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## How does childhood incest affect the interpersonal relationships of adult females

Lyle Potter

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## How does childhood incest affect the interpersonal relationships of adult females

### Abstract

Incest has been occurring in families for many years, often behind a cloak of secrecy and fear of disclosure. More recently, the taboo in talking about incest has diminished, and many survivors of incest have come forward with their experiences to seek needed help. A major portion of the research has dealt with trying to understand the family dynamics. But a growing number of studies are beginning to look at the long term effects of the abuse, and some of them focus on adult interpersonal relationships. It is in this direction that this literature review and study will focus.

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**How Does Childhood Incest Affect the  
Interpersonal Relationships of Adult Females  
by Lyle Potter**

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Director of Research Paper

Suzanne Freedman

---

Co-Reader of Research Paper

Elana Jorem

---

Graduate Faculty Advisor

Barry J. Wilson

---

Head, Department of Educational  
Psychology & Foundations

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Date Approved

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## **Introduction**

Incest has been occurring in families for many years, often behind a cloak of secrecy and fear of disclosure. More recently, the taboo in talking about incest has diminished, and many survivors of incest have come forward with their experiences to seek needed help (Maltz, 1988; Cole & Putnam, 1992; Gold & Anderson, 1994; Ranney, 1995). A major portion of the research has dealt with trying to understand the family dynamics in which the abuse has occurred, motivations of the perpetrator, or recommendations for interventions for the survivor and family (Rowe & Savage, 1988; Cole & Putnam, 1992; Newman Lubell & Peterson, 1998; Fleming, Mullen & Bammer, 1997; Edwards & Alexander, 1992). A growing number of studies are beginning to look at the long term effects of the abuse, and some of them focus on adult interpersonal relationships (Briere & Runtz, 1993; Fox & Gilbert, 1994; Varia, Abidin & Dass, 1996; Ranney, 1995; Newman Lubell & Peterson, 1998; ). It is in this direction that this literature review and study will focus. Specifically, the paper will focus on the question; How does childhood incest affect the interpersonal relationships of adult females? The scope of relationships discussed will be limited to those with males in a dating, partner or marriage role. Adult females will be the focus here since incest survivors are primarily female, and there is very little information available on male incest survivors.

A thorough literature search was conducted in both the psychological and sociological areas of reference to find resources pertinent to this topic. Using appropriate search engines, the keywords of incest, sexual abuse, long-term effects, relationships, female and adult were used individually and in combination to secure relevant information for this literature review and study. Other pertinent sources were then gleaned from the articles as they were reviewed.

Before going further it is necessary to define the significant terms that will be mentioned in the paper.

### **Definition of Terms**

#### **Position of power**

Having power or control over another (Oxford Dictionary, 1996). For the purposes of this paper “ position of power” will include any person having physical, mental or emotional control over a child (Vanderbilt, 1992; National Center for Victims of Crime, 1997).

#### **Incest**

Any overtly sexual contact between people who either are closely related or perceive themselves to be closely related ( including stepparents, step siblings, half siblings or live-in lovers if they have assumed a parental role). It also includes those who are in a “position of power” over the child (such as child care provider, housekeeper or foster parent). Type of contact may be fondling, penetration with a finger or foreign object, mutual masturbation, oral-genital, anal-genital or vagina-genital contact (Hardiman, 1986; Blume, 1990).

#### **Survivor**

Rather than labeling those who were incestually abused as victims, it is more appropriate to call them “survivors”. The term “survivor” better indicates the ability to cope with and recover from the abuse (Maltz, 1988).

#### **Interpersonal relationships**

An emotional association between people (Oxford Dictionary, 1996). For the purposes of this paper it will be limited to female incest survivors, and their relationship with males, in a dating, partner or marriage role.

## **Review of the literature**

The definition of incest has undergone some changes in the past 30 years (Ranney, 1995; Blume, 1990). Traditionally, it was used to refer to sexual interaction between blood relatives, regardless of age (Courtois, 1988; Ranney, 1995). More recently, the definition has been expanded to include non-contact forms of abuse such as voyeurism, exhibitionism, and forcing the victim to view pornography (D'Avanzo, 1990; Maltz, 1988), as well as the inclusion of non-familial sexual contact, focusing instead on the 'position of power' over the child (Courtois, 1988; Ranney, 1995; Vanderbilt, 1992). An illustration of the non contact form of abuse, or as Maltz (1988) calls it "emotional incest", comes from Maltz's (1988) clinical notes on a survivor who had no physical contact with her father and yet had vivid recollections of witnessing sexual acts. In the therapist's opinion (Maltz, 1988, p. 145).

She displays all the symptomatology of an adult incest survivor; fear of sex, difficulty with sexual touch, anger at her husband's sexual demands, etc. What she does recall is witnessing some very disturbing behavior on a recurrent basis. She and her sister would be seated at the breakfast table. Her father would come up unexpected from behind her mother, who was standing, grab her mother's breasts and begin fondling them in front of the girls. He smiled and watched the girl's reactions of discomfort. Their mom looked upset and humiliated but uttered no words to stop him. Male dominance and a fear of female helplessness have become deeply associated with sexually erotic stimulation.

In cases of childhood sexual abuse, it is increasingly argued that the dependency of a child raises all familiar adult figures to the position of caregiver, thereby eliminating the distinction made between familial incest and childhood sexual abuse involving familiar adults (Ranney, 1995; Blume, 1990; Alexander et al., 1997). In the author's opinion, a familiar adult wielding a position of power over a child is required to use that position in a responsible manner, and in the

child's best interest. And, just as in the case of a blood relative, they can abuse that power to commit incest. Vanderbilt (1992) describes incest as:

...the sexual abuse of a child by a relative or other person in a position of trust and authority over the child. It is a violation of the child where he or she lives--literally and metaphorically. A child molested by a stranger can run home for help and comfort. A victim of incest cannot (p.51).

Partially due to the definitional differences outlined above, the prevalence of incest is difficult to pinpoint. Data from reports to police and child welfare authorities are likely to be conservative estimates, since many acts of abuse appear to go unidentified or unreported (Kazdin, 2000; National Center for Victims of Crime, 1997). Also, statistics do not include those incidences of abuse which have been minimized or dissociated, a common response to extreme sexual victimization experiences (Blume, 1990; Briere, 1992; Ranney, 1995; Alexander et al., 1997). Accordingly, when approximations are given for the occurrence of incest, it is very likely to be underreported.

According to Maltz (1988), incest is believed to be part of the childhood experience of one in every six females. Kazdin (2000) estimated between 16 to 21 percent of all females are survivors of incest. Russell (1986) interviewed 930 women in San Francisco, and found that 38% of her sample had been molested by a family member prior to age 18. The Florida Alcohol and Drug Abuse Association (2002) states that as many as one in every four females is a survivor of incest. With these statistics in mind, it is reasonable to believe an actual occurrence rate of incest to be 20 to 25 percent of all females.

It has been shown that the initial trauma of incestual abuse can progressively accumulate as the survivor proceeds through developmental stages, even though the abuse may have stopped at an earlier stage (Downs, 1993; Cole & Putnam, 1992; Ranney, 1995). Immediate effects of incest may hinder the progression

through later developmental tasks, resulting in long-term influence from the abuse (Cole & Putnam, 1992; Downs, 1993; Alexander, 1993). For example, the impact that incest has on sexualization and premature sexual activity can place the survivor at risk of becoming sexually active at a younger age and perhaps engaging in promiscuous experimentation (Downs, 1993; Cole & Putnam, 1992; Ranney, 1995).

Greater long-term than short-term effects from incest imply that, in many cases, the effects of abuse can increase over time (Cole & Putnam, 1992; Downs, 1993; Ranney, 1995). This increasingly negative effect is hypothesized to be the result of developmental needs being short-circuited or bypassed altogether as victims proceed through stages of development (Downs, 1993). The interruption of tasks at earlier stages of development adversely affects the completion of tasks at later stages, resulting in an increased impact of the abuse over time. Long-term effects are best conceptualized as an ongoing influence of the disruption in a child's development (Mullen, Martin, Anderson, Romans & Herbison, 1994; Downs, 1993). An example of this would be developing the ability to achieve intimate relationships. A survivor may prejudge male partners within the context of prior abusive relationships. This could lead to a possible misinterpretation of their intentions. This failure could result in social isolation or the avoidance of intimate adult relationships (Downs, 1993; Fox & Gilbert, 1994).

Another factor to consider is that often, it is only after the survivor becomes involved in an adult relationship, that the long-term consequences of the abuse become apparent or more pronounced (Rowe & Savage, 1988; Downs, 1993). It has been noted that the relational field of the survivor is most often the place where symptomatic behaviors are found (Ranney, 1995; Davies & Frawley, 1994; Kirschner, Kirschner & Rappaport, 1993; Alexander, 1993).

Before discussing the long-term negative relationship behaviors that have been associated with incest survivors, it is important to realize that *symptoms* (negative behaviors) are simply unhealthy coping mechanisms, not personal deficiencies (Gold & Anderson, 1994). For instance, indiscriminate sexual behavior could arise out of a need for closeness and intimacy that the survivor was denied, along with the abuse-related belief that sexuality is the means with which to gain such closeness ( Briere & Runtz, 1993; Beitchman et al., 1992).

Long-term negative effects of incest that have been identified as affecting interpersonal relationships, include feelings of isolation and stigma, anxiety, dissociation, low self-esteem, difficulty in trusting others, tendency towards revictimization, and sexual maladjustment (Finkelhor, 1990; Cole & Putnam, 1992; Beitchman et al., 1992; Grand & Alpert, 1993; Anderson & Alexander, 1996; Alexander et al., 1997).

Cognitive and psychodynamic theorists generally agree that people make assumptions about themselves and others based on childhood learning (Briere & Runtz, 1993; Liem & Boudewyn, 1999). Since some of the experiences of incest survivors have been negative, their assumptions and self-perceptions typically reflect an overestimation of danger and adversity in the world, and an underestimation of their own self-worth and competency (Cole & Putnam, 1992; Briere, 1992). Adult survivors may see themselves as not worthy of having a relationship with someone who is good, and emotionally healthy (Breire & Runtz, 1993). As a result, a survivor may avoid, or even sabotage a relationship with a person that they perceive to be somehow 'better' than them.

I stopped having any contact with boys that I considered worthwhile. At the time I was twelve, I think that I was in seventh grade. It was pretty well understood between myself and a boy who was very worthy, as a matter of fact he was president of the class, and he was going to ask me to

the seventh grade dance, and it was pretty well understood among all our peers and all, that him and I were special. I removed myself from that situation, I withdrew from...because I was not good enough for them, to have anything to do with a worthwhile boy. As a matter of fact, I uh...when he was going to ask me to the dance, I put on heavy make-up and started smoking, and drove him away. (Miller, Gondoli & Downs, 1987, pp. 17-18)

Harter, Alexander & Neimeyer (1988) polled a group of 85 college women for their study, and found that 29 were incest survivors. They investigated hypotheses derived from personal construct theory pertaining to social-cognitive differences between the women with a history of incestual abuse and the non abused control group. They explored the relation of social-cognitive factors to subsequent social adjustment. The *Family Perception Grid* (Kelly, 1955), was used to assess each subject's construing of herself and significant others. The *Social Adjustment Scale* (Weissman & Paykel, 1974), a standardized clinical interview, was used to assess performance in such areas as employment; school or homemaker roles; social and leisure activities; extended family relationships; marital or similarly exclusive relationships; and parenting.

The results of this study confirmed differences between the abused and non abused women in their perception of social isolation, and in social adjustment. Survivors received lower interviewer ratings on their social adjustment, compared to higher interviewer ratings of those who were not abused. Also, survivors perceived themselves as being different from (not fitting in) and distant to their significant others, whereas the control group felt they were similar to and connected with their significant others.

The undue shame and guilt that an incest survivor often carries with her can inhibit her ability to speak with others about it, and possibly keep them from seeking the help that they need (Liem & Boudewyn, 1999; Tomlin, 1991). Society tends to believe that those who become victim to crime must have

engaged in a lifestyle that somehow opens them up to abuse, in other words, blame of the victim (Tomlin, 1991; Newman Lubell & Peterson, 1998). Sadly, incest is often no exception to the stigma of blame and discredit of the abused. For example, there are some who may inappropriately blame the survivor. "She was asking for it... she dressed provocatively...she was flirting or acting seductively...she enjoyed it. Survivors are often blamed for the abuse by the perpetrator or others, and then in turn they blame themselves and feel guilty.

Tomlin, (1991) administered a pencil and paper questionnaire to 195 college sociology students about their reaction to a disclosure of incestual abuse by an acquaintance. Five different types of interpersonal relationships were looked at, same sex friend, opposite sex friend, date, married partner, and other parent of your child. Each type of relationship was broken down to new (one month) or old (one year). The degree of comfort with the disclosure of abuse was determined by a five-point Likert scale. Stigma was indicated by a group of reactions including fear, contempt, sympathy, tension and curiosity. Although stigma towards incest survivors was not extreme, it was found to exist in all types of relationships, and was greatest in those relationships that were new (one month).

Social isolation for the incest survivor can occur due to a variety of reasons. It may occur out of the undue feelings of guilt and shame of an incestuous relationship (Finkelhor, 1990; Edwards & Alexander, 1992; Jacobs, 1993), insecurity and stigma (Tomlin, 1991; Alexander et al., 1997), or be a product of a closed family system that is common in incestuous environments (Mullen et al., 1994; Briere & Runtz, 1993). This social isolation often begins while the survivor is young, as this teenage girl states:

I was scared to bring other girls home. I felt different than they did; I didn't have nobody to tell or talk about it. (Miller, et al., 1987, p.18).

As a survivor reaches adulthood, social isolation often continues, or may increase in intensity ( Briere & Runtz, 1993; Tomlin, 1991; Cohen, 1995). Intense guilt, shame and confusion diminish the likelihood that they feel secure enough to build friendships or receive social support from outside the home ( Cole & Putnam, 1992).

Another area of concern for long-term negative effects of incest is that of anxiety. An elevated state of anxiety has been documented among adults who were abused as children ( Briere & Runtz, 1993; Fox & Gilbert, 1994; Harter et al., 1988). Incest survivors may exhibit cognitive aspects of abuse-related anxiety such as a hypervigilance to danger in their environment, a preoccupation with control, and misinterpretation of neutral or positive interpersonal communication as evidence of a threat or danger ( Briere & Runtz, 1993).

The conditioned components of abuse-specific anxiety reside in the fact that incest takes place in human relationships where nurturance and care are expected, yet intrusion, abandonment, devaluation and pain may occur. As a result, a classically conditioned association may form between various social or environmental stimuli and danger, such that relatively neutral interpersonal situations may bring about fear in an incest survivor (Briere & Runtz, 1993).

Dissociation is another long-term effect of incestual abuse (Finkelhor, 1990; Cole & Putnam, 1992; Fox & Gilbert, 1994; Grand & Alpert, 1993). It has been characterized as a lack of normal integration of feelings, thoughts and experiences into the stream of consciousness and memory, resulting in a disturbance of one's identity ( Ranney, 1995; Anderson & Alexander, 1996). It can be likened to a form of self-hypnosis through which awareness of some or all of a traumatic experience is blocked away from consciousness ( Ranney, 1995; Fox & Gilbert, 1994; Anderson & Alexander, 1996). In so doing, the incest survivor remains physically present but mentally focused on something else.

Dissociation operates as a way to separate emotional experiencing and physical reality from conscious awareness. In this way, it protects the individual psyche from trauma (Briere, 1992; Ranney, 1995). An example of dissociation would be the detachment or distancing of one's emotions and feelings in a situation where pain, conflict, and emotions would ordinarily be manifest.

The developmental consequences of repeated episodes of dissociation include discontinuities of self and others, contributing to adult relationship difficulties (Ranney, 1995; Waites, 1993; Anderson & Alexander, 1996). For instance, harsh criticism made to someone who dissociates may appear to have no outward effect on them, and may cause the critic to feel that they just don't care. These discontinuities are a likely extension of the victimized child's need to keep the attention on others (Briere, 1992) wherein focus is on the needs of the perpetrator in an effort to respond to cues regarding potential threat and defusing that threat (Ranney, 1995; Anderson & Alexander, 1996). This externalization of attention requires that the survivor neglect awareness of internal thoughts and feelings, perhaps contributing also to the tendency for revictimization of incest survivors (Ranney, 1995; Briere, 1992; Elliot & Briere, 1993).

Survivors of incest have shown a higher frequency of revictimization than those who were not abused (Jacobs, 1993; Alexander & Follette, 1987; Fox & Gilbert, 1994; Downs, 1993). Revictimization refers to the frequent finding that adults, sexually victimized as children, are more likely to fall prey to subsequent abuse as adults (Ranney, 1995; Elliot & Briere, 1993). Revictimization can include involvement in another abusive relationship, rape, or even a self-abusing situation ( such as self-mutilation ) (Courtois, 1988; Ranney, 1995; Kirschner et al., 1993).

A less developed sense of self can impair the ability to critically evaluate the actions of others (Briere & Runtz, 1993; Alexander et al., 1997) and can lead to a

greater incidence of revictimization or exploitation. The incest survivor's ability to predict the behavior of others may be limited to the rigid patterns of interaction that she has learned previously, making it more likely that she will perpetuate the dysfunctional patterns in her family of origin (Alexander & Follette, 1987). For example, one may choose sexual partners that are similar to the abuser since the consequences of such a relationship, although negative, will at least be predictable.

Jacobs (1993) collected data from 50 incest survivors over a period of five years. She was interested in how their empathic development was formed. She found that their empathic development emerged with an attachment to the perpetrator, even though he had exploited her physical and emotional boundaries. The survivor had come to experience herself through the physical and emotional demands of the abuser. Empathic responsiveness often came to be centered around nurturing and caretaking of the perpetrator.

Respondents in the Jacobs study frequently reported that they found themselves in abusive relationships that replicated the characteristics of their relationship with their past abuser. One example is that of a 35 year old survivor who repeatedly became involved with men who appeared needy and helpless:

I get into a relationship with men that I want to save and I think it is because I could see my father's pain and although I tried, I could never do anything to alleviate it. And I wanted to be there to comfort him, or to heal, or to help him. (Jacobs, 1993 pg. 176).

There is evidence that female incest survivors may unwittingly choose adult relationships with men who abuse them or their children (Jacobs, 1993; Alexander & Follette, 1987; Fox & Gilbert, 1994). It may be in an effort to replicate the characteristics of a past relationship, and make things right this time (Fox & Gilbert, 1994). It could also be an inability to critically evaluate the

actions of others (Briere & Runtz, 1993). But, for whatever reasons, they may find themselves reliving the abuse from their past.

Fox & Gilbert (1994) looked at childhood physical abuse, incest and parental alcoholism to determine the degree to which specific childhood traumas contribute to parallel negative outcomes. They hypothesized that survivors of childhood incest would report higher levels of victimization for sexual assault and acceptance of verbal sexual coercion. Although not statistically significant, women who experienced incest tended to report higher sexual assault rates than nonvictims.

Difficulty in ability to trust others is another area of concern for incest survivors. Experience of repeated out of control life events (such as incest) decreases an individual's ability to see future relationships as supportive and healthy (Breire & Runtz, 1993; Liem & Boudewyn, 1999). This may make it more difficult for them to gain trust in others. Sexual abuse, especially by a parent, violates the child's basic beliefs about safety and trust in a significant first relationship (Cole & Putnam, 1992). This disturbs both the sense of self and the ability to have satisfying relationships where one feels loved and protected (Ranney, 1995; Cole & Putnam, 1992; Briere & Runtz, 1993).

Cohen (1995) used the Parenting Skills Inventory to question a group of 26 mothers who had been incestually abused as children and a control group of 28 mothers with no abuse. Educational background, marital status and socioeconomic status were quite similar in both groups. Assessment was made in the areas of; role support, role image, objectivity (balance and "cool-headedness"), expectations, rapport, communication and limit setting. Results showed that mothers who were incest survivors generally functioned on a lower level than the control group in all seven categories. Large differences were found in the areas of Role support and communication with their spouse.

The role support scale explored parental cohesiveness- agreement versus disagreement between parents concerning the children, joint effort, cooperation, mutual support and assistance versus rigid role expectations, noncooperation, cross-purpose, and lack of shared responsibility. The communication scale explored communication skills- the ability of the parent to communicate in an open and direct manner, share positive or negative feelings, listen with empathy and ability to resolve conflicts and problems versus an inability or reluctance to share feelings, a tendency to be indirect or manipulative, poor listening skills and alienating behavior.

The past abuse that incest survivors endured may inhibit them from enlisting the support of husbands in sharing child care responsibilities (Cohen, 1995; Cole, Woolger, Power & Smith, 1992). Incest is an ultimate betrayal of a child's trust, and as such may hinder the survivor's ability to place trust in others. In addition, these mothers may experience the fear that their children may also become victims of abuse (Alexander et al., 1997; Grand & Alpert, 1993; Cole et al., 1992; Cole & Woolger, 1989) or may not realize that their children are being abused.

Female incest survivors, often years after abuse has ceased, can find themselves experiencing sexual problems (Rowe & Savage, 1988; Finkelhor, 1990; Beitchman et al., 1992). Studies have shown that anywhere from 45 percent to 87 percent of incest survivors have identified significant sexual-adjustment difficulties (Rowe & Savage, 1988; Finkelhor, 1990; Gold & Anderson, 1994). Incest has serious negative affects on adult intimate relationships, especially in the area of trust development and sexual behavior (Beitchman et al., 1992; Mullen et al., 1994; Finkelhor, 1990). And, with the survivor's responses to sexual intimacy, their adult partner can often become a secondary victim of the abuse that they experienced (Maltz, 1988; Rowe &

Savage, 1988). For instance, a survivor's fear of or inability to enjoy sexual intimacy can inhibit the enjoyment that a partner feels also.

Beitchman et al. (1992) cited sexual dysfunction as one of the "sleeper" effects of abuse, of which the child and others are unaware, but may have dramatic impact as the survivor attains adulthood. Sexual abuse can disrupt the sequential and orderly manner in which the adolescent achieves sexual development and a healthy sexual identity (Downs, 1993). In addition, incest survivors must assimilate the dual roles, thrust upon them by the perpetrator, of "child" and perceived "sexual partner" in achieving a coherent identity (Downs, 1993; Anderson & Alexander, 1996).

Feelings that have been experienced at the time of incest such as guilt, fear, shame and helplessness may become conditioned with stimulation and sexual arousal (Maltz, 1988; Rowe & Savage, 1988; Mullen et al., 1994). For instance, a survivor who pictures herself as helpless when intercourse begins may be experiencing a memory of being forced against her will as a child. This automatic response of negative feeling can prevent her from enjoying the physical affection of her partner (Maltz, 1988; Mullen et al., 1994).

The experience of childhood incest can take away the right of the survivor to have sexual experiences of their own choosing, within their own control and in their due time (Maltz, 1988). Because of this they may be very anxious and confused about sex. Sexual dysfunction for the survivor of incest can take a variety of forms (Jacobs, 1993; Maltz, 1988; Beitchman et al., 1992). The forms of dysfunction most pertinent to interpersonal relationships are an inability to enjoy sexual relations and dissociation (Rowe & Savage, 1988; Mullen et al., 1994). These areas of dysfunction are likely to inhibit the development of trust and comfort in a relationship (Maltz, 1988; Beitchman et al., 1992) and are expanded on below.

Some adults, who were molested as children, are prone to frequent sexual activity with a number of different sexual partners (Briere & Runtz, 1993). This type of promiscuity can result from the need of closeness and intimacy that was deprived from them, and the abuse-related assumption that sexuality of this nature is the means with which to gain it. Frequent sexual contacts can also offer excitement, distraction, or avoidance from a perception of emptiness (Briere & Runtz, 1993).

Incest survivors may not have had the opportunity to experience what it is like to openly express physical affection without getting a sexual reaction from the abuser (Maltz, 1988; Mullen et al., 1994). Their early sexual experiences may be contaminated by coercion and exploitation rather than a caring and loving relationship (Mullen et al., 1994; Jacobs, 1993). Viewing relationships with males in sexual terms can mean an inability to see them in their nonsexual aspects, such as friendship or emotional support (Downs, 1993; Briere & Runtz, 1993).

The incest survivor may have learned to use the sexual relationship with her abuser as a way to manipulate rewards. It might have been gifts, special privileges or just the extra attention (Downs, 1993). This perspective can carry over into their later relationships. They may use sex as a bargaining tool in adult relationships to fulfill their wants and needs. Seduction may be used to control or manipulate instead of an expression of intimacy in a relationship (Rowe & Savage, 1988).

According to Maltz (1988) the most frequently reported sexual dysfunction was an inability to enjoy sex. This inability may be due to a number of problems including; lack of arousal, low arousal, lack of orgasm during sex, pain during intercourse and fear of sex (Maltz, 1988; Varia et al., 1996). These difficulties

could stem from multiple or varied experiences that the survivor had. Some examples are given by Maltz (1988)pg. 147

Sexual behaviors, sounds, smells, and environments can trigger memories, and create interfering flashbacks of the abuse. Given the sensitivity of sexual areas and early associations with touch to these areas, survivors may have difficulty reminding themselves that their present partner is not the offender of the past. Sexual stimulation can trigger a regression into childhood, making it difficult for the survivor to be a sexually initiating and responsive partner.

Dissociation by the survivor during sexual intimacy is another form of sexual dysfunction (Anderson & Alexander, 1996; Mullen et al., 1994). Techniques that at one time helped a survivor to cope with an upsetting experience, like incest, can reappear during sexual interaction as an adult and impair that experience (Maltz, 1988). A survivor may have distanced herself consciously from what was happening using the process of dissociation. This defensive strategy can become automatic with sexual contact, and while beneficial to an abused child, an adult who finds herself automatically focusing on a crack in the ceiling will have impaired sexual experiences. Survivors who dissociate during intercourse often complain of feeling that their body is separate from their feeling. The pleasure of having an orgasm is not fully appreciated when it happens beyond one's self awareness (Maltz, 1988).

Dissociation also occurs when a survivor numbs themselves to physical sensations so as not to have to feel sexual contact. This response may have been learned in childhood to block out sensations from the abuse (Maltz, 1988). It may also occur in those who, at the time of abuse, had experienced pleasurable sensations. As an adult, they may have feelings of guilt and self-loathing because of those sensations felt at the time of abuse. Dissociation would then be a way to

numb themselves to these feelings (Grand & Alpert, 1993; Rowe & Savage, 1988).

There is evidence to suggest that there are many long-term effects of abuse including, borderline personality, multiple personality, somatization disorder, eating disorders, and substance use (Cole & Putnam, 1992; Downs, 1993; Anderson & Alexander, 1996; Ranney, 1995). And yet, there is also evidence that a substantial number of survivors, ranging from 21% to 35%, exhibit no symptomatology at all (Finkelhor, 1990; Newman Lubell & Peterson, 1998; Beitchman et al., 1992; Varia, Abiden & Dass, 1996). This variation in long-term effects needs to be noted here, as not all survivors of incest will experience negative behaviors. A full discussion of the mediators that contribute to these variations in effect, while worthy of its own study, can not be covered in this paper. Instead, a brief mention is given, as follows.

### Mediators of Abuse

While doing this literature review it was noted that much of the current focus of research is centered on mediators in the long-term effects of incest (Ranney, 1995; Anderson & Alexander, 1996; Liem & Boudewyn, 1999). Significant variations seem to exist in the long-term adjustment of survivors, and mediators can help to explain some of that variation (Ranney, 1995; Anderson & Alexander, 1996).

Mediators may contribute to a survivor's long-term relationship behaviors in both positive and negative ways. Several examples of positive mediators would be, positive family support for the survivor (Cole & Woolger, 1989; Newman Lubell & Peterson, 1998), an apology from the abuser (Jacobs, 1993; Ranney, 1995), being in a relationship with a supportive partner (Cole et al., 1992; Alexander, 1993), the development of trust with a therapist (Alexander, 1993;

Gold & Anderson, 1994), or receiving some early counseling (Gold & Anderson, 1994).

There are other mediators which may intensify the severity of affect that incest has on survivors (Jacobs, 1993; Maltz, 1988; Beitchman et al., 1992). Some of these negative mediators are, longer duration of abuse (Grand & Alpert, 1993; Rowe & Savage, 1988), perpetrator is the father (Finkelhor, 1990; Cole & Putnam, 1992), physical force is used (Grand & Alpert, 1993; Rowe & Savage, 1988) not being believed about the abuse (Newman Lubell & Peterson, 1998), or multiple traumas to be dealt with (such as parental alcohol abuse and child physical abuse) in addition to incest (Fox & Gilbert, 1994; Fleming et al., 1997).

### Limitations

Much of the literature reviewed here had some inherent limitations because of the various samples that were used. The samples were not randomly selected from the general population, but often consisted of select groups of people. For instance, some of the samples consisted exclusively of college students (Edwards & Alexander, 1992; Harter, et al., 1988; Liem & Boudewyn, 1999; Tomlin, 1991; Fox & Gilbert, 1994), middle to upper class (Edwards & Alexander, 1992; Fox & Gilbert, 1994), predominately Caucasian (Cole et al., 1992; Alexander et al., 1997; Fox & Gilbert, 1994) or were clinical groups (Cohen, 1995; Maltz, 1988; Rowe & Savage, 1988). Since many of the samples used are not representative of the general population, the results derived do not necessarily reflect those of the general population.

Those studies that used a college student sample (Edwards & Alexander, 1992; Harter, Alexander & Neimeyer, 1988; Liem & Boudewyn, 1999; Tomlin, 1991; Fox & Gilbert, 1994), were relying on participants in their late teens and early twenties. Some of them were presumably still a part of the family system in

which the abuse had taken place. Long-term negative relationship behaviors would be difficult to assess at this point in their lives. As stated earlier, often, it is after becoming involved in an adult relationship that the long-term consequences of abuse become apparent or more pronounced (Rowe & Savage, 1988; Downs, 1993).

Another limitation of concern is the heavy reliance on volunteers for the studies. Most of the studies relied upon volunteers for their sample, often recruited through newspaper ads ( Anderson & Alexander, 1996; Cole et al., 1992; Cole & Woolger, 1989; Alexander, 1993 ), flyers (Newman Lubell & Peterson, 1998), postal questionnaires (Mullen et al., 1994; Fox & Gilbert, 1994; Newman Lubell & Peterson, 1998; Cohen, 1995; Fleming et al., 1997) or college classes (Edwards & Alexander, 1992; Liem & Boudewyn, 1999).

A sample selection based on those who volunteer will automatically eliminate some portions of the general population, and often it may be a portion that we need to hear from. Those who have survived some of the worst abuse, never disclosed the abuse, are fearful of bringing back those memories, or for whatever reason declined to volunteer would be underrepresented in the sample. Denial and dissociation are predominant defenses for many incest survivors, leading to a possible distortion of the facts, whether intentional or not (Cole & Putnam, 1992; Alexander et al., 1997). Also, dismissing and minimizing individuals are very likely underrepresented in recruited or clinical samples of incest survivors (Alexander et al., 1997; Alexander, 1993).

One inherent problem in studies with incest survivors is a determination of the cause of the problems shown. For instance, even though incest occurs in all types of families, it is most prevalent among children living in dysfunctional homes (Edwards & Alexander, 1992; Liem & Boudewyn, 1999), and in homes where multiple traumas exist (such as parental alcohol abuse and child physical

abuse) in addition to incest ( Fox & Gilbert, 1994; Fleming et al., 1997). It becomes necessary to determine whether the dysfunction, multiple traumas, or the incest is the cause of the long-term problems that may develop. Longitudinal samples that follow individuals from infancy to adolescence or adulthood could contribute much-needed information about the family conditions that may precede, concur with, or follow the onset of incest.

Because of the discrepancies often noted with self-reports, other means should be implemented when possible. For instance, if the survivor was questioned about parenting skills, a questionnaire given to her spouse or partner, asking the same question could be useful for comparison. Another method might be a videotaped activity and/or task with her and a child to observe the interaction of parent and child.

Observational research (such as a videotape or one-way mirror) could be useful to study interpersonal and coping skills that do not lend themselves to self-report (Cole & Putnam, 1992). An example of this method would be selecting an area of conflict for the survivor and her spouse or partner, and having them discuss the issue and possible means of resolution. This discussion could be observed (with their knowledge) and would probably give a clearer picture of the interaction and the coping skills involved than questioning the participants about their experiences afterwards.

Samples that more clearly match the general population are desperately needed for the research of the long-term effects of incest. College classes and clinical samples abound in the research, and while they may be convenient for data collection, they fail to be representative of the general population. Random samples that are representative of a cross-section of the population need to be utilized before we can generalize the findings.

Finally, most studies relied on self-reports and retrospective analysis by the survivors for portions of their data collection. Self-reports describing the abuse and circumstances surrounding it were often asked of the sample participants (Edwards & Alexander, 1992; Alexander et al., 1997; Anderson & Alexander, 1996; Cole et al., 1992; Alexander, 1993). All of the studies relied in part upon the self-reports of participants who were asked to recall abuse and circumstances surrounding it that had occurred years earlier. Also, they were asked to describe past and current relationships. Again, denial and dissociation are predominant defenses for incest survivors, supporting a possible distortion of the facts (Cole & Putnam, 1992; Alexander et al., 1997). As well meaning as a survivor's self-reports might be, there is some margin for error in recalling events from childhood, and in rating the quality of their relationships, both past and present.

### Summary/Conclusion

The literature reviewed here has shown that there are six major effects of incest on the interpersonal relationships of adult females. they include; increased levels of anxiety and/or insecurity, feelings of guilt and/or shame for what has happened, dissociation, difficulty in forming trust with others, a tendency towards revictimization, and sexual dysfunction.

Incest abuse has been identified as a very serious problem in our society. This is due not only to the fact that it involves a substantial number of victims, but also because of the potential long-term damage that it causes in their lives. Incest can have devastating long-term negative consequences in the development of interpersonal relationships. In that respect, it not only affects the survivor, but also those family and friends who love and care about them. When you take 20-25 % of the female population as abused, and add into that number the others that are affected, it truly becomes everyone's problem.

It has been indicated that there is often a progressive accumulation of negative effects from the abuse, where immediate effects impede the normal progression through developmental tasks, resulting in even greater long-term impact. As an adult, the relational field of the survivor is most often the place where symptomatic negative behaviors are found. And, some survivors may outwardly appear to be free of any symptomatic behaviors until they become involved in adult interpersonal relationships.

Sadly, when childhood incest abuse is discovered or reported, there is often little support or counseling available to the child. A temporary removal from the home for either the perpetrator or the child is sometimes all that happens. And then it is assumed that the healing process will proceed from there. What the research reviewed here has shown is that the healing process is not necessarily happening. The damage that has been done to the child often follows her into adulthood and manifests itself in long-term negative relationship behaviors. We need interventions such as counseling and support in more instances, even when no immediate damage is recognizable.

Even though the incidence of relationship disruption is significant, there still exists a component of incest survivors who do not seem to be negatively affected by their experiences, or at least do not show any outward indicators of effect. A thorough study of the mediators or variables that may contribute to these differences is certainly called for. Some survivors show a definite resiliency, and not only survive, but actually thrive. What specifically is different about them, or their lives to give them this edge? Studies of this nature could lead to development of more effective interventions for survivors. They could also be of considerable value to assist the helping professions in giving support and counseling to the incest survivor.

Much research has been done in the area of incest abuse, and progress has been made towards a better understanding of its effects over time. But, there continues to be a need for quality research to be done in the area of female interpersonal relationships, and how childhood incest affects those relationships. Of utmost importance, is the need to clean up the process of doing that research to insure that the findings accurately reflect what is happening. The recommendations made here are but a start towards that end.

The six major effects that incest has on interpersonal relationships of adult females are; increased levels of anxiety and/or insecurity, feelings of guilt and/or shame for what has happened, dissociation, difficulty in trusting others, tendency towards revictimization, and sexual dysfunction.

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