

Father-daughter incest: immediate and long-term effects of sexual abuse

The characteristics, immediate and long-term aftereffects, and methods of adapting to father-daughter incest were examined. Twenty-one women with a past history of childhood or adolescent paternal incest were interviewed. The findings suggest that the female victim of paternal incest may endure more emotional, social, physical, self-identity, familial, and interpersonal difficulties during and shortly after the incest has been terminated. Relationships with men and sexuality were more adversely affected with time. Positive coping mechanisms of incest and factors contributing to the victims' adjustment to the incest were documented. Implications of findings for nursing practice and research are discussed.

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IN RECENT YEARS, the psychiatric, nursing, and legal communities have given increasing attention to the identification and treatment of the sexually abused child and adolescent. In part, heightened professional interest in the area of sexual abuse has occurred in response to the ever rising incidence of sexual abuse in this country. Several researchers have documented that approximately one of every four girls is molested sexually during childhood or adolescence.¹⁻³ Moreover, in roughly one third of the cases of sexual molestation, the perpetrator is a relative.⁴ Statistics indicate that the majority of

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16 reported cases of intrafamilial sexual abuse involve molestation of a daughter by her father or male guardian. Current estimates are that at least one girl in 100 is abused sexually by her father.^{2,4}

Although more and more victims of paternal incest are reporting the abuse, many more cases of father-daughter incest go unreported, primarily as a result of the daughter's fears of punishment, abandonment, rejection, or family disruption if she discloses the victimization.⁵ The secretive nature of incest ensures that many victims will reach adulthood without having exposed or resolved the trauma associated with it. In a wide variety of clinical settings, nurses are the primary professional group likely to encounter these adult retrospective victims of incest. Adult women with a history of incestuous abuse may ask nurses to assist them to begin to identify, discuss, and resolve the psychological aftereffects of the incestuous experience.

Nonetheless, studies to date on the immediate and long-term effects of incestuous assault, though numerous, have produced a diverse classification of psychological and emotional sequelae for the female victim, ranging from no emotional damage to such severe traumatic reactions as psychosis, impaired interpersonal relationships, and suicide attempts.⁶⁻¹⁰ Therefore, despite the significant number of studies on incest, few conclusions can be made about its presumptive causes, characteristics, and consequences. To prepare nurses to provide competent nursing care to child and adult retrospective victims of incest, additional information about the immediate and long-term effects of father-daughter incest is thus needed. The purpose of the study on which this article

is based was to explore the characteristics and aftereffects of childhood and adolescent father-daughter incest, using a sample of adult retrospective female victims.

THEORETICAL FRAMEWORK

Developmental theory,¹¹ with integrations from psychoanalytic theory,¹² psychosocial theory,¹³ interpersonal theory,¹⁴ learning theory,¹⁵ and social role theory,^{11,16} provided the guiding framework for this study. Delineated concepts from each of these theories were incorporated into a developmental framework to describe and explain the incestuous experience and its effects on the female victim.

The developmental approach, as conceptualized by Rodgers,¹¹ posits that an individual's personality is developed and affected by interactions among and between family members. The human personality is thus a function of an individual's intrinsic potential,¹³ the regulation of instinctual drives,¹² the interactive forces existing within the environment at large,¹³ and the socialization process within the family.^{11,16} Furthermore, as the child grows and develops, various erotogenic zones become the means by which the child relates to the adults surrounding him or her.¹⁴ Stimulation of the erotogenic zones, however, not only results in personality development but also facilitates the maturation of the various modalities of ego functioning.¹³ Moreover, parents become the primary socializing agents for the child. By occupying a variety of roles within the family¹¹ and being alternately rewarded and punished by the parents for a variety of behaviors,¹⁵ the child's personality is created.

As applied to the study of father-daughter incest, developmental theory suggests a tentative explanation for the psychological consequences of the incestuous experience. The personality of the daughter is shaped, in part, by the quality and nature of her relationship with her father. As the normative nonsexual father-daughter relationship evolves into a consanguine or affinitive incestuous union, alterations may

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occur in the emotional, psychological, cognitive, social, and interpersonal components of the child's personality. Modifying the relationship between father and daughter to include sexual contact places the daughter at risk for significant disruptions in the development of her personality. Developmental theory, with important but select components of the aforementioned personality theories, thus provides a supporting framework for a tentative explanation for the traumatic psychological sequelae of the female victim of father-daughter incest.

LITERATURE REVIEW

The normative father-daughter incestuous experience

The daughter involved in paternal incest is usually prepubescent, approximately 11 years old at the onset of incest,^{6,17} and is

typically the oldest or only daughter.¹⁸ The father usually initiates the sexual contact with his daughter through the use of threats, bribes, rewards, intimidation, misrepresentation of moral standards, or exploitation of the daughter's need to trust a father figure and her desire for human affection.^{5,19} Physical force is rarely required¹⁹ for, faced with the father's abuse of the power inherent in the parental role, the child complies.

The sexual contact involved in the incestuous relationship is typically progressive, beginning with fondling and oral-genital contact and often ending in intercourse when the daughter reaches puberty.²⁰ The frequency of incestuous contact ranges from incidental contact to regular occurrences, at times as often as more than once per week.²¹ Furthermore, the incestuous relationship is also a protracted one. Tormes²² has reported that incestuous relationships characteristically last from one to three years or more. Moreover, research has consistently documented that the sexual contact ends only when the daughter enters adolescence, becomes pregnant, runs away, leaves home, gets married, or discloses the abuse.^{17,21,23-25}

Finally, in most cases of prolonged or habitual incestuous contact, the daughters are warned by the fathers not to tell anyone about the sexual episodes. Divorce of the parents, punishment of the child, or imprisonment of the father are all suggested to the victim as possible consequences of her disclosing the secret of sexual victimization.^{5,7} Several studies have consistently documented that at least half of the victims of incest do not disclose the incest to anyone during the period of sexual assault.^{7,21,23}

18 **The effect of incest on the victim***Immediate effects*

A preponderance of research investigations in the area of incestuous abuse have focused on the immediate aftereffects on the child victim. For the purposes of this study, immediate effects refer to the short-term psychological sequelae of the incestuous experience—ie, those consequences that the victim experiences during the period of incestuous assault or shortly after its termination.

Findings from Kaufman, Peck, and Tagiuri's²⁶ study suggest that the psychological effects of incest are the same for girls who experience incest with their fathers and those molested by father substitutes. Victims' responses to the incest included guilt, depression, learning difficulties, sexual promiscuity, running away, somatic complaints, confusion over sexual identification, fear of sexuality, and disturbed object relations.²⁶

Weinberg has reviewed 159 cases of father-daughter incest. His findings suggest that repercussions for victims of incest include a marked sense of isolation from the family and retarded personality development, as evidenced by the daughter's inability to make decisions, control her anger, and establish relationships with others. Other researchers have documented phobias, nightmares, and anxieties,²⁷ restlessness, truancy, mistrust, withdrawal, and hostility,²⁸ and schizophrenia,¹⁷ enuresis, school phobias, gastrointestinal symptoms, and changes in sleep patterns⁵ as distinct responses to incestuous assault. In contrast, earlier investigations suggested that incest produced no acute emotional, sex-

ual, or behavioral reactions for the victims.⁸⁻¹⁰

Long-term effects

A variety of studies have focused on the long-term sequelae for the female victims of incest. For purposes of this investigation, long-term effects are defined as those specific behaviors, emotional states, physical symptoms, and qualities of interpersonal relationships that the victim of incest subjectively identifies having experienced since six months after the termination of the incest and that she identifies as being related to the incestuous experience with her father.

The first clinical study of long-term sequelae of sexual assault was conducted by Freud, who analyzed 18 women with a childhood history of incest or molestation. His initial conclusions suggested that passive sexual experiences before puberty resulted in hysteria in adulthood.²⁹ Freud later doubted his clients' reports of sexual trauma, instead viewing them as infantile fantasies.³⁰

By the 1950s, investigators began to study the long-term effects of incest. Weinberg⁶ concluded that paternal incest influenced the sexual attitudes of the female participants, resulting in several of the victims becoming promiscuous, shy of men, and institutionalized for psychiatric problems. Landis³ noted that sexual experiences with family members were more traumatic for the child than similar experiences with strangers. Nonetheless, he further suggested that, in the majority of cases, the victims seemed to recover quickly and experience minimal emotional

damage from sexual assaults. Gagnon's¹ investigation seems to support Landis' assertion: Although he used restricted parameters to assess adult adjustment to childhood sexual assault, Gagnon¹ noted that 75% of his sample had no apparent adult maladjustments.

However, more recent examinations of the aftereffects of paternal incest have produced contrasting findings. Sexual promiscuity, illegitimate pregnancies, homosexual tendencies, alcohol and drug abuse, frigidity, and neurotic symptoms have been suggested as sequelae to incest.^{31,32} Fears that sexual partners will know of the victim's incestuous experience, recurrent dreams about the assault, and symptoms of flashbacks during subsequent sexual experiences have also been documented as long-term effects of the victimization.⁵ Benward and Densen-Gerber²³ further found such aftereffects as inadequate superego development, poor self-esteem, internalized rage, and problems in maintaining healthy relationships with others.²³ Other long-term consequences of paternal incest include difficulties forming trusting relationships with men and women, impaired sexual relationships, idealization of men, hostility toward women, depressive symptoms in adult life, and suicide attempts.⁷

Several researchers have attempted to determine variables that may account for more severe responses to incestuous assault. Meiselman¹⁸ documented that daughters who were victimized prior to age 12 were more likely to experience more severe psychological disturbances than adolescent victims of incestuous abuse. Finkelhor⁴ concluded that the sexual part-

ner's age and whether force was used were the two most important factors in determining the degree of trauma: Instances in which fathers or stepfathers were the perpetrator of the offense and in which force was used resulted in greater psychological trauma for the victim.⁴ Finkelhor⁴ further suggested that the duration, repetition, and seriousness of the sexual acts were not significant factors contributing to the trauma associated with the sexual abuse. In contrast, other researchers³³ determined that women molested at an older age, with more frequent and longer durations of sexual abuse, and with more severe negative reactions to the assaults suffered more serious and adverse aftereffects. Courtois,²¹ who investigated the immediate and long-term aftereffects of a variety of types of incest, suggested that a younger age at onset of incest produced more severe long-term effects on identity issues and relations to men while an older age at onset and longer duration of incest produced less severe reactions. She found no statistically significant relationships between the severity of aftereffects and the duration, frequency, relation of the aggressor, use of force, covert or overt incest, and passive consent of the victim. Courtois concluded that the impact of incest is highly subjective and thus not easily predicted from knowledge of its circumstances.²¹

Lack of consistent findings

In summary, although the immediate and long-term effects of incest on the female victim have been studied extensively by researchers in the psychiatric, psychological, and nursing fields, few con-

Although the effects of incest on the female victim have been studied extensively by researchers, few consistencies are noted.

sistencies are noted. Findings from the aforementioned studies are variable and range from little or no emotional damage for the victim to severe negative reactions. Moreover, much of the research is replete with sweeping, conclusive generalizations about the nature and degree of aftereffects experienced by the victims despite the use of typically biased and small sample populations—most frequently obtained from psychiatric, legal, or social agency caseloads—and the diversity in study designs, outcome measures, and parameters of adjustment. Furthermore, conclusions as to the type and severity of aftereffects are primarily determined by professional assessment of the victims' mental status. Few studies have done extensive interviews with child or adult retrospective victims to determine their perception of the effects of paternal incestuous assault. Even fewer studies have used samples obtained completely through public advertising rather than through known psychiatric, legal, or social service caseloads.

This investigation was an attempt to expand the body of nursing knowledge in the area of intrafamilial sexual abuse. The purpose of the study was to explore the characteristics and aftereffects of childhood and adolescent father-daughter incest, using a less biased sample of adult retrospective female victims recruited through public advertising.

RESEARCH QUESTIONS

To examine the characteristics, aftereffects, and overall impact of father-daughter incest on the female victim, five major questions were asked:

1. What are the immediate and long-term effects of incest on adult female victims who experienced incest with their fathers in childhood or adolescence?
 - What are the immediate effects of incest experienced by the victims in eight "life-spheres," as delineated by Courtois?¹⁷
 - What are the long-term effects of incest experienced by the victims in eight life-spheres, as delineated by Courtois?¹⁷
2. How severe are the immediate effects on the victims' lives in eight life-spheres, as judged by the female victims?
3. How severe are the long-term effects on the victims' lives in eight life-spheres, as judged by the female victims?
4. What is the overall impact of the incestuous experience on the victims' lives?
 - What factors do the incest victims identify as contributing to their overall adjustment to the incestuous experience?
5. What are the circumstances of the incestuous experience, as reported by the female victims?

DEFINITIONS

A *father* is any man functioning in the paternal, parental role in the family. This

definition includes biological fathers, step-fathers, adoptive fathers, foster fathers, common-law fathers, and live-in sexual partners of the child's mother of at least 6 months.

Incest is overt sexual contact between a father and his female child. Overt sexual contact includes such sexual activities as exhibitionism, mutual masturbation, attempted intercourse, fondling of breasts or genitals, completed intercourse, anal intercourse, fellatio, and cunnilingus.

METHODOLOGY

Design overview

This study was exploratory in nature. A descriptive design was used to guide the investigation.

Sample

A convenience sample of 21 retrospective female victims of incest were recruited for participation in the study by means of public advertising. Flyers were posted on three college campuses within the Denver metropolitan area and advertisements were placed in the classified advertising sections of three Denver metropolitan area newspapers. The advertisements and flyers stated that a female nurse-researcher sought women aged 18 or older who had had an incestuous experience with their father or father figure in childhood or adolescence to participate in a study of victims of incest. Potential subjects were asked to call or write to the investigator.

Approximately 67 inquiries were made concerning the research investigation; of these contacts, 50 were from women who met the criteria for subject selection.

Twelve of these women were unable to participate in the study because of geographical distance from the Denver area, inability to recall details of the incestuous experience, or the investigator's decision to no longer accept subjects because of time and economic restraints. Of the remaining 38 potential subjects, 28 volunteered to participate in the study and were scheduled for interview appointments. Nevertheless, seven of these women either cancelled or did not show at the time of their scheduled appointments. Reasons for these cancellations or no-shows are generally unknown to the investigator.

The sample population of 21 women ranged in age from 18 to 39 years, with a mean age of 31.4 years. Nineteen were white; two were black. Eight subjects were currently married, six were divorced, two were separated from their husbands, and one lived with a male companion. The sample also included two single women and two women involved in long-term living-together lesbian relationships. Eleven subjects (52.4%) were childless, while nine subjects (42.8%) had one or more children. One subject (4.8%) had applied for adoption at the time of the interview.

The level of education of the subjects ranged from not having completed high school to having earned one or more master's degrees. The majority of the subjects (57.2%), had had some college education. Seventeen respondents were employed, while the remaining respondents were either unemployed, a full-time student, or a full-time homemaker. Most women in the sample were in the middle-class income level.

In terms of the subjects' families of

- 22 origin, most of the victims (61.9%) were the oldest child in the family. The remaining subjects were the oldest or only girl in their family preceded by male siblings (14.3%), middle children preceded by female siblings (9.5%), middle children preceded by both brothers and sisters (9.5%), and the youngest child in the family (4.8%).

Instruments

The Incest Questionnaire, developed by Courtois²¹ in 1979, was adopted and expanded for use in this study with the permission of its author. Composed of an interview schedule and questionnaire format, the instrument has seven sections: Section 1 elicits demographic information about the subject; section 2 seeks information about the subject's nuclear and extended family; section 3 focuses on the subject's sense of self and level of sexual knowledge prior to the onset of incest; and section 4 elicits specific details of the incest, its aftermath, and the nature of disclosure.

Sections 5 and 6 are designed to collect information about the types and severity of the immediate and long-term aftereffects of the incest in eight life-spheres. The eight life-spheres are self-defined by each respective respondent and include the following: social, psychological-emotional, physical, sexual, familial, sense of self, relation to men, and relation to women. Additionally, after describing the aftereffects of the incest, the subject was asked to indicate the degree of severity she believed the effects had had on her life using a five-point semantic differential scale. The Severity of Aftereffects Scale permits the respondent to rate the severity of her

reaction in the eight life-spheres from no effect, gaining a score of 1.0, to a severe effect, gaining a score of 5.0. Section 7 primarily focuses on the subjects' reasons for participating in the study.

The content validity for the Incest Questionnaire was established by Courtois.²¹ Interview questions were developed to conform to common statements and concerns of victims of incest frequently cited in the literature.

In addition, reliability has been determined for the severity-of-aftereffects scales using the test-retest method. Seventeen pairs of scale items were subjected to computation of Pearson correlation coefficients, resulting in reliability correlation coefficients ranging from 0.00 to 0.86.²¹ Despite this broad range in reliability correlation coefficients, Courtois²¹ concluded that the measurement tool was reliable for her sample of retrospective incest victims based on the similarities of scores rated by the subjects between their first and second test periods, approximately two to three weeks apart.²¹

The substantive content or wording of the questions developed by Courtois in the Incest Questionnaire was not changed for use in this investigation. In addition, in general, Courtois'²¹ establishment of the questionnaire's content validity was accepted based on the investigator's own critical examination of the literature. Nevertheless, a review of the literature and recommendations from the pilot study respondents suggested the need for several additional questions. Specifically, questions that addressed the subject's age at menarche, presence or absence of menstrual problems, history of abortions, sexual preferences before, during, and after

the incest, person responsible for initiating the incest, determination of whether the aftereffects of the incest were positive or negative in nature, and factors contributing to the subject's overall adjustment to the incest were developed by the investigator, appended to Courtois'²¹ tool, and thus comprised the Modified Incest Questionnaire (MIQ).

Pilot study

A pilot study was conducted to refine the methodology, expand the data collection tool, and determine the approximate time required for data collection. The pilot study respondents included an acquaintance with a past history of nonpaternal incest and two therapists experienced in counseling retrospective incest victims. The therapists responded to the interview questions as if they were a composite of victims of incest seen in their respective psychotherapy practices.

The data obtained from the pilot study interviews were not analyzed as part of the larger research investigation. The pilot study did, however, confirm the need for a debriefing period and a bibliographical and counseling resource list to be made available to the study participants on completion of the interviews.

Procedure

Interview appointments were scheduled at the subject's convenience; interviews took place in a soundproof room at a university library or in the subject's home. Informed consent forms were read, signed, and witnessed and the subject's questions were answered prior to initiation of data collection.

Each subject was interviewed using the MIQ. Tape recordings were made of the interviews, which lasted from 1½ to 3½ hours, and were later transcribed. Random letters were assigned to the subjects for identification purposes on all written and taped data, and each tape was erased after it was transcribed.

At the end of each interview session, a debriefing period was held. Interested participants received a bibliographic list on incest, counseling resources for victims of incest in the Denver area, and an abstract of the results after completion of the study.

Data analysis

Content analysis and elementary descriptive statistics were the primary modes of analysis. Data were coded according to a categorization scheme developed by the investigator. Frequency distributions and measures of central tendencies were also reported to describe and synthesize the quantifiable data.

FINDINGS

Circumstances of the incestuous experience

Almost all of the women were prepubescent at the onset of the incestuous relationship, ranging in age from 2 to 13 years, with a mean age of 7 years. Most of the perpe-

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24 trators ($N = 13$) were the biological fathers, with six stepfathers, and two adoptive fathers implicated in the remaining cases. A variety of sexual behaviors occurred within the incestuous relationships. Fondling of breasts and genitals was a common activity, as was vaginal intercourse, fellatio, cunnilingus, and masturbation. Other sexual activities included anal intercourse, vaginal penetration with various objects, exhibitionism, exposure, passionate kissing, physical beatings while naked, and observation of parental intercourse. Three mothers participated in the abuse through exhibitionism, forcing the daughter to observe parental intercourse and/or witnessing the father and daughter having intercourse. Approximately 47% of the daughters ($N = 10$) did not experience a progression in sexual activities as they advanced in age. Rather, the involved sexual behaviors—frequently genital contact, masturbation, and intercourse—occurred at or close to the initiation of incest and remained an important part of the relationship throughout its duration.

The frequency of the incestuous contact ranged from once to several times a day, with more than half of the subjects (57.2%) reporting a frequency of at least once or twice a month. Eleven victims were sexually abused on a daily or weekly basis. The incest lasted anywhere from a single incident to more than 12 years, with four victims experiencing incest for 14, 15, 19, and 23 years, respectively. Most of the women experienced incest for a period of one year or more. Eight of the victims were prepubescent when the relationship was terminated, while the remaining victims had just reached puberty or were postpubescent.

Typically, the subjects were offered favors or enticements for their participation in the incest, including extra attention and love, material possessions, and money. Nine victims (42.8%), however, were physically or verbally threatened, restrained, or abused by their father to ensure compliance with the incest. The fathers threatened their daughters with more frequent and severe beatings, restriction of social activities, death threats, brandishment of weapons during the act of incest, and implications that family members, particularly their mother, would be beaten if they did not participate in the incest.

Sixteen subjects (76.2%) believed family members had known about the incest during its occurrence. Of these subjects, half had told their mother, siblings, or grandparents about the victimization; the remaining half suspected family members knew about the incest because of their observations of physical trauma on the victim, their participation in the act, or their proximity in the home during the assaults.

Family members intervened to stop the incestuous abuse in eight cases detailed in this study. The most successful interventions were reporting the incest to the legal authorities, charging the father with incest, divorcing the father, or moving the child out of the home. The least effective interventions included doing nothing, corroborating the victim's report of incest with the perpetrator, and threatening to leave but not actually leaving the perpetrator; the abuse continued when the least effective interventions were used.

Additionally, seven of the 21 cases of paternal incest were reported to a variety of social agencies, including the police, the

court system, state and county attorneys, therapists, social workers, and medical personnel. In most but not all of these instances, the victims received assistance that either removed the perpetrator or the victim from the home.

Most of the female victims were left to terminate the incestuous relationship on their own. Avoiding contact with their fathers, leaving home, threatening to disclose the incest to others, or simply informing the perpetrator that the sexual contact would no longer continue were all methods used by the victims to terminate the incestuous episodes.

Immediate and long-term effects

For each of the eight life-spheres categorized in the MIQ, the type, nature, and severity of general trends and common immediate and long-term aftereffects are detailed.

Social

Most of the victims experienced marked to severe negative immediate effects in the social aspects of their lives. Three predominant reactions were noted: feeling isolated from others, feeling different or less worthy than their peers, and feeling distrustful of others. Positive effects reported by two subjects included feeling more independent and introspective and believing the incest had increased their understanding of others' problems. Two victims did not experience any social aftereffects.

Long-term negative aftereffects were rated in the marked to severe range by the majority of the sample and included feeling different from others, having difficulty making friends, feeling "bad" and inferior,

and feeling self-conscious, insecure, and panicky in social situations. Positive effects reported by five victims consisted of seeking friendships with others to compensate for their minimal social relationships during the period of incest.

Psychological-emotional

All of the victims experienced negative immediate aftereffects in this life-sphere. Furthermore, the majority rated these effects as marked to severe. Suppressing or denying their feelings, having episodes of overwhelming emotions, feeling confused, ashamed, self-conscious and dirty, and exhibiting hyperactivity were the major reactions.

The majority of the victims also experienced negative long-term effects in the marked to severe range. These responses included the following: suppressing or denying feelings, having episodes of overwhelming and conflicting emotions, suffering from alcohol or drug abuse, and experiencing guilt, confusion, and hatred and distrust of men. Ten women reported positive effects, either as the sole effect or in consort with negative effects. Positive outcomes included feeling powerful, having an increased sensitivity towards others, experiencing an improved self-image after cessation of incest, and examining aspects of their lives via counseling or individual self-reflection. Only one woman did not experience any long-term psychological or emotional aftereffects.

Physical

The majority of the victims reported negative immediate physical aftereffects in the moderate to severe range. Four types of

physical reactions predominated: pain related to the stomach, back, or anal region and migraine headaches; insomnia; nausea, particularly when thinking about the incest or listening to the perpetrator speak; and amnesia. Eight women also suffered from dysmenorrhea, amenorrhea, and premenstrual syndrome during the period of incest. Positive outcomes of incest, reported by two victims, included feeling positive about the sexual attractiveness of one's body and developing physical strength to ward off men's sexual advances. Three subjects did not report any immediate physical aftereffects.

Only half of the sample noted negative long-term physical aftereffects. Overall, these aftereffects were rated less severe than those described as immediate. Again, psychosomatic symptoms predominated, including nausea at the mention of genitalia, episodes of sexual abuse, or sexually provocative conversations; gastrointestinal distress with large groups of people; insomnia; sexual dysfunction; and migraine headaches. Menstrual problems and feeling ashamed of their bodies were also major difficulties for some of the victims. Nonetheless, one third of the sample did not experience any long-term effects. Four victims detailed such positive aftereffects in this life-sphere as experiencing revulsion on learning of various sexual assaults and developing physical strength to counteract the image of weak, dependent, and defenseless women.

Sexual

Although five of the incest victims did not experience any immediate sexual aftereffects, the majority of the sample detailed negative effects that had exerted a moder-

ate to severe influence on their lives. The victims of incest reported one of two reactions: avoiding sexual relations or being sexually active and/or promiscuous. Four victims, all in their teenage or adulthood years at cessation of the incest, described being asexual immediately after the incest ended, while one victim evidenced a change in her sexual orientation from a nonsexual child to a homosexual woman. In contrast, a few women used sexual promiscuity to establish closeness with others.

Long-term aftereffects were predominantly negative and in the marked to severe range. Reactions in this life-sphere included avoiding or fearing sex, being sexually active or promiscuous, having difficulty blending emotional intimacy with sexual contact, engaging solely in lesbian relations, and experiencing flashbacks of the incest during sexual relations. More than half of the women had had at least one abortion as adults, with four reporting multiple abortions. Furthermore, six women reported changes in their sexual orientation over the years: Three women, asexual at termination of the incest, were heterosexual at the time of the interview; one woman, asexual at cessation of the incest, was currently homosexual; one woman, formerly heterosexual, was currently asexual; and one woman, too young at termination of the incest to report a sexual preference, was currently bisexual.

Familial

The variability in the nature of immediate familial effects was pronounced. Eleven victims reported negative effects, five reported positive effects, one experienced both positive and negative effects, and

four did not experience any effects. More than half of the subjects, however, noted that these effects exerted a marked to severe influence on their lives.

The aftereffects in the familial area generally were one of two: Family members either became closer or more distant from one another. For some, realizing that family members knew of the incest yet had not intervened or were ineffective at intervening served to increase the subjects' sense of isolation from the family. Other victims

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likewise felt distant from family members despite some family members' interventions to end the abuse. Positive familial effects included becoming closer to some family members after the parents either separated or divorced following disclosure of the incest. Typically, the mother and daughter became closer as the relationship between numerous family members and the father grew more distant and alienated.

The types of long-term familial aftereffects noted by the victims were identical to those documented as immediate. Eight respondents (38.1%) described experiencing positive effects in this area, and eight described experiencing negative effects. Furthermore, the aftereffects were rated as less severe, ranging from no effect to a severe effect. For some women, disclosure

of the incest to selected family members brought with it acceptance and enhanced relationships; others were able to develop relationships with family members while maintaining the secret of incestuous abuse. Still others, however, reported the incest had irreparably damaged their familial relationships.

Sense of self

The majority of victims experienced marked to severe negative immediate effects on their sense of self. The following aftereffects predominated: having an extremely negative self-image, inadequate sense of self, or low self-esteem; feeling powerless; feeling fat, unlovable, or withdrawn; and lacking self-respect. Four victims also reported positive sense-of-self effects after delineating their negative reactions. These positive effects included feeling more powerful and attractive, feeling more positive about oneself after refusing a father's proposition for intercourse, and learning to be accountable for one's actions.

Nearly equal numbers of women reported having positive or negative long-term sense-of-self effects with moderate to severe influences on their lives. Major negative effects consisted of feeling worthless or having low self-esteem. Positive outcomes included an improved self-image after termination of the incest or resolution of the aftereffects of incest and an enhanced sense of self-reliance and independence.

Relation to men

The majority of the victims reported negative immediate aftereffects on their

relations to men; they rated these responses in the moderate to severe range. The women in the sample delineated four predominant reactions: feeling hostile toward men; being frightened of physical as well as sexual contact with men; being distrustful of men; and being unable to maintain sexual instead of purely platonic relationships with men. In contrast, two women reported positive aftereffects: having an increased ability to have close and positive relationships with men and being more understanding of men's frustrations and flaws.

The majority of respondents experienced negative long-term aftereffects and rated the relation-to-men effects in the marked to severe range. Predominant reactions included feeling hostile toward men; being distrustful of men; avoiding emotional or physical contact with men; and being unable to maintain sexual relations with men. Although 14 of the 21 women in the sample reported having one close relationship with a man in their present lives, many stated that not until therapy or successive trusting relationships with men were they able to develop such associations. Others had yet to achieve satisfying rather than abusive relations with men.

Relation to women

Immediate effects in the victims' relation to women were variable: Nine subjects reported negative effects, four reported positive effects, seven reported no effects, and one woman did not remember whether she had experienced any reactions in this area. Furthermore, the majority of the subjects experienced effects in the no-effect to marked-effect range. The

major negative reactions included feeling emotionally distant from women, perceiving relationships with women as nonsupportive and unhelpful, being angry and hostile toward women, and having few if any female friends. In contrast, the positive effects consisted of having close sexual or nonsexual relationships with women.

Nearly equal numbers of women reported positive, negative, or absence of long-term effects. Specifically, the aftereffects included feeling emotionally and, in some cases, sexually close to women or having a difficult time establishing relationships with women; and not feeling close to or trusting of them. More than half of the respondents rated the effects in the no-effect to moderate-effect range, while fewer than half of the sample reported aftereffects in the marked to severe range.

Overall impact of the incestuous experience

Using a five-point semantic differential type scale, the subjects rated the overall impact of paternal incest on their lives from 1.0 (a positive effect) to 5.0 (a negative effect), with 3.0 indicating a neutral effect. The majority of the victims of incest (17, or 80.9%) rated the overall impact of the incest in the negative direction (Table 1).

Factors contributing to overall adjustment

The subjects delineated specific factors that contributed to their overall adjustment to their past incestuous victimization. Several major themes predominated: having supportive relationships, being in-

Table 1. Overall impact of the incestuous experience

Rating	No. (%) responses*
1.0 (positive effect)	0 (0)
1.5	1 (4.8)
2.0	1 (4.8)
2.5	1 (4.8)
3.0 (neutral or no effect)	1 (4.8)
3.5	1 (4.8)
4.0	9 (42.8)
4.5	3 (14.3)
5.0 (negative effect)	5 (23.8)

*Columns total more than 21 subjects and 100% because one subject reported two ratings of overall impact.

volved in therapy, having time away from the incestuous situation to examine the experience, accomplishing several achievements, and disclosing and discussing the incestuous experiences with others. Many of the women reported that having close, trusting, and supportive relationships with family members and friends helped them overcome the painful consequences of the incest, often alleviating the marked distrust and fears they had experienced since the incestuous situation began. Similarly, discussing their incestuous experiences with others (in some cases with other victims of sexual assault) helped the women feel not quite so alone and isolated. Furthermore, examining the incest as a mature adult rather than as a child—whether independently, with others, or within a counseling session—assisted the victims to counteract the negative effects of the experience. Positive experiences outside the family of origin, particularly school achievements, also were identified as helping the victims maintain some competencies and abilities

throughout their lives and overcome their sense of inadequacy.

ANALYSIS OF FINDINGS

Circumstances of the incestuous experience

The incestuous situations experienced by the women in this sample were distinctive, unique, and diverse. Nevertheless, similarities and dissimilarities to previous reports in the literature as to the picture of the "average" incestuous experience were documented. First, all but one of the victims of incest were prepubescent at the time incestuous activity was initiated, supporting earlier investigators' findings.^{17,21,24,32} This sample, however, represents some of the youngest female victims at the initiation of incest studied to date, with a mean age at onset of 7.0 years old. Though the generalizability of this finding is limited in view of the small sample size, one may speculate that daughters are victimized sexually by their fathers at a younger age than earlier findings have indicated.

Secondly, as reported elsewhere in the literature, a wide variety of sexual activities comprised the incestuous relationship. In contrast to earlier studies, however, not all of the cases of paternal incest evidenced a progression in sexual activities.^{20,21} Rather, many of the incestuous relationships involved nonprogressive sexual behaviors of an intimate nature with prepubescent daughters that occurred at or close to the initiation of incest and remained an important part of the relationship throughout its duration. These findings suggest that, within the early stages of an incestuous

relationship, young female children, and not only girls nearing or at puberty, may be sexually victimized via sexual intercourse or other sexually intimate behaviors by a father or father figure.

The study further supported previous researchers' findings²⁰⁻²² related to the frequency and duration of paternal incest: The incestuous relationship was a protracted one, and the frequency of incestuous contact was variable. Moreover, as documented by other researchers in the field,^{5,17,19,25} this investigation supported the finding that rewards, bribes, enticements, and exploitation are primary variables enhancing the establishment and maintenance of the incestuous relationship.

Nonetheless, when compared with earlier studies, this study evidenced some differences concerning the nature of the incestuous relationship. Several studies have documented that physical force in incest is rarely required to obtain the daughter's compliance.^{19,21} In contrast, nearly half of the victims in this sample reported being threatened by their fathers and being physically restrained or beaten if they struggled or refused the incestuous activity. Furthermore, the content of the threats was typically frightening and at times life-threatening for the victims. In some cases, the perpetrator threatened to physically abuse other members of the family, the mother in particular, if the daughter did not participate. The importance of these findings is notable. Although many daughters appear to be enticed into an incestuous relationship via exploitation of their natural tendency to trust and desire for affection, some are brutally persuaded or forced to participate. Furthermore, disclosure of the incest may

be made more difficult if the victim not only fears more frequent and severe physical beatings but also is taught to equate participation in the incest with protection of her mother (or other family members) from battering episodes.

The high percentage of victims of incest in this study who were physically abused or threatened with abuse may also account for the number of incestuous experiences that lasted for many years. It may be difficult, if not impossible, for a female child to extricate herself from an incestuous experience associated with fears of physical abuse until she can be assured that she as well as other members of her family are safe from the incest perpetrator.

Finally, in contrast with previous studies' findings that have determined that at least half of the victims of incest do not disclose the incest to anyone during the period of sexual victimization,^{7,21,23} most of the victims in this investigation had disclosed the incest to someone at some point during the incestuous period, and, frequently, to a family member. These results prompt several tentative conclusions.

First, the findings suggest that many victims of incest will attempt to and do disclose the incest to friends, family members, and significant others. These victims need to be believed by their confidants. Their reports of incest should be taken at face value, at least initially, without

The victims' reports of incest should be taken at face value, at least initially, without attempting to corroborate them with the perpetrator.

attempting to corroborate them with the perpetrator. The perpetrator may deny the child's report of incestuous assault.

Second, the most effective interventions carried out to end the incestuous abuse appear to be those that involve removing the perpetrator from the home or removing the daughter from the scene of the incestuous assault. This suggestion is not meant to detract from programs that attempt to maintain the intactness of the incestuous family via family counseling.³⁴⁻³⁶ However, to become operative, these programs require disclosure of the incest to agencies outside the family; in those cases in which family members decide not to reveal the incest to persons external to the family, removal of the perpetrator or victim may be the best means to end the incestuous abuse.

Finally, measures that strengthen the role and position of the mother in the family may substantially help the mother to protect and/or extricate the daughter from incestuous victimization. Programs that offer financial assistance, a temporary residence safe from a perpetrator's violent retaliation, and nonblaming support for the victim and mother might do much to help the mother and other family members intervene on the victim's behalf.

Immediate and long-term effects

The immediate and long-term aftereffects were diverse in type, nature (positive or negative), and severity. Although the reactions to the incest by the female victims in this sample may not be representative of the total population of female retrospective victims of paternal incest (because of the limited sample size and acci-

dental sampling procedures), findings from this investigation remain noteworthy. In particular, the study documented the diversity in aftereffects experienced by victims of paternal incest, suggesting that a typical reaction to father-daughter incest does not exist. Rather, as noted by Courtois,²¹ the victim's response may be markedly subjective and dependent on an interplay of complex and varied factors. Such variables as level of personality development prior to the incest, level of coping mechanisms, the presence or absence of ego strengths, the extent of relationships with others, the degree of self-esteem, the nature of accomplishments achieved during the period of incest, and whether or not therapy was used to alleviate painful consequences of incest may affect the types of aftereffects experienced by the victims of paternal incest and therefore may have influenced the extensive variability of aftereffects found within this sample.

Of import, also, is the documentation of positive outcomes of paternal incest in each of the eight life-spheres. This investigation is the first study to yield information about the positive consequences of paternal incest. Despite their past incestuous victimization, and in some cases because of it, many women in this sample seemed to have learned valuable qualities of self-reliance, autonomy, independence, accountability, and sensitivity toward others. The positive aftereffects, therefore, seem to represent coping mechanisms used by victims to deal with the period during and after the incestuous assault.

Finally, a comparison between immediate and long-term effects was made to discern noteworthy differences. Essentially, the type of aftereffects experienced by

the victims of incest remained the same for both the immediate and long-term time periods. Important differences were found, however, in the severity ratings and nature of effect between the two groups. In general, immediate effects were rated somewhat more severe and typically were predominantly negative. Specifically, in the social, psychological-emotional, physical, familial, sense-of-self, and relation-to-women life-spheres, the victims of incest experienced more severe and more negative immediate than long-term aftereffects. In contrast, in the sexual and relation-to-men life-spheres, the long-term effects were more severe.

These findings suggest that the female victim of paternal incest may endure more social, emotional, physical, and self-identity difficulties during the incestuous experience. Additionally, relationships with family members and other women appear to be more disrupted and impaired immediately after the cessation of incest. With many victims reporting that their mothers knew about the incest yet did nothing to stop it, it is not surprising that the victims' desire for female friendships was affected. Moreover, because of their young age at the time of the incestuous contacts, the victims' overwhelming response to the incest may have been more easily displayed by physical symptoms, emotional reactions, or feelings of worthlessness.

More severe long-term effects were noted in the sexual and relation-to-men life-spheres. Because a number of women in this sample were prepubescent or had just reached puberty at the termination of incest, they may have been initially less aware of a disruption in their sexuality as well as in their relationships with men.

Years after the incest had ended, however, when the women began to enter into emotionally and sexually intimate relationships with men, numerous problems arose that the victims attributed to incest. Voluntary sexual activities became frightening, and relationships with men were avoided.

For this sample, then, the severity of aftereffects in the social, psychological-emotional, physical, familial, sense-of-self, and relation-to-women life-spheres decreased slightly with time. More women reported experiencing positive long-term effects in these life-spheres. In contrast, the long-term aftereffects in the sexual and relation-to-men life-spheres were less positive and more severe than the immediate aftereffects.

Overall impact of the incestuous experience

This study is the first to determine the means by which victims of paternal incest overcome its negative aftereffects. The numerous factors listed by the victims appear to indicate that a variety of means are used to deal with and overcome the often painful sequelae of paternal incest. Most likely, this diversity represents the victims' diverse methods of coping with traumatic situations, based on their unique strengths and weaknesses, experiences, and life accomplishments. Moreover, the findings suggest that the type of assistance offered to victims of paternal incest, both during the time of the incestuous experience and years afterward, seems to be critical in helping victims overcome the incestuous victimization. For incest detected in childhood, supportive relationships with family, friends, and significant

others may be more important. Enhancing a child's accomplishments in a variety of activities may be equally critical. Similarly, for a retrospective victim of paternal incest, supportive and trusting relationships and examination of the incestuous experience with someone appear to enhance the successful adaptation to past incestuous trauma.

IMPLICATIONS

Nursing practice

This study supports the need for continuing education for nurses on the topic of incestuous victimization. First and foremost, nurses must be knowledgeable about the incidence, signs and symptoms, and psychological and physical trauma of paternal incest. The data suggest that retrospective victims of paternal incest may exhibit signs and symptoms related to their past incestuous victimization. Although no direct relationship may exist between a past history of incest and the incidence of victims in this sample who reported having menstrual problems, psychosomatic complaints, abortions, and interpersonal difficulties, the presence of any one of these symptoms may be an indication for the nurse to inquire about past sexual trauma. In this regard, nurses working in mental health centers, physicians' offices, abortion clinics, gynecological or obstetrical services, and medical and surgical units may be in a unique position to detect and assist a retrospective victim of paternal assault.

Psychiatric nurse-therapists likewise require adequate education and preparation to effectively counsel female victims of paternal incest. Nurse-therapists similarly

must be aware of the variability in familial situations, circumstances, and aftereffects of paternal incest. Rather than relying solely on knowledge about so-called common reactions to incest, a nurse-therapist should maintain an openness to learn from the victims themselves about their own unique experiences and responses to incest. Such an approach may facilitate the victim's resolution of traumatic sequelae of paternal incest according to her distinct needs, difficulties, and recall of the event.

Research

The findings suggest that extraneous variables pertaining to the victims' level of personality development and degree of interpersonal relationships during the incest and after its cessation may account for the wide variations in aftereffects noted in this study. Research explicating and measuring these extraneous variables is clearly warranted. Furthermore, as more retrospective victims of incest are willing to talk about their incestuous experiences with researchers, a random sample of victims may be more obtainable. The replication of this study with a larger, random sample procured through public advertising would enhance the generalizability of its findings. Moreover, further investigation into the immediate and long-term effects of paternal incest is indicated. In this regard, a longitudinal study examining the changes in repercussions of incest as a victim progresses from child to adult may be warranted. Furthermore, research utilizing the same or different study design but including an examination of the positive effects of incest might enhance the external validity of this study's findings.

34 Finally, using control groups seems indicated to permit comparisons between female adult retrospective victims of incest and nonincestuously abused adult women on selected findings of interest. For example, noting the number of women in each group who experienced menstrual problems, had had abortions, and experienced changes in sexual orientation would be useful to discern whether these factors are related to past incestuous assault.

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Father-daughter incest was studied in relation to its circumstances and afteref-

fects as perceived by the female victims. As such, it represents a beginning exploration of a highly complex and frequent type of sexual abuse. Further research is needed in this area to obtain data from which to design nursing interventions oriented toward assistance, therapeutic change, and maximum resolution of the victims' psychological difficulties. With one in 100 women in this country estimated to have been victims of paternal incest, the problem of incestuous assault certainly warrants nursing's continued attention, clinical expertise, and investigative research.

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