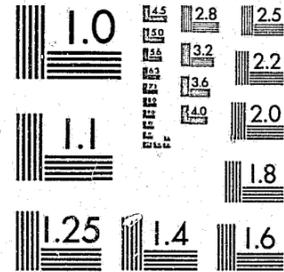


National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

National Institute of Justice
United States Department of Justice
Washington, D. C. 20531

11/26/84

94724

CHILD SEXUAL ABUSE and incest

An Annotated Bibliography

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Child Sexual Abuse Project
United Way of Lower Mainland

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Child Sexual Abuse Project
Working Paper One
Second Edition - May 1982



94724

CHILD SEXUAL ABUSE and INCEST

An Annotated Bibliography

Sarah Lawton-Speert
with
Andy Wachtel

Researchers, Social Planning and Research
United Way of the Lower Mainland
Vancouver, British Columbia

Child Sexual Abuse Project
Working Paper One
Second Edition - May 1982

NCJRS

MAY 25 1984

ACQUISITIONS

Printing Courtesy of
The National Clearinghouse on Family Violence
Social Services Development and Grants Directorate
Health and Welfare Canada

SOCIAL PLANNING AND RESEARCH COMMITTEE

Ms. Audrey Sojonky (chairman)
Dr. Julie Brickman
Judge Douglas Campbell
Mr. Michael Clague
Mr. Art Cowie
Ald. Marguerite Ford
Ms. Sheila Gilmour
Dr. Henry Hightower
Ms. Marilyn Jeffery
Mr. Gray Kyles

Deputy Chief Ted Lister
Ms. Gus Long
Dr. Ann McAfee
Dr. Chris McNiven
Mr. Hugh Millar
Mr. William Nicholls
Mr. Norm Rollerson
Ms. Pat Ross
Mr. Hugh Shewell
Dr. Roger Tonkin
Ms. Mish Vadasz

CHILD SEXUAL ABUSE PROJECT
STUDY ADVISORY COMMITTEE

Dr. Carol Herbert (chairman)
Dr. Julie Brickman
Mr. Ray Chapman
Dr. Derek Eaves
Dr. Vera Frinton
Ms. Frances Grunberg
Ms. Wendy Harvey

Cpl. W.L.A. Hiney
Ms. Karen Lamica
Dr. Bill Maurice
Ms. Mimi Rosenbluth
Ms. Lorie Ross
Mr. Mike Stockdale
Ms. Coro Strandberg
Ms. Wendy Young

PROJECT STAFF

Research - Sarah Lawton-Speert
Research Supervision - Andy Wachtel
Project Coordination - Flora MacLeod

Canadian Cataloguing in Publication Data

Lawton-Speert, Sarah, 1954 -
Child sexual abuse and incest

(Working paper / Child Sexual Abuse Project ; 1)

1. Incest - Bibliography. 2. Child molesting - Bibliography. I. Wachtel, Andy, 1947 - II. United Way of the Lower Mainland. Social Planning and Research Dept. III. Title. IV. Series: Working paper (Child Sexual Abuse Project) ; 1.
Z7164.S42L38 1982 016.3641'536 C82-091156-9

This paper was prepared with financial assistance from the Health Promotion Directorate, Western Region, Health and Welfare Canada. Views, expressed or implied, are not necessarily those of the Directorate or of United Way of the Lower Mainland.

ABOUT THE UNITED WAY
CHILD SEXUAL ABUSE PROJECT

In September 1980, a conference on Sexual Abuse of Children Within the Family was held, co-sponsored by The Justice Institute of B.C. and the B.C. Ministry of Human Resources Child Abuse Team. Over 200 people attended who have responsibility to victims, offenders, and their families. Since that time, both established and newly-formed groups have worked to create and implement preventive programs and treatment resources.

The Social Planning and Research Committee of United Way has a long-standing commitment to problems of family violence. It has sponsored a series of research projects, the Task Force on Family Violence, subsequent implementation committees and staff and volunteer support for conference planning.

The Child Sexual Abuse project is funded by the Western Regional Office, Health Promotion Directorate, Health and Welfare Canada. Work began in January 1981 with the establishment of a project advisory committee to support and help direct research and planning. The research will include a literature review, annotated bibliography, analysis of record-keeping systems and available information, present policy, and programs and models of treatment and intervention.

The Advisory Committee hopes to facilitate co-ordination of a multi-disciplinary approach to the problems identified. To this end, working papers are designed to provide common ground for discussion of issues among the various professions involved. And ultimately, both research and planning are directed towards fostering development of guidelines for integrated service delivery and program operation.

TABLE OF CONTENTS

	<u>PAGE</u>
<u>Introduction</u>	I
Organization of the Bibliography and a Working Set of Terms	II
Definition and Gloss	IV
<u>Annotations</u>	
General	
1. "Incest: Sexual Abuse Begins at Home" (Weber)	1
2. "Nowhere to Run" (Grescoe)	1
3. "A Message to Parents About: Child Sexual Abuse" (C.P.C.)	2
Incidence	
4. Protecting the Child Victim of Sex Crimes Committed by Adults (DeFrancis)	3
5. "An Estimate of Nationwide Incidence of Sexual Offenses Against Children" (Sarafino)	3
6. "Sexual Victimization of Children in a Normal Population" (Finkelhor)	4
7. "Female Child Victims of Sex Offenses" (Gagnon)	4
8. "Why Physicians Won't get Involved in Child Sexual Abuse Cases and What to do About it" (Helfer)	5
Trauma	
9. Daddy's Girl (Allen)	6
10. Kiss Daddy Goodnight (Armstrong)	6
11. Father's Days (Brady)	7
12. Incest: If you Think the Word is Ugly, Take a Look at its Effects (Myers)	8
13. "Sexual Trauma of Children and Adolescents: Pressure, Sex and Secrecy" (Burgess and Holmstrom)	8
14. "Childhood Molestation: Variables Related to Differential Impacts on Psychosexual Functioning in Adult Women" (Tsai et al.)	9
Definitional and Theoretical Issues	
15. "Incest: Whose Reality, Whose Theory?" (Butler)	10
16. "What's Wrong with Sex Between Adults and Children?" (Finkelhor)	10
17. Conspiracy of Silence: The Trauma of Incest (Butler)	11
18. The Best Kept Secret: Sexual Abuse of Children (Rush)	11
19. Centuries of Childhood (Aries)	12
20. "The Individual, Incest and Exogamy" (Schwartzman)	12
21. "Sexual Abuse of Children: A Clinical Spectrum" (Summit and Kryso)	13
22. "Psychodynamics of Father-Daughter Incest" (Cormier et al.)	13

Definitional and Theoretical Issues (continued)	PAGE
23. "Sexual Misuse and the Family" (Rosenfeld)	14
24. "Sexual Abuse Within the Family" (Pizzey and Dunne)	14
25. "Family Dynamics of Incest: A New Perspective" (Dietz and Craft)	15
26. "Incest Offenses and Alcoholism" (Virkkunen)	16
27. "Incest and Drug-Related Child Abuse - Systemic Neglect by the Medical and Legal Professions" (Densen-Gerber et al.)	16
 Etiology, Family Dynamics and Offender Characteristics	
28. Betrayal of Innocence: Incest and Its Devastation (Forward and Buck)	17
29. "Incest, A Family Group Survival Pattern" (Lustig et al.)	17
30. "Typical Characteristics of Father-Daughter Incest" (Summit)	18
31. "Family and Couple Interactional Patterns in Cases of Father/Daughter Incest" (Stern and Meyer)	19
32. "Sexual Abuse of Children" (Walters)	20
33. "Mother-Daughter Incest" (Goodwin and DiVasto)	20
34. "Adult Sexual Orientation and Attraction to Underage Persons" (Groth and Birnbaum)	21
35. The Broken Taboo: Sex in the Family (Justice and Justice)	21
36. "Incest, Paternal Incest, and Other Types of Incest" (Lukianowicz)	22
37. "Incest: Review and Clinical Experience" (Nakashima and Zakus)	22
38. Incest: A Psychological Study of Causes and Effects with Treatment Recommendations (Meiselman)	23
 Case Management - Medical, Social and Legal Aspects	
39. "Child Sexual Assault by a Family Member: Decisions Following Disclosure" (Burgess et al.)	24
40. "Guidelines for the Assessment and Management of the Offender" (Groth)	24
41. "Group Treatment for Sexually Abused Children" (Hall)	25
42. "Incest: Theoretical and Clinical Views" (Rist)	25
43. "Art Therapy: A New Use in the Diagnosis and Treatment of Sexually Abused Children" (Stember)	26
44. "Sexual Child Abuse, the Psychotherapist, and the Team Concept" (Summit)	26
45. "The Character-Disordered Family; A Community Treatment Model for Family Sexual Abuse" (Anderson and Shafer)	27
46. "Developing a Program for Sexually Abused Adolescents: The Research-Service Partnership" (Thomas and Johnson)	28
47. "Incest: Intake and Investigation" (Topper and Aldridge)	28
48. "Treatment of Sexual Abuse" (Walters)	29
49. Handbook of Clinical Intervention in Child Sexual Abuse (Sgroi)	29
50. "Sexual Molestation of Children: The Last Frontier" (Sgroi)	31

Case Management - Medical, Social and Legal Aspects (continued)	PAGE
51. "The Sexually Abused Child in the Emergency Room" (DeVine)	31
52. "Kids with Clap: Gonorrhea as an Indicator of Child Sexual Assault" (Sgroi)	32
53. "Interviewing the Child Sex Victim" (I.A.C.P.)	32
54. Focus on Sex Crimes (Meade)	33
55. "A Review of Sex Offender Treatment" (Saylor)	33
56. Rape in British Columbia (Goldsberry)	34
57. "Incest" (Bluglass)	34
58. "Family Crisis Intervention" (Froelich)	35
59. Child Sexual Abuse and the Law (Bulkley)	35
60. Innovations in the Prosecution of Child Sexual Abuse Cases (Bulkley)	35
 Prevention	
61. "Conclusion: Aspects of Prevention and Protection" (MacFarlane et al.)	37
62. How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect (O.C.D.)	38
63. The Silent Children - A Book for Parents About the Prevention of Child Sexual Abuse (Sanford)	38
64. "Public Concern and Personal Action: Child Sexual Abuse" (C.P.C.)	39
65. Father-Daughter Incest (Herman)	39
 Bibliographies	
66. "The Sexual Abuse of Children and Minors: A Bibliography" (Schultz)	41
67. "Sexual Misuse" (M.H.R.)	41
68. Resource Manual on Incestuous Assault (T.R.C.C.)	41
 <u>Author/Citation Number Index</u>	 42

INTRODUCTION

Child sexual abuse is the latest taboo being exposed and explored in our society. Literature on it is appearing at an increasing rate. Perhaps the fastest growth is comprised of writings concerned with sexual abuse perpetrated by an adult (or young adult) who is in a familial caretaker role vis-a-vis the child. For convenience, such abuse, which takes place in a domestic context, is referred to as "incest". This bibliography surveys both the general topic of child sexual abuse and the particular concern with incest in the current literature. It is intended as a first guide to works of interest and a rough gauge of the limits of our present knowledge.

When a topic is opening up, the literature tends to display certain predictable characteristics. Authors assume that their readers are not yet thoroughly familiar with the subject, and each provides an introductory statement. Studies tend to be exploratory and small-scale. Anecdote (and in this case a good deal of autobiography) and observation based on clinical experience are prominent. There is a strong interest in estimates of incidence in order to establish the magnitude of the problem. Correspondingly, this interest leads to calls for better recording, uniform statistics, and, in the interim, a concern with ways of dealing with suspected massive under-reporting. Longitudinal research is scanty or entirely absent. But quite apart from that lack, the literature tends to be rooted shallowly in the present; the problem is not seen in historical context.

Though these observations are overgeneralizations, they seem to hold for the field of child sexual abuse. The literature is opening up like a hand - the fingers stretch along a broad front but there are gaping spaces between. In our area of focus, some gaps are especially wide. Theories of etiology address mainly the problem of "father-daughter" incest. Despite the interest in incest "survivors", the long term consequences of childhood abuse are not well defined. Indeed, even short term implications are difficult to disentangle from the complicating factors of possibly traumatic intervention.

Organization of the Bibliography and a Working Set of Terms

The reviews are numbered and listed under the following headings: general articles; incidence; trauma; definitional and theoretical issues; etiology, family dynamics and offender characteristics; case management/medical, social and legal aspects; prevention; and bibliographies. Many articles or books cover a range of issues. For convenience, these are cross-referenced by citation number. The annotations are better guides of the intent and coverage of the articles than is the section they are in.

The literature covered varies greatly in scope, scholarship and depth. The annotations point out some of the more contentious positions and approaches but no systematic evaluation of the articles is given here. In particular, we take as given that much of the literature can be faulted on methodological grounds - samples are tiny or clearly biased because they are chosen from among institutionalized persons or a

university population; the information is retrospective, adults being asked to remember childhood experiences; etc. More stringent evaluation is planned for companion literature review papers.

Material included here falls into three groups. One consists of articles that have been influential and are widely quoted or cited in the literature. By definition, these tend to be slightly older than the rest. (Their "age" is relative, however, as only the current wave of interest in child sexual abuse is represented.) The second group consists of recent books and articles which illustrate the swelling crest of interest in the subject. A final group reflects some of the unpublished material, conference papers and in-house articles, that have found their way into local practitioner's files and get limited circulation from hand to hand. In short, the articles included are far from the only and not necessarily the best works in the field. However, they are a selection from the literature that people involved in the issue locally have read and been influenced by. As the number of people concerned is growing, this bibliography may serve to define a common background for discussion.

In a new and controversial field of study, few articles and proportionately fewer books can be recommended without reservation. But even perversely wrong-headed arguments can be useful in sharpening ideas and testing assumptions; some of the pieces listed here fall into this category.

If no clear line has as yet triumphed, we believe that the literature is best approached from a definite perspective. Accordingly, this bibliography is organized with reference to the issues raised in a

particular definition of child sexual abuse and incest. It constitutes our working position.

Definition and Gloss

Child sexual abuse: incest - the sexual exploitation of a child by a person standing in a position of trust or authority defined by kinship or kin-like relationship.

This definition depends on several culturally accepted notions:

- * It takes as given that a child is physically and psycho-socially immature and thus that sexual activity necessarily constitutes exploitation because the child is incapable of giving fully informed consent. The responsibility rests with the abuser.
- * It assumes that there is adult consensus that certain activities - ranging from intercourse to masturbation to fondling to exposure - are sexual and that, while children are not asexual, the abuser defines the nature of the activity, not the child.
- * It argues that sexual abuse is 'incest' in the broad sense if the abuser's relationship to the child is one of kinship (father, older brother) or is kin-like (mother's live-in boyfriend, regular babysitter). Thus it distinguishes this class of abusers from others who may be authority figures of another sort (teachers, club leaders) or may indeed be strangers.
- * It makes no assumption about whether there is overt violence, threatening, or not; coercion, seduction or misrepresentation; a single incident or a pattern of abuse. These are important distinctions but each is secondary to the definition of sexual abuse.

ANNOTATIONS

GENERAL

- 1 WEBER, Ellen "Incest: Sexual Abuse Begins at Home". Ms., 5, April 1977; pp. 64-68.

Weber's article was one of the first magazine features on abuse that occurs within the family rather than with strangers. She describes some of the consequences of sexual abuse, and focuses on a victim's experiences. The Santa Clara Child Sexual Abuse Treatment Program in San Jose, California is featured.

Weber notes the correlation between sexual abuse and later anti-social behavior. She draws on a number of studies, including the research of Dr. Richard Burnstine, a Chicago pediatrician, who has found that nearly all the girls at Chapin Hall, a home for disturbed and homeless children, had been sexually abused. A large portion of adolescent runaways are children trying to escape from a sexually abusive relationship. When physical escape proves impossible, they may embark on long careers of drug use. John Siverson, a family therapist in Minneapolis who has treated more than 500 cases of adolescent drug addiction, reports that some 70 percent of his clients were caught in some form of family sexual abuse. The same is true of 44 percent of the female population at Odyssey House - a residential drug treatment program in Minneapolis; and of these cases, only two had ever reported the abuse to the authorities.

- 2 GRESCOE, Audrey "Nowhere to Run". Homemakers, May 1981; pp. 25-44.

This article focuses on sexual assaults that occur in the home. Grescoe writes that we rarely warn children to beware of their parents' friends, aunts and uncles, grandparents, siblings or, indeed, of their own parents. Grescoe notes one study in which 90 percent of victims reported knowing their attacker.

She writes about common attitudes toward incest and about how "badness" is a constant theme in the stories of incest victims. Grescoe describes how an innocent relationship can develop into an incestuous one. She also discusses some of the danger signs a child may exhibit when he or she is being abused.

Programs in the United States and Canada (with a focus on B.C.) designed to help victims and their families are outlined. In conclusion, Grescoe pleads, "we have to stop punishing the victims."

3 CHILD PROTECTION CENTER - SPECIAL UNIT "A Message to Parents About: Child Sexual Abuse." Washington, D.C.: Children's Hospital National Medical Center, 1979; 13 pages.

This pamphlet was designed to give quick, capsule reassurance and information to parents whose children have been sexually abused. Positive action is stressed. It is meant for a situation where the sexual abuse originates outside the immediate family (which is the typical case coming to the attention of the Child Protection Center). Parents are urged to:

- ask questions of police, hospital and court staff
- answer your child's questions to the best of your ability
- try to return to your family's usual activities as soon as possible
- respect the privacy of your child
- avoid becoming "over-protective"
- give your children safety information but avoid making them more afraid of people
- work out your own feelings with someone you trust
- be honest with your child as much as possible; they need to trust you more than ever at this time

Also see 64.

INCIDENCE

4 DeFRANCIS, Vincent Protecting the Child Victim of Sex Crimes Committed by Adults. Denver, Colorado: The American Humane Association, Children's Division, 1969; 230 pages; no bibliography.

This was one of the first large studies demonstrating that child sexual abuse is a serious problem. Two hundred and fifty families constituted the core sample; these families were selected because the offender seemed likely to be prosecuted. (One of the objectives of the study was to investigate the effect of the court proceedings on the victim and the family.) Eight percent of the victims were incest victims and 34 percent were rape victims.

DeFrancis concluded that the problem of sexual abuse of children is of unknown national dimensions, but findings strongly point to the probability of an enormous national incidence many times larger than the reported incidence of physical abuse of children.

It was suggested in this study that when the parents provided assurance and emotional security to offset the harmful effects identified with the offense, children escaped serious emotional damage. But, for a majority of children in the study sample, parents failed to provide the necessary care and emotional safeguards. Many parents, because of their own needs and deficiencies, contributed to the tension-charged climate and exacerbated the damage to the mental health of the victims.

More than a thousand court appearances were required for the 173 cases prosecuted. This resulted in much stress and tension for the child, an inordinate dislocation of normal activities for the parents, or parent, who appeared each time with the child, and strong resentments against the process.

5 SARAFINO, Edward "An Estimate of Nationwide Incidence of Sexual Offenses Against Children". Child Welfare, vol. LVIII, no. 2, February 1979; pp. 127-134.

Complete data are lacking to accurately estimate sexual offenses against children in the U.S., but projections from available statistics indicate the order of magnitude of the problem. Looking at the incidence surveys in Brooklyn, New York, the state of Connecticut, Minneapolis, Minnesota and Washington, D.C., the author attempted to estimate a U.S. nationwide figure. He calculated there are 122.5 reported sexual offenses per 100,000 children, with the number of unreported sexual assaults at least three or four times as high. This estimate, as Sarafino notes, is at the low end of those in the literature.

6 FINKELHOR, David "Sexual Victimization of Children in a Normal Population". Paper prepared for presentation to the Second International Congress on Child Abuse and Neglect. London: September 11-15, 1978; 7 pages. Essentially incorporated, in much expanded form, in Finkelhor, D. Sexually Victimized Children, New York: The Free Press, 1979; 228 pages; bibliography.

Finkelhor undertook a survey of 795 college undergraduates at six U.S. East Coast colleges and universities. Although the sample is not representative, it is quite diverse in terms of religious, ethnic, social class and urban-rural backgrounds.

Finkelhor discusses the age of victimization, sources of trauma, and the social backgrounds of the sexual abuse victims. He found that 19 percent of the women reported sexual victimization experiences as a child, and that these girls were victimized primarily by older males within their intimate social network, not by strangers.

Nine percent of the males had had an abusive experience with an older person. The boys' experiences were somewhat different from the girls. They were primarily homosexual, but were similar to the girls' experiences in that they were mostly with older men. These offenders too were mostly known to their victims, but were less often family members. Boys also seemed to be less traumatized and less likely to report the experience. Finkelhor's findings suggest that many more males are sexually abused than would appear on the basis of clinical reports alone.

He reaches three conclusions:

- 1) Childhood sexual victimization is fairly wide-spread and needs to be incorporated into our image of 'typical' developmental experiences of childhood.
- 2) It is very much a family problem.
- 3) Research on this subject is feasible.

7 GAGNON, John H. "Female Child Victims of Sex Offenses". Social Problems, vol. 13, 1965; pp. 176-192.

Gagnon reanalyzed information originally collected for the volume Sexual Behavior in the Human Female. The sample of over 4,000 adult females, heavily biased towards the college-educated, were asked if they had ever had a sexual contact as a (prepubertal) child with a (postpubertal) male at least five years older than themselves. Twenty-four percent reported such an experience.

A subsample of 1,200 women answered a more extensive list of questions. They indicated the extent of under-reporting of child sexual abuse incidents; only 6% were reported to the police. In twenty-one percent of the cases, the report to the interviewer was

the first time the woman had told anyone. This rate of reporting is lower than most estimates in the literature.

Gagnon's study has been criticized for its unfortunate terminology - treating cases as "accidental" and "non-accidental", the latter implying a sustained relationship between victim and offender, maintained positively through sexual or other gratification or negatively through coercion. It is not clear that any sexual abuse is "accidental" in its intent for the offender or in its consequences for the victim. Nor is it clear that an abusive relationship is ever maintained by truly "positive" reinforcements.

8 HELFER, Ray "Why Physicians Won't Get Involved in Child Sexual Abuse Cases and What to do About it". Paper presented at the Battered Child Symposium sponsored by the Centre for Prevention and Treatment of Child Abuse and Neglect, Denver, Colorado and the University of Colorado School of Medicine; no date; 14 pages. For copies: Ray Helfer, M.D., Professor of Human Development, Michigan State University, East Lansing, Michigan.

Helper noted that physicians are reluctant to get involved in child abuse cases and suggested how to tackle this problem. Though Helper was speaking about child abuse, the issues he addressed were pertinent to sexual abuse. He explained why dealing with child sexual abuse is difficult for doctors who have:

- 1) little training in dealing with child abuse and neglect,
- 2) little training in interpersonal skills,
- 3) little experience in working with peers in other disciplines,
- 4) experienced a "horrendous" drain of time, finances and emotions in dealing with child abuse cases,
- 5) a "horrendous fear" of testifying in court,
- 6) gained few personal rewards in taking on child abuse cases,
- 7) lacked knowledge of specialist consultants to fall back on, and
- 8) lacked training in seeing themselves as change agents.

Helper made two concluding recommendations:

- (1) child abuse and neglect is a legitimate specialty within pediatrics.
- (2) pediatric specialists must be trained, subsidized and affiliated with a child protection group in order to function effectively in this role.

Also see 18, 32, 56, 57, 58, and 65.

TRAUMA

8 ALLEN, Charlotte Vale Daddy's Girl. Toronto: McClelland and Stewart, 1980; 254 pages; no bibliography.

Daddy's Girl is a personal account of incest's effects. The sexual abuse began when the author was eight. She describes her intense ambivalence about telling someone about the abuse. She powerfully describes her ability to deaden her senses, an ability that many incest victims develop. She adopted this defense at puberty:

What I hadn't anticipated though, was the sudden, quite violent awakening of my sexual responses. The caresses I'd received so passively for eight years now created sensations, reactions I had to struggle to conceal. Mindlessly, I'd find myself enjoying the stimulation of his attentions. And then, appalled, my self-hatred assuming newer and bigger proportions, I began a concerted effort to stifle my responses, bury them; rejecting them one by one, until nothing he could do made me feel anything at all. I was wood. I was concrete. I could effectively segregate sensation out of my body, controlling it and my feelings with deadly determination. I would allow nothing to move me from the stiffly inflexible posture I maintained throughout our sessions. (p. 190)

10 ARMSTRONG, L. Kiss Daddy Goodnight. Markham, Ontario: Pocket Books, 1978; 277 pages; bibliography.

Armstrong spoke with 183 women and a number of men who had been victims of incest. She contacted most through advertisements, primarily in the feminist press.

The book consists of 26 chapters headed with brief introductions, followed by victims' accounts. An appendix is included listing incest treatment programs. Several threads run through these women's stories. Many feigned sleep when their fathers were sexual with them at night. Most went through a time in their lives when they tried to repress the episode, but they experienced flashbacks that had negative effects on their ability to form intimate relationships. Most looked at themselves as soiled human beings. She quotes one conversation with a victim:

"How do you feel about it now?"

"Talking about it? Sad. Very Sad."

"So it doesn't go away?"

"It recedes."

"I don't like that."

"You don't have to like it. You just have to live with it, like a small, nasty pet you've had for years." (p. 260)

She includes interviews with people who were involved in sibling incest, and one interview of a woman whose story is unlike the others and who has been involved with her father since childhood, wants to marry him, and fantasizes about having sex with her mother.

The primary intent of the book is to take incest "out of the closet". The author argues that it is not incestuous behaviour, but talking about incest, which is taboo in our society.

- 11 BRADY, Katherine Father's Days. New York: Seaview Books, 1979; 216 pages.

Father's Days is the story of a daughter's ten year sexual involvement with her father. In this personal story she describes how she tried to overcome the shameful feelings she had about herself by becoming an honor student and beauty queen. She describes how she was unable to develop intimate relationships with friends or her boy friend for fear she would reveal her secret.

She describes how her father only agreed to stop being sexual with her when she was engaged to her future husband:

Finally my father was willing to relinquish me. Something had taken precedence over his need for sexual gratification: ownership, custody of me by another man. That was something he could understand, however much he resented it.

And I, of course, had not been able to say no to him until I had alternate ownership to back up my refusal. My depression, fear, alienation, my sickness weren't valid grounds. Only claiming possession by someone else gave me the necessary strength. (p. 100)

Katherine married her high school boy friend, had two daughters, and maintained a successful career. But her past tormented her. When she reached middle age, her carefully constructed life began to disintegrate. She describes her difficulties in finding a good therapist, her adjustment to the realization that she's a lesbian, her involvement with the women's movement, and her personal way of coping with her past experiences.

Brady ends the book with:

I tell my story now with the hope that other incest victims will hear in it the two things I wished most, but had to wait years, to learn: You are not alone and you are not to blame.

- 12 MYERS, Barbara Incest: If you Think the Word is Ugly, Take a Look at Its Effects. Minneapolis, Minnesota: Christopher St. Inc., 1979; 18 pages; Bibliography. Reprinted in N.C.C.A.N., Sexual Abuse of Children: Selected Readings, Washington: N.C.C.A.N., 1980.

Meyers describes Christopher Street, a program for people who have been sexually abused, and the way she and her staff view the clients who come to them. For example, staff believe that:

- self-mutilation, prostitution and other abuses suffered by victims of sexual abuse are 'survival skills', ways of showing someone that something is wrong and releasing emotions.
- the effects of abuse are as important as the abuse itself in terms of client development.
- professionals have to do more than just observe behaviour and treat the symptoms of incest. They must learn to empathize and offer new survival skills.

Meyers lists behaviours that they have seen in children, adolescents and adult women victims of incest and child sexual abuse. She believes that these behaviours are often the way in which victim will try to tell people what is happening to them.

Finally, Meyers uses her own life experiences, her abuse and resultant self destructive behaviour, as an illustrative case study.

- 13 BURGESS, A. Wolbert and Holmstrom, L. Lytle "Sexual Trauma of Children and Adolescents: Pressure, Sex and Secrecy". Nursing Clinics of North America, vol. 10, no. 3, September 1975; pp. 551-563.

This paper describes the author's work with a group of 146 sexual trauma victims - primarily children and adolescents - through the Victim Counselling Program at Boston City Hospital. The authors term these persons "accessory-to-sex" victims, pressured into sexual activity by a person who stands in a position of power over them. The victim can't give free consent and suffers from the trauma of the forced sexual activity and also from the tension involved in keeping it secret.

The authors state that they have tried to avoid traditional ways of viewing the problem. They describe, from the victim's point of view, the dynamics involved, inability to consent, adaptive behaviour, secrecy and disclosure. Disclosure creates further trauma even if it makes a step towards resolution.

The authors wonder what happens to children who keep silent and don't disclose their sexual abuse. They suggest that long term study is needed to answer this and other questions.

- 14 TSAI, M., Feldman-Summers, S. and Edgar, M. "Childhood Molestation: Variables Related to Differential Impacts on Psychosexual Functioning in Adult Women". Journal of Abnormal Psychology, vol. 88, no. 4, 1979; pp. 407-417.

To examine factors contributing to the differential adjustment of women sexually molested as children, three groups of 30 women each were recruited to participate in this study: (a) a non-clinical group consisting of women molested as children but who have never sought therapy and considered themselves to be well adjusted; (b) a clinical group consisting of women seeking therapy for problems associated with childhood molestation; and (c) a control group of women who had not been molested.

The findings indicated that the clinical group was significantly less well adjusted than either the non-clinical or control group on measures of psychosexual functioning and the Minnesota Multiphasic Personality Inventory. In addition, women in the clinical group differed significantly from women in the non-clinical group in terms of (a) age at which last molestation occurred and (b) frequency and duration of molestation.

Two factors suggested most frequently by the victims as contributing to their adjustment to the molestation experience were (a) support from friends and family members in the form of assurance that the woman had not been at fault, had no reason to feel guilty and was still a worthwhile person; and (b) sympathetic and understanding sex partners who helped the woman discontinue generalizing to all men her feelings of "hatred and disgust". The authors call for further research to test their observations.

Also see 1, 4, 17, 18, 19, 28, 35, 36, 49, 57 and 65.

DEFINITIONAL AND THEORETICAL ISSUES

- 15 BUTLER, S. "Incest: Whose Reality, Whose Theory?" Aegis, Summer/Autumn 1980; pp. 48-55.

This article looks at the theory and the reality of incestuous assault. Butler juxtaposes the experience against the words of the theorists to provide a way to understand the misogyny and excuses at the foundation of much of the writing about incest.

She compares incest to rape in that it is still viewed as a "sex" crime, most of the offenders are male, and victims experience similar feelings of humiliation, fear, powerlessness and self-blame. There are differences that augment the suffering caused by incestuous assault. For instance, there is always a close, if not primary, relationship between the offender and the victim. Second, the incestuous assault is not one time "only" but continues for a long period, during which it increases in sexual specificity. Finally, the child is less likely to report the violation since her family is at stake; if she does, she is more likely to be disbelieved.

Butler also clarifies a point referred to frequently in the literature. She feels it is important to understand the family as the system in which incestuous assault occurs. At the same time, "it is important to remember that families do not sexually abuse children, men do."

- 16 FINKELHOR, David "What's Wrong with Sex Between Adults and Children". American Journal of Orthopsychiatry, 49(4), October 1979; pp. 692-697.

Finkelhor argues for ethical clarity on the issue of child sexual abuse. He states that one needs to be able to explain to victims and perpetrators of sexual abuse the reasons for drastic interference in their private affairs. Adult offenders are notorious for their ability to deny any responsibility for the act, and though Finkelhor remarks that an argument is unlikely to convince them, both offenders and their victims may benefit in the long run from being exposed to the moral issues involved.

He feels as well that ethical clarity on this issue is important for society as a whole. He argues that sexual values are increasingly confused in America today.

Finkelhor evaluates the main "intuitive" arguments, the most common being that sexual encounters with adults are damaging to children. This paper argues for a stronger ethical position, less dependent on untested empirical presumption, and based on the premise that children are incapable of full and informed consent.

- 17 BUTLER, Sandra Conspiracy of Silence: The Trauma of Incest. New York: Bantam, 1979; 184 pages; selected bibliography.

Butler wrote this book to explain the dynamics of, and society's reaction to, incestuous assault. She conducted research on the few existing counselling programs across the United States and interviewed hundreds of men and women.

The book is divided into eight chapters. They include: Scope of the Problem; the Children; the Aggressors; the Mothers; the Family; the Professional Family; the History of a Survivor; and Letters: "To Whom it May Concern".

Butler was surprised by the willingness of victims to talk to her, and by the unwillingness of professionals to talk about their work with victims.

She explained this reluctance in part by society's need to see incest as occurring in multi-problem families, set off by income, race, or social background (a myth which allows us to preserve a safe distance from the problem). This distance protects us from recognition of possible incestuous feelings in our own relationships and preserves the silence around the issue of incest.

- 18 RUSH, Florence The Best Kept Secret: Sexual Abuse of Children. Englewood Cliffs, New Jersey: Prentice-Hall, 1980; 197 pages; bibliography.

In this well-documented and crusading book, Rush, a psychiatric social worker, exposes the historical patterns which have sanctioned and perpetuated adult sex with children through the ages. She ranges over topics like "boy love" in ancient Greece, the Victorian "cult of the little girl" and international child prostitution and the sexualizing of media images of children through child stars from Shirley Temple to Brooke Shields.

She devotes a central chapter to Freud. Using correspondence with his friend Fleiss, Rush makes the case that originally Freud credited the many stories of incest and child sexual abuse reported to him by his female patients. His own discomfort with incestuous feelings caused him to renounce his belief and instead hypothesize that these reports were his patients' fantasies. Freud's public espousal of the theory of the 'fantasy' of incest influenced therapists and made it very difficult for victims to get their stories believed.

Interspersed with the author's commentary are quotes from victims. Rush's perspective is both professional and personal. She observed that the pattern of sexual abuse of children involved a male perpetrator in the overwhelming majority of cases. Her historical research showed that women and children have both been relegated to a lesser status, one of the manifestations of which is their common sexual exploitation. Her own experience of being sexually abused as

a child sensitized Rush to the fact this is "a devastatingly commonplace fact of everyday life."

- 19 ARIES, Philippe Centuries of Childhood. New York: Knopf, 1962; 447 pages; bibliography.

Aries develops the argument that in medieval society the concept of childhood as we understand it did not exist. Children went from infancy direct to more or less adult roles. This lack of a notion of children being other than small and not altogether competent adults extended to every sort of activity, and affected the way adults dealt with children's sexuality.

Aries makes good use of the observations of Heroard, court physician to the French royal family, recording the details of young Louis XIII's upbringing. Aries documents the sexual liberties adults took with children, the public indecency and coarse physical jokes which were regarded as perfectly natural even in the most refined of households.

This pioneering work revised our views of family life and relations between adults and children. Since its publication, some scholars have taken the argument further, identifying a pervasive undercurrent of child exploitation.

- 20 SCHWARTZMAN, J. "The Individual, Incest and Exogamy". Psychiatry, vol. 37, May 1974; pp. 171-180.

The author reviews some of the major theories of incest and exogamy, as well as some of the literature on father and the mother/child dyad. This provides background for a discussion of how exogamy and the incest taboo function as mechanisms that insure the successful psychological separation of the child from his/her family.

He considers parenting to be the ability to transmit the culture to offspring. He suggests that for this to happen, an intense mother/child dyad is a necessity. Having a male in the family on a more or less permanent basis, with a year-round sexual interest in the female, was an adaptive social development, since it provided protection and sustenance which enabled the female to devote enough time to the care of her young to insure their survival and at the same time provide the nurturance necessary for normal development. However, the family needed safeguards to prevent the tie between mother and infant and father and child from being too close. The incest taboo and exogamy appear to be important safeguards to insure proper distance and separation between parent and child.

Schwartzman's article is an interesting examination of the incest taboo. However, the family is described in a stereotypic manner, with the mother assigned virtually exclusive responsibility for insuring children's survival and the nurturance necessary for normal development.

- 21 SUMMIT, Roland and Kryso, JoAnn "Sexual Abuse of Children: A Clinical Spectrum". American Journal of Orthopsychiatry, vol. 48 (2), April 1978; pp. 237-251. Also in U.S. Department of Health and Human Services, Sexual Abuse of Children: Selected Readings. Washington, D.C.: National Centre on Child Abuse and Neglect, November 1980.

The authors take the position that parent/child sexual activity represents a spectrum of abuse which should be distinguished; they classify ten categories along that spectrum which differ as to diagnosis, management and prognosis. At one end is placed the "altruistic", dedication to sharing with the child the benefits of adult sexual experience with the goal of sexual fulfillment. At the other are adults whose actions are directed solely towards immediate personal sexual gratification.

This work has been controversial because of the picture painted of the family dynamic, which many see as confusing cause and effect. The mother is described as disengaged from the incestuous father and disenchanted with her marital role. The victimized daughter is described as radiating "the fragile innocence of a child mixed with the vaguely destructive allure of the temptress."

- 22 CORMIER, Bruno et al. "Psychodynamics of Father-Daughter Incest". Canadian Psychiatric Association Journal, vol. 7, no. 2, October 1962; pp. 203-217.

Based on an earlier study (Weinberg 1955), Cormier et al. considered the notion that father-daughter incest offenses result from three different conditions: 1) indiscriminate promiscuity, where the incest is part of a pattern of sexual psychopathology; 2) intense craving for young children, which includes the daughter (or son); and 3) 'endogamic' or intra-familial orientation, in which only family members are seen as desirable sex objects.

The authors studied 27 incest offenders, who otherwise had no history of criminality or sexual deviance. Twenty-one were interviewed in prison; six in a clinic. All seemed to fit the endogamic type. Cormier et al. elaborated on the incestuous dynamic, reconciling their clinical observations with Freudian interpretation:

1. the daughter becomes the substitute for the wife;
2. the daughter is the substitute, not for the present wife, but for the girl the offender courted many years ago;
3. parallel to this, he has the illusion that he is again the young man he was when he wooed his wife;
4. the real wife now symbolizes the forbidding mother;
5. the daughter herself has become transformed to the early giving mother.

This influential paper is controversial because it reinforces a family systems approach to incest. The authors place considerable responsibility on the mother rather than on the offending father and consider incest as an "extreme symptom of family mal-adjustment which existed from the beginning of marriage". In discussing how the wife could fail to know about incest going on for several years, the authors note that this question is beside the point:

Whether she is genuinely unaware, is concealing, or refusing to see, the mother is no longer able to fulfill her function in the family and protect the daughter.

- 23 ROSENFELD, Alvin "Sexual Misuse and the Family". Victimology, vol. II, no. 2, Summer 1977; pp. 226-235.

Rosenfeld discusses different theories on the origin of the incest taboo, outlines the history of research on child sexual abuse and traces the evolution of psychiatric ideas about incest. He notes that in recent years incest has been conceptualized as a symptom of family dysfunction. In this context, he feels that it is important to realize that incest and the sexual misuse of children are extreme ends of the spectrum that includes normal sexual life in the family. Different cultural groups and different families express and incorporate sexuality into the family in varying ways. When sexuality is well-integrated into family life, it supports healthy growth and gives a child a heightened sense of worth and security. Ambivalent expression can lead to overstimulation while complete repression of sexuality in the family can lead to "sexual neglect".

Several factors are listed as aspects of "normal sexual life" in the home. Two of the eight are:

1. Adequate privacy for both parents and children in overt sexual matters but a willingness on the parents' part to transmit honest information about sex to their children. This information should be consistent with the parents' personal and cultural standards.
2. An ability to change and adapt family practices so that they remain suited to the child's changing age and stage of psychosexual development.

- 24 PIZZEY, Erin and Dunne, Michael "Sexual Abuse Within the Family". New Society, vol. 54, no. 939, November 1980; pp. 312-314.

Pizzey and Dunne draw a connection between family violence and incest. No statistics are quoted in the paper, though two case studies are used.

The authors have noticed that incest occurs in a remarkably large proportion of families prone to domestic violence. While violence is the presenting problem, it takes many interviews to establish enough

trust in either the mother or the children for the family secret of sexual abuse to come out. Younger children tell of it in their drawings; the slightly older ones and adolescents tell not only directly but also indirectly by the way they respond physically to male and female staff. When the mother does talk, she will often describe what happened to herself as a child but may be unwilling to believe that the same thing is happening to her children.

An incest victim, asked to describe her father using five words, using love as the first word, hesitated a few moments and then said "hate." Almost without pause, she continued, "jealousy, sex, security." Pizzey and Dunne state that no five words can better express the painful entanglement of emotions in which the abused child is forever confined. A sexually abused child is robbed of childhood.

- 25 DIETZ, Christine and Craft, John "Family Dynamics of Incest: A New Perspective". Social Casework, vol. 61, December 1980; pp. 602-609.

The goals of this paper are to explore the role of the mother in incestuous families, as perceived by 200 child protection service workers in Iowa, and to examine the attitudes of these workers toward the mother. An additional goal is to determine whether parallels and possible connections exist between incest and wife abuse.

The authors review literature which argues that the real abuser in an incestuous family is the mother. By frustrating her husband sexually, failing to support her daughter emotionally, or foisting her maternal duties and responsibilities onto her daughter, she engineers the incestuous relationship.

By contrast, the authors are struck by the parallels between families where incest takes place and those where wife abuse occurs. One similarity is the relatively frequent association between heavy drinking and abuse. Another is the rigid sex-role configuration of the families; both kinds of abusive families are typically patriarchal, with dominant husbands and submissive wives.

If there is wife abuse in incestuous families, the authors argue that the behavior of the wife in such families should be seen in a very different way. And, in fact, the experience of their social worker sample contradicts the view in the literature and supports Dietz and Craft's observations. Seventy-eight percent of the protection workers believe that the mother is likely to be a victim of abuse by her husband; 76 percent suspect physical child abuse. The authors argue that to accuse women in such situations of "colluding" in incest, or "pushing" their daughters into the maternal role, is merely "blaming the victim".

Other findings of this study note the extent of child protection worker's dissatisfaction with their training, a feeling that working with incest victims is particularly problematic for them, and a

heavy reliance on (arguably inadequate) professional literature for information regarding incest.

- 26 VIRKKUNEN, M. "Incest Offences and Alcoholism". Medicine, Science and Law, vol. 14, April 1974; pp. 124-128.

The author examined 45 cases of incest, in which half the offenders (22) were alcoholic. These latter offenders showed more evidence of criminality and particularly of a history of violent acts. Their homes were also more likely characterized by domestic violence. Virkkunen believes alcoholic incest offenders form a distinct grouping in which incest is only one aspect of a pattern of criminality.

There were no statistically significant differences in depression, psychotic disturbances, intellectual defects, problems of jealousy, psychiatric hospitalization and earlier sexual behavior between the alcoholic and non-alcoholic group.

The alcoholic offenders' wives were more likely to sexually reject them but this appeared to be a consequence of revulsion towards alcohol abuse and its effects. The living circumstances of these women and their children may be so poor that psychic pathology is likely a response rather than another contributing cause to the incestuous behavior.

- 27 DENSEN-GERBER, Judianne, Hutchinson, Stephen and Levine, Ruth "Incest and Drug-Related Child Abuse - Systemic Neglect by the Medical and Legal Professions". Contemporary Drug Problems, vol. 6, no. 2, Summer 1977; pp. 135-172.

This article recounts a series of truly horrific drug related cases of child abuse from different parts of the U.S., focusing on whether or not state laws protected the children.

The authors conclude that there exists adequate evidence of the causative relationship between substance abuse and child abuse (both physical and sexual) to support a legal presumption of abuse or neglect where the parent or guardian is a drug abuser. This presumption should be integrated into all child protection systems.

The reporting provisions of state child abuse and neglect statutes must be revised to include a felony penalty for noncompliance. The systems in use in insuring the physical safety of the child during the fact-finding and adjudicative processes are of limited value. The lack of social service staff, placement services, followup and training often make intervention meaningless. The professionals who consistently release children to dangerously abusing parents have some awareness of the problem but are not motivated to act affirmatively in the child's behalf. This lack of motivation may stem from frustration with an unwieldy and hostile adjudication process, or from apathy due to the absence of meaningful resources.

Also see 29, 31, 35, 39, 42, 49, 56, 57, 61, 63 and 65.

ETIOLOGY, FAMILY DYNAMICS AND OFFENDER CHARACTERISTICS

28 FORWARD, S. and Buck, C. Betrayal of Innocence: Incest and Its Devastation. Dallas: Penguin Books, 1979; 178 pages; bibliography.

Susan Forward, the author, is an incest victim and is now a psychotherapist specializing in its treatment. She presents twenty-five case histories ranging from father and daughter, mother and son, siblings, grandfather and granddaughter, mother and daughter, to father and son incest. In this book she is concerned with the psychological implications of incest - the causes, consequences, and treatment.

Forward does not footnote the articles she has used in drawing conclusions, but she does provide a five page bibliography at the end of the book. An appendix listing treatment resources and methods is also included.

Forward takes a family dynamics approach to sexual abuse. She writes:

When I discuss incest I am referring to an entire family picture, not just a sexual act. It would be easy to pin all the blame on the aggressor - the logical scapegoat - but easy solutions rarely apply in human relationships. In a typical father-daughter incest case the mother is frequently guilty of unconsciously pushing the daughter into a maternal role, and the daughter may be seductive. The father is ultimately responsible for acting out the incest, but he alone does not set it up.

These assumptions are widespread in the literature and represent a major point of contention in the field.

Forward reviews several therapy techniques, and concludes that she has found psychodrama the most effective means of working with incest trauma. She feels that psychodrama offers the opportunity to explore and resolve conflicts by acting them out in brief, improvised scenes. Psychodrama cuts through the intellectualizing and denial that many of her patients used as a defense against their feelings.

29 LUSTIG, N. et al. "Incest, a Family Group Survival Pattern". Archives of General Psychiatry, vol. 14, January 1966; pp. 31-40.

Family constellations in six cases of father-daughter incest were studied. In the authors' view, incest seemed to emerge as a tension reducing defense within a dysfunctional family, serving to maintain the integrity of the family unit.

The authors suggest that overt father-daughter incest depends upon:

1. an assumption by the daughter of the mother's role; the daughter becomes the central female figure of the household.
2. an impaired sexual relationship between the parents, generating unrelieved sexual tension in the father.
3. an unwillingness by the father to act out sexually outside the family related to a need to maintain the public facade of a stable and competent patriarch.
4. a fear of family disintegration and abandonment shared by all protagonists, such that any arrangement appears preferable to family disintegration.
5. the conscious or unconscious sanction of the non-participant mother who must contribute to the assignment of the daughter in her place. Unconscious homosexuality may well characterize these mothers.

Despite the small sample size, this has been an influential article. The author's views are certainly controversial. It is interesting, for example, that the impaired sexual relationship of the parents produces unrelieved sexual tension in the father with incest as a consequence but does not have parallel effects on the mother. Similarly, the author's conclusion that the mother is the "cornerstone in the pathological family system" remains highly contentious.

30 SUMMIT, Roland "Typical Characteristics of Father-Daughter Incest: A Guide for Investigation". Unpublished paper, 1979; 29 pages. For copies: R. Summit, Assistant Professor of Psychiatry, Community Consultation Service, Harbor - UCLA Medical Centre, 1000 West Carson, Torrance, California, 90509.

Summit concisely describes incest victim behavior and typical characteristics of the perpetrator and the non-offending mother. He cautions, however, that the only really consistent pattern in incest is inconsistency. Incest is so widespread and is symptomatic of so many kinds of problems that no single cause or modus operandi can be described.

He characterizes the typical victim of incestuous molestation as uncertain, apologetic and inconsistent in her attempts to understand and to describe what has happened. She tends to blame herself or her mother for allowing the incest and she is fearful and reluctant to make charges against her father. She has not kept a log or noted on a calendar the dates of sexual intrusions; the sexual encounters have become a blur of repressed, distorted memories. Investigators must be very patient and tolerant of uncertainties and inconsistencies in the child's story if there is to be any chance of developing an effective case.

The victim often seeks sympathy and intervention at the very time she is least likely to find it. She frequently betrays the secret after breaking a curfew, running away from home, abusing drugs or alcohol, shoplifting, or becoming sexually promiscuous. Most adults confronted with such a history tend to be put off by the pattern of delinquency and the anger expressed by the adolescent; they tend to identify with the problems of the parents in trying to cope with a rebellious teenager and assume there is no truth to the incest complaint.

While step-fathers are five times as likely to commit incest as natural fathers, all perpetrators tend to share certain characteristics. Summit notes they are often rigid, patriarchal and authoritarian. They express feelings of inadequacy or belittlement in other spheres or as one expression of a general need to dominate. Incestuous fathers exhibit denial or actual amnesia. They can be very convincing in their defense for this reason. Typically, they are predatory within the family and are innocuous to other children.

Summit characterizes the mother as frequently a victim of sexual abuse herself. She may maintain a strong defense of self-deception so as to be unaware of the sexual abuse occurring in her home. She may be absent, tends to play a subordinate role at home, shows implicit trust in her husband, has punitive reactions to her daughter's sexuality and tends not to believe her daughter's accusation.

Although Summit is careful to avoid blaming the mother, he places so heavy an emphasis on her role that his ambivalence is evident.

Depending on their background, their adult adjustment, their choice of a mate, and their relationship with their daughters, they can either prevent incest or they can almost assure it will happen.

31 STERN, Maddi-Jane and Meyer, Linda "Family and Couple Interactional Patterns in Cases of Father/Daughter Incest". In U.S. Department of Health and Human Services. Sexual Abuse of Children: Selected Readings. Washington: National Centre on Child Abuse and Neglect, November 1980; pp. 83-86.

Stern and Meyers present a preliminary typology of the dynamics of parents' relationships in families in which incest has occurred. Through research and clinical observation, the authors have found that the couples' relationships can often be characterized as fitting into one of three patterns: dependent/dominating, possessive/passive, or dependent/dependent. The authors state that, as with all typologies, it must be emphasized that these patterns represent ideal types; actual cases may not fit the pattern completely.

The authors emphasize that the appearance of these patterns is neither a necessary nor a sufficient cause of incest. It is the authors' conclusion that an understanding of the dynamics of the

parents' relationship is, however, critical to the development of effective intervention strategies.

- 32 WALTERS, David R. "Sexual Abuse of Children", chapter eight in his Physical and Sexual Abuse of Children: Causes and Treatment. Bloomington, Indiana: Indiana U.P., 1975; 192 pages, Bibliography.

Walters includes a description of myths and facts of child sexual abuse, a section on the extent of the problem, a description of sexual abuse cases reported to public agencies, a discussion of unfounded or baseless accusation of sexual abuse by children, father-daughter involvement, and a description of other forms of child sexual abuse.

Walters argues that sexual abuse is substantively different from physical abuse of children in the etiology, occurrence, reporting and particularly in the treatment of the problem. To confuse the two impairs understanding of both problems.

While Walters is quite influential in the field of physical abuse, his views on child sexual abuse are controversial. He holds that accusations by teenage girls are often lacking in substance, a view that is opposed by many. He also argues that father-daughter incest is the father's ultimate act of hostility or hatred toward the mother, implicitly putting it above direct assault or even murder.

- 33 GOODWIN, Jean and DiVasto, Peter "Mother-daughter Incest". Child Abuse and Neglect, vol. 3, 1979; pp. 953-957.

Little has been written about homosexual incest; still less has been written on mother-daughter incest in particular. This paper reviews five previously reported cases of mother-daughter incest and adds another case. Goodwin and DiVasto also review the two previously reported cases of grandmother-grand-daughter incest and describe some patterns seen in homosexual incest.

They make the following recommendations:

1. Examine reports of mother-daughter physical contacts with the question in mind, "Would this contact be incestuous if the initiator had been father rather than mother?"
2. Explore in detail those family situations in which mother and daughter share a bed.
3. Consider the possibility of active involvement by mother in father-daughter incest cases.

"Softer" clues which should also prompt the therapist to consider homosexual incest include:

- a) The reliance of a physically ill mother on a particular daughter for nurturance; and

- b) The presence of overt homosexuality in either mother or daughter.

The conclusions drawn are viewed as tentative due to the small number of cases.

- 34 GROTH, A. Nicholas and Birnbaum, H. Jean "Adult Sexual Orientation and Attraction to Underage Persons". In U.S. Department of Health and Human Services. Sexual Abuse of Children: Selected Readings. Washington: National Centre on Child Abuse and Neglect, November 1980; pp. 87-90. Also in: Archives of Sexual Behavior, vol. 7, no. 3, 1978; pp. 175-181.

The research on which this article is based examined the assumption that homosexuals constitute a risk to the physical and sexual safety of underage persons. One hundred seventy five males, each of whom had been convicted of sexual assaults against children, made up the sample. The authors conclude that, based on this random sample, girls are victimized almost twice as often as boys and that offenders who select male child victims either have always done so exclusively or have done so after "regressing" from adult sexual relationships with women. There were no peer-oriented homosexual males in their sample who "regressed" to children.

The authors stress that homosexuality and homosexual pedophilia are not synonymous. In fact, they suggest that these two orientations are mutually exclusive, the reason being that the homosexual male is sexually attracted to masculine qualities whereas the heterosexual male is sexually attracted to female characteristics, and the sexually immature child's qualities are more feminine than masculine. The authors conclude that the adult heterosexual male constitutes a greater sexual risk to underage children than does the adult homosexual male.

- 35 JUSTICE, B. and Justice, R. The Broken Taboo: Sex in the Family. New York: Human Sciences Press, 1979; 304 pages; no bibliography.

The authors base their findings on the literature in the field and on more than 100 case studies. They look at the psychological make-up of typical parent perpetrators and the effects on the child victims. They also look at possible causes for what they see as the increasing frequency of incest and attempt to assess what is and what can be done to help. Their view that both parents are to be regarded as perpetrators colors their presentation.

The Justices state that, though they feel the incidence of incest is increasing, the taboos against talking about it still hold strong. They identify some of the myths that they believe are a part of people's thinking. In a survey, they asked parents to consider these statements and classify each as "true" or "false":

1. Relatively few people have thoughts about sex with their parents, brothers, sisters, children or other close relatives.
2. The act of incest is so "unnatural" that only the sick and depraved practice it.
3. If the subject is just ignored, sexual activity between father and daughter or mother and son is not likely to occur.
4. Incest usually involves force, such as a father forcing a daughter into sex.
5. There is nothing different about today's society or stresses on parents that causes more sex in the family to occur.

The Justices take the position that each of these statements is false and that people are ignorant of incest facts, largely because the subject continues to be treated as so "abominable that it must not even be thought about or discussed."

36 LUKIANOWICZ, Narcyz "Incest, Paternal Incest, and Other Types of Incest". British Journal of Psychiatry, 120, 1972; pp. 301-313.

The first section of this paper considers 26 patients from the mental hospital in County Antrim, Northern Ireland, who spontaneously mentioned their incestuous experiences with their fathers. Based on their revelations, the author concluded that at least 4% of the female psychiatric patients in this population had childhood incestuous experiences. Lukianowicz characterizes the offenders in these families as aggressive and "over-sexed" males with weak inhibitions and over-tolerant wives.

In the second part of the paper, 29 cases of other forms of incest are analyzed. Half of these (15) were cases of brother-sister incest. In personality, intelligence and social class, the sample of incestuous siblings was not significantly different from the norm. There appeared to be "few grave psychiatric sequelae". The children born of various incestuous relationships had no unusual physical abnormalities.

37 NAKASHIMA, Ida and Zakus, Gloria "Incest: Review and Clinical Experience". Pediatrics, vol. 60, no. 5, November 1977; pp. 696-701.

Nakashima and Zakus review the literature on incidence and categories of incest and report on 23 cases of incest seen in the past 15 years at the Adolescent Clinic at the University of Colorado Medical Centre. They identify some specific characteristics of involved individuals and families.

The authors conclude that, in a pediatric setting, the typical victim of incest will be a young girl who presents with a variety of physical, psychosomatic or behavioral complaints. Her family may

appear to be stable and well functioning or they may have many obvious problems. In either situation, the authors feel that family dynamics will probably involve denial of the sexual acting out of the father by all the members of the family because of fear of exposure and resulting family disintegration.

Because of denial, the diagnosing physician must be particularly sensitive to indirect cues. Incest is doubly difficult to identify if professionals are reluctant to consider its possibility.

38 MEISELMAN, Karin Incest: A Psychological Study of Causes and Effects with Treatment Recommendations. London: Jossey-Bass, 1978. 349 pages; Bibliography.

Meiselman, a psychologist, concisely reviews important literature pertaining to the multiple aspects of incest. She relates that knowledge to findings based on the study of 58 cases of incest of all types collected from the case files of a Los Angeles clinic with a wide clientele. After interviewing the therapists and studying patient charts, she compared her sample to two matched control groups.

Of particular interest, Meiselman devotes a chapter to homosexual incest and another to brother-sister incest. She notes that, despite a common assertion that the latter is the most common form of incest, the literature on it is tiny. The fact that offending brothers are rarely imprisoned has removed a source of information that has been tapped for other types.

Also see 10, 11, 12, 17, 21, 23, 24, 25, 26, 39, 40, 42, 49, 50 and 65

5. What access does the offender have to children?
6. How specific is his victim selection?
7. To what extent does the offender accept responsibility for his offense and what degree of subjective distress does he evince?

In short, the offender's situation must be considered in light of his personality. Important considerations include: his needs, attitudes, and values; his perceptiveness and judgement; his contact with reality; his predominant mood states; his social skills; his ability to cope with stress and manage his life; his insight and self-esteem; his ability to communicate and establish relationships with others; and his sense of humor and emotional expression.

41 HALL, Nancy McMillen "Group Treatment for Sexually Abused Children". Nursing Clinics of North America, vol. 13, no. 4, December 1978; pp. 701-705.

It is the author's opinion that all children who have experienced sexual abuse must undergo a short-term formal educational process under the guidance of a qualified counsellor. These children suffer from confusion, feelings of insecurity, fear, guilt, and anger. Even though the child verbalizes the wish "to forget about it" or "not talk about it", there are many issues that must be worked through to help the child re-establish a feeling of safety within the family and free herself of guilt that may affect her later. Hall feels that the most effective means of assisting children in this process is through group counselling, a process which has several advantages over individual counselling:

1. the child realizes that there are other children who experience sexual abuse, and consequently doesn't feel so different.
2. the child is exposed to alternate solutions while hearing peers discuss their problems.
3. the group process relieves the isolation and often allows children to discuss things with their peers they might not discuss with an adult.

Hall discusses group composition, goals, scheduling and the role of mothers in the group.

42 RIST, K. "Incest: Theoretical and Clinical Views". American Journal of Orthopsychiatry, 49 (4), October 1979; pp. 680-691.

Rist reviews the various theoretical approaches to incest and considers their relationship to the clinical literature. She looks at anthropological, literary, mythological, and psychoanalytical

views of incest and the incest taboo. She notes a conspicuous lack of literature on the treatment of incest victims and offenders. She discusses an approach using behavior modification to treat the offender, removal of the daughter from the home, and family therapy. Though she writes that, where possible, family therapy should be the treatment of choice, she concludes that, unfortunately, the literature only presents the dynamics operating in incestuous families but does not isolate the ones which play either a specific causal or maintenance role. Further research is needed to aid our understanding of the origins of this complicated phenomenon. Without better information and deeper understanding, it is likely that treatment efforts will continue to be confined to symptom control.

43 STEMBER, Clara Jo "Art Therapy: A New Use in the Diagnosis and Treatment of Sexually Abused Children". In U.S. Department of Health and Human Services, Sexual Abuse of Children: Selected Readings. Washington: National Centre on Child Abuse and Neglect, November 1980; pp. 59-63.

This article describes how art therapy can be used in the diagnosis and treatment of sexually abused children and how the art therapist can use creative expression to foster growth and mitigate the trauma suffered by child victims.

Stember feels that sexually abused children need appropriate ways to ventilate their anger, hostility, fear and other strong feelings that may be inhibited or repressed. Painting fantasies can be the first externalization, the first way of bringing the incident out. In our culture, language is psychologically loaded; art therapy is a non-threatening approach. The art therapist can help others see their feelings expressed in drawings without otherwise demanding that the patient reveal the hurt.

44 SUMMIT, Roland "Sexual Child Abuse, the Psychotherapist, and the Team Concept". National Committee for the Prevention of Child Abuse; no date. Copies: Suite 510, 111 East Wacker Drive, Chicago, Illinois, 60601.

Summit lists six rules for evaluating and managing cases of incestuous child abuse. He then proceeds to outline guidelines for therapeutic teamwork used at the Child Sexual Abuse Treatment Program in Santa Clara County, California. They stress the need for co-operation, outreach and support. Based on the premise that sexual abuse is only one symptom of many unmet needs among family members, the program attempts to resocialize a family by addressing concurrently social isolation, alienation, unemployment, disabling dependencies, role distortions, and personal growth needs. Both inhouse and external referral resources are used. The focus of psychotherapy or counselling is the growth of each family member toward a position of greater self-endorsement and self-management.

Though the emphasis is on reconstituting the family, it is assumed that this policy isn't absolute. There are families where reconstitution is not a reasonable expectation.

- 45 ANDERSON, Lorna M. and Shafer, Gretchen "The Character - Disordered Family; A Community Treatment Model for Family Sexual Abuse". American Journal of Orthopsychiatry, vol. 49, no. 3, July 1979; pp. 436-445.

A model for the treatment of sexually abusive families, viewed as analogous to "character-disordered" individuals, is presented. The concept of the "character-disordered" family builds on the social work construct of the "multiproblem" family. They describe this syndrome as characterized by:

1. Difficulty with impulse control, expressed in sexually acting out, chemical abuse, etc.;
2. Poor judgement and failure to learn by experience;
3. Conflict and inability to work co-operatively with authority;
4. Predominantly physical, rather than verbal expression of needs;
5. Manipulativeness used as a major tool of need satisfaction;
6. Irresponsibility;
7. Little or no experience of guilt about (anti)-social behavior;
8. Callousness, narcissism, self-indulgence, relating to people as objects;
9. Low anxiety, with depressive symptoms purely situationally based;
10. Major conflicts over dependency; and
11. Inability to tolerate intimacy, covered by a "sociable" facade.

Experience with such families, who were clients of an urban inter-agency child abuse team, suggested an approach that emphasizes authoritative control and careful co-ordination of all professional intervention. Phases of treatment are outlined, a case history illustration is presented, and demographic data on 62 families seen through 1976 are analyzed.

Like the San Jose, California (Giarretto) program (see previous citation) and the Family Renewal Centre in Minneapolis, families are not accepted into treatment unless the father has been convicted and

released on the condition that treatment is undertaken. The therapeutic team maintains complete authority to judge co-operativeness and gauge whether the child is to return home (if she has been in foster care), the man is to begin living with his family again, and the family is ready to end formal treatment. Despite this control, there were cases of re-offending in three of the 62 families - two with younger siblings and one with the original victim.

This program is highly controversial both because of the extreme control exercised by the treatment professionals and the fact that the family as a whole, not the offender per se, is seen as the focus of the disorder.

- 46 THOMAS, George and Johnson, Clara "Developing a Program for Sexually Abused Adolescents: The Research-Service Partnership". Child Abuse and Neglect, vol. 3, 1979; pp. 683-691.

During the fall of 1977, the Regional Institute of Social Welfare Research Inc. studied child sexual abuse in eight southeastern states. Their findings were used to develop and implement a new community service program for sexually abused adolescents incorporating a process of phased disclosure.

The first step is an anonymous call to an impersonal source; a taped message that provides information on what sexual abuse is under the law, how to report it, and includes reassuring commentary aimed at encouraging the adolescent to take the necessary steps to receive treatment and protection. The next steps are self-identification and involvement in public agency case investigation and some suitable treatment process.

Data presented at the midpoint of the demonstration program's operation shows that the program is achieving its goals of increasing the number of reports and the number of confirmed cases of child sexual abuse in the community.

The authors note that their fear of community resistance to the program was misplaced. Perhaps due to the substantial involvement of the community in the planning process, only one negative call was received.

- 47 TOPPER, Anne and Aldridge, David "Incest: Intake and Investigation". El Paso County Department of Social Services, Colorado Springs, Colorado, October 1979; 26 pages.

This article describes a system of intervention for sexual abuse which, according to the authors, has been proven effective in a state-regulated, county-administered social services department. This approach is described in terms of three issues: (a) investigation of the report; (b) crisis intervention and (c) referral for ongoing treatment.

The authors consider the controversial issue of whether the child should be removed from the home as a matter of routine. Though removing the child is acknowledged to be traumatic for all concerned, Topper and Aldridge argue it achieves certain objectives. The child is protected and the parents are confronted with the fact that society can legally intervene in intimate family matters that are deemed dangerous to children. The resulting disruption forces the family into action to preserve itself or to regroup along new alignments. This will often provoke an admission of offender guilt and a commitment to treatment.

Foster placement is often necessary even when the father/perpetrator is not in the home, because the remaining family members may pressure the child to change her story to save the family from shame, separation, and financial hardship. The victim may be scapegoated in such subtle, subconscious ways that neither she nor the family realizes what is being done.

48 WALTERS, David R. "Treatment of Sexual Abuse". In Physical and Sexual Abuse of Children: Causes and Treatment. Bloomington, Indiana: Indiana U. Press, 1975; 192 pages; bibliography.

Walters takes a family dynamics approach to treatment. He considers why treatment has been ineffective for the most part and discusses short and long term treatment alternatives.

He stresses the importance of developing a trusting relationship with clients. They will immediately detect areas of therapist discomfort through nonverbal cues. Similarly, it is important that professionals use sexual terms with which their clients feel comfortable.

Walters suggests that we must change the legal status of children and elevate their civil rights to the same level enjoyed by adults. We must recognize their worth, validity, and rights to the degree that the burden of proof in sexual abuse is no longer placed on them. In part this can be accomplished through public education, but in part it is a problem to which legal scholars must address themselves.

We must place emphasis on helping offenders and their wives solve their deeper problems rather than deeming a case a success when there is merely a behavioral change.

49 SGROI, S.M. (ed.) Handbook of Clinical Intervention in Child Sexual Abuse. Toronto: Lexington Books - Heath and Company; 1982; 388 pages.

This ambitious handbook, largely based on staff experience at the Sexual Trauma Treatment Program, a National Center for Child Abuse and Neglect - funded demonstration center in Connecticut, deals at

length with many issues of intervention. These include: case validation; management; individual and group treatment for the sexually abused child, mothers of incest victims, and incest offenders; art therapy; and the range of approaches comprehended by the term "family treatment".

The emphasis is on the practical. Despite the claim that "we are many years away from evolving an intervention methodology that has stood the test of time", the tone is strong and decided.

Sgroi begins her introduction with the assertion: "Ten years ago, it would have been possible to describe 'the state of the art' in child-sexual-abuse intervention in a few paragraphs or less." She feels there is still considerable confusion among professionals who have a mandate to intervene. The book, as a whole, is aimed at combatting certain of these views:

It is safe, then, to predict that as long as we persist in treating child sexual abuse primarily as a sexual problem (which it is not), we will continue to intervene inappropriately in cases which come to our attention. Further we can predict that the more functional perception of child sexual abuse as a power problem represents only the necessary first step to more effective intervention. The capacity to assess sexually abusive behavior toward children within the context of misuse and aberration of power must be coupled with the willingness and skills required to deal with the particular power disorder.

And she continues:

Few professionals today have developed skills to deal with involuntary clients. Such individuals are difficult to treat and are inclined to deny their need for treatment. In other words, they tend to be resistant as well as unmotivated. Behind a facade of belligerence and disinterest, they are frightened, lonely, and desperately needy people who are as eager for someone to demonstrate a caring and knowledgeable approach to them as they are distrustful and evasive in response. Although modern social services began with an outreach approach to the involuntary client, it has been both unfashionable and "low status" to work with such people in recent years. Consequently, we are the inheritors of a fifty-to-sixty-year time lag in the development and refinement of skills for working with involuntary clients. Little attention has been paid to these skills since the 1920s. In addition to the power-sex misperception and the unwillingness and inability to deal with power disorders, another major gap in child-sexual-abuse intervention is lack of preparedness to cope both conceptually and practically with involuntary clients. The key to working

effectively with involuntary clients who exhibit disorders of power is authoritative intervention. (pp. 2-3; emphases in the original)

- 50 SGROI, Suzanne "Sexual Molestation of Children: The Last Frontier in Child Abuse". Children Today, May - June 1975; pp. 18-21 and passim.

Sgroi states that recognition of sexual molestation is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist. She examines the incidence of molestation, ways of recognizing sexual abuse, medical corroboration of abuse and the procedures for reporting. Sgroi also describes the Child Abuse and Neglect Demonstration Centre in Connecticut.

Sgroi sees the sexual abuse of children as the last remaining component of the maltreatment syndrome in children to be faced. In medicine, sexual molestation is the least diagnosed of all forms of child abuse. She notes that doctors who become concerned with child sexual abuse must be prepared for a degree of resistance. The pressure from one's peers (as well as the community) to ignore, minimize or cover up the situation is considerable.

- 51 DE VINE, Raylene "The Sexually Abused Child in the Emergency Room". In U.S. Department of Health and Human Services, Sexual Abuse of Children: Selected Readings. Washington: National Centre on Child Abuse and Neglect, November 1980; pp. 11-15.

DeVine argues that the trauma of a sexual assault can be significantly intensified by unskilled or insensitive adult reaction to and management of the victim. She suggests how hospital emergency room staff should interview parents and children and how physical examinations should be conducted.

The medical examination should aim at assessing physical injury (if any), providing treatment and taking cultures to test for venereal disease. Beyond this, the examination should provide the occasion to begin to reassure the child and family if they are anxious about effects on future childbearing potential or other consequences. Finally, the examination's findings, properly done, can provide legal evidence to corroborate the child's story.

Suggestions made include:

- In questioning children about sexual assault, a frank, direct approach is best. Children usually know why they have been brought to the hospital, and evasive or self-conscious questioning only allows tension to build.
- Too much emphasis has been placed on the hymen. The presence or absence of the hymen neither proves or disproves sexual abuse.

The hymen can be ruptured by autostimulation and by trauma other than coital activity such as falling from a bicycle. Penetration of the vagina may occur through a fimbriated, highly elastic hymen without producing a laceration.

- Unless the child is very young, it is usually best if parents are not present during the physical examination. An anxious mother may communicate her apprehension, making it more difficult to gain the child's co-operation. An experienced nurse or other staff member should be at the child's side at all times, and the separation from family members should be done with the parent's approval and the child's consent.

- 52 SGROI, S. M. "Kids with Clap: Gonorrhoea as an Indicator of Child Sexual Assault". Victimology, vol. 2, no. 2, Summer 1977; pp. 251-267.

Sgroi outlines the epidemiology of pediatric gonorrhoea, discusses the cultural biases against recognition and reporting it, describes the essentials of an examination, and writes about co-ordination of services. A method for working with infected children and their families is presented.

She emphasizes that gonorrhoea infections in children, with the exception of gonococcal eye infections, should be regarded as an indicator of child sexual assault. Cross-reporting of pediatric gonorrhoea and joint investigation of cases by public health and child protection services authorities are essential if adequate child protection is to be achieved along with communicable disease control.

She writes that every human being is familiar with the sensation of responding to a problem that seems too overwhelming to handle with the secret wish that it would "just go away". Childhood gonorrhoea, however, needs to be faced because it cannot be wished away.

- 53 International Association of Chiefs of Police. "Interviewing the Child Sex Victim". Training Key 224, 1975; 6 pages. Copies: International Association of Chiefs of Police Inc., 11 Firstfield Road, Gaithersbuy, MD, 20760.

This training manual discusses the different psychological reactions the child and parent may have to a sexual assault and the ways a police officer can respond. Stress is placed on the officer considering the psychological condition of the victim and her family, gaining the co-operation of the parents, and questioning the victim without causing her additional emotional upset. The police officer must evaluate the victim in terms of her potential as a witness and, if the case goes to court, help prepare her for trial.

54 MEADE, C. Focus on Sex Crimes. Des Moines, Iowa: Polk County Rape/Sexual Assault Care Centre, no date.

This handbook was written for prosecutors, police officers, medical, mental health and social service personnel. It includes information on the police investigation, guidelines and duties for officers investigating sex crimes, gathering evidence and filing a charge.

The second section is on prosecution of sex crimes; the third is on the medical examination; the fourth is on counselling the victims of rape. There is an appendix which includes special techniques for handling child witnesses, a list of relevant books and films, a sample form of the third party report and a copy of the U.S. Criminal Code Revision.

This U.S. handbook focuses on rape, with child sexual assault as a subtopic. Researchers now regard child sexual abuse within the home and rape as having more parallels than was thought previously. Many of the needs of the victims of the two crimes are similar, such as the need for the victim to ventilate her (or his) concerns and emotions and to discuss feelings of guilt and shame.

55 SAYLOR, Maureen "A Review of Sex Offender Treatment". Fort Steilacoom, Washington: Western State Hospital, July 1981; 18 pages.

Saylor, the director of the sex offender program at Western State Hospital, notes that there has not yet been an extensive long-range study of the effectiveness of sex offender treatment programs, although many have been in place long enough to merit this. Several programs have built up reputations for effectiveness and she reviews the leading ones identified in the survey of innovative programs done by E.M. Brecher in 1975-76. These are:

1. The Sex Offender Program, Western State Hospital, Fort Steilacoom, Washington - inpatient.
2. The South Florida Program, Hollywood, Florida - inpatient.
3. The Santa Cruz Program - outpatient, incest offenders.
4. Program for Juvenile Sex Offenders, University of Washington, Seattle, Washington - outpatient, juvenile offenders.
5. The Albuquerque Program, Albuquerque, New Mexico - outpatient, non-violent offenders.

Saylor also briefly reviews eight other programs.

Inpatient treatment in the U.S. is usually conducted either in prison or in a mental hospital. The latter appears to provide a superior therapeutic environment; prison inmate culture makes treatment of sexual offenders problematic. In prison, sex offenders need to be carefully segregated so they can practice new behaviors

taught in treatment and avoid reprisals from the general inmate population. Saylor also argues that treatment must be directed at decreasing deviant sexual arousal and fantasy to be effective.

56 GOLDSBERRY, Nancy Rape in British Columbia. Victoria, B.C.: Ministry of Attorney-General, March 1979; 232 pages, references.

This report, the main thrust of which is an argument that rape relief services are an appropriate priority for government funding, also contains a discussion on the sexual abuse of children. Goldsberry draws parallels between rape and child sexual abuse literatures. For example, the often-found relationship between victim and offender and the traumatic or stigmatizing effect on the victim of the court process suppresses reporting and makes successful prosecution of offenders problematic. The author compares the number of child sexual abuse cases reported to the Ministry of Human Resources with the incidence figures quoted in the international literature.

Goldsberry also addresses the consequences of sexual abuse. She recommends adoption of a model program based on the Child Sexual Abuse Treatment Program in Santa Clara County, California. Several other recommendations are also made.

57 BLUGLASS, R "Incest". British Journal of Hospital Medicine, vol. 22, August 1979; pp. 152-157.

Bluglass' article includes a comprehensive and concise review of the literature, somewhat dated now. He summarizes articles on law, incest prevalence, criminal statistics, types of relationships in which incest takes place, associations with social class, intelligence, mental disorders, alcohol, and other factors he considers to be predisposing.

He notes that the laws of most countries forbid incestuous relationships, although they do not all identify incest as a specific offence. He quotes Mansfield's identification of the three elements common to the offence in all jurisdictions:

1. The individuals concerned must be within a specified degree of relationship;
2. At least one of them must have been aware of that relationship;
3. Sexual intercourse must have taken place between them.

He concludes that most writers agree that, despite trends towards changes in the laws on sexual acts between adults, the law should retain the offence of incest for cases involving young children.

- 58 FROELICH, Jeffrey "Family Crisis Intervention". Juvenile and Family Court Journal, vol. 29, no. 4, November 1978; pp. 3-11.

This article addresses the question of how the juvenile and family court system can deal with the implications of figures indicating that one girl out of four in the United States will have been sexually abused before the age of 18 and that in 34% of the cases the molestation will have taken place in her own home.

The author feels that quick intervention is merited in the latter cases. The immediate separation of offender and victim and early treatment make for more successful therapy, safeguards victims, and probably improves the chances for reconstructing the family as well as making the prosecutor's task less complicated.

- 59 BULKLEY, J. (ed.) Child Sexual Abuse and the Law. Washington, D.C.: American Bar Association, National Legal Resource Center for Child Advocacy and Protection, second edition, February 1982; 198 pages.

A collection of articles "designed to be practical, rather than philosophical in nature, and geared toward an audience of attorneys, legislators, prosecutors, clinicians and program planners", this book was planned in tandem with number 60. Despite the general title, the focus is on intra-family child sexual abuse. However, the issues do apply in other cases and the presentation, which is not jargon-laden, is accessible to a wider range of interested professionals.

The first half of the book is given over to comparative (state by state) analysis of laws which relate to child sexual abuse. Of greater interest outside these jurisdictions are the remaining articles, which deal with key issues of corroboration of sexual victimization, expert testimony, competency of children as witnesses, and attempts to prepare and protect child victim/witnesses. The questions raised would be useful in provoking local discussion about justice system response.

- 60 BULKLEY, J. (ed.) Innovations in the Prosecution of Child Sexual Abuse Cases. Washington, D.C.: American Bar Association, National Legal Resource Center for Child Advocacy and Protection, November 1981; 196 pages.

Planned in tandem with citation 59, this collection of articles and materials "deals with the policies, practices, procedures and 'system' issues in the handling and disposition of cases." The first part provides a brief overview of prosecutorial practices based on responses to a questionnaire sent to prosecutors in a cross-section of several hundred U.S. cities. A second section considers the particular issue of pre-trial diversion as an alternative to prosecution "with the primary goal of treatment for the offender and family."

The final section, by far the largest, presents parallel descriptions solicited from eight innovative comprehensive programs - treatment programs in Santa Clara County, California, Polk County, Iowa, and Boulder County, Colorado; service networks in King County, Washington, Baltimore, Maryland, and Hennepin County, Minnesota; and diversion programs in Johnson County, Kansas, and Dayton, Ohio. Although the emphasis is on the legal/justice system aspects of the programs, this set of descriptions is one of the most detailed and wide-ranging in the literature. However, no analysis or evaluative comparison of the approaches is attempted.

Also see 4, 6, 10, 12, 15, 17, 18, 27, 28, 30, 65, and 68.

PREVENTION

61 MACFARLANE, Kee, Jenstrom, Linda and Jones, B. McComb "Conclusion: Aspects of Prevention and Protection". In U.S. Department of Health and Human Services, Sexual Abuse of Children, Selected Readings. Washington: National Centre on Child Abuse and Neglect, November 1980; pp. 123 - 126.

This article stresses that effective case management of child sexual abuse cases is still in the formative stages. The authors state that perhaps the most important step in crystallizing our understanding of and ability to deal with this subject is the recognition that child sexual abuse is not a single entity. It cannot be defined, discussed or treated as such.

They argue that not only are specialized services grossly inadequate at present but also that existing practices often "unwittingly contribute to the trauma of abuse victims". Terming this "societal abuse", they warn against "insensitive handling and undue emphasis on physical examination and medical evidence gathering". They then describe some of the differences between assaults by a stranger, and assaults by a member of the family, and some guidelines for treatment of the victims and families of each type.

The authors also describe programs whose aim is to provide primary prevention. These are based on:

- providing children with specific, factual information about sex and sexuality that is geared to their level of understanding.
- teaching parents to teach children what constitutes appropriate adult-child physical interaction.
- explaining this information to young children in the context of other general dangers, such as playing in the street.
- teaching children to differentiate among adults. They must be helped to learn that there are acceptable degrees of compliance and respect and that not all adults are worthy of their trust.
- teaching children that they have the right to say no to anyone in matters of sexuality.
- assuring children that their efforts to resist victimization will be supported by others.

62 OFFICE OF CHILD DEVELOPMENT. How to Plan and Carry Out a Successful Public Awareness Program on Child Abuse and Neglect. Washington: National Centre on Child Abuse and Neglect, no date.

This manual is intended for public and private agencies concerned with the prevention and treatment of child abuse and neglect. The ideas and suggestions presented in this manual are based on the successful experiences of others. It includes discussion of the value, planning, and budgeting of a public relations program; carrying out a program (using the news media - ethnic, underground and smaller newspapers, broadcast media, leaflets, brochures, news conferences, fact sheets, etc.) what to do when tragedy strikes in your community; evaluating the program; resources; and a glossary of useful terms.

63 SANFORD, Linda Tschirhart The Silent Children, A Book for Parents About the Prevention of Child Sexual Abuse. Garden City, N.Y.: Anchor Press, 1980; 367 pages.

Sanford's goal is to translate information coming to light on sexual abuse into an effective prevention approach for children. The text is aimed at parents of children seven years or younger, though the author stresses that there is relevant material for almost every age group. The first section describes the characteristics that parents can instill in children to help prevent them from being abused - discussing issues of self-esteem, sex-role stereotyping, the importance of listening and taking children's needs seriously, children's needs to learn what other people can legitimately demand of them, how to master their environment, trust their instincts and act in their own best interests. Subsequent sections cover child molestation and incest themselves, ways to discuss child sexual abuse with the child, and a final section for parents with special needs (i.e., those from distinct sub-cultures - Black American, Hispanic, Native, Asian American).

For the author, one of the key safeguards for the child is being taught to listen to the "voice from within". In this regard, the book addresses the following sorts of questions:

- Is the child taught to put other's rights and needs before her own?
- Is she taught that adults are more important than children?
- Does the child have any doubts that she is lovable, therefore vulnerable to the flattery of others?
- Is the child encouraged to follow her own 'intuition' about the rightness of situations or are her feelings discounted?
- Does she feel justified, based on her own worthiness, to remove herself from a situation that might cause harm?

64 CHILD PROTECTION CENTER - SPECIAL UNIT "Public Concern and Personal Action: Child Sexual Abuse." Washington, D.C.: Children's Hospital National Medical Center, 1980; 12 pages.

This public education brochure argues that "general awareness (of child sexual abuse) will not be enough to deal with the problem. It is time now for more and more individuals to become specifically aware ... so (they) will be better equipped to fulfill their responsibilities when they encounter a case of child sexual abuse." Starting with a brief discussion of normal childhood sexuality, the authors stress that children should learn that sexual behavior is intimate and private and that no one should engage in sexual activity against his or her wishes.

The brochure succinctly covers facts about the offender, the effects of sexual abuse as these vary, depending on the nature of the abusive relationship, the effects of disclosure on the family, person's responsibilities to report suspected cases of abuse, potential signs of abuse, and the sequence of events following reporting.

The concluding section deals with prevention and recommends a combination of 1) age-appropriate sex education for children; 2) protection education stressing autonomy and the right of the child "to say 'no' to advances, even if the person is a friend or family member"; 3) parental supervision - knowing where their children are, when they are expected to return home, teaching children how to reach a responsible adult in an emergency and screening babysitters, children's friends and acquaintances; and, most important, 4) fostering open and informed community discussion of child sexual abuse.

65 HERMAN, Judith L. Father-Daughter Incest. Cambridge, Massachusetts: Harvard University Press, 1981; 282 pages.

This book arose out of the clinical experience of Herman and Lisa Hirschman, who were disturbed both by an alarming number of women coming to them with a history of incest and also by the sense that these complaints had been ignored by other clinicians. Written from a strongly feminist perspective, it analyses incest in terms of definitional issues, prevalence, the victim's trauma and the father's failed responsibility.

The second part of the book draws on interviews with sixty of their patients - forty incest victims and twenty women whose fathers had been seductive but not overtly incestuous.

The final section deals with issues of crisis intervention, family treatment, and prosecutions, and includes an appendix reviewing the incest statutes in each of the states in the U.S. The final chapter draws on the whole of their analysis to suggest prevention measures.

The sexual abuse of children is as old as patriarchy itself. Fathers have had relations with their children from time immemorial, and they are likely to continue to do so for a long time to come. As long as fathers dominate their families, they will have the power to make sexual use of their children. Most fathers will choose not to exercise this power; but as long as the prerogative is implicitly granted to all men, some men will use it.

If incestuous abuse is indeed an inevitable result of patriarchal family structure, then preventing sexual abuse will ultimately require a radical transformation of the family. ... These ambitious, even visionary changes will not be the work of one lifetime.

... In the short run, consciousness raising among potential victims probably represents the best hope of preventing sexual abuse. This means sex education for children, an idea that much of society still find controversial. In particular, the idea of sex education seems to be anathema in highly traditional, devout, authoritarian, and male-dominated families - that is, in families where children are most at risk for sexual abuse.

... Since most sexual abuse begins well before puberty, preventive education, if it is to have any effect at all, should begin early in grade school. Ideally, information on sexual abuse should be integrated into a general curriculum of sex education. In those communities where the experiment has been tried, it has been shown conclusively that children can learn what they most need to know about sexual abuse, without becoming unduly frightened or developing generally negative sexual attitudes.

... In addition to basic information on sexual relations and sexual assault, children need to know that they have the right to their own bodily integrity. ... This idea of the child's right to her own body is a radical one. In the traditional patriarchal family, there is no such concept. The child is the legal property of the father.

... Finally, children need to know the recourse that is available to them outside their families if they are being abused. (pp. 202-204)

Also see 23 and 27.

BIBLIOGRAPHIES

- 66 SCHULTZ, L. "The Sexual Abuse of Children and Minors: A Bibliography". Child Welfare, vol. 58(3), March 1979; pp. 147-163.

In a brief introduction to the bibliography, Schultz notes that "the sexual abuse of children and minors is a problem as old as civilization. History suggests that sexual aggression against them was the natural lot of children until 1700." The current literature reflects continuing discomfort with children's sexuality; it tends towards the impressionistic and subjective.

The author organizes his listings in terms of key questions:

- * What is our history of control efforts?
- * What is normal sex development for children?
- * What are the problems of interviewing children where evidence is required but potential trauma is likely?
- * What are the forms of sexual abuse?
- * What treatment approaches exist?

- 67 MINISTRY OF HUMAN RESOURCES, British Columbia. "Sexual Misuse". B.C.M.H.R. Library Services, 800 Cassiar Street, Vancouver, mimeo, June 1981; 11 pages.

This booklet contains brief annotations on fifty articles, pamphlets and books, and nine films or videotapes.

- 68 TORONTO RAPE CRISIS CENTRE. Resource Manual on Incestuous Assault. Mimeo, 1980; 22 pages.

Written from a feminist perspective, this brief handbook annotates thirty-four books and articles, recommending twenty of them and warning against the rest. It also reviews the recommended films and provides a perspective on nine Toronto treatment resources, including the Toronto Rape Crisis Centre itself.

AUTHOR / CITATION NUMBER INDEX

Allen	9	Lukianowicz	61
Anderson and Shafer	45	Lustig et al.	29
Aries	19	MacFarlane et al.	61
Armstrong	10	Meade	54
Bluglass	57	Meiselman	38
Brady	11	Ministry of Human Resources, BC	67
Bulkley	59, 60	Myers	12
Burgess and Holstrom	13	Nakashima and Zakus	37
Burgess et al.	39	Office of Child Development	62
Butler	15, 17	Pizzey and Dunne	24
Child Protection Centre	3, 64	Rist	42
Cormier et al.	22	Rosenfeld	23
DeFrancis	4	Rush	18
Densen-Gerber et al.	27	Sanford	63
DeVine	51	Sarafino	5
Dietz and Craft	25	Saylor	55
Finkelhor	6, 16	Schultz	66
Forward and Buck	28	Schwartzman	20
Froelich	58	Sgroi	49, 50, 52
Gagnon	7	Stember	43
Goldsberry	56	Stern and Meyer	31
Goodwin and DiVasto	33	Summit	30, 44
Grescoe	2	Summit and Kryso	21
Groth	40	Thomas and Johnson	46
Groth and Birnbaum	34	Topper and Aldridge	47
Hall	41	Toronto Rape Crisis Centre	68
Helper	8	Tsai et al.	14
Herman	65	Virkkunen	26
International Association of Chiefs of Police	53	Walters	32, 48
Justice and Justice	35	Weber	1

END