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Maternal personality characteristics and familial sexual abuse

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MATERNAL PERSONALITY CHARACTERISTICS AND FAMILIAL SEXUAL ABUSE

by

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As members of the Final Examination Committee, we certify that we have read the dissertation prepared by Susan Martin Lesnik

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and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

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Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

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SIGNED: Susan M. Lesnik

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To my husband for his ongoing support and patience throughout this long process.

TABLE OF CONTENTS

LIST OF TABLES

ABSTRACT

Previous clinical observations have suggested that mothers of incest victims are dependent, may be physically or mentally ill, are unable to assume adult responsibilities and have marital difficulties. In addition, they have been described as victims themselves with a history of abuse in their own childhood. There is little empirical data to support these observations.

Thirty-one mothers of incest victims and a control group of thirty mothers whose children were not incest victims completed psychological tests and a demographic questionnaire in order to empirically test the constructs of dependency, mental and physical illness, role reversal, marital dysfunction and childhood history of abuse. Age, education and ethnicity did not differ in the two groups. 42% of the mothers of incest victims reported experiencing sexual abuse as a child; 13% of the control group reported sexual abuse. Childhood physical abuse and neglect were also significantly higher for the experimental group. Mothers in the experimental group were found to have married more times and to have more children than mothers in the control group. Results of analyses of variance showed significant differences between groups on measures of family conflict and lack of family cohesion. No significant differences were found

between groups on measures of dependency, marital adjustment, depression, physical illness, and role reversal.

Results of a discriminant function analysis suggest that a combination of variables such as sexual abuse as a child, number of marriages, depression and dependency, while not significant as lone indicators, may provide the clinician with additional information in assessing possible incest within a family.

Additional empirical longitudinal research is needed to further clarify maternal personality characteristics in the incestuous family.

CHAPTER I

INTRODUCTION

Although there have been some exceptions throughout history, the taboo of incest is more or less universal. Of the thousands of cultural groupings that are known, both past and present, only a few have been shown to permit nuclear family incest of any kind (Meiselman, 1978). The nearly universal nature of the incest taboo and the intense emotions engendered by its violations, have elicited the interest of many social scientists, especially anthropologists. Although theories of incest have been cited since the early 1900's (Freud, 1913; Malinowski, 1927; Westermarck, 1922), it is only within the last decade that psychologists have begun to take a new look at incest and the family dynamics that appear to be an important part in the etiology and maintenance of an incestuous situation.

As recently as ten years ago, the sexual abuse of children was thought to be rare, perpetrated only by the mentally ill, alcoholic, or drug addicted. By the late 1970's, official reports of sexual abuse began to mushroom at a much more rapid rate than reports of other forms of abuse (Finkelhor, 1984), and the professional community began to assess the scope of the problem. The number of cases being reported to the nationwide data collection system of the

American Humane Association increased from 1,975 in 1976 and 4,327 in 1977 to 22,918 in 1982. A more systematic effort to estimate the number of new cases of sexual abuse known to professionals concluded with a figure of 44,700 for the year starting April, 1979 (Finkelhor & Hotaling, 1983).

Studies of the prevalence of child sexual abuse in the general population suggest that sexual abuse is still extremely undercounted by official reports. A 1980 mail survey of 1,054 Texas driver's license holders reported rates of three percent for males and 12% for females (Kercher & McShane, 1984). A 1981 survey of 521 Boston parents found that six percent of the males and 15% of the females had had an experience of sexual abuse before age 16 by a person at least five years older (Finkelhor, 1984). Russell (1986) found in a survey of 930 women that 28% of them had been sexually victimized before the age of 14. 12% of these women had been victimized by relatives. Other surveys of nonclinical populations have found rates ranging from 19% for females and nine percent for males in a college student sample (Finkelhor, 1979), to eight percent of females and five percent of males in another student sample (Fritz, et al., 1981). Although all of these prevalence studies have been done on populations now grown, it appears that they are still applicable to the experiences of today's children, especially since the number of reported cases has increased dramatically

over the last 10 years. Even if no more than 10% of all girls and two percent of all boys were destined to be sexually abused, it would lead to the prediction (based on 60 million children currently under the age of 18), that roughly 210,00 new cases of sexual abuse were occurring every year. This statistic gives a sense of how small a fraction of cases are reported, even given the current upswing in reporting.

Statistics vary with reference to the prevalence of sexual abuse within the family. Extrapolating from the data provided by the Kinsey Study (1953), Russell found that two to three percent of the females in the study were reported as having been sexually abused by a relative (1986). Finkelhor (1979) found 10% of the 530 female college students he surveyed to have been sexually victimized by a relative, while another survey of Boston families (Finkelhor, 1984), found five percent of the women interviewed had been sexually abused by a relative. Russell (1986), in a random address survey conducted in San Francisco, found 10% of a sample of 930 women had had at least one experience of incestuous abuse before the age of 18. Of these women, 12% had been sexually abused by a relative before reaching the age of 14. In a random sample of 248 Black and Anglo women, Wyatt (1986) found that 21% of her respondents reported at least one experience of incestuous abuse.

Along with the increased awareness of the incidence of sexual abuse, have come some changes in our understanding of the process of sexual abuse. Researchers have shown that a great deal of sexual abuse occurs within the family, at all socioeconomic levels, often goes on for an extended period of time and can leave substantial psychological scars on its victims in the form of low self-esteem and an inability to develop trust in intimate relationships (Finkelhor, 1984; Herman, 1981; Meiselman, 1978; Russell, 1986).

The effects of incest on child victims may include confusion about parental roles and boundaries, anxiety, depression, suicide attempts and inappropriate sexualized behavior (Fritz, et al, 1981; Furniss, 1983; Goodwin, 1981). The adult who was a victim of incest as a child may have difficulty with sexual relationships (Finkelhor, 1979), require psychiatric or psychological treatment (Herman, 1981; Meiselman, 1978; Lukianowicz, 1972), or themselves become abusing parents (Goodwin, 1981).

Another of the outcomes of the current research is a broader definition of the term **incest.** In the past, incest has been defined as genital intercourse only (Weinberg, 1955), this by the nature of the definition excluding a good deal of sexual activity with younger children, because genital intercourse is considerably more difficult to effect with a very young female. This definition also excludes any

homosexual abuse. Today most researchers (Herman, 1983; Meiselman, 1978; Renvoise, 1982; Sgroi, 1982; Thorman, 1983) use a broader definition of incest which may include, but not be limited to, oral-genital contact, fondling of genitals and mutual masturbation, and intercourse, either of a vaginal or anal nature. Renvoize (1982) defines incest as a sexual relationship that may continue for years or be expressed overtly by nothing more than a single act, that takes place between a young person under the age of consent and an older person who has a close family tie, which is either a blood tie as with father/daughter/son, mother/daughter/son, brother/sister, or is a substitute for such relationships, as with a step-parent or parent's lover where the substitute has effectively taken over the role of the missing parent. The sexual acts can vary from exhibitionism to full intercourse: the only essential is that they shall be perceived either contemporaneously or later by the younger person to be of a sexual nature and of sufficient intensity to cause disturbance in that younger person. In line with the terminology discussed above, the term, **familial sexual abuse** will be used interchangably with the term **incest** in this paper.

Familial sexual abuse is by the nature of its definition, a family problem. It is a relationship among at least three persons - the two participants and the non-participating parent. What has changed over the last 10 years is the

emphasis on the offender and the victim as the only problem within the family. Meiselman (1978) found in 50 years of research that backgrounds of mothers in father/daughter incest were seldom explored by therapists or researchers, since mothers were not usually the identified victims or perpetrators. Clinicians now emphasize that the whole family is involved in a dysfunctional system, with familial sexual abuse as one of the outcomes of the dysfunctions within the family (Cohen, 1983; Dietz & Craft, 1980; Herman, 1983; Maisch, 1972; Thorman 1983). Still, within the family systems research on familial sexual abuse, it has become apparent that while emphasis has continued to be placed on the offender and the personality factors that are seen to lead to the sexual abuse offenses, (Abel, 1984; Lukianowicz, 1972; Swanson, 1985; Well, 1981; Wolf, 1984), very little empirical research has been generated with reference to the personality and role of the mother within the incestuous family.

With the exception of Goodwin (1981), there are virtually no systematic and controlled studies of the personality and role of the mother in incestuous families, despite much clinical speculation about her role. This study will address the gap in our knowledge and consists of a controlled descriptive study of the mother in incestuous families, compared to an appropriate control group, in an attempt to move the clinical speculation to empirical test.

General Considerations

An exhaustive survey of the literature by the present author has indicated that there is very little controlled research using objective measures in the area of incestuous families in general, and of the personality and role of the mother in particular. Most of the reports consist of single cases or very small sample sizes, mostly without measurement (Cormier, 1962; Eist & Mandel, 1968; Kaufman, Peck & Taqiuri, 1954; Lustig, Dresser, Spellman & Murray, 1966). While such reports are useful to generate hypotheses, they are not hypothesis-testing. Such reports will be treated as clinical observations and theoretical speculations in this review. As a minimum, a report needs to include sample size and objective measurements and/or responses to standard questions to qualify as a research report for the purpose of this review. Given the paucity of controlled research, single group reports with objective measures will be reviewed as will studies which compare the target group to one or more appropriate control groups.

First, research examining aspects of incestuous families in general will be reviewed. Then, clinical observations and research specifically relating to the description and role of the mother in incestuous families will be examined.

Research on Incestuous Families

The majority of reports on incestuous families, including the victims, the perpetrator and the non-offending parent have involved one or more clinical case histories containing qualitative information obtained by a non-structured interview, either in the context of psychotherapy or otherwise. In order to obtain somewhat more objective results, a structured interview has sometimes been used with a series of standard questions for each case investigated. Reliability of interview responses is rarely assessed. Very few studies have made use of standardized psychological tests. Of thirty-one published studies of the perpetrator and the victim that appeared in the United States between 1934 and 1977, only five used some form of objective measures. The five studies had sample sizes of 1, 5, 11, 12, and 26 with none using a control group (Cavallin, 1966; Kaufman, et al., 1954; Raphling, et al., 1967; Weiner, 1962; Weiss, et al., 1955). One study did not specify the measures used.

While these case studies are interesting and suggestive, they do not constitute adequate samples of incestuous families for research. In addition, there is another inherent limitation with these reports. When all the cases are described by the same clinician, it would be unusual if there were not a definite bias in the direction of his or her theoretical beliefs about incest.

The Perpetrator

Theorists have generally taken two basic views of the familial sex offender. In much of the literature, they have been presented as an entirely distinct group from other kinds of sex offenders against children (deYoung, 1982; Furniss, 1982; Langevin, 1983). In the second approach, general theories about child molesters are developed and incest offenders are integrated into those theories. For a review of the general theories about sex offenders, the reader is referred to Groth (1979) and Howells (1981).

The proponents of the theories that consider the incest offender to be different than other sex offenders against children stress the situational and personality factors in the perpetrator's life as opposed to an uncontrollable desire to be sexually involved only with children. One of the most consistent clinical observations about incest is that it usually occurs after the breakdown of sexual relations between husband and wife (Henderson, 1972; Maisch, 1972; Molar & Cameron, 1975). The offender is seen as either a tyrant (Lukianowicz, 1972; Lustig, et al., 1966; Maisch, 1972; Weinberg, 1955), or conversly , as quite shy, ineffectual and unable to maintain appropriate social relationships (Cormier, 1962; Furniss, 1982). Both of these personality types are

further thought to have something in common: alcohol. Many observers have been struck by the high degree of alcoholism among incest offenders (Bernard, 1983; Browning & Boatman, 1977; Justice & Justice, 1979; Luckianowicz, 1972; Maisch, 1972). However, controlled empirical studies of these observation are lacking; most of these reports should be considered suggestive only.

The Victims

Studies of the victims of familial sexual abuse began in 1937 with Bender and Blau who reported on four children admitted to Bellevue Hospital's Children's Ward. The children ranged in age from five to 12. During interviews, the authors determined that the children were physically normal, hyperactive, had unusually attractive and charming personalities and that they may have behaved alluringly or seductively with the perpetrator.

Since that time, various clinicians and researchers have characterized the child victims as powerless, depressed, anxious and probably the oldest child, or the first female child (Browning & Boatman, 1988, Finkelhor, 1979; Justice & Justice, 1979; Meiselman, 1978; Maisch, 1972). They have attempted suicide (Goodwin, 1981) and appear to be at risk for relationship failures in their adult life (Finkelhor, 1984; Herman, 1981; Russell, 1986).

Kaufman, et al., (1954) were one of the very few researchers who, in addition to interviews, used objective and subjective measures of intelligence and personality. During the research period, seven child incest victims were administered the Stanford-Binet Intelligence Test or the Wechsler-Bellevue Intelligence Test, the Rorschach, the Thematic Apperception Test and Goodenough Draw-A-Man test. The results showed that performance scores were generally higher than verbal scores on the intelligence test, but the examiner felt that all the subjects performed below their ability. The results of the Rorschach suggested the subjects to be depressed, anxious and confused. All displayed confused sexual identification as indicated by the TAT and the Draw-A-Man.

Much of the research on victims has been retrospective with adults who were surveyed about their childhood sexual abuse experiences. One such study (Russell, 1986) was a random address survey of 930 women in San Francisco. The results of this survey showed that approximately one in six women are incestuously abused before the age of 18 and one in approximately eight are so abused before the age of fourteen.

Long term effects for this sample included repeated victimization, more likelihood of divorce or separation and more children. Herman and Hirschman (1981) found that forty

women who had had incestuous relationships with their fathers during childhood had a higher rate of running away, suicide attempts and pregnancy during adolescence than a comparison group of twenty women who had not had an incestuous relationship.

As is evident throughout the literature on incestuous families, the research involving victims is quite limited and focuses mainly on adult recollections of childhood experiences.

The Family System

One of the earliest reports on the family dynamics of incest was by Weinberg (1955) who interviewed 159 families in which incest had occurred. He reported that in the majority of families, the father was dominant and the mother indifferent. He stated that the fathers were also predominantly violent and alcoholic. Although he interviewed a large sample, he did not use any standardized measures nor a control group, so that these data are suggestive at best.

In a similar report of 67 incest cases, Maisch (1972) identified by interview a variety of home factors which he deemed conducive to the onset of father/daughter incest: alcoholic father; wife ill or not at home; father and daughter sharing sleeping quarters; overcrowded living; passive

behavior on the victim's part; acquiescence to father as authority figure; disbelief by mother; authoritarian, tyrannical father; wife's rejection of sexual intercourse, and mother's acceptance of the incest relationship. Again, no measures or control groups were used, weakening the potential of these findings to quantify family dynamics in incest.

Based on the theory of a dysfunctional family system at work in an incestuous family, clinicians in the middle of the 1970's began to treat the whole family when incest occurred, instead of just the perpetrator (Giarretto, 1977). In 1976, Henry Giarretto began what subsequently became Parents United in Santa Clara County, California. Partly based on the clinical work of Furniss in Great Britain, the treatment program (Giarretto, 1977) viewed the incestuous family as a triad, with the notion of incest as a symptom of family disturbance. In part, the theory states that the incestuous relationship between the perpetrator and the victim has the function of regulating the emotional/sexual conflicts between the parents. The treatment then focuses on delineating appropriate boundaries between parents and children and breaking up the triad. This view of incest is consistent with other family systems theories as well (Haley, 1987; Minuchin, 1974; Zuk, 1971).

There is no data directly relevant to the family system view. However, Giarretto (1981) has presented preliminary

data suggesting lower recividism rates when the offender and his family are involved in family treatment compared to serving time in prison.

The Mother

Methodological Problems

The research on mothers in incestuous families is the most seriously flawed. Assumptions about the personality characteristics of the mother have been made based on the offending spouse's comments (Maisch, 1972), family history (Browning & Boatman, 1977; Lustig, et al., 1966; Machotka, et al, 1967), and clinical impressions (Browning & Boatman, 1977; Lukianowicz, 1972; Lustig, et al., 1966; Machtoka, et al., 1967). A thorough review of the literature by the present author produced no report in which quantitative measurements were employed, although three studies used some form of a structured interview. When interviews or reviews of records were employed, procedures were inadequately described and hence, not replicable. Moreover, very few cases reports used adequate sample sizes and non-random sampling procedures (Browning & Boatman, 1977; Eist & Mandel, 1968; Kaufman, et al., 1954; Lukianowicz, 1972; Lustig, et al., 1966; Machotka, et al., 1967; Maisch, 1972). Given the nature of incest with its strong emotional and legal taboos, it would be very difficult to obtain a representative sample. Because of the

usual practice of obtaining samples from legal, social, or clinical agencies which come into contact with incestuous families, researchers should always be conscious about the manner in which their research setting influences their findings about incest.

The reader is reminded that the present study is correlational only; inferences should not be made about any causal links between the occurrence of incest in the family and the personality traits of the mother. Similar to all research in this area, the subjects in this study were from families in which incest had previously been discovered and reported.

To date, only one empirical study of mothers, using a control group, has been published. Goodwin (1982) who was interested in the rate of sexual abuse in mothers of sexually and physically abused children, used either a structured psychiatric interview or evaluation or a sexual stress questionnaire to obtain information about childhood sexual experiences. The results of this study will be presented later. Although this study fails to specify in detail the psychiatric interview used and employs a sexual stress questionnaire that apparently has no published reliability or validity, it merits further consideration because it is the only study published which has used an adequate sample size

along with a randomly selected control group of the same age and ethnic background.

Non-empirical Theories of Mother Role in Incestuous Families

Many theories have suggested that the mothers in sexually abusing families play an integral and important role in helping create and maintain the sexual abuse perpetrated by the father/stepfather. These theories can be classified into three general categories:

1. The mother can be seen as a colluder, either unconsciously or consciously.

2. The mother can be seen as helpless and dependent, one who, through role reversal that develops as a result of her state of dependency, gives her responsibilities as a wife to her daughter.

3. The mother who was or is a victim herself, involved in an abusive relationship with her husband and with her own sexual abuse history from childhood. This is seen as the mother who is prone to ignore or deny her daughter's victimization in order to maintain a thinly constructed sense of self-worth and the pretense of a tolerable reality.

The mother as a colluder was discussed in the following studies:

Collusion Model - Clinical Observations and Views

Lustig, et al., (1966) in their clinical observations of six cases of familial sexual abuse, suggested that the mothers had a history of sexually rejecting and depreciating their husbands while playing conspicuous roles in directing the husband's sexual energies towards the daughter. Meiselman (1978) described the mother as the family member who sets up the father and daughter for the incest relationship, usually by withdrawing from her sexual role in the marriage and ignoring the special relationship between her husband and daughter. This set-up, according to Meiselman, may be the result of early incest experiences of the mother. These experiences may result in problems with sexual identity and sexual responsiveness, which frustrate and deprive the husband, making the mother an "incest carrier" across generations.

Lukianowicz (1972) suggested from his observations of incestuous families, that many of the mothers were fully aware of what was going on between their husbands and daughters. He suggests several possible reasons for the apparent collusion: economics, mother having a lover of her own, and mother's wish to not have sexual relations with her husband.

Dependency & Disability Model - Clinical Observations and Views

The second category, the theory that describes the mother as helpless and dependent, and possibly ill, is widespread throughout the literature.

Meiselman (1978) suggested that the mother's role in the incestuous family is one of the helpless woman who contributed to the incest through a role reversal that develops as a result of her state of dependency.

The two personality characteristics of dependency and passivity appear repetitively in descriptions of the wives of incestuous fathers. Clinicians have speculated, through observations, about some of the symptoms that appear to manifest as dependency and passivity characteristics. Cormier, Kennedy and Sangowicz (1962), looking at a sample of 27 women, classified, through clinical observations during psychotherapy, a number of the mothers to be so passive and submissive to their husbands that they were unable to protect their daughters from them. Kaufman, Peck and Tagiuri (1954) observed that the 11 mothers in their sample were very needy in an emotional sense and constantly fighting off their feeling of worthlessness. Extremely dependent upon their husbands, they seemed unable to assume the role of adult women and not only were passive but also gave the impression of

being incompetent. Finkelhor (1978) concluded from his observations of mothers in incestuous families that they were dependent and powerless and unable to defend their own position. In Lukianowicz's report (1972) of 25 cases of familial sexual abuse, he concluded, after interviews, that at least 10 mothers were fully aware of what was going on between their husbands and daughter, but because of their dependency and fear of losing their husbands, chose to keep quiet. In a classic case presentation, Lustig et al., (1966) reported that the mothers experienced either physical or psychological desertion in their childhoods leaving them dependent and infantile.

One of the most consistent observations in the literature is the unusually high rate of serious physical or mental illness or disability in mothers of sexually abused children. Browning and Boatman (1977) reviewed the records of 14 cases of incest. Their diagnostic impressions were as follows: Eight of the mothers were chronically depressed, (five of them had been treated for depression in the past); two were called "anxious"; one had a past history of psychosis, one was a borderline personality; one was alcoholic and one had abandoned the family. The basis for these diagnoses was not determined. Lukianowicz (1972) reported on 25 cases of paternal incest in County Antrim, Ireland. His impression of the mother's personalities were as follows: Twelve of them

did not show any gross deviations, eight were probably psychopaths (he does not elaborate on how he arrived at his conclusions), two women showed symptoms of hysterical personality and three were excessively anxious.

The theory that the presence of depression is a contributing factor of the mother's inability to assume her role as parent and wife within the incestuous family, as well as the possibility of the presence of other serious illnesses or disabilities has been one of the most consistent observations in the literature (Browning & Boatman, 1977; Finkelhor, 1979; Herman, 1981; Maisch, 1972). Depression, together with alcoholism and schizophrenia are the disorders most often noted by the observers. All of these studies are based on clinical interviews and observations only.

Although well-controlled studies using standardized measures have not been used to test the dependency/disability model, clinical observations and the results from the studies cited suggest that mothers in incestuous families may be more dependent and have more physical or mental illness than mothers who are not in incestuous families.

Victim Model - Clinical Observations and Views

The third category of observations concerning the mother's role in sexually abusing families is that of a mother who was or is a victim herself. The basic premise in this theory is that many mothers in incestuous families have themselves been abused as children. Their non-intervention is seen in part as a denial of their own childhood victimization, what Meiselman (1978) labels the "transmissible" quality of incest.

Throughout the literature, the theme of deprivation and abuse in the mother's childhood is dominant. Kaufman, et al., (1954) in their clinical observations of eleven incestuous families, noted that all the maternal grandfathers of the incest victims had, at some time, deserted their daughters and wives and that there was a marked similarity in the personality of all the maternal grandmothers, who were seen as angry, controlling and rejecting of their own daughters. These observations were based on interviews with the incest victims' parents, who reported on their parents. There was no direct contact with the maternal grandparents. Zueler and Reposa (1983), through observations made while treating incestuous families, characterized mothers in these families as dependent women who have adopted a masochistic stance and whose self-image is extremely low due to undifferentiated

relationships with their own mothers, a relationship that is seen as rejecting and hostile. Meiselman (1978) suggests that as a result of early incest experiences themselves, many mothers may have a fear of intimacy which can cause long-term problems with sexual identity and sexual responsiveness. Finkelhor (1978) proposes the theme of abandonment as a key factor in the mother's dependent personality. Fathers and mothers may have walked out of the mother's past, leaving behind an ingrained fear of abandonment. Although there are no controlled studies to date which indicate that mothers in incestuous families have more experiences with institutionalization and desertion in childhood than other women of comparable socioeconomic backgrounds, it has been suggested by knowledgeable clinicians that at least some of the mothers in incestuous families have been deprived of the opportunity of learning the maternal role from their own mothers. Lustig et al., (1966) concluded from their observations that all of their subjects experienced either physical or psychological desertion in their childhoods. A number of other clinical reports have suggested that the mothers in incestuous families have been victims, (Finkelhor, 1979; Goodwin, 1982; Meiselman, 1978; Summit & Kryso, 1978; Vander Mey & Neff, 1986; Wells, 1981).

Based on clinical observations by clinicians, victimization of the mother during her own childhood either by

abuse, deprivation or desertion, may be a factor in either contributing to or maintaining the incest taking place with her own child. Goodwin's empirical study (1982) also indicated that prior victimization of the mother may be a factor in the incestuous family.

Other Personality Factors

In addition to the personality factors and circumstances cited above, dysfunctional marital relations and inadequate role functioning have been mentioned in the literature on familial sexual abuse as contributors to the occurrence of incest.

Marital Relations

A consistent observation in studies of father-daughter incest has been that the father has lost sexual access to the mother in many cases. Mother's absence from the home, or her serious illness are cited as reasons for a wife to be sexually unavailable, but the majority of the case reports express the view that the wife in the incestuous family is adverse to sexual relations. Maisch (1972) reported that 26% of his sample of incestuous fathers reported that they were not having any sexual relationship. Lustig et al., (1966) described the wives in their sample as sexually rejecting and depreciating of their husbands. Cormier, Kennedy, and

Sangowicz (1962) noted that many of the mothers they interviewed were sexually non-responsive.

Lustig et al., (1966) suggested six elements that they believed were present within a familial sexual abuse situation, based on their observation. Second in importance was an impaired sexual relationship between the parents. Taylor (1982) theorizes that the marital relationship in an incestuous family is a setting where the partner's unmet dependency needs are only partially expressed and met, where each spouse reinforces the atmosphere of indirectness and poor self-image, and where intimacy and trust are experienced less often than fear and isolation.

Whether these marital problems existed prior to the beginning of the incestuous situation is unclear; all observers cited above suggest this, but there is no empirical data offered in any of the reports.

Role Functioning

Kaufman, Peck and Tagiuri (1954) suggested that the mother develops a very special, conflict-laden relationship with one of her daughters long before the incest occurs. The chosen daughter is initially treated very well, even being overindulged in comparison with her siblings, and she is encouraged to assume the responsibilities of an adult woman

very early in life. At first, mother and daughter are allies and workmates in the care of younger siblings and the performance of household tasks, but gradually the mother relinquishes her responsibilities to the daughter and allows her to play the role of "little mother" in the family. This role reversal implies a special, wifelike relationship with her father. Machotka et al., (1967) noted the mothers in the families they observed to be dependent, infantile and part of a mother-daughter role reversal. Furniss (1985) further suggested that the constellation that brings about familial sexual abuse between father and daughter is the combination of the emotional dependence and incongruent sexual relationships between different generations in the family. Furniss believed that the mother is seen as a pseudo-equal to her daughter, and if there appears to be a close relationship, it is one in which the child has become the parent figure to her mother. Herman and Hirschman (1981) speculated that many of the daughters they interviewed had effectively replaced their mothers and become the father's surrogate wife through assumptions of household chores, child care of younger siblings and sexual relations with their father.

Controlled Research

In addition to the clinical observations and views discussed in the previous section there are three studies that

meet the dual criteria of having a sample size greater than one and some type of objective measurement and/or responses to a standard set of questions.

Goodwin (1982) compared 100 mothers of sexually and physically abused children to 500 women in the community. Goodwin speculated that the mother in the incestuous family used denial as a defense mechanism, because of the probability of her own incestuous experience, to resist recognition of the incest. In order to test this hypothesis, she examined the rate of incest in mothers of abused children and a control group. The 100 mothers of abused (sexual and physical) children were obtained through referrals for treatment and/or a psychiatric evaluation after child abuse was substantiated. The 500 women who made up the control group were recruited through voluntary organizations in the same community. The groups were matched on age and ethnic backgrounds with the only difference being that the women in the general population sample had more years of schooling than did the mothers in the abusive families.

The subjects in the experimental group were assessed through a structured psychiatric interview; the 500 women in the control group completed the Sexual Stress Questionnaire (Divasto, 1979, unpublished data). No information was available on either the structured psychiatric interview used

or the validity and reliability data on the Sexual Stress Questionnaire.

The results showed that 24% of the women from families involved in child abuse described incest experiences in childhood, about eight times the rate found in the control sample ($p<.01$). In addition, the incest victims in the abusive group (N=24) differed from the incest victims in the general population group. Fewer of the victims in the abusive sample told anyone. Only five of the 24 told a parent at the time and four of these noted that they were not believed. Thirty-three percent of the general population victims were able to successfully tell a parent at the time.

The results reported in the study are consistent with most of the previous clinical observations and suggest a high rate of histories of sexual abuse of mothers in incestuous families. Although there are evident weaknesses in this study such as the lack of information about the measures used, it is the only published study found to use a substantial sample size with a matched control group, along with some attempt at standardized measurement.

In a retrospective study, Finkelhor (1979) administered a standardized questionnaire to 806 college students. Of those 806, 121 had been, at some time in their childhood, sexual abuse victims. The part of the questionnaire that related to

mothers concerned serious physical or mental illness suffered by the mothers of the sexual abuse victims. The results showed a higher rate of physical or mental illness for the mothers of sexual abuse victims than for the non-abused students. This study is limited, however, because of the use of a non-random population, self-reporting by students of parent's illness and the inclusion of sexual abuse by strangers and teen-agers (Students were asked to note experiences that they had before the age of 12 with a person over 16).

In the third study, Herman (1981) found, through standardized interviewing of adult incest victims, that the mothers in the incestuous families were often physically or mentally unable to fulfill the normal duties of her role. Using a sample of forty incest victims and twenty non-incest women, all who were in psychotherapy, Herman reports that the mother was ill in 55% of the incestuous families. Depression, alcoholism and psychosis were among the most common causes of the mother's disability. The control sample contained only 15% of mothers who were ill or disabled. 45% of the women in the incest group reported that they took on a maternal role in their families by age eight or nine because of the disability of the mother; five percent of the comparison group assumed maternal responsibilities.

The three studies discussed above reflect a higher rate of victimization suffered by mothers in incestuous families, and a higher rate of physical or mental illness than the mothers of a non-incest sample, corroborating frequent clinical observations.

SUMMARY

Observations by clinicians have suggested that the mothers involved in familial sexual abuse situations are dependent and passive, withdrawn and possibly ill, suffering from low self-esteem and immaturity. They are seen as not able to be an appropriate parent figure to their children, nor wife to their husband. They may use their daughters to both distance themselves from their husbands, and to avoid the responsibility of being a parent and wife.

Given the important part that the wife/mother has in the incestuous family, and the need for those treating these families to be aware of all the components present in familial sexual abuse, the link between maternal personality characteristics and adjustment and incest merits study. Although there is a paucity of controlled research using objective measures and appropriate numbers of subjects, the constructs of dependency, depression/illness, marital relations, role reversal and mother's childhood abuse appear

to be important factors within the incestuous family. The present project will attempt to determine whether incestuous mothers have these personality characteristics and if so, describe some of the possible links between these characteristics and the incidence of familial sexual abuse within the family.

While most of the clinicians cited have concluded from their observations that the childhood experiences of the mothers, such as desertion, sexual abuse and emotional deprivation, play a role in the eventual "setting up" of the incestuous situation within the family, it is important to note that some of the characteristics used to describe the mothers might also be attributed to the discovery of the incestuous relationship. Since all of the research in this area has been conducted with families in which incest has been discovered and reported, symptoms of depression, illness, withdrawal from parental roles and inability to function effectively may reflect not preexisting pathology, but rather, a consequence of the discovery of the abusive situation.

While conclusions reached by most researchers suggest that a history of depression, passivity, and impaired marital and maternal functioning existed prior to the discovery of the incestuous situation, caution should be used when interpretating these characteristics as causal to the creation of incest within the family. The research reported in this

study is correlational in nature and inferences should not be made concerning causality.

In summary, a review of clinical observations and research in the literature suggest several factors that may characterize the mothers in incestuous families:

1. Dependency/Passivity
2. Poor Marital Relations
3. Role Reversal Between Mother and Daughter
4. Deprived and Neglected/Abused Childhood of Mother
5. Depression or Other Incapacitating Illness

From these personality constructs the following hypotheses are suggested and will be examined in the present study:

1. Mothers in incestuous families will be more dependent and passive than mothers in non-incestuous families.

2. Mothers in incestuous families will be more depressed and/or incapacitated by physical or mental illness than mothers in non-incestuous families.

3. Mothers in incestuous families will have more dysfunctional marital relationships than mothers in non-incestuous families.

4. Mothers in incestuous families will have reversed roles with their daughter (the victims of the familial sexual abuse). Mothers in non-incestuous families will not have reversed roles with their daughters.

5. Mothers in incestuous families will have suffered more abuse and deprivation (physical, sexual and psychological) in their childhood than mothers in non-incestuous families.

CHAPTER II

METHOD

SUBJECTS

Thirty-one women made up the experimental group. All of these women were involved in a community treatment program for incestuous families. The treatment program was created in 1980 as an alternative to prison for incest offenders. In order to be accepted into the program, the perpetrator must be a first-time offender, must acknowledge his guilt, and his family must be willing to be involved in treatment. An intra-agency team decides upon the initial appropriateness of an offender for the program, and a judge, in a non-jury trial, gives the final approval. Each woman had a daughter or a son who had been sexually molested by the male parent-figure in the home. The women were either in a group for spouses of offenders, a parenting skills group, or a communication group with their husbands. In addition, the child victims were in treatment groups, according to age. The offender was either in an offender's group, a parenting skills group or a communication group with his wife. None of the husbands were living with their wives or children during this study. Some of the men were serving a work furlough sentence of from one to two years in the local jail; working at their regular jobs during the day and returning to the jail at night. The men who had received probation or had already served their

sentence in jail, were living by themselves or with other men in a group home. One of the stipulations of the treatment program is that none of the men are allowed to live at home until the treatment program has been completed by all members of the family. None of the women's husbands were currently serving time in prison. Depending upon their length of time in the program, some of the women, in addition to group treatment, may have been in individual, marital or family therapy. The length of time the women had been involved in treatment ranged from three months to one and one-half years.

Ages of the women in the experimental group ranged from 24-54 with a mean age of 36. The ethnic background of the women was two-thirds (N= 21) Anglo, and one-third (N= 10) Hispanic. The women in the experimental group all lived in Tucson, a mid-sized city in Arizona, where the population is predominantly Anglo and Hispanic.

As an incentive to encourage participation, for each completed questionnaire packet, a contribution of $5.00 was made to Parents United, an organization run by and for parents who have been involved in incestuous situations within their family.

The control group consisted of thirty women, solicited by notices posted in several work locations in Ventura County, California. The notice asked for any women who were mothers

and were interested in earning $5.00 for filling out anonymous questionnaires concerning themselves and their marriages. The control group ranged in age from 23 to 57, with a mean age of 36. They were predominantly Anglo (N=19), with Hispanics representing 33% (11). None of the control group were in treatment for an incestuous family situation nor were they aware of any sexual activity between their husband/boyfriends and any of their children. In order to determine this, a question was asked at the end of the demographics questionnaire about knowledge of sexual activity between the husband/boyfriend and any of the woman's children (See Appendix). The women in the control group all lived in Ventura, a small city in southern California, with an ethnic population very similar to that of Tucson, Arizona where the experimental data was collected.

Each woman in the control group was paid $5.00 for her participation in the study.

PROCEDURE

Because the women in the experimental group were involved with state Child Protective Services, it was necessary to obtain approval from that agency prior to having the women participate in the study.

In order to obtain the necessary approvals, a proposal was submitted to the Department of Economic Security which has responsibility for Child Protective Services in the State of Arizona. The assurances required by the State Attorney General's Office included the following:

1. Each potential participant received by registered mail a statement concerning the intended research. This statement described the nature of the project, the voluntary nature of participation and an agreement by the researcher to report to Child Protective Services any abuse not previously reported that might be disclosed during participation. In addition, a disclaimer from the State was included, stating that the research was not being supported by any state agency.

2. Each potential participant also received by mail an informed consent form to be signed and returned when they completed the questionnaires.

3. The registered mail return-receipts and the signed informed consent forms were forwarded to the State for their records, to be maintained by Child Protective Services for a period of nine years.

After receiving approval from the State, all the women who were participating in the treatment program (fifty-five) met together with the researcher. At that time, the study was explained to them, the voluntary nature of participation was

reviewed and confidentiality was assured. Trust had previously developed between the women and the researcher, who had participated in group meetings with them over the course of one and one-half years. The women were asked to list their names and addresses if they were interested in participating in the study.

Certified return-receipt-requested letters, containing the statement of intent of research and the informed consent forms were sent to all the women who had agreed to participate, a total of forty-one. An arrangement was made to administer the questionnaires directly before or after group meetings which all the women attended. The questionnaires took approximately one hour to complete.

Of the forty-one women who had agreed to participate, nine did not come during the scheduled administration. One woman died unexpectedly, and the other eight were sent forms to be completed and returned by mail. A stamped, self-addressed envelope was enclosed with the questionnaires to encourage completion and return. Despite two reminder letters, only three completed questionnaires were returned from this sub-group. Four questionnaires were eliminated from the total of thirty-five responses because of incomplete answers. Thus, of a sample of fifty-five women who were solicited, forty-one agreed to participate. Of these forty-

one, thirty-one completed all the procedures and are the final sample constituting the experimental group.

In order to obtain a comparison group, notices were posted in several work locations such as commercial laundries, an electric company and a manufacturing plant. These sites were selected in order to obtain a control group of similar socioeconomic background. The project was also explained to supervisors at the work sites, who, in all but one location, were willing to hand out and collect the completed questionnaires. Instructions were provided with the packet and all participants had access either by telephone or in person to the researcher. When questionnaires were not completed as promised, after two reminder calls or visits, other subjects were recruited. A total of forty-eight questionnaires were distributed, thirty-six were returned and six of those were eliminated because of incomplete answers. Each woman was paid $5.00 for her completed questionnaire.

INSTRUMENTS

The following instruments were administered to all subjects:

1. Beck Depression Inventory. This scale was used to assess depression. The scale is a self-report measure consisting of 21 questions which are scored from zero for the absence of the symptom being assessed to three for a severe manifestation of the symptom. The range of possible scores extends from zero to 63 with scores of zero to nine typically being categorized as non-depressed, 10 to 15 as mildly depressed, 16-23 as moderately depressed and 24-63 as severely depressed (Beck, et al., 1961). The Beck Depression Inventory was initially normed on 598 clinic and hospitalized psychiatric patients. The split-half reliability was highly significant. Each of the items correlated significantly with the total test score (Beck, et al., 1961). For purposes of replication, a second sample of 183 cases was subjected to the same procedure (Beck, et al., 1961). Independent clinical ratings of the depth of depression were made by experienced psychiatrists and correlated highly and significantly with scores on the inventory. A recent review (Shaw, et al., 1985) has supported the reliability and validity of the Beck Depression Inventory.

2. Interpersonal Dependency Inventory. This measure is a 48-item self report inventory which assesses interpersonal dependency in adults (Hirschfeld, et al., 1977). Three components of interpersonal dependency are part of the scale: Emotional Reliance on Another Person, Lack of Social Self-Confidence and Assertion of Autonomy. The inventory was normed on both a college sample (N=220) and a psychiatric sample (N=180). Differences between the psychiatric patients and the normal sample show that the psychiatric patients scored significantly higher on the scale for Emotional Reliance on Another Person and Lack of Social Self-Confidence, but there were no significant differences on Assertion of Autonomy. On a cross-validating sample of 121 normals and 66 psychiatric subjects, the patients again scored significantly higher on Emotional Reliance on Another Person and Lack of Social Self-Confidence and the two groups were not significantly different on Assertion of Autonomy. Split-half reliabilities on both the initial sample and the cross-validating sample were within the acceptable range.

This measure attempts to distinguish between attachment and dependency, and was used to assess possible dependency characteristics within mothers in incestuous families.

3. Dyadic Adjustment Scale. This scale (Spainer, 1976) was used to assess the quality of the marital relationship of the subjects. The measure consists of 32 items, which are

answered on a Likert scale, with a possible range of scores of zero to 151. A factor analysis (Spainer, 1976) found four dimensions of dyadic adjustment present in the scale - dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression.

Items included in the Dyadic Adjustment Scale were evaluated by three judges for content validity. In order to assess criterion-related validity, the scale was administered to a married sample of 218 persons and a divorced sample of 94 persons. Each of the 32 items in the scale correlated significantly with the external criterion of marital status. In other words, for each item, the divorced sample differed significantly from the married sample. A recent review (Spainer & Filsinger, 1983) has supported the reliability and validity of the Dyadic Adjustment Scale.

A possible bias with this scale appears to be common to marital adjustment scales in general and that is the subject's tendencies to distort the appraisals of their marriages in the direction of social desirability (Edmonds, et al., 1972).

4. Social Support Questionnaire. This scale was used to assess the perceptions of the subjects concerning both the amount of social support available to them and the quality of the available support. Andrew, Tennant, Hewson and Schonnel (1978) found that the combination of recent stressful life

events, low levels of social support and adverse childhood experiences successfully predicted the occurrence of maladjustment in adults. This description appears to be germane to the mothers in incestuous situations.

The Social Support Questionnaire employed (Sarason, 1983) is a 27 item measure which assesses both the amount of and satisfaction with perceived social support. Each question requires a two-part answer. The items ask that subjects (a) list the people who they can trust and on whom they can rely in given sets of circumstances and (b) indicate how satisfied they are with these social supports. The number (N) score for each item of the SSQ is the number of support persons listed. The social support available to deal with a given problem is rated on a scale ranging from "very satisfied" to "very dissatisfied". This yields a satisfaction (S) score for each item that ranges from between one and six. The overall N and S scores are obtained by dividing the sum of N or S scores for all items by 27, the number of items.

The Social Support Questionnaire was initially normed on 602 undergraduates. The SSQ was readministered to 105 of the original 602 subjects four weeks after the original administration. The test-retest correlations were significant (Sarason, 1983).

Additional studies (Sarason, et al., 1983) with the scale have shown that as a group, women with low social support appear to be significantly less happy and more introverted than those women with high social support. In addition, low social support for women was associated with relatively unpleasant memories of early parent-child relationships. For men and women both SSQ-N and SSQ-S correlated significantly and negatively with anxiety and depression (Sarason, et al., 1983).

5. Levenson's Internal-Powerful Others -Chance Scales. (Levenson, 1973). This locus of control scale uses three dimensions to assess locus of control-Internal, Powerful Others and Chance. This scale was based on the conceptualization that those who believe in powerful others (one external orientation) will behave and think differently from those who feel the world is unordered and unpredictable (a second external dimension). These scales are composed of both items adapted from Rotter's scale and a set of statements written specifically to tap beliefs about the operation of the three dimensions of control - beliefs in personal control (Internal Scale), powerful others (Powerful Others Scale) and chance or fate (Chance Scale). The I, P, and C Scales comprise three 8-item sub-scales with a 7-point Likert format, presented to the subject as a unified scale of 24 items. To score the scales, the subject's responses to each item are

added from "strongly disagree" to "strongly agree" (from -3 to +3, including a mid-point of zero), to which a constant of 24 is added to eliminate negative values. The range on each scale is from zero to 48.

Various studies have shown means on the Internal Scale ranging from 43.8, (Rupkey, 1978) to 30.99 (Shearer & Moore, 1978). The means for the Powerful Other Scale range from 35.13 (Martin, 1979) to 14.64 (Levenson, 1973). The Chance Scale has shown means from 31.88 (Caster & Parsons, 1977) to 12.16 (Ryckman & Malikioski, 1974). The studies cited reflect different groups, gender, ethnic background and professions. Internal consistency estimates are only moderately high, but since the items sample from a variety of situations, this is to be expected.

The validity of the I,P, and C Scales has been demonstrated chiefly through convergent and discriminate methods that are designed to show significant low-order correlations with other measures of the general construct as well as a pattern of theoretically expected positive and negative relationships with other variables (Levenson, 1973).

6. Family Environment Scale. This scale (Moos & Moos, 1976) was developed to assess the social-environmental characteristics of families. Three categories are used in order to arrive at a family type: relationships, personal

growth and system maintenance. The relationship category includes such items as cohesion, expressiveness and conflict, and assesses the degree of commitment, help and support family members provide for one another; the extent to which family members are encouraged to act openly and to express their feelings directly; and the amount of openly expressed anger, aggression, and conflict among family members. The category of personal growth which includes such items as independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation and moral-religious emphasis assesses the extent to which family members are assertive, are self-sufficient, and make their own decisions; the extent to which activities (such as school and work) are cast into an achievement oriented or competitive framework; the degree of interest in political, social, intellectual and cultural activities; the extent of participation in social and recreational activities; and the degree of emphasis on ethical and religious issues and values. The System Maintenance category includes organization and control subscales and assesses the degree of importance of clear organization and structure in planning family activities and responsibilities and the extent to which set rules and procedures are used to run family life.

The scale is a 90 item true-false measure. Scoring results in a profile of the family to which it was

administered, according to the perceptions of the persons within the family. It can administered to only one member of the family in order to obtain their perceptions of their family, or it can be used to compare parent and child orientations, husband and wife orientations, actual and preferred family milieus or to assess change in family environments, pre and post treatment. For this study, the only family members given the scale were the women in both research groups.

The Family Environment Scale has been normed on both normal and distressed families (1,125 and 500 respectively) with the expected results showing distressed families lower on cohesion, expressiveness, independence, and intellectual and recreational orientation and higher on conflict and control than normal families. These differences are still evident after statistical controls are instituted for group differences on socioeconomic and family background characteristics (such as age and education of adult partners and number of children).

The internal consistencies for each of the ten FES sub-scales are all in an acceptable range, varying from moderate for Independence and Achievement Orientation to substantial for Cohesion, Organization, Intellectual-Cultural and Moral-Religious Emphasis (Moos & Moos, 1974). Intercorrelations indicate that the subscales measure distinct though somewhat

related aspects of family social environments. Cohesion and Organization are positively correlated, as are Intellectual-Cultural Orientation and Active-Recreational Orientation. There are negative correlations between Cohesion and Conflict and between Independence and Control.

Test-retest reliabilities of individual's scores for the 10 sub-scales were all in the acceptable range (Moos & Moos, 1974).

For the purposes of this study, in order to keep the test battery down to a reasonable size, only the Relationship category of the FES was used. This includes the subscales of Cohesion, Expressiveness and Conflict, constructs which appear to be particularly relevant to incestuous families.

7. Social Desirability Scale. This scale (Crowne & Marlowe, 1960), was used in this study to assess the probability of subject response bias in certain of the questionnaires. In particular, the Dyadic Adjustment Scale may reflect the subject's tendencies to distort their answers in a socially desired direction. This bias may also be reflected in the Family Environment Scale as well as the Social Support Questionnaire.

The scale consists of thirty-three items, of which eighteen are keyed true and fifteen false, making a response set interpretation of scores unlikely. The scale was

originally normed on 120 college students. Both the internal consistency coefficient and the test-retest correlations were within the acceptable range (Crowne & Marlowe, 1960). A recent review (Crino & Svoboda, 1983) supported the initial reliability and validity of the Marlowe-Crowne Social Desirability Scale.

8. Demographics And History Questionnaire. This questionnaire (See Appendix), included such items as age, ethnic group, number of children, occupation of subject, and educational level. It also included questions concerning mother absence (i.e., full-time job, night shift), role reversal issues between mother and daughter (i.e., to what extent did daughter have responsibility to take care of younger siblings, clean house, cook meals), mother's childhood history (Abuse present in home, parents divorced, placement in foster home or institution, age of mother at first marriage, number of marriages), and medical and psychological history (i.e., have you been hospitalized for any illness within the last five years?, do you have a history of chronic illness?).

Data Analyses

Means and standard deviations were obtained for all measurable variables. Demographics that required a yes or no answer were analyzed for significance using Chi Square.

In order to further test for significance, the data were analyzed using univariate analysis of variance on each dependent variable, followed by multivariate analysis of variance. A discriminant function analysis was used to assess appropriateness of group placement for each subject, and finally, the prediction of group membership was analyzed by a stepwise discriminant function analysis.

CHAPTER III

RESULTS

DEMOGRAPHICS

Comparisons between groups on the demographic data are presented in Table 1.

The analyses of the total sample show the experimental group had an average age of 35.87 years, the control group, 36.90, with a total sample average of 36.38. Sixty-eight percent of the women in the experimental group and 66% of the control group were Anglo. The remainder of the experimental group (32%) was Latino; the remainder of the control group (33%) was Latino. Chi Square results show no significant differences between groups on age and ethnic background variables (Age Chi Square = .637, ns; Ethnic Background Chi Square = .659, ns).

Eighty-four percent of the experimental group and 77% of the control group completed high school. None of the experimental group completed college; 10% of the control group did. Chi Square results of differences between groups on educational level achieved show no significance (Chi Square = .232, ns).

Seventy-seven percent of the women in the experimental group and 80% of the women in the control group were currently married. The women in the experimental group had been married to their current husbands an average of 10.8 years and those in the control group,12.9 years. All the women in the experimental group had husbands who were out of the home due to their incest offense. There were no significant differences between groups on current marital status nor on number of years married (Current Marital Status Chi Square = .81, ns Years Married Chi Square = .37, ns).

In summary, the results show no significant differences between groups on the demographic variables of age, ethnic background, educational level and current marital status.

CHILDHOOD HISTORY

Additional demographics concerning the childhood and adult history of the subjects were analyzed (Chi Square and Univariate F test probabilities are presented in Tables 2 and 3). Univariate F tests with 1,59 degrees of freedom were calculated on questions that previous studies have suggested may play a role in the development of the personality of the mother in an incestuous family.

TABLE 1

DEMOGRAPHICS

Variable	Total Sample	Experimental	Control
Age (Mean)	36.38	35.87	36.90
Race (%)			
Anglo	62.30	67.74	66.67
Minority	37.70	32.26	43.33
Highest Grade (%)			
Elementary	1.64	3.23	0.00
Jr.High School	18.03	12.90	23.33
High School	75.41	83.87	66.67
College	4.92	0.00	10.00
Currently Married			
Yes	78.69	77.42	80.00
No	21.31	22.58	20.00
Yrs. Married to Current Husband	11.88	10.80	12.96

As hypothesized, the results obtained from the univariate F tests show that mothers in incestuous families were more likely to have been neglected (F=11.530, *p<.05) as children than were mothers in the control group. Of the 42% in the experimental group who were sexually abused as a child, 85% were abused by a relative.

In addition, the subjects in the experimental group were shown to have significantly more marriages (F=9.196,**p<.01) and children (F=6.439, **p<.05).

Whether or not a subject lived at home as a child, and with one or both parents was not found to be significant (Lived at home: F= .3757, ns; and with one or both parents: F= .2485, ns). Frequency table results show that 97% of the experimental group and 93% of the control group lived at home as children. The divorce of a subject's parents was not significant (F= .8223, ns), nor was the death of a parent during childhood (F= .0024, ns).

TABLE 2

CHILDHOOD HISTORY OF SUBJECTS

Variable	Experimental Group		Control Group		Chi Square Level	Probability Level
	Yes	No	Yes	No	Value	
Did you live at home as a Child?	30	1	28	2	0.386	0.534
Were your Parents Divorced?	22	9	23	7	0.838	0.360
Did one of your parents die?	4	27	4	26	.002	0.960
Were you Neglected?	11	20	1	29	9.973	0.002**
Were you Sexually abused?	13	18	4	26	6.205	0.01**
Were you sexually abused by a relative?	11	2	2	2	7.671	0.02*
Were you Physically abused?	9	22	2	28	5.160	0.02*
Were you mentally abused?	14	17	7	23	3.218	0.073

*p<.05. **p<.01.

TABLE 3

ADULT HISTORY OF SUBJECTS

VARIABLE	F VALUE	PROBABILITY LEVEL
Age at first marriage	1.598	.211
Number of marriages	9.196	.003**
Number of Children	6.439	.01**
Mother out of home:		
Job	.139	.710
Illness	1.065	.306
Hospitalization	1.105	.297
Time spent with husband	.777	.381
Time spent with children	1.345	.250
Child responsible for:		
Cleaning	3.791	.05*
Cooking	1.598	.211
Sibling care	1.989	.163

*p<.05. **p<.01.

Clinicians (Browning and Boatman, 1977 Herman & Hirschman, 1981; Maisch, 1972) have cited the belief that because of the mother's absence from the home the incest offender has more access to the child victim than in non-incestuous families. Further, it has been reported (Lustig et al., 1966; Machotka, et al., 1967; Zueler & Reposa, 1983) that mothers in incestuous families do not spend enough time with their husbands, thereby compelling them to turn to their children for companionship. In this study, the amount of time the mother was out of the home, whether because of a job, illness or hospitalization, was not found to be significant (job: F= .139, ns; illness: F= 1.065, ns; hospitalization: F=1.106, ns) nor was the amount of time she spent with her husband (F = .777, ns) or with her children (F = 1.345, ns). These estimates are based on the mother's self-report.

In order to determine whether the child victims were assuming adult responsibilities for household chores, questions were asked about the amount of cleaning, cooking and sibling child care the children of the mothers in both groups did. Although cleaning responsibilities were found to differ significantly between groups (F= 3.791, *p<.05), sibling child care and cooking were not found to be significant (Child care: F= 1.989, ns; cooking: F= .211, ns).

RESULTS FROM OBJECTIVE MEASURES

Table 4 presents the means, standard deviations and comparisons among groups on each of the objective, self-report measures employed in the study.

TABLE 4

MEANS AND STANDARD DEVIATIONS OF OBJECTIVE MEASURES

Variable	Experimental Group Mean	SD	Control Group Mean	SD	F Value
Family Environment Scale					
Cohesion	5.42	2.28	6.63	2.25	4.38*
Expressive	4.90	1.60	5.33	2.07	0.83
Conflict	5.00	2.27	3.40	2.11	8.13*
Interpersonal Dependency Inventory					
Emotional Reliance on Another Person	44.03	10.18	40.90	9.95	1.48
Lack of Self-Confidence	34.97	6.14	32.70	7.23	1.75
Assertion of Autonomy	29.13	5.86	28.13	8.06	0.31
Dyadic Adjustment Scale	88.74	18.92	96.77	18.91	2.74
Beck Depression Inventory	9.66	10.54	8.40	7.20	0.29
Social Support Questionnaire					
Amount of Support	2.48	1.74	2.65	1.86	.15
Quality of Support	4.65	1.16	5.25	1.04	4.47*
Internal-Powerful					
Powerful Others	21.71	12.62	19.20	11.28	0.67
Chance	18.19	9.44	22.43	11.87	2.39
Social Desirability Scale	16,81	6.62	17.90	5.19	0.51

* p< .05. **p< .01.

SIGNIFICANT RESULTS - Analysis of Variance Procedures

In order to assess overall group differences, a multivariate analysis of variance was computed, using all the objective measures and demographics employed in this study. The criteria used for assessing differences was Wilks' Lambda, suggested by Tabachnick & Fidell (1983) to be superior to other available criteria for the type of data analyzed. The Wilks' Lambda results showed a certainty of an overall difference between groups, significant at the .05 level ($F= 1.777$, $*p<.05$).

Univariate analysis of variance with 1,59 degrees of freedom, were calculated on all the measures employed. As hypothesized, the results show that mothers in the experimental group reported less cohesion and more conflict within their families than did mothers in the control group (Cohesion: $F= 4.382$, $*p<.05$); Conflict: $F= 8.131$, $**p<.01$). Additionally, the experimental group reported less satisfaction with the quality of support received by family and friends ($F= 4.470$, $*p<.05$) than did the control group.

NON-SIGNIFICANT RESULTS - Analysis of Variance Procedures

The results of the analyses performed on all the other objective measures were not found to be significant.

The Interpersonal Dependency Inventory (Hirschfeld, et al., 1977), used to measure the construct of dependency, has three components which were analyzed and found to be non-significant: Emotional Reliance on Another Person (F = 1.476,ns), Lack of Social Self-Confidence (F= 1.748,ns) and Assertion of Autonomy (F= .305, ns). The mean scores for the experimental group were within the range for scores obtained by a population of college students and other non-psychiatric community residents upon whom this scale was normed.

The Dyadic Adjustment Scale (Spainer, 1976) used to assess the quality of the marital relationship did not show significant differences between groups (F =2.74, ns). For the purposes of this study, a score above 98 was considered to reflect a positive martial adjustment, with scores below 98 reflecting a less satisfactory marital relationship. However, the control group was near the score for positive marital adjustment (Mean = 96.76) while the mean score for the experimental group was in the direction of poorer marital adjustment (Mean = 88.74).

Cessation of sexual relations between husband and wife has often been cited by clinicians as a component of the incestuous situation within a family (Lukianowicz, 1972; Maisch, 1972; Meiselman, 1978). Table 5 lists those questions

from the Dyadic Adjustment Scale that ask about affection and sexual relations.

A frequency count of responses shows very little difference between groups on these questions except for the question concerning Conventionality (correct or proper behavior). Responses to that question show that the experimental group had more responses to "Occasionally Agree" (15) than the control group (9) and more responses to "Frequently Disagree" (7) than the control group (0). The control group had the highest number of responses to "Almost Always Agree" (14) with the experimental group responding to that category six times.

The Beck Depression Inventory (Beck, 1961) was not found significant in distinguishing between groups ($F = .29$, ns). For this study, a score below 12 was considered non-depressed, with scores of 12 and above considered depressed. The mean score for the experimental group (9.66) falls within the range of scores considered non-depressed in the general population (Beck, 1961; Bumberry, et al., 1978).

Table 5

Frequency of Response to Affection/Sex Questions

Dyadic Adjustment Scale

Always Agree		Almost Always Agree		Occa-sionally Agree		Fre-Quently Disagree		Almost Always Disagree		Always Disagree	
Demonstration of affection:											
*Exp/**Ctrl.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.	
6	5	12	16	5	6	3	3	2	0	3	0
Sex Relations:											
*Exp./**Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.	
6	5	10	14	9	7	5	3	0	0	1	1
Conventionality (correct or proper behavior):											
*Exp./**Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.	
2	6	6	14	15	9	7	0	0	0	1	1
Do you kiss your mate?											
Every Day		Almost Every Day		Occa-sionally		Rarely		Never			
*Exp./**Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.		Exp./Cont.			
16	17	8	7	4	5	1	1	2	0		

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no).

Yes		No		
*Exp./**Cont.		Exp./Cont.		
12	15	19	15	Being to tired for sex.
17	13	14	17	Not showing love.

* = Experimental Group
** = Control Group

Although the quality of support received by the experimental group differed significantly from that of the control group, with the experimental group being less satisfied, the number of persons offering support was not significantly different (F = .15, ns).

The construct of locus of control was measured using the Internal-Powerful Others-Chance Scale (Levenson, 1973). None of the three subscales were found to be significant: Internal - F=.547, ns; Powerful Others - F= .668, ns; Chance - F - 2.39, ns.

Lastly, the Social Desirability Scale (Crowne & Marlowe, 1960), was not shown to be significant (F=.513, ns), thus ruling out a difference between groups on possible response bias in a socially desired direction on certain of the questionnaires.

STANDARDIZED STEPWISE DISCRIMINANT FUNCTION ANALYSIS

A standardized stepwise discriminant function analysis was applied to all of the dependent variables, both objective measures and demographics, in order to assess the capacity of the variables to correctly classify members in either the experimental group or the control group and to measure the contribution by each of the dependent variables toward the

prediction of group membership. A stepwise selection criterion of Wilks' Lambda with an F ratio of 1.00 (Nie, et al., 1975) was used as the specified value for a variable to have in order to enter the equation. The stepwise discriminant function procedure was selected an efficient method of approximately locating the best set of discriminating variables.

The initial computation of the discriminant function analysis showed that the independent variables correctly classified 96.77% of the experimental group and 96.67% of the control group into appropriate groups.

In order to clarify which of the independent variables are most powerful in discriminating between groups, a stepwise procedure was followed. This procedure selected fourteen variables before the selected F level of 1.00 was insufficient for further computations. The variables are listed in the order of their selection as discriminators between subjects in the incestuous family group and subjects in the non-incestuous family group. Table 6 lists the variables, along with the Wilks' Lambda and significance for each variable selected.

The fourteen variables selected had a final Wilks' lambda of .3886 and a canonical correlation of .782, with 100% of the variance and a chi square of 49.625. A comparison of group

means on the selected discriminant function shows the experimental group with a group mean of -1.21358 and the control group with a mean of 1.26403, resulting in a clear degree of separation. Although the results of the discriminant function analysis are quite similar to that of the analyses of variance, several variable that were not significant in the ANOVAS were shown to have significance as predictors of group membership when combined with other variables in the discriminant function analysis. These variables are: Divorce of subject's parents, absence of the subject mother through hospitalization, a chance locus of control, emotional reliance on another person, lack of social self-confidence and the Beck Depression Inventory.

SUMMARY OF RESULTS OF DISCRIMINANT FUNCTION ANALYSIS

Childhood history emerges from the discriminant function analysis as a predictor of group membership - neglect, sexual abuse, physical abuse and divorce of parents. Another factor is family dynamics - conflict in the family, lack of cohesion, absence of the mother through hospitalization and responsibility of household chores by child victims. Finally, personality characteristics helped predict group placement: a chance locus of control, emotional reliance on another person, and a lack of social self-confidence (both part of the

Interpersonal Dependency Scale), the Beck Depression Inventory, used to asses the presence and level of depression, and number of marriages, with the experimental group having a higher number of marriages.

TABLE 6

PREDICTOR VARIABLES OF GROUP MEMBERSHIP

Variable	Wilks' Lambda	Significance
Neglected as a Child	.83651	All **p<001
Conflict in the family	.73615	
Chance Locus of Control	.66557	
Number of Marriages	.59620	
Lack of Social Self-Confidence	.56036	
Parents Divorced	.53477	
Lack of Cohesion in Family	.50597	
Physical Abuse as a Child	.48867	
Child Victim Cleaning Chores	.47251	
Subject's Age	.44848	
Hospitalization-Subject	.42589	
Sexual Abuse as a Child	.41148	
Emotional Reliance on Another Person	.39827	
Beck Depression Inventory	.38858	

CHAPTER IV

DISCUSSION

Overall, surprisingly few significant differences were found between groups. Many predictions were not confirmed, although the hypotheses used in this study were developed from clinical observations made by clinicians and researchers knowledgeable in the field. More specifically, there was no support for the hypotheses that mothers of incest victims were more dependent and passive, had more physical or mental illness, and poorer marital relationships than mothers with children who were not incest victims. Additionally, the hypothesis that the mothers of incest victims reversed roles with their daughters was not confirmed. Significant differences that were found were primarily in the demographics of the groups, particularly, childhood abuse history and number of marriages and children. Additionally, lack of cohesion and conflict within the family were found to significantly discriminate the groups. These results will be examined in detail below.

ABUSE HISTORY

Women in the experimental group reported significantly more childhood abuse than the control group. This difference included sexual and physical abuse as well as neglect. This

finding is consistent with previous reports by both clinicians (Renvoize, 1982; Zueler & Reposa, 1983), and researchers (Finkelhor, 1979; Goodwin, 1982; Meiselman, 1978; Vander Mey & Neff, 1986). Although subjects may have different views about what constituted "neglect" in their childhood, this finding is relevant to the subject's perceptions of their families. It is apparent that family life for most of these women was generally quite negative. These results suggest that women who come from dysfunctional, abusing families may marry and become part of similar situations within their own families. It is possible that the mother may use her family of origin as a model, and select men who are similar to her own father, thus perpetuating the dysfunctional family. Additionally, because of feelings of low self-worth and difficulties with intimate relationships resulting from her own abuse, a women may become involved with a man who is himself abusive and authoritarian, thus continuing the familiar pattern to the woman of low-self-esteem and difficult relationships. Consequently, it may be impossible for a mother to see an incestuous situation developing in her family when she has not dealt with her own incestuous experiences and continues in relationships similar to those of her childhood.

There were no significant differences in abandonment by a parent, either by one parent simply leaving, a divorce taking place or the death of a parent. This does not support the

clinical observations of Cohen (1983), Eist, et al., (1968), Wells (1981), and Zueler and Reposa (1983) who have reported that this component in the mother's childhood has often left her unable to be an effective parent and wife. The results of the present study suggest that it is a history of neglect and physical and sexual abuse within a two-parent family rather than abandonment or being raised in a single parent family that is associated with the mothers of incest victims.

Herman (1981), Meiselman (1978), and Russell (1986) have noted that women who have been sexually abused in childhood often have difficulties with intimacy and the establishment of long term interpersonal relationships in their adult lives. The findings that the experimental group had significantly more marriages than the control group is consistent with these observations. The mothers of incest victims were significantly more likely to have been sexually abused in childhood and also to have significantly more marriages than the control group. Speculating that fear of intimacy as an adult is one of the results of childhood sexual abuse, a significantly higher number of marriages for the mothers in incestuous families is not surprising. A marriage may not last without the intimacy that is part of the process of developing a long-term relationship.

Along with more marriages, the experimental group also had significantly more children than the control group,

consistent with the suggestion by previous observers (Herman, 1983; Lukianowicz, 1972; Maisch, 1972) that these women have little control over their reproductive life. An alternative approach to this result would be to look at a correlation between the number of marriages and the number of children. It is possible that with each new marriage, a new child is the way in which the wife becomes joined with her new husband. This may be a conscious decision by the wife rather than a lack of control over her reproductive life.

DEPENDENCY AND ROLE REVERSAL

Dependency and passivity have been viewed by many clinicians as key components to the establishment of the incestuous family situation (Finkelhor, 1978; Kaufman, et al., 1954; Cormier, Kennedy & Sangowicz, 1962; Meiselman, 1978). The dependency of the mother has long been thought of as a prelude to role-reversal taking place between the mother and daughter, thereby setting up the climate in which the incest takes place. In this study, neither dependency nor role reversal were shown to be significant in discriminating the groups. There are several possible explanations for this finding.

The first is that mothers in incestuous families may not be more dependent and passive than mothers in the general population and the expectation that they would be so may be

due to faulty theory and clinical observation. Because no empirical studies have been conducted measuring the construct of dependency, clinical lore, based on observation, have formed the basis for this prediction.

It may also be the case that certain problems with this study have masked the greater dependency and passivity of the mothers of incest victims. Consideration must be given to the fact that the women in this study were tested after the discovery and reporting of incest and that the non-significance of dependency may be a reflection of this. It is possible that these women, who were in various stages of going through the legal and treatment system, had learned since discovery, to become more independent and assertive. Because the women in the study were part of a supportive treatment environment for incestuous families, it is likely that they had learned and were continuing to learn, new strategies for more functional coping. A stronger test would have involved assessment of these women shortly after the discovery and reporting of the abuse. An even stronger (but clearly impractical) test would be an assessment before the incest was reported.

The inclusion of dependency as a predictor of group membership in the discriminant function analysis is an additional factor that emerged from this study. It appears that even though there were no significant differences between

groups on the separate analysis of the dependency measure, there was enough of a difference for that variable to be part of other variables that, together, effectively distinguished between groups. The only conclusion that can be drawn regarding the inclusion of dependency as a predictor of group membership is that there appears to be a combination of variables within the discriminant function analysis such that the dependency factor adds to the prediction capability of that analysis.

In addition to the direct measure of dependency used in this study, subjects were assessed for locus of control in order to determine whether they felt controlled by powerful others, as a component of dependency. The lack of significant group differences on the locus of control scale further suggests that the experimental mothers are not higher in dependency than the control mothers. Again, this may be a result of the assessment being completed after the discovery and reporting of incest, although a strong argument could be made that once the subjects were part of the legal and social services system, they might well feel controlled by powerful others. Since this was not the case, it suggests that these non-significant findings may not be an artifact of the "after" effect.

Role reversal between mother and daughter has been considered to be an extension of the dependency exhibited by

the mother (Meiselman, 1978). There was no support for this idea in the present study.

The only significant finding within the role reversal category was that of cleaning responsibilities, with the incest victims assuming greater responsibilities, for cleaning than children of the control group mothers. Because this was only one significant difference among six role reversal questions, it may be a chance finding and needs to be replicated before it can be taken seriously.

PHYSICAL AND/OR MENTAL ILLNESS

Although one of the most consistent observations in the literature is the high rate of serious physical or mental illness (especially depression) in the mothers of incest victims (Browning & Boatman, 1977; Finkelhor, 1979; Herman, 1981; Maisch, 1972), the results of this study did not find empirical support. Because of the frequent observation of depression in the mothers in incestuous families, the use of the Beck Depression Inventory in this study was included in order to have empirical clarification of this factor. In order to assess the presence of other mental illness as well as depression, the results from an MMPI profile would have been useful. The length of the MMPI precluded its use in this study.

A history of physical illness was not found to distinguish significantly between groups. Although questions concerning physical illness were direct yes/no questions and were historical in nature, asking about illness prior to the discovery of incest, the specific assessment of depression was done after the incest discovery. There is the possibility that the women, when tested, were no longer depressed, but may have been prior to the discovery and treatment. There may be a sense of being relief and a lifting of depression with the discovery and reporting of the incest. Perhaps if the depression had been exacerbated by a sense of being a failure and of being rejected by her husband in favor of her daughter, once the incest had stopped, the depression lessened, and the wife felt more in control. This has been a limitation with all research on incestuous families; observations have been made post-discovery and causal inferences have been generated concerning reasons for the occurrence of the incest. This is not possible with assessments made after discovery and treatment.

Along with the dependency factor, both depression and hospitalization of the subject, although non-significant in separate analyses, were selected as discriminators in the discriminant function analysis, suggesting that although these variables were not significant in and of themselves, in combination with other variables that are significant, such as

childhood abuse history, they aided in the discrimination between groups.

In addition to a direct measurement of depression, the social support available to the subjects was assessed. Researchers (Andrews, et al, 1978; Sarason, 1983) have found that stressful life events and adverse childhood experiences, combined with low levels of social support, predicted the occurrence of maladjustment in adults, often leading to anxiety and depression. While the number of persons available to the subjects for support did not differ significantly between groups, subject satisfaction with the quality of support offered was significant. This finding may be part of the "after" effect of the incest discovery and reporting. It is not difficult to imagine that people who previously were part of the mother's support system felt uncomfortable with the incest discovery and distanced themselves from the situation, appearing to be emotionally unavailable to the subject. This researcher's experience with mothers in incestuous families has been that they feel emotionally abandoned by family and friends after the discovery. Additionally, it has been suggested by clinicians and researchers that isolation may play a part in setting up an incestuous family by essentially removing family members from appropriate social contact. (Finkelhor, 1984; Herman, 1983; Renvioze, 1982). It is therefore important that further

research continue to assess social support pre-discovery as well as post-discovery.

MARITAL AND FAMILY RELATIONSHIPS

A non-significant finding of marital dysfunction is somewhat surprising for several reasons. The experimental group at the time of testing were all separated from their husbands, and had received acknowledgment from the husbands that they had been the perpetrators of the incest. Although they were asked to answer the questions as if the situation were pre-incest discovery, it is difficult to imagine that some anger at the recent events did not influence their answers. The results suggest that this did not happen. Perhaps the women were protecting their husbands or their own image of what their marriage was like. Finally, the possibility exists that the marriages were not dysfunctional in the traditional sense; the occurrence of incest has been noted as a system by which marital equilibrium is maintained (Finkelhor, 1978; Furniss, 1983). In this theory, incest is seen as either a conflict-avoiding or a conflict-regulating mechanism for emotional-sexual tensions within the family. In the conflict-avoiding family, where violence is rare, incest serves as a denial of any tensions between husband and wife. The sexual relationship between husband and wife is covertly delegated to the daughter with the family colluding in denying

the reality of the situation. In this way, sexual conflicts between the husband and wife are avoided, while the emotional dependence can continue. In conflict-regulating families where there is often open and aggressive family conflict, the incest may diffuse the open marital conflict which threatens the homeostasis and cohesion of the family.

In addition to the assessment of marital adjustment, the Family Environment Scale (Moos & Moos, 1976) was used to assess the general level of family as well as marital, functioning. In the present study, a lack of cohesion and more conflict within the family in conjunction with apparent adequate marital adjustment would appear to reflect the attempt of the family to maintain a sense of equilibrium as noted above. These results could also be the effect or covariate of the incest. Perhaps once an incestuous situation has been established within a family, a decrease in cohesion and increase in conflict ensue. Additionally, a family could be lacking in cohesion and have more conflict prior to the incest and continue the same family pattern after the incest has been established

IMPLICATIONS

This study yielded some unexpected findings when compared to expectations based on clinical observations and previous studies. However, this is one of the few studies in the area

using objective and multiple measures and an appropriate control group. Thus, despite its limitations, the results of this study must be taken seriously.

A concern that may have implications for both this study and future research is the manner in which this study and all other studies in this area, was conducted. Mothers from families in which incest had been discovered and reported were the experimental subjects. An ideal study would be a longitudinal one in which many women are followed and tested prior to any incest discovery and then tested again if incest occurs and is discovered in their families. This would be the only clear way to determine if the differences obtained were a result of discovery, or if they existed prior to the discovery of incest in the family.

There are several reasons why certain traits or characteristics may have changed post-discovery. As noted earlier, because none of the mothers in the experimental group had husbands living at home during the time of testing, it may be that out of necessity these women had become more independent and had learned to rely less on their husbands as a means of emotional support. In addition, the fact of the women's intense involuntary involvement with legal and social service agencies after the incest was discovered and reported may mean that they became more self-confident and assertive, perhaps not out of awareness of a need to change, but out of

necessity. In other words, the discovery and its aftermath may have pushed these women into new methods of coping and fostered their independence. Ideally, if women could not be tested prior to discovery, such as in a longitudinal study, they would be assessed immediately after the discovery and reporting. The women in this experimental group were at different stages in treatment; some had just begun, with the discovery very recent, and others had been in the program for a longer period of time.

It should also be noted that some of the measures used are retrospective (e.g., tell what your marital adjustment was like then), and may be influenced by subsequent events in ways that cannot be detected from the present study.

Another potential problem may lie with the use of self-reporting measures. The tendency to choose socially desirable responses on self-report inventories has been conceptualized as a facade effect or "putting up a good front" of which the subject is largely unaware (Edwards, 1957). In order to assess the possibility of differences in subject bias due to this response set, the Social Desirability Scale (Marlowe & Crowne, 1961) was administered to all subjects. The lack of significant differences between groups tends to rule out any explanation relying on differences in a response set. Additionally, however, with self-report inventories, there can be other response sets such as the subject's perception of

what the experimenter expects, the desire to protect one's image, and the wish to please or frustrate the experimenter (Anastasi, 1982). Because of the strong stigma surrounding incest and incestuous families, it may be that some of the mothers in the experimental group had a certain response set when responding to some of the questions in this study, especially those concerning sexual relations and family dynamics. These response sets cannot be easily controlled and may account for some of the results obtained in this study.

CLINICAL IMPLICATIONS

The results of the study may be particularly useful for clinicians who work with dysfunctional families. A childhood history of abuse, whether physical, sexual or neglect, appears to be an important factor for mothers of incest victims. Preventing abuse of a child today may help prevent abuse of an adult and her own child later in her life. In addition, with the knowledge that childhood abuse may play a major role in a woman's self-esteem and her relationships as an adult, children must be taught ways to protect themselves against abuse. Programs such as the abuse prevention program taught to children in kindergarten, and third and seventh grades in the State of California are a beginning toward this goal.

FUTURE RESEARCH

In order to further confirm the results of this study, additional research is needed. Replication of this study, using the same instruments, is an important first step toward continuing to quantify the clinical lore of the past twenty years. Additionally, in order to more clearly confirm the presence or absence of psychopathology in the mothers of incest victims, the study should be repeated, using the MMPI and a structured diagnostic interview. The use of a control group is essential for any empirical research conducted in this area; otherwise generalizations will continue to be made and become part of the literature.

Because this was not a longitudinal study, it is impossible to make causal links between any traits present in the experimental group and the occurrence of incest within their families. In order to make inferences concerning causality, a long term longitudinal study, using appropriate measures and control groups must be carried out. This would most effectively be done with women who were themselves abused or neglected as children, using the most significant findings from this study as a stepping stone toward understanding the dynamics of the mother in an incestuous family.

APPENDIX A

Demographics

Age: _____

Ethnic Background:_____

Occupation: _____Highest Grade Completed:_____

Are you Married? Yes _____ No _____

How long have you been married to your current husband:_____

If divorced, how long were you married to your last husband: _____

Number of previous marriages: _____

Number of Children: _____ Their Ages:_____

Did you live at home as a child? Yes _____ No _____

Did you live with both of your parents? Yes _____ No _____

Were your parents separated or divorced? Yes _____ No _____

Did one of your parents die during your childhood? Which one:_____

Were you physically abused as a child? Yes _____ No _____

Were you mentally abused as a child? Yes _____ No _____

Were you sexually abused as a child? Yes _____ No _____

If you were sexually abused as a child, were you abused by:

Relative: _____ Stranger: _____

Were you neglected as a child? Yes _____ No _____

At what age did you marry for the first time?_____

Was there a time within the last five years when you were seriously ill, whether hospitalized or not? Yes ___ No___

If ill, were you hospitalized? Yes _____ No _____

For how long?_____

During the past several years did you have a full time job outside of the home?

Was it: Day shift: _____ Swing Shift _____ Night Shift _____

During the last several years, to extent did your daughter (or son) have responsibilities to clean the house?

1	2	3	4	5	6	7
Never			Sometimes			Almost Always

During the last several years, to what extent did your daughter (or son) have responsibilities for taking care of her/his younger brothers and sister?

1	2	3	4	5	6	7
Never			Sometimes			Almost Always

During the last several years, to what extent did your daughter (or son) have responsibilities for cooking meals?

1	2	3	4	5	6	7
Never			Sometimes			Almost Always

During the last three years, how much time in hours were you able to spend with your husband daily?_____

During the last three years, how much time in hours were you able to spend with your children daily?_____

Are you aware of any sexual activity taking place or having taken place in the past between your husband/boyfriend and any of your children?

Yes _____ No _____

APPENDIX B

Family Environment Scale

INSTRUCTIONS

There are 90 statements in this scale. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statements is true or mostly true of your family, make an X in the box labeled T (True). If you think the statement is false of your family, make an X in the box labeled F (False).

You may feel that some of the statements are true for some family members and false for others. Mark T if the statement is true for most members. Mark F if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you, so do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

1. Family members really help and support one another.

2. Family members often keep their feeling to themselves.

3. We fight a lot in our family.

4. We don't do things on our own very often in our family.

5. We feel it is important to be the best at whatever you do.

6. We often talk about political and social problems.

7. We spend almost all weekends and evenings at home.

8. Family members attend church, synagogue, or sunday school fairly often.

9. Activities in our family are pretty carefully planned.

10. Family members are rarely ordered around.

11. We often seem to be killing time at home.

12. We say anything we want to around home.

13. Family members rarely become openly angry.

14. In our family, we are strongly encouraged to be independent.

15. Getting ahead in life is very important in our family.

16. We rarely go to lectures, plays or concerts.

17. Friends often come over for dinner or to visit.

18. We don't say prayers in our family.

19. We are generally very neat and orderly.

20. There are very few rules to follow in our family.

21. We put a lot of energy into what we do at home.

22. It's hard to "blow off steam" at home without upsetting somebody.

23. Family members sometimes get so angry they throw things.

24. We think things out for ourselves in our family.

25. How much money a person makes is not very important to us.

26. Learning about new and different things is very important in our family.

27. Nobody in our family is active in sports, Little League, bowling, etc.

28. We often talk about religious meaning of Christmas, Passover, or other holidays.

29. It's often hard to find things when you need them in our household.

30. There is one family member who makes most of the decisions.

31. There is a feeling of togetherness in our family.

32. We tell each other about our personal problems.

33. Family members hardly ever lose their tempers.

34. We come and go as we want to in our family.

35. We believe-in competition and "may the best man win".

36. We are not that interested in cultural activities.

37. We often go to movies, sports events, camping, etc.

38. We don't believe in heaven or hell.

39. Being on time is very important in our family.

40. There are set ways of doing things at home.

41. We rarely volunteer when something has to be done at home.

42. If we feel like doing something on the spur of the moment we often just pick up and go.

43. Family members often criticize each other.

44. There is very little privacy in our family.

45. We always strive to do things just a little better the next time.

46. We rarely have intellectual discussions.

47. Everyone in our family has a hobby or two.

48. Family members have strict ideas about what is right and wrong.

49. People change their minds often in our family.

50. There is a strong emphasis on following the rules in our family.

51. Family members really back each other up.

52. Someone usually gets upset if you complain in our family.

53. Family members sometimes hit each other.

54. Family members almost always rely on themselves when a problem comes up.

55. Family members rarely worry about job promotions, school grades, etc.

56. Someone in our family plays a musical instrument.

57. Family members are not very involved in recreational activities outside work or school.

58. We believe there are some things you just have to take on faith.

59. Family members make sure their rooms are neat.

60. Everyone has an equal say in family decisions.

61. There is very little group spirit in our family.

62. Money and paying bills is openly talked about in our family.

63. If there's a disagreement in our family, we try hard to smooth things over and keep peace.

64. Family members strongly encourage each other to stand up for their rights.

65. In our family, we don't try that hard to succeed.

66. Family members often go to the library.

67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).

68. In our family each person had different ideas about what is right and wrong.

69. Each person's duties are clearly defined in our family.

70. We can do whatever we want to in our family.

71. We really get along well with each other.

72. We are usually careful about what we say to each other.

73. Family members often try to one-up or out-do each other.

74. It's hard to be by yourself without hurting someone's feeling in our household.

75. "Work before play" is the rule in our family.
76. Watching T.V. is more important than reading in our family.

77. Family members go out a lot.

78. The Bible is a very important book in our home.

79. Money is not handled very carefully in our family.

80. Rules are pretty flexible in our household.

81. There is plenty of time and attention for everyone in our family.

82. There are a lot of spontaneous discussions in our family.

83. In our family, we believe you don't ever get anywhere by raising your voice.

84. We are not really encouraged to speak up for ourselves in our family.

85. Family members are often compared with others as to how well they are doing at work or school.

86. Family members really like music, art and literature.

87. Our main form of entertainment is watching T.V. or listening to the radio.

88. Family members believe that if you sin you will be punished.

89. Dishes are usually done immediately after eating.

90. You can't get away with much in our family.

APPENDIX C

Interpersonal Dependency Inventory

Forty eight statements are presented below. Please read each one and decide whether or not it is characteristic of your attitudes, feelings, or behavior. Then, assign a rating to every statement, using the values given below:

4= Very characteristic of me
3= Quite characteristic of me
2= Somewhat characteristic of me
1= Not characteristic of me

Place the number (1-4) that applies best to you in the blank space of each item.

_____ 1. I prefer to be myself.

_____ 2. When I have a decision to make, I always ask for advice.

_____ 3. I do my best work when I know it will be appreciated.

_____ 4. I can't stand being fussed over when I am sick.

_____ 5. I would rather be a follower than a leader.

_____ 6. I believe people could do a lot more for me if they wanted to.

_____ 7. As a child, pleasing my parents was very important to me.

_____ 8. I don't need other people to make me feel good.

_____ 9. Disapproval by someone I care about is very painful to me.

_____10. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.

_____11. I'm the only person I want to please.

_____12. The idea of losing a close friend is terrifying to me.

_____13. I am quick to agree with the opinions expressed by others.

_____14. I rely only on myself.

_____15. I would be completely lost if I didn't have someone special.

_____16. I get upset when someone discovers a mistake I've made.

_____17. It is hard for me to ask someone for a favor.

_____18. I hate it when people offer me sympathy.

_____19. I easily get discouraged when I don't get what I need from others.

_____20. In a argument, I give in easily.

_____21. I don't need much from people.

_____22. I must have one person who is very special to me.

_____23. When I go to a party, I expect that the other people will like me.

_____24. I feel better when I know someone else is in command.

_____25. When I am sick, I prefer that my friends leave me alone.

_____26. I'm never happier than when people say I've done a good job.

_____27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.

_____28. I am willing to disregard other people's feelings in order to accomplish something that's important to me.

_____29. I need to have one person who puts me above all others.

_____30. In social situations I tend to very self-conscious.

_____31. I don't need anyone.

_____32. I have a lot of trouble making decision by myself.

_____33. I tend to imagine the worst if a loved one doesn't arrive when expected.

_____34. Even when things go wrong I can get along without asking for help from my friends.

_____35. I tend to expect too much from others.

_____36. I don't like to buy clothes by myself.

_____37. I tend to be a loner.

_____38. I feel that I never really get all that I need from people.

_____39. When I meet new people, I'm afraid that I won't do the right thing.

_____40. Even if most people turned against me, I could still go on if someone I love stood by me.

_____41. I would rather stay free of involvements with others than to risk disappointments.

_____42. What people think of me doesn't affect how I feel.

_____43. I think that most people don't realize how easily they can hurt me.

_____44. I am very confident about my own judgment.

_____45. I have always had a terrible fear that I will lose the love and support of people I desperately need.

_____46. I don't have what it take to be good leader.

_____47. I would feel helpless if deserted by someone I love.

_____48. What other people say doesn't bother me.

APPENDIX D

Dyadic Adjustment Scale

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Place a checkmark indicate your answer).

	Always Agree	Almost Always Agree	Occa-sionally Agree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
1. Handling Family Finances	____	____	____	____	____	____
2. Matters of recreation	____	____	____	____	____	____
3. Religious Matters	____	____	____	____	____	____
4. Demonstration of affection	____	____	____	____	____	____
5. Friends	____	____	____	____	____	____
6. Sex relations	____	____	____	____	____	____
7. Conventionality (correct or proper behavior)	____	____	____	____	____	____
8. Philosophy of Life	____	____	____	____	____	____
9. Ways of dealing with parent or in-laws	____	____	____	____	____	____
10. Aims, goals, and things believed important	____	____	____	____	____	____
11. Amount of time spent together	____	____	____	____	____	____
12. Making major decisions	____	____	____	____	____	____

13. Household tasks	____	____	____	____	____	____
14. Leisure time interest and activities	____	____	____	____	____	____
15. Career decisions	____	____	____	____	____	____

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
16. How often do you discuss or have you considered divorce separation, or terminating your relationship?	____	____	____	____	____	____
17. How often do you or your mate leave the house after a fight?	____	____	____	____	____	____
18. In general, how often do you think that things between you and your partner are going well?	____	____	____	____	____	____
19. Do you confide in your mate?	____	____	____	____	____	____
20. Do you ever regret that you married? (or lived together)	____	____	____	____	____	____
21. How often do you and your partner quarrel?	____	____	____	____	____	____

	Every Day	Almost Every Day	Occa-sionally	Rarely	Never
22. How often do you and your mate "get on each others nerves"?					

	All of Them	Most of Them	Some of Them	Very Few Them	None of Them
23. Do you kiss your mate?					
24. Do you and your mate engage in outside interests together?					

How often would you say the following events occur between you and your mate?

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas						
26. Laugh together						
27. Calmly Discuss something						
28. Work together on a project						

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no).

	Yes	No	
29.	_____	_____	Being too tired for sex.
30.	_____	_____	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all thing considered, of your relationship.

. . . . . .

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

_____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

_____ I want very much for my relationship to succeed, and will do all I can to see that it does.

_____ I want very much for my relationship to succeed, and will do my fair share to see that it does.

_____ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

_____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

_____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX E

Beck Depression Inventory

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APPENDIX F

Social Support Questionnaire

(List names or relationships, ie - mother, Jim, etc)

1. Whom can you really count on to listen to you when you need to talk?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly satisfied	1-very dissatisfied

2. Whom could you really count on to help you if a person whom you thought was a good friend insulted you and told you that he/she didn't want to see you again?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

3. Whose lives do you feel that you are an important part of:

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

4. Whom do you feel would help you if you were married and had just separated from your spouse.

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2- fairly dissatisfied	1-very dissatisfied

5. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

6. Whom can you talk with frankly, without having to watch what you say?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

7. Who helps you feel that you truly have something positive to contribute to others?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

8. Whom can you really count on to distract you from your worries when you feel under stress?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

9. Whom can you really count on to be dependable when you need help?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2- fairly dissatisfied	1-very dissatisfied

10. Whom could you really count on to help you out if you had just been fired from your job or expelled from school?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

11. With whom can you totally be yourself?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

12. Whom do you feel really appreciates you as a person?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

13. Whom can you count on to give you useful suggestions that help you to avoid making mistakes?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

14. Whom can you count on to listen openly and uncritically to your innermost feelings?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

15. Who will comfort you when you need it by holding you in their arms?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

16. Whom do you feel would help if a good friend of yours had been in a car accident and was hospitalized in serious condition?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

17. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

18. Whom do you feel would help if a family member very close to you died?

No one 1)	4)	7)
2)	5)	8)
3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

19. Who accepts you totally, including both your worst and your best points?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

20. Whom can you really count on to care about you, regardless of what is happening to you?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

21. Whom can you really count on to listen to you when you are very angry at someone else?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

22. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

23. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

24. Whom do you feel truly loves you deeply?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

25. Whom can you count on to console you when you are very upset?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little dissatisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

26. Whom can you really count on to support you in major decisions you make?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

27. Whom can you really count on to help you feel better when you are very irritable, ready to get angry at almost anything?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6-very satisfied	5-fairly satisfied
4-a little satisfied	3-a little dissatisfied
2-fairly dissatisfied	1-very dissatisfied

APPENDIX G

Internal, Powerful Other, And Chance Locus Of Control Scale

Listed below are a series of statements. Each represents a commonly held opinion. There are no right or wrong answers. You will probably agree with some items and disagree with others. I am interested in the extent to which you agree or disagree with such matters of opinion.

Read each statement carefully. Then indicate the extent to which you agree or disagree by putting one of the numbers listed below in the space to the left of the statement.

If you strongly agree: put +3
If you agree somewhat: put +2
If you agree slightly: put +1

If you disagree slightly: put -1
If you disagree somewhat: put -2
If you disagree strongly: put -3

First impressions are usually best. Read each statement, decide if you agree or disagree, and the strength of your opinion, and mark the appropriate number down.

_____1. Whether or not I get to be a leader depends mostly my ability.

_____2. To a great extent, my life is controlled by accidental happenings.

_____3. I feel like what happens in my life is mostly determined by powerful people.

_____4. Whether or not I get into a car accident depends mostly on how good a driver I am.

_____5. When I make plans, I am almost certain to make them work.

_____6. Often there is no chance of protecting my personal interests from bad luck happenings.

_____7. When I get what I want, its usually because I'm lucky.

_____8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.

_____9. How many friends I have depends on how nice a person I am.

_____10. I have often found that what is going to happen will happen.

_____11. My life is chiefly controlled by powerful others.

_____12. Whether or not I get into a car accident is mostly a matter of luck.

_____13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.

_____14. It is not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.

_____15. Getting what I want requires pleasing those people above me.

_____16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.

_____17. If important people were to decide they didn't like me, I probably wouldn't make many friends.

_____18. I can pretty much determine what will happen in my life.

_____19. I am usually able to protect my personal interest.

_____20. Whether or not I get into a car accident depends mostly on the other driver.

_____21. When I get what I want, it's usually because I worked hard for it.

_____22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.

_____23. My life is determined by my own actions.

_____24. It's chiefly a matter of fate whether or not I have a few friends or many friends.

APPENDIX H

Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is **true** or **false** as it pertains to you personally.

_____1. Before voting, I thoroughly investigate the qualifications of all the candidates.

_____2. I never hesitate to go out of my way to help someone in trouble.

_____3. It is sometimes hard for me to go on with my work if I am not encouraged.

_____4. I have never intensely disliked anyone.

_____5. On occasion I have had doubts about my ability to succeed in life.

_____6. I sometimes feel resentful when I don't get my way.

_____7. I am always careful about my manner of dress.

_____8. My table manners at home are as good as when I eat out in a restaurant.

_____9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.

_____10. On a few occasions, I have given up doing something because I thought too little of my ability.

_____11. I like to gossip at times.

_____12. There have been times when I felt like rebelling against people in authority even when I knew they were right.

_____13. No matter who I'm talking to, I'm always a good listener.

_____14. I can remember "playing sick" to get out of something.

_____15. There have been occasions when I took advantage of someone.

_____16. I'm always willing to admit it when I make a mistake.

_____17. I always try to practice what I preach.

_____18. I don't find it particularly difficult to get along with loud mouthed obnoxious people.

_____19. I sometimes try to get even rather than forgive and forget.

_____20. When I don't know something, I don't at all mind admitting it.

_____21. I am always courteous, even to people who are disagreeable.

_____22. At times I have really insisted on having things my own way.

_____23. There have been occasions when I felt like smashing things.

_____24. I would never think of letting someone else be punished for my wrongdoings.

_____25. I never resent being asked to return a favor.

_____26. I have never been irked when people expressed ideas very different from my own.

_____27. I never make a long trip without checking the safety of my car.

_____28. There have been times when I was quite jealous of the good fortunes of others.

_____29. I have almost never felt the urge to tell someone off.

_____30. I am sometimes irritated by people who ask favors of me.

_____31. I have never felt that I was punished without cause.

_____32. I sometimes think when people have misfortunes they only got what they deserved.

_____33. I have never deliberately said something that hurt someone's feelings.

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