate. When questioning abusers, remind yourself that children rarely lie about sexual abuse and emphasize to the abuser that you believe the child ("I know this happened; now what can we do about it?").

It is easy to feel resentment when the suspect resists, but if you look at the situation, you must conclude that it is completely normal for him to offer many forms of resistance. Learn to expect resistance and develop an understanding attitude. Establish a friendly atmosphere, but never let the suspect develop any doubt about your competence and your complete control of the questioning. Never allow yourself to be put on the defensive. Let's face it; we hear alot of lies, and some of them are very difficult to recognize. Any one of us, being experienced and intelligent, should be very convincing liars, but many abusers have grown up in settings that are conducive to lying and they've become very good at it!. Be aware of this when assessing.

4. Establish "rapport". When we confide our troubles, we usually go to clergy, close friends, people that will understand and sympathize. There is a natural inclination to be formal with strangers, which increases skepticism and resistance. Establish a friendly attitude by: 1) Identifying self. 2) Commenting on a topic of apparent interest to the subject. 3) Talk for a period about everyday subjects that are non-threatening. 4) Be informal and easy-going. 5) Display pleasant expressions. 6) Don't show suspicion immediately. 7) Appear interested and sympathetic. 8) Don't begin questioning until he appears cooperative. 9) Re-establish rapport at any time the questioning breaks down, hostility appears, etc. The subject can be influenced by the attitude conveyed in questions. Example: (friendly) "How are you this morning, John? Have a cigarette." (stern) "Do you expect a jury to believe that!"

5. Deal with fears and apprehensions.

1) Strong fear of punishment. "I am not going to arrest you now. I wouldn't have asked you to come in if I were." Perhaps mention an appointment for a treatment evaluati

2) Fear of involving friends, neighbors, co-workers, etc. In dealing with a concern about reputation, emphasize confidentiality, that you do not intend to inform certain others, that others are more forgiving with an admission of problems, etc.

3) Employment. Frequently they express fear of losing their jobs. Suggesting that their job is a positive thing for them and that you would gain nothing from their losing this can be helpful.

4) Recognize "guilt drives", the desire that some may have to be punished. Don't rationalize nor amplify this need. Many respond to reassurance that they are not "all bad" and an attempt to build their existing low self-esteem.

6. Remember the basic 7 W's. The way in which a question is asked is the primary tool in any interview. The basic, most powerful and greatest key in obtaining all information is: What, When, where, Why,How, Who, and Which.

7. Questioning Techniques:

1) Begin with "easy" questions that are not hostile nor embarrassing.
2) Ask questions in systematic order of occurrence.
3) Ask only one question at a time.
4) Give ample time to answer. Don't rush.
5) Try to help remember, but don't suggest answers. Be careful not to imply any particular answer by facial expressions, gestures, method of asking, etc.
6) Repeat or rephrase questions if necessary to get the facts.
7) Be sure you understand the answers. Ask to interpret.
8) Give opportunity to qualify answers.
9) Separate facts from inferences.
10) Get comparisons to ascertain accuracy of judgement. Example: age.
11) Get all the facts. Almost every witness can provide additional information beyond the initial account.

8. Controlled-Answer Questioning Technique: This technique can be used when questioning someone whom you suspect will lie in order to obtain admissions but should not be used in attempting to obtain valid information from a child, reporter, etc.

1) Stimulate a person to admit knowledge. Example: "Would you describe what happened when you went in the liquor store?" vs. "Did you go in the liquor store
2) Stimulate to agree to give information. Example: "Since you weren't involved, I'm sure you wouldn't mind discussing it, would you?" vs. "Do you object to telling me what you know?"

Avoid negative construction when making a request. Examples: "Do you refuse to answer?" "You never have been arrested, have you (implied no)?"

One of the most disarming techniques in a case where the person refuses to discuss the matter at all is to concede that he has a right to remain silent. The interviewer

can then point out the incriminating significance of his silence, refusal to talk. You can then convey that you have considerable information, which may or may not be true, and he's leaving himself defenseless ("Do you want to present your version?") or "If you want to discuss this, some of this information might be straightened out (or we can better understand why you ~~this~~ did this), and it may not be necessary to pursue talking to many other people, which might make it look even worse than it really is."

9. Cross-examination: This is exploratory questioning to test correctness, conflicting information, determining completeness, and under-mining self-confidence during deception. Are the answers vague, evasive, conflicting or inaccurate. Repeat the questions in a different manner and get details at random. It is appropriate here to use suggestive questions and inferences. If they are lying, they will frequently concur while filling in details, and inconsistencies can be pointed out. Ask about known information as if it were unknown, and ask about unknown as if it were known.

Specifically explore vague or evaded portions of admissions. Be suspicious that even slight details are important or possibly detrimental.

Point out conflicts after all questions are asked, so that they build up a large number of lies before they realize it. Ask for explanations, and revised information should get the same scruntiny as the original lie.

10. Grouping of Abusers: For purposes of questioning, there are generally two groups of abusers. The largest group are those people who have strong feelings of guilt, remorse or realize they have done wrong. This group will often respond to the sympathetic approach or emotional appeal. This approach involves "minimizing his guilt", but the interviewer should be careful not to justify what they have done. This enables the person to explain their actions, but should not excuse responsibility, and it offers considerable relief to him. Discussing early childhood problems, sex, and financial concerns are helpful here. Those feeling guilt often respond to sympathy ("It sounds like it's been rough for you"). Find something positive to say about him, but be sincere. Example: Job, Home.

The second group are most often diagnosed as psychopaths, who display no apparent guilt or remorse. These may include habitual offenders, pedophiliacs, those who justify on religious beliefs, etc. They seldom can be influenced by emotional appeals, but must be logically convinced that they cannot evade telling the truth. They are more interested in the legal consequences of their admissions, and they must be shown proof of their responsibility and an advantage to admitting it. The interviewer should always display confidence, but with group, you must sell the idea that it is so definitely established that a case can be proven in court. "There is no use getting yourself in any deeper by lying about this". The approach of "getting it off your chest"and relieving your conscience is not effective with this group. Their outstanding characteristic which can be used in questioning is the fact that they are selfish. They will provide information if they can be convinced that there is some selfish advantage in telling the truth. Help them to realize that it is of little use to deny it. Convey a confident attitude that you are only interested in getting the details and understanding their feelings, explanations in the matter. Avoid a punitive or condemning manner, or they will simply deny it and resent you. This must be matter-of-fact. If you outline the circumstances pointing to their involvement, be careful not to allow them to interrupt and explain away each detail so that he builds up a defense piece by piece against the facts. Once they have launched a lengthy discussion of why the information is not accurate, it is much more difficult to obtain the truth. You are then on the defensive and must punch holes in his story.

11. Recognize factors leading to admissions.

1) Desire for sympathy. They express a "raw deal in life", have "no one to turn to, feel no good, etc. Build on this need and encourage them to talk about their troubles (getting the "whys").
2) Remorsefulness. Here again they are searching for relief of guilt and respond to "rapport"/ understanding. Suggest that they need "peace of mind" to relieve their distress and begin change.
3) Pride. It is helpful to point out that it is not easy to admit this, and that it takes a "strong person" to do so, but that you are sure that they are capable of doing this. This is also similar to raising a question about honor, such as to a child, "I"m sure you're grown up enough to stand up to this", and it puts them on the defensive to prove that they are not otherwise.
4) Questions about consequences are the most certain signs that admissions should be pursued. Look for signs of weakening, and stay with him. First try to obtain admissions of less important details.

   Rationalize with them and appeal to intelligence. "If you were the officer and you had this information, what would you think?"
5) Claimed loss of memory. For whatever reason, this is often not valid. A frequent escape used by abusers is alcoholic black-outs. It may be helpful acknowledge the possibility of black-outs but that it is not likely that they would not recall some of what happened when the action is so significant. Emphasize that we want to understand why and that drinking is merely another symptom of underlying problems and not an explanation. If he is not chemically dependent, emphasize that this is not something easily forgotten and that you know from experience that most people who say this simply do not want to face the problem. Pointing out the "normal" may back them up against the wall so that they are forced to answer.
6) Inconsistencies. These can be discovered by doing background prior to questioning and through back-tracking details. Point them out. Adapt the role of one who is merely seeking the truth.
7) Attempts to lend credibility. A defensive technique on the part of someone who is lying is the "I'll swear on a stack of Bibles" or the "I hope to drop dead this minute if it isn't true" routines. And don't fall for, "I was lying to you about the other thing, but I swear this is true". Expressions of this kind are frequently used by individuals who are lying to lend strength to their claim of innocence. You might say, "Don't bolster your story by saying or swearing it is the truth. When a man is really telling the truth, it sounds like the truth, and he doesn't have to swear to it."

12. Document admissions. When they do admit, document it and render it as irreversible as possible through formal statements, other corroboration, witnesses to the admission, et The more the admission is confirmed, the less likely they are to retract.

By Carolee Bailey

INTERVIEWING CHILDREN

Information from children must be very carefully obtained. Children can be more observant than adults, but they are not always capable of differentiating between what they saw and what they heard. You must be very specific.

Children are quite susceptible to suggestion. They will adopt expressions of others or respond with answers that they believe are desired, rather than relating only facts. Their greatest shortcoming stems from their lack of experience to interpret what is observed.

Always attempt to find out who talked to the child about the matter prior to your doing so. Obtain comments or instructions received from those persons who conducted previous interview.

Children often tire quickly and should not be questioned when fatigued. Waiting to check or obtain other sources of information can also help evaluate the child's statements.

Because of extreme suggestibility and desire for approval, it may be desireable to record what is said with a steno or tape.

In cases of more than one child, interview the one most likely to give details first (oldest, outgoing, etc.). Occasionally there might be apurpose in bringing them briefly together.

Characteristics of good questions: 1) short 2) clear and easily understood. 3) Avoid frightening words. 4) precise; calls for specific or exact answer. 5) discerning; relevant.

Questions should require narrative answers. Questions requiring a "yes" or "no" answer may be acceptable when summarizing or verifying, but should not be used when seeking new information.

Questions involving double negatives are confusing and suggest answers opposite to the correct ones. Exampèe: "Didn't you not stop at the stop sign before enterring the intersection?"

Avoid complex questions: 1) Too complicated to understand. 2) Covers more than one subject. 3) Requires more than one answer. 4) Requires complicated answer. Examples: "Illumination is required to be extinguished before these premises are vacated" = "Turn lights out when you leave". "What did you do when you left, and how much did you pay for the bus?"

The most efficient means is questions which progress from the general to the specific.

You will rarely get the right answer the first time you ask for numbers or quantities of anything. To get more specific answers on time, location or material, change your reference point. This is especially necessary with children, who may not know streets, measurements, etc. Compare the item to known quantity ("Was he as tall as I am?"_.

Questioning Techniques:

1. Begin with "easy" questions that are not hostile nor embarrassing.
2. Ask questions in systematic order of occurrence.
3. Ask only one question at a time.
4. Give ample time to answer. Don't rush.
5. Try to help remember, but don't suggest answers, and be careful not to imply any particular answer by facial expressions, gestures, method ofasking, etc.
6. Repeat or rephrase questions if necessary to get facts.
7. Be sure you understand the answers. Ask to interpret.
8. Give opportunity to qualify answers.
9. Separate facts from inferences.
10. Get comparisons to ascertain accuracy of judgement.
11. Get all the facts. Almost every witness can provide addtional information.

By Carolee Bailey
SPPD

WORKING ASSUMPTIONS
ON SEXUAL ABUSE

1. Sexual abuse is invariably damaging psychologically to the child who has been sexually abused and the other family members.

2. The child who reports being sexually abused is telling the truth.

3. Other children in the family are often or are likely to be sexually abused unless there is effective intervention.

4. The protection of the sexually abused child and the other children in the family is the primary concern. If unprotected, the abused child is often subjected to physical abuse, verbal threats and coercion to retract the accusation.

5. The bonds tieing families together, in which sexual abuse is occurring, are often markedly ambivalent and pathologically strong. These families will frequently, regardless of our goals, reunite.

6. The sexually abused child's understanding of sexuality is often limited and distorted, and the child often lacks the verbal skills to relate well her experiences or feelings.

7. Physical abuse of the non-abusing parent and the children is often present concurrently with sexual abuse.

8. The abusive parent is often chemically dependent.

9. The mother is often unreliable, unable to protect her child, and a passive participant whose strongest emotional bond is her dependent tie to her husband.

10. The father is frequently uncooperative and will not voluntarily seek help or change his behavior. The sexually abusive parent should be immediately separated from the child. In such situations, criminal as well as Juvenile Court action should be initiated immediately, if possible, in order to remove the abusive parent from the family and secure some external control on his behavior.

11. The denial system of the parents is usually extremely strong. If the abused child returns home without intensive intervention, the old patterns are re-established. The more drastic initial intervention is correlated with more favorable outcome, both in ensuring immediate protection of the child and counteracting the parents' denial.

12. Effective treatment will involve at least two years of intensive activity with family members.

CAROLEN BAILEY
ST. PAUL POLICE DEPT.

SIGNALS OF SEXUAL ABUSE *

1. Unexpected sexual utterance or behavior, especially in very young children.
2. Limited or no involvement in after-school activities.
3. Vague resistance to visiting or being alone with abusers.
   Fear of going home.
4. Adolescent prostitution.
5. Moderate to severe depression or anxiety, esp. young children.
   Suicide attempts.
6. Unusual accumulation of money, candy, favors, etc.
7. Dramatic change in school behavior.
8. Alcoholism of one or both parents.
9. Excessive fear of males, of being touched.
10. Running away from home.
11. Report by parent of molestation by a stranger.
12. Lighting fires.
13. Mutism.
14. Nightmares.
15. Excessive masturbation.
16. Regression.

REAL OR SOMATIC PHYSICAL COMPLAINTS:

1. Unexplained abdominal pain.
2. Body mutilation.
3. Adolescent pregnancy.
4. Venereal infections (oral, anal, genital).
5. Vaginal discharge.
6. Pain or burning on defecation or urination. Fecal soiling.
7. Gagging response.
8. Persistent sore throat, unexplained lesions.

9. Signs of physical abuse.

10. Parent vague and overly concerned about discharge, blood on pants, etc. Compulsive interest in child's sexual anatomy.

11. Sudden weight gain or loss. Compulsive eating disorders.

12. Chemical abuse.

* Any single symptom may not be significant or may be symptomatic of other problems.

By Carolee Bailey

IV. INTERVENTION

B. 2. Interviewing the Child

It is advisable that only one person questions the child and, unless there is a specific reason, no one else should be present. There are some definite disadvantages to having the mother present during questioning of the child in incest cases. In the case of the adolescent or teenaged victim, the presence of a parent can seriously curtail the information received. With a very young child, the presence of another person that is close to the child may be just the reassurance the child needs to talk freely, but consider this carefully. Ask the child in private how he/she feels about this. If the parents are present, the child can feel more comfortable requesting privacy if a comment is made by the interviewer, such as "most kids are embarrassed with their parents present because they care about them, do not want to subject them to this, and would rather be alone."

If the child is of pre school age, if the mother's attitude at this time supports the child, and if the mother's visible emotional reactions do not disturb the child, there can be some value in having the mother present with the very young child. As new information unfolds spontaneously, the mother is again forced to face the reality and the extent of the problem. She may verbally help the child to feel less guilty, etc. at this time, even though she may later turn against her child. The mother may also provide corroboration as she learns details of the offense. Keep in mind, however, that the mother can interfere with the questioning. The mother often is very passive until she learns about the incest, then becomes defensive because of her guilt in failing to protect her child and frequently from her actual negligence. Similarly, if there is someone present who quite obviously is disturbing or interfering with questioning, see what you can do to separate them.

Try to avoid taking notes if possible because this distracts a small child and you lose contact with them. A tape recorder allows freedom to concentrate attention on the child while still getting accurate quotes, which are even more essential with a young child. Since recorders can frighten small children, the recorder can be hidden until the question-

ing is finished, then show the child they have been recorded as though it were a game, playing the child's first few words and telling them how well they've done. This recording can later be played to the child prior to trial to refresh the memory.

Before getting into pertinent questions, establish a relationship with the child and let them know you are their friend. If you don't help the child to relax, you won't get the information. The interviewer must consider the emotions of the child. Put the child at ease through pleasant, friendly conversation that shows you are interested in the child as a person and that there is no reason to be afraid.

The child's short attention span sets a time limit on questioning. The interviewer must move quickly without appearing to do so.

Explain to the child what you are going to do; for example, "I am going to ask you some questions like they do at school. If you don't understand the question, ask me about it." Tell the child what a steno is if you are calling one in. It is much less frightening if it's predictable.

Approach the child slowly, patiently, and calmly, and you will find that this has a positive effect on the child. Keep questions as short as possible, and wait for answers. Some children take a little longer to answer. Use body language to hold their attention and encourage them to talk, such as positioning yourself at their level.

If you are informal and natural, the child will more likely be at ease. Similarly, if you feel embarrassed talking about sex, the child will sense this and feel embarrassed. Acknowledge that the child might feel embarrassed; saying, for example, "I know some of these questions might be hard to talk about, but I'll try to make it as easy as possible for you." Don't condemn the sex act in itself, but the manner in which the child is being exploited. For example, if the child has described oral sex, calmly reassure her that this sexual activity is wrong between a girl and her father, but may be right for her at another time in her life. Reinforce them, and help them to feel they are doing well, both during and after the questioning. They will then feel they have accomplished

something and will be eager to cooperate with you in the future.

Allow the child to give his/her account without interrupting if he/she talks spontaneously. The best basic rule in obtaining information is to get a step-by-step chronological account of what happened. Be patient and allow the child to give information willingly and naturally. Encourage the child to talk, but be careful not to suggest things. It is important to get the answers from the child, but it is equally important that you are not telling him/her what happened. Use open-ended questions and avoid questions which suggest the answer. Questions which can be answered with yes and no are leading questions. For example, avoid "did he touch you on the breast" and ask instead "where did he touch you?" Children especially are very suggestible. Don't jump to conclusions as to what happened. You may be very surprised at answers.

Don't put words in their mouths. Use their own words and find words with which they are comfortable. Use language that is appropriate for the age, sex, and intelligence of the victim. Most children are not clear as to what sodomy, cunnilingus, anus, rectum, etc. mean. Don't say, "Did he perform an unnatural act on you?" They may think an unnatural act is kissing on the neck or jumping off a bridge! Don't use vague terms, such as "private parts." Some people may consider an armpit as private. It can be tough for a child to say asshole to an adult, and the only word he/she may know for intercourse might be balling. Help them to feel comfortable giving their account in their own words, and don't react to unusual terms. Accept and clarify their terms if it is necessary.

> A nine-year-old girl had been raped, and every time she use the word weiner, her mother shuttered and the child cringed. By ignoring the mother's reaction and repeating the term weiner, the child and mother understood that it was alright.

Sometimes you might want to be more direct; "There's nothing wrong with that word - lots of people use it. I've heard it lots of times."

The use of dolls, illustrated books, or their own drawings may be of assistance in identifying parts of the body or in describing what happened.

...ourage the child to talk freely and don't try to redefine the situation as being either ...ore or less alarming than the child sees it. Children may not react as strongly as their parents, but children are affected by the reactions of others. Avoid trigger words, such as incest, rape, etc. which may alarm the child.

There has been a tendency to over-react to incest as a nameless sexual evil with disastrous effects. It is important to respond to the victim of incest with warmth, objectivity, and acceptance of the child, so that the child is not bound up in sexual fears and the entire process which follows is not demoralizing and ineffective. We can help the child recognize the fact that sex is simply a part of life, one of the ways in which people relate to one another. It has the potential for either good or bad. If we are irrational about sex, it is not because sex is an irrational force but because we choose to be irrational. We dare not choose to be irrational at a time when a child comes to us in serious need of common sense and good judgement.

By Carolen Bailey

PROCEDURES IN INCEST

1. Talk to the child involved. Language should be appropriate to the child's age. Questioning should be comfortable, private, and as unrushed as possible. Do not "Put words in their mouth" (avoid yes and no answers). Do not make assumptions. etc., etc.

2. Report to the police as soon as possible if any one of the following applies:
   a. Juvenile court, Probate court or criminal court intervention may be indicated (uncontaminated, admissible evidence will be necessary).

   b. There is an immediate need to protect the child and/or the family.

   c. Emergency placement of the child may be necessary (per State Statute 260.165) a peace officer (no other designated person) may take a child into custody when a child is found in surroundings or conditions which endanger the child's health or welfare or which such peace officer reasonably believes will endanger such child's health or welfare.

   d. A crisis may be indicated to increase motivation for change and possible treatment.

   If a report is to be made to the police, #1 should be limited until after the investigation.

3. Talk to the uninvolved parent.
   Obtain complete information including:
   a. Family history.
   b. Current conditions in the home.
   c. Verification of incestuous relationship.
      1) Gathering physical evidence.
      2) Statements from witnesses, other family members, etc.

4. Obtain medical examination of the child when the following is indicated:
   a. Physical protection of the child
      1) Possible venereal disease
      2) Trauma
      3) Possible pregnancy

   b. Physical evidence
      1) Presence of sperm
      2) Trauma
      d) Verification of previous sexual contact

   c. Pre-placement physical examination.

5. Determine if placement of the child outside own home is indicated on the basis of:
   a. Immediate physical threat to the child.
      1) Repeat of incestuous behavior
      2) Other physical violence

b. Child's fear and attitude (including refusal to return home).

c. Prevention of possible coercion of the child by one or both parents.

6. Assess family relationships, obtain evaluation of individual members, and determine goals.

7. Refer to treatment resources as indicated.

8. Consideration of the complaint for possible Juvenile Court, Probate Court or criminal court action.

9. Support the child and others within the family during the process of change.

WORKING ASSUMPTIONS
ON SEXUAL ABUSE

1. Sexual abuse is invariably damaging psychologically to the child who has been sexually abused and the other family members.

2. The child who reports being sexually abused is telling the truth.

3. Other children in the family are often or are likely to be sexually abused unless there is effective intervention.

4. The protection of the sexually abused child and the other children in the family is the primary concern. If unprotected, the abused child is often subjected to physical abuse, verbal threats and coercion to retract the accusation.

5. The bonds tieing families together, in which sexual abuse is occurring, are often markedly ambivalent and pathologically strong. These families will frequently, regardless of our goals, reunite.

6. The sexually abused child's understanding of sexuality is often limited and distorted, and the child often lacks the verbal skills to relate well her experiences or feelings.

7. Physical abuse of the non-abusing parent and the children is often present concurrently with sexual abuse.

8. The abusive parent is often chemically dependent.

9. The mother is often unreliable, unable to protect her child, and a passive participant whose strongest emotional bond is her dependent tie to her husband.

10. The father is frequently uncooperative and will not voluntarily seek help or change his behavior. The sexually abusive parent should be immediately separated from the child. In such situations, criminal as well as Juvenile Court action should be initiated immediately, if possible, in order to remove the abusive parent from the family and secure some external control on his behavior.

11. The denial system of the parents is usually extremely strong. If the abused child returns home without intensive intervention, the old patterns are re-established. The more drastic initial intervention is correlated with more favorable outcome, both in ensuring immediate protection of the child and counteracting the parents' denial.

12. Effective treatment will involve at least two years of intensive activity with family members.

Carolee Bailey

CHILD ABUSE TEAM

ASSUMPTIONS

SEXUAL ABUSE

Working Draft, September, 1976

I. DEFINITIONS AND DIAGNOSTIC ASSUMPTIONS

Victim is telling the truth.

A. Sexual abuse, as defined by Welfare Child Protection policy and procedures includes any sexual activity engaged with a minor who is under one's care or guardianship (legal definitions of illicit sexual activity with a minor are more specific).

B. Sexual abuse is assumed by the Team to be invariably damaging psychologically to the victim and other family members. For the victim the emotional sequelae are usually very low self esteem, depression, guilt, substantial confusion and ambivalence concerning sexuality.

C. The bonds tieing families together, in which sexual abuse is occurring, are often markedly ambivalent and pathologically strong. For example, in father-daughter incest, the mother is frequently a passive participant, in the sense of "setting up" her daughter and ignoring the abuse in order to avoid her own sexual and relationship conflicts with her husband. The mother has also often abdicated other caretaking responsibilities to her daughter and/or her husband. For the victimized daughter, the sexual activity she experiences with her father is frequently the closest thing to affection and nurturance that she has known. Furthermore, the emotional bonds between the victim and siblings are usually extremely strong, since they have usually been the only or a major source for each others' nurturance and protection. Thus at the point of asking for help, the victim usually feels highly ambivalent, responsible and guilty, as if she were abandoning her sibs and rejecting the only love she knows. She often does encounter rejection and/or coercion from her parents.

D. Physical abuse of spouse and children is often present along with sexual abuse. Sexual abuse, if unchecked, is usually inflicted repetitively upon each female child, often starting as the child approaches puberty.

E. The abusive adult is often chemically dependent, and the spouse may be also.

F. The victim's understanding of sexuality is usually very distorted and s/he often lacks the verbal skills to express well her experiences or feelings.

II. INTERVENTION AND TREATMENT PLANNING

A. The victim is assumed to be telling the truth, unless there is clear evidence otherwise.

B. The protection of the victim, and of other siblings is the primary concern. The victim, when reporting, will need immediate, individualized, and ongoing support. If unprotected, the victim is often subjected to physical abuse or to verbal threats and coercion. If unsupported s/he is often pressured to retract the accusation.

C. The denial system of the parents is usually extremely strong. They often assert that nothing has gone on, or, if it has it "will never happen again". The experience of the Team, however, is that if the victim returns home without intensive intervention in the family system, the old patterns are re-established. Thus, more drastic initial intervention is correlated with more favorable outcome, both in ensuring immediate protection of the victim and in counteracting the parents' massive denial.

D. The child/children's need for protection is paramount. In the most frequent type of case referred to the Team the father (assailant) is uncooperative and will not voluntarily seek help or change his behavior. In such situations, criminal as well as Juvenile Court action should both be initiated immediately, if at all possible, in order to remove the father from the family and secure some external control on his behavior. In situations where there is not sufficient evidence to charge the father or otherwise restrain him, or in situations where the spouse is likely to sabotage protection and/or treatment, the last resort should be the placement of the children in foster care. Treatment plans should be strongly recommended by Juvenile Court, since the families are often uncooperative, or after an initial period of cooperation drop out of any voluntary treatment arrangements. Visitation and custody decisions need to reflect the parents responses to the treatment plan.

E. These families tend to be very tightly knit in pathological ways, and will often, regardless of our goals, eventually reunite. Thus, it is important to evaluate the family members both individually and as a unit, and to consider family ties as well as individual pathology in treatment planning and execution.

F. The mother is usually seen to be a passive participant whose strongest emotional bond is her dependent tie to her husband. She will require ongoing and intensive intervention if the goal is to enable her to protect her children from her husband and to assume her role as mother.

G The victim will also be emotionally tied to the abusing father. Furthermore, her parents will often have told her repeatedly that it is her fault that the abuse occurred - that she's a whore or seductive, etc. Her feelings of responsibility,guilt, attach ment and rejection must be dealt with directly and immediately. She requires individualized support, separate from the family constellation. Information about normal sexual functioning and an opportunity to work through her multiple and conflicting feelings about her experiences are necessary to her treatment. Longer term supportive therapy, affording reparenting, allowing regression from the premature mother role, and building esteem are also usually needed.

H. Effective treatment will involve at least two years of intensive activity with family members.

I. If the victim is allowed to return home while the abusive parent is still present, this should only be under court ordered supervision, on a trial basis, and with individual and family therapy resumed or continued by court order

Gretchen S. Shafer
Coordinator,
Ramsey County Child Abuse Team

GSS/let

Presented 1-12-72 to
Ramsey County Welfare Dept. staff
by Carolee Bailey

Techniques of Conducting a Lobby

(to C.C.W.D., 1-11-72)

I. Introduction: Need

In my one month to answer that in ~~police work~~ it is very important ~~to obtain an accurate and complete account of what happened~~, because the consequences of invalid information could be that an innocent person might go to jail, a dangerous man may not be apprehended and attack again or the police may waste valuable hours investigating a totally false report, etc. However, it is equally important that the caseworker determine the true facts in ~~the~~ or preparation for any significant personal [illegible]. If the case worker does not have the correct facts, she cannot plan ~~effectively~~ for the case (planning). Ex. of consequences: a battering parent may be ~~released~~ until the police is widely known to the hospital D.C.W.

2. It is necessary to have an accurate diagnosis as a guidance in deciding appropriate treatment. The treatment plan is more effective and complete if you know your family.

3. In establishing a relationship with your client, is is important in the relationship itself that the client is honest with you, just as it is that the client is able to fully confide in you. I personally as a former case worker become disturbed when a welfare client tells me such things as, "My worker doesn't know nothing", "She tells me everything I tell her", etc. This I have heard many times. It is difficult to build confidence with your client and convey to them that you accept them as they are or in spite of what they may have done (and want to help) if your client thinks that you don't even know what right. In saying this from another viewpoint, I feel even more strongly about this than I did as a case worker. You must recognize too that there are some clients who, if they feel they can fool you, will try to deceive you. A relationship of respect and trust is most strongly based on an open and honest foundation. Interviewing must inspire trust and confidence and induce the client to offer his information freely and willingly. AGREED - BUT DON'T GULLIBLE!

BL

1. Another reason for obtaining accurate and complete information is that your case may eventually be referred to Juvenile Court. It has become increasingly important that you present objective factual evidence in court if you hope to sustain your petition. Ex. it is no longer effective to record, "Mary skipped merrily through the white picket fence and said everything was fine, but I knew she was lying because the house was a mess." The court will not accept simply impressions. They want to know, "The refrigerator had no food in it, all of the dishes were piled in the sink with decayed food on them, etc."

5. A final reason I might add is one which I feel is particularly important in child abuse cases. The worker must make every effort to know "what's going on" with this family for the protection of the children and to be a more effective case worker. If she does not know what's happening (in their minds and in their habits), a child could die. This has happened, and when it does, we all have to account for the case. I get the kind of argument both in and outside of our department, "If you'd sent the boy to jail, he might be still alive."

1st review some fundamentals -

II. Get the facts

Before you go out on a new case or before you interview your client with new information, be sure that you know all the facts available. There will obviously be facts which your client will give you that you may want to check later, but there are many resources you can utilize so you know your client well and are fully aware of the current information before you ever approach the client.

1. First get all the details from your referral source. For example, if a neighbor calls and says a mother has been left the weekend small child and leaving him alone all day, it is very likely the mother will not have to deny this, unless you can pursue this further with specifics, such as when and where this happened, who saw it, where the mother went, why the mother might do this, etc.

2. The next obvious resource for initial information would be your own records. Files on closed cases should be immediately available, since there is often valuable history which may be of great assistance in an emergency as well as in the follow-up on the case. Mr. Jerry Counts.

3. Other agencies and departments may have considerable information on the family of which you are unaware. To this day I cannot understand why I, as a case worker, never utilized the wealth of information in the police files and among the district squads, unit investigators, etc. Other resources which I seldom tapped include the community centers, the Credit Bureau, Probation Office, Post Office, Dept. of Education, Motor Vehicle Dept., etc.

4. Although the case worker is not and should not be an investigator, there may be occasions when you can gain considerable insight through casual conversations with landlords, neighbors, employers, relatives, and other associates of the client. If one case worker had visited with the landlord, she would have discovered that the father who abused his child was back in the home and she may have prevented the child's death.

You should first have all the known facts at your disposal before you attempt to interview the client.

III. Determine where the interview should take place

There is a time when it is more appropriate to make a field call and another time when it is advantageous to conduct an office interview. When you want to gain insight in to family relationships, home conditions, etc., you visit the home. If I do not want someone really concerned in his account and feel there is some advantage in catching him "off guard", I will step out to see him where the circumstances will be most appropriate.

However, if you want to ensure privacy, that you will be able to talk to the client alone and the interview will not be interrupted by children, etc., an office interview would best serve your purpose. It is generally wise not to allow people to come and go from the room during the interview and to limit the interview to as few people as possible. When there are several people in the room, the client may not feel free to talk, especially if it is her husband or parents. For purposes of police interrogation, the office gives the investigator the control he needs for several reasons. The individual to be questioned is less confident in your office than in

his own home grounds. When interviewing, you want the individual to fix his attention on you. A moment when he leaves the room or is otherwise interrupted gives him relief from questioning and time again, in order to pull himself together. The office in itself contributes to creating a more official atmosphere, and the significance of this alone may cause the individual to be more apprehensive about lying.

IV. Overall Common Sense (Probability)

When you are attempting to determine the validity of a report, first review all the known facts, then as objectively as possible utilize your own life experiences in determining probability. A worker can so easily become involved with his client, who may be very convincing, that he does not assess the likelihood of the client's allegations. Ex. On my list of own cases, such as kidnapping ...; welfare record an overdose.. On receiving a new case, it may be wise to make a tentative assessment of the case and remind yourself of this when you start getting tangled up with deception. The old cliché, "We can't see the forest for the trees", can be very true. You can get so intense in studying each detail or each witness that you don't pause to realize how ridiculous the whole picture is. Although the cliche, ""ruth is stranger than fiction", can be true, it seldom happens or else it would no longer be strange! Our best police investigators are not only intelligent but have good "common sense". "top and think! We might test it here by asking how many times you believe an unmarried mother has gotten pregnant the "first and only time" she had intercourse. The one who gives the largest number is probably the most gullible. Particularly in cases where you have been working extensively with the family, it is far easier to accept their story than to believe your client is lying to you. What is probability?

V. Motives for Lying

Keep in mind while ascertaining the case, and later when interviewing, the possible motives your client might have for lying. Sometimes the strongest inhibitions of false reports are the obvious motives for lying. For example, the child who is late home is more likely to make up a false story to excuse herself to her parents than the child who is home early and has no reason to be concerned about her prompt appearance.

An [illegible] prosecuting attorney who successfully and effectively demonstrates motives for lying in court. [illegible] very well, when a sweet, little elderly lady took the stand and testified that she was with the defendant the whole night that the robbery had taken place. The prosecutor realized that the jury had "fallen in love" with the old woman and they would resent any harrassment or outright accusation of lying against her, but he also knew that her alibi could lose his case, so when it was time for the prosecutor to cross-examine her, he stood up and quickly asked only one question, "Mrs. Jones, how long have you been the defendant's mother?"

Frequent motives which police learn of false reports to the Welfare Dept. include allegations that believed welfare money has been stolen. The accounts given to justify reimbursement can be very detailed and complex. [illegible] A client who is afraid of "losing her children" can be very believable in her explanations. An unmarried mother who does not want to reestablish paternity can dream up all kinds of stories. There are periodically those individuals who may not even appear to be mentally disturbed, who lie dramatically simply to gain attention. Those who are mentally and emotionally disturbed may veil this in claiming that their responses are the result of the alleged incident. Ex. Threatening notes.

Sometimes it may not be the intention to involve the agency or an outside department at all, such as the child last week who claimed she was kidnapped and her car stolen but did not expect her father would report the alleged auto theft to the police.

VI. Indications of Deception

Let's face it, we hear a lot of lies, and some of them are very difficult to recognize. Any one of us, being experienced and intelligent, should be very convincing liars if we were backed up against the wall much as some of the clients are, but many of the clients have actually grown up in settings that are conducive to lying and they've become good at it! We should be aware of this if we are attempting to assess a situation.

Not only do we not want good liars to get away with it, but we want to be able to identify [illegible]. So, [illegible] around children's [illegible].

Here are certain other indications of lying of which we should be aware.

1. A claim of loss of memory for whatever reason is rarely valid. A person may claim he was too drunk, was struck on the head or was just too upset to remember what he did or what happened. Naturally normal memory does not encompass all details, and we cannot expect a person to recall everything; in fact if he recalls exactly what he did on a particular day in question three months ago, it is very suspicious. But you do expect, for example, a woman to remember where her baby was yesterday afternoon. Whenever someone says he doesn't remember something significant, you may be fairly certain he is lying. It is often effective in these cases immediately to attack this defensive maneuver by exclaiming impatiently, "What do you mean you don't remember? You couldn't possibly forget that." I know ~~[illegible]~~ from experience that if someone says "not that I remember" ~~[illegible]~~, he's not telling the truth. Remember I will have to check your answers later." This technique shatters the individual's stalling defense and convinces him that he cannot get away with half-truths about this behavior. Point out the "normal" to anyone who attempts to deceive in any of these manners. It backs them up against the wall so they are forced to answer.

2. Improbable items is certainly questionable. An example of this is the girl who describes her assailant as wearing a nylon stocking over his face with a gun in one hand and a knife in the other! Here again is where your good common sense comes in.

3. Multiples of previous complaints or allegations may indicate deception or at least provide insight. If a client has been burglarized five times, [illegible] either lying to get reimbursement or she is very reckless!

4. Inconsistencies in accounts can be caught by taking a few minutes to check with others who have also discussed the matter with the client, such as in child abuse cases when medical personnel, schools, police and social agencies may all have information.

VII. Observe!

Watch and listen. This is always important to the case worker but especially when attempting to determine validity. A case worker should know people, their limitations, attitudes, prejudices, and psychological needs and responses. There may be obvious indications of deception, such as fidgeting, in which case you might make the observation that he is displaying symptoms of guilt. This may destroy his confidence in his own ability to deceive. body language

VIII. In police contacts we have roughly two groups of offenders, which might apply to those who may have reasons to lie. The first group are those people who have strong feelings of guilt, remorse or realize they have done wrong. First offenders, accidental offenders, many sex offenders, and those who have committed offenses in anger, passion or revenge. In general this group responds to the sympathetic approach or to emotional appeal. In the second group are those who have committed their offense for personal gain as well as those who are repeated or old offenders. They can't be influenced by sympathetic or emotional appeals. They can only be influenced by appeals to logic. They must be convinced that they cannot evade telling the truth. They have coldblooded attitudes toward right and wrong. They are more interested in the legal consequences of their confessions. They must be shown that proof of their responsibility or guilt is certain, before they will admit anything.

IX. In Seeking and Gaining the Truth

In gathering or getting information, you should adopt the role of one who is merely seeking the truth. If you're dealing with a complainant in a case, for example as to how her child was injured, you should not be obvious in your attempts to secure her admittance or she may be too frightened to tell you the truth. I had one woman admit to me she had killed her child while under the impression the whole time that this really was not of significant interest to me.

The attitude of the interviewer is the key to success or failure. Retain a pleasant

mood, but be serious. Initiate confidence and try to obtain cooperation. Keep the ~~client~~ client at ease. It is desireable and usually much more effective to talk the client's language. This is not to suggest that you use obscene words, but that you talk to them at the level they can understand, especially with children. Avoid "trigger" words or words suggestive of punishment (ex. murder). Take sufficient time and be a good listener. If the client feels that you are ready to drop the subject, he is encouraged to continue resistance, so you should be persistent and not quit when discouraged. Do not jump to conclusions, because if you do, it may provide the client with an excuse or explanation which is not accurate. Ex.

EX. PLUMBER →

V. Techniques in Interviewing the Resistant or Deceptive Person

There are several approaches which can be used if you feel you want your client to tell you the truth. All approaches should be sincere.

1. If you are convinced that your client is involved, for example in abusing his child, you can help him realize that it is of little use to deny it. You convey a confident attitude that there is no question about the matter, and you're only interested in getting the details and understanding their feelings, etc. in matter. It is very important if you tell your client that you are convinced of their involvement that you do not do this in a punitive or condemning manner or they will simply deny it and resent you. This must be matter-of-fact. If you outline the circumstances pointing to the client's involvement (guilt), be careful not to let the client interrupt and explain away each detail so that he builds up a defense piece by piece against the facts. Once he had launched a lengthy discussion of why the information (evidence) is not accurate, it is much more difficult to obtain the truth. You are then on the defensive and must punch holes in his story.

Another defensive technique on the part of someone who is lying is the "I'll swear on a stack of Bibles" or the "I hope to drop dead this minute if it isn't true" routines. And don't fall for, "I was lying to you right then, but I swear this is true". Responses of this kind are frequently put on by guilty individuals to lend strength to their claim of innocense. You may explain by

saying, "Don't bolster your story by swearing it is the truth. When a man is really telling the truth, it sounds like the truth when he tells it, and he doesn't have to swear to it."

Another emotional appeal or sympathetic approach is known as "minimizing his guilt". We do this by pointing out to the individual that anyone else under similar circumstances might have done the same thing. This enables the individual to partly excuse himself and offers considerable relief to him. He seems to see an advantage in pointing out to you just how he came to make this particular mistake.

"Between you & me" - confidentiality stressed.

You must always be careful to avoid making promises or suggesting that no consequences will follow. You would not want to say, for instance, "This is not serious."

Very often you will find that an individual may be ready and willing to tell the truth but because of a long and involved story which he has previously told he doesn't see how he can possibly discard this old story and start fresh by telling the truth. Now it is helpful if you can point out that neither you nor possibly others will feel any resentment because of the previous story and since the person now realizes the true situation and has had time to think the matter over carefully, he should be glad and tell the true story. I frequently point out that it is not easy to admit you were wrong and now tell the truth, and that it takes a "strong person" to do this, but that I'm sure they are capable of doing this. This is also similar to raising a question about someone's honor, such as, to a child "I'm sure you're grown up enough to stand up to this" and puts him on the defensive to prove that he is not otherwise. EX. RAPIST

The interviewer should always display an air of confidence and should point out the various factors and circumstances favorable to the individual's case, but with the same backhand he undermines either one, the interviewer must sell the idea that it is so definitely established that no case can be proved in court. "There is no use getting yourself in any deeper by trying to lie about this thing", etc. The approach of "getting it off your chest" and relieving your conscience does not

effective with child groups. Perhaps the most nifty single characteristic of these hardcore criminals makes it pretty hard for any court worker to deal against them is the fact that they are selfish. They will provide information if they can be convinced that there is some selfish advantage in telling the truth.

One of the most discussed techniques is a case where the individual refuses to discuss the case at all is to concede to the person that he has a right to remain silent. The interviewer can then point out the significance of his refusal to talk. You can then tell him on the idea that you have a lot of information which may or may not be true, and he's leaving himself defenseless. "If you cooperate, some of this information might be straightened out and it won't be necessary to pursue talking to many other people, which might make it look even worse than it really is." → This is in fact true in many cases!

The interviewer must count heavily on his size-up of this particular individual in using these various approaches.

VI. Check Your Information

In cases where valid information is essential (such as when a child's immediate physical protection is in question), verify all significant information. No statement by an individual should be accepted as valid in itself. It is valid only when proved. Check out everything you can as soon as possible. Ex. significant in homicides. Instances of this include the case workers who have called me to check their clients claimed reports to police, many of which do not exist or are different than alleged.

VII. Preparing for Court

Once court testimony is under consideration, it is the evidence, it has become very important that the case worker be well prepared for the hearing. In substantiating a witness for court, your best basis may be to obtain a chronological account of what happened. When you fill out this form, you will rarely be exact. Accurate and complete. Details may be important. If you can't remember the name of what happened, it is a good account. But try, for example, to get a clear picture from the remark, "he crashed me".

jured to conclusions, you can't. [illegible] found, in front, by the throat, arm, and so forth. This sounds very fundamental but this procedure is often not followed by social workers in preparing for court. Go over each detail, checking each for conflicting information.

Ask one question at a time and be alert to one question at a time. Avoid leading the answer in the question, unless the purpose of the question is not to obtain information but to gain an admission. Thus you might, for example instead of asking, "did you hit him", avoid the impact for the client in his admittance and ask, "Did you hit him because he had been crying so much?" You can at times gain truthful information from the person by putting him pertinent questions in a manner as though the correct answers were already known, leading him to believe that the purpose of the interviewer is merely one of determining whether or not he is willing to tell the truth. "Think carefully before you answer this question", "Are you sure about that?" etc. *Hesitancy on itself may be significant spurious insight.*

Make questions brief, concise, clear, and simple. Use questions that require more than "yes" or "no" for an answer. Ex. This is especially true with children, who are very susceptible and will agree to just about anything asked. Ex.

It is needless to mention to case workers who spend so much time in dictation that all information should be carefully recorded for future reference for whatever purpose.

Caroleen Bailey (Lgt.)
St. Paul Police Dept.

The Treatment of Father-Daughter Incest:

A Psycho-Social Approach

by Henry Giarretto

The prohibition of incest is an ancient taboo and rules regarding incest remain the most sternly enforced regulations for sexual relations and marriage throughout the world. But just as social systems differ, so do incest rules. To this day, laws governing the prohibition and punishment of incest are inconsistent, varying markedly among nations and among states in the United States.

Father-Daughter Incest

Father-daughter incest is potentially the most damaging form of incest to the child and family. Certainly, it is the form most frequently prosecuted by the courts. The following discussion of a composite case history of such incest is based on our experiences with the middle-class families referred to the Child Sexual Abuse Treatment Program in Santa Clara County, California.

A typical father-daughter incestuous relationship imposes severe stresses on the structure of the family. The roles of father, mother and daughter become blurred, leading to conflict and confusion among family members. The most bewildered member is the daughter, who is usually at an age when her budding sexuality requires clear and reassuring guidance. But the familiar father has suddenly put on the strange mask of lover and his daughter never knows which role he will play at any given time. Her mother, too, becomes unpredictable. At one moment she is the usual caring parent, at another she sends subtle, suspicious messages that can come only from a rival. The girl's relationships with her siblings are also affected adversely, as they become aware that she has a special hold on their father.

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The average victim of incest is 10 years old when her father begins his sexual advances. She has always been close to her Dad. When he tentatively begins to fondle her, she finds the experience strange but pleasurable. Slowly the sex play becomes more sophisticated as it progresses to mutual oral copulation and, at puberty, to intercourse. Their meetings, which at first were excitingly secretive, now become furtive and anxiety-ridden. She is about to enter the difficult teenage years when the mounting tension within her becomes unbearable. Her father is now interfering unduly with her peer relations and she senses that his fatherly concern over boys who are paying her attention is tainted by jealousy. She can no longer tolerate body contact with him and tries to resist, but he refuses to stop. Ashamed to confess the affair to her mother, she turns desperately to an adult friend or teacher, who immediately calls the police.

Although the policeman tries to be kind, his probing questions are excruciatingly embarrasing to the young girl, who is frightened by the power and authority he represents. But an odd feeling of relief intermingled with exhilaration comes over her as she realizes that her secret has now been exposed and her father's power over her broken.

Her anxiety returns when she is brought to a Children's Shelter. Despite friendly attempts by attendants to make her stay pleasant, she feels alone and threatened. This is the first time she has been forcefully separated from the family. Overwhelmed by mixed emotions of fear, guilt and anger, she is convinced she will never be able to rejoin her family or face her friends and relatives. If there is suspicion on the part of child protective services of inadequate protection by her mother, a foster home is found for her. However, she will not adjust to the new family since the placement confirms her fear that she has been banished from her own family. Though often told that

she is the victim in the incestuous relationship she believes she is the one who is being punished. As a result, she often enters a period of self-abusive behavior that is manifested variously through hostility, truancy, drug abuse and promiscuity.

The father is usually convicted on a felony charge and given a jail sentence of one to five years. What savings he may have are wiped out by the lawyer's fee of several thousand dollars. He finds imprisonment extremely painful. From a respected position in society he has fallen to the lowest social stratum. His fellow inmates call him a "baby-raper." No one is more despicable. He is segregated and often subjected to indignities and violence. However, the loathing he directs toward himself is more intense than that of his fellow inmates. Gradually, he finds some relief in the fervent resolution that, given the chance, he will more than make it up to his child, wife and family. A well-behaved inmate, he is released from jail in nine months. He has lost his job and after weeks of job-hunting, settles for a lower position. He faces an uncertain future with his wife and family.

The average victim of incest is 10 years old when her father begins his sexual advances.

The explosive reaction of the criminal justice system leaves the wife in shock and terror. She is certain that her family has been destroyed. In the questioning by police and even others she once regarded as friends, she senses subtle hints that she may have condoned the incestuous affair. She has failed both as wife and mother. Her feelings toward her daughter alternate between jealousy and motherly concern. Her emotional state vis-a-vis her mate is also ambivalent. At first she is blinded with disgust and hate at the cruel blow he has dealt her and vows to divorce him. Her friends and relatives insist this is her only recourse. But the rest of the children begin to miss him immediately and she realizes that on the whole he has been a good father. She is also sharply reminded that he has been a dependable provider as she faces the shameful task of applying for welfare. Nagging questions, however, continue to plague her. If she takes him back, what assurance does she have that he will not repeat the sexual offenses with her other daughters? Will her relatives and friends assume that she has deserted her daughter if she allows him to return home? Will the authorities ever permit her daughter and husband to live in the same home again? Is there any hope for their marriage?

It is evident from this composite case history that typical community intervention in incest cases, rather than being constructive, has the effect of a knock-out blow to a family already weakened by serious internal stresses.

The Child Sexual Abuse Treatment Program (CSATP)

In 1971, cases similar to that described above aroused the concern of Eunice Peterson, a supervisor of the Juvenile Probation Department in San Jose, California. She conferred with Robert Spitzer, who was then the department's consulting psychiatrist. Dr. Spitzer believed that family therapy would be a good first step towards constructive case management of sexually abusive families. I was invited to undertake a pilot effort limited to 10 hours of counseling per week for a 10-week period. The initial criteria of the Child Sexual Abuse Treatment Program were:

- The clients would be counseled on-site at the Juvenile Probation Department.
- The therapeutic approach would follow a "growth" model predicated on Humanistic Psychology.
- Conjoint Family Therapy as developed by Virginia Satir would be emphasized.[1]

As the program got underway, I soon discovered that conjoint family therapy alone was inadequate and, moreover, could not be usefully applied during the early stages of the family's crisis. We did not discount the fundamental aim of family therapy, which is to facilitate a harmonious familial system. But, because incestuous families are badly fragmented as a result of the original dysfunctional family dynamics—which are further exacerbated by disclosure of incest to civil authorities—the child, mother and father must be treated separately before family therapy becomes productive. Consequently, the treatment procedure included, in this order: a) individual counseling for the child, mother and father; b) mother-daughter counseling; c) marital counseling, which becomes a key treatment if the family wishes to be reunited; d) father-daughter counseling; e) family counseling; and f) group counseling. The treatments are not listed in order of importance; usually all are required for family reconstitution.

Another important finding during the early phases of the program was that counselor-client therapy, although important, was not sufficient. The reconstructive approach would be enhanced, I learned, if the family was assisted in locating community resources for such pressing needs as housing, financial and legal aid, jobs, etc. This required close collaboration between myself and the Juvenile Probation Officer assigned to the case.

Still another development that added immeasurably to program productivity was the formation, in 1972, of the self-help group now known as Parents United. The insight that led to this step came when a mother of one of the first families treated was asked to make a telephone call to a mother caught in the early throes of her family

crisis. The ensuing conversation went on for over three hours and had a markedly calming effect on the new client. A week later, three of the more advanced mother clients met face-to-face for the first time and, after a few meetings, to which several other women were invited, Parents United was formally designated and launched.

Members of Parents United meet weekly and, after a brief conference to discuss progress in growth and effectiveness, they form various groups, i.e., a couple's group, an intense couple's group limited to five couples, a men's group, a women's group and a mixed group. A separate organization, Daughters United, composed of teenaged girls, meets earlier in the evening.

Incidence of Incest

The consensus of students of the family and of modern society is that incest is destructive to both the family and the social system of which it is a part. There is less agreement, however, on the severity of the problem. Is incest a rare phenomenon or, conversely, is it widespread enough to warrant the special concern of the community and social scientists?

It is evident . . . that typical community intervention in incest cases . . . has the effect of a knock-out blow to a family already weakened by serious internal stresses.

Until a decade or so ago, researchers seemed to agree that the annual number of detected cases in Western countries average from one to 10 per million inhabitants. Most of the reports agreed that the methods of detection were inefficient and that the figures represented just "the tip of the iceberg." The findings of our Child Sexual Abuse Treatment Program (CSATP) indicate that the one-in-a-million statistic is wrong by a factor of at least 180.

The CSATP serves Santa Clara County, which had a population in December 1973 of 1,159,500. In 1971, 35 cases were referred to the program. The annual referral rate increased slowly over the subsequent two years, but accelerated sharply over fiscal years 1974 and 1975. In 1975, 180 cases were referred. During the first quarter of this year, 102 referrals were received. This burgeoning rate can only be attributed to increased public awareness and confidence in the program. Nonetheless, even the change from one to about 200 cases per million inhabitants does not reflect the true prevalence of incest in Santa Clara County or throughout the nation.

I think it is important to emphasize here that the average family treated by the CSAT Program is not at all like the incestuous family described in most studies. In *Incest Behavior*, S. K. Weinberg, for example, reported that 67 percent of the families he investigated were in the low socioeconomic bracket and that 64 percent of the incestuous fathers tested were below normal intelligence. He also noted that there was a disproportionate number of blacks in his sample.[2]

The 400 families which have been referred to the program constitute a cross-section of Santa Clara County. They are representative of the racial composition of the county, which is 76.8 percent white, 17.5 percent Mexican-American, 3.0 percent Oriental and 1.7 percent black. The make-up of the work force leans toward the professional, semi-professional and skilled blue-collar groups. Average income is $13,413 per household, while the median educational level is 12.6 years.

Program Operation

The CSATP is now firmly established and supported by revenue sharing funds and by a grant from the Rosenberg Foundation. The staff includes the writer, three half-time assistants and 10 part-time volunteers. The productivity of this relatively small staff is high because of the generous assistance it receives from both private and public community resources.

The current objectives of the program are:

- To provide immediate counseling and practical assistance to sexually abused children and their families, in particular to victims of father-daughter incest. We also provide counseling to children who abuse younger children, and to women who were sexually abused as children and are now suffering from sexual dysfunction which is handicapping their marriage and family life. An important part of the women's therapy is to help newly referred abused children in the program.
- To hasten the process of reconstitution of the family, and of the marriage, if possible, since children prosper best in normally functioning families headed by the biological parents.
- To marshal and coordinate the services of all responsible for helping the sexually abused child and the family, and to enlist other community resources to ensure comprehensive case management.
- To employ a treatment model that fosters self-managed growth of individuals capable of positive contributions to society, rather than a medical model based on the vagaries of mental disease.
- To facilitate expansion and autonomy of the two self-help groups initiated by the program—Parents United and Daughters United—and to provide guidance to their members by offering training in co-counseling, self-management, and intra-family communication and by helping to locate medical, legal, financial, educational and other resources in the community.
- To inform the public at large and professional agen-

cies about the existence and supportive approach of the program and to encourage sexually abusive families to seek its services themselves.

- To develop informational and training materials to help other communities organize similar programs or adopt the CSATP model.
- To develop demographic data recording forms for future analysis.

Treatment Model

The therapeutic approach of the CSATP is based on the theory and methods of Humanistic Psychology, in particular the relatively new incorporation by the field of the discipline known as Psychosynthesis, founded by Roberto Assagioli.[2] Other seminal writers of importance to the CSATP are Carl Rogers, Abraham H. Maslow, Virginia Satir, Frederick Perls, Haridas Chaudhuri and Eric Berne.

Assagioli agrees that many similarities exist between psychosynthesis and existentialist humanistic views. Principal similarities include the concept of personal growth, the importance of the meaning which a person makes of his life, the key notions of responsibility and ability to decide among alternatives, the emphasis on the present and future, rather than on regrets or yearnings for the past, and the recognition of the uniqueness of each individual. In addition, Assagioli stresses the concepts of the will as an essential function of self, a positive, optimistic view of the human condition and systematic use of didactic and experiential techniques which follow an individuated plan for psychosynthesis, the harmonious blending of mind, body and spirit around the unifying essence, the Self.[3]

In all cases the authority of the criminal justice system and the court process the offender must undergo seems absolutely necessary in order to satisfy what may be termed an expiatory factor in the treatment of the offender and his family.

A central notion in the treatment model is the building of social responsibility, the realization that each of us is an important element of society. We must, then, actively participate in the development of social attitudes and laws or be helplessly controlled by them. Chaudhuri gives firm emphasis to this imperative: "Since psyche and society are essentially inseparable, one has to take into account the demands of society. . . . One may criticize society or try to remold it. But one cannot ignore society or discard it."[4]

The philosophy and objectives of the treatment model may sound over-ambitious and even grandiose. However, the essential purpose is not to extinguish or modify dysfunctional behavior by external devices. Rather, it is to help each client develop the practice of self-awareness that leads to self-esteem and the ability to direct his or her own behavior and lifestyle (self-management).

Preliminary Results and Milestones

No recidivism has been reported among the more than 300 families who have received a minimum of 10 hours of treatment and whose cases have been formally terminated. Compared to the situations encountered before we started our program, the approach used indicates that:

- The children are returned to their families sooner —90 percent within the first month and 95 percent eventually.
- The self-abusive behavior of the victimized children, usually amplified after exposure of the incestual situation, has been reduced both in intensity and duration.
- More marriages have been saved—about 90 percent. Many families have said that their relationships are better than they were before the crisis.
- The offender's rehabilitation is accelerated since the counseling program is started soon after his arrest and continues during and after incarceration. Before the program started, any individual counseling and marriage counseling that occurred took place after the offender was released from jail.[5]
- In father-daughter incest, the difficult problem of re-establishing a normal relationship is resolved more often and usually in less time. A critical first step in attaining this end is for the father to state clearly to his daughter that he was entirely responsible for the incestuous relations.
- Parents United has grown from three mother-members to about 60 members, of which half are father offenders. Daughters United has also grown substantially. Both groups are becoming increasingly self-sufficient and several of the older members of both groups now act as group co-leaders.

In addition to the benefits members of Parents United receive in helping themselves during their family crisis, they are also discovering that they can become a strong voice in the community, a significant realization to those members who tend to regard themselves as pawns of civil authorities.

- Offenders, who formerly would have received long jail or prison sentences, are now given suspended sentences or shorter terms due to increasing recognition of our program by the judiciary as an effective alternative to incarceration.
- The difficult goal of mobilizing typically disjointed and often competitive services into cooperative efforts is gradually being reached.
- Due to efforts in public education the referral rate has increased markedly. About 60 percent of the refer-

(Continued on page 34)

develop alternatives to detention, and there are many community-based programs which have proven effective in both prevention and rehabilitation —emergency foster homes, half-way houses, group homes, neighborhood supervision programs—and, for the children whose parents simply want to get rid of them, a nurturing foster placement or adoptive home.

Among the changes which the Council study recommends, the one it considers crucial is that status offenders be excluded from juvenile courts. The term *status offender* refers to "children who are in trouble only because they are children; the same acts would not bring adults into the clutches of the law." Status offenses can include "being habitually idle," "misbehaving in school," "staying out late" and "having bad companions," as well as running away from home and truancy. Their problems are those of family or school and the study urges that they be resolved through counseling and other supportive services to the child and the family.

Second, the study emphasizes that it is of the utmost importance that detention be limited to extremely delinquent cases and that methods and facilities used be radically improved. A child's rights continue, even if he is incarcerated. Therefore, it states that no corporal punishment or solitary confinement can be permitted; nor should prison haircuts or uniforms be imposed or behavior-altering drugs used, except for medical reasons and then strictly regulated by a physician. Health services and education are also rights of children—but NCJW observers point out that in most institutions they are either lacking or inadequate.

The Council's reform measures would also stipulate that children be provided with legal counsel in all court procedures. This right has been constitutionally established (Gault Decision—1967), but the NCJW asserts that "the offering of legal counsel may be judicial lip service and that the right is being waived without full understanding of the consequences."

Other recommendations state that a child's police and court records should be confidential and expungeable, and that waiver of juvenile cases to adult courts should be prohibited.

The NCJW is continuing its fight for children's justice, putting its expertise and knowledge into efforts to change legislation, establish new state juvenile codes and stimulate community education programs to change outmoded public attitudes and prejudices. There are faint rays of hope. Eleven states now have enacted new juvenile codes removing status offenders from court jurisdiction, thereby de-criminalizing "children's crimes."

It is remarkable that there are so few people compassionately concerned about children, and so many who would rather punish than rescue a child in trouble. The chilling inference one gathers from this national portrait of man's inhumanity to children is that the next generation—and perhaps the next—may also be children without justice.

Father-Daughter Incest *(Continued from page 5)*

rals now come from agencies other than the police or Juvenile Probation Departments, or directly from people heretofore fearful of reporting the problem.

- The CSATP is receiving nationwide coverage by the media. Staff members and, more important, members of Parents United have appeared on several TV and radio programs and our program has been the subject of numerous newspaper and magazine articles. Hundreds of informational packets have been sent to requestors throughout the country and several presentations and training seminars are conducted each year for professional groups by the writer and staff members. The presentations now include those mothers, daughters and fathers of families treated who are willing to answer questions from the audience—a major breakthrough.
- The CSATP is also involving many volunteers and graduate students who are making valuable contributions while being trained.

Possibly the most encouraging recognition and constructive endorsement of the CSATP was accorded recently through a bill introduced to the 1975-76 session of the California Legislature by Assemblyman John Vasconcellos, Santa Clara County. Under the bill (AB 2288), funds are to be provided for establishing a demonstration center for California based on the CSATP approach. Members of Parents United as well as a number of civic-minded professionals went to Sacramento to lobby for the bill. Approved by a vote of 68 to 1 by the Assembly and unanimously by the Senate, the bill was signed into law by Governor Brown at the close of the session.

Discussion

Current attitudes and laws regarding incest are myth-ridden and ineffective. The penalties for incest in the United States range from a $500 fine and/or 12 months in prison in Virginia to a prison term of 1-50 years in California. The impact of criminal justice on incestuous families, particularly those in which the father is the offender, usually adds up to either rejection of the child victim's plea for help, if the evidence is not court-proof, or disruptive punishment of the entire family if the offender confesses.

I do not mean to imply by these observations that criminal laws in support of the incest taboo should be abolished and that offenders should be dealt with exclusively by mental health workers. Reliance on the weekly therapeutic hour alone has not proven effective in the histories of several CSATP families.

For example, in these families the mother had often become aware that the husband was sexually exploiting their daughter and threatened to break up the marriage if he did not seek psychiatric treatment. Although the offender complied, he stopped going to the therapist after a few sessions and, a month or two later, resumed the sexual abuse of his daughter. And in two instances the fathers continued their offenses while undergoing treatment. Therapeutic control could not be established or maintained.

In five other cases, in which punishment alone was employed, the deterrent effect hoped for proved equally inadequate. The five men came to the attention of the CSATP for repeating the offense with other daughters or step-daughters.

The CSATP works closely with the criminal justice system of Santa Clara and other local counties. We do not delude ourselves into thinking that the promising results which are coming to light would have occurred without the cooperation of the police, probation officers and the Courts. The Police and Probation Departments are major referral sources. A distraught victim, mother or friend will usually turn to the Police Department for immediate help since members are available 24 hours a day. It is now a common practice for officers who investigate the cases to refer offenders and their families to the CSATP.

For the offender, the implication is that involvement in the CSATP is likely to be strongly considered by the judge and prosecuting attorney during court proceedings. His own lawyer will also urge him to join the CSATP. Though all offenders hope that the penalty will be softened by participation in the CSATP, many find it equally compelling to do so for the aid the program gives to their families. Also, each man soon realizes that the program will help him understand his misconduct and re-establish relationships with his wife, the daughter he victimized and his other children

In all cases the authority of the criminal justice system and the court process the offender must undergo seems absolutely necessary in order to satisfy what may be termed an expiatory factor in the treatment of the offender and his family. It appears that the offender needs to know unequivocally that the community will not condone his incestuous behavior and that it will exact a punishment. Victims and their mothers have also admitted to deriving comfort from knowledge of the community's clear stand on incest. All family members, however, will do their best to frustrate the system if they anticipate that the punishment will be so severe that the family will be destroyed and that they, in turn, including the child victim herself, will become "victims" of the criminal justice system.

No matter what the reasons may be for admission of an incestuous family into the CSATP, it is our responsibility to help the family reconstitute itself as quickly as possible, hopefully around the original nuclear pair. Even if the offender comes to the CSATP only for the purpose of saving his skin it is up to us to show him that he can reap more substantial benefits for himself and his family by honest participation in the program.

Of course, the CSATP is not equally effective with all clients. About 10 percent of referrals will elude our efforts. They will not come in for the initial interview or they will drop out soon after treatment has begun. Four couples were dismissed from the program because the father and/or his wife would not admit culpability and placed the blame entirely on the child victim and her seductive behavior. In these instances extraordinary effort was required in the treatment of the deserted child. Three of the girls, after many attempts, successfully adjusted to foster homes. They are now married and apparently content.

The CSATP is a growing community resource. Some of its objectives have been only partly achieved, others will be added, dropped or modified. But here is at least the beginning of a response to Vincent de Francis' clarion call to the American community to protect the sexually molested child.[5]

By working with the Criminal Justice System the CSATP shows promise of developing into a model for other American communities. Each community must be given the opportunity to treat incestuous families in a manner that is neither permissive nor cruelly punitive. A national position must be taken on the incest taboo and laws that are effective and consistent must be enacted. The community must publicize these statutes and the penalties for violating them.

Finally, comprehensive procedures, similar to those employed by the CSATP, must be established in each community to treat sexually abused children and their families, to enhance each family's chance for reconstitution and to prevent future violations. ■

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Sexual Abuse, Another Hidden Pediatric Problem: The 1977 C. Anderson Aldrich Lecture

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Pediatrics started, about a hundred years ago, around the single critical issue of deaths due to diarrhea, caused by unsafe milk. Pediatrics has progressed to a comprehensive approach to child health, with intermittent episodes of acute illness and the skilled management of chronic illnesses. The modern pediatrician, modeling himself after Dr. Aldrich, will attempt to return the child to his normal and optimal state of health as soon as possible and to try to minimize the deleterious effects of illness on the normal growth and development of the child, from both the emotional and the physical point of view.

I have chosen to speak on the subject of sexual abuse of children and adolescents as another hidden pediatric problem and a neglected area. More and more clinical problems related to sexual abuse come to our attention every year. In our training and in our practice, we pediatricians are insufficiently aware of the frequency of sexual abuse; it is, I believe, just as common as physical abuse and the failure-to-thrive syndrome.

Just as the "battered child syndrome" rang a responsive chord among pediatricians 20 years ago, it is my hope that with this brief discussion I might stimulate a broader awareness among pediatricians of the problems of sexual abuse. I shall try to do so from a developmental point of view, since the child's stage of development profoundly influences the evaluation and treatment we give.

During last year's influenza vaccination campaign, a 10-year-old girl was seen in consultation with the possible diagnosis of Guillain-Barré syndrome. She was, in fact, suffering from hysterical paralysis. Everyone was relieved by what she did not have, but not so impressed with the discovery that her hysterical paralysis stemmed from the fact that she had been the subject of an incestuous relationship with her father. This had become increasingly intolerable to her, with the resulting symptoms. Physicians and, surprisingly, nurses generally shunned her and were not very sympathetic. She was somehow in the wrong. There was some discussion that she was "seductive," and that she "might have been asking for it." Another group didn't believe the diagnosis in the first place. I found her to be a lonely and almost suicidal youngster in need of immediate rescue through active intervention. Her masked depression was characterized by inability to eat or sleep.

Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles.

Sexual abuse includes pedophilia (an adult's preference or addiction for sexual relations with children), rape, and all forms of incest. "Sexual exploitation" is another term frequently used, and it is true that these children are "exploited," because sexual abuse robs the child and adolescent of their developmentally determined control over their own bodies, and they are further robbed of their own preference, with increasing maturity, for sexual partners on an equal basis. This is so regardless of whether the child has to deal with a single overt, and perhaps violent, act, often committed by a stranger, or with incestuous acts, often continued for many years, which may be carried out under actual or threatened

Received November 29, 1977; revision accepted for publication January 14, 1978.
Read before the annual meeting of the American Academy of Pediatrics, New York, November 6, 1977.
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violence or may be nonviolent or even tender, insiduous, collusive, and secretive.

Scientific studies of incidence are even rarer in the field of sexual abuse than in the field of physical abuse. Data collection has been impaired by what has been euphemistically referred to as a "family affair." In discovered acts of pedophilia, such as occurs in fondling or exhibitionism, the child complains to his parents, the police are involved, and an incidence report is made. The same holds true of child rape. In these situations, incidence data are at least minimally correct. As far as the child is concerned, family and professional support for the victim is strong, and criminal conviction rates are relatively high. Pediatricians here are often informed early on, and they do participate in the diagnosis and even the early treatment of victims. In instances of nonviolent pedophilia, particularly a single act involving a stranger, simple reassurance of the child and more massive reassurance of the parents are all that is required. Forcible sexual abuse and child rape involving strangers, aside from the management of the sexual injuries, often call for long-term supportive therapy to each member of the family.

The discovery of incest, on the other hand, finds the family and the community reacting in a different way. If reports are made by the victim, they rarely result in family support, nor do they often result in successful criminal prosecution. Moreover, it is common for children, who are regularly cared for by their pediatrician, to be involved in incest for many years without their physician knowing. Incest makes pediatricians and everyone else very uncomfortable.

Some physicians routinely ascribe specific complaints of incest, and even incestuous pregnancy, to adolescent fantasy. Often, pediatricians will simply not even consider the diagnosis of incest in making an assessment of an emotionally disturbed child or adolescent of either sex. Still, a history of incest is so commonly found among adults coming to the attention of psychiatrists, marriage counselors, mental health clinics, the police, and the courts—10 or 15 years after the events—that the failure to consider the diagnosis early on is somewhat surprising. Most of the youngsters we now see are under the care of a pediatrician in private practice or a clinic setting. With remarkable regularity they represent the children of professionals, white- and blue-collar workers, as well as of the poor, in a way that reflects a cross section of our community. And so it is with the racial distribution, which, contrary to published reports from welfare departments and the police, reflects that no race in Denver is overrepresented in sexual abuse, provided one considers all levels of society who come to our attention.

Underreporting is massive. In incest there is often long-standing active or passive family collusion and support. Disruption of the ongoing set relationships is generally resisted, and understandably so; disclosure will result in public retribution, with the firm expectation of total family disruption, unemployment and economic disaster, loss of family and friends for the victim, and likely incarceration for the perpetrator, at least until bail is posted. There is also the public shame of failure for each person involved in their own role as father, mother, and child, with resulting further loss of self-esteem by all. The Children's Division of the American Humane Society reported 5,000 cases of sexual abuse for the United States in 1972. Since only a small fraction of instances of sexual abuse are reported at the time of occurrence, as opposed to those that come to light ten or more years later, it is our view that the true incidence must be at least ten times higher. In the first six months of this year, the Denver General Hospital alone saw 89 cases. We are increasingly seeing younger and younger children who require urgent care. The group of children from birth to age 5 years has increased in recent years from 5% to 25% of the total, while the incidence during the latency age period from 5 to 10 has remained stable at 25%. Between 1967 and 1972 the number of sexually abused children increased tenfold in our hospital.

Incest is usually hidden for years, and comes to public attention only as a result of a dramatic change in the family situation, such as adolescent rebellion or delinquent acts, pregnancy, venereal disease, a great variety of psychiatric illnesses, or something as trivial as a sudden family quarrel. One half of our adolescent runaway girls were involved in sexual abuse, and many of them experienced physical abuse as well.

Nature of Sexual Abuse

Pedophilia. Pedophilia often involves nonviolent sexual contact by an adult with a child, and it may consist of genital fondling, orogenital contact, or genital viewing.

Case 1. A brilliant young lawyer, father of two children, on several occasions engaged in genital fondling of 6- to 8-year-old girls who were friends of his children. The neighbors contacted us with a view toward stopping this behavior, while at the same time wanting to prevent the ruin of this attractive family and to get psychiatric help for the patient. Much of this compassionate and nonpunitive view was the result of their affection for the patient's young wife,

whom they greatly liked. They insisted, however, that the family promptly leave the neighborhood. The patient moved to a distant city, where he entered psychotherapy and has had a long-term cure of his addictive pedophilia. His professional and family life has remained stable.

Case 2. A 53-year-old physician was accused of fondling the genitalia of his preadolescent male patients. A hearing before the medical board confirmed that he regularly measured the penis of all his male patients, much as he would examine their weight. His defense was that measurements such as these are part of comprehensive care, but the board held that the procedure was not routine anywhere, except when the specific medical problem concerned the size of the penis, as is the case in some hormonal disorders. He voluntarily resigned his license to practice but refused offers of help.

Violent Molestation and Rape. While all sexual exploitation of minors is illegal, society is particularly concerned with retribution to prevent repetition when rape or other forcible molestation occurs. It is not necessary for hymenal rupture or vaginal entry to occur to have the rape statute apply; frequently, vaginal tears and/or evidence of sperm or a type-specific gonococcal infection can be the ultimate proof. However, perineal masturbatory action often leads to emission of sperm outside the vagina, on the skin or the anus. Many molestors experience premature ejaculation, and others are impotent. We find sperm less than 50% of the time. Orogenital molestation may leave no evidence, except the child's story. This must be believed! Children do not fabricate stories of detailed sexual activities unless they have witnessed them, and they have, indeed, been eyewitnesses to their abuse.

Case 3. The 23-year-old unemployed boyfriend of a divorced middle-class woman was babysitting for the woman's two daughters, aged 6 and 14. He first began to sexually assault the 14-year-old girl and raped her, despite her efforts to resist by screaming, hitting, and biting. While she ran for help to distant neighbors, he raped the 6-year-old and fled. When captured, he told the police that he had had two beers and remembered nothing of the events. The children both required hospital care for emotional as well as medical reasons. The 6-year-old had a 2.5-cm vaginal tear that was repaired. The older child had a hymenal tear and many bruises. Both had semen in the vagina, and both required antibiotics to prevent gonorrhea with which the attacker was afflicted. Loving and supportive nursing and, later, psychiatric care were given to both victims, who seemed to view the event as "a bad accident." The mother had much reason to feel guilt, since she had known of her friend's inability to handle alcohol without becoming violent. The psychiatric diagnosis of the perpetrator was "violent and sociopathic personality, not likely to change at any time." He remains in prison for an indeterminate sentence, but he is a model prisoner to date, and will eventually be paroled.

Incest. Father-daughter incest accounts for approximately three fourths of cases of incest, while mother-son, father-son, mother-daughter, and brother-sister account for the remaining one fourth. It is our belief that incest has been increasing in the United States in recent years, perhaps because of the great changes in family life: increasing divorce rates, birth control, abortion, and an increasingly more tolerant view of sexual acts between blood-related household members who come from divorced or previously separated homes. This is particularly true as it affects brother-sister incest between stepchildren, who are living as a family but are not related. We believe that cultural attitudes in regard to this latter group of adolescents are rapidly changing to a less concerned stance.

Father-daughter incest tends to be nonviolent, but in the preadolescent and early adolescent, the coexisting relationship between physical abuse and sexual exploitation is often striking, but rarely discussed. It is not uncommon for acting-out adolescent girls to be suffering from both physical and sexual abuse. We find men with psychopathic personalities and indiscriminate sexuality who view children as objects, and these men are often violent. Some nonviolent abuse is seen in pedophiles who seduce both their own and other children. Most fathers involved incestuously with their daughters have introverted personalities, tend to be socially isolated, and have an intrafamily orientation. Many are gradually sliding toward incestuous behavior, with the extra push given, often, by a wife who either abets or arranges situations likely to make privacy between father and daughter easier. She may, for example, arrange her work schedule to take her away from home in the evenings and tell her daughter to "take care of Dad" or to "settle him down." It is not hard to see how a very loving and dependent relationship between father and daughter might result, first in acceptable degrees of caressing and later in increasingly intimate forms of physical contact. The silent agreement between husband, wife, and daughter is a triad in which each plays a role and which is generally free of marked guilt or anger unless a crisis occurs. One of these crises is public discovery. A daughter is, of course, robbed of her developmentally appropriate sexuality and is often caught in the dilemma of forcing an end to a now embarrassing affair in order to live a more usual life with her peers and of losing the family security which, she believes, her compliance has assured her, her mother, and her siblings. It is a terrible burden to carry for these immature women, and relief may not come until they leave home and try to build a new life.

Writers have, for the most part, stressed unduly

the seductive nature of young girls involved sexually with fathers or brothers as opposed to the more important participatory role played by mothers. Our experience suggests that the seduction that some young girls tend to experiment with to a certain degree and usually safely, within the family, is usually normal and does not explain incest, which is not initiated by the child but by the adult male, with the mother's complicity. Stories by mothers that they "could not be more surprised" can generally be discounted; we have simply not seen an innocent mother in cases of long-standing incest. Still, the mother escapes the punishment her husband will likely suffer.

Why do mothers play such an important role in incest between father and daughter? Often, a very dependent mother is frantic to hold her man to the family for her needs and the financial support he provides. The sexual role of the daughter is seen as one way of providing him a younger, more attractive bond within the family than she can provide. This is especially true if she is frigid, rejected sexually, or is herself promiscuous. Rationalizations for incest abound and must be dealt with in a direct manner. The "I only wanted to show her how to do it" school is often talked about but rarely encountered. The same is true for the "he just needs a lot of sex" attitude. The vast majority of incest situations find people literally caught up in a life-style from which they find no easy way out and in which discovery must at all cost be avoided. In order to preserve the family, even after discovery has occurred, admission is often followed by denial, and the immediate family tends to condemn the victim if she is the cause of discovery. She is then bereft of all support and has few choices. Far more often, of course, there is no immediate discovery and only after some time does the victim's emotional need bring about an understanding of her difficult past.

Case 4. An 18-year-old college student with many minor physical complaints and episodes of insomnia told freely of her anger at her father who, on her leaving for college, was having an incestuous affair with her younger sister. She maintained that she was not jealous but rather wanted him stopped; as she said, "I have given my best years to him to keep us together."

Her father, a judge, had begun to sexually stimulate her at bedtime when she was 12 and commenced regular intercourse when she was 14, often six times each week. Her mother knew of these acts from the start, encouraged them subtly at first, and then simply would not discuss the matter. Whenever the patient threatened to leave home, she was told by her mother that she kept the family together and that her two younger siblings would be forever grateful to her for preventing a divorce. The patient had had no boyfriends and few girlfriends, and was anxious until she left home to "have things stay the same." On discussion with the mother, it appeared that she was frightened and angry, denied that her husband, "an important man in this community," could be so ungratefully accused, asked that he not be contacted, and disowned her daughter as a chronic liar. Her father admitted, in medical confidence, that his daughter was totally correct and that he was, indeed, involved with his second daughter. He entered therapy with an experienced psychiatrist and has, over the past years, been able to desist from all incestuous relationships. His eldest daughter will not see him, and he accepts this. He blames himself fully, is puzzled by his craving for love from his daughters, and finally blames himself for his wife's frigidity. He is chronically depressed, and takes medication, and he has been a borderline alcoholic in recent years.

Case 5. A 14-year-old girl was seen on request by the police because her 16-year-old brother, when arrested as a runaway, had told them that his father had an incestuous relationship with his sister. The parents denied the allegation and, initially, so did the patient. But on the second interview, she began to discuss her fears about pregnancy and venereal diseases and, with reassurance, described her four-year involvement with her father, a 35-year-old computer programmer with a college education. The patient was placed in foster care but repeatedly ran away. The father lost his job when he was first arrested and, while awaiting trial, attempted suicide. Subsequently, criminal prosecution was deferred, and both parents received joint treatment around their failing marriage and their relationship with both children. Both children elected to remain in different foster homes until graduation from high school. Criminal charges were eventually dropped, and employment was resumed. The marriage was stabilized. Both children, who are in college now, seem to be on friendly terms with both parents, although they never visit overnight.

Case 6. A 14 year-old girl was seen with a history of marked weight loss and a diagnosis of anorexia nervosa. Her 16-year-old brother was extremely worried about her deteriorating condition, and confessed to his father that he had carried on a brief incestuous relationship with her for four months and that he wondered if he had caused her illness. The patient recovered promptly, and both youngsters received individual therapy. Each requested a therapist of his/her own sex. Both remained in the household, and both have done well personally and professionally.

Case 7. A 16-year-old girl was seen because an unrelated household member, a boy of 16, had been treated for gonorrhea and listed her as one of his sexual contacts. She was asymptomatic, but her vaginal and rectal cultures were also positive, although for a distinctly different strain of the gonococcus organism. The remaining members of the large family were then cultured. Her stepfather was positive for gonorrhea with the same strain as were her 14-year-old and 18-year-old stepsisters. Throat cultures for the gonococcus were positive in her 9-year-old stepbrother, as was his anal culture. Her mother was culture-negative, as were two cousins and another, younger stepbrother. It is likely, but was not admitted, that the stepfather, who had a criminal record, and not the 16-year-old boy had infected by sodomy and vaginal intercourse the index patient, who was not clinically ill. The stepfather had further, through fellatio by his stepson on himself and by sodomy, infected the 9-year-old boy, and caused vaginal infections in the 14- and 18-year-old girls. The health department administered curative doses of penicillin to all members found to be infected. They noted, wryly, that the initial report of the 16-year-old boy was not related to the family infection, and ignored all other implications of this family's chaotic incestuous life.

Age of Partners

In pedophilia or child rape, the age of the child tends to be between 2 years and early adolescence, while incestuous relationships may begin at the toddler age and continue into adult life. The median age for incestuous behavior in recent years has been between 9 and 10 years, well within the age group routinely seen by pediatricians, including those pediatricians who shun the care of the adolescent patient.

Society tends to be more concerned with fathers sleeping with or genitally manipulating daughters or sons than mothers doing the same to sons or, rarely, daughters. This double standard is most likely based on the belief that the sheltering mother is simply prolonging, perhaps unusually but not criminally, her previous nurturing role. That mothers who regularly sleep with their school-age sons, referring to them as "lovers" and sexually stimulating them, are very seriously mentally ill, as are their children, is quite clear to us, but intervention is difficult because mothers are given an enormous leeway in their actions, while fathers and brothers are not.

Violent acts of sexual exploitation or rape are usually perpetrated by males under the age of 30, while father-daughter incest tends to involve middle-aged men between 30 and 50. Other incestuous relationships, such as those between siblings, can vary from mutual genital play in early childhood and during the school-age years to attempted and, sometimes successful, intercourse in adolescence. A grandson-grandmother relationship involved a boy, aged 18, and an exceedingly wealthy woman, aged 70. At least three physicians dealt with the emotional problems of her delinquent grandson, but none of them was prepared to accept the diagnosis readily admitted to by both patients.

Girls involved with fathers or stepfathers are often the first daughters in preadolescence or early adolescence.

Subtle Clinical Findings

In cases in which the parents report a single episode caused by either a stranger, a babysitter, a relative, or a household member other than the parents, the diagnosis is made before the physician is ever involved. More troubling are those subtle manifestations that are not ordinarily thought to relate to the diagnosis and that call forth the pediatrician's best diagnostic acumen.

In the child under 5 years of age, aggressive sexual abuse, that is, any forced sexual act, often results in fear states and night terrors, clinging behavior, and some form of developmental regression. The pediatrician's role is to provide reassurance. In a stable family setting, it is the parents rather than the child who need repeated help. It may be that from time to time the event will have to be worked through with the child once again, but this can often be done in a nursery school setting with active support from loving teachers and parents, and again in adolescence, if needed.

In the school-age child, subtle clinical manifestations may include sudden onset of anxiety, fear, depression, insomnia, conversion hysteria, sudden massive weight loss or weight gain, sudden school failure, truancy, or running away.

In adolescence, serious rebellion, particularly against the mother, is often the presenting finding. The physician who is aware of a specific estrangement between the mother and daughter should consider this diagnosis. Girls involved in incest often will eventually forgive their fathers, but rarely will they forgive their mothers who failed to protect them. Further, if the pediatrician notices that the daughter has suddenly been assigned virtually all the functions ordinarily taken by a mother within the family group, by looking after the house and siblings, the diagnosis is often made. Parents have reassigned to the daughter the mother's function both in the kitchen and in bed. These youngsters must be given an opportunity to share their secret with a sympathetic person.

As children get older, we often find more serious delinquency, including massive loss of self-esteem ("I am a whore," "I am a slut"). We see prostitution, along with chronic depression, social isolation, and increasing rebellion and runaways. There are, on the other hand, some very compliant and patient youngsters who carry the load of the family on their frail shoulders, at great sacrifice to their personal development and happiness. These adolescents are in a terrible dilemma. They are in no way assured of ready help from anyone, but they risk losing their family and feel guilty and responsible for bringing it harm if they share their secret. Youngsters may come to the attention of the health care system or the law only through pregnancy, prostitution, venereal disease, drug abuse, or antisocial behavior.

Treatment of Sexual Abuse

There is a chance, particularly when dealing with nonviolent sexual exploitation, to use the criminal justice system to initiate treatment, when the condition is treatable. Filing of criminal

charges and a deferred prosecution to await evaluation and treatment are possible, provided certain requirements are met:

1. Exploitation must assuredly be stopped and for good.
2. Law enforcement officials must be involved in planning and must agree to the proposed treatment plan.
3. The prosecuting attorney and the court must feel that the criminal system is not being thwarted but that rehabilitation is an acceptable course, if it is under the supervision, even if remote, of the probation department or law enforcement.
4. Treatment failure, including nonparticipation in an agreed-to program, should bring the criminal process back at once, because, while the bypass process is recognized as an option for the legal system, it is strictly limited to effecting a better outcome than can be foreseen by incarceration following conviction.

Pedophilia may never be cured, but it is often possible to bring all illegal acts under control (case 1). There is no certain cure for the aggressive sociopath who engages in violent sexual molestation and rape. Until we know what to do for such people we must be certain that they never have control of a child, who is always defenseless in their presence. Moreover, they are often a menace to all, and, in many cases, nothing but prison is left for their management if they are convicted or psychiatric commitment to a secure setting if they are judged to be legally insane and unable to stand trial.

The treatment of incest, on the other hand, is far more likely to be successful and to result in the three desired goals: (1) stopping the incest; (2) providing individual and, later, group treatment to victim and each parent; and (3) healing the victim's wounds so that he/she grows up as a whole person, with the ability to enjoy normal sexuality.

In our experience, it has not been possible to reunite families after incest has been stopped through either placing the child or removing the offender unless two conditions have been met: (1) the mother must be shown to be willing and able to protect her children, and (2) both parents must admit to the problem and have a shared desire to remedy it, while at the same time either improving their failing marriage or divorcing. Ultimately, treatment can be judged to be successful only many years later, when the child has grown up and made a success of life.

Projective psychological tests reveal that incest victims see themselves as defenseless, worthless, guilty, at risk, and threatened from all sides, particularly from their father and mother who would be expected to be their protectors. Improvement in these projective tests is a useful aid to progress of therapy. Projective tests also clearly differentiate the angry, wrongful accuser from the rather depressed incestuous victim, and are therefore most useful in early family evaluation when the facts of incest are denied. Questions to be answered early on are these: Can the child forgive the perpetrators? Can the child regain self-confidence and self-esteem, and have a better self-image?

In a report from Santa Clara County, California, 90% of the marriages were saved, 95% of the incestuous daughters returned home, and there was no recidivism in families receiving a minimum of ten hours of treatment. Regrettably, we have been far less successful! In my experience, between 20% and 30% of the families have not been reunited, no matter what we have attempted, and I have come to feel that they should not be reunited. Reuniting families should not be the overriding goal. Rather, the best interests of the child should be served. Many adolescent girls do far better as emancipated minors, in group homes or in carefully selected foster home settings. Once they have broken the bond of incest, society must not condemn these victims to an additional sentence, but it must provide loving protection and supportive adults who are better models than their fathers and mothers can ever hope to be. They will, of course, still have ties of affection to their family, but they will see them in a more mature, compassionate way. In any case, the dependency on their family is over somewhat sooner than it would normally be.

Much less is known about the treatment of mother-son or homosexual incest between a parent and child, but these general observations can be made. The gray area of incest in the preadolescent cuddly behavior is not without danger. Even quite early, children receive cues about their role vis-à-vis each parent, and sexual models can be normal or highly distorted. After adolescence has begun, guilt, fear of discovery, low self-esteem, isolation, all extract a frightful toll. These problems must always be faced, either sooner or later, and later is generally much worse.

Prognosis of Sexual Exploitation

A one-time sexual molestation by a stranger, particularly of a nonviolent kind, such as a pedophilic encounter, appears to be harmless to

normal children living with secure and reassuring parents. The event still needs to be talked out and explained at an age-appropriate level, and all questions need to be answered. Fierce admonishment such as "Don't let anyone touch you there!" or "All men are beasts" is, at most, not helpful.

All victims of violent molestation and rape need a great deal of care. For many reasons, a brief, joint hospital stay with the mother may help to take care of injuries, such as a vaginal tear, and to satisfy the legal requirements for criminal evidence in a setting that is sympathetic and supportive. During examination, the presence of the mother, sister, or grandmother is essential. A female physician-gynecologist who is gentle and who explains the examination is equally important. With her help, a vaginal specimen can be obtained for possible identification of semen (which can be typed and compared to the accused offender's) and for cultures for venereal diseases. The culture findings can be of use in undertanding the chain of transmission within the family and in influencing treatment. At times, children are so afraid and in such pain that an almost equally violent form of rape occurs in the emergency room on the part of inexperienced and rough physicians and nurses. It is far better to take time and try to do all that is needed under gentle guidance and among faces that are familiar to and beloved by the frightened child than to attempt force. It is best, at times, to give the child a brief anesthetic to allow for examination and obtaining samples while she is asleep. In any event, a terrifying experience must not be made even worse by those providing treatment. We have tended to resist the request for physical examination in nonviolent abuse cases. In children under 12, the story given or the acts demonstrated by children are to be believed because of the very nature of their detail and clarity of description. This is not fantasy!

Incest occurring before adolescence and then stopped appears to cause less havoc than incest continuing into or throughout adolescence. The principal and major exception to this is the not uncommon situation in which a very young girl is trained to be a sexual object and to give and receive sexual pleasure as the one way to receive approval. These girls make each contact with any adult male an overt sexual event, with genital stimulation sought, supplied, and rewarded. They have, in short, been trained for the profession of prostitution. Nothing is more pathetic and more difficult to manage, because these girls are far too knowing and provocative to be acceptable in most foster or adoptive homes. They are socially disabled until cared for, at length, by a mature and understanding couple. We have found that fathers involved in this form of early "training incest" are not curable. The outlook for the children also is not good, even with treatment, because of the timing and prolonged imprinting nature of their exploitation.

Incest during adolescence is especially traumatic because of the heightened awareness of the adolescent and the active involvement in identity formation and peer group standards. Frigidity, conversion hysteria, promiscuity, phobias, suicide attempts, and psychotic behavior are some of the chronic disabilities one sees in some women who experienced adolescent incest without receiving help. It is only in retrospect that these histories are obtained many years later, and, generally the affair never came to the notice of anyone outside the family.

Boys do much worse than girls! Either mother-son (or grandmother-grandson) or father-son incest leaves a boy with such severe emotional insult that it blocks normal emotional growth. They tend to be severely restricted and may be unable to handle any stress without becoming frankly psychotic. Incest is ruinous for the male, but can be overcome with or without help by many girls. In general, workers agree that early and humane working through of the complex emotions and distorted relationships is curative and that late discovery after serious symptoms have appeared is far less satisfactory. The focus of treatment is the family, but sometimes there really is no functional family, and the youngster must try to build an independent life with sympathetic help from others.

In contemporary society, many explain the incest taboos as having no function other than the prevention of close inbreeding, with its deleterious genetic effects. Where this explanation has been accepted as sufficient, it has meant a weakening of the sanctions that, in the past, protected the relation between adults and children, including stepchildren. Mead feels that where the more broadly based sanctioning system has broken down, the household may become the setting for cross-generational reciprocal seduction and exploitation, rather than fulfilling its historic role of protecting the immature and permitting the safe development of the strong affectional ties in a context where sex relationships within the family are limited to spouses. Home must be a safe place!

We believe that *all* sexual exploitation is harmful and that it must be stopped!

This does not imply that criminal sanctions

must always follow, though they are often an expression of public fury and demand for retribution. What is clear is that the child may need weeks and months of individual or group psychotherapy to come to terms with the event and to integrate the sometimes puzzling, sometimes frightening, and sometimes guilt-laden occurrence back into a normally progressing and safe environment. The growing child and adolescent increasingly assumes charge of his or her control over body and mind. Failure to treat the victim is a far more serious societal act than failure to punish the perpetrator.

Conclusion

Each week we find among our pediatric-adolescent patients, among youngsters at the Kennedy Child Development Center, and among the children seen at our child psychiatric service, increasing numbers of sexually abused children whose presenting chief complaint is nonspecific.

The nonspecific symptoms I have described may be the only clues we physicians have that we may be dealing with sexual abuse. One requires sensitive attention to the patient, good listening, taking time, and always going beyond the presenting "chief complaint."

The runaway who is simply asked "Why did you run away?" will say, "I had a fight with my folks." The next question is "What was your fight about?" The answer, "I was out late." Most professionals stop right there, but that's where we should all start. We simply have to know more. One needs to lead up to the relationships with the child's mother and father, and then one finally has to ask some direct questions, in as kind a way as possible, in order to give the child permission to relate his/her loneliness, shame, and fears.

Sexual abuse should always be viewed from a developmental point of view, and it is the point of each child's development which determines the ultimate impact that sexual abuse has. Early and decisive intervention, rescue, and supportive therapy work well, even if the family is not reunited. The child deserves a chance at therapy just as much as if there were any other insult to development.

Pediatricians routinely try to find children who have hearing and speech problems. Should we not be equally open and ready, intellectually and emotionally, for the condition of incest, which is the last taboo?

Thank you for allowing me to share with you this hour honoring the late Dr. Aldrich. I hope that I have done him honor.

ACKNOWLEDGMENT

I gratefully acknowledge support received by the William T. Grant Foundation and the Robert Wood Johnson Foundation.

FAMILY MORE IMPORTANT THAN HOUSING IN CHILDREN'S COGNITIVE DEVELOPMENT

In Warsaw, Poland, a city destroyed at the end of World War II, housing and schools were rebuilt and assigned without regard to social class. In 1974, 96% of the children born eleven years earlier, were tested for cognitive ability and correlations made between parental occupation and education and with the school and distance of the home from the city. Results showed that parental occupation and education were much more strongly correlated with cognitive development than type of school or district in which the family lived. The authors conclude that equalization of living conditions and schooling over a generation have "failed to override forces that determine the social class distribution of mental performance among children."

Noted by R. J. H.

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INCEST BEHAVIOR AND INCEST TABOO

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Some recent theories of the incest taboo are critically examined. Certain theoretical positions are then examined in the light of information on 425 published cases of incest behavior. Five distinct types of incest emerge: 1) functional; 2) accidental or disorganized; 3) pathological; 4) object fixation; and 5) psychopathic. The functional type is discussed at some length, since it appears to show that the taboo on incest is not universal. The implications of the findings for the understanding and treatment of incest behavior are discussed.

If there were no prohibition on sexual relations and on marriage between members of the same nuclear family, the whole system of roles within the family, and between families, would be radically different. It is of fundamental importance for sociology to consider the nature of the rules restricting marriage between family members. This paper's purpose is to review accounts of the extent to which the prohibition of overt sexual relationships between father and daughter, mother and son, and brother and sister is transgressed in order to see what light can be thrown on theories about the normative and deviant aspects of this incest prohibition.

RECENT THEORIES OF THE INCEST TABOO

Murdock presents a comprehensive theory of incest based on an analysis of data from 250 societies, and concludes that incest taboos apply universally to all persons of the opposite sex within the nuclear family. Outside this group, incest rules are variable between cultures. However, these variable taboos fail to coincide with biological nearness, discounting the theory that incest rules have their basis in genetic functionalism. As Saller points out, intra-family marriage could be highly functional genetically if the family members possess normal genes. Murdock observes that the variable taboos correlate with social interaction. A cousin who is called "sister" is tabooed, for example, in accordance with her role as a sister.

Murdock discounts Westermarck's theory--that interaction within the family dulls the desire for sexual intercourse between family members--on the grounds that this does not offer an explanation for societies such as the Angmagalik among whom "it is by no means uncommon for children who have been brought up together to marry." Westermarck's theory

> is also inconsistent with the widespread preference for levirate and sororate unions, which often involve the same extended family... above all, the theory flagrantly overloods, and even inverts, the vast body of clinical evidence which shows that incestuous desires are regularly engendered within the nuclear family and are kept in restraint only through persistent social pressure and individual repression.

However, Murdock points out, Freud's "reaction fromation" theory does not account for the extensions of the incest taboo outside the nuclear family, and concludes that, "though helpful, Freudian theory is incapable of accounting for the facts revealed by the ethnographers." Murdock's general conclusion is that no unitary theory of incest taboo appears capable of accounting

for all aspects of incest prohibition, and he suggests that the interaction of psychological and social factors may account for the origins of the taboo.

An interaction theory of incest has also been offered by Parsons, who analyzes the function of roles within the nuclear family, and concludes that the prohibition of nuclear incest is functional for the individual family and for the society at large. He suggests that a small group in which erotic interaction is prohibited is the most functional for the socialization of the child. The nuclear family is never itself an independent total society but is always part of a wider social structure. Incest is a withdrawal from the obligation to contribute to the suprafamilial bonds on which major economic, political, and religious functions of society are dependent. "It is only on the impossible assumption that families should constitute independent societies and not be segmented units of higher level organization, that incest as a regular practice would be socially possible."

Parsons asserts that the family cannot be considered a society. He defines a society as a social system having "long term persistence from within its own resources." A social system is defined as having 1) individuals who are 2) interacting with others on the basis of a minimal degree of, and according to, 3) a shared system of beliefs, standards, and means of communication. The family meets all the requirements for the definition of a social system. What it does not normally possess is long-term persistence from within its own resources--marriage partners have to be found outside the nuclear family.

"The universality, with very few qualifications, of the taboo highlights the fact that the nuclear family is never a complete society but only a special kind of sub-system of a society," argue Parsons and Bales. The family is not a society by this argument, because incest is tabooed. The fact that families are not independent societies cannot be cited as a cause of the incest taboo, rather it is a result of it. We shall argue below that in certain cases where it is functional for a family to disregard the incest taboo, the family itself becomes a society, giving internal moral approval to these actions.

A fresh approach to the problem of the incest taboo, and in particular of sibling incest, has been attempted by Fox. In an ingenious paper he sought to explain sibling incest by an argument based on learning theory which would account for the actual motivation of the actors involved in possible incest relations, and would avoid explanations based on the dire consequences of incest to society.

The theory suggests that in any society, the more pre-adolescent interaction between siblings there is, the less need will there be for a strong incest taboo as part of the society's system of rules and sanctions.

> Mutual stimulation during play (tickling, wrestling, exploring, soothing, stroking--all tactile interaction) between brother and sister leads to a heightened sexual excitement, which, while nearing climax, cannot be (or rather is not) consummated by a successful act of coitus. The frustration engendered by the lack of tumescence will lead to anger and aggression and the episode will end in pain and tears. This, if repeated often enough, should act as an effective negative reinforcement. Thus when sexual maturity is reached each will try to avoid

> sexual approaches to or from the object of painful sexual experience. Hence one will find 'positive aversion' to the sex act between two actors.

Where this psychological aversion to sibling intercourse has not developed, through the separation of siblings, temptation to intercourse remains strong, and firm sanctions against incest are necessary.

The author then tests his theory on evidence from seven societies, all of which accord with his theoretical explanation. This evidence leads Fox to make the hypothesis that: "The intensity of heterosexual attraction between co-socialized children after puberty is inversely proportionate to the intensity of heterosexual activity between them before puberty."

Are Fox's basic assumptions correct? These assumptions are 1) children who have not reached puberty cannot achieve sexual orgasm, and are physically frustrated by conditions simulating sexual intercourse or interplay, and 2) that ethnographic (and perhaps clinical) evidence shows that where siblings are reared together they have a strong, innate aversion to sexual intercourse with one another. Unfortunately, the evidence contradicts Fox's basic assumptions on both points.

The evidence on pre-pubile oragasm is contained in the two Kinsey reports on the human male and female. In the report on the female, Kinsey describes the onset and process of a sexual orgasm in a young girl; and commenting on boys and girls, concludes "...these data indicate that the capacity to respond to the point of orgasm is certainly present in at least some young children, both male and female." He reports that 14 percent of all females had had an orgasm up to the beginning of adolescence, either through masturbation or tactile interaction with another child (p. 513).

In his study on the male, Kinsey reports that in 450 subjects reported in previous literature, an orgasm had been experienced before the age of 12. The youngest age at onset was age one. There was much evidence that a preadolescent orgasm was possible, although estimates of total incidence were difficult to obtain. In 317 cases studied by Kinsey, 65 percent had achieved orgasm before the onset of adolescence. He concluded that: "The orgasm in an infant or other young male is, except for the lack of ejaculation, a striking duplicate of orgasm in an older adult."

Fox notes with approval Westermarck's theory of the dulling of sexual desire between family members because of the close proximity of rearing--not unnaturally, since it coincides with Fox's own theory. Curiously, however, Fox ignores the critique of Westermarck made by Murdock, which has been summarized above. Murdock's criticisms of Westermarck seem equally applicable to Fox's theory.

Perhaps a much simpler explanation can account for Fox's ethnographic material. If incest in society is strongly tabooed (for whatever reason), it may follow that those responsible for socializing the potential incest participants are likely to rear them apart, rather than together. Societies which do not regard sexual contact between young siblings as a great moral crime will not be so concerned to rear siblings apart.

The rest of this paper will be concerned with reviewing accounts of incest behavior to see if a study of actual deviations from the norm can throw any light on theories of the nature of the taboo.

A REVIEW OF CASES OF INCEST BEHAVIOR

The material used in this review of cases of incest behavior has been taken from published reports. Fifty publications reporting a total of 1,025 cases of incest have been reviewed. In 425 cases: 1) a functional type of incest; 2) an accidental or disorganized type; 3) a pathological type; 4) an object fixation type; and 5) a psychopathic type. The numbers falling into these categories were 93, 79, 117, 29, and 86 respectively. The remaining 21 cases could not be classified.

FUNCTIONAL INCEST

The first type has been described by a number of previous writers, but without the conceptualization that this might be a functional type. The notion that the incest taboo is universal seems to have dominated nearly all previous studies.

This type emerges, for example, in the 58 Swedish cases reported by Riemer (Appendix B). Riemer suggests that father-daughter incest was not wholly uncommon is Swedish pre-war agricultural society. The principal features he notes were low educational level and manual work of the father; a generalized norm in agricultural areas of easy sexual indulgence; and, significantly, interruption of "life-career" by disease, economic catastrophe, unemployment, or accident; and for all male partners, blockage of the normal sexual outlet. In isolated farms, not part of any wider social system of communities, it appeared that the father would reassign the role of "wife" to his daughter, when his own wife was incapable of filling that role. These isolated farms seemed to form communities, or "societies" in themselves; they possessed Parsons' prerequisite of a society--long-term stability from within its own resources. The father's economic misfortune may well have accentuated the feeling of remoteness felt by the family from the wider community. In many of these cases, then, incest seemed to be morally sanctioned by the family, a micro-society.

The features of this Swedish group have been repeated in a number of case studies of incest. The essential features seem to be: 1) a patriarchal family structure; 2) either an isolated rural family or an "introverted" family; 3) a father who is often, though not always, of low economic status; 4) in every case, a wife unable or unwilling to fulfill either her household or sex roles, or both; 5) in every case, the family's relations with the community are poor, or the community is non-existent; 6) in every case, the wife, if she is alive, gives her tacit or open consent to the incestuous union (which is usually father-daughter); 7) the union appears to have the moral approval of the whole family; and 8) the family usually operates smoothly as a functional unit over an extended period of time, the daughter seemingly very happy in the "wife" fole--although her long-term adjustment is uncertain if the incest is commenced in the post-adolescent phase.

A variation of the functional type appears in some families in disorganized urban areas, where sexual delinquency is rife. In this type the family seems to withdraw from the general community, and initiates its own "deviant" norms of sexual behavior, which are contained within the family circle. This category is marginal to the "disorganized" type of incest, which is described below.

Two studies of functional incest which involve an apparent degree of acceptance of incest by a community are worthy of review, since they illustrate both the proposition of Middleton that the incest taboo is not universal, and provide further support for the categorization of a functional type of incest. Both studies are apparently little known in the sociological field. The first refers to incest in the Mormon community in Utah, where this practice continued until outlawed by the state of Utah in 1892. Accounts of the practice were extensively reviewed by Schroeder in 1915. Various theological rationalizations were produced by Mormons for the practice of polygamy, and marriage to daughters and sisters; and there is no doubt that the practice was extensive.

"Sometimes a man will marry a widow with young daughter,"writes Schroeder,

> it being part of the bargain of the arrangement that he is to marry his stepdaughters as soon as they are old enough. Ann Eliza Young, Brigham Young's nineteenth wife, tells us of a case in which the child knew the arrangement and spoke freely of the anticipation of "marrying pa." In view of all this it is no surprise to find a Mormon woman living in marital relations with her husband's son by another wife or a man going through the temple and being "sealed" to his own daughter as his polygamous wife.

There are certain similarities between the circumstances of the family practicing incest, and the condition of Mormon society in this period. At the outset, Mormons were the subject of grave physical persecutions by the rest of the community, and finally settled in an uninhabited part of Utah. The value system of Mormon society was alien to that of the wider community. Whether incest developed because of persecution, or whether incest was one of the factors which enraged the outer community is difficult to say; but incest, by increasing fecundity and the numbers who could be internally socialized in the Mormon way of life, was clearly functional for Mormon society.

The principle seems to be the same at that of the functional incest families: a social system in which the cognitive and physical links with other social systems have been broken tends to be come a society, depending for long term stability on its internal resources.

The second study worthy of note is that of incest in modern Japan. Kubo's lengthy article on this subject (in a Hiroshima medical journal) makes interesting reading for the sociologist. The author goes to some lengths to elicit attitutdes toward incest among Japanese youth, and concludes that although incest is not a crime in Japan, there is strong moral disapproval of incest, and participants are anxious to conceal the act. After giving details of 36 cases encountered in Hiroshima, Kubo cites as an example of the controversy surrounding incest, a senior high school graduate who "did not believe that incest was such an immoral act".

Kubo found that mental disorder and low intelligence were atypical in the incest participants. The participants (father-daughter or brother-sister) took up the relationship after the wife of the male participant died or invalided. The typical setting of the incest family was a rural one, with isolation from other communities. In 12 of the author's cases, the families of both parties acknowledged the incestuous union and accepted it as stable. The paucity of ego-nephew/niece cases in his material leads Kubo to suggest that this type of incest may be widely practiced and tolerated. The incest in many cases was carried on over a considerable period of time.

Commenting on the 23 cases in which there was no mental abnormality, and which occurred in isolated rural areas, Kubo says:

> in agricultural communities where the feudalistic system is deep-rooted, there is a tendency to accept incest due to the narrow family system which seems to dispose of family problems within the family in an effort to prevent the division of property and to maintain the family. In my survey I have encountered cases who believe that incest is the final means to maintain the family and is also praisworthy conduct.

A common feature in the incest families was seen to be the persistence of the feudal family system. In addition, "in almost all of these cases of incest between father and daughter, a defect of some kind was noted in the family and it was either impossible or difficult for the father to lead a satisfactory married life"--that is, because of the death, desertion, or chronic illness of the wife.

In the brother-sister cases, a frequent pattern was for the father to be unable to perform his role as leader of the household, a task taken by the eldest son. In this switching of roles the brother adopted a sex role in relation to his sister "to end confusion in the order of the home". Often the other members of the family accepted this incest. The one mother-son case presented is similar to a number of others reported in the literature- a domineering overprotective widow, with an only son of low cognitive status.

It is possible that the emergence of "functional" incest in Japan may be aided by psychological factors. For example, Caudill and Plaith investigating the sleeping habits of 233 Japanese families found a marked degree of co-sleeping of pre-adolescence children with their parents or grandparents, and of post-adolescent siblings together, which was a function not of overcrowding, but of cultural arrangements.

The author's comment: "In Western eyes, Japanese co-sleeping patterns may appear pathogenic, or at least to be taken as a denial of maturation and individuation.... If these co-sleeping patterns are as widespread as the authors suggest, the greater tolerance of incest behavior in Japan might be partially explained in this way. However as we pointed out in discussing the Fox theory, it might also be true that these sleeping arrangements are tolerated because incest is not strongly tabooed.

Two recent studies, by Middleton and Lustig et al, support the concept of functional incest. Middleton cites new evidence to show that in Egypt in the Roman rule brother-sister marriages occurred among commoners with some frequency--probably to maintain the family property intact by preventing the splintering of the family estate through the operation of the inheritance laws.

Lustig et al, in a psychiatric study, categorize father-daughter incest in six cases as "a family group survival pattern". These families are called "dysfunctional," because they are not able as a family unit to function effectively in the pursuit of socially approved goals, and in conformity with socially defined values. Such a family is an isolated cultural unit, relatively untouched by external social norms. The precipitating factor in the incest was the mother's inability to perform her role, which was taken over by her daughter. This role transference had the mother's approval, and the daughter appeared to enjoy her new duties. Although "dysfunctional" in Lustig's terms, these cases are functional in terms of the present analysis.

ACCIDENTAL OR DISORGANIZED INCEST

This kind of incest occurs in communities which are in a state of social disorganization and which are highly overcrowded, two states which often coincide. All nuclear relationships, father-daughter, brother-sister, and mother-son, are involved.

Flugel reports that a Chicago Vice Commission of 1911 found that of 103 girls examined, 51 said that they had received their first sexual experience at the hands of their father. The urban background of this delinquency was the disorganized area described by Robert Park and his colleagues. Gerchow (Appendix B), too, describes incest in post-war Germany as having a setting in overcrowded and disorganized conditions. It cannot be said that in these cases incest behavior is sanctioned, in the sense of being normative behavior as it is in the functional cases; the evidence suggests that in these communities there is often extreme conflict of normative standards of sexual and other behavior.

In this type of incest one or both participants are mentally defective or psychotic. The mentally defective are "extra-societal" in the sense that they have been unable to internalize the moral rules prohibiting incest. There seems to be a special relation between overtly Oedipal behavior and schizophrenia, which has been noted by many clinical writers. Bridge, for example, suggest that the spontaneous production of Oedipal material (e.g., delusional material about intercourse with the mother) is of ominous diagnostic significance for schizophrenia, and Janzarik reported that incest themes were a common content of the delusional material of schizophrenics.

Capiro (Appendix B) presents the case of a psychotic father who during a four year period carried on incest with his two adolescent daughters. What is interesting is the neigher girl told the other, nor their mother, but seemed to accept that the relationship with their father was a special favor on his behalf. This case is illustrative of the not infrequent tendency for girls to accept, passibley or with eagerness, the sexual advances of the father, without denouncing him to his wife.

INCEST THROUGH OBJECT FIXATION

In this type of incest, thestrongest and oftem the only motive for the deminant partner is sexual fixation upon an early object of sexual gratification. Where "object fixation" leads to incest, the early source of gratification was always a young child. In later life, the father (or less typically, the mother) takes his child as the most desirable sexual partner.

Stekel (Appendix B, 1929, Vol. I), for example, gives the history of a woman whose first sexual orgasm was with an adolescent partner. After marriage, she carried out seductive activities with her young son, and the relationship was consummated when the son reached adolescence.

It became clear from the study of incest literature that the circumstances of the first orgasm often were important for the later pattern of sexual activity, and there seems to be evidence to support the hypothesis that object fixation was a major cause of paedophilia. A similar hypothesis, based on learning theory, has recently been put forward by McGuire et al. These writers studied 45 sexual deviants, and suggested that the behavior was without dynamic motivation; rather, with lack of sexual outlet the subject tended to fantasize the first significant sexual experience during subsequent masturbation. This, it was suggested, was a highly positive reinforcement stimulus. In the case of the paedophiliac, the first significant sexual experience (usually during adolescence) was with a child.

PSYCHOPATHIC INCEST

This residual category includes those cases, where the dominant partner is of apparently normal personality and intelligence, has a married partner who would provide normal sexual outlet, and yet still seduces his child, knowing this behavior to be wrong. It is possible that some of these cases would be classified as "object fixation" if more data were known.

DISCUSSION

A number of conclusions emerge from the review of reports of incest behavior. First, there is abundant evidence that from a young age the child has sexual desires and aspirations. When presented with the opportunity of a sexual relation with the opposite sexed parent, the child enters this relation not unwillingly, and may participate in it over a period of years. There does not appear to be any natural revulsion to incest in the child; indeed, the opposite-sexed parent seems to be a covert but significant figure in his sexual life. In the usual course of development this sexual relationship becomes strongly tabooed as the child's age increases, and a process of "repression" ensues by which the child's relationship with the opposite-sexed parent becomes explicitly non-sexual.

It appears, however, that there remains at a deep level of consciousness a conception of the opposite-sexed parent and siblings as sexual figures. Because of this, the taboo on incest must be a very strong one, evoking a feeling of horror in the potential participants. If behavior is strongly undesirable from the point of view of the society as a whole but stongly desired from the unsocialized individual's point of view, the socialization process must necessarily operate to provide strong internal sanctions in the individual against such behavior. Where, however, a family member is socialized in the norms of incest, whether because it is seen by the family to be functional for the survival of the family or because it is desired for some other reason by a dominant family member, the evidence from case histories shows that incest can be accepted by the younger partner with equanimity.

There is evidence that individuals of normal intelligence and without mental pathology can contemplate and initiate incest when it seems to be a functional necessity for family survival. The individuals who achienve this successfully appear to be dominant fathers whose life experience has been such that they are left with a relative detachment from the remaining social institutions of society. As with the initiation of collective behavior described by Smelser, the initiation of "functional incest" seems to depend on a hierarchy of events--a dominant father, in whom some life event (e.g., economic misfortune) has created detachment from society, whose wife is unable or unwilling to fulfill her role, and who finds no alternative partners outside the family because of its geographical or social isolation.

In Smelser's terms, the strain in situational facilities of the institution of the family requires a radical reorientation of the values of the family, initiating a new hierachy of values, norms, and roles which accord with situational needs. As Smelser says, deviant as well as collective behavior "affords a peculiar kind of laboratory in which we are able to study directly certain components of behavior which usually lie dormant". As with collective behanior, a satisfactory explanation of incest behavior does not lie purely in physical, interactional, or psychological factors. Incest behavior is adequately explained only by the articulation of all three factors.

Can a consideration of the dynamics of incest behavior throw any light on the meaning of the incest taboo? It seems that any theory of this taboo must take account of the psychological disposition and development of individuals in relatin to opposite-sexed members of the same nuclear family; and of the functional problems that the family has to face, which almost always (but not universally) requires that incest be tabooed. The form the taboo takes, if it is functionally required, is dictated by the psychological facts of the life of the potential participant. In short, the theories of the incest taboo that this review most closely supports are those of Parsons and Murdock. In particular, Murdock's comprehensive theory of interaction (like Smelser's comprehensive theory of collective behavior) seems the most plausible. It must be stressed, however, that the data presented in this paper by no means prove that Murdock's theory is correct.

In addition to their relevance for the appraisal of theories of the incest taboo, the findings concerning incest behavior have relevance for the understanding of incest as a deviant act.

As with other behavioral syndromes, progress to understanding must follow an adequate classification, which is what this paper attempts to present. To date, no attempt, apart from the study by Weinberg, has offered a comprehensive classification of incest. Discussions of incest behavior have often fallen into the difficulty of treating this behavior as a unitary phenomenon, and looking for gross correlates of the cases presented. Without an adequate scheme of classification, significant correlations are likely to prove elusive.

A further useful step in the understanding of incest behavior in its total social context is the study of the background and disposal of offenders appearing before the courts. The evidence at present available, from a study of incest offenders at an English prison, suggests that all of the types of offenders indentified in the present study appear before the courts, and that sentencing policy does not descriminate between the different types. Prison sentences are, with few exceptions, in excess of five years regardless of the nature of the offender or of the circumstances surrounding of the offense.

Incest behavior can take several distinct forms, and for maximum effectiveness, social treatment and prevention should logically be appropriate to the type of incest considered. Probably only in the case of "psychopathic" incest is society fully justified in applying rigorous penalties to the deviant act of incest. Behavior therapy is an obvious choice for cases of incest through object fixation. Community supervision should be adequate for mentally subnormal offenders. For the psychotic offender, incest is assumed to be a transitory phenomenon, the motivation for which will disappear when the psychosis itself is cured. Social rehabilitation should be adequate for cases of incest arising throught the disorganization of social norms, and for those families who, through lack of articulation with the major society, have initiated their own norms of sexual behavior. Only for the first type of incest (psychopathic) and perhaps for the second (object fixation) is imprisionment a seemingly rational or economic procedure. From the point of view of prophylaxis, the functional and the disorganized types of incest could be prevented by controlling the circumstances which detach the dominant actor from the major social system, by increasing the general level of social integration, and by providing for the fulfillment of goals or needs within the wider social system.

These proposals highlight the dilemma and difficulties of the worker in the field of social problems. Effecting value changes at a societal level is an extraordinarily difficult task. There are some grounds for supposing that value consensus is attendant upon achienvement of economic goals defined by society. Those who, in Mertonian terms, have found societal means adequate for the attainment of societal goals subscribe to the general value system. Those for whom means and goals are in dysjunction are liable to engage in "deviant" behavior. The review above found that it was common for the dominant actor in functional incest to have suffered some economic misfortune--for example, chronic unemployment due to ill health. This "failure" for society to provide explicitly fulfillment for the individual seems to have been a significant factor in detaching the incest participant from the normative mainstream of society. The incest family is, in a Mertonian sense, retreatist in its initiation of a new set of norms for sexual fulfillment.

Programs for the social prevention of functional incest face the same problems as programs designed to reduce deviance and social alienation by bridging the gap between means and goals. Bringing about such a change at a general, societal level involves a net increase in "means," or facilities for acquiring education, and finding and keeping a worthwhile job. This involves a major re-allocation of resources, which in turn involves a major value change in American society.

Practical programs for providing, say, job opportunities (for example, "mobilization for Youth") are unlikely to succeed unless they change some of the major value premises of society. It is precisely on these grounds, as Marris and Rein have shown, that American pverty programs have failed. Any attempt to produce genral value changes for preventing functional incest are likely to meet similar problems and enjoy similar failure. Preventing functional incest, preventing "family dropout" in other words, must be tackled at a micro- rather than a macro- level by manipulation of the circumstances of the individual family encountered by social agencies, to provide fulfillment in terms of the goals provided by the major society. Ensuring adequate means for goal-fulfillment at a societal level remains, perhaps, the major social problem of the present day.

APPENDIX A

Methods of analysis of the published reports of incest behavior.

Fifty publications reporting a total of 1,025 cases of incest have been reviewed. The publications cover a wide range of disciplines, from forenics and legal medicine to psychoanalysis, psychiatry, psychology, and sociology, and often the cases are reported in different ways. A common form of reporting incest behvior, however, is to give an indication of the general characteristics of incest for all the cases roported with detailed case histories for a smaller number. In 425 of the 1,025 cases there was sufficient information to justify punching on cards. Cases with no information other than the relationship of the participants were not punched; the criterion for punching was the existence of an estimate by the author of the paper of the dominant actor's impicit or explicit motive or lack of it.

A pilot examination of 50 cases was made in order to establish comprehensive coding factors. When this was done, each case of incest was given an index number related to its source and the characteristics of the case recorded on a 124-hole punched card.

The punching of cases on cards in order to elicit diagnostic groups has been employed by a number or workers (notable Tas, Peck, and Jenkins). Peck, for example, described his technique as "an informal scientific method" by which he was able to categorize a masochistic type of suicide. Jenkins clustered the data on cards punched with the characteristics of 500 child psychiatric referrals, with the use of a computer. This method might have been used with the present data, but there are dangers in using complex numerical techniques where both the raw data and its coding often depend on value judgments (e.g., of actors' mental state) and where there is much missing data.

Two methods of analysis have been employed to cluster the cases into groups. The first was by hand extraction of cards, according to the punched characteristics, in the manner suggested by Peck. This method produced five groups. Hand extraction is amethod complicated by the possibility of human bias and error, and a technique was used to check whether there was evidence for the existence of these five hypothetical groups, by the use of a more formal analysis.

This method involved the calculation of degrees of association for the variables by the use of probability theory. Each variable was punched as a polylog (e.g. mental deficiency in female actor: present/not present/not reported--three mutually exclusive categories). For each polylog, the random distribution of the answers for each other polylog was calculated, and this distribution compared with the actual distribution, by the Chi-square test. The possible degrees of association were: 0 (no association); 5 (association at the 5 percent level, greater or less, than random expectation); 1 (1 percent association, positive or negative); and .1 (.1 percent association, positive or negative). Using McQuitty's method, the resulting associations were divided into "factors" of associated variables. This exercise confirmed the hand extraction of groups of cases, the characteristics of which are described in detail in the text.

Appendix A cont.....

The publications from which the reports have been taken are listed in Appendix B. The number of cases reported is given after each published, as well as the types of cases observed, according to the code: f=functional; a=accidental; pa=pathological; o=object fixation'; ps=psychopathic; u=unclassified; and g=general information.

Cards were punched for the following areas: occupation and relationship of participants; their ages at commencment of incest; its duration; status of non-participating parent(s); attitutde of nonparticipating parent (s); type of setting *urban to extreme rural); social situation (disorganization, etc.); family relations with the community; existence of patriachal/matriarchal family structure; previous family and health record of participants; previous sexual experience of participants; estimate of psychological state; psychological state of participants after discovery; and long-term adjustment of participants.

APPENDIX B

STUDIES CONTAINING REPORTS OF INCEST BEHAVIOR

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INCEST: A SELECTIVE REVIEW OF THE LITERATURE

by Irving Benoist

Note: This review is limited to empirical studies of father-daugther incest. Not included are theoretical or individual case-based articles.

THE PROBLEM

Although conviction rates for the crime of incest have always been low, in the United States and elsewhere, there is reason to believe that the conviction statistics reveal only a fraction of the occurrence of incestuous relations in modern societies. In the United States, there were 1.2 convictions per million population in 1910, 1.9 in 1920, 1.1 in 1930 and 2 in 1963 (Maisch, 1973). However, Gebhard, Gagnon, Pomeroy and Christenson's (1965) study suggested that 3.9% of the U.S. general population had experienced incest, with that figure rising to 13.1% in a prison population. Gebhard, et. al. 's data suggested that brother-sister incest is about five times as common as father-daughter incest. It is the latter that is most frequently prosecuted. Williams and Hall (1974), in a sutdy of incest in Great Britain, reported that of 200-300 cases of incest which "become known" annually to the British and Welsh police; less that holf of those are prosecuted. Of those convicted, 1/2 - 3/4 go to prison; 65% of these were sentenced to three to four years, while 21% received sentences longer than four years. Williams' study was of convicted, imprisoned incest offenders, pointing out a common methodological weakness in studies of incest, that almost all studies in this area are of the adjudicated offender. This introduces several sources of bias: first, the lower socioeconomic classes are over represented in prison populations; second, dysfuntional families would likewise be overrepresented in a family in which the father was sent to prison; and third, a study of imprisoned fathers would necessitate examination of the family structure after detection of the incest and the resultant severe social sanction (Lester, 1972). These studies also typically lack adequate controls.

THE FAMILY

Gligor (1967), in her doctoral dissertation on incest and sexual delinquiency, did not find the incest family to be disturbed. She argues that the pathological findings of other researchers were a result of the father's criminal prosecution, pointing out that in her sample the daughter's sexual delinquency, guilt and anger, begin after the father's conviction. However, other researchers, notably Maisch (1973) in a German study claimed that 80% of families involved in incestuous relations showed signs of serious disorganization prior to detection of the incest. Weinberg, likewise, in his 1955 American study, expressed his opinion that deleterious effects were felt in the family before detection, although his study is based on interviews of 203 detected Illinois incest offenders and their families. The offenders included both fathers and brothers. Weinberg found that incest between father and daughter lasted for more than a year in 50% of the contacts, while sibling incest lasts this long or longer in only 25% of the cases. Similarly, Maisch (1973) reports that the average duration of the incest relationship between fathers and daughters is 3.1 years. What is going on in families during this period? What has occurred in the family that brings about the incest situation?

In a study of 65 father-daughter/stepfather-stepdaughter relationships, Maisch found that the family had suffered serious role disturbance before the onset of incest. 86% of adult partners were experiencing socially and emotionally disturbed relationships with their wives; 52% characterized their sexual relationship with their wives as unsatisfactory prior to the beginning of incest. 24% of fathers in this study were alcoholic; other researchers report a much higher percentage (Virkkunen, 1974; Holder, 1949). The mother has been ill in 33% of incest families, and absent in 31%. In 31% of Maisch's families, the father is described as a "family tyrant," and as violent and irascible. The mother is frequently a passive on-looker as the fathers dictatorially control family life. Incest fathers frequently respond with violent outbreaks of temper and physical violence when their mandates are disobeyed. They jealously proscribe relationships outside the family in many cases.

Marriages of incest offenders were typically undertaken at an early age, 18 for the wife, and 19 for the husband (Tormes, 1968). In this study of 20 New York City incest families, the median number of children in the family was 4.7. The eldest daughter was most frequently the incest victim; this finding is corroborated by other studies (Weinberg, 1955; Maisch, 1973). 85% of Tormes' subjects earned less thatn $7,000/year; 91% of Maisch's fathers were in the lower two socioeconomic strata, while 55% of Weinberg's American sample fell in the lowest socioeconomic classes. Crowded living conditions were also typical in these families. Although most parents had little formal education (a median of 4th and 6th grades for mother and father in the Tormes sample), there is little evidence to support the folk belief that most incest participants are subnormal intellectually. Between 60-85% of incest fathers and over 75% of daughters are reported to have IQs in the average range or higher (Maisch, 1973; Virkkunen, 1974; Weinberg, 1955). Neither are incest fathers always the victims of serious psychopathology; in Maisch's sample, 60-80% were judged to be without psychopathology; of the remaining, 3-6% were psychotic, 29% violent and irascible, 23% maladjusted at work, and 24% alcoholic. 46% had previous criminal records. More frequently, they were adjudged to be low in impulse control and in life planning abilities. Poor work records were also noted in other studies (e.g., Virkkunen, 1974), which was frequently attributed to the father's alcohol abuse.

Some theorists believe that there are several different types of incest fathers, with different underlying psychodynamics. Weinberg (1955) and Cormier, Kennedy and Sangourcy (1962) observed endogamic, promiscuous and pedophiliac types of incest fathers. (This typology is discussed elsewhere in this information packet of readings on incest.) Gebhard et.al. (1965) found that the personalities of incest fathers differed according to the ages of the daughters participants at the time of incest. He found that those who had incest with children (ages 0-11) had had a poor relationship with their own parents, unstable childhood families, much premarital sex (chiefly with young girls), were ineffectual, non-aggressive, dependent, alcoholic, preoccupied with sex, and sporadic workers. The group who had incest with 12 to 15 year olds were seen as more heterogenous; sex was not overly important to them; many were alcoholic. Those who had incest with daughters over the age of 16 were typically from large families with many sisters; they engaged in very little premarital sex, were sexually restrained after marriage, and were conservative and devout, but had very poor impulse control.

In comparing incest fathers with other sex offenders, Gebhard et.al. (1965) could find few differences. Ellis and Bruncale (1956) found that incest fathers were no different than other sex offenders in hostility, recidivism, or emotional dependency. However, they were less sexually inhibited than other sex offenders, and were more frequently emotionally immature and alcoholic.

At the time that incest is initiated, the mother has typically withdrawn from her maternal roles and the eldest daughter has assumed her place doing many of the household chores and minding the younger children. Many of these daughters acutely resented being forced into these roles at such an early age, (the average incest victim is 12 years old; her father, 40 at the onset of incest). They often saw their mothers as cruel, unjust and depriving (Lester, 1972). Several groups of researchers reported active collusion by the non-participating parent in "setting the stage" for incest (Lustig, Dresser, Spellman and Murray, 1966; Machotka, Pittman and Flomenhaft, 1967). The maintenance of the incest relationship for as long as the three to five years often reported, making incest a stable fact of family life, must involve powerful interpersonal forces. One such force, then, could be the daughter's resentment of her mother, as well as her fear of her father. Also, daughters who consent obediently to an incestuous relationship are often rewarded by increased favors and privileges, as well as a central role in the maintenance of the family. In Maisch's sample of 70 girls, 70% were adjudged to have a "disturbance in personality development;" 27% neurotic, 23% "probably neurotic," and 20% intellectually underendowed. There was no significant difference in the judgment of whether the disturbance occurred before or after the onset of incest. 25% of the girls engaged in "dyssocial behavior," primarily sexual promiscuity; about 20% had psychosomatic symptoms, mostly enuresis; 28% were judged to be depressed. In Tormes' study the most common finding was that incest victims were sexually provocative and precocious. It is unclear, however, whether this behavior occurred as a result of incest, or before its occurrence.

Factors sustaining the incest relationship, as reported by Maisch, include the victims' feelings of shame and guilt toward the mother in 69%, fear of men in 60%, passive behavior in 57%, and lack of knowledge of their own rights in 49%. About 33% feared removal from the home, the break-up of the family, or the loss of their father or stepfather. The relationship was also maintained because of the disturbed relationship of the marital partners, threats to the child, much opportunity for sexual relations in families where the father stayed home during the hours that the mother worked, and general ineffectiveness of the mother in the family structure, including the prevention of incest. The social isolation of the family and the dependency of the young daughter, as well as the sexual gratification involved, all operate to keep incest a part of the family picture.

What disrupts the stability of this situation, leading to the discovery of the incest by outsiders? And what happens to the family after detection? Tormes (1968) reports that in over half of her cases, the incest is reported following a family argument, usually by the daughter-participant, but also by other children, and occasionally the mother. Another 30% were reported after the daughter-participant became pregnant. According to Weinberg (1955) fathers or brothers confronted with detection frequently deny the incest, or if they admit to it, attempt to minimize their guilt, and often express surprise that incest is punishable by law. They frequently insist that they have done nothing wrong; some fathers believe sexual access to be one of

their parental rights. Even after the incarceration of the fathers, some wives refuse to believe that incest occurred; thus, the father may remain the dominant member of the family, although in prison. Frequently the cost of the mother's admitting that incest occurred is the dissolution of the family, and the mother's in these families are often singularly ill-equipped by both background and temperament to head a household. In actuality, in Lester's American study, few incarcerated offenders do return home. In his sample 35% were divorced or had divorces pending, 12% hoped for a reconciliation, but only 4.4% were actually reconciled.

In summary, most studies surveyed revealed father-daughter incest to be a product of a deviant family role structure, as well as paternal personality disturbances. The family emerges as a very close knit, almost self-contained social unit with its own rules and mores. The typical convicted father is seen as the dominant member of the family who rules through fear. The family is poor, not well educated. He has poor impulse control as evidenced by his violent temper outbursts, alcoholism, poor employment record and, of course, lack of adequate sexual controls. The mother, in contrast, is seen as passive and dependent. The mother frequently rejects her maternal role and her role as her husband's sex partner. This vacuum is then filled by the pubescent older daughter who steps in to fill these vacant roles, often at the insistence of the father, who forbids her contact outside the family. The daughter, forced into premature acceptance of adult roles, often exhibits superficial maturity, but harbors much resentment and desire to be mothered. The daughter often suffers from depression, anxiety, guilt, somatic symptoms and sexual acting out after the father's conviction. Detection occurred after a family fight or daughter's pregnancy. The fact that all studies were based on data of detected incest offenders (in fact, most studies used only convicted incest fathers) seriously detracts from the generalizability of these findings.

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Amer. J. Orthopsychiat. 48(2), April 1978

SEXUAL ABUSE OF CHILDREN:

A Clinical Spectrum

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This paper suggests that incest has been underestimated as a significant determinant of emotional disturbance, and that misuse of sexuality between parents and children can have detrimental consequences that parallel those resulting from other forms of child abuse. The spectrum of parent-child sexuality is classified into ten categories as a guide to the diagnosis, management, and prognosis of sexually abusive behavior.

Household sex education, sexualized play, incest, child molestation, and ritual sexual exploitation are all aspects of an interest of adults in the sexuality of children. On one end of the spectrum, there is a presumably altruistic dedication to sharing with a child the benefit of adult awareness and experience toward the goal of eventual sexual fulfillment. On the other end, adults who teach and demonstrate sexuality to children for the goal of immediate gratification are condemned as criminals. Snuggling with children under the covers on a cold Sunday morning can be one of the great joys of family living. A woman may remember fondly the warmth and strength of her father's body against her, while another recalls with guilt and loathing the intrusion of unwanted paternal intimacies. The objective distinctions between loving support and lustful intrusion are disquietingly subtle.

Some people, uncomfortable with subtleties, attempt to deny and prohibit any hint of sensual outreach toward children. Others, oblivious to the subtleties, exhort parents to bring their children into the bathroom and bedroom to dispel the secrecy and guilt traditionally associated with sex. Most parents find themselves somewhere in the middle, a little discontent with traditional prohibitions but suspicious of radical change.

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When common sense and intuition break down, these parents seek guidance from magazines, ministers, and mental health professionals.

Professionals in mental health and human services should be able to cope with subtle value judgments and to distinguish between affectionate and abusive behavior. They must be aware of the complex interplay among family sexual roles and be cognizant of the relative importance of oedipal forces at particular stages of family development. They should be able to evaluate the risks of various sexualized behaviors according to a reliable body of diagnostic and prognostic knowledge.

Unfortunately, there is little professional agreement about models of optimal childhood sexual development or family interaction. There is even less accord concerning pathological variants. Conceptual models tend to be drawn from psychoanalytic theory, with a curious paradox; for all the pivotal importance of concepts of incest in the foundation of psychodynamic theory, and for all the continuing fascination with incestuous fantasies, there seems to be a deliberate reluctance to confront incest as a real event.* In the legacy of Freud's pioneering studies, therapists have tended to focus attention on the child's wish for the parent and the difficulties of resolving fantasized oedipal conflicts. Recollections of parental sexual intrusions, whatever their reality base, have tended to be interpreted as stereotypic fantasies.[17] For all the emphasis on the primal scene and the myth of Oedipus, there has been little research or training in the practical management of the family romance.

The psychiatric literature prior to about 1960 viewed incest as an exotic, virtually negligible phenomenon taking place between retarded, seductive girls and inadequate, sociopathic fathers. In 1962, Cormier,[3] portrayed a more human, everyday picture of incest and introduced the probability that the incidence of incest vastly exceeded reported figures. Reliable incidence figures and statistically relevant data on prognosis have yet to emerge.

Reported cases of child sexual molestation are only the visible fraction of a much larger problem. In a retrospective survey of 1200 college-age females, 26% reported a sexual experience with an adult prior to age thirteen. Only six percent of these incidents had been reported to authorities.[5] The American Humane Association estimates 200,000 to 300,000 cases of female child molestation in the United States per year, with at least 5000 cases of father-daughter incest.[1] In communities where active efforts are made to invite referral and treatment of sexual problems, the response has exceeded these estimates. The Child Sexual Abuse Treatment Project in San Jose, California, has experienced an explosive increase of referrals and self-referrals, to a present annual incidence of 165 father-daughter incest cases per million,[6] which would project to some 36,000 cases nationally.

The experience of the authors in the Los Angeles area indicates a much higher prevalence and a much more significant mental health impact from sexual abuse than is commonly recognized. We are convinced that incest is a specific variant of child abuse with identifiable antecedents and predictable consequences. We are also impressed that incest itself is a symptom common to a diversity of parental conflicts, and that a classification of that diversity is required to achieve a differential specificity of management and prognosis. In this paper, we shall attempt to classify the spectrum of parent-child sexual behavior patterns as a practical guide to understanding and working with the human side of sexual abuse.

Input for this paper is drawn from a wide base of sources encountered during an eleven-year span of psychiatric community consultation. Our experience includes hundreds of consultations with protective service workers and law enforcement personnel concerning sexually abusive families as well as direct contact with dozens of patients referred for evaluation and treatment of sexual abuse. Individuals otherwise invisible to clinical attention have shared with us their concerns about sexual aspects of parenting in parent education classes, professional training courses, public audiences, and women's awareness groups. In addition, we have had extensive contacts within Parents Anonymous[14] with members who have been very frank in discussing a wide range of problems in parenting.

* Freud's own deliberations on the importance of incest offer an interesting historical footnote. After hearing anamnestic accounts of incest from several women with hysteria, Freud theorized that incest was the psychic trauma responsible for the neurosis. Further analysis indicated the incestuous experiences were fantasies derived from the needs of the patients, rather than trauma inflicted from the outside. Freud felt devastated at the repudiation of his theory, and considered abandoning the analytic approach altogether. The salvation of psychoanalysis came with Freud's epic decision that children construct their own traumatic fantasies as their instinctual needs conflict with outer events. In effect, whether the incest happened or not was immaterial.[4]

INCEST AND CHILD ABUSE

Almost every society in history has had a taboo against incest.[10] People tend to assume that the incest taboo is a natural outgrowth of human decency, and that sex with offspring is unnatural and inherently repugnant. However, the taboo may have evolved for quite the opposite reason: as a practical defense against a very natural experience. People who live together, who depend on each other for love and support, and who have intimate daily contact with each other will tend to develop sexual relationships with each other. Children respond gladly with their whole bodies to loving contact. They want to be treated by their parents as something special, and the sharing of sexual feelings could be very exciting. The parent bears the entire responsibility to define and maintain appropriate limits of intimacy. For many parents, a mythic taboo alone fails to guarantee that responsibility.

There are two general characteristics common to those who sexually abuse their children. It is these two problems, rather than the quality of sexual attraction, that separate the abusers from the more moderate parents. One problem is a lack of impulse control. This may be as a result of transient stress or it may be characteristic of the individual. The second problem is a confusion of roles. The child is regarded at times as something other than a child, or as a surrogate of someone else. The child becomes an object for the needs of the adult without adequate recognition of the inappropriateness or inadequacy of the child to meet these needs.

These two dynamics, the lack of impulse control and the confusion of roles, are common not only to sexual abuse but also to child abuse in general. All

parents get angry with their children. All parents have sensuous feelings toward their children. The abusing parent acts on those feelings in a less controlled way and expects of the child an adult level of performance and a quality of devotion and gratification that no child can fulfill.

Just as there is a shifting and invisible line between constructive discipline and dehumanizing punishment, there is a vague borderline between loving sensuality and abusive sexuality. Just as both discipline and sensuality are vital to the growth of children, the backlash of these qualities by abusing parents can blight a child for life.

The remainder of this discussion will examine that borderline as it merges into frank sexual abuse, defining in the process some guidelines to prognosis and management of the various levels of parent-child sexualization. We will examine a progression of categories of sexual involvement. The categories represent an ascendency of apparent individual and social harmfulness. At one end of the spectrum are behaviors that most would identify as variations of normal behavior. At the other extreme are the more bizarre and apparently malicious aspects that most would agree are clearly criminal and demanding of aggressive intervention.

THE SPECTRUM OF PARENT-CHILD SEXUALITY

1. Incidental Sexual Contact

This first category involves parents' attempts to cope indirectly with erotic interest or dependency needs toward their children. The response is controlled and self-limiting, often without much understanding of the erotic or dependent basis for the behavior. Sometimes control is excessive, as a parent tries to deny or undo an unacceptable feeling.

For example, several mothers have told us of their erotic or orgasmic response to breast feeding. One woman welcomed an unexpected bonus of motherhood. Another woman could not reconcile any erotic response with her concept of the mother role; she never nursed a child again and tried not to think about the experience, let alone confide in anyone for help.

Curiosity provokes various kinds of sexual exploration. Mothers may touch the penis of an infant to test its response and may be intrigued by the phenomenon of infantile erection. Some women report feeling very guilty about this, even years after an isolated experience. A father may feel curious to see or feel the "private parts" of his daugther. A male single parent may feel guilty even bathing his daughters.

Sexual tension may be diverted into games involving teasing, mock spankings, and wrestling. One mother reported an after-bath game of "gotcha" in which she would grab for the penis of her six-year-old while he gleefully jumped to avoid her.

A less genital but more potentially harmful behavior is the tendency of some single mothers to sleep with a child, usually the oldest one. Both mother and son seek comfort in the loss of the father and neither seems able to sleep comfortably without the other. The boy may sleep with his mother to age ten or twelve. The mother denies any erotic potential in the absence of genital contact or arousal. She overlooks how stimulating the body contact is to the child and how it prolongs sensual dependency on the mother. The boy tends to remain excessively attached to his mother and to have difficulties later on with adult sexual object choice. This situation presents an excellent opportunity for preventive casework; most such mothers respond well to informed questioning and brief counseling.

As children approach adolescence they provoke a more characteristically adult sexual response. Adolescent girls describe two kinds of overreaction by their fathers. One is withdrawal behavior, in which the father is so threatened by this potential attraction that he stops holding or touching his daughter and becomes visibly threatened by any contact with her. The other reaction is overtly seductive or self-gratifying. There may be lingual kissing, exploration of breasts, and other frankly erotic intrusions, all in the guise of "fatherly love." In a family where communication is open, a girl will often register her distress to her father or to her mother. Perceptive parents will appreciate the impact of this misguided affection and bring it under control. Exploratory behavior becomes a more serious problem if family trust and communication are already impaired, as we will examine in a later classification.

Another incidental response to adolescence is household voyeurism. Men may station themselves around corners with mirrors or outside of slightly open doors to watch their daughters undress. They are content that this has no impact on their daughters because they are sure their daughters are not aware of it. The girls report otherwise, usually with a strong sense of disillusionment and distress.

These behaviors have an emotional significance in the development of the child, but they fall outside of the usual definition of sexual abuse. They are enumerated here for two reasons: to illustrate a spectrum of behavior and to alert professionals to areas to explore as people seek help with vague complaints about changes in parental relationships. One must listen carefully to adolescents who come in and vaguely say, "I'm not getting along well with my folks any more; dad isn't the same as he used to be."

2. Ideological Sexual Contact

Certain parents may encourage specifically sexual activity in the belief that increased sexual expression is beneficial for the child. Potential arousal, anxiety, or guilt are sublimated through idealization and rationalization by parents who are sometimes strikingly naive about the consequences for the child:

> A mother in a parent-education class expressed concern when she encountered her five-year-old son attempting intercourse with his female playmate. A few questions from the instructor illustrated that the boy and his friend were stimulated by their habitual perusal of *Penthouse* magazine, which the parents felt should not be hidden away. The boy's sexual interests were further piqued by the mother's pleasure in sharing afternoon showers with him. The mother's obvious pregnancy also aggravated potential oedipal conflicts, as indicated by the child's question, "Mommy, when daddy did it to you before I was born, did he do it in bed or was it here in the shower?"

In their search for an appropriate expression of modern sexual values, these parents had unknowingly stimulated more sexual curiosity than they were prepared to accept.

The ideological category presents a dilemma of values when it involves explicit sexual behavior without clear criminality or intent to harm.

A sex counselor expressed a philosophy that sexual inhibition was bad, and that post-Victorian prudery was our greatest social problem. His solution to the problem was to set up a laboratory of sex education at home. He invited his young son and daughter to watch him and his wife in various sexual activities, and then gave them permission to play with each other in the privacy of their own room. The man expressed pride that his family was so free of sexual hang-ups.

Idealization is institutionalized by radical groups such as the Rene Guyon Society. Based on the writings of Guyon [9] and a grotesque distortion of the early work of Freud, the society claims that children need sex with compassionate adults to reduce violent antagonisms supposedly aroused by societal repression and guilt. Sexual repression is advanced as the cause of depression, suicide, delinquency, gang warfare, assault, and a host of other social problems. Under the slogan "Sex by year eight or else it's too late," the group advocates sexual rights for children, including abolition of laws restricting incest and sexual abuse. The Guyon Society claims a membership of "2000 parents and psychiatrists." [20]

3. Psychotic Intrusion

In this situation, the adult has a psychotic level of confusion in reality testing and object choice, or personal sexual impulses may be projected to some kind of outside influence. The children become the object of a psychotic system. This is probably the least frequent of the several types of sexual contact; most people involved in sexual abuse are not psychotic.

4. Rustic Environment

The next level is one of the stereotypes that dominates popular concepts of incest. There is a prevailing folklore that isolated mountain settings promote incest and inbreeding. We suspect that rustic incest jokes supply a prejudicial scapegoat for urbanites not entirely immune from incestuous conflicts, and that regional variations in incest behavior are minor. Nevertheless, we do encounter an occasional migrant family that seems to accept as natural the practice of intrasibling and intergenerational incest. The helping professional faces a vexing problem in adapting that kind of value system into the dominant cultural mores, and in deciding what level of active intervention is indicated.

5. True Endogamous Incest

Endogamous (within marriage) incest develops as a surprisingly subtle distortion of normal family relationships. Although impulse control is diminished, the offenders are individuals who are not notably impulsive and who may appear quite well-adjusted and well-functioning within other areas of their lives. The breakdown occurs only when extraordinarily strong attractions develop as an outgrowth of role disturbances within the family, often limited to a specific point in time. The specific dynamics of endogamous incest are outlined clearly in the classic paper by Cormier [8] and examined within a broader context in a recent review by Henderson.[10] Giaretto confirmed the pattern within a clinical sample of over 300 cases.[6, 7]

The father is the key to the disturbed dynamics and is responsible for the choice to eroticize the relationship with the daughter. Whatever else is said in sympathy with his motivations, and regardless of the contributions of the wife and daughter, that responsibility must be emphasized and must be identified in any therapeutic encounter. The role distortion in the father involves a flight from stressful, disappointing adult realities into roles characteristic of a more exciting, more fulfilling period of his life. Some of the mechanisms are seen in the so-called male menopause, when a man may withdraw from his family and seek a reendorsement of youth and masculine vitality via love affairs with younger women. A difference here is that the incestuous offender is more inhibited, more conventional, and more rigidly devoted to his role as a family man; he is determined to fulfill his sexual needs within his marriage. If his fantasies of fulfillment have not come true with his wife, he is increasingly frustrated and potentially angry.

The wife of the incestuous father is typically disenchanted with her husband and her marital role. She is no longer invested either in endorsing her husband's ego needs or in trying to wring pleasure from a tired relationship. She may be somewhat depressed by the loss of her youth and the weakening of her girlish attraction. She may be resentful of the adolescent attractiveness of her daughter, and may look for ways to demean her and to hold back her social development. The wife may turn outside the family for endorsement and diversion, absorbing herself in a job, church, or social commitments. For the first time in her married life, she is free to be away from home; she can count on her daughter to take her place.

The third corner of the incestuous triangle is, of course, the daughter. She is entering adolescence and is learning to transmit the magical vibrations our society requires of the emergent woman. She radiates the fragile innocence of a child mixed with the vaguely destructive allure of the temptress. A girl needs support to keep up emotionally with her sudden rush to womanhood. Her most trusted allies in this process should be her mother and father. She looks to her mother as a model of feminine behavior and then tests the new model on her father. A father should be harmless to flirt with. He should be approving, admiring, and responsive to her growing sexual attraction, and he should provide a controlled, self-limited prototype of the sensual experiences she will develop with other men as an adult. Both father and mother should have a shared sense of the appropriateness of this prototype romance, and both should be comfortable in recognizing and defining the appropriate limits. Incestuous activity begins when the father needs to bend those limits and the mother chooses to ignore them.

The man who bends the limits usually doesn't start out with the intention of seducing his daughter. By the time the relationship becomes sexualized, he relates to her more as if she were his wife: not the adult woman to whom he is married, but an imagined reincarnation of his bride-to-be. The daughter may have assumed many of the more ingratiating aspects of the wife's role: she greets him fondly after a miserable day at work, puts his food on the table, and entertains him at dinner. After she tucks the younger children into bed, she may pour him a drink and nestle beside him watching television. Through inheritance and conditioning, she has become an uncanny likeness of the girl who once spurred him to greater accomplishments, who made him feel loved and strong, and who excited in him an unquestioned virility and potency.

Just as the man is flattered and stimu-

lated by his daughter's attentions, the girl is at first gratified by his more open affection. It is not her place to refuse her father, and she lacks the experience or the information to recognize all the implications of his increasing arousal. Trusting acceptance and curiosity are role-appropriate for her as she waits for her father to define the limits of this new game. If she tries to stop him, she is likely to find he is now deaf to her protests. A combination of parental possessiveness and sexual arousal have overpowered the protective role he would ordinarily offer.

In the aftermath of the initial sexual experience, the father typically feels guilty and frightened. He will tend to scapegoat the girl for leading him on and will almost always coerce her into silence with the threat of disgrace and family disruption. In his desperation, he may also threaten violence. The early ventures into incest may not have been premeditated but, once established, there tends to be a compulsion for repetition. The child feels used and betrayed by her father, and feels she has no worth except as a sexual object. She is alternately courted and demeaned, loved for her attraction and then hated for her power, often labeled as bitch, slut, or whore.

The second level of betrayal comes when the girl seeks escape. She may turn to her mother, only to be accused of lying or condemned for seducing the father. Even if the mother accepts the story, she may still fail to act. One daughter recalled the reaction: "They'll send your father to jail and we'll all end up on welfare. Is that what *you* want to do to us?"

The third level of betrayal comes from the helping institutions. The girl is punished by the demand for explicit, incriminating testimony and by being regarded as depraved and ruined through her participation. The father may deny everything, forcing the girl into an adversary role. Not uncommonly, the family will coerce the girl to recant her testimony to avoid court intervention, exposure, and disgrace. Even in the event of prosecution, the father may be acquitted, while the girl is assigned to a foster home. In any event the family is broken; the girl feels isolated and morally condemned. In her own mind, she comes to feel guilty and responsible.

A bizarre spinoff of the labeling process is the fascination the girl presents to others. She may be regarded by relatives as dangerously attractive. (It is no accident that most of our words for feminine appeal, like glamorous, fascinating, spellbinding, enchanting, bewitching, enticing, and charming are derived from witchcraft. Others suggest enslavement or physical threat, as in alluring, enticing, captivating, enthralling, ravishing, devastating, and stunning.) Publicly deflowered as she is, she is regarded as no longer deserving of respect or protection. We know of at least four cases where male relatives have attempted seduction after a girl has admitted incest with her father.

The results of incest conflicts are predictable and frightening. Deprived of self-worth and self-esteem, forsaken by parents, betrayed by other adults, cursed with a destructive concept of their own sexuality, many of these girls spend their lives searching for a redeeming relationship, yet retreating from positions of trust or intimacy. They expect rejection, betrayal, and punishment.

Even if the secret is contained, the girl's character development is affected

by incest. The father abdicates his authority along with his parental responsibility. There is a struggle for power in which the girl exploits her position to demand favors and avoid parental limits. With this inversion of roles there is no hope of normal discipline and guidance. The father tries to be superauthoritarian in one area: limiting his daughter's access to potential boyfriends and outside social contact. The atmosphere is counterproductive of genuine growth and maturity for the girl. Sometimes the only escape is the transfer of the father's attention to a younger daughter. Several children may be involved serially, each one in turn ignoring the welfare of the younger sister.

6. *Misogynous Incest*

This is a variation of endogamous dynamics in which fear and hatred of women are relatively predominant. (Remember that romantic idealization, disenchantment, and anger toward the wife are typical also of the prior category.) The offender has a history of conflict with his own mother, and a tendency toward violence and punishment of women. Wife-beating, rape, and physical abuse of children may be seen. The daughter is seen as a possession, and possessing her sexually is an assertion of his invulnerability to the control of women as well as an act of punitive defiance toward his wife.

Men of this type may conceptualize women in elaborate extremes, sanctifying the purity of the virgin and condemning the seductions of the whore.

One man physically abused his daughter as an infant, then idealized and overprotected her until she was raped on the street at age eight. His rage and grief were compounded by his feeling, "They have taken my little virgin from me." He persuaded his wife that the girl should watch them make love to undo the violence of the rape. The wife was herself a victim of incest and family rejection, which seemed to paralyze any outreach for help. She waited for more evidence to confirm her valid suspicion that her husband had initiated the girl into an ongoing sexual relationship after the bedroom episode. After two years, and then only after the man punished his wife by openly demonstrating fellatio with his daughter on two occasions, she was able to call the police.

Just as abused children are at risk of becoming abusing parents, sexually abused girls are at risk of selecting an abusive partner and failing to protect their children from intrusion. The man described above was typically hyperaggressive, hard-driving, and coercive of females. He had experienced success as a military police officer until he was psychiatrically discharged after physically battering the infant daughter he later seduced.

7. *Imperious Incest*

This category represents a fusion of elements from the ideological, rustic, and misogynous categories. These men set themselves up as emperors in their household domain. They play out an incredible caricature of the male chauvinist role, requiring wife and daughters to perform acts of sexual fealty. One man, who initiated three daughters into his service, even constructed a throne for himself. The domestic grandiosity seems to compensate for an otherwise mediocre achievement level; such men tend to be displaced from rustic backgrounds, with poor education and few job skills. They may be highly religious, expressing rigid, fundamentalist Christian doctrines and quoting Scriptures to justify their domestic role.

One such man entered into a sexual relationship with his nine-year-old daughter while

functioning as a fundamentalist minister. The mother, an extremely passive woman who made no decisions for herself, refused to intervene, despite repeated entreaties from the girl and an older sister. The older sister finally sought help from a rape hotline thirteen years later, when she discovered her own seven-year-old daughter and the sister's three-year-old had been molested by the grandfather. The woman blamed her father for her own promiscuity, the sister's willingness to be beaten by her husband, a brother's "schizophrenia" and another brother's homosexuality. A third brother, at fifteen, had tried to seduce the caller's seven-year-old daughter. "We're all screwed up." After two generations of repeated sexual abuse and imperious domination, only one family member was able to seek outside help, and then only via an anonymous hotline. Hotline counseling enabled the caller to report the sexual abuse and to seek psychiatric evaluation for her daughter.

8. Pedophilic Incest

Some people have an erotic fascination with children. Males especially have the proclivity to retreat from castration fears and discomfort with peer relationships in search of a sex object they consider more innocent and less threatening.[16] Some act on their fantasies and take the risk of seeking out children in public places. Others resist any action (and in fact may repress even the fantasies) until they are overwhelmed with the stimulus and availability of their own children. A pedophile approaching a small child rarely attempts coitus; body contact, fondling, and oral contacts are more typical. Gender roles are somewhat less binding; a man may be attracted to boys as well as girls, even if his adult object preference is consistently heterosexual..

One slightly redeeming feature for the child is the relative freedom from stigma and guilt. Mother, relatives, and society at large are quick to protect the very young child and to identify the pathology in the father. Unfortunately, the very young child is unlikely to share daddy's secret game with others, and so may remain isolated from potential help.

9. Child Rape

Most pedophiles are gentle creatures. They cherish tenderness and innocence, and will back off from fear and resistance in their intended partner. The child rapist, confusing masculinity with power, can feel sexually adequate only by frightening and overpowering his victims. His need to punish, his attraction to violence, and his poor impulse control, all coupled with perverse guilt and fear of discovery, put the child in extreme physical danger. This sort of chronically antisocial, potentially violent man is often found as a surrogate father living with a woman who is passive and self-punishing. He is not the sort of man a mature, well-adjusted woman selects as the father of her children.

It is important to recognize that recurring rapacious intrusions on children within a family are a function of the passive mother as well as the aggressive male.

One mother of a seven-year-old girl left the room for some incidental shopping while her live-in boyfriend was ordering the little girl to strip and mimic her mother's coital posture. The man raped the child on that occasion, and for the next year-and-a-half imposed physically traumatic vaginal, anal, and oral intercourse. The girl pleaded for rescue but could not gain her mother's sympathy or protection. Neighbors reported hearing screaming and seeing discarded bedsheets stained with blood and feces. Both of the mother's two subsequent partners also molested the girl until she began to run away from home at age eleven.

This case was investigated and taken to court on three occasions. In the first two instances the child was returned to the mother by judges sympathetic to the mother's assurances that she was participating in psychotherapy and determined not to resume her penchant for drugs and coercive mates.

10. Perverse Incest

This last category is called "perverse" or "pornographic" in the absence of any better superlatives to describe kinky, unfettered lechery. These cases become more bizarre, more frankly erotic, more flagrantly manipulative and destructive than those in earlier categories. Many of them have a kind of self-conscious, sex-scene quality in which the individual seems to be trying to set up rituals to fulfill a variety of forbidden fantasies. Many of the people involved would qualify clinically as polymorphous perverse: without specificity or limit to their sexual needs. They are people who try to solve their conflicts through sexual activity, and their responsibility to their partner is of secondary importance to their own particular needs.

This group is called pornographic because of an apparent need to go beyond limits of socially acceptable sexual practice to explore whatever is most forbidden, with incest representing the ultimate taboo. Furthermore, the participants may want to record their achievements and to see themselves putting the fantasies into action; diaries, secret confessions, and Polaroid photographs seem to heighten their excitement. We are not suggesting that outside pornography creates the abuses, but rather that the abusers seem caught up in creating their own pornography.

Previous categories involved predominately one-to-one relationships, however disturbed or transient they might be. Multiple partners are more the rule here. There is an emphasis on flamboyance, freedom, and ritual pleasure.

There is a distressing similarity here to the characteristics of the "ideological" category outlined above. The crucial differences seem to lie in the motivations of the individuals and the capacity for restraint. Here, the activity with children is contrived to gratify perverse needs and the rationalization evolves as a denial of guilt. The child is exploited as an accessory of the adult; rather than preparing a child for eventual adult sexuality, the child is drafted and trained to enact lurid parodies of adult sexual function. The distinction depends on highly subjective and relative judgments. The following examples may help to illustrate the difference.

A mother and father enlisted their children into shared sexual activity and then, having conditioned the children into orgiastic adventures, used them as bait to draw in neighborhood boys to provide the father with a continuing harem. Another case was uncovered when a vice-officer and his son infiltrated a social group advertised in the underground press. Men brought their preadolescent sons to scheduled meetings, trading the boys among themselves for extended orgies.

A final case illustrates the restless progression of perversity characteristic of this group.

A man enlisted his seven-year-old daughter as a sex partner. He soon introduced her into the ritual punishment and torture of her mother, including burning her face and genitals with a soldering iron. In time, he also involved the daughter's young playmate in a foursome. When the mother grew too guilty and depressed to participate, the father and the two twelve-year-old girls drove the mother to another city and forced her to leap to her death from a bridge.

EFFECTS OF SEXUAL ABUSE

The categories of the spectrum appear to document increasingly abusive par-

ental intrusions on children. Defining such intrusions as abusive requires evidence that they bring harm to the child. In our experience, the harm observed from incestuous encounters correlates not so much with the forcefulness or the perversity of the encounter as with the climate of environmental response. A child trapped in an encounter with a cherished parent may suffer greater psychological damage than another child rescued from an incestuous rape. Psychological harm seems to occur not so much in the sexual experience itself, nor even in the fact of exploitation by an adult. We believe harm results from the perception by the child that the sexuality is socially inappropriate and that the relationship is exploitative. This parallels the conclusion of Sloane and Karpinski[22] that incest is least harmful psychologically for the younger child, with the risks increasing as the subject approaches adolescence. The various aspects of guilt and betrayal are potentiated both by increasing sophistication in the subject and by guilt and ambivalence perceived in the parents. If the active sexual agent (father) and especially the nonparticipating adult (mother) are comfortable with the incestuous relationship, harm to the child is decreased.[18] Some authors contend that incest within an endorsing family can be nontraumatic[2] or even beneficial[19] to the child's emotional growth. Such findings may seem at first paradoxical and outrageous, but if valid they reinforce the original premise that incest can be a natural phenomenon and that taboos and conflicts are socially imposed.

We are convinced from clinical and consulting experience that incest can do substantial harm. Experience in Parents Anonymous underscores a striking prevalence of incestuous experiences in the childhoods of parents who now have problems with physical and emotional abuse of their children.[11] During the course of psychiatric consultation to Cedar House, a model therapeutic shelter for physically abusing families in Long Beach, California, it emerged that some 90% of the mothers seeking help for child abuse had been sexually abused as children.[15] Several of the young children of these mothers revealed through therapeutic play that they were currently involved in sexual relationships with the man in the house or with adult neighbors or friends. Giaretto[6] cited studies correlating incest with later prostitution and drug dependency, as well as a syndrome of feminine sexual incapacity. With the support of the women's liberation and consciousness-raising movement, many women are "coming out of the closet" to protest the incestuous traumas they have previously concealed. Specific questioning of chronically depressed, suicidal, self-deprecating women in psychiatric care reveals many patients who were sexually and physically abused as children but who have continued to shield their parents and themselves from the stigma of disclosure. We have studied cases of boys initiated sexually by their fathers who run away to the degrading, if lucrative, practice of prostitution and pornographic modeling.

There is a striking similarity in the reported reactions of incest participants: The children take over the responsibility and the blame from the initiating parent. The betrayal of parental responsibilities and the failure of responsible adults leads the child to feel he or she is fundamentally bad and unworthy of care or help. Sexuality, tainted with guilt and fear, becomes exaggerated as the only acknowledged aspect of attraction or power.[12] The child grows up expecting and deserving abuse, often searching endlessly and hopelessly for a redeeming experience with an older partner.

It must be recognized that these implications of harm are retrospective; they are based on complaints of people already identified as being harmed. To measure more objectively the effects of incestuous experiences there must be prospective research, as well as a more energetic search for incest participants who give no evidence of harm. Until reliable data are established, the potential for enlightened, constructive intervention will remain impeded by uncertainty and interprofessional misunderstanding.

The ambiguity of the clinical literature leads to ambiguity of social response. Although all states now have child abuse laws requiring reporting of sexual abuse, a federally sponsored Child Abuse Intervention Prescriptive Package states that there is neither sufficient evidence of harm nor sufficient optimism for treatment to justify legal intervention in intrafamily sexual abuse.[21] As clinicians involved in the daily tragedies of sexual abuse, we are appalled at such a nihilistic interpretation.

DISCUSSION

The spectrum of family sexuality presents a number of implications for intervention and management. The increasing sexual pathology within the spectrum is paralleled both by increasing character pathology and increasing social alienation. Parents in each successive category can be expected to be less amenable to conventional psychotherapy and more resistant to intervention. At some point in the spectrum, voluntary outpatient treatment programs must be replaced by mandatory, specialized institutional programs. Given present limitations of knowledge and techniques, it must be recognized also that some individuals will be refractory to any known treatment, and that institutionalization may serve a purely protective function.

The endogamous incest family occupies the pivotal position in these considerations. Giaretto has demonstrated the value of a specialized multifocal outpatient program for such families.[6,7] The Child Sexual Abuse Treatment Program in San Jose, California, works in collaboration with the probation department, providing a treatment alternative to prosecution and potential imprisonment. Justice system supervision provides what Giaretto calls "the hard edge of society"[8] in upholding the incest taboo and in protecting the rights of the child. Without the keen scrutiny of investigating agencies and the looming specter of public disapproval, there is a greater tendency to conceal material, to minimize the implications of the incestuous relationship, and to terminate therapy prematurely. In contrast to the widespread antipathy and pessimism usually leveled against incestuous families, Giaretto reports a successful rehabilitation in over 90% of families treated.[6]

In addition to specialized treatment programs for endogamous incest families, there should be encouragement of self-help programs for both adult and child participants. Alcoholics Anonymous, Parents Anonymous,[11] and Giaretto's Parents United and Daughters United groups[6] have demonstrated the unique effectiveness of a united peer

group in building identity and self-esteem in the face of majority censure. Parents Anonymous invites involvement of people with sexual abuse problems;[23] some five hundred Parents Anoymous chapters are available throughout the United States.

The level of mysogynous incest goes beyond the endogamous population reported by Giaretto. Success in outpatient programs and prognosis for family reconstitution are jeopardized in the mysogynous group by the inherent character pathology and the poor basis for marital bonding. Yet one of our patients, described earlier in the mysogynous category, achieved substantial improvement after arrest and treatment within a hospital milieu for sexual offenders. He insists he could not have changed without incarceration and an imposed milieu.

There is less reason for optimism with the imperious father or the child rapist. The devotion of the imperious father to his family can provide some leverage, but only if the family can support the need for outside control. By definition, the child rapist is criminally sociopathic, with only shallow transient relationships. We know of no effective treatment models for such men.

The women who accept mysogynous, imperious, or rapacious partners deserve enlightened attention, not only for their own needs but for the protection of the children in their care. Many of these women were victims of sexual, physical, or emotional abuse as children; they have an incredibly undeveloped capacity for self-perception, self-esteem, and human initiative. It is our conviction that counseling or therapy alone does not meet the needs of such deprived, defensive individuals. We have seen striking growth in passively sex-abusing women within the Parents Anonymous self-help experience, coupled with firm limits and expectations from the justice system.

In all the abusive categories, the children deserve the first consideration. Every effort must be made to avoid further scapegoating and condemnation of the victim. Crisis outreach and protection are ideal, but support and reassurrance can be helpful at any stage. We recently received a letter of gratitude from a thirty-year-old woman who had attended a sexual abuse training symposium, where she came to believe for the first time that she was not at fault and not permanently stigmatized by her childhood sexual experiences with a mysogynous father.

Coordinated programs of prevention, intervention, and treatment will not develop without community concern and public support. Vast progress has been made in understanding and dealing with child abuse since Kempe and his colleagues first identified the battered child syndrome in 1962.[13] That progress depended on identification of the problem, publicizing the problem to professionals, initiating research, developing treatment resources and self-help programs, and generating a better-informed, more sympathetic, and less defensive public acceptance of the problem. That progress also required substantial investment of private, state, and federal monies and aggressive political action.

Sexual abuse is the most concealed, most distressing, and most controversial form of child abuse. We believe it deserves the same quality of enlightenment and helping resources that have revolutionized the approach to the other forms of abuse.

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Sexual Child Abuse, the Psychotherapist, and the Team Concept

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Sexual child abuse is something quite different from most problems presented to the psychotherapist. Shame, guilt, and a wish to conceal or deny the act, all combine to minimize the likelihood of self-disclosure. The legal obligation to report suspected sexual child abuse puts the therapist in the position of becoming either a potential informer or a conspirator. Reporting laws not only challenge the traditional concept of a patient's right to confidentiality, but also demand that the therapist make decisions to actively intervene and to assume the role of child advocate. No longer can the attitude be one of strictly objective, professional detachment. Each member of a neglectful or incestuous family is likely to provoke strong emotional reactions in the therapist, who can't help but respond negatively to those individuals who betray the cherished role models society depends on. If a mother and a father can't be trusted to sublimate their own needs and to protect their own children, who can be? So unsettling is the reality of incest that even the therapist may look for abstract reassurances: perhaps the child is fabricating or drawing on wishful fantasies, or maybe the parent slipped just once because of some unique mental stress.

Therapists have every reason to wish that they could avoid this kind of therapy. They would like to believe that this unthinkable happening could not possibly occur; that, if it occurs, it can be resolved quickly and easily and they will not become embroiled in the criminal justice system, investigation, and family disruption. Therapists would like to think that if people are really troubled they will share willingly in the treatment process and that it will not be necessary to force anyone into treatment by using outside pressure or legal coercion.

Yet experience shows that sexual child abuse does occur frequently, and it *does* form the basis of a substantial portion of both child and adult psychopathology. Most sexual misuse of children comes not from chance encounters with strangers, but

from trusted adults—most often from parents and other adult caretakers. Incest does not resolve itself; rather, it festers and proliferates from one child to the next, and even from one generation to another. Most incest participants are afraid and unwilling to engage in therapy; yet, within a structured system of case management and treatment, the prognosis for many families is excellent. The therapist who helps to develop and maintain such a system can look forward to success and to good feelings in working with problems of sexual abuse. The therapist who works in isolation can expect a considerable degree of frustration and possible failure.

The following case study will illustrate some of the pitfalls of the isolated approach.

Debbie: A Case Study

Richard, a 32-year-old Caucasian salesman, sought private psychiatric care at the insistence of his second wife, Marilyn, age 29. Richard's 13-year-old daughter, Debbie, had complained to a neighbor that Richard had "fooled around" with her. Richard admitted to the psychiatrist that, while Marilyn was hospitalized for a hysterectomy, he had fondled his daughter's breasts and genitals inside her clothing. He had been out of work for several months and was especially upset prior to Marilyn's surgery because he had lost both his mother and his first wife to complications resulting from pelvic surgery. Richard described Debbie as rebellious and difficult. "I struck out in frustration and anger to hurt someone close to me," he said. He insisted that his sexual advances were restricted solely to that period of his wife's hospitalization. He denied having sexual intercourse with his daughter.

The psychiatrist provided support for Richard by helping him to understand that his sexualized behavior was really a regressive crisis precipitated by unemployment and the threatened loss of his wife. Debbie and Marilyn were invited to participate jointly in the therapy sessions so that they could share an understanding of Richard's problem and the motivating factors involved. Marilyn resented sharing these sessions with her stepdaughter. She was furious with her husband for "cheating on her"and for making love to a child. Sexual contact with him was revulsive. Since she felt it was inappropriate to involve the child in these marital conflicts, she kept all such complaints to

herself; so Marilyn's feelings were never explored.

After five weeks the family elected to terminate therapy due to lack of funds. During the last interview the therapist informed the family that he was required by law to report allegations of sexual abuse. (A colleague had only recently informed him of this requirement.)

Reassured by the psychiatrist's apparent resolution of the case, the investigating juvenile officer was inclined to let the matter drop; however, the Child Protective Services worker assigned to the case suggested that they conduct a joint interview with Richard and Marilyn. Skilled in recognizing and evaluating incestuous families, the CPS worker elicited from Richard an expanded description of the sexual relationship with his daughter. Richard admitted that the sexual advances had begun before the hospital crisis and that he had once attempted intercourse but stopped out of concern for the girl's virginity. Because of these discrepancies from the original story and because of Debbie's increasing hostility and delinquency, plans were initiated to arrange out-of-home placement for her. In the meantime, Debbie was to remain in the home along with her sister, Marcia, age 12. Marcia was described by the parents as perfectly behaved and untouched by the sexual problem.

When the juvenile officer told her supervisor that there had been more extensive sexual activity, she was ordered to take both girls into protective custody pending further investigation. The officer asked Marilyn to bring both girls to the police station for additional questions. Once there, the girls were locked into a cell and later transported to the county juvenile hall.

When in custody, Debbie revealed that she had been afraid to dispute her father's story. She alleged that he had been teasing and fondling her more than a year earlier than he had admitted. She also described three occasions of intercourse, which began when she was 12. "He got me drunk and when I woke up my vagina was real sore." She said her father continually fondled her breasts and genitals and that he had once performed cunnilingus. She said the sexual activity occurred only at times when the stepmother was out of the home.

Debbie described herself as disobedient and bad. She saw herself as promiscuous and dirty, having had intercourse with four boys since being initiated by her father. "That's how I got started," she explained. She asked to stay out of her parents'

whole sense of identity and self-worth is clouded by inadequacies in their own parental experience. Thus, a client comes to the therapist reluctantly, expecting further disapproval and punishment. Therefore, if the clients are to develop any degree of trust in the therapy, the therapists must be open and honest about their feelings, reactions, conclusions, and proposed management plans. Arrest, interrogation, removing the children from their home, court hearings, and sentencing are all part of the realities of disclosure. Therapists must be willing to back up their recommendations, no matter how coercive they might be. They must be comfortable in discussing the probable legal consequences and the limits to which their professional confidentiality will extend, and at the same time they must assure the clients that they will receive full, practical, and psychotherapeutic support throughout the legal process.

In Debbie's study, the belated reporting, the lack of therapeutic support during the police investigation, and the impulsive, unanticipated removal of the children all served to alienate the stepmother from the social agencies. These experiences drove her into a defensive alliance with her husband against Debbie. The therapist has an obligation to work both with the protective system and with the family to ensure that the system works rationally so that all family members can anticipate, understand, and cope with the social consequences of their actions.

6. **Don't jump to psychodynamic conclusions.** Sigmund Freud moved to an emphasis on Oedipal fantasies (the erotic fixation of a child toward the parent of the opposite sex) at least partly as a defense against the reality of incest. When therapists work with incestuous families, they must be willing to accept that Oedipal fantasies often explode into real sexual experiences. They must realize, too, that the acting out of incestuous wishes takes place among people *very much like themselves*. They needn't look for severe psychopathy, perversity, or extraordinary stress to justify a suspicion of sexual abuse.

In the case study cited, the therapist was not alert to the probability that the incestuous activity was overt and of longer duration than the patient cared to admit. By interpreting the incestuous behavior as a relatively isolated event due to a specific period of stress, the therapist encased the experience. Defining the stresses in such cases should be of *secondary* consideration. It is far more important to define accurately the

lapse of parental responsibility and the implications of the incestuous activity for the child and for the family as a whole.

Guidelines to Therapeutic Teamwork

Pioneers, such as Ray E. Helfer, M.D., C. Henry Kempe, M.D., Brandt F. Steele, M.D., and the self-help group Parents Anonymous, have developed guidelines for the management of physical child abuse that can be applied to sexual child abuse cases. For example, most abusive parents, both active and passive, were abused as children. Parents who abuse or fail to protect their child from abuse or misuse tend to share certain characteristics: poor self-esteem, poor impulse control, childlike emotional needs, and the tendency to invert the parental role by drawing on the child to meet *their* needs.

A model program developed by the Child Sexual Abuse Treatment Program in Santa Clara County, California, is part of both the protective services and the justice systems. It was founded and is administered by the Santa Clara County Juvenile Probation Department, and it works within the traditional roles of protective agencies. It combines proven qualities of outreach, support, and self-help with specific strategies of intervention, child advocacy, and enhancement of interagency team coordination. The program achieves a high rate of rehabilitation for families once thought to be beyond help.

Several key elements of the Santa Clara program should be noted by anyone who attempts to provide therapy for either sexual abusers or for sexually abused children.

Cooperation, outreach, and support. Through close cooperation, early casefinding, and vigorous outreach, the program eases the family through the judicial and protective services systems. Because the program provides both treatment resources and reliable feedback to these agencies, they can respond more appropriately to the family's strengths—and frequently show compassion when sentencing offenders.

Rather than forcing the child into an adversary position, the Santa Clara program encourages the offenders and their defense counsels to *accept* responsibility. Without a supportive treatment system to guide them, defense attorneys feel obligated to advise their clients to deny any sexual contact with the child. They know that a parent is rarely convicted on the un-

home, "So I can get my head together," as she put it.

Despite Debbie's increasing delinquency, the stepmother, Marilyn, who had come into the family when Debbie was 10, had been caring and protective of Debbie. She had believed Debbie's initial accusations and demanded that Richard seek help. Even though she was offended by her role in therapy, and even though she had been poorly prepared for her husband's later admissions, she cooperated in the ensuing investigation. But when she saw Debbie and Marcia lured without warning into a jail cell, she felt betrayed and enraged. The previous months of disillusionment and frustration with her family were focused suddenly upon a single goal: rescuing the innocent Marcia from what Marilyn now saw as a treacherous legal system and shielding her husband from what she had come to regard as an escalation of lies from vindictive Debbie.

Marcia was returned to the family a week later. She withdrew from former friends and did poorly in school. Debbie ran away from several foster homes. During one runaway, she prostituted herself to a marine corps base. She held little hope of ever returning to her own home, and she displayed no confidence or trust in forming new attachments. She complained of feeling unworthy and rejected.

Marilyn later sought help from another psychiatrist, saying, "My husband was making sexual advances to his daughter but not actually completing them." She repeated many of the conclusions arrived at during the earlier therapy sessions as excuses for her husband's "momentary" indiscretions. She blamed Debbie for the sorry state of her marriage.

Six Rules for Evaluating and Managing Incestuous Child Abuse

This case demonstrates the six rules that should be followed in the evaluation and management of incestuous child abuse.

1. **Don't relate to only one person.** Coordinated evaluation of *each* family member encourages in each a sense of responsibility and constructive involvement. In addition, a synthesis of viewpoints from all family members gives more clues to their relationships than can be obtained from the biased viewpoint of only one member.

2. **Don't rush conjoint family therapy.** Each participant is absorbed in a crisis of disillusionment, betrayal, fear, and mistrust. Authoritarian lines are likely to be drawn, with both the passive spouse and the child reluctant to reveal their feelings in the presence of the offending parent. Each family member must be given time to feel comfortable in the therapeutic setting and to develop some capacity for objective insight and self-measurement before being plunged back into the domestic maelstrom. Similarly, it should not be assumed that the family is capable of living together before basic assurances of protection, respect, and automony are established. Naturally, the initial reporting and the ongoing cooperation with the protective agencies are intrinsic to this phase of the healing process.

3. **Don't try to manage alone.** The solo practitioner cannot cope with the complexities and the multiple needs of the abusive or neglectful family. Whenever possible, each member of the family should have access to personal counseling, but with the assurance that all counselors involved share a common interest in the family as a whole. Several individuals working together are less likely to be misled into a superficial resolution.

4. **Don't hide the problem from society.** Psychotherapy should not be construed as a sanctuary from social responsibility. The therapist is required by law, as well as by common-sense ethics, to seek the participation of protective agencies. Law enforcement and protective service social workers can do their jobs only if the therapist includes them in his confidence for data relative to the child's protection. Similarly, the therapist can function best within a protective social structure. The therapist, therefore, must be a participating member in a team of professionals drawing on one another for guidance and support. If the therapist finds that communication or trust is difficult, all the more effort should be directed toward building bridges of interagency support. Therapists who work most successfully with any form of child abuse are active on community councils and interagency task forces where they contribute their own professional expertise and draw from the experience of others.

5. **Don't keep secrets.** Clients involved in sexual child abuse, as well as in other forms of child abuse, have difficulty trusting other people. They have experienced pain and betrayal; their

Therapists who are not comfortable providing direct endorsement, praise, or embraces may be suspicious of the propriety and even the safety of employing such measures in a paraprofessional setting. And they are likely to be concerned about "acting out," "diluting the transference," or "indulging regressive dependency needs." Therapists who deal with abusive families should learn to be receptive to many diverse therapeutic adjuncts, if they are to avoid being overwhelmed with more demands than they can meet.

Support system for staff members. The program provides for the morale and the emotional growth of its staff. Working with incest and dealing with shattered families require tremendous compassion, optimism and resiliency. No one is immune to the feelings of outrage, righteousness, morbid curiosity, sexual arousal, resentment, hostility, despair, helplessness, omnipotent rescue fantasies, or the countless other conflicting reactions that incestuous families engender in the would-be helper. Staff members share and explore their own feelings among themselves. They discuss their emotional responses and reactions without criticism or embarrassment. Such discussions are characterized by responses of empathy, support, and even praise, which reflect the positive spirit encouraged throughout the treatment program.

Keeping these management guidelines in mind, Debbie's case can be reconstructed to show how it might have developed within a more enlightened system. The interventions and outcomes in the following case synthesis are typical of results obtained within existing treatment programs in situations similar to those experienced by Debbie and her family. This synthesis also points out the crucial role of an intake specialist for handling incoming calls and referrals.

Debbie: A Case Study, Revised

Marilyn learned from her neighbor that Debbie had complained of sexual abuse. She called the well-publicized hot-line number for advice. The intake specialist advised Marilyn that the program was obliged to report suspected sexual child abuse. She invited Marilyn to discuss the problem anonymously. Marilyn couldn't imagine that her husband's actions could be grounds

for arrest. The intake specialist suggested that often the problem is more extensive than a man may be willing to admit and that without intervention the problems tend to multiply. Marilyn remained skeptical and fearful that disclosure would jeopardize her husband's new job. Though electing to remain anonymous, she did agree to meet with someone from Parents United.

One of the fathers from Parents United talked with Richard, discussing his own experiences in the treatment program, his initial fear, and his eventual relief in reassuming responsibility and self-esteem. He described the impact on his daughter, who had been especially hurt and confused as long as he had refuted her complaints and demanded that his wife take his side. Richard admitted he was in a similar position but that he couldn't jeopardize his future with a scandalous arrest.

A mother from Parents United talked to Marilyn, explaining the dilemma mothers so often feel when they get caught up in an incestuous triangle between husband and daughter. She reflected happily on the changes that took place in her life and marriage during the process of resolving the incest crisis in her family. In the course of treatment, she explained how she had worked through her resentment toward an abusive father, as well as her feelings of inadequacy and the fear of living alone. By the time she invited her husband back, she was secure because she had *chosen* to be together again. She had not been forced to accept him out of fear, dependency, or pity. She could see now that her daughter had not provoked the seduction. Rather, her daughter had provided an attractive and vulnerable outlet for the frustrations of life and marriage that the couple had never learned to resolve. The Parents United mother urged Marilyn to get closer to her stepdaughter and listen more objectively to her story—not only for Debbie's sake, but for a more open relationship with Richard as well.

The next day Marilyn called the treatment program again, still anonymously. She was beginning to accept Debbie's accounts of repeated intercourse, and she was now even more fearful about disclosure. The intake specialist suggested an anonymous consultation with the police department. Rather than making a blind referral, the specialist phoned ahead to be certain that Marilyn's call would be taken by one of the police officers who was experienced with the coordinated treatment program and who would accept an anonymous call.

corroborated testimony of a minor. Confronted with denial from the father and often with pressure from the mother, the child is almost bound to retract the complaint. She thereby labels her original story a lie, which contributes to the persisting myth that most complaints of incest are fabricated from the lurid imaginations of vengeful children.

Experiencing disillusionment, betrayal, stigmatization, shame, and rejection may be the most damaging aspects of sexual child abuse. Its consequences, for many children, can be more lasting than the sexual experience itself. Thus, the first priority of the treatment program must be to provide advocacy for the child throughout the legal process.

Intervention strategy. The program provides a focus for multiple services. Based on the premise that sexual abuse is only one symptom of many unmet needs among family members, the program attempts to resocialize a family by addressing concurrently: social isolation, alienation, unemployment, disabling dependencies, role distortions, and personal growth needs. Both inhouse and outside referral resources are used. The focus of psychotherapy or counseling is the growth of each family member toward a position of greater self-endorsement and self-management.

The psychotherapist's role is a vital but by no means a predominant aspect of the *total* treatment program. Oftentimes, the psychotherapist may be the case manager who coordinates the timing and delivery of other services. More often, however, case management is assumed by the person responsible for providing protective services to the family.

Styles of counseling and therapy. Crisis counseling, direct problem solving, role playing, the Gestalt theory, transactional and psychoanalytic techniques are used in individual, conjoint, and peer groups for adults and children. Expressive play and sensate focus are used in both individual and group therapy for young children.

Crises of disclosure, criminalization, and family separation must be dealt with immediately and pragmatically. As the counseling relationship develops, each family member learns to accept appropriate responsibility for past conflicts. Along with the capacity for self-responsibility, the therapist encourages an enhancement of self-worth and self-disclosure. As a result, the

family members develop an increasing readiness for guided therapeutic encounters between mother and daughter, mother and father (or father figure), and eventually between father and daughter. An important objective is for the mother and father to assure the daughter that she was not at fault and that they should have protected her from sexual misuse. (While father-daughter incest is the most common, the Santa Clara County program model includes services for grandfather-grandchild, father-son, mother-daughter, and mother-son relationships, as well as for children and parents dealing with nonincestuous sexual molestation.)

The final stage of therapy involves reuniting the family, which is considered *only* when each member has grown enough in autonomy and self-esteem to make a genuine choice. Either the father or the daughter, and sometimes both, will have been separated from the family. Return of the father is not recommended unless both the child and the mother genuinely desire his return and not until both are confident that they can protect one another against any possible recurrence of sexual abuse. In a minority of cases, reunification of the family proves to be neither practical nor desirable. But even so, the benefits derived from the treatment program can be seen in the increased self-confidence of the child and in the ability of both parents to build constructive lifestyles and relationships for themselves.

Specialized self-help organization. The program sponsors and supports Parents United, Inc., which provides a social outlet and an opportunity for positive identification for families that otherwise might withdraw or hide from society. Its elected leadership arranges with the treatment program coordinator to provide volunteer professional cotherapists to conduct specialized discussion groups to cover every phase of the resocialization process. The members themselves provide outreach and crisis support for each other, and they take active roles in creating a more constructive community awareness of the problems inherent in sexual child abuse.

In the resocialization process, there is a need to explore and to cement trusting relationships. This is achieved through confrontation, through disclosure, and through supportive outreach. The informal, expressive mood of the self-help environment encourages a more self-endorsing, more emotional interchange than can be provided by the professional counseling relationship.

Advantages of self-surrender. The officer stressed with Marilyn the advantages of self-surrender and the consideration the family could expect in avoiding publicity, unnecessary force, or precipitous separation. Reassured by the courtesy and understanding of the police officer, Marilyn then persuaded her husband to seek help. They consulted an attorney recommended by Parents United. He endorsed the wisdom of self-surrender and outlined the probable legal consequences, based on similar cases he had represented.

The attorney called the police officer and arranged for Richard to present himself by appointment after work the next evening. Richard gave his statement and at the same time initiated a request to qualify for O.R. (own recognizance). In response to a warrant, he appeared the next day with Marilyn and Debbie at the district attorney's office. In the presence of counsel, each family member was interviewed by the police officer and a CPS worker.

After careful consideration and discussion with the assembled family, and inasmuch as Debbie had ambivalent feelings about her stepmother as well as her father, it was recommended that she be placed temporarily out of the home. Placement was not recommended for 12-year-old Marcia, since there was every assurance she was not endangered.

Richard left the home voluntarily. He was arraigned the same day and released O.R., with an order that he have no contact with his wife or daughters except under clinical supervision approved by the court.

Richard missed only one day of work and continued his employment without interruption. No longer plagued by fears of humiliation and disclosure, he was able to enter actively into individual and group therapy. He made rapid progress in overcoming his fears of abandonment and his need for symbiotic (living together in intimate association) attachments to surrogate mother figures.

Marilyn had ample opportunity in Parents United and in individual counseling to ventilate her anger and resentment. After several weeks, she began meeting in joint sessions with Richard. They explored *her* wish to try for a fresh start in their marriage.

Marcia began attending the young adolescent group with her sister. Previously, she had been jealous of Debbie's hostile,

provocative behavior that apparently had been rewarded by indulgences and affection from their father.

Debbie spent ten weeks in placement. At first she refused to return home even when her father was away. She was resentful not so much of her father but of Marilyn, who she felt had betrayed her. Debbie was 10 years old when Marilyn came to live with them. She had hoped for a fairy godmother who would bring completeness to the shattered family. Instead, Marilyn had taken Richard's side in suppressing Debbie's early demands for autonomy. Soon Marilyn had taken over most of the parental roles, while Richard regressed to a more passive, self-indulgent position with his new wife-mother. Debbie saw Marilyn as omnipotent and domineering. Even as Debbie continued to obey her father's demands for secrecy, she assumed without question that her stepmother was aware of and capable of stopping the incest.

The foster home placement was aborted because of Debbie's hostility toward the foster mother and her seductive relationship with the foster father. From there she went to a group home specializing in sexually abused girls, where she fared much better. She began to accept and respond to the warm relationships offered by her peer group and by several therapists, both female and male. Eventually she came to understand that both she and Marilyn had been trying to indulge Richard in his demands for infantile omnipotence.

Adjustments within family. Debbie returned home in stages: first by making the decision, then by exploring within joint sessions the adjustments involved with her stepmother and sister, and, finally, by a meeting with her father where he told her she had not been at fault.

Richard's case came up for sentencing three months after arraignment. Based on the probation officer's investigation in conjunction with favorable recommendations from the treatment program, it was obvious that Richard presented no threats to society. The district attorney sought a conviction that would establish Richard's criminal irresponsibility but would not force an adversary standoff between Debbie and her father. Richard pleaded *nolo contendere* (no contest) to one count each of oral copulation, lewd and lascivious conduct, and unlawful intercourse. He was sentenced to three months in the county jail

but was granted work furlough privileges so that he could keep his job. Also, he was granted "release time," to attend therapy sessions and Parents United meetings.

Within a year, the nightmare was over. Richard returned to his family with the approval of his wife and both daughters. He had learned to see himself as an autonomous adult of considerable worth and genuine influence, thereby becoming less dependent and less demanding of pseudoauthority. Marilyn was free to be herself and to assume a more balanced role in the family. The new openness and respect she and Richard had developed for each other provided a basis for a more fulfilling adult sexual relationship.

Debbie and Marcia were free to be adolescents, no longer responsible for holding the family together, nor carelessly determined to break loose. Debbie accepted and casually distanced herself from the incest, no longer romanticized with either demonic guilt or monstrous blame.

Working within a coordinated system of social and legal intervention, a group of compassionate, enlightened therapists had helped these children and their parents to move out of their mythical roles and back into the realm of human experience. No longer were they the fairy godmother, wicked stepmother, ineffectual woodsman, tormented lover, or bewitched, star-crossed princess. Once again they were members of a family, with a better chance than many to live happily ever after.

Dr. Summit wishes to thank Henry Giaretto, Anna Einfeld, Parents United, Inc., and the entire staff of the Child Sexual Abuse Treatment Program, San Jose, for their help in developing and sharing the team concept he describes in this booklet.

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SEXUAL ABUSE OF CHILDREN:

A Clinical Spectrum

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This paper suggests that incest has been underestimated as a significant determinant of emotional disturbance, and that misuse of sexuality between parents and children can have detrimental consequences that parallel those resulting from other forms of child abuse. The spectrum of parent-child sexuality is classified into ten categories as a guide to the diagnosis, management, and prognosis of sexually abusive behavior.

Household sex education, sexualized play, incest, child molestation, and ritual sexual exploitation are all aspects of an interest of adults in the sexuality of children. On one end of the spectrum, there is a presumably altruistic dedication to sharing with a child the benefit of adult awareness and experience toward the goal of eventual sexual fulfillment. On the other end, adults who teach and demonstrate sexuality to children for the goal of immediate gratification are condemned as criminals. Snuggling with children under the covers on a cold Sunday morning can be one of the great joys of family living. A woman may remember fondly the warmth and strength of her father's body against her, while another recalls with guilt and loathing the intrusion of unwanted paternal intimacies. The objective distinctions between loving support and lustful intrusion are disquietingly subtle.

Some people, uncomfortable with subtleties, attempt to deny and prohibit any hint of sensual outreach toward children. Others, oblivious to the subtleties, exhort parents to bring their children into the bathroom and bedroom to dispel the secrecy and guilt traditionally associated with sex. Most parents find themselves somewhere in the middle, a little discontent with traditional prohibitions but suspicious of radical change.

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When common sense and intuition break down, these parents seek guidance from magazines, ministers, and mental health professionals.

Professionals in mental health and human services should be able to cope with subtle value judgments and to distinguish between affectionate and abusive behavior. They must be aware of the complex interplay among family sexual roles and be cognizant of the relative importance of oedipal forces at particular stages of family development. They should be able to evaluate the risks of various sexualized behaviors according to a reliable body of diagnostic and prognostic knowledge.

Unfortunately, there is little professional agreement about models of optimal childhood sexual development or family interaction. There is even less accord concerning pathological variants. Conceptual models tend to be drawn from psychoanalytic theory, with a curious paradox; for all the pivotal importance of concepts of incest in the foundation of psychodynamic theory, and for all the continuing fascination with incestuous fantasies, there seems to be a deliberate reluctance to confront incest as a real event.* In the legacy of Freud's pioneering studies, therapists have tended to focus attention on the child's wish for the parent and the difficulties of resolving fantasized oedipal conflicts. Recollections of parental sexual intrusions, whatever their reality base, have tended to be interpreted as stereotypic fantasies.[17] For all the emphasis on the primal scene and the myth of Oedipus, there has been little research or training in the practical management of the family romance.

The psychiatric literature prior to about 1960 viewed incest as an exotic, virtually negligible phenomenon taking place between retarded, seductive girls and inadequate, sociopathic fathers. In 1962, Cormier,[3] portrayed a more human, everyday picture of incest and introduced the probability that the incidence of incest vastly exceeded reported figures. Reliable incidence figures and statistically relevant data on prognosis have yet to emerge.

Reported cases of child sexual molestation are only the visible fraction of a much larger problem. In a retrospective survey of 1200 college-age females, 26% reported a sexual experience with an adult prior to age thirteen. Only six percent of these incidents had been reported to authorities.[5] The American Humane Association estimates 200,000 to 300,000 cases of female child molestation in the United States per year, with at least 5000 cases of father-daughter incest.[1] In communities where active efforts are made to invite referral and treatment of sexual problems, the response has exceeded these estimates. The Child Sexual Abuse Treatment Project in San Jose, California, has experienced an explosive increase of referrals

* Freud's own deliberations on the importance of incest offer an interesting historical footnote. After hearing anamnestic accounts of incest from several women with hysteria, Freud theorized that incest was the psychic trauma responsible for the neurosis. Further analysis indicated the incestuous experiences were fantasies derived from the needs of the patients, rather than trauma inflicted from the outside. Freud felt devastated at the repudiation of his theory, and considered abandoning the analytic approach altogether. The salvation of psychoanalysis came with Freud's epic decision that children construct their own traumatic fantasies as their instinctual needs conflict with outer events. In effect, whether the incest happened or not was immaterial.[4]

and self-referrals, to a present annual incidence of 165 father-daughter incest cases per million,[6] which would project to some 36,000 cases nationally.

The experience of the authors in the Los Angeles area indicates a much higher prevalence and a much more significant mental health impact from sexual abuse than is commonly recognized. We are convinced that incest is a specific variant of child abuse with identifiable antecedents and predictable consequences. We are also impressed that incest itself is a symptom common to a diversity of parental conflicts, and that a classification of that diversity is required to achieve a differential specificity of management and prognosis. In this paper, we shall attempt to classify the spectrum of parent-child sexual behavior patterns as a practical guide to understanding and working with the human side of sexual abuse.

Input for this paper is drawn from a wide base of sources encountered during an eleven-year span of psychiatric community consultation. Our experience includes hundreds of consultations with protective service workers and law enforcement personnel concerning sexually abusive families as well as direct contact with dozens of patients referred for evaluation and treatment of sexual abuse. Individuals otherwise invisible to clinical attention have shared with us their concerns about sexual aspects of parenting in parent education classes, professional training courses, public audiences, and women's awareness groups. In addition, we have had extensive contacts within Parents Anonymous[14] with members who have been very frank in discussing a wide range of problems in parenting.

INCEST AND CHILD ABUSE

Almost every society in history has had a taboo against incest.[10] People tend to assume that the incest taboo is a natural outgrowth of human decency, and that sex with offspring is unnatural and inherently repugnant. However, the taboo may have evolved for quite the opposite reason: as a practical defense against a very natural experience. People who live together, who depend on each other for love and support, and who have intimate daily contact with each other will tend to develop sexual relationships with each other. Children respond gladly with their whole bodies to loving contact. They want to be treated by their parents as something special, and the sharing of sexual feelings could be very exciting. The parent bears the entire responsibility to define and maintain appropriate limits of intimacy. For many parents, a mythic taboo alone fails to guarantee that responsibility.

There are two general characteristics common to those who sexually abuse their children. It is these two problems, rather than the quality of sexual attraction, that separate the abusers from the more moderate parents. One problem is a lack of impulse control. This may be as a result of transient stress or it may be characteristic of the individual. The second problem is a confusion of roles. The child is regarded at times as something other than a child, or as a surrogate of someone else. The child becomes an object for the needs of the adult without adequate recognition of the inappropriateness or inadequacy of the child to meet these needs.

These two dynamics, the lack of impulse control and the confusion of roles, are common not only to sexual abuse but also to child abuse in general. All

parents get angry with their children. All parents have sensuous feelings toward their children. The abusing parent acts on those feelings in a less controlled way and expects of the child an adult level of performance and a quality of devotion and gratification that no child can fulfill.

Just as there is a shifting and invisible line between constructive discipline and dehumanizing punishment, there is a vague borderline between loving sensuality and abusive sexuality. Just as both discipline and sensuality are vital to the growth of children, the backlash of these qualities by abusing parents can blight a child for life.

The remainder of this discussion will examine that borderline as it merges into frank sexual abuse, defining in the process some guidelines to prognosis and management of the various levels of parent-child sexualization. We will examine a progression of categories of sexual involvement. The categories represent an ascendency of apparent individual and social harmfulness. At one end of the spectrum are behaviors that most would identify as variations of normal behavior. At the other extreme are the more bizarre and apparently malicious aspects that most would agree are clearly criminal and demanding of aggressive intervention.

THE SPECTRUM OF PARENT-CHILD SEXUALITY

1. Incidental Sexual Contact

This first category involves parents' attempts to cope indirectly with erotic interest or dependency needs toward their children. The response is controlled and self-limiting, often without much understanding of the erotic or dependent basis for the behavior. Sometimes control is excessive, as a parent tries to deny or undo an unacceptable feeling.

For example, several mothers have told us of their erotic or orgasmic response to breast feeding. One woman welcomed an unexpected bonus of motherhood. Another woman could not reconcile any erotic response with her concept of the mother role; she never nursed a child again and tried not to think about the experience, let alone confide in anyone for help.

Curiosity provokes various kinds of sexual exploration. Mothers may touch the penis of an infant to test its response and may be intrigued by the phenomenon of infantile erection. Some women report feeling very guilty about this, even years after an isolated experience. A father may feel curious to see or feel the "private parts" of his daugther. A male single parent may feel guilty even bathing his daughters.

Sexual tension may be diverted into games involving teasing, mock spankings, and wrestling. One mother reported an after-bath game of "gotcha" in which she would grab for the penis of her six-year-old while he gleefully jumped to avoid her.

A less genital but more potentially harmful behavior is the tendency of some single mothers to sleep with a child, usually the oldest one. Both mother and son seek comfort in the loss of the father and neither seems able to sleep comfortably without the other. The boy may sleep with his mother to age ten or twelve. The mother denies any erotic potential in the absence of genital contact or arousal. She overlooks how stimulating the body contact is to the child and how it prolongs sensual de-

pendency on the mother. The boy tends to remain excessively attached to his mother and to have difficulties later on with adult sexual object choice. This situation presents an excellent opportunity for preventive casework; most such mothers respond well to informed questioning and brief counseling.

As children approach adolescence they provoke a more characteristically adult sexual response. Adolescent girls describe two kinds of overreaction by their fathers. One is withdrawal behavior, in which the father is so threatened by this potential attraction that he stops holding or touching his daughter and becomes visibly threatened by any contact with her. The other reaction is overtly seductive or self-gratifying. There may be lingual kissing, exploration of breasts, and other frankly erotic intrusions, all in the guise of "fatherly love." In a family where communication is open, a girl will often register her distress to her father or to her mother. Perceptive parents will appreciate the impact of this misguided affection and bring it under control. Exploratory behavior becomes a more serious problem if family trust and communication are already impaired, as we will examine in a later classification.

Another incidental response to adolescence is household voyeurism. Men may station themselves around corners with mirrors or outside of slightly open doors to watch their daughters undress. They are content that this has no impact on their daughters because they are sure their daughters are not aware of it. The girls report otherwise, usually with a strong sense of disillusionment and distress.

These behaviors have an emotional significance in the development of the child, but they fall outside of the usual definition of sexual abuse. They are enumerated here for two reasons: to illustrate a spectrum of behavior and to alert professionals to areas to explore as people seek help with vague complaints about changes in parental relationships. One must listen carefully to adolescents who come in and vaguely say, "I'm not getting along well with my folks any more; dad isn't the same as he used to be."

2. *Ideological Sexual Contact*

Certain parents may encourage specifically sexual activity in the belief that increased sexual expression is beneficial for the child. Potential arousal, anxiety, or guilt are sublimated through idealization and rationalization by parents who are sometimes strikingly naive about the consequences for the child:

> A mother in a parent-education class expressed concern when she encountered her five-year-old son attempting intercourse with his female playmate. A few questions from the instructor illustrated that the boy and his friend were stimulated by their habitual perusal of *Penthouse* magazine, which the parents felt should not be hidden away. The boy's sexual interests were further piqued by the mother's pleasure in sharing afternoon showers with him. The mother's obvious pregnancy also aggravated potential oedipal conflicts, as indicated by the child's question, "Mommy, when daddy did it to you before I was born, did he do it in bed or was it here in the shower?"

In their search for an appropriate expression of modern sexual values, these parents had unknowingly stimulated more sexual curiosity than they were prepared to accept.

The ideological category presents a dilemma of values when it involves explicit sexual behavior without clear criminality or intent to harm.

A sex counselor expressed a philosophy that sexual inhibition was bad, and that post-Victorian prudery was our greatest social problem. His solution to the problem was to set up a laboratory of sex education at home. He invited his young son and daughter to watch him and his wife in various sexual activities, and then gave them permission to play with each other in the privacy of their own room. The man expressed pride that his family was so free of sexual hang-ups.

Idealization is institutionalized by radical groups such as the Rene Guyon Society. Based on the writings of Guyon [9] and a grotesque distortion of the early work of Freud, the society claims that children need sex with compassionate adults to reduce violent antagonisms supposedly aroused by societal repression and guilt. Sexual repression is advanced as the cause of depression, suicide, delinquency, gang warfare, assault, and a host of other social problems. Under the slogan "Sex by year eight or else it's too late," the group advocates sexual rights for children, including abolition of laws restricting incest and sexual abuse. The Guyon Society claims a membership of "2000 parents and psychiatrists." [20]

3. Psychotic Intrusion

In this situation, the adult has a psychotic level of confusion in reality testing and object choice, or personal sexual impulses may be projected to some kind of outside influence. The children become the object of a psychotic system. This is probably the least frequent of the several types of sexual contact; most people involved in sexual abuse are not psychotic.

4. Rustic Environment

The next level is one of the stereotypes that dominates popular concepts of incest. There is a prevailing folklore that isolated mountain settings promote incest and inbreeding. We suspect that rustic incest jokes supply a prejudicial scapegoat for urbanites not entirely immune from incestuous conflicts, and that regional variations in incest behavior are minor. Nevertheless, we do encounter an occasional migrant family that seems to accept as natural the practice of intrasibling and intergenerational incest. The helping professional faces a vexing problem in adapting that kind of value system into the dominant cultural mores, and in deciding what level of active intervention is indicated.

5. True Endogamous Incest

Endogamous (within marriage) incest develops as a surprisingly subtle distortion of normal family relationships. Although impulse control is diminished, the offenders are individuals who are not notably impulsive and who may appear quite well-adjusted and well-functioning within other areas of their lives. The breakdown occurs only when extraordinarily strong attractions develop as an outgrowth of role disturbances within the family, often limited to a specific point in time. The specific dynamics of endogamous incest are outlined clearly in the classic paper by Cormier [3] and examined within a broader context in a recent review by Henderson.[10] Giaretto confirmed the pattern within a clinical sample of over 300 cases.[6, 7]

The father is the key to the disturbed dynamics and is responsible for the choice to eroticize the relationship with the daughter. Whatever else is said in sympathy with his motivations, and regardless of the contributions of the wife and daughter, that responsibility must be emphasized and must be identified in

any therapeutic encounter. The role distortion in the father involves a flight from stressful, disappointing adult realities into roles characteristic of a more exciting, more fulfilling period of his life. Some of the mechanisms are seen in the so-called male menopause, when a man may withdraw from his family and seek a reendorsement of youth and masculine vitality via love affairs with younger women. A difference here is that the incestuous offender is more inhibited, more conventional, and more rigidly devoted to his role as a family man; he is determined to fulfill his sexual needs within his marriage. If his fantasies of fulfillment have not come true with his wife, he is increasingly frustrated and potentially angry.

The wife of the incestuous father is typically disenchanted with her husband and her marital role. She is no longer invested either in endorsing her husband's ego needs or in trying to wring pleasure from a tired relationship. She may be somewhat depressed by the loss of her youth and the weakening of her girlish attraction. She may be resentful of the adolescent attractiveness of her daughter, and may look for ways to demean her and to hold back her social development. The wife may turn outside the family for endorsement and diversion, absorbing herself in a job, church, or social commitments. For the first time in her married life, she is free to be away from home; she can count on her daughter to take her place.

The third corner of the incestuous triangle is, of course, the daughter. She is entering adolescence and is learning to transmit the magical vibrations our society requires of the emergent woman. She radiates the fragile innocence of a child mixed with the vaguely destructive allure of the temptress. A girl needs support to keep up emotionally with her sudden rush to womanhood. Her most trusted allies in this process should be her mother and father. She looks to her mother as a model of feminine behavior and then tests the new model on her father. A father should be harmless to flirt with. He should be approving, admiring, and responsive to her growing sexual attraction, and he should provide a controlled, self-limited prototype of the sensual experiences she will develop with other men as an adult. Both father and mother should have a shared sense of the appropriateness of this prototype romance, and both should be comfortable in recognizing and defining the appropriate limits. Incestuous activity begins when the father needs to bend those limits and the mother chooses to ignore them.

The man who bends the limits usually doesn't start out with the intention of seducing his daughter. By the time the relationship becomes sexualized, he relates to her more as if she were his wife: not the adult woman to whom he is married, but an imagined reincarnation of his bride-to-be. The daughter may have assumed many of the more ingratiating aspects of the wife's role: she greets him fondly after a miserable day at work, puts his food on the table, and entertains him at dinner. After she tucks the younger children into bed, she may pour him a drink and nestle beside him watching television. Through inheritance and conditioning, she has become an uncanny likeness of the girl who once spurred him to greater accomplishments, who made him feel loved and strong, and who excited in him an unquestioned virility and potency.

Just as the man is flattered and stimu-

lated by his daughter's attentions, the girl is at first gratified by his more open affection. It is not her place to refuse her father, and she lacks the experience or the information to recognize all the implications of his increasing arousal. Trusting acceptance and curiosity are role-appropriate for her as she waits for her father to define the limits of this new game. If she tries to stop him, she is likely to find he is now deaf to her protests. A combination of parental possessiveness and sexual arousal have overpowered the protective role he would ordinarily offer.

In the aftermath of the initial sexual experience, the father typically feels guilty and frightened. He will tend to scapegoat the girl for leading him on and will almost always coerce her into silence with the threat of disgrace and family disruption. In his desperation, he may also threaten violence. The early ventures into incest may not have been premeditated but, once established, there tends to be a compulsion for repetition. The child feels used and betrayed by her father, and feels she has no worth except as a sexual object. She is alternately courted and demeaned, loved for her attraction and then hated for her power, often labeled as bitch, slut, or whore.

The second level of betrayal comes when the girl seeks escape. She may turn to her mother, only to be accused of lying or condemned for seducing the father. Even if the mother accepts the story, she may still fail to act. One daughter recalled the reaction: "They'll send your father to jail and we'll all end up on welfare. Is that what *you* want to do to us?"

The third level of betrayal comes from the helping institutions. The girl is punished by the demand for explicit, incriminating testimony and by being regarded as depraved and ruined through her participation. The father may deny everything, forcing the girl into an adversary role. Not uncommonly, the family will coerce the girl to recant her testimony to avoid court intervention, exposure, and disgrace. Even in the event of prosecution, the father may be acquitted, while the girl is assigned to a foster home. In any event the family is broken; the girl feels isolated and morally condemned. In her own mind, she comes to feel guilty and responsible.

A bizarre spinoff of the labeling process is the fascination the girl presents to others. She may be regarded by relatives as dangerously attractive. (It is no accident that most of our words for feminine appeal, like glamorous, fascinating, spellbinding, enchanting, bewitching, enticing, and charming are derived from witchcraft. Others suggest enslavement or physical threat, as in alluring, enticing, captivating, enthralling, ravishing, devastating, and stunning.) Publicly deflowered as she is, she is regarded as no longer deserving of respect or protection. We know of at least four cases where male relatives have attempted seduction after a girl has admitted incest with her father.

The results of incest conflicts are predictable and frightening. Deprived of self-worth and self-esteem, forsaken by parents, betrayed by other adults, cursed with a destructive concept of their own sexuality, many of these girls spend their lives searching for a redeeming relationship, yet retreating from positions of trust or intimacy. They expect rejection, betrayal, and punishment.

Even if the secret is contained, the girl's character development is affected

by incest. The father abdicates his authority along with his parental responsibility. There is a struggle for power in which the girl exploits her position to demand favors and avoid parental limits. With this inversion of roles there is no hope of normal discipline and guidance. The father tries to be superauthoritarian in one area: limiting his daughter's access to potential boyfriends and outside social contact. The atmosphere is counterproductive of genuine growth and maturity for the girl. Sometimes the only escape is the transfer of the father's attention to a younger daughter. Several children may be involved serially, each one in turn ignoring the welfare of the younger sister.

6. Misogynous Incest

This is a variation of endogamous dynamics in which fear and hatred of women are relatively predominant. (Remember that romantic idealization, disenchantment, and anger toward the wife are typical also of the prior category.) The offender has a history of conflict with his own mother, and a tendency toward violence and punishment of women. Wife-beating, rape, and physical abuse of children may be seen. The daughter is seen as a possession, and possessing her sexually is an assertion of his invulnerability to the control of women as well as an act of punitive defiance toward his wife.

Men of this type may conceptualize women in elaborate extremes, sanctifying the purity of the virgin and condemning the seductions of the whore.

One man physically abused his daughter as an infant, then idealized and overprotected her until she was raped on the street at age eight. His rage and grief were compounded by his feeling, "They have taken my little virgin from me." He persuaded his wife that the girl should watch them make love to undo the violence of the rape. The wife was herself a victim of incest and family rejection, which seemed to paralyze any outreach for help. She waited for more evidence to confirm her valid suspicion that her husband had initiated the girl into an ongoing sexual relationship after the bedroom episode. After two years, and then only after the man punished his wife by openly demonstrating fellatio with his daughter on two occasions, she was able to call the police.

Just as abused children are at risk of becoming abusing parents, sexually abused girls are at risk of selecting an abusive partner and failing to protect their children from intrusion. The man described above was typically hyperaggressive, hard-driving, and coercive of females. He had experienced success as a military police officer until he was psychiatrically discharged after physically battering the infant daughter he later seduced.

7. Imperious Incest

This category represents a fusion of elements from the ideological, rustic, and misogynous categories. These men set themselves up as emperors in their household domain. They play out an incredible caricature of the male chauvinist role, requiring wife and daughters to perform acts of sexual fealty. One man, who initiated three daughters into his service, even constructed a throne for himself. The domestic grandiosity seems to compensate for an otherwise mediocre achievement level; such men tend to be displaced from rustic backgrounds, with poor education and few job skills. They may be highly religious, expressing rigid, fundamentalist Christian doctrines and quoting Scriptures to justify their domestic role.

One such man entered into a sexual relationship with his nine-year-old daughter while

functioning as a fundamentalist minister. The mother, an extremely passive woman who made no decisions for herself, refused to intervene, despite repeated entreaties from the girl and an older sister. The older sister finally sought help from a rape hotline thirteen years later, when she discovered her own seven-year-old daughter and the sister's three-year-old had been molested by the grandfather. The woman blamed her father for her own promiscuity, the sister's willingness to be beaten by her husband, a brother's "schizophrenia" and another brother's homosexuality. A third brother, at fifteen, had tried to seduce the caller's seven-year-old daughter. "We're all screwed up." After two generations of repeated sexual abuse and imperious domination, only one family member was able to seek outside help, and then only via an anonymous hotline. Hotline counseling enabled the caller to report the sexual abuse and to seek psychiatric evaluation for her daughter.

8: Pedophilic Incest

Some people have an erotic fascination with children. Males especially have the proclivity to retreat from castration fears and discomfort with peer relationships in search of a sex object they consider more innocent and less threatening.[16] Some act on their fantasies and take the risk of seeking out children in public places. Others resist any action (and in fact may repress even the fantasies) until they are overwhelmed with the stimulus and availability of their own children. A pedophile approaching a small child rarely attempts coitus; body contact, fondling, and oral contacts are more typical. Gender roles are somewhat less binding; a man may be attracted to boys as well as girls, even if his adult object preference is consistently heterosexual..

One slightly redeeming feature for the child is the relative freedom from stigma and guilt. Mother, relatives, and society at large are quick to protect the very young child and to identify the pathology in the father. Unfortunately, the very young child is unlikely to share daddy's secret game with others, and so may remain isolated from potential help.

9. Child Rape

Most pedophiles are gentle creatures. They cherish tenderness and innocence, and will back off from fear and resistance in their intended partner. The child rapist, confusing masculinity with power, can feel sexually adequate only by frightening and overpowering his victims. His need to punish, his attraction to violence, and his poor impulse control, all coupled with perverse guilt and fear of discovery, put the child in extreme physical danger. This sort of chronically antisocial, potentially violent man is often found as a surrogate father living with a woman who is passive and self-punishing. He is not the sort of man a mature, well-adjusted woman selects as the father of her children.

It is important to recognize that recurring rapacious intrusions on children within a family are a function of the passive mother as well as the aggressive male.

One mother of a seven-year-old girl left the room for some incidental shopping while her live-in boyfriend was ordering the little girl to strip and mimic her mother's coital posture. The man raped the child on that occasion, and for the next year-and-a-half imposed physically traumatic vaginal, anal, and oral intercourse. The girl pleaded for rescue but could not gain her mother's sympathy or protection. Neighbors reported hearing screaming and seeing discarded bedsheets stained with blood and feces. Both of the mother's two subsequent partners also molested the girl until she began to run away from home at age eleven.

This case was investigated and taken to court on three occasions. In the first two instances the child was returned to the mother by judges sympathetic to the

mother's assurances that she was participating in psychotherapy and determined not to resume her penchant for drugs and coercive mates.

10. Perverse Incest or pornographic

This last category is called "perverse" or "pornographic" in the absence of any better superlatives to describe kinky, unfettered lechery. These cases become more bizarre, more frankly erotic, more flagrantly manipulative and destructive than those in earlier categories. Many of them have a kind of self-conscious, sex-scene quality in which the individual seems to be trying to set up rituals to fulfill a variety of forbidden fantasies. Many of the people involved would qualify clinically as polymorphous perverse: without specificity or limit to their sexual needs. They are people who try to solve their conflicts through sexual activity, and their responsibility to their partner is of secondary importance to their own particular needs.

This group is called pornographic because of an apparent need to go beyond limits of socially acceptable sexual practice to explore whatever is most forbidden, with incest representing the ultimate taboo. Furthermore, the participants may want to record their achievements and to see themselves putting the fantasies into action; diaries, secret confessions, and Polaroid photographs seem to heighten their excitement. We are not suggesting that outside pornography creates the abuses, but rather that the abusers seem caught up in creating their own pornography.

Previous categories involved predominately one-to-one relationships, however disturbed or transient they might be. Multiple partners are more the rule here. There is an emphasis on flamboyance, freedom, and ritual pleasure.

There is a distressing similarity here to the characteristics of the "ideological" category outlined above. The crucial differences seem to lie in the motivations of the individuals and the capacity for restraint. Here, the activity with children is contrived to gratify perverse needs and the rationalization evolves as a denial of guilt. The child is exploited as an accessory of the adult; rather than preparing a child for eventual adult sexuality, the child is drafted and trained to enact lurid parodies of adult sexual function. The distinction depends on highly subjective and relative judgments. The following examples may help to illustrate the difference.

A mother and father enlisted their children into shared sexual activity and then, having conditioned the children into orgiastic adventures, used them as bait to draw in neighborhood boys to provide the father with a continuing harem. Another case was uncovered when a vice-officer and his son infiltrated a social group advertised in the underground press. Men brought their preadolescent sons to scheduled meetings, trading the boys among themselves for extended orgies.

A final case illustrates the restless progression of perversity characteristic of this group.

A man enlisted his seven-year-old daughter as a sex partner. He soon introduced her into the ritual punishment and torture of her mother, including burning her face and genitals with a soldering iron. In time, he also involved the daughter's young playmate in a foursome. When the mother grew too guilty and depressed to participate, the father and the two twelve-year-old girls drove the mother to another city and forced her to leap to her death from a bridge.

EFFECTS OF SEXUAL ABUSE

The categories of the spectrum appear to document increasingly abusive par-

ental intrusions on children. Defining such intrusions as abusive requires evidence that they bring harm to the child. In our experience, the harm observed from incestuous encounters correlates not so much with the forcefulness or the perversity of the encounter as with the climate of environmental response. A child trapped in an encounter with a cherished parent may suffer greater psychological damage than another child rescued from an incestuous rape. Psychological harm seems to occur not so much in the sexual experience itself, nor even in the fact of exploitation by an adult. We believe harm results from the perception by the child that the sexuality is socially inappropriate and that the relationship is exploitative. This parallels the conclusion of Sloane and Karpinski[22] that incest is least harmful psychologically for the younger child, with the risks increasing as the subject approaches adolescence. The various aspects of guilt and betrayal are potentiated both by increasing sophistication in the subject and by guilt and ambivalence perceived in the parents. If the active sexual agent (father) and especially the nonparticipating adult (mother) are comfortable with the incestuous relationship, harm to the child is decreased.[18] Some authors contend that incest within an endorsing family can be nontraumatic[2] or even beneficial[19] to the child's emotional growth. Such findings may seem at first paradoxical and outrageous, but if valid they reinforce the original premise that incest can be a natural phenomenon and that taboos and conflicts are socially imposed.

We are convinced from clinical and consulting experience that incest can do substantial harm. Experience in Parents Anonymous underscores a striking prevalence of incestuous experiences in the childhoods of parents who now have problems with physical and emotional abuse of their children.[11] During the course of psychiatric consultation to Cedar House, a model therapeutic shelter for physically abusing families in Long Beach, California, it emerged that some 90% of the mothers seeking help for child abuse had been sexually abused as children.[15] Several of the young children of these mothers revealed through therapeutic play that they were currently involved in sexual relationships with the man in the house or with adult neighbors or friends. Giaretto[6] cited studies correlating incest with later prostitution and drug dependency, as well as a syndrome of feminine sexual incapacity. With the support of the women's liberation and consciousness-raising movement, many women are "coming out of the closet" to protest the incestuous traumas they have previously concealed. Specific questioning of chronically depressed, suicidal, self-deprecating women in psychiatric care reveals many patients who were sexually and physically abused as children but who have continued to shield their parents and themselves from the stigma of disclosure. We have studied cases of boys initiated sexually by their fathers who run away to the degrading, if lucrative, practice of prostitution and pornographic modeling.

There is a striking similarity in the reported reactions of incest participants: The children take over the responsibility and the blame from the initiating parent. The betrayal of parental responsibilities and the failure of responsible adults leads the child to feel he or she is fundamentally bad and unworthy of care or

help. Sexuality, tainted with guilt and fear, becomes exaggerated as the only acknowledged aspect of attraction or power.[12] The child grows up expecting and deserving abuse, often searching endlessly and hopelessly for a redeeming experience with an older partner.

It must be recognized that these implications of harm are retrospective; they are based on complaints of people already identified as being harmed. To measure more objectively the effects of incestuous experiences there must be prospective research, as well as a more energetic search for incest participants who give no evidence of harm. Until reliable data are established, the potential for enlightened, constructive intervention will remain impeded by uncertainty and interprofessional misunderstanding.

The ambiguity of the clinical literature leads to ambiguity of social response. Although all states now have child abuse laws requiring reporting of sexual abuse, a federally sponsored Child Abuse Intervention Prescriptive Package states that there is neither sufficient evidence of harm nor sufficient optimism for treatment to justify legal intervention in intrafamily sexual abuse.[21] As clinicians involved in the daily tragedies of sexual abuse, we are appalled at such a nihilistic interpretation.

DISCUSSION

The spectrum of family sexuality presents a number of implications for intervention and management. The increasing sexual pathology within the spectrum is paralleled both by increasing character pathology and increasing social alienation. Parents in each successive category can be expected to be less amenable to conventional psychotherapy and more resistant to intervention. At some point in the spectrum, voluntary outpatient treatment programs must be replaced by mandatory, specialized institutional programs. Given present limitations of knowledge and techniques, it must be recognized also that some individuals will be refractory to any known treatment, and that institutionalization may serve a purely protective function.

The endogamous incest family occupies the pivotal position in these considerations. Giaretto has demonstrated the value of a specialized multifocal outpatient program for such families.[6, 7] The Child Sexual Abuse Treatment Program in San Jose, California, works in collaboration with the probation department, providing a treatment alternative to prosecution and potential imprisonment. Justice system supervision provides what Giaretto calls "the hard edge of society"[8] in upholding the incest taboo and in protecting the rights of the child. Without the keen scrutiny of investigating agencies and the looming specter of public disapproval, there is a greater tendency to conceal material, to minimize the implications of the incestuous relationship, and to terminate therapy prematurely. In contrast to the widespread antipathy and pessimism usually leveled against incestuous families, Giaretto reports a successful rehabilitation in over 90% of families treated.[6]

In addition to specialized treatment programs for endogamous incest families, there should be encouragement of self-help programs for both adult and child participants. Alcoholics Anonymous, Parents Anonymous,[11] and Giaretto's Parents United and Daughters United groups[6] have demonstrated the unique effectiveness of a united peer

group in building identity and self-esteem in the face of majority censure. Parents Anonymous invites involvement of people with sexual abuse problems;[23] some five hundred Parents Anoymous chapters are available throughout the United States.

The level of mysogynous incest goes beyond the endogamous population reported by Giaretto. Success in outpatient programs and prognosis for family reconstitution are jeopardized in the mysogynous group by the inherent character pathology and the poor basis for marital bonding. Yet one of our patients, described earlier in the mysogynous category, achieved substantial improvement after arrest and treatment within a hospital milieu for sexual offenders. He insists he could not have changed without incarceration and an imposed milieu.

There is less reason for optimism with the imperious father or the child rapist. The devotion of the imperious father to his family can provide some leverage, but only if the family can support the need for outside control. By definition, the child rapist is criminally sociopathic, with only shallow transient relationships. We know of no effective treatment models for such men.

The women who accept mysogynous, imperious, or rapacious partners deserve enlightened attention, not only for their own needs but for the protection of the children in their care. Many of these women were victims of sexual, physical, or emotional abuse as children; they have an incredibly undeveloped capacity for self-perception, self-esteem, and human initiative. It is our conviction that counseling or therapy alone does not meet the needs of such deprived, defensive individuals. We have seen striking growth in passively sex-abusing women within the Parents Anonymous self-help experience, coupled with firm limits and expectations from the justice system.

In all the abusive categories, the children deserve the first consideration. Every effort must be made to avoid further scapegoating and condemnation of the victim. Crisis outreach and protection are ideal, but support and reassurrance can be helpful at any stage. We recently received a letter of gratitude from a thirty-year-old woman who had attended a sexual abuse training symposium, where she came to believe for the first time that she was not at fault and not permanently stigmatized by her childhood sexual experiences with a mysogynous father.

Coordinated programs of prevention, intervention, and treatment will not develop without community concern and public support. Vast progress has been made in understanding and dealing with child abuse since Kempe and his colleagues first identified the battered child syndrome in 1962.[13] That progress depended on identification of the problem, publicizing the problem to professionals, initiating research, developing treatment resources and self-help programs, and generating a better-informed, more sympathetic, and less defensive public acceptance of the problem. That progress also required substantial investment of private, state, and federal monies and aggressive political action.

Sexual abuse is the most concealed, most distressing, and most controversial form of child abuse. We believe it deserves the same quality of enlightenment and helping resources that have revolutionized the approach to the other forms of abuse.

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C. Bailey

"investigation" = "evaluation"
"suspect" - client
"interrogation - interview
evidence - criteria
deficit in law
the laws

INVESTIGATION OF INCEST

The law requires mandatory reporting of sexual abuse of a child by a parent, guardian or other person responsible for his care. The criminal statutes however describe incest as sexual intercourse between relatives nearer than first cousins, with the knowledge of the relationship. For treatment purposes, there may not be actual intercourse and there may be no blood relationship, but the child views the relationship as incestuous because the suspect is serving as a parent, such as a step-father. (These cases, however, are not classified on police reports as Incest but as Criminal Sexual Conduct or Sodomy. This is a frequent mistake in classification made by police.) Deficit in law.

Since father-daughter incest is by far the most often reported to police, I will refer primarily to these kinds of cases. Although mother-son incest is rarely reported, those which have come to the attention of our department have the most complicated family problems and ~~perverted~~ diverse sexual activity of all incest. Many believe that brother-sister incest is the most frequent in occurrence but less likely to come to the attention of the police and ~~has~~ less ~~severe consequences.~~ likely to create crisis.

Incest cases may come to the attention of the police in a variety of ways, and the procedures in handling them varies accordingly.

First, the police may be called the the scene of the offense. A specific incident may have occurred which forces the mother to recognize the incest, even though incest usually has occurred over a long period of time and the mother may have ignored her suspicions. For example, if the mother walks in to a bedroom and suddenly confronts her husband having intercourse with her daughter, her initial reaction is often horror, anger, grief, fear, guilt, and a desire for revenge. So what do you do when you feel all these? Call a cop! Frequently such scenes include alcoholism and violence, which further requires police protectio... The incestuous father has often built fear of him in the whole family. If it was not for this fear, as well as other intimidation, the father would not depend on the child keeping quiet about the incest. If the police are called to the scene, an arrest might be made immediately, in which case all evidence must be obtained at that time or it likely will be lost.

More often, the police are called to other than the family home without the knowledge of the father, and those reporting are very afraid of having to face the father. Frequently, the child herself will ask for help without either parent knowing about it. She may be very reluctant to tell her mother about it. The daughter may have taken over her mother's role in the household and thinks her mother is "too weak" to deal with the reality of incest, and often she is. When the child has sought help, her primary concern is finding a place to live. She usually doesn't seem to care where she is to live as long as it isn't at home with her parents.

If incest is reported by a social worker, it usually is most effective to have the worker bring the child in for a statement, etc. Arrangements can then be made directly with the worker if the child needs to be placed in a boarding home. Police can take the child in to emergency custody if they believe the child will be in immediate danger at home, and incest is certainly such a danger. This may not however be necessary because frequently when the mother is informed of the police investigation, she will sign consent forms for temporary placement of the child, which eliminates the necessity of the Welfare Department having to file a petition for Juvenile Court within 48 hours. Consent forms can be signed by the parent through a social worker or a team of police officer and social worker (which, incidentally can be very effective in obtaining information from the parents, particularly if the team is male-female.).

Explain statements and need for court (Juv. & Criminal) intervention.

It is important to
Discuss with the child how she feels about going home. Often she will refuse to go home, and even if she does not, it is seldom adviseable for her to return home if her father remains there. Call Child Protection Intake immediately on new cases when a worker is not already involved (298-5455), and they can make arrangements and take the child to a boarding home when you are finished talking with her. Placement of a child outside her home should be made on the basis of: 1) immediate physical threat to the child of repeated incest, sexual abuse or physical violence. 2) Child's fear and attitude, including refusal to return home. 3) Prevention of coercion of the child by one or both parents.

In ALL cases of incest, all statements from the family involved must be obtained and recorded as quickly as possible. This is especially true of the mother, who must be considered highly unreliable. Even if she initially demands prosecution, by the next day or week or certainly by trial, the mother will return to her husband and blame the child for causing all the trouble. It is essential that the case is carefully and properly prepared as early as possible, particularly considering this change in attitude.

Contact with the incestuous father ~~will likely~~ frequently bring initial denial. Of all sex offender the incestuous father seems least likely to admit his involvement, possibly because the consequences and his own guilt are greater. He may however, at least verbally, promise to his wife to seek psychiatric help sometimes to forestall other action, and the wife, eager to forget the whole thing, often accepts and argues that his promise will solve all problems. In such instances where further action does not occur, incest often perpetuates and involves other children as well.

A medical examination of the child should be obtained in ~~all~~ cases of incest and in most cases of Criminal Sexual Conduct 1st Degree for the child's protection (venereal disease, injury, possible pregnancy) and as physical evidence (even after the 24 hour period when sperm is not likely to be detected).

Use the information and knowledge about incest when investigating the case. For example, probabilities are about 75 % that the father will have alcoholic problems and half have arrest records, so check all this out.

PHOTOGRAPHS

1978 LEGISLATION REPORT

The 1978 Minnesota Legislation Session has come to a close with a mixture of gains and losses for battered women. Shelter legislation moved forward with a new appropriation for 1978-79; a criminal procedure bill effecting domestic assault was passed; and, an important civil remedies bill failed to be introduced.

SHELTERS

The best news to report is the passage of amendments (S.F. 1689) to last years shelters bill, authored by Senator Robert Lewis, which included an additional $100,000 appropriation to establish shelters in our state. The State Advisory Task Force on Battered Women's Programs has begun the mechanics of distribution of this appropriation in order that this money can be set to work for women in our state as quickly as possible.

Four shelters in Minnesota received some funding from the original 1977 shelters bill, including Women's Advocates, the Harriet Tubman Shelter in Minneapolis, and new shelter programs in Duluth and Marshall. The Duluth shelter opened on March 1st and was quickly filled to capacity; it has been operating at full-steam with a long waiting list since that first day. In Marshall the organizational work has been completed (often the most difficult part of starting a shelter), a facility has been located, and the staff hiring process is underway. The projected opening date in Marshall is June 1st.

DOMESTIC ASSAULT

A criminal procedure bill relating to domestic assault (S.F. 318), authored by Senator William McCutheon, was passed this session. The bill permits police officers to make arrests upon probable cause in cases of domestic assault, and requires detention and judicial review of bail and release for persons charged with assault. Amendments introduced during the session included arrest within four hours of the assault, and established probable cause of assault as "observable physical injury or impairment of physical condition of the alleged victim." This bill has the potential to provide immediate relief for battered women through the arrest and removal of her assailant; its effectiveness however will be determined at the discretion of the police, and as such requires continued efforts in police training and dialogue between police departments and organizations voicing the concerns of battered women.

The Domestic Abuse Act (S.F. 1925), authored by Senator Robert Lewis, and supported by the Legislative Task Force of the Consortium for Battered Women, failed to be introduced this session. The bill would provide civil remedies for battered women in establishing and expediting procedures for temporary orders of restraint, occupancy, custody and support, and the enforcement of such orders. We regret that this bill, which would have provided real relief to battered women, initiated at their discretion, was seen as too complex to be dealt with this session. Efforts toward its passage, as well as new shelters legislation, will continue as we look ahead to the 1979 legislative session.

Speaking of response, we really welcome any kind of feed back or observation you have to offer. Anything that helps us do a better job or to be more sensitive to the needs of the women and children is truly appreciated.

If any of you have personal stories you would like to share with others through this newsletter, to give or gain support, please feel welcome to share with us.

We want you to know of another organization that has been a staunch friend: Project Interaction, which serves women in prison, has given financial contributions to W.A. from their own meager funds for several years. Now they have offered us the use of a house (if we can pay the utilities). That means that when rehab work starts on our two houses we will have a place to live. The shelter will not have to be closed and work will progress twice as fast, enabling us to move back into completely rehabed Women's Advocates so much faster. (Thank you, thank you, Project Interaction.)

We will keep readers of this newsletter posted on transactions concerning this latest "little miracle" happening. One thing is certain; we cannot ever again close the shelter for any needed repairs. No more Novembers like last year.

I want to become/remain a supporter of Women's Advocates

Contribution (tax deductible) $_____

Please use my contribution for the following:

☐ House furnishings when both houses are rehabed $_____

☐ Programs for residents $_____

☐ Children's programs $_____

☐ Subscription to newsletter (Not deductible) $5.00

☐ Other _____ $_____

NAME _____ PHONE _____

ADDRESS _____

☐ I would like to volunteer my time and/or talent. Please call me.

☐ You may print my/our full name in the newsletter as encouragement for others to be supporters of Women's Advocates.

☐ I am willing to serve in an advisory capacity, giving information, making contacts that will be helpful to Women's Advocates, etc. (an informal "Advisory Committee")



A man's head hangs in shame, tear ducts succumb to feeling

By BRUCE R. NELSON
Staff Writer

They don't really belong in the netherworld of ruthless criminals, yet their crime is perhaps the most heinous and reprehensible of them all.

Some hang their heads in shame as they stand before the judge, their tear ducts occasionally succumbing to the severity of the moment.

Others are fully guarded in a stoic cloak of placidity, unable to comprehend why their acts have landed them in court.

THEY ARE FATHERS who have had sexual intercourse with their young daughters; grandfathers who have molested their grandchildren; stepfathers who have forced their wive's kids into sexual submission.

It's commonly called incest, and anybody who thinks such activity is limited to the hill country of Kentucky just hasn't been in Ramsey County District Court recently.

Sometime in the late 1970s incest came out of the closet. It became much more than a family problem. As a result there has been a tremendous increase in the number of incest cases on the District Court criminal calendar.

Rarely a month goes by that the Ramsey County attorney's office does not charge three or four men with sexual misconduct involving members of their families.

These cases pose unique problems for attorneys who prosecute them and for the judges who must eventually decide the fate of those who are convicted.

THE DEFENDANT was a 35-year-old St. Paul man who told the judge he had been having intercourse and oral sex with his daughter since she was 11.

"He said this is our little secret," the daughter related to police. "I was embarrassed, but I didn't know what to do."

See Court, Page 4

Judges getting tougher

The Dispatch today concludes its examination of incest — the "Silent Crime" — with a look at the tougher approach judges are taking in sentencing offending fathers.



Illustration by Ed Philpot

Convictions becoming easier in incest cases

By BRUCE R. NELSON
Staff Writer

Something revolutionary is happening to men accused of incest in Ramsey

The fireman acknowledged he was too strict with the girl and that he beat her with a ruler on the backs of her legs. That was why she wanted to move out and that is why she lied about the sexual activity, according

anybody about the allegations until after she had a major fight with her father. Her story was full of discrepancies.

Thomson told the jurors it was their job

Court

Continued from Page 1

She told authorities that her father frequently engaged in sex with her and her 14-year-old sister at the same time. The girls said their father beat their mother and they were afraid he would do the same to them if they protested.

Eventually, however, the younger girl took her problem to a teacher and the police were called.

The father pleaded guilty to criminal sexual conduct in the first degree and was sentenced to 10 years in prison. But he was placed on probation with the condition that he serve a year in the Workhouse and undergo counseling.

Although incest is a crime in Minnesota, that particular statute is rarely used in the prosecution of such cases. Instead, defendants are charged under a provision of the criminal sexual conduct law that makes it a felony for an adult to "use a position of authority to coerce" a child to engage in sexual conduct.

"If you charge under incest," said prosecutor Paul Lindholm, "you have to actually prove a blood relationship as an element of the offense. So you get a guy who says, 'She's not really my kid. My wife had her with some other guy.' You avoid losing a case on that ground by going in under the criminal sexual conduct statute and you get just as heavy a piece of time."

THE 3-YEAR-OLD girl fell in the bathtub and was taken to the hospital for an examination. A doctor discovered damage to the child's rectum that could not possibly have been caused by a fall.

The baby's father, a 28-year-old Shoreview resident, later told police he had anal intercourse with his daughter on more than 20 occasions and that he had also engaged in oral sex with his 18-month-old

sentencing. "I've developed an ability to leave my work here when I go home at night, but these cases . . . when I have to sentence one of them, well it's impossible not to bring it home with you," Judge David Marsden said.

MARSDEN SAID HE had a case two years ago where a father had been having sex with his 14-year-old daughter for some time and then decided to involve his two sons in the act, one 18 and the other 19. So all three male members of the family were having sex with the young girl.

And all three were charged and pleaded guilty in his court room.

"The sons didn't think they were doing anything illegal. They thought it was very normal and were surprised they were even in court," Marsden said. "They displayed an absolute ignorance when it came to any kind of sex education."

Marsden sent the father to the Workhouse for a year and placed the sons on probation. The sentence was a common one for a case of its nature.

"These cases just aren't appropriate for the joint (prison)," Marsden said. "You solve nothing by sending them there. Any chance of preserving the family unit would be gone."

THE MOTHER was watching television in the family's St. Paul home when she heard noises in the bedroom. She went to investigate and found her husband engaged in sexual intercourse with her 10-year-old daughter.

"I screamed, 'Not my baby,' and then I kind of walked around in a daze," the mother told police. "And she looked like she was in kind of shock. She was just staring in space and so I grabbed her and we we're hugging and crying and she said, 'When am I going to go there?'

"I says, 'Go where?' And she said, 'To jail.' I hugged her and told her no way will you

once was to get guilty verdicts against men who molest their children.

Take the cases of a firefighter and a bus driver. The fireman was accused of having sexual intercourse with his 13-year-old daughter and the bus driver was charged with having sexual relations with the 9- and 10-year-old daughters of two girlfriends.

Both men were represented by highly respected defense attorneys who were able to find several discrepancies in the victims' stories. Other than the accusation itself, there was no evidence against either defendant. It was simply a matter of the word of three young, confused girls against that of a fireman and a bus driver.

In both cases juries wasted little time in accepting the girls' stories and convicting the men. They will be sentenced later this spring.

Attorney Douglas Thomson, in defense of the fireman, had as good a week in court as possible for a trial that involves the allegation of incest.

He had gotten the daughter to admit that she didn't really like her father and was looking for a way to get away from him and live with her mother who had moved to another state after a divorce two years earlier.

woman who had some experience in working with abused children.

The woman, Thomson established through testimony, started asking her specific questions about sexual activity with her father, thus planting an idea in the girl's head that could be her ticket back to mom.

Through a grueling cross-examination, Thomson pointed out more than a dozen major discrepancies between the girl's statement to police and her court testimony. Even the type of sexual activity allegedly involved had changed when she told her story in court.

"I don't know as I stand before you today what caused (the daughter) to tell the story she told," Thomson argued to the jury. "I can't tell you what transpires in the mind of a girl this age. This girl, after all, is not too far out of the age group that believes in Santa Claus. And now that incest is out of the closet the seeds of suspicion have been planted."

Basically, Thomson's defense touched upon all of the components of an incest case that have scared prosecutors from going to trial with that type of crime.

The girl clearly had a motive to lie. She admitted to memorizing her court statement. She never told

"There was never any doubt in my mind as I sat in that jury room," said one of the jurors who asked not to be identified. "Sure there were discrepancies, but she was just a little girl and she was scared and nervous, up against a big defense attorney like him."

The jury had obviously been persuaded by prosecutor Dan Buvid who had pleaded with them not to "search for doubt, but search for the truth."

"By it's very nature, incest is a silent, hidden activity," Buvid said in his final argument.

It is just that nature that distinguishes incest-type cases from all other criminal matters, explained Assistant Ramsey County Attorney Margaret Marrinan who successfully prosecuted the case against the bus driver.

"You don't have the physical evidence that you do in ordinary rape cases," she said. "It's all a matter of credibility and who the jury is going to believe.

"Because you don't have actual physical evidence in these cases, it used to be very difficult to get convictions," she said. "But we're getting more and more of these kinds of cases now, and I think juries really want to believe the victims."

the father of criminal sexual conduct. He will be sentenced next month and faces a maximum of 20 years in prison.

By the very nature of the subject matter, incest cases often pose serious problems for prosecutors.

"You sometimes run into a situation where the kid doesn't want to testify," explained Lindholm, one of the most experienced prosecutors in the Ramsey County attorney's office. "That's particularly true when mom decides she doesn't want the kid to testify.

"This happens. The wife is upset when it happens, but by the time court appearances roll around, she doesn't want her meal ticket going to jail."

Another problem for prosecutors is that the victims don't always make the most articulate witnesses. Frequently, their memories are extremely inexact about what happened.

"Time works against you in these cases," said Lindholm. "You say (to the victim) when did it happen, and they say sometime in February. Well, that doesn't make for a very strong case."

IF THE TWO ADOLESCENT girls wanted new shoes for the spring dance, they had to have sex with their father.

"He would buy us things afterward," said the 13-year-old incest victim who had been having sex with her father since she was 10.

"Once he said if we told, that he would blow our dog's head off, and we really care a lot about her," the girl told police.

Eventually, the girls told a social worker and the case went to court. The father admitted the allegations and pleaded guilty to criminal sexual conduct in the first degree, an offense that carries a maximum prison term of 20 years.

He was given a 10-year sentence but was placed on probation with the stipulation that he have no contact with either of his daughters.

Judges are quick to point out that incest cases present singular problems when it comes to

but stars and prostitutes. The case comes up for trial in May.

Judges say many of the cases involve extremely weak family structures where a subservient mother looks the other way just to keep things from falling apart.

"That's why you're so reluctant to do anything that would destroy the family unit if it is at all possible to save whatever might be left of it," Marsden said.

The judge added that not one of the men he has placed on a combination of Workhouse time and probation has ever returned to court on similar or even unrelated charges.

THE 13-YEAR-OLD girl came home from school and ate supper with her stepfather. When she was finished eating, he gave her some brandy to drink and had her page though some pornographic magazines. Then he said it was time for sex once again.

"I ate supper and then he told me I'd have to pay for my mother's mistakes," said the girl in a police statement. "And I go, 'Why me?' I said, 'Why are you doing this to me.' And he said, 'Cuz you're your mother's daughter.' And I go, 'She has three sons too;' and he goes, 'Cuz you were her only daughter.'"

The stepfather's case went to trial this week in Ramsey District Court and the jury began deliberating late Thursday afternoon.



David Marsden

Incest conviction; then what?

By BRUCE R. NELSON
Staff Writer

This is a story of a rugged, macho man who worked hard for a living and was respected and admired by his friends.

Much to the surprise of those friends, however, the man was convicted of what one defense attorney called the "most dastardly crime of them all" — having sexual relations with his young daughter.

The man's story provides a well-rounded look at the incest cases processed in Ramsey District Court.

"HE ASKS ME and I'll say no, and he keeps bugging me, so I just say yes so he'll stop bugging me, 'cause I didn't want him to bug me. He scares me."

That's what the 14-year-old girl told authorities after she decided to tell a social worker what had been going on since she was 12.

Her father, a 42-year-old St. Paul laborer, had been having oral sex and intercourse with the girl at least once a week. He frequently went to her elementary school and brought her home before classes ended just to have sex with her.

The only way the girl could get her 50 cents a week allowance was to perform sexual favors for her father, who used to make his 13-year-old son stand in the corner and watch the ordeal.

AFTER SHE REPORTED the incidents to a social worker, police were notified and an officer and a court reporter sat down with the girl and her brother to get official statements.

The statements were turned over to the Ramsey County Attorney's office which promptly charged the father with four felonies — criminal sexual conduct in the first, second, third and fourth degrees.

The four degrees represent various forms of sexual activity ranging from actual penetration to the touching of private body parts, and also include different ages of the victim. The maximum prison terms range from five to 20 years.

The father was arrested and held in jail until his first court appearance. He was handed a copy of all four charges and an attorney from the Public Defender's office was assigned to represent him.

A JUDGE RELEASED the father from jail on the condition that he have no contact with his children. He couldn't even talk to them on the telephone, a precaution sought by prosecutors who fear that fathers will convince their children not to testify against them. He returned to court a week later and pleaded not guilty to all charges; a trial was scheduled for two months later.

The case was assigned to Judge Otis Godfrey. But just before a pre-trial conference was to begin, the father's attorney, Public Defender William Falvey, and the county attorney told the judge that they had reached a plea-bargaining agreement.

The father would plead guilty to criminal sexual conduct in the fourth degree and the other three charges would be dismissed at the time of sentencing. He took the stand and admitted having sexual contact with his daughter.

During the six weeks prior to sentencing, the father did all of the right things: He completed a chemical dependency program, went through a family counseling session, obtained a steady job and was preparing to enroll in a long-term treatment program for sex offenders.

HE STOOD BEFORE Godfrey for sentencing. The judge asked Falvey if he had anything to say on his client's behalf:

"Yes, your honor. I don't believe either his wife or the victim really wants incarceration for him, and I would urge the court to consider a probationary type sentence, keeping in mind he has no prior record, and he has taken steps to resolve the problem

See Convicted, Page 5

Convicted: What follows?



William Falvey

Continued from Page 4

that brought about the behavior in the first place."

The judge then asked the father if he had anything to say:

"Well, I feel that I am responsible for what I have done. I am very sorry about it. I think alcohol was the major problem. I have taken steps to correct that. I have gone through a family treatment program at St. Joseph's. Also, I am working on getting into a behavior-module program in Minneapolis that relates to this particular type of problem."

Then it was Godfrey's turn:

"OKAY, I suppose it goes without saying that cases such as this one are perhaps the most difficult for the court in the area of sentencing. It is an unfortunate circumstance, and, above all, I think we have to be concerned with the welfare of the minor children, particularly those who were placed in the vulnerable position such as was present in this case . . . "

Godfrey then sentenced the father to five years in the Minnesota Correctional Facility-Stillwater, the maximum allowable under the terms of the plea bargain.

Both the father and his wife broke down in sobs as a deputy sheriff led him away.



Otis Godfrey

Victims can get help

Is help available for incest victims? Yes!

A state law passed in 1975 makes it mandatory for persons who work with children to report suspected sexual or physical abuse and neglect.

Those required to report such cases include doctors, dentists, teachers, day care and group home staff, foster parents, pharmacists, and nurses.

But anyone who may have knowledge or cause to believe that such a case exists, may report it.

Those who call authorities voluntarily or in accordance with the law are immune from civil or criminal legal action and their names are kept confidential, except in rare instances. Names could be revealed if a report is unsubstantiated or malicious.

Any person who willingly makes a false report is subject to prosecution for damages in a civil suit.

Anyone who suspects that a child is the victim of incest should call the Ramsey County Community Human Services Department's child protection social service division, 298-5655. This office is open from 8 a.m. to 4:30 p.m. weekdays.

If the case is urgent, call the St. Paul Police Department, 291-1111; the police in the suburb where the victim lives, or the sheriff's office.

Authorities must respond to cases involving abuse within 24 hours, and to those involving neglect within 72 hours.



Woman, incest victim, tells story of her anguish

Wednesday, the Dispatch began taking the "Silent Crime" of incest out of the closet. Today, Katherine Brady tells her story: 10 years of being victimized by her father. The series will conclude Friday with staff writer Bruce R. Nelson's in-depth look at the final stage of incest — the sentencing of offending fathers.

Incest victim tells of pain, horror

By NANCY LIVINGSTON
Staff Writer

Her life story is called "Father's Days," but it's not about giving Dad a necktie on some happy Sunday in June.

It's about incest. The ultimate taboo.

Katherine Brady, a native Midwesterner and author now living in New York City with her two young daughters, was sexually victimized by her father for more than 10 years.

The attention from her father started under the guise of sex education when she was 8 years old. Later, it became her responsibility as a dutiful daughter to "take care of Dad." Still later, her father used his sexual domination as a way to keep her in line. Did she want to get a job? Buy a car? Date a boy? Well, that was OK with Dad as long as she made a special effort to "please" him.

READING BRADY'S book is a painful experience. Feelings of revulsion, pity, anger and disgust leave readers wondering, "How could this happen?"

Hers is an ugly story, but one that has to be told, according to Brady, because there are so many incest victims who are too afraid to seek help.

Brady, 36, was in St. Paul recently to promote her book and visit her younger brother, who lives here. She is a small and quick woman with expressive eyes. Brady said it took her "years and years" of intensive psychotherapy to overcome the horror of her youth.

See Book, Page 5

Law requires aid be given victims

Is help available for incest victims? Yes!

A state law passed in 1975 makes it mandatory for persons who work with children to report suspected sexual or physical abuse and neglect.

Those required to report such cases include doctors, dentists, teachers, day care and group home staff, foster parents, pharmacists, and nurses. (The law specifies anyone in the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education or law enforcement.)

But anyone — family acquaintance, relative, neighbor — who may have knowledge or cause to believe that such a case exists, may report it.

Those who call authorities voluntarily or in accordance with the law are immune from civil or criminal legal action and their names are kept confidential, except in rare instances. Names could be revealed if a report is unsubstantiated or malicious.

Any person who willingly makes a false report is subject to prosecution for damages in a civil suit.

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Authorities must respond to cases involving abuse within 24 hours, and to those involving neglect within 72 hours.



Katherine Brady

Book

Continued from Page 1

"Sometimes I still feel great rage against my father," she said. "For a long time, even after California (where she and her father went for therapy the first time) my father would say that I was responsible. That I was a tease, a little hot pants.

"BELIEVE ME, I was no seductress. I was small and needy and grubby and a complete tomboy.

"But that's one of the great myths about incest. That it's the child's fault. That somehow the daughter has seduced the father. Or that the daughter wants to take the dad away from the mother.

"But, it's so basic. A child wants a parent, not a lover."

Brady's father was a guard at a correctional facility in the Midwest and her mother was a nurse. It was when her mother began to work nights that the incestual relationship started.

BRADY SAID she used to climb into bed with her father when her mother was gone because she felt alone and afraid. That's when the sexual touching began.

Brady said she knew from the start that her father's actions were wrong. But she was young and naive and she loved him. She wanted to please him. She thought he wouldn't do anything to hurt her.

"When he started his sexual overtures," she said, "he would say, 'Don't you dare say anything to your mother. She doesn't think it's right for little girls to sleep with their fathers. But it's OK with me. Your mother's just naive.' "

Keeping peace in the family was a priority for young Katherine. She wanted everyone to be together and happy. Consequently, she didn't tell her mother about the incest until much later.

"WHEN I DID finally tell her," said Brady, "her reaction was, 'Well, I wondered.' My mother said she alawys thought it odd that my father would want to take me along every time they went out for dinner or anything.

"But my mother's whole demeanor is to look the other way when a problem comes along, hoping that it will go away. If she had been able to accept the reality of the incest . . . Oh, I don't think she could have accepted it. But for a long time I was enraged that my mother never rescued me.

"The incest made me dependent. I wanted to escape, but couldn't. And in between, there was great, great terror. The terror of being trapped."

In the more advanced stages of their sexual relationship, Brady said her father treated her like his lover, buying her special presents, taking her places in his car and becoming fiercely jealous of her boyfriends.

"He always said that I was his favorite, that he was turned on by me. How I hate that phrase. Sure it's natural to have feelings for your child. But it's not natural to act them out. That's the line over which a parent cannot cross."

FOR YEARS she believed her father when he said she had initiated their sexual relationship. "It was hard for me to look at myself and what I was doing," she said. "And if I had an orgasm when I was going through puberty, it was double the guilt. Then I would punish myself and tell myself to read the Bible every night or not eat sweets for a month. I have a whole collection of Bibles I bought during those times."

Not until age 18 did Brady finally tell her father that their relationship was over. She was getting married to the scion of a rich family in town. Her father bowed out at this point, grudgingly realizing that Katherine was now to come under the dominance of another man.

Her marriage was doomed from the start. Her husband Roger was selfish and authoritarian — so much like her father, in fact, that Brady was traumatized. She began having nightmares about her former incestuous relationship. She thought the whole sick thing was happening again, only with her husband this time.

EVENTUALLY SHE sought and received help.

"The big turning point for me was when I forgave myself. Part of my message in this book is that children are not guilty and that they shouldn't be given the burden of keeping the family together."

Her incest experience has made her uncomfortable with men. Now she says she relates sexually only to women. "I don't know if the incest made me a homosexual. Was I always a latent homosexual? I don't know."

Despite her lesbianism, Brady said a Midwestern judge after a three-day trial a year ago last Christmas awarded her the custody of her two daughters. Her husband was unsuccessful in his attempt to find her an unfit mother.

BRADY SAID she would like nothing better than if people all over the country started coming out of the closet with their stories of incest. And the trend is beginning, she said.

After she appeared on "The Phil Donahue Show" last November, she got 1,000 letters from victims who said, "You just wrote the story of my life only it happened to me with my grandpa . . . stepfather . . . uncle.

"Now I am certain I was not the only one living that kind of terrible isolation. I know now a feeling of solidarity that I have never known before."

Brady is setting up an international network of incest victims who can meet and share their stories. "I was never able to tell anyone about the incest," she said. "My only confidant was my father. I told him I hated it, couldn't handle it, it made me feel awful.

"He didn't listen."

administrator of a hospital or nursing home, nurse or pharmacist, shall immediately report all cases of physical injury to persons being cared for in hospitals, nursing homes or other related institutions for the hospitalization or care of human beings, licensed pursuant to sections 144.50 to 144.58, or section 144A.02, inflicted by other than accidental means which come to their attention, when the injury appears to have been caused as a result of physical abuse or neglect. Cases shall be reported to the state board of health.

Subd. 3. Nature and content of report. The report described in subdivision 2 may be made immediately by telephone or other means. The state department of health may require a supplementary written report which shall contain such information as the department shall request.

Subd. 4. Responsibility of local police authority and of the county welfare agency. The local police authority and county welfare agency shall cooperate with the state department of health and shall investigate claims of neglect and abuse when requested by the state department of health. The county welfare agency shall offer protective social services in an effort to protect the health and welfare of these persons and to prevent further abuses.

Subd. 5. Immunity from liability. Anyone participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. A participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

Subd. 6. Evidence not privileged. The physician-patient privilege shall not be a ground for excluding evidence regarding the injuries or the cause thereof, in any judicial proceeding concerning a physical injury to any person protected by Laws 1973, Chapter 688, which injury appears to have been caused as a result of physical abuse or neglect.

Subd. 7. Retaliation prohibited. No person who directs or exercises any authority in a facility required to be licensed under the provisions of sections 144.50 to 144.58, or section 144A.02, shall evict, harass, dismiss or retaliate against a patient, resident or employee because he or any member of his family has reported in good faith any violation or suspected violation of laws, ordinances or regulations applying to the facility.

Subd. 8. Penalty. Any person knowingly and willingly violating this section is guilty of a misdemeanor.

Added by Laws 1973, c. 688, § 10. Amended by Laws 1976, c. 173, §§ 61 to 63.

1976 Amendment. Added the reference to section 144A.02 as it appears in subds. 1, 2 and 7 and added to subd. 2 "for the hospitalization or care of human beings."

Cross References
Penalty for maltreatment of residence or patients, see § 609.231.

Law Review Commentaries
Sexual assault. Ann Leslie Alton, Nov.-Dec. 1975, 44 Hennepin Lawyer 4

626.556 Reporting of maltreatment of minors

Subdivision 1. Public policy. The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse; to strengthen the family and make the home safe for children through improvement of parental and guardian capacity for responsible child care; and to provide a safe temporary or permanent home environment for physically or sexually abused children.

In addition, it is the policy of this state to require the reporting of suspected physical or sexual abuse of children; to provide for the voluntary reporting of neglect of children; to require the investigation of such reports; and to provide protective and counseling services in appropriate cases.

Subd. 2. Definitions. As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(a) "Sexual abuse" means the subjection by the child's parents, guardian, or person responsible for the child's care, to any act which constitutes a violation of Minnesota Statutes, Sections 609.291, 609.292, 609.293, 609.295, or 609.296.

(b) "Neglected child" shall have the meanings defined in Minnesota Statutes, Section 260.015, Subdivision 10. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian or other person responsible for his care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child. Failure to supply necessary food, clothing shelter, medical care when reasonably able to do so.

(c) "Physical abuse" means:

(i) Any physical injury inflicted by a parent, guardian or other person responsible for the child's care on a child other than by accidental means; or

(ii) Any physical injury that cannot reasonably be explained by the history of injuries provided by the parent, guardian or other person responsible for the child's care.

(d) "Report" means any report received by the local welfare agency pursuant to this section.

Subd. 3. Persons mandated to report. A professional or his delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement who has knowledge of or reasonable cause to believe a child is being physically or sexually abused shall immediately report the information to the local welfare agency or police department. The police department, upon receiving a report, shall immediately notify the local welfare agency. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school or agency.

Any person not required to report under the provisions of this subdivision may voluntarily report to the local welfare agency or police department if he has knowledge of or reasonable cause to believe a child is being neglected or subjected to physical or sexual abuse. The police department, upon receiving a report, shall immediately notify the local welfare agency.

Subd. 4. Immunity from liability. Any person participating in good faith and exercising due care in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that otherwise might result by reason of his action.

Subd. 5. Falsified reports. Any person who willfully or recklessly makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

Subd. 6. Failure to report. Any person required by this section to report suspected physical or sexual child abuse who willfully fails to do so shall be guilty of a misdemeanor.

Subd. 7. Report. An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed as soon as possible by a report in writing to the appropriate police department or local welfare agency. Any report shall be of sufficient content to identify the child, the parent, guardian, or other person responsible for his care, the nature and extent of the child's injuries and the name and address of the reporter. Written reports received by a police department shall be forwarded immediately to the local welfare agency.

Subd. 8. Evidence not privileged. No evidence regarding the child's injuries shall be excluded in any proceeding arising out of the alleged physical or sexual abuse on the grounds of either a physician-patient or husband-wife privilege.

Subd. 9. Mandatory reporting to a medical examiner or coroner. When a person required to report under the provisions of subdivision 3 has reasonable cause to believe a child has died as a result of physical or sexual abuse, he shall report that information to the appropriate medical examiner or coroner instead of the local welfare agency or police department. Medical examiners or coroners shall notify the local welfare agency or police department in instances in which they believe that the child has died as a result of physical or sexual abuse. The medical examiner or coroner shall com-

plete an investigation as soon as feasible and report the findings to the appropriate law enforcement authorities and the local welfare agency.

Subd. 10. Duties of local welfare agency upon receipt of a report. The local welfare agency shall immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minor, and preserving family life whenever possible. When necessary the local welfare agency shall seek authority to remove the child from the custody of his parent, guardian or adult with whom he is living. In performing any of these duties, the local welfare agency shall maintain appropriate records.

Subd. 11. Records. All records maintained by a local welfare agency under this section, including any written reports filed under subdivision 7, shall be private. The records shall be collected and maintained in accordance with the provisions of Minnesota Statutes, Sections 15.162 to 15.168, and an individual subject of a record shall have access to the record in accordance with those sections, except that the name of the reporter shall be disclosed only (a) by the local welfare agency if the report is found to be unsubstantiated or (b) by the local welfare agency upon court order if the report is found to be substantiated.

Records maintained by local welfare agencies under this section must be destroyed as follows:

(a) All records relating to reports which, upon investigation, are found to be unsubstantiated shall be destroyed immediately;

(b) All records relating to reports which, upon investigation, are found to be substantiated shall be destroyed seven years after the date of the final entry in the case record; and

(c) All records of reports which, upon initial investigation, cannot be substantiated to the satisfaction of the local welfare agency may be kept for a period of one year. If the local welfare agency is unable to substantiate the report within that period, all records relating to the report shall be destroyed immediately.

Added by Laws 1975, c. 221, § 1.

Title of Act:

An Act relating to children; requiring reports of maltreatment of minors to be filed by certain individuals; authorizing reports to be filed by citizens under certain circumstances; prescribing penalties for failing to report or falsifying reports; amending Minnesota Statutes 1974, Chapter 626, by adding a section; repealing Minnesota Statutes 1974, Section 626.554, Laws 1975, c. 221.

Law Review Commentaries

The battered child and other assaults upon the family. Allan H. McCoid. Nov. 1965, 50 Minn.Law Review 1.

1. In general

In prosecutions relating to injuries or death of minor children, it is proper to introduce medical testimony relating to "battered child syndrome" and "battering parent syndrome." State v. Loss, 1973, 295 Minn. 271, 204 N.W.2d 404.

Where evidence, in prosecution based on death of infant, establishes existence of a battered child syndrome beyond a reasonable doubt, prosecution need not prove existence of a battering parent syndrome and evidence for which a jury could reasonably infer that defendant fits one of psychological patterns of such a person is proper and can form part of circumstantial evidence against defendant. Id.

Within this section "battered child syndrome" means a condition by which children are injured other than by accident. Id.

626.56 to 626.64 Renumbered as sections 299C.30 to 299C.38

Laws 1969, c. 1129, contained a government reorganization act. Provisions of that act [Laws 1969, c. 1129, art. I, § 3] created a commissioner of public safety with appropriate divisions. These provisions are coded as section 299C.01. The renumbering of sections 626.56 to 626.64 by the revisor of statutes in Minn.St.1969 moves related provisions to chapter 299C.

UNIFORM LAW ON FRESH PURSUIT

626.66 Arrest; hearing

Law Review Commentaries

Pretrial identification procedures—Wade to Gilbert to Stovall: Lower courts bobble the ball. 1971, 55 Minn. Law Review 779.

JAMA
THE JOURNAL of the
American Medical Association
Sept 8, 1978 Vol 240, No. 11

Commentary

Physician Reporting of Sexual Abuse of Children

SEXUAL abuse of children is a growing concern nationally. Whereas incest, rape, and molestation of children were considered almost nonexistent a decade ago, current public alarm has resulted in communities throughout the country developing hot lines, treatment programs, and educational programs for victims and their families. In response to the existence of these services and improved laws, numerous sexual abuse cases are beginning to surface. Sgroi[1] states that the number of reported cases in Connecticut doubled between 1973 and 1974 to a total of 172. Similarly, in Santa Clara, Calif, the number of treatment cases has grown from 36 in 1971 to 180 in 1974.[2] From 1974 to 1976, the number of child sexual abuse cases seen annually at the Sexual Assault Center in Seattle has almost doubled and has increased in proportion from 41% to 53% of their total clientele.

The reports from the two treatment units suggest that the number of children seeking treatment for sexual abuse has also increased greatly. In most states physicians who provide treatment to sexually abused children are now legally required to report such contact. Since only a small percentage of the reported cases in Washington state come from physicians, one may question the actual number of cases they see and the frequency with which they report such incidences. This investigation attempts to ascertain the extent of physician contact with sexually abused children and to evaluate the frequency of their reporting in a county where the failure to report contact with a sexually abused child is a misdemeanor.

Method

Anonymous questionnaires were mailed to a random sample from a population of 600 physicians listed as general practitioners or pediatricians in the most recent edition of the local telephone directory. These questionnaires were concerned with the frequency of contact with sexually abused children, type of abuse involved, usual procedure for reporting such cases, and the treatment provided to the patient. In the questionnaire, children were defined as persons younger than the age of 16 years, and sexual abuse was defined as any evidence of sexual encounter of a child with an adult (older than 18 years) who was at least ten years older. Of 300 questionnaires mailed out, 96 were returned.

From the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle.

Reprint requests to Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA 98195 (Dr Womack).

Results

Fifty-one of the 96 respondents (53%) reported seeing at least one identifiable sexually abused child annually. These 51 respondents reported seeing an average of two and as many as five cases within the last year. In addition, each of these physicians also saw annually at least one case and as many as seven cases that were thought to have involved sexual abuse but that were not reported to the physician as such.

The Table displays the various types of sexual abuse and familial relationships between the participants for identifiable cases that occurred last year. As illustrated, the most common type of sexual abuse is intercourse or molestation by either the natural father or stepfather with a daughter. The Table also indicates a relatively high incidence of sexual abuse by another relative, acquaintance, or stranger. Obvious by its omission is the sexual abuse of boys by either male or female adults.

The physicians reported that the degree of trauma to the child varied considerably; however, few of the children were considered to be suffering trauma at a nonserious level (7%). The trauma was considered very serious for 23%, serious for 33%, moderately serious for 12%, and

Types of Sexual Abuse				
	Intercourse	Molestation	Exhibitionism	Total
Father-daughter	26	14	...	40
Stepfather-daughter	12	5	...	17
Brother-sister	4	...	...	4
Other relative	1	11	...	12
Acquaintance (babysitter)	6	6	5	17
Stranger	8	2	2	12
Total	57	38	7	102

possibly serious for 25%. The majority of the children (62%) were referred to some type of counseling program, with only 21% of the children receiving just in-office counseling by the physician and with 17% referred to an agency.

Even though the trauma of the victimized child tended to be serious, only 32% of the physicians indicated that they urged the family to report the incident. Of all the physicians responding, 42% indicated that they would report any child abuse case involving sexual activity. This pattern of limited reporting is supported by the Child Protective Service statistics. Since the Child Protective Service receives only 11% of their reports from physicians, physicians are not considered an important source of cases. Reasons provided by the physicians for not reporting sexual abuse cases to the proper authorities were in two categories. Two thirds of the physicians believed either that reporting would be harmful to the family or that the problem could be handled more easily privately. The other third was dissatisfied with the manner in which state social service agencies handled such cases.

Comment

The findings of this investigation support the hypothesis that physicians are not reporting cases of child sexual abuse to the state as directed by law. These results tend to support the view that the actual frequency of child sexual abuse far exceeds reported cases. The reports by physicians also indicate that many of the sexually abused children are suffering from rather severe trauma and that almost all of them need professional counseling. Finally, the findings indicate that the majority of the sexually abusive relationships that a physician encounters are incestuous, especially for the two categories of intercourse and molestation.

Failure of physicians to report sexual abuse of children raises questions about the value of the reporting requirements. In general, reporting has been required as a means to deter future sexual abuse rather than as a punishment for the present incident.[1] Based on this perspective, the state needs to develop a strategy that inhibits recidivism while causing as little negative disruption as possible. A review of the literature offers insight into the development of such a strategy.

The literature describes pertinent differences between incestuous relationships and child sexual abuse relationships involving unrelated persons. Incestuous relationships usually terminate permanently when the sexual relationship becomes common knowledge.[2] In addition, both researchers and clinicians have consistently reported that incest is a symptom of a severe familial problem that needs to be resolved through therapy.[3-7] In contrast, the solution for sexual abuse by an unrelated person is not as easy to define. Neither treatment nor incarceration has proved to be effective as a deterrent to recidivism.

Both incest and unrelated sexual abuse can be viewed as signs of serious problems. Incest is a symptom of a serious familial problem, while molestation and rape are serious community problems. Both situations indicate a need for society to intervene. The state needs to ensure that victims in either situation receive therapy for their trauma. Given the familial nature of incest, the state needs to see that such families participate in family therapy. This therapy should improve the familial relationship as a whole as well as discourage future incest. Only in rare cases should more involvement by the state be necessary. However, the state should consider incarceration if the family does not participate in therapy or if the incest either involved severe circumstances or was not permanently terminated. Conversely, the state needs to become more directly involved with assailants of sexual abuse crimes with unrelated participants. Until more effective treatment is developed, incarceration appears to be the only way to reduce recidivism.

The need for the state to ensure treatment for child sexual abuse victims and possibly to insist on incarceration for assailants supports the requirement of mandatory reporting. However, the concerns by physicians that lead to the failure to report need to be addressed. Leaving these concerns unresolved will only maintain the existing pattern of limited reporting. The development of a more treatment-oriented reporting system might reduce many physician concerns. This system could assist the victim and the victim's family with medical and psychological concerns while ensuring that the sexually abusive behavior is discontinued and not resumed.

Child sexual abuse is a more frequent and severe problem than presumed. Both its frequency and its resulting trauma are well confirmed. These findings demonstrate a pattern of limited reporting by physicians and illuminate the need for treatment of the child. Physicians should report child sexual abuse cases, and researchers need to determine the medical, psychological, and legal problems of victims as well as effective methods for resolving these issues. More difficult is the need to determine effective methods of eliminating both initial and recurring child sexual abuse.

JENNIFER JAMES, PHD
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Woman tells her incest story to aid others



Staff Photo by Richard Olsenius

Barb Myers

By Sam Newlund
Staff Writer

She sat with considerable poise, this slender woman of 25. She was crossed-legged on an oak table, lecturing to an audience of 45 men and women. Some of her listeners hugged their chests, others took careful notes. All were attentive and serious.

The lecturer, betraying no outward sign of the brutality that she says sabotaged her childhood, used circular hand gestures, occasionally glancing at her notes or fingering a gold necklace. She held up a booklet and recommended it for study. The booklet was titled: "My Father Raped Me."

The woman's voice inflection rose at the end of nearly every statement, like a question, as if to ask, "Understand? Do you see?"

But few of them could really understand. She was a childhood victim of incest, she said, and no amount of psychological jargon could match her "on-the-job training."

"Total detachment," she had written, "became my way of dealing with what went on at night. I would roll into the wall when he came in, pretending to be asleep, trying to become part of the wall. I would cry hysterically in order to get so far into my own pain that I wouldn't notice what he was doing . . . .In pulling myself outside my body, I could actually see myself from the far corner of the room . . .

This was Barb Myers, a woman whose credentials could be — and have been — questioned but one who also is a rarity. For three years she voluntarily publicized what cou

Incest continued on page 19A

Minneapolis Tribune Sept. 10, 1978

:est

ued from page 1A

e called a sordid past, and she
her alleged victimization into
est-fighting career unequaled,
st, by anyone like her in the
Cities area.

cture was given at Christopher
, 2344 Nicollet Av. S., where
unded and now directs a coun-
program for victims of incest
childhood sex abuse. Christo-
Street also is a counseling cen-
or chemically dependent gay
n. (Myers identifies herself as
bian but said being an incest
n had nothing to do with that.)

than 400 incest victims have
to Christopher Street for help
July 1976, and Myers's talks on
t in the past three years num-
in the hundreds, she estimates.
audiences have included social
ers, policemen, teachers, stu-
s, therapists and virtually any-
involved in helping incest vic-

month she was one of 34 consul-
s, the only Minnesotan, who met
Vashington as an advisory group
the National Center on Child
se and Neglect, a federal agency.

e Myers decided to spotlight her-
as an incest victim — partly to
urden herself, she said, and part-
o help bring the subject into the
n — she kept nothing hidden. She
s identified her former self as a
naway, self-mutilator, drug and al-
hol abuser, would-be suicide vic-
n and prostitute — all self-destruc-
e acts that she relates directly to
cest.

felt marked," she wrote recently.
knew that, wherever I went, men
ould find me and abuse me. So my
ttitude toward prostitution was,
Why not?' If I had to have sex, I
ought, why not get something for
? I felt that I deserved the money.
ther men were going to have to pay
or every time my father had me.
Nothing they did could repulse me
. . ."

"I have a lot of cognitive knowledge and my experience qualifies me," Myers said in an interview. And although she has no college degree, she has studied psychology, sociology and chemical dependency in college and attended numerous workshops related to counseling.

One of Myers's clients, a 29-year-old incest victim, called her "a one-in-a-million kind of counselor."

"She has opened up a doorway in myself that I've kept closed for so many years," the woman said. "I was afraid to share it with other people and afraid to look at it myself." Myers, she said, "has a very gentle and caring approach . . .

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In the interview, Myers said her goal is to train others — "more or less nationally" — on how to help incest victims. She has written a chapter for a book of incest victims' stories. Some excerpts:

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"Incest victims have been . . . bound to a terrible secret that keeps their feelings locked inside them. As a result they may try to express feelings in ways that seem senseless and purely destructive . . . It doesn't help to tell them to stop feeling sorry for themselves, that they're just trying to get attention, not to be angry, that everybody has pain or that they must learn to let the past be the past . . .

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Incest

Continued from page 1A

only be called a sordid past, and she turned her alleged victimization into an incest-fighting career unequaled, at least, by anyone like her in the Twin Cities area.

Her lecture was given at Christopher Street, 2344 Nicollet Av. S., where she founded and now directs a counseling program for victims of incest and childhood sex abuse. Christopher Street also is a counseling center for chemically dependent gay women. (Myers identifies herself as a lesbian but said being an incest victim had nothing to do with that.)

More than 400 incest victims have come to Christopher Street for help since July 1976, and Myers's talks on incest in the past three years number in the hundreds, she estimates. Her audiences have included social workers, policemen, teachers, students, therapists and virtually anybody involved in helping incest victims.

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"I felt marked," she wrote recently. "I knew that, wherever I went, men would find me and abuse me. So my attitude toward prostitution was, 'Why not?' If I had to have sex, I thought, why not get something for it? I felt that I deserved the money. Other men were going to have to pay for every time my father had me. Nothing they did could repulse me ..."

Three years ago Myers wrote to the Minneapolis Tribune asking for a chance to tell her story. "It is a need of mine to see incest more publicized," she wrote.

Pending at the time was another rarity: Her damage lawsuit alleging incest, filed against her father in November, 1975. Most of the offenses, she said, occurred during her

"I have a lot of cognitive knowledge and my experience qualifies me," Myers said in an interview. And although she has no college degree, she has studied psychology, sociology and chemical dependency in college and attended numerous workshops related to counseling.

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Her recent lecture, part of a two-day workshop, was heard by people from women's shelters, schools, advocacy and law enforcement groups and the helping professions.

Some of the women in the audience identified themselves as former incest victims. One of these, a teacher, sat with her shoulders hunched and hands pressed between her knees as Myers showed the incest film and described characteristics of victims.

"Detachment" for one thing. Young victims seem to have no feelings — and, therefore, may be disbelieved — because they have been taught to deny what is going on. ("I would scream and my mother would

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Pending at the time was another rarity: Her damage lawsuit alleging incest, filed against her father in November, 1975. Most of the offenses, she said, occurred during her teen-age years in her Duluth home.

Her father, Myers charged, had so seriously mutilated her emotional life through years of incest that she spent more than $1,600 on psychotherapy and drug treatment programs to restore her mental health. She asked total damages of $31,637.

In his answer to the lawsuit, her father denied that he had ever treated his daughter "in any manner different from the normal father to daughter relationship."

In a Tribune article three years ago, Myers told of being terrified by a violence-prone father and of being forced to submit to sexual contact with him, eventually including intercourse from age 8 or 9 until her late teens. She told of running away from home and abusing drugs and alcohol to shut out her emotional pain, of her father's calm denials of his behavior

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"Detachment" for one thing. Young victims seem to have no feelings — and, therefore, may be disbelieved — because they have been taught to deny what is going on. ("I would scream and my mother would wake up," Myers said in the 1975 interview. Her father, she said, "would tell her that I had a nightmare.")

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The article, Myers said, was "really the beginning of my saying to myself, 'I'm not crazy.'" At the time, she said, she knew many other women had similar stories to tell, and "I wanted to get other people together to talk about it."

The suit was setttled out of court in March. The sum awarded to Myers is not part of the court record, but it is understood that Myers's father agreed to pay her $5,000.

(Myers signed a release acknowledging that the defendant, her father, "denies any obligation of any nature to the plaintiff and that any payment by defendant ... is because defendant feels a paternal obligation to provide medical care and treatment ... even though (he) may have no legal obligation to do so.")

Deborah Anderson, director of sexual assault services in the Hennepin County attorney's office, met Myers in 1975 when she came to the office to talk about filing a criminal charge. That wasn't feasible, but Anderson found Myers so willing to talk openly about her experiences that the two of them began making talks together, with Myers pulling no punches about what it's like to be an incest victim.

Later, Anderson said, she got the idea of a film on incest. In March 1976 she and Myers went to California, where Myers and two other incest victims made the film, "Incest, the Victim Nobody Believes." That film, in which the three victims openly discuss sex with their fathers, is shown at conferences nationwide.

"There's nobody like her, really, in Minneapolis or St. Paul," Anderson said of Myers.

One challenger of Myers's role in incest cases was Roger H. Joing, a child-protection supervisor in the Hennepin County Welfare Department. In April 1977 Joing accused Anderson of by-passing the department and violating confidentiality by referring incest victims to Myers for informal counseling. Myers, Joing charged, had questionable credentials.

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Self-blaming, Myers said, also is common. "I should have known better at the age of 8," a victim might tell herself, she said.

Suicide attempts. Self-mutilation. Drug abuse. Running away. "Look at the feelings behind the behavior," Myers said over and over. Such behavior, she said, is the child's way of

as to the structure and function of the sex organs of the opposite sex.

Masturbation is a very common problem in the adolescent of 12 to 20. Feelings of inferiority and frustration are often the cause, and parents should discourage the habit by adding more affection and more satisfying activities to the child's world. The more satisfaction he gets from the outside world, the less will he seek them in himself. Make sure, also, there is no physical reason, such as defective circumcision or unclean sex organs. Wholly false stories of insanity and blindness resulting from masturbation may worry him to the point of much mental suffering. Often, relieving him of the worry will lead to a reduction in the habit itself.

There should be a reason

It is just as important to use suitable occasions to explain sex to your child as it is to have the right, simple words. When the child asks a question, you have such an opportunity handed you. Family pets often lead to such questions. Life stories of various creatures are very interesting to young children and give you a chance to say something about sex and the care of the young. The boy or girl on the farm has a familiarity with mating and birth that the city child lacks. At the same time, the farm child as well as the city child should not grow up to regard the physical aspects of sex as the whole story. Love and devotion between parents should be apparent to the child as something based on more than physical relationship. If your child doesn't ask questions about sex, it means that his natural curiosity has been somehow curbed. Then make your own opportunity—for instance, when a child of the opposite sex is being bathed—to see that he gets the right grounding in sex education.

We begin learning about sex in earliest childhood and continue to learn about it through the years into adulthood. It is so closely linked with the business of living with others that there is a great deal to learn about it. Some of your child's information is learned consciously but much of his attitude towards the opposite sex, and towards sex behavior, is learned from seeing the day-to-day attitudes of his parents to each other —whether respectful and affectionate or demanding and intolerant.

Further reading

PAMPHLETS

When Children Ask About Sex—Child Study Association of America, 132 East 74th St., New York 21, N. Y.

Sex Education: Facts and Attitudes—Child Study Association of America (See above).

Your Own Story—by M. L. Faegre, University of Minnesota Press, Minneapolis, Minnesota.

BOOKS

Growing Up—by K. de Schweinitz, Macmillan. For young children who can read.

Being Born—by F. B. Strain, Appleton. For junior high school age.

New Patterns in Sex Teaching—by F. B. Strain, Appleton. For Parents.

The Happy Family—by Levy and Monroe, Alfred Knopf. For Parents.



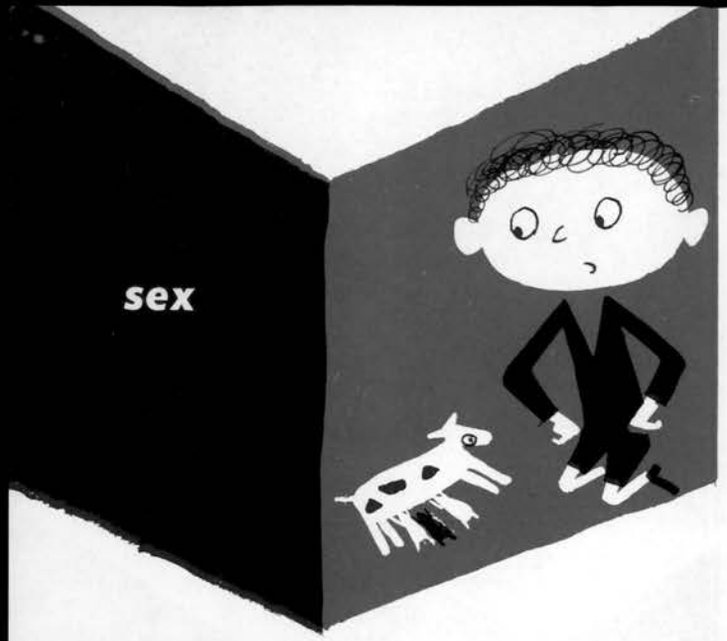
Human Relations Aids wishes to express its appreciation to the Department of National Health and Welfare, Ottawa, Canada, for permission to reprint this child training leaflet.

sex

what should I tell my child?

one of a series on child training

distributed free by
Minnesota Department of Health
Minneapolis 14, Minnesota



Information or misinformation

Every child learns about sex. He learns names for sex organs, where babies come from, and other information, if not from his parents then from other sources which are usually inaccurate and misleading. Most parents are aware of their duty regarding their children's sex education. They want their children to develop healthy attitudes and acquire useful information about sex but aren't quite sure how to go about it. They ask: "What is important for my child to know?" and "How should I tell him?"

The cardinal rule is: Tell your child the truth, giving him enough information to answer his immediate question and in language that he can understand. Always use the correct names for bodily parts, such as penis, vagina, testicles, uterus. And tell him that such matters are best talked about only in the family circle.

No cause for alarm

Often the first sign of sex activity in your child is the handling of his sex parts while exploring his body. It is nothing to be alarmed about if there is no physical cause such as irritation. Direct the child's attention elsewhere, for instance, by the use of toys. If he is over a year old, see that he has companionship. Similar action in a child of three or four is not uncommon. He may do it if he is troubled or unoccupied. Avoid any action on your part that would connect guilt to his habit—particularly shun punishment!

Encourage outside interests so he won't tend to inactivity and day-dreaming. Make sure he feels secure in his parents' affection and that jealousy isn't being stimulated by favoritism towards another child, or by too frequent exhibitions of affection between parents.

See that your young child's sex parts are clean, his clothing comfortable and his visits to the toilet supervised. Be familiar with his associates and informed as to his activities at different times of the day.

He's curious about babies

Your child's next evidence of sex interest is often the question: "Where do babies come from?" He is interested in his own origin, or the new baby's. Not only what you answer but the way you answer is important. The information should, of course, be facts told casually. Lying or evading the issue is likely to cause unhealthy interest in the subject and worry. Don't try to cover the entire field of sex in your answer; just enough to satisfy his curiosity at the moment.

The father's role should certainly be told and in terms your child will understand. For instance, the father's sperm or "seed" unites with the ovum or "egg" in the mother's body and growth takes place there.

Don't tell him he is too young to understand about it. In fact, don't discourage your child's questioning on any subject. Questions about sex should be answered just as matter-of-factly as questions about where the snow comes from! Be glad when he does bring up the subject because you will then have the chance to inform him correctly and guide his thinking about sex in a healthy manner.

Don't be afraid that your child will lack modesty if told about these things, or if allowed to see another small child undressed. Children quickly learn adult habits and want privacy as they grow out of early childhood.

As your child grows a little older he becomes curious about the physical difference between boys and girls. This usually has its beginning when he sees a child of the opposite sex being bathed, or through talk with other children. If your child has had the chance to learn of these physical differences and also of his parents' matter-of-fact attitude towards them, he is unlikely to carry on further investigation.

Tell them in advance

In the case of older children, tell your daughter about menstruation and your son about nocturnal emissions (wet dreams) before these events happen. Explain to the boy that nature provides an excess of seminal fluid; to the girl, that menstruation is nature's way of disposing of the unfertilized egg. Some information should also be given

STATE OF MINNESOTA

COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT
(Juvenile Court Division)

D E T E N T I O N R E P O R T

Juvenile_____ Age_____ D.O.B._____

Address_____ County_____ State_____
Parents/Custodian Name_____ Phone_____
Address_____

Juvenile was taken into custody at (place)_____
Date:_____ Time:_____ Officer:_____
Department:_____ For the following reason(s):_____
_____
_____

This officer/detaining person believes that detention of juvenile is necessary because there is reason to believe ( ) his health or welfare is immediately endangered; ( ) his conduct represents a danger to himself; ( ) his conduct represents a danger to others; ( ) he would not remain in the custody of his parent/guardian or custodian; ( ) he would not appear in court as directed; based upon the following facts:_____
_____
_____
_____

Juvenile was placed at (place)_____ Date:_____
Time:_____.

Based upon the reasons and facts, which I hereby certify as true and correct to the best of my knowledge and belief, this officer/detaining person requests the Court issue its order detaining juvenile. I further certify that the notifications required by statute, checked off below, have been given as required.

_____
(signature of officer/detaining person)

_____
(department)

NOTICES TO PARENT

( ) Given by officer/detaining person
( ) Given by Detention Supervisor

( ) Reason for Detention
( ) Place of Detention
( ) Right to an initial visit at any time
( ) Right to subsequent visits at reasonable times.
( ) That juvenile may be detained no more than 36 hours, excluding Sundays and holidays, unless a petition has been filed and the Court orders detention after a hearing.
( ) I have been unable to give the required notices to the parent for the following reason(s):_____
_____
_____

NOTICES TO JUVENILE

( ) Given by officer/detaining person
( ) Given by Detention Supervisor

( ) Reason for Detention
( ) Place of Detention
( ) Right to telephone parent and attorney immediately upon placement in detention
( ) That juvenile may be detained no more than 36 hours, excluding Sundays and holidays, unless a petition has been filed and the Court orders detention after a hearing.

To be completed by the Officer/Detaining Person. Original to Court, yellow to Detention Supervisor, pink to juvenile, blue to parent, green to officer/detaining person.

D E T E N T I O N S U P E R V I S O R ' S R E P O R T

TO THE COURT DATE_____

I hereby certify that _____ was received
(name)
at_____ on_____
(place) (date)
at_____ M., delivered/placed here by_____
(time) (officer/detaining person)

I further certify that the notifications required by statute, checked off above, were given.

_____
(Signature)

STATE OF MINNESOTA

COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT
(Juvenile Court Division)

D E T E N T I O N R E P O R T

Juvenile_____ Age_____ D.O.B._____

Address_____ County_____ State_____
Parents/Custodian Name_____ Phone_____
Address_____

Juvenile was taken into custody at (place)_____
Date:_____ Time:_____ Officer:_____
Department:_____ For the following reason(s):_____
_____
_____

This officer/detaining person believes that detention of juvenile is necessary because there is reason to believe ( ) his health or welfare is immediately endangered; ( ) his conduct represents a danger to himself; ( ) his conduct represents a danger to others; ( ) he would not remain in the custody of his parent/guardian or custodian; ( ) he would not appear in court as directed; based upon the following facts:_____
_____
_____
_____

Juvenile was placed at (place)_____ Date:_____
Time:_____.

Based upon the reasons and facts, which I hereby certify as true and correct to the best of my knowledge and belief, this officer/detaining person requests the Court issue its order detaining juvenile. I further certify that the notifications required by statute, checked off below, have been given as required.

_____
(signature of officer/detaining person)

_____
(department)

NOTICES TO PARENT

( ) Given by officer/detaining person
( ) Given by Detention Supervisor

( ) Reason for Detention
( ) Place of Detention
( ) Right to an initial visit at any time
( ) Right to subsequent visits at reasonable times.
( ) That juvenile may be detained no more than 36 hours, excluding Sundays and holidays, unless a petition has been filed and the Court orders detention after a hearing.
( ) I have been unable to give the required notices to the parent for the following reason(s):_____
_____
_____

NOTICES TO JUVENILE

( ) Given by officer/detaining person
( ) Given by Detention Supervisor

( ) Reason for Detention
( ) Place of Detention
( ) Right to telephone parent and attorney immediately upon placement in detention
( ) That juvenile may be detained no more than 36 hours, excluding Sundays and holidays, unless a petition has been filed and the Court orders detention after a hearing.

To be completed by the Officer/Detaining Person. Original to Court, yellow to Detention Supervisor, pink to juvenile, blue to parent, green to officer/detaining person.

D E T E N T I O N S U P E R V I S O R ' S R E P O R T

TO THE COURT DATE_____

I hereby certify that _____ was received
(name)
at_____ on_____
(place) (date)
at_____ M., delivered/placed here by_____
(time) (officer/detaining person)

I further certify that the notifications required by statute, checked off above, were given.

_____
(Signature)

Child's Garden of Perversity

Lollitots magazine is one of the milder examples. It features preteen girls showing off their genitals in the gynecological style popularized by *Penthouse* and *Playboy*. Other periodicals, with names such as *Naughty Horny Imps, Children-Love* and *Child Discipline*, portray moppets in sex acts with adults or other kids. The films are even raunchier. An 8-mm. movie shows a ten-year-old girl and her eight-year-old brother in fellatio and intercourse. In another film, members of a bike gang break into a church during a First Communion service and rape six little girls.

These and a host of other equally shocking products are becoming increasingly common fare at porn shops and sex-oriented mail-order houses across the nation. They are part of the newest growth area pushed by the booming, billion-dollar pornography industry: child porn.

"I just found out about these magazines and films this summer, and I've become a raving banshee over it," says Dr. Judianne Densen-Gerber, a Manhattan psychiatrist who has been barnstorming around the country in a crusade against this abuse of minors. Her effort is only one part of a new campaign against child porn. New York City has cracked down, and police have at least temporarily forced kiddy-sex periodicals and films out of the tawdry Times Square area. Some twenty states are considering child-porn laws. Last week the Illinois house of representatives approved a bill setting stiff penalties for producing and selling child porn. The bill is expected to pass the senate and become state law.

Child porn is hardly new, but according to police in Los Angeles, New York and Chicago, sales began to surge a year or two ago and are still climbing. Years ago much child pornography was fake—young-looking women dressed as Lolitas. Now the use of real children is startlingly common. Cook County State's Attorney Bernard Carey says porno pictures of children as young as five and six are now generally available throughout Chicago. Adds Richard Kopeikin, a state's attorney investigator: "They are even spreading to the suburbs, where they are now considered rare items, delicacies."

Among recent developments:

▸ Underground sex magazines are heavily stressing incest and pedophilia. One current West Coast periodical ran ten pages of photos, cartoons and articles on sex with children.

▸ In San Francisco hard-core child-porn films were shown in a moviehouse for five weeks before police seized the films last February. Even San Francisco's Mitchell brothers, the national porn-film kings, were outraged. Says Brother Jimmy: "We think obscenity laws should start with child porn."

▸ An Episcopal priest, the Rev. Claudius I. Vermilye Jr., who ran a farm for wayward teens in Winchester, Tenn., is awaiting trial on charges that he staged homosexual orgies with boys on the farm and mailed pictures of activities to donors around the country.

Until recently, much child porn sold in America was smuggled in from abroad. Now most of it appears to be home grown, with the steady stream of bewildered, broke runaways serving as a ready pool of "acting talent" for photographers. Pornographers who stalk children at big-city bus stations find many victims eager to pose for $5 or $10—or simply for a meal and a friendly word. Says Lloyd Martin, head of the Los Angeles police department's sexually abused child unit: "Sometimes for the price of an ice-cream cone a kid of eight will pose for a producer. He usually trusts the guy because he's getting from him what he can't get from his parents—love." In many cases, the porn is a byproduct of child prostitution. Pimps invite children to parties, photograph them in sex acts, and circulate the pictures as advertisements to men seeking young sex partners. Frequently, the pictures are then sold to porn magazines.

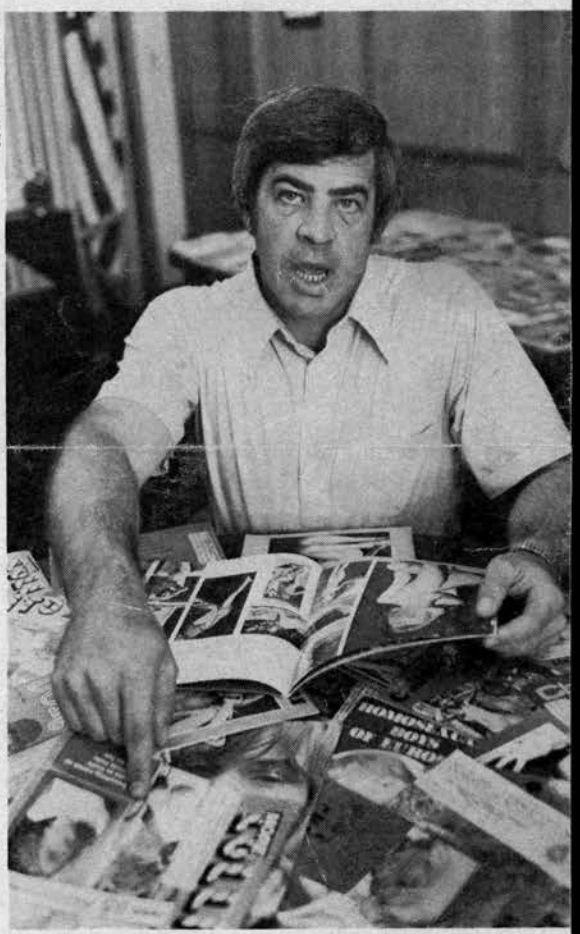
Even worse, some parents are volunteering their own children to pornographers, or producing the sex pictures themselves. Last year a Rockford, Ill., social worker was sent to jail for allowing his three foster sons to perform sex acts before a camera for $150 each. In January, a couple in Security, Colo., was charged with selling their twelve-year-old son for sexual purposes to a Texas man for $3,000.

Some children in porn photos are victims of incest. Parents will have intercourse with a son or daughter, then swap pictures with other incestuous parents, or send the photos to a sex publisher. Sex periodicals, particularly on the West Coast, publish graphic letters on parents' sexual exploits with their own children. Says Los Angeles' Martin: "We had one kid in here the other day who is eleven years old. His father started on him when he was six, then sold him twice as a sex slave. The kid had been in movies, pictures, magazines and swap clubs. After a while, he broke down and cried and said how grateful he was to have been pulled out of it."

Such experiences can of course scar a child for life. Warns New York Psychoanalyst Herbert Freudenberger: "Children who pose for pictures begin to see themselves as objects to be sold. They cut off their feelings of affection, finally responding like objects rather than people." Some psychiatrists believe that children who pose in porn pictures are often unable to find sexual fulfillment as adults. Another danger, says Los Angeles Psychiatrist Roland Summit, "is that sexually abused children may become sexually abusing adults."

Child porn poses fewer hazards for the pornographers. Producers of child porn can be prosecuted for sexual abuse of children, but the children are hard to identify and locate. So are the producers, who often hide behind a welter of dummy corporations. Thus most prosecutions are under the obscenity laws, which generally make no distinction between children and adults as porn models. One result: many lawyers believe that the genital pictures in *Lollitots*, however offensive, might be judged no more obscene under the law than similar photos of adult women routinely published in most men's magazines.

To make prosecutions easier, angry legislators in several states and Congress are proposing a kind of end run around the obscenity laws—a ban on sexually explicit pictures of children, whether le-



GUNTHER—CAMERA 5

LLOYD MARTIN OF LOS ANGELES POLICE
For an ice-cream cone or a kind word.

gally obscene or not. One bill introduced into the House of Representatives by Democrats John Murphy of New York and Dale Kildee of Michigan already has 103 co-sponsors. It would make any proven involvement with the production and sale of explicit sex pictures of children a felony. Says a Kildee aide: "Our bill is clearly enough directed toward child abuse so that the First Amendment should not arise. This is why we defined child pornography as a form of abuse, rather than a form of obscenity."

Under this approach, a salesman in an adult bookstore could be prosecuted as an active participant in the crime of sexually exploiting the children pictured in the store's magazines. New York Lawyer Charles Rembar, who successfully defended *Lady Chatterley's Lover* and *Fanny Hill* against obscenity charges, thinks the seller of child porn is a suitable target: "It is totally unrealistic to say that the people who sell these magazines and films are not involved in the act themselves." Yet other lawyers consider a broad child-abuse law a form of backdoor censorship. Says Ira Glasser of the New York Civil Liberties Union: "I assume if you put your mind to it, you could come up with an acceptable statute prohibiting adults from using children in explicit sex films and photos, but controlling what people see or read is another matter. Everything published ought to be absolutely protected by the First Amendment."

Despite First Amendment problems, public pressure for some kind of law is likely to grow. Many Americans battling against child porn view their efforts as a last stand against the tide of pornography. Says California State Senator Newton Russell: "This is a reflection of the social and spiritual morality of this nation. If there is to be any reversal in the trend, the place to start is child porn."

THE PRESS

NEWSWATCH/THOMAS GRIFFITH

The Greening of a Guerrilla

Against politicians he suspects of major wrongdoing, "the journalist's job is to get the story by breaking into their offices, by bribing, by seducing people, by lying, by anything else to break through that palace guard." This was Robert Scheer speaking, the self-styled "aggressive Berkeley radical" who got Jimmy Carter to confess to lust in his heart in that celebrated *Playboy* interview. Scheer's own matching candor about his right to lie and cheat seemed to confirm what Richard Nixon and Spiro Agnew once said about the press; Scheer shocked even a number of his fellow "counterjournalists" when he made the remarks in November, and it mightily embarrassed the Los Angeles *Times*, which had just hired him.

ROBERT SCHEER OF THE LOS ANGELES *TIMES*



SAHM DOHERTY

That hiring is a strange union at best between the Berkeley Marxist and the conservative *Times* (which is not as intransigently conservative as it used to be). Editor Bill Thomas of the *Times* had been much impressed by Scheer's searching *Playboy* interviews with Carter and with Jerry Brown and decided "it's time we had something different going for us." And he detected a change taking place in Scheer himself, a change also evident in an interview with Scheer by Ken Auletta in the March issue of the journalism review *More*.

As editor for five years of the radical magazine *Ramparts*, Scheer thought of himself as a "guerrilla journalist" because he did not want to be part of "access journalism," which apparently refers to reporters who knock before entering. "We hung out at parties and eavesdropped and stole memos and every other damn thing to crash through. I wish we'd never had to do any of it." But, he argues, "a hell of a lot of the investigative journalism of the last five years has come from files that are lifted, people who are violating the conditions of their jobs and so forth." If the wrongdoing is important enough and "if that's the only way you can get that story, it should be done that way."

Changing Times. These views, set off with red headlines in *More*, have got Scheer in a lot of trouble. He insists that the lying and stealing question was hypothetical, and times have changed since the Nixon era: "I don't think you can make much of a case for burglary at this point in American history."

Scheer comes out of that generational journalism of the '60s, whose work is to be found in such magazines as *Esquire, New York, New Times* and *Rolling Stone*. Much of the tone of such writing is personal, confessional, full of macho bellicosity and show-biz put-on (Scheer acknowledges: "One of the ironies of celebrity is that you can probably advance your career by taking outrageous positions"). Scheer thinks of himself as a meticulous, aggressive fact gatherer, not a user of dubious means.

But though now an "access journalist," Scheer is not really housebroken. Attending his first Georgetown dinner party with a columnist, he relates: "I couldn't believe the conversation. Most journalists of power are part of a culture that is almost all 'off the record,' constantly swimming in a sea of information the rest of us don't get to see." If Scheer himself heard something of import at a dinner party, he would "violate that civilized behavior and maybe not get invited to any more parties." On the same grounds, he asserted his right to break confidences. These remarks enraged the *Times's* Washington bureau.

Keeping Secrets. The sea of information that Scheer imagines floating through Georgetown drawing rooms is not all that tidal, or ignored; access journalists fish rewardingly in such waters. Scheer seems to have confused "off the record" (which cannot be printed) with "not for attribution," where the sources cannot be named. But he nonetheless thinks the Washington press elite too cosily keeps secrets it should not.

His editor, Bill Thomas, still admires Scheer's abilities but "can't agree with his right to break confidences or to reveal sources he promised not to reveal. He's not going to behave that way in work he does for us, and we're not going to print anything got that way." Scheer says: "I accept the rules, I accept the restraints." He does not think he has been co-opted, even if the *Times* job did enable him at the age of 40 to buy the first real bed he has ever owned. He happily finds himself, and old colleagues from his radical and poor days like John Leonard and Seymour Hersh of the New York *Times*, able to get their "views printed in the mass media that would have ruled them out in the '50s and '60s." Access journalists have to live by more rigid rules than the fiercely "honest" radical journalists for whom, in more tumultuous times, the morality of righteous anger was enough.

RECEIVED
JUN 13 1975
Henn. County Welfare Dept.
Executive Office

H.F.No. 306
CHAPTER No.
221

AN ACT

relating to children; requiring reports of maltreatment of minors to be filed by certain individuals; authorizing reports to be filed by citizens under certain circumstances; prescribing penalties for failing to report or falsifying reports; amending Minnesota Statutes 1974, Chapter 626, by adding a section; repealing Minnesota Statutes 1974, Section 626.554.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 1974, Chapter 626, is amended by adding a section to read:

[626.555] [REPORTING OF MALTREATMENT OF MINORS.]

Subdivision 1. [PUBLIC POLICY.] The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse; to strengthen the family and make the home safe for children through improvement of parental and guardian capacity for responsible child care; and to provide a safe temporary or permanent home environment for physically or sexually abused children.

In addition, it is the policy of this state to require the reporting of suspected physical or sexual abuse of children; to provide for the voluntary reporting of neglect

of children; to require the investigation of such reports; and to provide protective and counseling services in appropriate cases.

Subd. 2. [DEFINITIONS.] As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(a) "Sexual abuse" means the subjection by the child's parents, guardian, or person responsible for the child's care, to any act which constitutes a violation of Minnesota Statutes, Sections 609.291, 609.292, 609.293, 609.295, or 609.296.

(b) "Neglected child" shall have the meanings defined in Minnesota Statutes, Section 260.015, Subdivision 10. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian or other person responsible for his care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child.

(c) "Physical abuse" means:

(i) Any physical injury inflicted by a parent, guardian or other person responsible for the child's care on a child other than by accidental means; or

(ii) Any physical injury that cannot reasonably be explained by the history of injuries provided by the parent, guardian or other person responsible for the child's care.

(d) "Report" means any report received by the local welfare agency pursuant to this act.

Subd. 3. [PERSONS MANDATED TO REPORT.] A professional or his delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement who has knowledge of or

reasonable cause to believe a child is being physically or sexually abused shall immediately report the information to the local welfare agency or police department. The police department, upon receiving a report, shall immediately notify the local welfare agency. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school or agency.

Any person not required to report under the provisions of this subdivision may voluntarily report to the local welfare agency or police department if he has knowledge of or reasonable cause to believe a child is being neglected or subjected to physical or sexual abuse. The police department, upon receiving a report, shall immediately notify the local welfare agency.

Subd. 4. [IMMUNITY FROM LIABILITY.] Any person participating in good faith and exercising due care in the making of a report pursuant to this act shall have immunity from any liability, civil or criminal, that otherwise might result by reason of his action.

Subd. 5. [FALSIFIED REPORTS.] Any person who willfully or recklessly makes a false report under the provisions of this act shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

Subd. 6. [FAILURE TO REPORT.] Any person required by this act to report suspected physical or sexual child abuse who willfully fails to do so shall be guilty of a misdemeanor.

Subd. 7. [REPORT.] An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed as soon as possible by a report in writing to the

appropriate police department or local welfare agency. Any report shall be of sufficient content to identify the child, the parent, guardian, or other person responsible for his care, the nature and extent of the child's injuries and the name and address of the reporter. Written reports received by a police department shall be forwarded immediately to the local welfare agency.

Subd. 8. [EVIDENCE NOT PRIVILEGED.] No evidence regarding the child's injuries shall be excluded in any proceeding arising out of the alleged physical or sexual abuse on the grounds of either a physician-patient or husband-wife privilege.

Subd. 9. [MANDATORY REPORTING TO A MEDICAL EXAMINER OR CORONER.] When a person required to report under the provisions of subdivision 3 has reasonable cause to believe a child has died as a result of physical or sexual abuse, he shall report that information to the appropriate medical examiner or coroner instead of the local welfare agency or police department. Medical examiners or coroners shall notify the local welfare agency or police department in instances in which they believe that the child has died as a result of physical or sexual abuse. The medical examiner or coroner shall complete an investigation as soon as feasible and report the findings to the appropriate law enforcement authorities and the local welfare agency.

Subd. 10. [DUTIES OF LOCAL WELFARE AGENCY UPON RECEIPT OF A REPORT.] The local welfare agency shall immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minor, and preserving family life whenever possible. When necessary the local welfare agency shall seek authority to remove the

child from the custody of his parent, guardian or adult with whom he is living. In performing any of these duties, the local welfare agency shall maintain appropriate records.

Subd. 11. [RECORDS.] All records maintained by a local welfare agency under this section, including any written reports filed under subdivision 7, shall be private. The records shall be collected and maintained in accordance with the provisions of Minnesota Statutes, Sections 15.162 to 15.168, and an individual subject of a record shall have access to the record in accordance with those sections, except that the name of the reporter shall be disclosed only (a) by the local welfare agency if the report is found to be unsubstantiated or (b) by the local welfare agency upon court order if the report is found to be substantiated.

Records maintained by local welfare agencies under this section must be destroyed as follows:

(a) All records relating to reports which, upon investigation, are found to be unsubstantiated shall be destroyed immediately;

(b) All records relating to reports which, upon investigation, are found to be substantiated shall be destroyed seven years after the date of the final entry in the case record; and

(c) All records of reports which, upon initial investigation, cannot be substantiated to the satisfaction of the local welfare agency may be kept for a period of one year. If the local welfare agency is unable to substantiate the report within that period, all records relating to the report shall be destroyed immediately.

Sec. 2. Minnesota Statutes 1974, Section 626.554, is repealed.

H. F. No. 306

Martin O. Sabo

Martin O. Sabo
Speaker of the House of Representatives.

Alec G. Olson

Alec G. Olson
President of the Senate.

Passed the House of Representatives this 16th day of May in the year of Our Lord one thousand nine hundred and seventy-five

Edward A. Burdick

Edward A. Burdick
Chief Clerk, House of Representatives.

Passed the Senate this 14th day of May in the year of Our Lord one thousand nine hundred and seventy-five

Patrick E. Flahaven

Patrick E. Flahaven
Secretary of the Senate.

Approved JUNE 2 1975

Wendell R. Anderson

Wendell R. Anderson
Governor of the State of Minnesota.

Filed June 2, 1975

Joan Anderson Growe

Joan Anderson Growe
Secretary of State.

NEEDS OF SEXUALLY ABUSED CHILDREN RECEIVING NEW ATTENTION

The sexually abused child has been largely ignored by clinicians, justice agencies, and researchers. Recently, however, some light has been shed on the problem, and a few programs have begun the quest for a solution. In discussing these a definition of the term "child sexual abuse" would be helpful, but unfortunately there is no precise meaning that is uniformly used in the law and literature. Generally, the term includes the crimes of child molestation and incest, and excludes forcible rape and other forms of physical child abuse.

One of the necessary first steps in public education and program development has been the replacing of myths concerning child sexual abuse with conclusions drawn from the experience of therapists and others who have done casework in this field. Little known and *surprising facts recently published include*:

- The sexual abuser is usually a relative, friend, or neighbor of the child—not a stranger.
- Virtually all offenders are males, regardless of the sex of the victim.
- When an adult male sexually abuses a child, the cause is rarely mental illness on the part of the abuser or seductiveness of the child. The problem usually derives from the male's inability to achieve a satisfactory relationship with an adult woman.
- A woman usually knows or has reason to realize that her husband and daughter may have a sexual relationship. When she is forced to confront the situation, she often blames the child.
- There is no reliable evidence that sexual abuse occurs more often in low income or less often in well-educated families.
- The taboo against incest is part of Judeo-Christian tradition, but it is not universal.
- The long-term effect of sexual abuse on children is not known, but the way in which the prohibited event or relationship is treated by others may be more damaging than the abuse itself.

Assertions such as these are made by David Walters in his book, *Physical and Sexual Abuse of Children: Causes and Treatment*, and by a unique public education program called Rape Awareness which is funded by Dade County, Florida. Rape Awareness has produced a fact sheet and several sets of guidelines on child sexual abuse—for teenagers, parents, and professionals. These may be obtained by writing Muriel Solomon, 140 W. Flagler St., 15th Floor, Miami, Fl 33130. Some especially noteworthy statistics published by this project were drawn from the experience of the Rape Treatment Center at Jackson Memorial Hospital in Miami, where 34 percent of the victims treated have been under 16. That Center's records show that the youngest victim was two months old, and as many boys as girls are treated.

The needs of these children are a subject of increasing concern among professionals who work with the cases reported to authorities. Even when the abuser is a stranger and could be predicted to molest other children, there is a serious question as to whether it is in the interest of the child victim to subject him or her to the rigors of the complaining witness. This query is heightened when the abuser is a member of the victim's family because the child could become the object of anger and resentment from other relatives. Even when such resentment does not exist, the child may feel guilt about the unhappiness the event has brought upon the family.

Prosecutors and social workers are developing means of mitigating these detrimental effects on the child to facilitate the enforcement of sexual abuse laws. These efforts are typically accompanied by a diversion or treatment program for the offender. Prosecution strategies, offender treatment programs, and existing programs to assist child victims will be the subjects of articles in upcoming issues of RESPONSE.

A conference on child sexual abuse to be held in Denver in late October (see Calendar) will be the subject of a report in the next issue of RESPONSE. The meeting will be sponsored by the Children's Division of the American Humane Society, whose director, Dr. Vincent De Francis, did data collection and analysis on sexual abuse during the late sixties in New York City.

The major writings on this subject are listed in the selected annotated bibliography in the Literature section of this issue, or in a more complete listing available from the Center for Women Policy Studies. In addition, another major contribution to the literature is anticipated in the form of a handbook prepared by Dr. Rayline Devine and other members of the Child Protection Center of Children's Hospital, Washington, DC, under a contract from the National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, DHEW. It will be published by the Government Printing Office in early 1977.

Calendar

Oct. 28-30 The Seventh National Symposium and Workshop on Protecting the Abused, the Neglected, and the Sexually Exploited Child, to be held at the Marriott Hotel, Denver. For more information contact the American Humane Association, Children's Division, P.O. Box 1266, Denver, CO 80201.

Nov. 6-7 Conference on Battered Women, sponsored by the Task Force on Abused Women, Women's Legal Defense Fund. The purpose of the conference is to focus local attention on the problem in the Metropolitan D.C. area. For more information contact Valle Jones, WLDF, 1424 16th Street, N.W., Suite 104, Washington, D.C. 20036.

Funding

NIMH RAPE CENTER FUNDS 20 NEW RESEARCH PROJECTS

The Health Services, Revenue Sharing, and Nurse Training legislation, P.L. 94-63, Title III, Part D, authorized the Secretary of Health, Education, and Welfare to establish within the National Institute of Mental Health (NIMH), a National Center for the Prevention and Control of Rape. This Center is established to support research studies into the causes of rape, laws dealing with rape, the treatment of victims, and the effectiveness of existing programs to prevent and control rape. Also authorized are research and demonstration projects to plan, develop, implement, and evaluate methods in treatment and counseling programs for victims of rape and their families and efforts to rehabilitate offenders. Assistance will be given to Community Mental Health Centers in meeting new legislative requirements for consultation and education services on rape, and a clearinghouse has been established to provide information and educational materials about prevention, treatment, and rehabilitation efforts.

The National Center for the Prevention and Control of Rape will consider applications for research projects in three categories:

1) **Basic and Applied Research Studies**
Applications are encouraged in but not limited to the following areas: (1) laws and social policies and their impact on rape; (2) actual incidence of rape in relation to reported incidences of rape; (3) studies on high risk groups and situations potentially vulnerable to sexual assaults; (4) special problems of those least able to care for themselves in the rape situation: children and juveniles, the handicapped, and the elderly; (5) sexual assaults in correctional institutions; (6) social attitudes and motivations giving rise to sexual assaults; (7) impact of rape on victims, and treatment needs of victims and their families; (8) studies on offenders and implications for treatment; and (9) organization and activities of programs dealing with the prevention of rape and treatment of victims and offenders.

2) **Research—Demonstration Projects**
Applications are encouraged in but not limited to, the following areas: (1) a variety of mental health, counseling, social, and legal services to rape victims and their families; (2) programs concerned with appropriate medical treatment of rape victims; (3) models of community-wide and regional efforts directed at improved programs and services with regard to rape; (4) models of community education to achieve community, citizen and professional awareness of the problems of rape; (5) a variety of treatment methods for offenders; and (6) prevention programs and intervention strategies to deal with sexual assaults in correctional institutions.

3) **Research—Demonstration Projects on Consultation and Education**
Applications from Community Mental Health Centers are encouraged in, but not limited to, the following areas: (1) strategies to identify mental health needs and community resources necessary to plan consultation and education services; (2) techniques of consultation related to coordinating community services in this area; (3) the effectiveness of different consultative and educational approaches to increase community awareness of the problem; (4) consultative and working relationships with agencies and groups dealing with prevention and treatment; and (5) consultative strategies to influence the provision of direct services pertaining to rape by Community Mental Health Centers.

ELIGIBILITY: Investigators affiliated with public or non-profit private agencies, including State, local, or regional government agencies, universities, colleges, hospitals, correctional institutions, academic or research institutions, and other non-profit organizations and groups, may apply for Basic and Applied Research Studies and Research-Demonstration Projects. Community Mental Health Centers (as defined by P.L. 94-63 or prior Federal legislation) may apply for Research-Demonstration Projects on Consultation and Education.

APPLICATION: Eligible applicants desiring to request support under this program for any one of the three categories of grants must submit an application on the standard research grant application form NIH 398. State and local government agencies applying for a grant should use form PHS 5161. Application kits, containing the necessary forms and instructions, are available at most universities, or may be obtained from the Grants and Contracts Management Branch, National Institute of Mental Health, Rockville, Maryland 20852 (Telephone: 301, 443-3065). Applications will be reviewed by a panel of non-Federal experts and by the National Advisory Mental Health Council.

Application Received By	Results Announced By
November 1, 1976	May 1977
March 1, 1977	October 1977

FUNDING: Subject to the availability of funds, research grants will be awarded on the basis of scientific merit and potential in meeting the objectives of the legislative requirements under which this program is authorized.

To date, 20 research grants have been awarded by the Center. The awards range from $27,000 to $150,000, and all but four of these projects will receive second-year funding. The projects and groups that have been funded are:

MEMORANDUM

TO: Shirley Pierce, Director, Children's Services, Ramsey County Mental Health Center

FROM: Kathleen Gearin

RE: Data Privacy Act

DATE: March 1, 1977

You asked me for some further interpretation of the Data Privacy Act's effect, if any, on the work of the child abuse team. I have attached a copy of the memorandum I wrote to James Edmunds on March 19, 1976. In that memorandum I state that the Welfare Department can use the child abuse team in order to carry out their statutory duties as required by the Child Abuse Reporting Act.

You seem to be concerned about data coming from governmental agencies other than the local welfare department. Most of the data needed by the child abuse team in order to operate effectively is not, within the strict statutory definition of the term, confidential data. Any data that is accessible to the individual subject of that data, but not accessible to the general public, is private data.

The Data Privacy Act states in Minnesota Statutes 1641(B) that "...the determination of private and confidential data in individuals shall be limited to that necessary for the administration and management of programs specifically authorized by the Legislature, local governing body or mandated by the federal government." The investigation of child abuse and treatment of abusing families is specifically authorized by the Minnesota Legislature in the Child Abuse Reporting Act, our local County Board, and the federal government. It is impossible to cover every situation where exchange of information would aid in carrying out government programs. I believe that the general purpose of our Legislature in passing the Data Privacy Act was to protect the individual's right to privacy without hampering governmental agencies in carrying out their legitimate governmental functions.

KRG/cms
Attachment

MEMORANDUM

TO: JAMES W. EDMUNDS
DIRECTOR, RAMSEY COUNTY WELFARE BOARD

FROM: KATHLEEN GEARIN
ASSISTANT RAMSEY COUNTY ATTORNEY

DATE: MARCH 19, 1976

RE: DATA PRIVACY ACT: POSSIBLE LEGAL PROBLEM WITH CHILD ABUSE TEAM

Your Memorandum asks for comment and direction from our office relative to the existing Child Abuse Team in Ramsey County and a possible legal conflict with the content of the current Data Privacy Act. It is my opinion that the activities of the Child Abuse Team are not in conflict in any way with the existing law as regards confidentiality. It is my understanding that the Child Abuse Committee exists to assist the Welfare Department in fulfilling their statutory duties under Minnesota Statutes 555.56, Subd.10. That Subdivision mandates the welfare agency to immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minor, and preserving family life whenever possible. Common sense dictates that the Welfare Department cannot carry out this statutory duty in a vacuum. It must seek the advice and cooperation of other social agencies in the community. I have read the Ramsey County Child Abuse Team Guidelines issued in May of 1974 and find no conflict between those guidelines and the duties of the Welfare Department. On the contrary, the guidelines clearly set out an organization whose purpose is to develop and implement plans for the protection of children and treatment of families.

KG:jh

cc: Ms. Marge Wonser
cc: Ms. Shirley Pierce

INCEST IS BEST?



by Jean Elahi

Almost a year ago, two natural siblings, raised in separate foster homes, decided to marry. When attorneys advised that genetic risk was the base for laws against sibling marriage, the groom obtained a vasectomy. On May 25, 1979, the brother and sister wed.

Later, the Salem (Massachuseitts) Superior Court declared the marriage null and void. The judge issued suspended sentences and fines to David Goddu and Victoria Pittorino. Psychological counseling was included in the decision. The pair were told they could continue to live together, but not as man and wife. They now face imprisonment and financial penalties if they fail to abide by the ruling.

This decision has stimulated much debate about the application and appropriateness of incest laws. Some argue that the laws are outdated and fear violation of human rights. Others propose that incest should be prosecuted only when an unwilling or an unknowing minor is exploited.

The following editorial commentary has been submitted to the Odyssey Journal in response to the arguments surrounding the sibling marriage.

The sibling marriage between David Goddu and Victoria Pittorino may be of only passing or voyeuristic significance to American readers. The incest issue, however, is not irrelevant. Specialists are reporting an increasing incest incidence. Our therapist abused at home. Adult, drug-abusing prostitutes show an occurrence of incest in 44 to 75 per cent of the histories taken at various facilities across the nation. Women in prison reveal childhood sexual exploitation in 25 percent of the interviews.

Some victims do not act out anti-socially, but choose to live in silent, self-destructive patterns. Often, they select mates who repeat the cycle by molesting their offspring.

Incest has been reported most often between fathers and daughters. All types have come to treatment workers today and include father-son, mother-daughter, mother-son, grandparents, uncles, cousins, brother-sister, brother-brother and abuse of a child from any adult who plays a parenting role. Therapists who see the devastation among victims agree that incest scars the child severely and its damages cannot be underestimated. The long-term, residual effect is overwhelming.

The incest taboo is the most universal. Freud cites Australian aborigines as the most savage humans to maintain and assert a civilized taboo. Marriage between any of these tribal members who share a common lineage is forbidden. Even those who have never lived together are restricted. The most primitive nomad is who lack the sophistication to build permanent homes, store water, or domesticate animals insist that sexuality be limited. Violation of the incest taboo is viewed as a threat to their whole society and both participants are usually slaughtered.

The New England couple, forly members stagnate personality growth; peer relationships and friendships serve to stimulate adaptive processes. Learning to accept others, to function independently, and to control narcissistic urges, come to the child through exposures outside the nuclear unit. Satellites of sexually active and self-reproducing family units leave no room for change and growth and leave the society at risk.

Granted, David Goddu and Victoria are not hurting anyone, and their situation *is* a typical. Their decision to marry, however, suggests some pathology. A healthier response would be to choose to be deep and loving friends. Their choice of a sterile marriage is unfortunate. Had they selected other mates, they could have created *two* new families, produced offspring, and allowed each other to share in a larger circle of love. The isolated unit they chose is personally depriving to each. A marriage begun in challenge and doomed to sterility and stigma is certainly not the best option for either party. Therefore, the psychological counseling does represent sound judgment on the part of the court. The severity of the sentencing is strong and, perhaps, represents an overreaction.

Any implication however, that the law should not challenge such a union is frivolous. To suggest that the law turn its head is, by implication, to suggest sanction. Freeing one couple from the taboo would probably not generate a widespread movement for others to follow. A million variations of the case, could, however come to test and encumber the calendars with ridiculous inquiries. More important, approval to violate the taboo gives authority and rationale to the millions who *are* typical and who *are* today exploiting and victimizing their offspring.

Incest is no joke; sanctions cannot be half-way; and, in light of the increased incidence in spite of the taboo, the act must be prohibited via strong legal reprimands.

should be prosecuted only when an unwilling or an unknowing minor is exploited.

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The sibling marriage between David Goddu and Victoria Pittorino may be of only passing or voyeuristic significance to American readers. The incest issue, however, is not irrelevant. Specialists are reporting an increasing incest incidence. Our therapist on the West Coast (see Book Reviews: "Incest Surveyed", page 7), projects that 10 to 30 million Americans are victims of the taboo violation.

Incest is not a subject for the whimsy of those who paraphrase Ogden Nash's "candy is dandy; into "vice is nice" or "incest is best". Usually incest is a violent and exploitive act and circumstances vary greatly from the Massachusetts couple. Most often, the adult betrays the child's love and innocence. The young victim is seduced into a game without knowing the consequences. In many cases, the grown-up coerces the child into submission and uses promises of special attentions, or threats of violence or blackmail to assure protection of the secret acts. Children as young as three months are sodomized. Infants are engaged in fellatio and / or cunnilingus. Some are penetrated vaginally and anally with instruments or the male organ. All are bound to passivity or secrecy by the adult's emotional and financial control. Many youngsters are sold, or leased, by parents to infant and child prostitution rings. Others, who run away, are already conditioned to exploitation and move on to support themselves in pornographic and prostitution roles.

Officials of the federal runaway youth centers across the country report that 20 per cent to 40 per cent of the youths were sexually

universal. Freud cites Australian aborigines as the most savage humans to maintain and assert a civilized taboo. Marriage between any of these tribal members who share a common lineage is forbidden. Even those who have never lived together are restricted. The most primitive nomad is who lack the sophistication to build permanent homes, store water, or domesticate animals insist that sexuality be limited. Violation of the incest taboo is viewed as a threat to their whole society and both participants are usually slaughtered.

The New England couple, fortunately, do not face death today. Counsel, however, which advises genetic risk as the only reason not to marry, is archaic and uninformed. Freud's aborigines could not trace trends enough to settle in one place; therefore it is doubtful that they tracked generations of incest and determined that abnormal children were a base for their taboo. The function of the incest taboo serves many ends. Some are economic, some psychological, some social.

Siblings who are not allowed sexual interaction must seek sexual peers outside the family. This broadened intercourse with the world brings expanded financial possibilities to the family line, wider personality development to the individual, and forces the entire family to interact with society. Incestuous families, in contrast, are characterized by isolation, lack of close relationships outside the home, and parasitic roles within. Society needs the taboo to draw youngsters away from the intense intimacy of the family and to deter the tension, confusion of roles, power plays and often violence that erupt when incest moves through a family. Individuals need the taboo to learn to bond with non-family members. Healthy, deep and meaningful relationships must spread to include those who have not nurtured the child during infancy and childhood.

Sexual relationships among fami-

Sexual Abuse Survey

One of the toughest obstacles that counselors face when they try to help child sexual abuse victims is the lack of available long-range information on the problem.

Because of the sensitive nature of incest and sexual abuse, former and current victims are extremely reluctant to discuss their experiences.

In an attempt to break through that barrier, California researcher Barbara Star, Ph.D., is conducting an anonymous national survey. Dr. Star requests that readers who might come in contact with victims please circulate the questionnaire appropriately in order to give victims the opportunity to respond.

Questionnaire

If you have been a victim of child sexual abuse, Dr. Star would appreciate your help in furthering her research on the subject. She asks that you answer the following questions, on a separate piece of paper, and forward your answers to: Dr. Barbara Star, University of Southern California School of Social Work, Los Angeles, CA 90007.

All replies should be anonymous, so please do not include your name. But, for comparative purposes, do include your sex, current age, religion, race, and education (last grade completed).

This information will be used to substantiate the prevalence and effects of sexual child abuse and will be kept strictly confidential.

1. Describe the person or persons involved in the sexual abuse — age, race, general physical and personality characteristics. What was their relationship to you?
2. How often did the sexual abuse occur? What was your age? Your general physical and personality characteristics? Were other people involved? In what way?
3. Describe the incident. Where did it take place? How did the person approach you? Did the abuser offer money or gifts? Did the abuser use threats or force? In what sexual activities did you engage? What did the person want you to do? Was intercourse involved?
4. What do you recall thinking or feeling during the incident? Did you find the sexual contact pleasurable or exciting? Did you offer any resistance?
5. How did members of your family find out about the sexual abuse? What was the reaction? Was any action taken on your behalf? What happened to the abuser?
6. Was there a medical examination? Did you talk to the police or appear in court? What do you recall of these experiences?
7. What were your initial reactions following the abuse? Did you have fantasies or dreams about it? What emotional problems did it produce? Did it affect your relationships with family and friends?
8. What were the long-term effects of the sexual abuse on your life? Has it produced any noticeable changes in your behavior? Have you ever told anyone about the sexual abuse? Has the abuse influenced your subsequent intimate relationships?
9. Do you believe you provoked or contributed to the sexual abuse? If so, how?
10. As you look back on the situation, are you aware of any special circumstances that would explain why the sexual abuse occurred at that particular time in your life or the abuser's life?

Inter-Act: Street Theatre for Parents

Ellen Gray, ACSW

An innovative prevention program called Inter-Act: Street Theatre for Parents is under way in Tacoma, Washington. It is a program of parent education that uses theater as the medium to prevent child abuse and neglect. A troupe of performers, who are not "slick" professionals but very convincing amateurs, dramatize original material for parents who do not, for a number of reasons, make use of traditional parent education services. The performers present information on child-rearing and coping skills in the

her laugh, dirtied up the kitchen trying to get his own snack so as not to disturb her, tried to make a new cake after he had eaten too much of the one she had left, and made a worse mess trying to clean up. She's grateful to this fairy, who is occasionally inept and sounds a little as though he might be from Brooklyn.

Before the vignette ends, Mama Bear says, "Say, how about zapping some of your special magic on this mess?" The Magic Fairy says, "Forget it. Nobody lives *that* happily ever after." With this comment the audience is brought back to reality. But some of the people watching may remember that often their children's misbehavior is not done on purpose, and perhaps they won't respond so angrily the next time they find themselves in a similar situation.

Whether Inter-Act's method of parent education works is not known. It will be up to NCPCA's National Research Project to determine the effectiveness of street theater, among other strategies, as a medium for dispensing information and influencing attitudes of parents. This type of



In a shopping mall in Tacoma, Washington, members of the Inter-Act troupe perform one of their "fairy tales for parents." From left to right are **Nigel Quarrels** (the Magic Fairy), **Ruesha Snow** (Mama Bear), **Madonna Hanna** (the Narrator), and **Gerry Pinero** (Baby Bear). The troupe's humorous skits dramatize some of the problems of child rearing in order to help parents in the audience cope with their children's behavior in positive, nonabusive ways.

assessment will be a real challenge, because the evaluation must be as nonintrusive as the performance in order to get observers to participate in it. The results should be fascinating, however, particularly if they show street theater to be a viable method for helping large numbers of people begin to be better parents.

For more information contact Paulette Bates, Inter-Act Coordinator, Panel for Family Living, 515 South M St., Tacoma, WA 98405, (206) 572-5541.

Incest: A Practical Investigative Guide

By CAROLEN F. BAILEY

Whether it is the result of mandatory reporting laws, increased incidence, or greater awareness, police have been caught unprepared and untrained for the surge in reported incest.

Although the actual extent of incest cannot be documented, due to limited available statistics and non-reporting, many police departments are suddenly being confronted with increasing complaints of sexual abuse within the family. Reports received in Ramsey County, Minnesota, increased 300 percent in a one-year period, and yet many researchers feel known cases are still just the "tip of the iceberg." Unlike aggravated rape, which has shown greater concentration in the larger cities, incest permeates the rural as well as the urban communities. With limited knowledge and training, the police officer is increasingly expected to investigate and resolve the most difficult, frustrating, and challenging of all offenses: incest.

Most states now have laws that require reporting to authorities of physical and sexual abuse to children by a parent, guardian or other person responsible for the child's care. Criminal statutes generally describe "incest" as sexual intercourse between relatives nearer than first cousins with the knowledge of the relationship. For investigative purposes, the broader range of "sexual abuse" cases are included because investigative techniques are similar. There may not be actual intercourse but sodomy or other molesting may be involved in the sexual abuse; and although there may be no blood relationship, the child views the relationship as incestuous because the offender is serving as a parent, such as a stepfather or mother's boy friend who is living in the home.

Since father-daughter sexual abuse cases are the most often reported to police, for simplicity we will refer to the offender as he and the victim/child as she, but it should be emphasized that there are many male children who are victims of sexual abuse and some female adults who are perpetrators. The possibility that male children may also be involved should be paramount in the investigator's consideration of such cases. Also, during the investigation of father-daughter incest cases, it frequently has developed that brother-sister (or even other relatives) incest is also involved.

Probably more than any other type of offense, the incest investigation must be initiated and completed as quickly as possible after the report is brought to the attention of outside authorities. It is urgent that each family member be carefully questioned immediately after they are aware of the investigation and that this be documented because attitudes often change quickly and evidence is lost.

Assessing and Questioning

If the reporting source is other than the victim, as much detailed information as is possible should be obtained before the initial contact with the victim. How did the reporter obtain the information? Was it direct observation, suspicion or verbal complaints from a family member? Carefully prepared background information greatly facilitates the questioning of the victim.

The child who is the victim should be interviewed first before contacting any other family members. If the parents are aware the child is to be questioned, they may interfere and attempt to prevent the report. This is an extremely difficult interview, upon which the entire outcome of the investigation is based. The victim must be supported, reassured that she is not to blame, and must trust that the results of providing the report will be an improved lifestyle or she will not provide complete information.

If the victim herself has initiated the report, this is an advantage to the investigator because the child has already decided she can no longer tolerate the incest situation and desires a change. If the incest is initially reported by a social worker, it frequently is most effective to have the social worker bring the child in for a statement because the worker may already have a relationship with the child and the child may feel more comfortable. When the child has sought help, the child's primary concern often is finding a place to live. She frequently doesn't seem to care where she is to live as long as it is not with her father (or the incestuous relative). However, if



Sergeant CAROLEN F. BAILEY is a 16-year veteran member of the St. Paul Police Department, 101 East Tenth St., St. Paul, Minnesota 55101, presently assigned to the Crimes Against Persons Unit. Prior to joining the department, she served four years with the Ramsey County Welfare Department's Child Protection Unit. Her extensive experience includes state law enforcement instructor; planning and participating in both local and national police training seminars, among them the 1976 International Association of Women Police training seminar; teaching college courses; and service with the Mayor's Task Force on Sexual Assault, State Advisory Council on Child Abuse and Neglect, State Advisory Council on Battered Women, and many others. She was recipient of the 1969 Kiwanis Public Servant of the Year Award, named a 1970 Outstanding Young Woman of the Year in the United States, and presented the 1972 National Alpha Gamma Delta Sorority's Outstanding Personality Award. She is author of *Prescription for Protection,* was consultant for *Rape and Its Victims,* and has written various training articles.

State & Federal Legislation

The First Amendment squabble is avoided by attacking the problem not as pornography, obscenity, or what have you but as the psychological, physical, and sexual abuse of children. More than thirty of our states have introduced legislation to wash this slime from their soil and the majority of the others will follow.

Several of our federal legislators introduced bills to eliminate the sexploitation problem. Senator Birch Bayh of Indiana authored the Runaway Youth Act which provided funding for homeless youth and to aid in prevention of exploitation. Representatives John Murphy of New York and Dale Kildee of Michigan introduced a bill in 1977 which would make the production and sale of explicit sex pictures of children a federal felony crime. They had 103 cosponsors, but apparently, there was much difficulty with the wording; however, something had to be done. Even lawyers who had defended pornographers in the past and some of the mobsters themselves were saying: "This is too much, this is sick!"

California State Senator Newton Russell declared that the last ditch stand against hard core pornography must start with child porn. Representative Lou Frey of Florida and a number of other prominent legislators introduced a variety of bills, but it was the Culver-Mathias Bill which was finally signed into law by President Carter in February of 1978. The authors were Senator John Culver (D-Iowa) and Senator McMathias (R-Maryland). The bill passed the Senate and the House in October of 1977.

With the present amendments, it defines the use or employment of any child under the age of eighteen in the production of pornographic materials as a federal crime. It also prohibits the transportation of any child under the age of eighteen across state lines for purposes of prostitution or any other form of commercial sexploitation. It prohibits the sale or distribution of obscene materials depicting children in explicit sexual conduct. Culver was shrewd in insisting that this legislation become part of the new Federal Criminal Code and that it not be allowed to get "lost in the shuffle."

Extent of Problem

There are at least four broad categories of sexual abusers of children:

1. Parents and other relatives or step-relatives (incentuous relationships).

2. Common pedophiles (who may be homosexual, heterosexual, or bi-sexual).

3. "Officials" who perform their deviancies under the cloak of authority (see the film: "This Child is Rated X" or read Ken Wooden's *Weeping in the Playtime of Others).*

4. The slimiest of the lot — the sexploiters — the commercial pornographers who see the child as 30-to-90 pounds of meat to be served up in whatever style will bring premium price from the sickest of palates. This includes not only media producers but "chicken pimps" who peddle the flesh of children to sick individuals who should be in institutions (see Robin Lloyd's *For Money or Love: Boy Prostitution in America).*

Dr. Judianne Densen-Gerber, Professor Frank Osanka, Detective Lloyd Martin, and several other investigators discovered over 260 magazines with such titles as "Nudist Moppets," "Chicken Delight," "Naughty Horny Imps," "Chicken Love," "Lust for Children," and "Child Discipline." Not content with boy-girl sex, the films and magazines portray sex with animals and every other possible perversion including bondage and other sado-masochism themes.

From the standpoint of phychological abuse, one must ask: what is the long-range effect on these children? Can one of them even attempt the "straight" life knowing that perhaps worldwide, they are on exhibit — performing like trained dogs for love or pittance while making millions for their abusers? ★



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the victim is asked what she would like more than anything else in the world, she usually will respond, "To be home with my mother, brothers, and sisters without my father there." Because of the need to protect the child, frequently she must be moved away from her family rather than the offender. This can later be seen as "punishment" and can further increase the child's feelings of guilt and responsibility for what has happened. Where it is possible, the offender should be removed rather than the child, but in cases where the offender is likely to bail out of jail and become violent, for example, it may be too great a risk to allow the child to remain in her own home. A police protective hold on the child is frequently utilized in these cases (most states have legal provisions). Placement of a child outside her home should be made on the basis of the immediate physical threat to the child of repeated sexual abuse and physical violence, the child's own fear and attitude, including her refusal to return home, and the need to prevent coercion of the child by one or both parents.

The child may be reluctant to tell her mother about the incest because she is ashamed and feels her mother is "too weak" to deal with the reality of incest (and frequently she is).

In questioning, determine from the child:

1. The most recent incident of incest, including a detailed sequence of events and the specific act itself.

2. The duration of offenses, including the initial contact, the nature and frequency of the molestings, and any specific dates available. A specific date of offense must be determined if prosecution is to be considered.

3. Are there any possible witnesses? This could be someone who merely came home early and felt it suspicious that the victim and offender were in the bedroom alone with the door closed, someone who heard the victim crying or someone who actually saw the offense. Friends of the victim, babysitters, and other relatives are often surprising witnesses or additional victims.

4. Who has the child told about the offense? A person whom the victim may have told immediately after the offense can be an excellent corroborating witness. Also, if the child told her mother it is significant to know whether the mother took action to protect the child, if she chose to ignore her, did not believe her or just hoped it wouldn't happen again.

A medical examination of the child may be indicated if intercourse is reported. Although incest is seldom reported immediately after the offense when sperm may be present, the medical examination may demonstrate the extent of penetration and provide treatment for possible injuries and venereal disease (uncommon among these victims). This examination is especially traumatic for the incest victim and should be tactfully explained to the child.

The parents of the victim should never be questioned together. The presence of the husband or wife can greatly limit or distort the information obtained. It is usually easier to maintain control of the case and less likely to create an immediate crisis if the mother can be questioned alone before the incestuous father is aware the complaint has been made. Although the mother frequently expresses surprise about the incest, she may later relate earlier suspicions. These should be noted because they may become relevant. Subtle comments made by the mother may indicate her previous denial of the incest. The nature and/or change in the mother's relationship with her husband may also be significant. The mother is usually receptive to the child's temporary removal from the home, although her willingness seems to decrease as the age of the child decreases. Unless she has actually witnessed the incest and summoned the police to the scene of the offense, the mother is frequently reluctant to separate from her husband, and, if she does, she often will reunite with him. The mothers in these cases should be considered extremely *unreliable* during the entire investigation. Even if she initially accepts the offense as valid, she may later deny it or blame the child. She is frequently very protective of her husband and feels dependent on him. If the mother can provide corroborating evidence, such as witnessing the offense, a written statement should be obtained immediately because she may later refuse to provide any information. This may be especially true if she has been married previously and this involves her second or third husband.

If it is explained to the mother that the officer is aware that this is a very difficult situation for her, that there will be professionals to help her and the family, and that the police responsibility is to assure the child's safety, the mother may be more likely to be cooperative. She may retaliate if the officer is quick to condemn her husband's actions rather than seek facts and explanations. It is important to convey to the mother the validity of the offense rather than argue about this because it is easier emotionally for the mother to deny the offense occurred. The investigation proceeds more smoothly and it is far easier for the child if the mother is able to accept the facts of the offense.

Physical evidence, such as pornographic magazines, contraceptives, etc., should be obtained as quickly as possible and may be available through the mother at the time of the initial notification.

Questioning of the father can be most effective in the police station. Frequently the father will come in voluntarily if asked and if immediate arrest is not indicated. An emotional approach in questioning the incestuous father is frequently effective, because the father often will express guilt about the incest and relief that the "secret" is out. Encouraging the father to explain his own difficulties in childhood, marriage, sex, etc., allows him an opportunity to "save face." If you become aware that he is one of the incestuous fathers who appear to feel that sexual abuse is appropriate, justified (as with certain religious arguments), and acceptable, then a matter-of-fact, no-big-deal approach might be effective. If the father admits the sexual abuse, an attempt should be made to obtain specific information about each incident, especially where dates may be available. Details, such as the exchange of money, which corroborate the child's account, lend further credibility to the complaint.

Research Findings

Utilize knowledge of the incestuous families during the investigation. Research generally indicates:

- The child reporting the sexual abuse is usually telling the truth.
- The oldest daughter is most frequently the first victim.
- Incest will perpetuate and permeate other victims unless there is effective intervention.
- The incestuous father is frequently chemically dependent (most often alcoholic) and physically violent to most family members.

The investigation should be referred to the local child protection agency that can provide considerable assistance during the investigation and services to the family. Many prosecution cases are successful as a result of the ongoing support provided to the witnesses by the social service agencies.

Conclusion

There has been a tendency to over-react to incest as a nameless sexual evil with disastrous effects. It is important to respond to the child who has been the victim of sexual abuse with warmth, objectivity, and acceptance, so that the child is not bound up in sexual fears and the entire process which follows is not demoralizing and ineffective.

We can help the child recognize the fact that sex is simply a part of life, one of the ways in which people relate to one another. It has the potential for either good or bad. If we are irrational about sex, it is not because sex is an irrational force but because we choose to be irrational. We dare not choose to be irrational at a time when a child comes to us in serious need of common sense and good judgment. ★

LEAA Exemplary Juvenile Programs

Juvenile programs named as Exemplary Projects by the Law Enforcement Assistance Administration are summarized below. The Exemplary Projects Program is a systematic method of identifying outstanding criminal justice programs throughout the country, verifying their achievements, and publicizing them widely. To be eligible under the program's rigorous screening procedure, individual projects must demonstrate goal achievement, replicability, measurability, efficiency, and accessibility.

In addition to the juvenile category, there are awards made to programs in community involvement, law enforcement, prosecution, corrections, and alternative service delivery. Programs recommended for consideration should be submitted to: Model Program Development Division, Office of Development, Testing, and Dissemination, National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice, Washington, D.C. 20531.

Information materials on projects designated Exemplary are available from: National Criminal Justice Reference Service, P.O. Box 6000, Rockville, Md. 20850; or Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Community Arbitration Project

Anne Arundel County, MD
August 1978

In 1973, the juvenile intake office of Anne Arundel County, Maryland, faced heavy backlogs of relatively minor cases that impaired its ability to deal with youngsters in more serious trouble with the law. Delays in resolving cases were frequent; the offender's parents and the victim were only marginally involved as the case proceeded; and many victims were never informed of the final disposition of the case.

Most important, case dispositions often were unsatisfactory. Many offenses received only cursory attention, or cases were sent for formal adjudication — a process that may alienate the youngster and result in an unnecessary stigma. Public dissatisfaction with the county's juvenile justice system was increasing.

In 1975, the county devised an alternative to the system. Under the Community Arbitration Project, juvenile misdemeanants are issued a citation which records the offense and schedules a hearing to arbitrate the case seven days later. The suspect's parents and the victim receive copies of the citation and are asked to appear at the hearing. The right to counsel is made clear to the youngster and his parents.

Although the hearing is informal, it is held in a courtroom setting. The juvenile intake commissioner — an attorney with experience in juvenile cases — hears the complaint and reviews the police report. If the child admits committing the offense and consents to arbitration, the commissioner makes an informal adjustment, sentencing the child to a prescribed number of hours of community work and/or restitution, counseling, or an educational program. The case is left open to be closed within 90 days upon a positive report from the child's field site supervisor. If the offense is serious, if the child denies his involvement, or if the child or his parents so request, the case may be forwarded to the state's attorney for formal adjudication.

In two years since project inception, 4,233 youth have gone through the program. Nearly half of their cases were adjudicated informally. A comparison of recidivism rates of a sample of CAP clients and of traditionally processed juveniles shows a 14.3 percent rate for traditionally processed youth and a 9.8 percent rate for CAP clients.

Project New Pride

Denver, CO
January 1977

Project New Pride is a successful attempt to help juveniles, most with lengthy records, to break out of what could become a lifetime pattern of crime by instilling a sense of self-pride. The project integrates education, employment, counseling, and cultural education.

A unique feature of the program is its pioneering work with youth with learning disabilities. Tests administered to project youth in the first two years of operation showed that 71 percent of New Pride participants had learning disabilities.

The effect on the 160 clients who have completed the New Pride program has been significant. The non-status offense re-arrest rate for New Pride clients during a 12-month period in the community was 27 percent. The rate for a control group was 32 percent. In addition, of all clients, 70 percent have been placed in full or part-time jobs, and the re-arrest rate for employed clients was one-third the rate for unemployed clients.

Originally funded under LEAA's Impact Cities program, New Pride is now an established program of the Colorado Division of Youth Services.

Community-Based Adolescent Diversion Project

Champaign-Urbana, IL
September 1975

Youngsters who have contact with the police that would normally lead to juvenile court are referred instead to undergraduates at the University of Illinois for a 4½ month

response

to intrafamily violence and sexual assault

Volume 1, Issue 2 December 1976

HARBORVIEW SOCIAL WORKERS ADVOCATE SPECIAL TECHNIQUES FOR CHILD WITNESS

The following article was drawn from a paper written for CWPS by Lucy Berliner and Doris Stevens of the Sexual Assault Center (SAC) at Harborview Medical Center in Seattle which provides both medical treatment and psychological counseling for victims of all ages. The full paper can be obtained from CWPS.

The number of child victims referred to the Harborview Sexual Assault Center in Seattle for medical or counseling services has been increasing steadily since 1973. During 1976, over 25 percent of victims referred to SAC were 14 years old and under; 13 percent were nine or younger. The majority of child victims SAC serves are molested by an offender known to the child (61 percent); 21 percent by family members.

Based on its experience with these victims, the SAC staff believes that the criminal justice system must adopt special techniques to encourage cooperation of child witnesses and to acknowledge the inherent limitations on a child's performance. If it fails to do so, two negative effects can result: (1) further traumatization of the child by investigation and court procedures; and (2) unsuccessful prosecutions because the child witness is unable to convey the information necessary to corroborate the charge in court.

The SAC staff has concluded that the failure of justice system personnel to deal humanely and effectively with the child victim/witness can be alleviated in part through an improved understanding of the nature of child molestation, and of the basic principles of child development. They recommend that new investigation and interview techniques as well as courtroom procedures be implemented based on these concepts. The following are capsulized versions of the relevant information and the suggested justice system changes.

NATURE AND EFFECT OF SEXUAL ABUSE

Sexual abuse of children rarely involves physical injury and is perpetrated primarily by adult males known to the child, who in 93 percent of SAC cases have been female. The child may readily submit to the known authority figure because she has been taught to respect and obey adults; therefore, violence is generally unnecessary. The offender may offer the child a bribe of affection, gift, or money. Abuse of the preadolescent child usually does not include sexual intercourse but consists of fondling, oral-genital contact, or manual penetration of the child's vagina or anus. The abuse may begin insidiously, progress to greater intimacy, and continue over a long period of time, especially in cases involving family members, the most common of which is father molesting daughter.

When the assailant is a stranger, it is far easier for the child to overcome her fear of "telling on" an adult because she has usually been asked by parents to report unusual behavior by a stranger. If the offender is known by the child, the obstacles to telling are much greater, for she may not want to cause trouble for him. If the child is not believed or is accused of provoking the incident(s), she will acquire additional negative feelings about herself. Parents who *do* believe their child's account may also increase problems for her by over-reacting and treating the child as if she had changed. The child often interprets this as blame.

ABILITY OF CHILDREN TO TESTIFY

In order to work effectively with a child witness, a prosecutor should understand the stages of child development. A child establishes verbal language as the primary mode of communication between the ages of 2 and 4 years. Although the preschool child can talk well enough to be a witness, she does not understand concepts well, and, therefore, her verbal skills may imply better comprehension than actually exists. The narrative account of a 4-year old tends to be rambling and disjointed, containing relevant and irrelevant details. Children of preschool age engage in intuitive thought; they can accept connections between events, but do not understand causality. The preschool child entertains one thought at a time and cannot conceive of multiple thoughts as an integrated whole. Although she can vividly recall isolated events, often triggered by association with a familiar sight or sound, the memory

is usually spotty and lacks continuity and organization. For the 4- to-6-year-year old, concepts of time, space, and distance are usually personalized, not logical and orderly.

The preschool child spends most of her time in play, particularly acting out fantasy. However, she can easily distinguish fact from fantasy. Children in this age group are unable to practice real deception because they invest adults with complete authority and believe that adults would perceive any lie. Since they are completely dependent upon adults, they do not risk disfavor in this way.

The child of primary school age is better prepared to respond to an interviewer. This child is beginning the gradual shift from total reliance on family to a peer culture. She is aware of herself in different roles—as student, child, peer—but she still depends on parents for refuge and support. A group loyalty develops as the child seeks recognition from her age group, with its rituals, traditions, and rules. It is at this point that children begin to practice deception and guile around adults as they establish a sense of separateness. Although they may become sullen, insolent, and taciturn with adults, they seldom lie about major issues—especially issues of justice and equality. They are sensitive to apparent unfairness or differential application of justice, often rigid and harsh with each other, and legalistic nit pickers with adults. Children of this age have increasing mastery of language and symbols, and can locate themselves in time and space.

NEW PROCEDURES NEEDED

Investigations can be improved by applying knowledge of child behavior. Although the following suggestions may seem obvious, few jurisdictions have adopted them. Joint interviewing should be undertaken by the various criminal justice components or, preferably, one person should be designated to take the victim's statement. This should be done as soon as possible following the assault, because passage of time significantly affects a child's ability to testify.

The setting of the interview and the manner in which it is conducted have significant bearing on the child's performance. She should be interviewed in a quiet, private room. Toys, books, crayons, and drawing paper should be available to help occupy and relax the child so she can converse more easily. The younger child will need a parent or familiar person present to feel secure enough to talk; the older child may be too embarrassed to talk freely if the parent is present.

The interviewer should be relaxed and casual (preferably not in uniform), and seek to establish rapport with the child. A simple explanation of the function of the interviewer and the agency (police, prosecutor) will help the child understand and therefore cooperate with the proceedings.

The language and the number and kind of questions used are crucial. The level of language employed by the interview should suit the child's level of comprehension. Children are regularly subjected by attorneys to legal terminology that even their parents do not comprehend. The resulting confusion can cause the child to answer incorrectly or incompletely. Because a child's attention span is short, the interviewer should carefully choose questions that elicit the most information. A 4-year old who does not yet perceive time in a logical, sequential order need not be asked about dates and times of the abuse. When the interviewer has a fixed approach to investigation and does not adapt to the child's situation, the child may become frustrated and directly or indirectly refuse to discuss the incident further. If this happens the criminal justice system personnel, parents, or mental health professionals may decide she is not a credible witness or cannot "handle" the prosecution processes.

A long delay between steps in the judicial process can seriously limit a child's ability to testify. A child's memory quickly blurs so that although she remembers the molesting incident, other details may become indistinct. It is usual in SAC's jurisdiction for 4 to 6 months to elapse between reporting of the crime and trial. Even an adult has difficulty remembering accurately after this much time. In addition, children are often expected to sit for long interviews or wait for several hours before testifying. This can also damage the testimony because of the child's limited capacity to wait.

Court appearances (preliminary hearings, grand jury hearings, or trial) are the most difficult encounters for the child witness. The courtroom is unfamiliar and intimidating to even a secure adult. Children are generally required to testify while sitting alone on the witness stand; the child must speak into a microphone while facing the alleged assailant in a courtroom that may be filled with spectators. Questioning may go on for hours with the child expected to sit quietly and respond without benefit of explanation or clarification.

The prosecutor who initially interviewed the child may not handle the case for trial. Even prosecutors who have managed to establish rapport with the child find it impossible to transfer this to the trial because, once in the courtroom, they revert to legal terminology.

When cross-examination occurs, it is usually unsympathetic despite the victim's youth; the offender's attorney defends his client with the usual tactic of attacking the credibility of the victim. Prosecutors are often reluctant to object for fear of appearing too protective of the witness; judges hesitate to interfere for fear of swaying the jury. One possible approach to this problem is to assign a legal advocate for each child victim/witness. This person should have knowledge of child development and the law and could speak out in court when the questioning became inappropriate to the child's age, level of comprehension, or emotional state. The child advocate role should be developed so that it does not interfere with the proceedings or abrogate the defendant's rights.

Including the child's family throughout the process can be valuable to both the child and the criminal justice system. When parents are informed about the various proceedings, they can be invaluable in supporting the child and building the case. The family's opinions should be gathered on matters (such as in sentencing recommendations) in which the child victim cannot be involved.

number of offenders were wives, and the victims were their husbands. The male had assaulted the wife, perhaps repeatedly, over a period of time, and she ultimately retaliated or defended herself with a weapon, killing her husband.

Parts Three and Four of the book deal with "Violent Parents" and "The Family as Training Ground for Societal Violence." The book deals only slightly with remedies for family violence. Its strength is in the comprehensive documentation it provides for the problem and its analysis of root causes. The editor notes, in the Introduction, that "In fact, it would be hard to find a group or institution in American society in which violence is more of an everyday occurrence than it is within the family." This conclusion is difficult to accept, and even social scientists, who have extensively studied other aspects of family life, have given it little attention. The Steinmetz-Straus collection provides persuasive evidence that the problem of intrafamily violence must be addressed by researchers as well as by the criminal justice system and community service agencies.

SELECTED BIBLIOGRAPHY ON BATTERED WOMEN

The following is a list of references which CWPS staff have found to be readily available, helpful information on spousal violence. A comprehensive bibliography on wife assault, to be published by CWPS in January, will be available upon request. The following articles/books are *not* available from CWPS but are listed for your reference.

Allen, Craig M., and Straus, Murray A. "Resources, Power and Husband-Wife Violence." Pub. #V-12, 1975. Available from: Murray A. Straus, Department of Sociology, University of New Hampshire, Durham, NH 03824, 25¢ per copy. Using data from a questionnaire study of 400 students' descriptions of parents' violence toward each other, this paper measures resources in the form of material possessions and personal traits and their relation to power, specifically as it is expressed through violence in the husband/wife relationship.

Eisenberg, Susan E., and Micklow, Patricia. "The Assaulted Wife: 'Catch 22' Revisited." A condensed version to be published in *Women's Rights Law Reporter* V (3&4) Spring-Summer 1976. (A Rutgers Law School Publication.) This study of 20 wife assault cases and the historical, legal, cultural, psychological, and social forces involved is based on Michigan laws and environment, but its scope is as broad as the problem of wife assault. Not a statistical analysis, it relates incidents of spousal violence, delineates legal aspects and problems and the limitations of the criminal justice system response, and discusses the cultural environment which nurtures violent behavior.

Faulk, M. "Men Who Assault Their Wives." *Medicine, Science, and the Law* 14 (3): 180-83, 1974. This very brief data review of 23 men who assaulted their wives reveals significant differences in character traits of men who assault wives and those who batter babies. Five types of husband/wife relationships were found.

Gayford, J. J. "Battered Wives." *Medicine, Science, and the Law* 15 (4): 237-245, 1975. Gayford summarizes his research on 100 battered wives and the varied factors, causes, and decisions involved. He establishes the desperate situation of the wife/victim, caused by the lack of legal and social alternatives and the inability to avoid a pattern of violence because of previous experience and economic class limitations.

Gelles, Richard. "Abused Wives: Why do they Stay?" Pub. #VG-5, 1975. Available from: Murray A. Straus, Department of Sociology, University of New Hampshire, Durham, NH 03824, 25¢ per copy. This study of 41 women tested (through interviews) significant variables that shape abused women's decisions to stay or leave their husbands. Three factors are found to be highly significant, along with the lack of external societal assistance and the attitude of the agencies and institutions to which the abused woman normally has recourse (police, judges, doctors).

Martin, Del. *Battered Wives.* Glide Publications, 33 Ellis Street, San Francisco, 1976. In addressing the problems of battered wives, this book includes first-hand reports from victims, describes the characteristics and socialization of the batterer, and discusses theories on channelling aggression. The author reviews the failures of the response of the legal system to battered women, alternatives open to her, and recommendations for legislative reform.

Nichols, Beverly. "The Abused Wife Problem." *Social Casework*, January 1976: 27-36. The role of social caseworkers and the problems that limit their effectiveness in wife abuse cases are assessed. The author discusses both philosophical and attitudinal biases as limitations and illustrates the need for more assertive innovation of alternatives.

Parnas, Raymond I. "The Police Response to the Domestic Disturbance." *Wisconsin Law Review*, Fall 1967:914. The need for a defined police action policy for dealing with domestic disturbances is asserted. In-service officer training in crisis intervention is needed to inform individual officers of the ramifications of their general emphasis on adjustment versus arrest and to help them develop a more supportive image.

Pizzey, Erin. *Scream Quietly or the Neighbors Will Hear.* Anchorage Press, Essex, England, 1974. This is a straightforward, humane assessment of the problem of battered women, written by the organizer of the Chiswick Women's Aid Center in England. She dispels various myths surrounding the battered woman's situation by describing specific incidents, and including letters from women who sought help from the Center. The orientation and effects of institutions that deal with abused women are analyzed. The paradoxes and problems of the battered woman's situation are presented at a practical level.

Straus, Murray A. "Sexual Inequality, Cultural Norms, and Wife Beating." Pub. #V-13, 1975. Available from: Murray A. Straus, Department of Sociology, University of New Hampshire, Durham, NH 03824, 25¢ per copy. Straus discusses the high frequency of marital violence and the cultural values and norms that condone it. He cites nine specific ways that male dominance in society and family creates and reinforces husband/wife violence. A good, specific review of literature of the problem is also included.

Truninger, Elizabeth. "Marital Violence: The Legal Solutions." *The Hastings Law Journal* 23:259-276, 1971. This article examines the possible and actual effectiveness of laws and legal procedures available in problems of marital violence. Though it deals specifically with California laws, the article is a good overview of the legal aspects of societal attitudes toward marriage and their effects on battered women, and the footnotes are helpful.

Warrior, Betsy. "Wife Beating" and "Battered Lives." New England Free Press, 60 Union Square, Somerville, MA 02143, 1975, 50¢ per copy. Both are well-researched articles on the cultural history and causes of wife abuse, and they discuss the present public apathy toward crimes against women. Warrior has also compiled a packet of valuable articles and information not otherwise easily available, including a list of names of contact persons working on the problem of wife abuse. Send $2.50 to Betsy Warrior, 46 Pleasant Street, Cambridge, MA 02139.

Research & Development

DYNAMICS OF INCESTUOUS FAMILIES

Based on seeing 100 cases of incest last year in his child clinical and consultive work, Dr. Alexander G. Zaphiris of the University of Denver Graduate School of Social Work, is outlining intrafamily dynamics usually present in incestuous families. In a book to be published in early 1977 Zaphiris also includes goals for treatment and a framework for testing the veracity of the incest victim's allegations. He feels such a test is most important since false charges can be devastating to an entire family.

Zaphiris' seven "family dynamics," as he refers to them, are conditions or behavior present within the family that foster a pattern of incestuous relationships. These dynamics provide a baseline for understanding the complex interchange of personalities in incestuous families. They are:

- All family members pervasively deny that incest has occurred or continues to occur.
- The husband and wife are sexually estranged.
- The mother's behavior in the home manifests dependency and infantilism, and she is cool and immature.
- The child is encouraged by the mother to assume the role of maternal grandmother.
- The mother is also a victim because of the incestuous relationship. She has a feeling of worthlessness.
- The child sees the mother as unjust, cruel, and depriving towards the father and justifies her relationship as revenge against the mother. This is also an effort to attract the mother's attention.
- The child feels guilt either for agreeing that the father is attacking her or because she is aware that daughters should not have sex with their fathers.

Zaphiris has also observed dynamics associated with the father's or stepfather's role in an incestuous relationship. Knowledge of these dynamics may alter somewhat the current presumptions about incestuous fathers but, as Zaphiris points out, logical conclusions concerning behavior can't always be drawn about these family members. Some examples of these dynamics are:

- The father is rigid and restrictive. The family is kept in social isolation.
- There is usually alcohol abuse.
- There is absence of marital discord; the parents themselves perceive their relationship as fine.
- The incestuous father is more prevalent in large families than in small ones.
- The father is timid and passive with the outside world, but within the family he may be timid or aggressive and abusive.

Zaphiris defines two distinct types of incestuous fathers. The first type, besides manifesting the dynamics above, is egocentric and narcissistic. These fathers are not likely to respond to treatment, and, therefore, treatment should focus on strengthening the wife so that she may protect her children. The second type of incestuous father usually suffers from psychoneurosis and is treatable. In these cases, the family must be supervised constantly when the children are home throughout the treatment period.

Dr. Zaphiris' book describing his methods for the identification and treatment of sexual abuse cases, including cases where the perpetrator is not known to the child, should be available by early 1977 and will be published by the University of Denver Graduate School of Social Work. It will include sections on sexual abuse of children, fundamental processes in implementing protective services, and supervision of workers in protective services in child abuse and neglect.

RESPONSE is published bimonthly by the Center for Women Policy Studies and is a project funded by the Law Enforcement Assistance Administration.

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