

THE UNIVERSITY OF CALGARY

AN EXPLORATION OF FATHER-DAUGHTER INCEST

By

CAROLINE WRIGHT

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SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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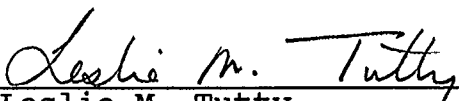
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Dr. Aldred Neufeldt, Supervisor
Department of Educational Psychology



Dr. William G. McElheran
Department of Educational Psychology



Dr. Leslie M. Tutty
Department of Social Work

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ABSTRACT

The present study examined issues involved in families of sexual abuse. Twenty-nine families in which father-daughter incest had occurred were analyzed with respect to parental perceptions of the daughter-victim using the Personality Inventory for Children (PIC). Parental perceptions were analyzed in terms of three variables: perpetrator-victim relationship (natal versus non-natal), seriousness of abuse (serious versus less serious) and father acceptance of responsibility for the abuse (accept versus non-accept). A comparison was also made between parental perceptions of daughter-victims and daughter-victims' self-perceptions with respect to self esteem, depression and anxiety.

In terms of parental perceptions of the daughter-victims, the degree of seriousness of the sexual abuse played a role in how parents perceived their daughters with respect to psychological adjustment. Seriously abused victims were rated as experiencing more problems in adjustment than were less seriously abused victims. Mothers tended to rate their seriously abused daughters as more maladjusted as compared to father ratings of the seriously abused daughters. There was little evidence to support the hypotheses that parental perceptions differed depending on perpetrator-victim relationship or acceptance of abuse.

Parental perceptions of the daughters were discrepant from the daughters' self-perceptions. Daughters reported substantial difficulties especially with respect to self esteem. Some of the daughters also described themselves as anxious and depressed. In contrast, parents did not rate their daughters as experiencing an abnormal number of psychological problems.

The nature of the current study was exploratory and the findings should be considered preliminary. Further research on child sexual abuse which focuses on the family context is suggested.

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CHAPTER 1: INTRODUCTION

Background

Father-daughter incest, and child sexual abuse in general, has been occurring in our society for many generations. However, only in the last twenty years or so has this form of abuse been recognized as a serious concern. To gain a better understanding of the issues surrounding child sexual abuse, and father-daughter incest in particular, it is helpful to have an understanding of the historical and political context.

Human rights movements have played a key role in bringing child sexual abuse into the limelight of both the public and professional arenas. In particular, the women's movement has contributed significantly to increased public awareness by empowering women to share their personal stories of child sexual abuse. The late 1970s and early 1980s saw the publication of several such autobiographical works, most of them describing personal experiences of father-daughter incest (Armstrong, 1978; Allen, 1980). These shocking and poignant narratives paint a vivid picture of the seriousness of child sexual abuse in a way that cannot be captured in academic writings.

As with the women's rights movement, the children's rights movement has also been an important force in bringing child sexual abuse issues into the eye of the public. Child

advocates, in the form of child protection agencies, have attempted to intervene on behalf of child victims in families of sexual abuse. Both the women's and the children's rights groups have had a great deal of success in promoting their concerns to the public, the helping professionals and the policy-makers.

In view of the seriousness of the problem and the active lobbying forces in place, it is noteworthy that child abuse took as long as it did to become identified as an issue of concern. It is widely surmised that the private nature of sexual issues combined with the shame attached to sexual abuse, and the "sinfulness" associated with incest in particular, have contributed significantly to the silence which has surrounded intrafamilial child sexual abuse (Tierney & Corwin, 1983).

The great master of the psychoanalytic tradition, Sigmund Freud, has been held partly responsible for the cloak of silence that has shrouded child sexual abuse issues (Herman & Hirschman, 1977; Dell, 1989). Initially, Freud had proposed the renowned "seduction hypothesis" (Freud, 1953): he determined that the hysteria manifested in several of his female clients was directly related to childhood sexual experiences. This theory was based on the clients' disclosures of child sexual abuse. Later, he retracted the hypothesis and chose to believe that the clients, instead of disclosing actual incidents of sexual victimization, were

really reporting Oedipal wishes and fantasies (Freud, 1954). According to some authors, the tragic consequences of this interpretive decision resulted in the suppression of child sexual abuse issues in future generations (Dell, 1989; Herman & Hirschman, 1977). For example, some experts believe that Freud's theories have significantly influenced how professionals have dealt with sexual abuse issues. That is, Freud's reaction to his clients' disclosures of child sexual abuse set a precedent for future generations of helpers. In essence professionals were taught, by Freud's example, to treat sexually abusive disclosures as fabrications of the client's mind. Thus, it is thought that many professional caregivers who could have identified and prevented sexual abuse, have failed to do so.

Issues of gender may have slowed the process of identifying and addressing child sexual abuse concerns. Current research indicates that approximately 97% of sexual abuse perpetrators are male (Gagnon, 1965; Finkelhor, 1979; Russell, 1983). In North American society, where patriarchal structures are only just beginning to soften, most people in positions of power -- doctors, lawyers, policy-makers -- have been, and continue to be, men. It is only natural that men would be especially reluctant to take action on an issue where their own sex is so heavily incriminated (Finkelhor, 1984).

The Nature of Child Sexual Abuse

David Finkelhor (1983), a recognized authority on the subject of child sexual abuse, describes the nature of any kind of abuse as "a situation where a more powerful person takes advantage of a less powerful one (p.18)." Father-daughter sexual abuse is the most obvious example of the abusive relationship as Finkelhor (1983) comments:

The most widespread form of reported sexual abuse consists of abusers who are both male and in authority positions within the family victimizing girls in subordinate positions. This is a case of abuse across the axis of both unequal sexual power (males victimizing females) and unequal generational power (the older victimizing the younger). (p. 18)

Child sexual abuse researchers agree that one of the most salient features of sexual abuse is the imposition of sexual acts on an individual (Finkelhor, 1979; Bagley & King, 1990; Wyatt, 1985; Russell, 1983). That is, a more powerful individual takes advantage of his or her superior status by imposing unwanted sexual acts on a less powerful individual. For example, a situation is considered abusive when 1) sexual acts are attempted or achieved between an adult and a young child or 2) sexual acts occur between peers and force or coercion is employed.

Like most aspects of the human condition, child sexual

abuse appears in a multitude of forms. One useful way of classifying the many forms of child sexual abuse is according to the relationship between victim and perpetrator. Three main categories of relationship have been identified in the literature. There is: 1) abuse committed by a family member, also referred to as incestuous or intrafamilial abuse, 2) abuse by a known perpetrator excluding family members, and 3) abuse perpetrated by a stranger. The present study deals with the first form of abuse, focussing specifically on father-daughter sexual abuse.

Child Sexual Abuse As Defined Within a Systems Framework

One of the current trends among professionals, working and writing in the area of child sexual abuse, is to use a family systems approach. This model defines sexual abuse as a symptom of maladaptive family functioning. Unlike traditional approaches, the systems model does not focus on individual pathology as a means to explain intrafamilial sexual abuse. Rather, the systems approach considers the pathology of the family as the key to understanding and treating child sexual abuse.

In an effort to explain child sexual abuse, use of the family systems approach has led many investigators to place importance on the functioning of each family member, as well as global family functioning. Consequently, researchers have identified a need for more empirical studies that focus on

family functioning in sexually abusive families. (Conte, 1986; Pelletier & Handy, 1986). Currently, most of the family systems literature consists of clinical descriptions or untested theoretical models of family functioning. To date, there are very few studies, either descriptive or empirical, that focus on family functioning.

Purpose of the Study

The purpose of the present study is to take a small step towards understanding sexual abuse in the context of the family. In particular, the focus of this project is on families where incest or intrafamilial child sexual abuse has occurred between the father or father-surrogate and the daughter. The study is of an exploratory nature and looks at test data of non-offending mothers, father-perpetrators and daughter-victims in natal-father and non-natal-father families. Some of the test data consist of items that examine how parents perceive their daughter-victims' level of functioning across a wide range of areas. The rest of the test data consists of self-perceptions of the daughter-victims. The intent of this study is to analyze these perceptions in an effort to gain a better understanding of the nature of families in which father-daughter sexual abuse occurs.

CHAPTER 2: LITERATURE REVIEW

Overview

Very little was written about child sexual abuse, and father-daughter sexual abuse in particular, prior to 1960. Most of the early writings were of a descriptive nature and consisted of clinical case studies. In the following decade there was a significant increase in the number of official reports documenting cases of sexual abuse. Autobiographical works, written by women incest victims, began to appear in the literature. It was also at this time that child sexual abuse became the focus of the media in the form of newspaper articles, television documentaries and movies (Finkelhor, 1984). Through the 1980s and now into the 1990s, child sexual abuse has continued to attract attention from both the general public and professionals in the human services fields.

Critique of the Literature

Over its relatively short duration, child sexual abuse literature has shifted from a descriptive, clinical emphasis to the current trend of empirical research. Unfortunately, many of the empirical studies on child sexual abuse are fraught with methodological difficulties and contradictory findings. To gain a full appreciation of the research, it is important to have an understanding of some of the factors that contribute to these methodological problems and contradictory

contribute to these methodological problems and contradictory findings.

Under-Reporting of Child Sexual Abuse

The severe under-reporting of sexual abuse cases makes it difficult for researchers to obtain an accurate estimate of prevalence and incidence. It is widely assumed that the low rates of reporting are related to the very emotionally-charged, secretive and shame-filled nature of the subject matter. Sexual misdemeanors, especially incestuous ones, have an extremely potent social stigma attached to them. Consequently, individuals who have been involved in sexual abuse -- whether as victim, perpetrator or other -- tend to be unwilling to disclose related information.

In survey studies of adult victims, researchers have consistently found extremely low rates of reporting. Findings indicate that less than 10 percent of child sexual abuse victims ever report the incident to police or a child protection official (Gagnon, 1965; Chandler, 1982; Russell, 1983, Finkelhor, 1979; Bagley & Ramsay, 1986). Unwillingness to disclose information is also reflected in the large numbers of individuals who refuse to participate in questionnaire studies. For example, refusal rates as high as 45 and 50 percent are not unheard-of (Wyatt, 1985; Russell, 1983). Such low rates of reporting make it difficult to gain a precise idea of just how much sexual abuse is occurring in the

population. Studies vary considerably with regards to reported prevalence and incidence figures and it is difficult to know which figures best reflect the actual rate of abuse.

Problems with Studies that Use Assessment Data

Assessment data used in most studies consist of test scores from standardized psychological tests. However, such data are not immune to methodological problems (Avery-Clark et al, 1981; Tierney & Corwin, 1983).

One problem with using psychological tests is the tendency for respondents to endorse socially desirable responses. That is, respondents wish to depict themselves in socially acceptable ways. This tendency is especially apparent when discussing sensitive subjects such as sexual abuse (Tierney & Corwin, 1983).

Another difficulty with using test data is that test results can be affected by the degree to which the respondent has repressed, dissociated or denied past experiences. Repression, dissociation and denial are psychological processes which prevent an individual from acknowledging disturbing incidents. Individuals from families of sexual abuse are said to be characterized by these processes (Bagley & King, 1990). Levels of repression, dissociation and denial are considered to be especially high during the early phases of treatment. The defensive test results so often produced by family members at the onset of treatment frequently are

attributed to the presence of these three psychological mechanisms. It is not uncommon for test results from a later time in treatment, when individuals are less defensive, to indicate greater maladjustment than earlier results (Tierney & Corwin, 1983). Therefore, in studies using test data, it is important to consider time of test administration and degree of respondent defensiveness.

Another concern raised by researchers is with the tests themselves. Some critics doubt the ability of current tests to measure sexual abuse. Typically, the tests used are not specifically designed to assess sexual abuse. Thus, some researchers suggest that the current assessment tools used with families of sexual abuse are not sensitive enough to discriminate between sexual abuse and other forms of abuse (Avery-Clark et al, 1981).

The use of psychological tests and test data in studies of sexually abusive families is clearly not without drawbacks. In spite of the inherent difficulties of using tests and test data, information gathered by means of psychological tests is nonetheless valuable to furthering our understanding of sexually abusive families. However, it is imperative that results from test data be interpreted cautiously and with an awareness of the drawbacks associated with this type of data.

Problems with Survey Studies

Studies that use questionnaire data also suffer from methodological problems (Trepper & Barrett, 1989; Tierney & Corwin, 1983). As with assessment tests, survey questionnaires are affected by the respondent's tendency towards a defensive response set.

Questionnaire responses are often retrospective in that adult victims provide information about abuse that occurred in their childhood. Therefore, memory distortion over time and selective recall are also limitations of this source of data. Another important consideration concerning retrospective data obtained from adult victims of child sexual abuse is that such data do not necessarily reflect the experience of today's children (Finkelhor, 1984).

Another problem with survey studies is that they vary considerably with regards to the method of data collection. For example, some studies use only questionnaires and others use questionnaires combined with interviews. In some studies researchers interview their subjects over the telephone while in other studies they meet with the subjects in person. Because of the sensitive nature of the subject area, the method of data collection and the phraseology of questionnaire items can greatly effect the kind and amount of information obtained from respondents.

Problems with Sampling Procedures

Nonrandom sampling procedures and small sample sizes are used in many sexual abuse studies. These difficulties with the research methodology are perfectly understandable, given the difficulty in identifying families of sexual abuse. Unfortunately, small samples greatly limit the type of data analyses that can be conducted. For instance, they preclude the use of multivariate statistical techniques, which enable the identification of important variables (Tierney & Corwin, 1983; Chandler, 1982). In turn, nonrandom samples and small sample sizes severely limit the ability to generalize findings.

Many of the nonrandom samples used in research are derived from clinical populations. Due to the severe under-reporting of sexual abuse, the representativeness of subjects drawn from a clinical, and thus a "reported" source, is questionable. Indeed, clinical populations tend to be skewed towards minority subjects of the lower socio-economic strata (Chandler, 1982).

Researchers that use larger samples tend to draw their subjects from the college population (Finkelhor, 1979; Sorrenti-Little et al, 1984). Though this population has the advantage of large numbers, it does not necessarily represent the general population. Typically white, middle-class subjects tend to be over-represented in the college population

(Avery-Clark et al., 1981; Trepper & Barrett, 1989; Conte, 1986; Chandler, 1982; Tierney & Corwin, 1983; Russell, 1984).

Lack of Consensus on the Definition of Terms

The lack of consistency with regard to the definition of terms is also a drawback in child sexual abuse research. An inventory of the different terms extant in the literature attests to the lack of consensus among researchers. Commonly used child sexual abuse terms include: sexual assault, sexual misuse, molestation, sexual victimization, sexual exploitation, sexual maltreatment, and child rape (Avery-Clark et al, 1981; Trepper & Barrett, 1989; Russell, 1984).

With the variety of terms in existence in the literature, it is not surprising that the definition of sexual abuse varies from study to study. Some definitions include attempts at certain sexual acts such as "attempted intercourse." For example, the case where a perpetrator tries to have sexual intercourse with a victim but, for some reason, stops short of penetration would be described as attempted intercourse. Other sexual abuse definitions include acts that do not actually involve physical contact, such as exhibitionism and sexual solicitations. The age criterion of what constitutes a child also varies. Some researchers set the cut-off age between childhood and adulthood as 14, others 16, and still others as 18 years (Finkelhor, 1979; Russell, 1983; Sorrenti-Little et al, 1984).

In summary, differences in prevalence statistics may be partly due to semantic differences with respect to sexual abuse terms as well as differences in the age criterion used to demarcate childhood. This variability in terms makes comparison across studies difficult and any generalizations are at best tenuous.

Diverse Research Origins

Child sexual abuse research originates from diverse fields of study such as anthropology, psychology and social work, to name but a few. The various perspectives yield a plethora of theories and explanations about child sexual abuse. In addition, research from different fields of study tends to focus on different variables for analysis. Methodology used in sexual abuse studies also varies depending on the researcher's particular perspective. These factors combine to make systematic analysis of the literature a complex and difficult task (Tierney & Corwin, 1983; Chandler, 1982).

Summary of Methodological Criticisms

Researchers have heavily criticized the child sexual abuse literature (Conte, 1986; Avery-Clark et al, 1981; Alter-Reid et al, 1986; Tierney & Corwin, 1983). Much of the criticism is levelled at case studies which used small, nonrandom samples and drew conclusions based solely on clinical impressions. Though much of the criticism is

justified, it is important to keep in mind the newness of the area and the complexity of the topic. Clinical case studies, though methodologically limited, are necessary for providing fresh insights and identifying new areas of research. They are also critical in theory-building and the development of effective treatment models (see for example, Giarretto, 1982).

Critics also have identified many methodological flaws in the empirical literature. However, empirical studies have made progress in overcoming the previously mentioned methodological pitfalls (Finkelhor, 1990). Clinical case studies and empirical studies, together with the testimonial publications of victims, combine to form a body of child sexual abuse literature that is both useful and informative.

Victims of Child Sexual Abuse

Any discussion of child sexual abuse victims must address the topic of prevalence and incidence. Having an idea of just how many victims there are (prevalence) and how often child sexual abuse occurs (incidence) gives one a general appreciation of the extent of the problem.

As previously mentioned, prevalence/incidence studies tend to vary in terms of methodology, making it difficult to compare findings across studies. Nonetheless, a review of some of the key prevalence studies is informative and underlines the seriousness and magnitude of the problem.

Prevalence

Though the present study focuses on father-daughter sexual abuse, it is helpful to have an idea of prevalence rates for child sexual abuse in general. Gagnon's (1965) re-analysis of the Kinsey survey data, found that 24% of the 4,441 females reported that they had experienced a sexual incident with an adult during childhood. In this study, a child was defined as being "prepubertal" and an adult referred to someone who was "postpubertal" and at least five years older than the child. Of this sample, 1200 subjects were further questioned on the subject of childhood sexual experiences. Of these 1200, 333 (or 28%) reported having had a sexual experience with an adult before the age of thirteen.

The subjects of this study were adults reporting on childhood sexual experiences. Therefore, the problems inherent with retrospective data, namely selective memory and distortion over time, apply to this study. The definition of "sexual experience" used in this study is a broad one, including exhibitionism and attempted sexual acts. Sexual experience also includes two vague categories of "general attack" and "approach" (Gagnon, 1965; p. 183). A limitation of this study is the bias towards a college educated sample. The study would have benefited from a more detailed definition of terms.

Finkelhor's 1979 study was one of the first methodologically rigorous prevalence studies to be conducted

in the area of child sexual abuse. The population surveyed consisted of New England college students. Sexual abuse was defined as: 1) sexual contact between a child and an adult, 2) sexual contact between a child and someone who is under eighteen but at least five years older than the child, and 3) sexual contact between peers, where that contact involved force or coercion. The definition of sexual contact was very broad including intercourse, attempted intercourse, fondling, exhibitionism, and sexual overtures. Thus, sexual abuse could include acts that did not involve physical contact. A child was defined as someone of twelve years or younger and an adult was considered to be anyone eighteen years of age and older.

Results indicated that 19.2 percent of the women and 8.6 percent of the men had been sexually victimized as a child.

This was a well-conducted study that used a careful methodology. Nevertheless, it had several limitations. One limitation was the fact that 75 percent of the subjects were 21 years old or younger. In addition, the sample consisted mainly of middle-class subjects with lower-income individuals being under-represented. Because of these sample characteristics, the survey represents a relatively small segment of the general population. Another drawback concerning the lack of representativeness of this sample, and college samples used in other studies, was the exclusion of individuals who are disturbed, of below average intelligence or from deviant subcultures (Finkelhor, 1979). Such

individuals are the least likely to be part of a college population which is typified by intelligent, self-disciplined and generally advantaged individuals. However, it is probable that the disadvantaged individual is the type of person who would be most vulnerable to sexual victimization. Therefore, use of a college sample could result in the loss of potentially meaningful information about sexual abuse.

A later study replicated Finkelhor's work using a Canadian university sample (Sorrenti-Little et al, 1984). This study used an operational definition of child sexual abuse, based on the presence of diminished self esteem in the adult respondent, in combination with a subjective assessment of sexual abuse trauma as perceived by the respondent. According to these criteria, sexual experiences qualified as abusive if they involved either the use of force or threat, or at least a three-year age discrepancy, and included the handling of a child's unclothed genitals, or attempted or achieved intercourse. Findings indicated that 19.6 percent of women and 8.5 percent of men had experienced this type of sexual assault by the age of 17.

This was a well-designed study. Once again, the main limitation is the use of a college sample. It is interesting to note that Sorrenti-Little et al's findings are almost identical to those of Finkelhor despite the fact that the former used a much narrower definition of sexual abuse.

Russell (1983) conducted a study on 930 randomly sampled adult females from the San Francisco area. Sexual abuse was divided into two categories of extrafamilial and intrafamilial. Extrafamilial child sexual abuse was defined as "one or more unwanted sexual experiences with persons unrelated by blood or marriage (p. 135)." Such incidents must have occurred before the victim's fourteenth birthday and included sexual experiences which ranged from fondling, to attempts at fondling to rape. For individuals between the ages of 14 and 17, sexually abusive experiences included achieved or attempted forced intercourse (rape). A broader definition for intrafamilial sexual abuse was used and included any kind of exploitive sexual contact occurring between relatives before the age of 18. Non-exploitive sexual relationships between relatives who also were same-age peers were not considered sexual abuse.

Results indicated that 38% of the subjects reported experiencing either intra- or extrafamilial sexual abuse before the age of 18. Twenty-eight percent of the subjects had experienced some form of sexual abuse before the age of 14. When Russell applied Finkelhor's (1979) broad definition to her sample, she found that the numbers rose dramatically. Fifty-four percent of the female subjects reporting a sexually abusive event before the age of 18, and 48% of the women reporting sexual abuse before the age of 14.

In spite of the excellent design and the use of random sampling procedures in Russell's study, there was one main limitation. The refusal rate of 50% exceeded that which is acceptable for a valid random sample.

Wyatt (1985) examined prevalence rates of child sexual abuse in comparable samples of Afro-American and White American women. The subjects were randomly selected from the Los Angeles, California area. The definition of sexual abuse used in this study was fairly broad. Sexual acts that qualified as abusive ranged from non-body contact (such as exhibitionism and solicitations) to fondling, intercourse and oral sex. A child was defined as any individual 17 years old and younger. The experience was defined as sexually abusive if the perpetrator was five years older. If the age discrepancy between victim and perpetrator was less than five years, only those sexual acts that involved force or coercion were considered abusive.

Sixty-two percent of the subjects reported at least one sexually abusive incident in childhood. There were no significant differences in prevalence rates between Afro-American and White American women. Like the Russell (1983) study, this study suffered from a high refusal rate. Forty-five percent of the individuals contacted declined to participate.

The Finkelhor, Hotaling, Lewis and Smith (1990) prevalence study is the first national American survey of

child sexual abuse. The randomly selected adult subjects were questioned by telephone. Subjects were asked if they had experienced incidents in childhood (prior to age 18) that they currently perceived as sexual abuse. Sexual experiences were defined as attempts at or achieved intercourse, fondling, exhibitionism, oral sex or sodomy. Results indicated that 27% of the women and 16% of the men had experienced what they perceived as some form of sexual abuse by the age of 18.

This study is one of the few truly representative, randomly sampled surveys of child sexual abuse. The refusal rate of 24% is much lower than rates found in other large studies. An important consideration in this study is the use of a broad definition of sexual abuse which relies solely on the subjects' perception of whether or not an act was abusive and does not incorporate an age-discrepancy criterion.

Some of the studies that examine prevalence rates for child sexual abuse in general also report rates specific to intrafamilial child sexual abuse. One study suggests that one in three women will be sexually abused by a family member (Herman & Hirschman, 1981). Russell's (1983) study found that 16% of the female subjects reported an incident of intrafamilial child sexual abuse (Russell, 1983). The few studies that do examine prevalence figures for intrafamilial sexual abuse tend to vary in terms of how they delineate this type of abuse. Therefore, the best estimate of intrafamilial abuse covers a range from 16 to 30 percent of the general

population. Irrespective of the specific numbers, prevalence studies have succeeded in challenging the belief that incidents of intrafamilial child sexual abuse which occur in North American society are rare, isolated and highly infrequent events.

One particular subset of intrafamilial sexual abuse, father-daughter incest, has been the focus of many sexual abuse researchers. The prevalence of father-daughter incest appears to be a relatively small but significant proportion of the general population; most studies estimate its prevalence to be between 1-5% (Herman, 1981; Russell, 1983; Finkelhor et al, 1990). Furthermore, the research indicates that father-daughter incest represents a relatively small proportion of all incest. Yet father-daughter incest is the type of sexual abuse most frequently reported to the authorities (Finkelhor, 1983; Trepper & Barrett, 1989). This is a striking finding in light of the fact that all prevalence studies indicate other forms of sexual abuse, such as extrafamilial, are occurring at much higher rates than that of father-daughter incest.

Incidence

Due to the extreme under-reporting and the dearth of nation-wide incidence surveys, it is difficult to get an accurate estimate of the total number of child sexual abuse offences. An early paper by Schultz (1973) summarized the

available prevalence data on child sexual abuse offences from sources such as Gagnon (1965) and the Children's Division, American Humane Society (1966-68). He reported that there were between 200,000 and 500,000 cases of child sexual abuse per year in the United States. Of these, 5000 cases were estimated to be incidents of incestuous abuse. The National Incidence Study (National Center on Child Abuse and Neglect, 1981) estimated the number of child sexual abuse cases perpetrated by a care-taker to be 44,700 annually in the United States. Data from this study included reported cases of sexual abuse obtained from various agencies across the nation. Based on the assumption that care-taker perpetrated abuse makes up approximately one-third of sexual abuse known to professionals, Finkelhor and Hotaling (1984) extrapolated that there are about 150,000 - 200,000 cases of child sexual abuse per year in the US. Another study (Sarafino, 1979) measured the incidence of reported child sexual abuse in four locations and extrapolated figures to obtain a national estimate of 74,725 cases annually in the United States. When this figure was adjusted to account for unreported cases, the estimate of child sexual abuse offences rose to 336,200 cases per year. All the estimates from the above studies are based on figures obtained from various helping agencies that regularly maintain records on reported incidents of child sexual abuse.

Most victim survey studies focus on prevalence rather than incidence. One exception is Russell's (1983) study which found from a sample of 930 women, a total of 647 experiences of child sexual abuse reported. Of this number, 61 (71%) were extrafamilial abuse and 186 (29%) were intrafamilial. Of the 186 intrafamilial cases of abuse reported, 74 (40%) of these occurred within the immediate family, or in other words, 11% of all child sexual abuse cases reported were of an incestuous nature. In another study, using a random sample of 258 females, 305 incidents of child sexual abuse were reported (Wyatt, 1985). Of these 305 incidents, 24% of the cases were intrafamilial child sexual abuse. When reviewing these figures, it is important to keep in mind the methodological difficulties inherent in adult victim survey studies.

Despite the range in prevalence and incidence rates reported in the literature, all researchers agree that child sexual abuse is occurring with enough frequency for it to be regarded as a very important problem in North America.

Accuracy of Reported Rates of Child Sexual Abuse

When reviewing the findings of prevalence and incidence studies that rely on reported cases of sexual abuse, it is important to be aware of the extreme under-reporting of these incidents. Survey studies of adult victims have helped in revealing the degree to which under-reporting of sexual abuse occurs.

All of the victim survey studies found that only a small percentage of the victims who had experienced child sexual abuse ever reported the incident to authorities. For example, Gagnon (1965) found that only 6% of the sexual abuse incidents had been reported to the police. In Russell's (1983) study where, of the 647 cases of child sexual abuse that were disclosed by respondents, only 30 (5%) of these cases had been reported to the police. These figures translate to only 2% of incestuous abuse and 6% of extrafamilial abuse were ever reported to the authorities. Therefore, it is widely assumed that prevalence figures obtained from reported cases of sexual abuse substantially underestimate the true prevalence rate of sexual abuse.

Victim Characteristics

Several studies indicate that the vast majority of victims are female (Alter-Reid et al, 1986; Finkelhor & Baron, 1986). There is also some consensus that the median age of onset for victims of child sexual abuse is usually 10 or 11 years of age (Finkelhor, 1979; Finkelhor et al, 1990; Elwell, 1979; DeFrancis, 1969).

Impact of Child Sexual Abuse on the Victim

The serious effects associated with sexual abuse upon child victims have been well-documented in the clinical literature (Yates, 1985; Chandler, 1982; Polk, 1987; Pelletier

& Handy, 1986; Van Scoyk et al, 1988; Herman & Hirschman, 1981; Larson & Maddock, 1986; Reposa & Zuelzer, 1983). Effects range from emotional difficulties to behavioral problems and physical symptoms. Social and sexual areas of an individual's functioning also have been reported as adversely affected by sexual abuse (Browne & Finkelhor, 1986; Finkelhor, 1990).

Several clinical studies have reported victims of child sexual abuse to be characterized by emotional problems such as feelings of guilt, shame and depression (Herman & Hirschman, 1977; Polk, 1987; Kaufman et al, 1954; Stern & Meyer, 1980; Wells, 1981). Some clinicians have reasoned that these negative emotions stem from the victim's feelings of responsibility for the abuse. That is, many victims blame themselves, not the perpetrator, for the sexual abuse (Polk, 1987; Mrazek & Bentovim, 1981; Stern & Meyer, 1980). Other emotional problems of victims that have been reported by clinicians are feelings of fear and anxiety, a sense of isolation and low self esteem (Herman & Hirschman, 1977; Van Scoyk et al, 1988).

Empirical studies supportive of the clinical reports on the emotional consequences of sexual abuse, especially in terms of adult self esteem, are beginning to appear in the literature. In one study (Jackson et al, 1990), an adult female sample of child sexual abuse victims was compared to a matched non-abused group of females. A battery of standardized

psychological self-report inventories were administered to the subjects. Results indicated that the sexually abused group evidenced lower self esteem and a poorer body image than the control group. In another survey of adult victims (Alexander & Lupfer, 1987), a standardized self esteem inventory was administered to a large sample of college females. Subjects who had been sexually abused reported a lower physical self-concept and a lower family self-concept. Another college study, involving both male and female subjects (Sorrenti-Little et al, 1984), found diminished self esteem and poorer sexual adjustment to be significantly linked to child sexual abuse. In this last study, a sexual adjustment scale designed by the authors was used, in addition to a standardized self esteem inventory.

The empirical research is also beginning to validate the social and sexual problems reported by adult victims of child sexual abuse. In the Jackson et al (1990) study, the sexually abused subjects also reported less satisfaction with their sexual functioning than the non-abused group. Sixty-five percent of the abused group met the DSM-III criteria for one or more sexual dysfunctions. The abused group also reported having more problems in social adjustment especially in the areas of dating and social activities. Another victim study (Harter, Alexander & Neimeyer, 1988), using college subjects, found that sexually abused women reported significantly poorer social adjustment and an

increased perception of social isolation than a control group. A variety of standardized psychological inventories were used to assess these characteristics. Additionally, Harter et al (1988) found that abuse by a father figure was associated to poorer social adjustment even after family and social-cognitive variables were controlled.

Sexual abuse has been associated with a vast array of adolescent problems including runaway behavior, poor peer relationships, suicidal behaviors, substance abuse, juvenile prostitution and academic difficulties (Pelletier & Handy, 1986). However, empirical support specific to sexually abused adolescents is more limited than for younger age groups.

One survey study, conducted on a Canadian sample of female prostitutes, links prostitution to child sexual abuse (Bagley & Young, 1987). All the subjects had begun working as prostitutes during adolescence. The investigators found that 73% of the prostitutes were sexually abused as children compared to 29% of the control group. However, because the prostitute sample was drawn from helping agencies, the results do not necessarily represent the experiences of prostitutes in general.

Another survey study by Cavaiola and Schiff (1988) lends some support to the harmful effects of sexual abuse on adolescents. A chemically dependent, abused (both physically and/or sexually) group of adolescents was compared to a non-abused, chemically dependent group and to a second

normative group of non-abused, non-chemically dependent adolescents. Subjects for the first two groups were drawn from a chemical dependency treatment center. Subjects from the normative group were selected from city high schools. Results indicated that, as a group, the abused adolescents indicated a higher incidence of behavior problems, runaway behavior, legal involvement and sexual promiscuity. With respect to the sexually abused group, there was a greater trend towards self-destructive behavior and sexual acting out.

Clinical studies have documented a wide range of abuse-related symptoms in young children who have been sexually abused. Some of the symptoms include phobias, somatic complaints, low self esteem, self-mutilating behavior and sexually inappropriate behavior (Polk, 1987; Van Scoyk et al, 1988; Yates, 1982).

There are a few empirical studies that support the clinical findings with respect to the harmful effects of sexual abuse on young children. These studies have used standardized behavioral checklists, completed by the victim's parent, to assess childhood behavior problems (Gomes-Schwartz et al, 1985; Friedrich et al, 1987; Lipovsky et al, 1989). The behavior checklists identify adjustment problems in many areas of functioning and include scales that assess social withdrawal, somatic complaints, cognitive disability, aggression, fears and sexual problems.

All of the foregoing studies were well-designed and used relatively large samples as well as some form of comparison group. The subjects in all the studies were taken from treatment agencies and all of the testing was conducted within a year after the occurrence of the abuse. All studies showed similar results; sexually abused children were rated as displaying significantly more behavioral problems than non-abused, normative children. In the Lipovsky et al (1989) study, where the only comparison group consisted of non-abused siblings of the sexually abused victims, the victims were rated as having more behavioral problems. All of these studies suggest that sexual abuse does negatively impact the victims to some degree.

However, there is some empirical evidence that does not confirm clinical reports of low self esteem in sexually abused victims. In addition to using the parent-completed behavioral checklists, a few studies have also administered self-report self esteem inventories to sexually abused children (Cohen & Mannarino, 1988; Lipovsky et al, 1989; Wolfe et al, 1989). In two of these studies, the sexually abused children did not describe themselves as having abnormally low self esteems. These studies found that there was a marked discrepancy between parental reports of the child and the child's self-report, with the parental reports indicating significant disturbance on the part of the child (Cohen & Mannarino, 1988; Wolfe et al, 1989).

An absence of problems with self esteem as reported by the child victim seems to contradict the empirical studies of adult victims where low self esteem was found to be significant. One explanation may be that the inventories used to measure self esteem in children are not accurate or possibly these children may be denying any problems (Finkelhor, 1990). Another possible reason may be that self esteem is something which develops over time so any related problems may not be detected until adulthood. More research is required before these explanations can be considered anything but speculative.

Finkelhor (1988) has developed a theoretical model that attempts to account for all of the symptomatic behavior associated with child sexual abuse. His model is based on four traumagenic dynamics of sexual abuse: traumatic sexualization, betrayal, stigmatization and powerlessness. A traumagenic dynamic is defined as that which "alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, world view or affective capacities (p.7)." The model links certain behaviors with a particular dynamic and in doing so organizes into a comprehensive whole all of the symptomatic behaviors described in the child sexual abuse literature (see Table 1).

**Table 1: Classification of Symptomatic Behaviors of Child³²
Sexual Abuse Based on Finkelhor's Traumagenic
Dynamics Model**

DYNAMIC	RELATED SYMPTOMATIC BEHAVIOR
Traumatic Sexualization	<ul style="list-style-type: none"> -- sexual preoccupation -- compulsive masturbation -- sexual promiscuity and aggression -- sexual dysfunction -- parental sexualization of child
Betrayal	<ul style="list-style-type: none"> -- depression -- dependency behaviors -- revictimization -- hostility -- relationship problems
Stigmatization	<ul style="list-style-type: none"> -- self-isolation -- self-destructive behaviors -- low self esteem -- substance abuse
Powerlessness	<ul style="list-style-type: none"> -- anxiety/phobias -- nightmares -- somatic complaints -- flat affect -- sleep problems -- school problems -- running away -- revictimization -- aggression/delinquent behavior -- abusive behavior

Victim Adjustment After Sexual Abuse

Researchers have identified certain characteristics of sexual victimization that are associated with a more traumatic outcome in terms of victim adjustment (Finkelhor, 1979; Sorrenti-Little et al, 1984; Friedrich & Luecke, 1988). Three characteristics consistently reported in the empirical literature are: the closeness of the perpetrator-victim relationship, the use of force, and the enactment of highly intrusive or more serious sexual acts. An example of the most traumatic type of sexual abuse involving these three characteristics would be father-daughter incest that included the use of force and the act of sexual intercourse (Trepper & Barrett, 1989).

Despite the research on abuse-traumatizing factors, there is no clearly uniform way in which victims react to sexual abuse. Indeed, several studies have found that, though child sexual abuse victims often show poorer overall adjustment than do subjects from a non-abused, non-referred comparison group, their adjustment tends to be better than subjects from a clinical comparison group (Gomes-Schwartz et al, 1985; Lipovsky et al, 1989; Conte & Schuerman, 1987; Friedrich et al, 1987). Furthermore, though problematic, the adjustment of sexual abuse victims is not always classified as serious enough to warrant psychiatric intervention.

Researchers have hypothesized that differential responses to sexual abuse may be due to a number of mediating factors

which may serve a protective function (Friedrich et al, 1987; Mrazek & Mrazek, 1981). Protective factors can be divided into two categories: personal traits or skills and environmental conditions. It has been suggested that victims who easily form relationships, are able to dissociate affect, perform well in school, have good problem-solving and information-seeking skills, and can cognitively restructure painful experiences may be better adjusted following sexual abuse. Also, those victims who have available to them the advantages of a supportive individual, a positive family situation, and good educational and health facilities may also fare better following a sexually abusive experience. To date, there has been very little research done on protective mechanisms as mediating factors of abuse. As yet, any explanations are of a speculative nature and therefore these findings must be treated as preliminary.

Perpetrators of Child Sexual Abuse

Profile of the Offender

In an attempt to explain the sexual abuse of children clinicians have developed offender profiles. For example, Groth et al (1982) and Howells (1981) have developed two separate but similar theories about child sexual offenders based on sexual preference or orientation. Both authors categorize offenders into two types. Groth et al divide

offenders into "fixated" and "regressed" classifications which roughly corresponds to Howells' "preference-situational" molester dichotomy.

Fixated or preference offenders include those men whose sexual orientation is, and always has been, towards children.

It is hypothesized that the sociosexual development of these men has become arrested at the age level of the victims whom they seek out. This kind of offender is said to identify with the child, and thus tends to choose male victims.

Regressed or situational offenders, on the other hand, are described as normally having a same-age heterosexual orientation. They turn to child partners only during times of extreme duress. In other words, for this type of offender, sexual involvement with a child is viewed as a deviation from their usual pattern of sexual relationships. The victims of the regressed offender are commonly female. This type of offender is typically very unsuccessful in and dissatisfied by his relationships with same-age female partners. He is depicted as feeling overwhelmed and defeated by life's demands. The offender's abuse of a child is usually triggered by a particularly stressful event such as loss of a loved one.

Both types of offenders have in common the need to fulfil their psychological needs of acceptance, validation, mastery and intimacy. Intimidated by adult sexuality, they turn to the nonthreatening, accepting sexual partner of the child.

Clinicians have identified offender personality types specific to father-daughter sexual abuse. These types of offenders are often described as authoritarian and patriarchal, having a family background characterized by emotional deprivation and abandonment. They also are described as exhibiting insecurity with respect to their masculinity (Lustig et al, 1966; Spencer, 1978; Kaufman et al, 1954; Wells, 1981). Still other clinicians characterize offenders as dependent, weak and ineffectual (Stern & Meyer, 1980).

Survey studies conducted on child abuse offenders have identified several variables associated with the abuse, some of which are validating the clinical observations. For example, some studies have found that a substantial number (approximately 30-50%) of child sexual abusers have experienced some sort of sexual trauma in childhood (Seghorn et al, 1987; Groth, 1979). Offenders have been found to have had disturbed parental relations in their families of origin (Parker & Parker, 1986; Seghorn et al, 1987; Berkowitz, 1983, Baker, 1985; Mandel, 1986 cited in Williams & Finkelhor, 1990). Most offender studies obtained their samples from incarcerated subjects which may bias the sample to more serious cases of abuse. Due to the extreme under-reporting of sexual abuse, it is very likely that such samples, taken from incarcerated perpetrators (and thus from a reported source), are not representative of perpetrators in general.

One of the most consistent findings is that by far the vast majority of perpetrators are male (approximately 97%). Though there seems to be more and more reports of female perpetrators they are, nonetheless, greatly outnumbered by their male counterparts (Elwell, 1979; Russell, 1983; Finkelhor, 1979; Finkelhor et al 1990).

Another consistent finding concerning perpetrators is that a large majority of them are known to the victim. In Russell's (1983) study, only 11% of perpetrators were strangers, leaving a total of 89% that were known to the victim. This fact corroborates earlier findings which indicated that approximately 75% of all perpetrators are known to the child (DeFrancis, 1969; Finkelhor, 1979).

Most of the research on incest perpetrators suggests that they do not typically manifest serious psychiatric disorders (Williams & Finkelhor, 1990). One well-designed study examined personality profiles of incest offenders using a standardized personality inventory (Scott & Stone, 1986). The investigators found that the offenders' mean profiles were nonpathological. These findings refute the once popular myth that the typical sexual abuser was the lone, perverted and pathological stranger.

A small number of survey studies have focused strictly upon incestuous offenders. In particular, they have concentrated on father-daughter sexual abuse, comparing non-natal and natal father incest (Gordon, 1989; Parker &

Parker, 1986; Julian & Mohr, 1980; Marshal et al, 1986). Results from these studies indicate that non-natal fathers are disproportionately over-represented in the incestuous abuser population. Victim survey studies also find that the presence of stepfather increases the risk of sexual abuse (Russell, 1983; Finkelhor, 1984). That is, stepfathers or father-surrogates have an increased likelihood of committing incest with their daughters (Gordon, 1989; Finkelhor, 1979). One study found that natal father offenders are more likely to be experiencing severe distress in the form of poor income, marital discord and substance abuse (Gordon, 1989). One study found the risk of abuse to be greater for those fathers who are physically absent from the family and/or are uninvolved in the nurturant care-taking activities of the daughter. This finding held true regardless of biological relationship to the child (Parker & Parker, 1986). Because of the relatively small number of these kinds of studies, findings must be considered preliminary.

Father-Daughter Relationship

Investigators have described father-offenders as being overly involved and controlling with respect to their daughter-victims (Spencer, 1978). Further, they are portrayed as relating to their daughter-victims in ways more characteristic of a husband-wife relationship than that of a father-daughter relationship. That is, fathers are said to

view their daughters as wife-surrogates, imposing on them those marital expectations (such as sexual and emotional gratification) associated with the spousal role (Summit & Kryso, 1978; Pelletier & Handy, 1986; Conte, 1986; Lustig et al, 1966). However, these descriptions are based on clinical observation and there is virtually no formal empirical evidence available as yet to support these clinical impressions.

Father's Response to the Abuse

With regards to the sexual abuse, many clinicians report that the perpetrators do not usually acknowledge the seriousness or harmfulness of their actions (Summit & Kryso, 1978; Wells, 1981; Herman & Hirschman, 1977). Some perpetrators blame the spouse, claiming that her lack of sexual interest in him lead him to sexually abuse the daughter. Others have minimized the harmfulness of the abuse by suggesting that it was merely a form of showing affection. Often the perpetrator will attribute the sexual abuse to alcohol. Others rationalize the abuse by labelling it as a method of teaching the daughters about sex and still others outright deny that the abuse occurred. Generally speaking, it is fairly common for the perpetrator to engage in denial subsequent to the disclosure of sexual abuse.

Mothers: The Non-Offending Spouse

Profile of the Non-Offending Mother

Mothers have had less research focus than their abusing partners. The little research that exists tends to focus on the non-offending mother in families where the father has sexually abused one or more of the children. As is the case with fathers, the descriptions of mothers of incestuous families are primarily based on clinical impressions. They are often described as cold, distant, hostile individuals who have relinquished to the daughter, the responsibilities of wife and mother (Spencer, 1978; Lustig et al, 1966; Kaufman et al, 1954). Mothers are also described as dependent, and passive, often depressed and having a low self esteem (Zuelzer & Reposa, 1983; Cormier et al, 1962). Indeed, the mother is often considered to be pathological with respect to these characteristics. Clinicians have also described mothers in incest families as having a history of negative relationships in their families of origin (Zuelzer & Reposa, 1983; Herman & Hirschman, 1981).

The only detailed empirical study on non-offending mothers of sexually abusive families appears to be that of Salt et al (1990). The sample consisted of mothers of child victims of sexual abuse referred to a treatment center. The data were gathered from the subjects' self reports as well as clinicians' assessments. Because of the lack of psychological

tests specifically designed to evaluate sexual abuse, several questionnaires developed by the treatment center were used. The mothers' personalities were assessed using a standardized self-report inventory.

Some clinically-based observations of mothers are supported by this study. Findings indicated that many (approximately 40%) of the mothers of child sexual abuse victims had a history of poor relations with their own parents. About one-third of these women had experienced child abuse or neglect and 41% had been sexually abused as a child. These findings lend some support to the theory that mothers of child sexual abuse victims have a history of abuse and negative family relationships. These characteristics were not found to be any more likely for mothers of intrafamilial sexual abuse victims than they were for mothers of extrafamilial abuse victims.

The description of the passive, dependent mother found in the clinical literature also was partly supported by mothers' test scores on a standardized, diagnostic inventory used by Salt et al (1990). Specifically, 21% of the mothers' scores on the Submission scale of this test indicated that they were experiencing serious problems associated with submissiveness. Also, all of the mothers profiles showed some submissive tendencies. Though some of the women in this study were experiencing emotional difficulties, the majority did not have problems serious enough to warrant psychiatric

intervention. Thus, though the profile of the submissive mother was validated to some extent, the pathological nature of her personality was not. Once again, no differences were found on these variables between mothers of incest victims and mothers of extrafamilial sexual abuse victims.

Mother-Daughter Relationship

Many clinicians depict the non-offending mother as being emotionally unavailable to her daughter and sexually unavailable to her spouse. She is seen as extremely preoccupied with her own pressing needs, such that she is unable to attend to her daughter's needs. This self-preoccupation is then said to lead to a role reversal where the daughter assumes responsibility for both the emotional and functional needs of the parents (Hoorwitz, 1983; Spencer, 1978; Wells, 1981; Zuelzer & Reposa, 1983). The mother's feelings towards the daughter-victim are typically characterized as hostile and resentful (Kaufman et al, 1954; Zuelzer & Reposa, 1983;)

Some of these clinical impressions are validated in the Salt et al (1990) study. Many of the mothers in this study felt unable to meet the emotional demands of their children and expected their children to gratify their own needs (approximately 40%). Neither of these findings was more typical of mothers of incest victims than mothers of extrafamilial sexual abuse victims. Though there is some

support for the role-reversal theory in families of child sexual abuse, it is not found to be more typical for incestuous families.

With respect to incestuous families, findings of this study indicated that it was more common for mothers to have a less caring and more hostile relationship with their daughters. Mothers also had a greater tendency to be hostile and punitive towards their daughter-victims when the perpetrator was the father-surrogate as opposed to the natural father. Thus, the hostile nature of the mother-daughter relationship detailed in the clinical literature found some empirical support in the Salt et al (1990) study.

Mother's Response to the Abuse

Clinical studies have described mothers as responding to the sexual abuse with denial. That is, the mother denies the abuse by ignoring blatantly inappropriate sexual conduct among family members and reacting to any disclosures that the daughter might make with disbelief, anger or blaming. Her participation in this denial process has led clinicians to describe her as playing a colluding role in the incest. From this perspective, the actions of the mother are interpreted as her need to actively foster and encourage the sexually abusive process (Kaufman et al, 1954; Lustig et al, 1966; Zuelzer & Reposa, 1983). Indeed, Lustig and his colleagues (1966) summed

up the abusive process in a way that tends to minimize the father's responsibility while underscoring the mother's:

Despite the overt culpability of the fathers, we were impressed with their psychological passivity in the transactions leading to incest. The mother appeared the cornerstone in the pathological family system. (p.39)

An alternative view of mothers has been put forward by other authors. Proponents of this perspective view mothers from a less blaming standpoint (Cammaert, 1988; Salt et al, 1990). That is, mothers, despite seemingly insurmountable obstacles, are seen as nevertheless struggling, and succeeding, to keep the family together. Rather than scapegoating mothers for the abuse, they are applauded for their well-meaning attempts to protect the family unit. In other words, the mother's behavior is viewed as an attempt to adapt, though ineffectively, to a highly dysfunctional situation, rather than as a pathological need to promote the abuse.

Findings from the Salt et al (1990) study suggest a much more varied response by the mothers of sexually abused children. Though a punitive, blaming response by the mother to the child victim was present in some of the subjects, it accounted for a minority of the subjects' reactions. Approximately 80% of the mothers made some attempt to protect the child and 70% of the mothers did not punish the child.

Thus, the Salt et al (1990) study did not support the clinical depiction of the blaming, punitive mother.

Families of Sexual Abuse

Profile of the Sexually Abusive Family

Proponents of a family-oriented framework have developed several typologies of sexually abusive families. These typologies describe the nature of the family members' inter-relationships and interactional patterns as they relate to the sexually abusive process.

For example, Summit and Kryso (1978) have identified ten family types which form a continuum of incestuous sexual behavior ranging from the least abusive type, "incidental sexual contact," to the most severe and pathological, "perverse incest." Critical to this typology is the assumption that there are two common features of sexual abuse: a lack of impulse control and a confusion of roles. These two dynamics characterize the progression of families from relatively minor forms of sexual deviation to the more extreme and pathological cases.

In their description of sexually abusive families, Stern and Meyer (1980) focus on the interaction patterns of the marital couple, delineating three couple types. One family pattern, termed "dependent-domineering," is typified by a weak husband and a strong, controlling wife. The wife

perceives her mate as child-like, and gradually becomes emotionally and physically distant from him. In response to his wife's withdrawal, the husband turns to his daughter for gratification of his emotional and physical needs.

Another type is referred to as the "possessive-passive" pattern in which the father is the domineering partner and the wife is submissive and downtrodden. These types of families are characterized by a rigid patriarchal belief system in which the wife and children are seen as possessions of the father. Taken to an extreme, this view allows the father to use his "possessions" as he chooses. In one of its most disturbing forms, this misuse of power translates to the sexual abuse of the daughter.

"Incestrogenic" is the term used to describe the marital dyad in which both partners are dependent, desperately needy individuals. Both husband and wife are incapable of meeting each other's or their children's needs. Consequently, the parents turn to their children for the gratification of their own psychological and physical needs. The father's expression of this role-reversal is manifested in sexual relations with the daughter.

The Sexually Abusive Family System

The family typologies and their characteristic patterns of behavior can be viewed as the theoretical precursors of family systems models of incest. The family systems framework

focuses on the family in the context of family relationships and interactional patterns. Rather than consider each individual family member in isolation, this perspective attempts to consider family members within the context of an interacting, dynamic family system. This system itself can be broken down further into parental, sibling and individual subsystems.

The family is viewed as a contained unit characterized by its own unique rules and boundaries. When functioning adaptively, the boundary that surrounds all the family members is flexible and permeable. This means that though it is stable enough to maintain the family's identity, it is permeable enough to let in outside information. The healthy family accepts and incorporates new information continually evolving into a more complex and differentiated entity. (Becvar & Becvar, 1988). Larson and Maddock (1986) sum up the importance of boundaries in family functioning:

Ultimately, then, a boundary is the key factor in determining what a given system is, how it is organized, what processes will occur inside it, how it will interact with its environment -- and even in predicting how the system is likely to behave in the future. (p. 28)

Within a family systems framework, the focus shifts from the traditional one of individual dysfunction to that of family dysfunction (Tierney & Corwin, 1983; Reposa & Zuelzer,

1983; Mrazek & Bentovim, 1981). Families of incest are characterized as closed systems having diffuse internal boundaries (Alexander, 1985; Larson & Maddock, 1986).

A closed family system is characterized by low levels of information exchange with the environment, and any input that is received, results in disorganization of the family system. In other words, the boundary separating the family unit from the community is rigid and not very permeable, prohibiting outside information to be utilized in the service of adaptive growth and development. Thus, in order to preserve its integrity, the incest family does not permit potentially disrupting input to enter into it. Any outside information that conflicts with the incestuous behavior does not become incorporated and so the incestuous status quo is maintained.

Internal boundaries, critical in maintaining a properly functioning family system, become blurred in families of incest. Intergenerational boundaries -- those between parent and child -- are described as diffuse, leading to role reversals where the child performs the adult tasks of nurturance and maintenance. Interpersonal boundaries also become blurred, resulting in relationships characterized by dependence. This is often described as enmeshment, meaning that the parts of the system (individual family members) are too intimately interconnected, not allowing for healthy individuation of family members.

From this perspective, one extreme manifestation of enmeshment is incest. The closed system and diffuse internal boundaries found in families of intrafamilial sexual abuse are viewed as the family unit's attempt, albeit maladaptive, to maintain its functioning and its integrity.

Larson and Maddock (1986) have developed a typology of incest families that falls under the rubric of family systems theory. Their typology is based on the kind of interpersonal "exchange processes" that occur among family members. It is a functional typology. Based on the nature of their functioning (or exchange process), families are categorized into four types which lie along a continuum of pathology.

The first type is the affection-exchange process where incest develops as a mode of expressing affection and caring among family members. It occurs when other more appropriate means of physical nurturance are absent. The child-victim's seeming compliance in this type of incest is related to the fact that he or she is receiving, however inappropriately, gratification of natural physical and emotional needs. Typically, individuals involved in this type of incest are able to maintain relatively effective overall functioning.

The erotic-exchange process is a step further along the pathology continuum. Families that exhibit this type of process project eroticism globally through everyday language, physical appearance, activities and humor. Generally, family members do not often exhibit psychopathology and when they do,

it is often seen in one member who may be suicidal, anorectic, self-mutilating or psychotic.

The last two types of incestuous functioning involve the aggression-exchange process and the rage-exchange process. Though more pathological than the previous two categories, the aggression-based process is significantly less pathological than the rage-based processed. With respect to the aggression-based process, perpetrators use sexual actions to express their anger. The victim of such abuse acts as a scapegoat for the abuser's intent to hurt another family member. Such is the case of the angry husband who punishes his wife's withdrawal by abusing the daughter. The latter rage-exchange process stems directly from the psychopathology of the perpetrator. Rage, a more volatile and primitive emotion than anger, is acted out upon the child-victim. This type of incest is violent and unpredictable, and often leads to substantial psychopathology in many or all of the family members.

Irrespective of typology or theoretical stance, the clinical literature portrays families of incestuous sexual abuse as sharing many common features. They are characterized by marital conflict, role reversal between mother and daughter, over-involvement of the father towards the daughter, under-involvement of the mother towards the daughter, rigidity, and inflexibility (Reposa & Zuelzer, 1983; Pelletier

& Handy, 1986; Tierney & Corwin, 1983; Alexander, 1985; Mrazek & Bentovim, 1981; Chandler, 1982).

Risk Factors

Many of the familial characteristics, described by clinicians, are supported by findings in empirical studies of child sexual abuse (Finkelhor, 1984; Finkelhor et al, 1990; Russell, 1983; Wyatt, 1985; Finkelhor & Baron, 1986; Gomes-Schwartz et al, 1990). Upon analysis of empirical findings, it is possible to identify a set of risk factors associated with father-daughter child sexual abuse. Presumably, the more factors that are present in a given family, the more vulnerable that family is to incest. Some of the risk factors that have consistently been identified in the empirical literature are:

1. The presence of a stepfather;
2. The family is isolated from the community;
3. The daughter has a poor relationship with one or both of her parents;
4. The family has a patriarchal belief system (i.e., obedience, subordination of women and children, rigid sex roles);
5. The mother is unavailable to her daughter, either through physical absence or inability to communicate;
6. The mother is sexually punitive towards the daughter;
7. The father does not participate in early nurturance and care of the child or is absent completely;

8. The family histories of the parents are characterized by conflicted relationships, abuse and neglect;
9. There is conflict in the marital relationship.

These risk factors are specific to families of incestuous sexual abuse in which the father is the perpetrator. A parallel set of risk factors is yet to be identified for other forms of child sexual abuse.

The impact of intrafamilial child sexual abuse on the victim has received much attention in the abuse literature, but very little has been written about the effect abuse has on the family as a whole. A few writers have referred to the stressors which impinge on the family following the disclosure of sexual abuse (Trepper & Barrett, 1989; Levitt et al, 1991). For example, stressors include: interventions by legal and psychiatric agencies; removal of the father-perpetrator from the home which can mean a loss of income for the remaining family members. The disclosure itself also precipitates conflict and strain among family members, often leading to dissolution of the marriage. In one study of 258 sexually abused children, the majority of primary caretakers (usually the mother) reported that the sexual abuse had a significant negative impact on the family (Levitt et al, 1991). Additional studies are needed in order to gain a more complete understanding of family trauma following child sexual abuse.

Measurement and Evaluation of Child Sexual Abuse

Though empirical research on child sexual abuse has progressed rapidly in the past decade, it is still in its formative stages. In particular, there is a dearth of empirical studies that focus on families of father-daughter incest. Generally speaking, the assessment data in child sexual abuse research is obtained from survey studies of adult victims. Very few studies have gathered data from more than one member of the family.

The few studies that have used multiple informants to assess incestuous families usually consist of mother, father and child-victim questionnaire or test data. Scott and Stone (1986) used the MMPI, a standardized personality inventory, to objectively assess the personalities of mother, father-perpetrator and child-victim in incestuous families. Results showed that victims scored in the pathological range on three scales, whereas both mothers' and fathers' scores fell in the normal range on all scales.

Lipovsky and her colleagues (1989) assessed the perceptions of both incest victims and their parents using standardized psychological inventories. They found that parents rated the child-victims as exhibiting a higher frequency of emotional and behavioral difficulties. The daughters' self reports seemed to reflect parental reports by indicating significant problems with depression and self-esteem. Two studies that followed a parallel procedure,

with the exception that subjects consisted of both intra- and extrafamilial abuse victims, found results inconsistent with the Lipovsky et al study (Cohen & Mannarino, 1988; Wolfe et al, 1989). These two studies found a substantial discrepancy between parental ratings of the child-victim and the child-victim's rating of self. Victims indicated a lack of emotional and behavioral difficulties in contrast to the parents who described the children as experiencing significant behavioral difficulties.

There is a scarcity of studies that assess families of intrafamilial sexual abuse and even fewer that provide an opportunity for victims to rate their parents' functioning. Two notable exceptions are the Hoagwood and Stewart (1989) and Cole and Woolger (1989) studies. In the Hoagwood and Stewart (1989) study, a family assessment device was administered to 76 children from a residential treatment center. Victims of intrafamilial sexual abuse were compared to those of extrafamilial sexual abuse. Greater family dysfunction was reported by the victims of intrafamilial sexual abuse. The Cole and Woolger (1989) study administered psychological inventories to adult female victims of child sexual abuse. Women who had been sexually abused by their fathers were compared to women who had been abused someone who was unrelated. Results indicated that incest victims had more negative perceptions of both parents than did non-incest victims.

Multilevel Framework

One of the current trends is to broaden the perspective on how one views incestuous sexual abuse issues by creating multilevel or multicomponent models (Trepper & Barrett, 1986; Tierney & Corwin, 1983; Finkelhor, 1986). Researchers are finding that this more comprehensive way of viewing the world more adequately reflects the complex, multi-faceted reality of intrafamilial child sexual abuse:

Rather than viewing intrafamilial child sexual abuse as originating solely from adjustment problems of the perpetrator or family disorganization or victim characteristics, we approach incest as behavior influenced by factors at several different levels....a particular outcome (in this case, incest) is the product not of single preconditions acting independently, but rather of the combined and cumulative influence of a set of factors. (Tierney & Corwin, 1983; p.107)

The development of these models is very new and studies to test them are currently in progress (Trepper & Barrett, 1989). Trepper and Barrett (1989) have developed a model based on four vulnerability factors. First, there are socio-environmental factors, which include such aspects as cultural context, number of chronic stressors and degree of isolation. Family-of-origin factors, a second area of vulnerability, takes into consideration what the parents

learned about marital relationships and child-rearing from their own parents. A third level of the model includes family systems factors. These factors take into account the function that incest performs for a family, family structure variables and the family communication style. Finally, the fourth level incorporates individual personality or psychopathology factors. The authors succinctly summarize their model by asserting that

There is no one cause of incestuous abuse. Instead, all families are endowed with a degree of vulnerability based upon environmental, family, individual, and family-of-origin factors, which may express as incest if a precipitating event occurs and the family's coping skills are inadequate (Trepper & Barrett, 1986).

Summary of Findings

Prevalence studies concerning child sexual abuse indicate that it is a significant problem in North American society. Findings from adult survey studies indicate that between 16% and 62% of subjects questioned report some sort of sexually abusive experience in childhood. In addition, though father-daughter incest is not the most frequently disclosed form of sexual abuse in adult victim studies, it is the type of sexual abuse most frequently reported to authorities such as the police and child protective agencies.

The research also indicates that victims of child sexual abuse experience a wide variety of harmful effects. Consequences of sexual abuse include negative emotional effects such as fear, anxiety, depression, feelings of isolation and low self esteem. Negative interpersonal effects such as poor sexual and social adjustment have also been identified. In addition, a variety of somatic complaints and self-destructive behaviors have been associated with child sexual abuse.

Several studies have found that certain factors specific to the nature of the abuse result in a more traumatizing effect on the victim. For example, the closeness of the perpetrator-victim relationship, the use of force and the intrusiveness (that is, seriousness) of the abuse frequently have been associated with the most negative outcomes for the victim. In particular, father-daughter sexual abuse has been identified as one of the most traumatic forms of sexual abuse.

In families of incestuous father-daughter abuse, both the father-perpetrators and the non-offending mothers are frequently reported as denying the abuse. Father-perpetrators tend to avoid accepting full responsibility for the abuse. Frequently, victims feel responsible for the abuse and blame themselves.

A few empirical studies, which examine father-daughter incest, have used psychological tests to assess family members' perceptions of family functioning. Results indicate

that the parental ratings of the daughter-victim are sometimes highly discrepant from the daughter's self-report. That is, parents have described their daughter as experiencing emotional and behavioral problems whereas the daughter's responses have indicated an absence of any such problems.

Hypotheses

Much of the child sexual abuse literature suggests that the most helpful way of conceptualizing sexual abuse is by focussing on the family. Rather than examining individual pathology, many researchers believe examining family pathology is key to understanding incestuous child sexual abuse. Consequently, a research need has been identified to examine the functioning of all family members, as well as global family functioning. To date, very few empirical studies have undertaken this task.

In particular, very little is known about how family members perceive one another and how these perceptions differ depending on the perpetrator-victim relationship (i.e., natal or non-natal), seriousness of abuse, and whether or not the perpetrator accepts full responsibility for the abuse. Additionally, there is no research that examines the perceptions of mothers as compared to fathers, and there are only a few studies that look at the self perceptions of the child-victim. The present study will endeavor to examine these issues in families of incest.

Therefore, in an attempt to gain a better understanding of families in which father-daughter incest has occurred, the following propositions will be examined:

1. Parents of incest families in which the father-daughter relationship is biological (natal) will perceive the daughter-victims differently than will parents of incest families in which the father-daughter relationship is nonbiological (non-natal). Parental perceptions will cover such areas of the daughter's functioning as behavior, affect, cognitive ability and family characteristics.
2. These parental perceptions will also differ for victims of serious versus less serious forms of sexual abuse.
3. These perceptions will differ for parents of families in which the father has accepted full responsibility for the as compared with those perceptions of parents in families where the father has not fully accepted responsibility for the abuse.
4. Fathers' perceptions of the daughter-victim will differ from mothers' perceptions in families of sexual abuse.
5. A comparison will be made between parental perceptions of the daughter-victims and the daughter-victims' self perceptions in terms of anxiety, depression and self esteem.

CHAPTER 3: METHOD

Introduction

This study is based on data collected as part of an ongoing research project of sexually abusive families conducted by the Family Sexual Abuse Treatment Program (FSATP). This program is an outpatient treatment program that operates out of the Children and Family Services unit at the Rockyview General Hospital in Calgary, Alberta.

The researcher's involvement with the FSATP extended over approximately 12 months. During this time, she was involved in all aspects of treatment, including the administration, scoring, and write-up of psychological tests.

Variables

The variables of interest for this study are:

1. The natal versus non-natal relationship between perpetrator and victim.
2. The seriousness of the abuse as defined by the intrusiveness of the sexual acts performed (see definition below).
3. The acceptance of responsibility for the abuse on the part of the perpetrator (see definition below).
4. Mothers' versus fathers' perceptions of the daughter-victim.

5. The self-perceptions of the victims versus parental perceptions of the victims.

Definition of Terms

Child sexual abuse. The general definition of child sexual abuse used in this study is based on Finkelhor's (1979) definition of sexual victimization. That is, sexual abuse involves any kind of sexual experience occurring between a child of 12 years or less with an adult of 18 years or more. It also includes any sexual experience occurring between adolescents of thirteen to sixteen and an adult ten years older or more.

Intrafamilial sexual abuse. This type of sexual abuse refers to that which occurs among family members and includes both nuclear and extended family members. Father-daughter sexual abuse, the focus of the present study, is one type of intrafamilial sexual abuse.

Incest. This term refers to sexual acts perpetrated by any family member on another family member. With respect to this study, incest refers specifically to sexual acts perpetrated by a father or father-surrogate on his daughter. This definition of incest differs from the legal definition of

incest which only includes sexual intercourse between blood relations (Wells, 1990).

Serious sexual abuse. Using the above definition of child sexual abuse, Sorenti-Little, Bagley and Robertson (1984) operationally defined serious sexual abuse as involving a perpetrator who was at least three years older than the victim, or the use of force or threat, and included handling or interference with the child's unclothed genitals, or attempted or achieved intercourse. This definition was developed to define sexual abuse occurring between peers, as well as that occurring between an adult and a child. Because all perpetrators in this study are father or father-surrogates, the age difference criterion is automatically met in every instance of abuse. In addition, it is important to note that it was not necessary to have the age difference criterion and the force/threat criterion present simultaneously for an act to qualify as serious. The presence of one of these criteria in combination with a direct assault on the victim's unclothed genitalia constitutes serious sexual abuse. Therefore, applying this operational definition to the present study, serious sexual abuse refers to that which is committed by a father or father-surrogate, includes an assault on the child's unclothed genitals, and may or may not involve the use of force or threat.

Less serious sexual abuse. The definition of this type of abuse is also that of the Sorrenti-Little et al operational definition. As with serious sexual abuse, less serious sexual abuse is based on Finkelhor's definition as described above. Specifically, less serious sexual abuse refers to such sexual experiences as exhibitionism, fondling over clothes and sexual suggestions that do not involve physical contact.

Father acceptance of responsibility for the abuse. Whether or not the father has accepted full responsibility for the abuse is based on clinical reports compiled by child welfare workers. Fathers were defined as accepting the abuse if, and only if, they did so without any excuses, rationalizations or denials of any aspect of the abuse. Those fathers who did not accept responsibility or accepted responsibility for only some of the incidents or blamed the abuse on factors such as alcohol or troubled marital relations were classified as not accepting responsibility for the abuse.

Natal father. This term refers to the natural or biological father of the victim.

Non-natal father. This term refers to the nonbiological, father-surrogate of the victim. This includes stepfathers, men who are part of a common-law marriage, and adoptive fathers.

Natal family. This term refers to a family in which the father-perpetrator is biologically related to the daughter-victim. The relationship between mother and daughter may or may not be biological in nature.

Non-natal family. This term refers to a family in which the father-perpetrator is not biologically related to the daughter-victim. The relationship between the mother or daughter may or may not be biological in nature.

Sample

The sample was drawn from families that had been referred to the FSATP during the period between 1987 and 1990. Families were selected as subjects for this study based on the following criteria: 1) father or father-surrogate is the perpetrator, 2) mother is the non-offending spouse, 3) daughter is the victim and 4) both mother and father of each family had completed the Personality Inventory for Children between 1987 and 1990.

Of the 125 families that formed the data pool, 29 met the above criteria, resulting in a total of 32 daughter-victims. Of the 29 families, 11 were natal and 18 were non-natal. In the natal family group, there was one family in which the father had abused more than one child. In the non-natal group, there were two families in which the father had sexually abused more than one child. Of the 32 victims,

24 had experienced serious sexual abuse and 8 had experienced less serious forms of sexual abuse. In 14 cases, the father had accepted full responsibility for the abuse and in 16 cases, the father had not.

Procedure

Clinical Procedure Followed by FSATP

All subjects in this study participated in a standard pre-treatment test procedure, designed and implemented by the FSATP. The standard procedure involves a battery of psychological tests and is implemented as follows. First, the family members are taken to a quiet, well-lit room and seated at a desk. Then, the psychologist explains the nature of the tests that are about to be administered. The psychologist then presents the parents with a research consent form, explains its purpose, and gives them the opportunity to sign it. Before the form can be signed, the psychologist explains that the decision to sign the form or not is a personal choice and not a program requirement. At this point, the parents sign the consent form. Family members are then asked to complete the battery of tests. They are asked to do this independently of each other and informed that it is imperative that they do not discuss any of the answers with one another. The psychologist explains that it is their individual opinions that are of interest.

The standard battery of tests includes the Personality Inventory for Children (PIC) administered to the parents. The test battery also involves the administration of the Coopersmith Self Esteem Inventory (CSEI), the Child Depression Inventory (CDI) and the Child Anxiety Scale (CAS) to all of those family members who meet the age criterion specific to each test.

The results of these tests are subsequently shared with family members in the course of therapy. Participation in the research study is voluntary, whereas participation in the treatment program is not.

Research Procedure Followed in this Study

Before the researcher could proceed, ethical approval was obtained from both the academic institution and the Calgary Rockyview Hospital. Though the researcher did participate in the program test administration procedure, she tested very few families that met the criteria for the present study. Therefore, it was necessary to draw the majority of subjects from families that had been previously tested by the program psychologist. As a result, most of the data in this study were obtained from clinical files. In order to preserve confidentiality, all of the subjects were coded, thus preserving participants' anonymity.

Data Collection Instruments

The data from several psychological inventories were used in this study. The Personality Inventory for Children (PIC) was used to assess differences in parental perceptions of daughter-victims and is the primary source of information for this study. Three self-report inventories provided a second source of information about daughter-victim self perceptions.

Personality Inventory for Children (PIC)

The Personality Inventory for Children (PIC) is an objective personality assessment tool that provides measures on various aspects of a child's behavior, affect, cognitive ability and family characteristics (Wirt, Lachar, Klinedinst & Seat, 1981). Scores are obtained on sixteen profile scales: Lie, Frequency, Defensiveness, Adjustment, Academic Achievement, Intellectual Screening, Development, Somatic Concern, Depression, Family Relations, Delinquency, Withdrawal, Anxiety, Psychosis, Hyperactivity and Social Skills. There are also seventeen experimental (supplemental) scales which are not relevant to the present study. The full length version of the PIC has a total of 600 true/false items. A shortened version of the PIC, consisting of 280 test items, was used in this study. Most of the profile scales are composed of between 30 and 50 items, with the exception of the following scales: Lie (15 items), Defensiveness (23 items), Development (25 items) and Withdrawal (25 items). The

questionnaire is completed by an adult who knows the child well. With respect to the present study, both mother and father or father-surrogate completed the questionnaire.

The instructions for the PIC are straightforward. Respondents are directed to read each statement carefully and decide whether the statement is true or false with respect to their child. If the statement is true (or generally true), the respondent blackens the circle labeled "T." If the statement is false (or generally false), the respondent blackens the circle labeled "F."

The PIC has been widely used in both applied and research settings. The mean test-retest reliability coefficient was 0.86 for a psychiatric sample, and 0.74 for a normal sample. The mean internal consistency coefficient was found to be 0.74. There are numerous studies which affirm the PIC to have very good concurrent, convergent and divergent validity (Knoff, 1986).

The one major criticism of the PIC is its norms. The norms for the current revised edition are based on a sample of 2,390 children from between 1958 and 1962. Though the norms were considered superior in their day, they do not meet current acceptable standards. The most serious concern is that the norms are outdated. Respondents' perceptions as gathered by the PIC in the late 1950s and early 1960s were influenced by the social milieu of the time and therefore, do not necessarily apply to today. Secondly, the norms are based

solely on responses from mothers or mother-surrogates and thus cannot be applied to father-based responses without extreme caution. Thirdly, the norms are geographically localized and are not well stratified (Knoff, 1986). Despite the inventory's weakness with respect to norms, the Personality Inventory for Children is regarded as a well-constructed assessment tool that has valuable diagnostic utility.

Coopersmith Self Esteem Inventory (CSEI)

The Coopersmith Self Esteem Inventory is a self-report inventory that measures how an individual evaluates him- or herself. There are three forms: the School Form, the School Short Form and the Adult Form. Only the School Form and the Adult Form were used in the current study, the former is designed for subjects between 9 and 15 years of age and the latter for subjects of 16 years or more.

Each item of the CSEI consists of a statement about the self which is phrased in either a positive or negative way. The subject chooses one of two possible responses, either "like me" or "unlike me." The School Form is made up of 50 such items and the Adult Form, an adaptation of the School Form, consists of 25 items. For convenience, the score obtained on the School Form is multiplied by 2 resulting in a maximum possible score of 100. With the Adult Form, the final score obtained is multiplied by 4 so that the total possible score is also 100.

There are many positive characteristics which recommend the CSEI as a useful research tool (Peterson & Austin, 1985). The CSEI is brief and easy to use. Furthermore, the School Form is a reliable measure which has good construct validity. Reliability coefficients, measuring internal consistency, range from 0.87 to 0.93 for the School Form (Sewell, 1985). The Adult Form is highly correlated with the School Form ($r=0.86$) (Coopersmith, 1981).

One major drawback is the lack of data on reliability and validity for the Adult Form.

Children's Depression Inventory (CDI)

Kovacs' (1981) CDI is a 27-item self-report inventory designed to measure depressive symptoms in children aged 7 to 17 years. Each item consists of a statement that describes a specific symptom. The child is required to choose one of three responses indicating the degree to which s/he has experienced that symptom in the past two weeks. The responses are graded from 0 to 2 in the direction of increasing severity of depressive symptomatology. The maximum possible score is 54.

There is sufficient reliability and validity data to recommend the use of the CDI for both research and clinical purposes. The internal reliability is good (coefficient $\alpha=0.86$). Construct validity of the CDI has been established by its significant correlation to the Piers-Harris

(Friedman & Butler, 1979) and to clinicians' independent depression ratings (Kovacs, 1981).

Child Anxiety Scale (CAS)

The CAS is a 20-item self-report questionnaire designed to measure anxiety in children ranging from ages 5 through 12. The answer sheet has no written words, but rather consists of red and blue circles which represent either a high or low anxiety response. In addition, there are pictorial cues to aid the child in identifying the response of choice. The test is administered orally, via an audio tape cassette.

The CAS is a reliable instrument having test-retest coefficients ranging from 0.82 to 0.92 (Maxwell, 1985). The internal consistency is also acceptable at 0.73. The CAS was derived from Coan and Cattell's (1966) Early School Personality Questionnaire and correlates significantly with its anxiety factor. Thus, it has some factor-analytic validity. However, data regarding construct validity is lacking.

Data Analysis

Descriptive data on subjects were obtained from hospital files, compiled by child welfare workers prior to referral. Descriptive statistics were computed on this data. In addition to descriptive statistics, a nonparametric technique,

Fisher's exact probability test, was then applied to the categorical variables of parental age and occupation.

Descriptive and parametric statistics were conducted on the test data. Ideally, multivariate ANOVA would have been most appropriate for the type of research questions posed in this study. However, because of the small sample size, in many instances there were more PIC scales (or dependent variables) than there were subjects per cell. These conditions rendered multivariate procedures inappropriate.

Instead, two-way ANOVAs (repeated measures) were run on all the PIC scale scores for each of the three independent variables: natal versus non-natal, serious versus less serious abuse, and father acceptance of responsibility versus father non-acceptance of the abuse. The parent variable was controlled for on all of these analyses. A repeated measures design was used because subjects were matched by mutual selection. That is, the subjects were husband-and-wife pairs and thus the sample was dependent (Kirk, 1984). In particular, the mother and father from each family rated the same child. Post hoc analyses were then calculated, using t-tests to specify the location of significant differences.

Parametric statistics were chosen for this study for several reasons. First the interval nature of the data are conducive to this type of statistical application. Parametric techniques are the most powerful type of statistical tests provided that the model assumptions are met. Furthermore,

they are robust with respect to moderate departures from these model assumptions (Winer, 1971).

The robustness of the parametric test is important given that, due to the nature of the subjects under study, the assumption of random sampling was not met. However, the intent of the present study is to limit generalizations in the pursuit of exploratory objectives. Therefore, because of the advantages of parametric techniques and the nature of the current study, parametric statistics were judged to be the most useful and appropriate type of analysis.

Due to the exploratory nature of the study, a significance level of $p < 0.05$ was considered sufficient. A total of 48 ANOVAs were computed, 16 for each of the three main variables. Therefore, based on chance alone, the likelihood of committing a Type I error at the 0.05 level is one in twenty for each variable. Though a $p < 0.05$ necessitates cautious interpretation of results, setting a more stringent significance level would have ruled out effects of potential interest.

A secondary analysis was conducted on scores from victim self-report tests. Descriptive and parametric statistics were used to explore the nature of the data.

CHAPTER 4: RESULTS AND CONCLUSIONS

Descriptive Characteristics

The fathers and mothers of the families under study were examined in terms of age and occupation across the three variables: perpetrator-victim relationship (natal versus non-natal), seriousness of abuse (serious versus less serious) and acceptance of responsibility (accept versus non-accept). The Fisher exact probability test, a nonparametric technique, was used to analyze the data with respect to these two characteristics.

Age of Parents

Natal mothers were found to be significantly older than non-natal mothers ($p < 0.02$). There were no significant age differences between mothers in the serious and less serious groups, nor were any found for mothers in the accept and non-accept groups. There were no significant differences for fathers with respect to any of the three variables (see Table 2).

Table 2: Mean Age of Parents by Perpetrator-Victim Relationship, Seriousness of Abuse and Acceptance of Responsibility

Parent		Fathers		Mothers	
Variable/ Group	N	Mean	SD	Mean	SD
Relationship					
Natal	12	38.8	4.3	37.4	4.0
Non-natal	20	38.4	7.1	32.7	5.3
Seriousness					
Serious	24	38.6	6.5	34.2	5.3
Less Serious	8	38.4	5.1	35.1	5.3
Responsibility					
Accept	14	39.2	7.6	36.7	4.5
Non-accept	16	39.1	3.9	33.6	4.9

Occupational Level of Parents

Fathers and mothers were classified into occupational levels based on Hollingshead's (1957) scale of occupational position. Hollingshead has developed a detailed classification system of socio-economic status called the Index of Social Position. The three criteria of residence, occupational level, and education determine to which class a family belongs (Hollingshead & Redlich, 1958, p. 391). Individuals are classified into one of seven possible levels on Hollingshead's occupational scale. Each level of the occupational scale represents a socio-economic group as defined by the United States Bureau of Census. The seven

occupational levels are 1) high ranking executives, big business owners, major professionals, 2) owners and managers of medium-sized businesses, lesser professionals, 3) high-ranking administrative personnel, small independent business owners, semi-professionals, 4) clerical and sales workers, technicians, 5) skilled manual workers, 6) machine operators and semi-skilled manual workers, and 7) unskilled manual workers, unemployed workers.

For the purposes of statistical analysis, the seven categories were collapsed into two categories of skilled and unskilled occupations. Skilled occupations refer to those which rely heavily on skills of the intellect and include categories 1 through 4. Unskilled occupations refer to those which involve primarily manual labour and include categories 5 through 7.

Statistical analysis revealed a significant difference between the groups in terms of occupation for natal and non-natal fathers ($p < 0.05$), and for accepting and non-accepting fathers ($p < 0.004$). That is, there was a greater tendency for non-natal fathers to be employed in unskilled occupations than there was for natal fathers. Additionally, fathers who did not accept responsibility for the abuse were more likely to be employed in unskilled occupations than were fathers who accepted responsibility for the abuse. There were no significant differences between the groups for fathers of serious abuse and those of less serious abuse. Nor were there

any significant differences between the groups for mothers, with respect to occupational level. (See Table 3 below.)

Table 3: Frequency Data for Parents' Level of Occupation by Perpetrator-Victim Relationship, Seriousness of Abuse and Acceptance of Responsibility

Parent		Fathers			Mothers	
Variable/ Group	N	Skilled	Unskilled	N*	Skilled	Unskilled
Relationship						
Natal	12	6	6	10	8	2
Non-natal	20	3	7	13	11	2
Seriousness						
Serious	24	7	17	18	14	4
Less Serious	8	2	6	5	5	0
Responsibility						
Accept	14	8	6	11	10	1
Non-accept	16	1	15	11	8	3

* Nine of the mothers were classified as "homemakers." Because this occupation is not associated with a particular occupational level as required for Hollingshead's classification scheme, these mothers were not included in the analysis.

Occupational level was examined by couple using Hollingshead's 7-level Occupational Scale. An interesting finding was that the vast majority of mothers (91%) were classified at the same or higher occupational level as that of their spouse. In other words, mothers were employed in jobs which ranked them at a higher socio-economic status of than that of their spouse. Five of the mothers had the same occupational level as their husband and 16 had a higher occupational level than that of their spouse. Only 2 of the

23 (9%) fathers were classified at a higher occupational level than that of their spouse.

Abuse Characteristics

The abuse characteristics including age of onset, treatment age and nature of the abuse are listed in Table 4. For several of the categories listed in Table 4, data were incomplete. In particular, not all casefiles contained information regarding duration, number of incidents and age of onset of abuse. For example, in two families, there were missing data regarding father acceptance of abuse. With regards to the nature of the abuse, clinical descriptions varied considerably in terms of specificity and number of abusive acts. Therefore, the data in Tables 4-8 provide a general indication of the abuse characteristics.

Of the 32 victims, 12 were victimized by their biological (natal) father and the remaining 20 were victimized by father-surrogates (non-natal). Given the high incidence of non-natal father sexual abuse reported in the literature, it is not surprising to find that this type of abuse outnumbers natal sexual abuse in the current sample.

Twenty-four of the 32 daughters were victims of serious forms of sexual abuse while 8 were victims of less serious forms of sexual abuse. This translates into a 3:1 ratio of seriously abused victims to less seriously abused victims. The preponderance of seriously abused victims in this sample

Table 4: Frequency Data for the Sexual Abuse Characteristics

CHARACTERISTIC	NUMBER OF CASES	
PERPETRATOR-VICTIM RELATIONSHIP		
Natal		12
Non-natal		20
SERIOUSNESS OF THE ABUSE		
More serious		24
Less serious		8
RESPONSIBILITY FOR THE ABUSE*		
Accepted by the father		14
Not accepted by the father		16
NATURE OF THE ABUSE*		
Exhibitionism		1
French kissing		1
Fondling of the child's breasts		21
Fondling of the child's genitals		15
Oral sex		4
Digital penetration of vagina		4
Attempted vaginal or anal intercourse		5
Vaginal or anal intercourse		7
DURATION OF ABUSE (months)*		
Less than one		4
One to twelve		7
Thirteen to twenty-three		1
Twenty-four or more		10
NUMBER OF INCIDENTS*		
One		3
Two to Five		7
Six to Ten		1
Twenty to forty		10
Two hundred or more		2
VICTIM AGE*	Onset	Test
Five to six	3	0
Seven to eight	7	4
Nine to ten	3	5
Eleven to twelve	10	10
Thirteen to fourteen	3	10
Fifteen to sixteen	0	3

*For many of the categories, data were incomplete and for "Nature of Abuse" some victims experienced more than one type of abusive incident.

may be related to the fact that the very serious cases of sexual abuse are more likely to be reported to helping agencies.

Fourteen of the victims were from families where the father had accepted full responsibility for the abuse and 16 were from families where the father had not accepted responsibility for the abuse. For two of the victims, there was no data available regarding whether or not the father had accepted full responsibility for the abuse.

In terms of the nature of the abuse, the most common forms involved fondling of the child's breasts and genitals. Generally, the most serious and intrusive acts of abuse (such as intercourse) were the result of a gradual progression from less intrusive acts such as fondling. That is, some of the victims were the subject of many different types of abusive acts.

In terms of the duration of the abuse, the greatest frequency of cases lasted two years or more and were of a serious nature. The second highest incidence of abuse cases fell in the one to twelve months category. The majority of these cases (5 of 6) were also of a serious nature. There were only two cases where a single incident of sexual abuse was reported.

With respect to age of the victim at time of onset of abuse, the two most common ages fell in the "seven to eight" and "eleven to twelve" categories. For age at time of

testing, over half of the victims' ages were between 12 and 14 years, with the most common age being 12 years. In all but one of the cases, the time of testing occurred within 6 months after the time of disclosure.

Of the 12 natal daughters, 9 were victims of serious sexual abuse and 3 were victims of less serious forms of abuse. In comparison, of the 20 non-natal daughters, 15 had experienced serious forms of sexual abuse whereas only 5 had experienced less serious forms of abuse. These findings seem to indicate that there is a preponderance of serious sexual abuse in this sample of families (refer to Table 5).

Half of the natal victims were from families in which the father had accepted full responsibility for the sexual abuse and the other half were from families where the father had not accepted full responsibility for the abuse. With respect to the non-natal victims, 8 were from families where the father had accepted responsibility for the abuse and 10 were from families where the father had not. Though the numbers are small, they nevertheless do not indicate any sort of tendency with respect to father acceptance of the responsibility for the abuse.

When comparing the victims across the serious versus less serious groups, there did not seem to be any disproportion in the number of cases of abuse with regards to the natal/non-natal and accept/non-accept characteristics. For example, 9 of 24 or 37.5% of natal victims were seriously abused and 3

Table 5: Frequency Data for the Sexual Abuse Characteristics by Perpetrator-Victim Relationship 82

CHARACTERISTIC	NUMBER OF CASES			
	NATAL (N=12)		NON-NATAL (N=20)	
SERIOUSNESS OF THE ABUSE				
Serious	9		15	
Less Serious	3		5	
RESPONSIBILITY FOR THE ABUSE*				
Accepted by father	6		8	
Not accepted by father	6		10	
NATURE OF THE ABUSE*				
Exhibitionism	1		0	
French kissing	0		1	
Fondling child's breasts	6		15	
Fondling child's genitals	5		10	
Oral sex	3		1	
Digital penetration of vagina	2		2	
Attempted vaginal or anal intercourse	2		3	
Vaginal or anal intercourse	4		3	
DURATION OF ABUSE (months)*				
Less than one	0		4	
One to twelve	4		3	
Thirteen to twenty-three	0		1	
Twenty-four or more	5		4	
NUMBER OF INCIDENTS*				
One	0		3	
Two to Five	3		4	
Six to Ten	0		1	
Twenty to forty	6		4	
Two hundred or more	1		1	
VICTIM AGE*	Onset	Test	Onset	Test
Five to six	1	0	2	0
Seven to eight	3	0	4	4
Nine to ten	2	2	1	3
Eleven to twelve	4	3	6	7
Thirteen to fourteen	1	6	2	4
Fifteen to sixteen	0	1	0	2

*For many of the categories, data were incomplete and for "Nature of Abuse" some victims experienced more than one type of abusive incident.

of 8 or 37.5% of natal victims were less seriously abused. Likewise, non-natal victims had an equal proportion of seriously abused to less seriously abused victims (see Table 7). Similarly, when comparing victims across the accept versus non-accept groups, there did not seem to be any disproportion in the number of cases with respect to the natal/non-natal and serious/less serious characteristics (see Table 8).

The mean ages and standard deviations by perpetrator-victim relationship, seriousness of abuse and acceptance of responsibility are presented in Table 6. There were no significant differences between the groups for any of the three variables.

Table 6: Onset and Test Ages of Daughter-Victims by Perpetrator-Victim Relationship, Seriousness of Abuse and Acceptance of Responsibility

Variable/ Group	Onset Age			Test Age		
	N*	Mean	SD	N	Mean	SD
Relationship						
Natal	9	9.4	2.8	12	12.5	1.8
Non-natal	17	9.9	2.6	20	11.4	2.6
Seriousness						
Serious	20	9.4	2.8	24	11.8	2.6
Less Serious	6	11.0	1.8	8	11.9	1.6
Responsibility						
Accept	14	9.6	2.7	14	11.4	1.9
Non-accept	10	8.6	2.5	16	12.1	2.8

*For six of the victims, there was no information regarding age of onset.

Table 7: Frequency Data for the Sexual Abuse Characteristics by Seriousness of Abuse

CHARACTERISTIC	NUMBER OF CASES			
	SERIOUS (N=24)		LESS SERIOUS (N=8)	
VICTIM-PERPETRATOR RELATIONSHIP				
Natal	9		3	
Non-natal	15		5	
RESPONSIBILITY FOR THE ABUSE*				
Accepted by father	10		4	
Not accepted by father	12		4	
NATURE OF THE ABUSE*				
Exhibitionism	1		0	
French kissing	1		0	
Fondling child's breasts	13		8	
Fondling child's genitals	15		0	
Oral sex	4		0	
Digital penetration of vagina	4		0	
Attempted vaginal or anal intercourse	5		0	
Vaginal or anal intercourse	7		0	
DURATION OF ABUSE (months)*				
Less than one	2		2	
One to twelve	6		1	
Thirteen to twenty-three	0		1	
Twenty-four or more	10		0	
NUMBER OF INCIDENTS*				
One	2		1	
Two to Five	3		4	
Six to Ten	1		0	
Twenty to forty	8		2	
Two hundred or more	2		0	
VICTIM AGE*				
	Onset	Test	Onset	Test
Five to six	3	0	0	0
Seven to eight	6	3	1	1
Nine to ten	3	5	0	0
Eleven to twelve	6	7	4	3
Thirteen to fourteen	3	6	0	4
Fifteen to sixteen	0	3	0	0

*For many of the categories, data were incomplete and for "Nature of Abuse" some victims experienced more than one type of abusive incident.

Table 8: Frequency Data for the Sexual Abuse Characteristics by Acceptance of Responsibility

CHARACTERISTIC	NUMBER OF CASES			
	ACCEPT (N=14)		NON-ACCEPT (N=16)	
VICTIM-PERPETRATOR RELATIONSHIP				
Natal	6		6	
Non-natal	8		10	
SERIOUSNESS OF THE ABUSE				
Serious	10		12	
Less serious	4		4	
NATURE OF THE ABUSE*				
Exhibitionism	0		1	
French kissing	1		0	
Fondling child's breasts	9		12	
Fondling child's genitals	7		7	
Oral sex	3		1	
Digital penetration of vagina	1		3	
Attempted vaginal or anal intercourse	2		3	
Vaginal or anal intercourse	2		4	
DURATION OF ABUSE (months)*				
Less than one	3		0	
One to twelve	4		2	
Thirteen to twenty-three	1		0	
Twenty-four or more	4		6	
NUMBER OF INCIDENTS*				
One	2		0	
Two to Five	3		4	
Six to Ten	1		0	
Twenty to forty	5		5	
Two hundred or more	0		2	
VICTIM AGE*				
	Onset	Test	Onset	Test
Five to six	2	0	1	0
Seven to eight	4	2	3	2
Nine to ten	0	2	2	2
Eleven to twelve	7	6	3	4
Thirteen to fourteen	1	4	1	5
Fifteen to sixteen	0	0	0	3

*For many of the categories, data were incomplete and for "Nature of Abuse" some victims experienced more than one type of abusive incident.

Parental Perceptions

The primary objective of the study was to determine differences in parental perceptions of their daughter-victims as measured by the Personality Inventory for Children. To explore the primary hypotheses, two-way repeated measures ANOVAs were calculated on all of the PIC scale scores for both parents (mother versus father) scores and for each of the three variables: perpetrator-victim relationship, seriousness of abuse and acceptance of responsibility.

Validity of the Parent PIC Profiles

The PIC has three validity scales: the Lie, Frequency (F) and Defensiveness (DEF) scales. All the parents scored in the normal range on these scales indicating that the profiles were valid.

A Comparison of Natal and Non-Natal Parents

No significant main effects were found between the natal and non-natal parental perceptions as measured by the Personality Inventory for Children (PIC) (refer to Tables 9 and 10, and Table A1 in Appendix A). Thus, the hypothesis that the parents of natal families would perceive the daughter-victims differently than the parents of non-natal families was not supported.

Though there were no significant main effects on either the natal versus non-natal scores or on the mother versus

Table 9: Fathers' Mean PIC T-Scores by Perpetrator-Victim⁸⁷ Relationship

	Natal (N=12)		Non-Natal (N=20)	
Scale	Mean	SD	Mean	SD
LIE	45.2	11.6	47.8	8.9
F	60.7	10.4	64.0	14.7
DEF	41.3	12.4	39.9	11.7
ADJ	68.6	15.6	63.7	18.2
ACH	54.4	13.9	52.8	9.6
IS	55.3	17.3	58.3	16.1
DVL	52.3	9.4	53.8	12.0
SOM	54.2	8.7	57.2	9.4
D	62.6	15.5	63.6	13.6
FAM	58.1	7.5	57.7	9.6
DLQ	66.5	15.5	64.4	15.6
WDL	57.4	12.8	58.1	15.4
ANX	62.7	14.6	62.7	13.0
PSY	65.1	15.6	64.3	18.4
HPR	53.7	9.9	50.7	12.9
SSK	58.3	14.0	56.8	12.2

*there were no significant ANOVAs for this variable

Table 10: Mothers' Mean PIC T-Scores by Perpetrator-Victim Relationship

	Natal (N=12)		Non-Natal (N=20)	
Scale	Mean	SD	Mean	SD
LIE	43.5	9.7	47.3	10.7
F	61.8	21.8	63.5	16.4
DEF	41.9	10.5	43.3	12.8
ADJ	64.2	16.7	70.3	15.7
ACH	51.3	13.2	56.2	10.5
IS	55.8	18.8	59.6	20.1
DVL	52.2	12.8	54.7	8.8
SOM	57.3	18.9	63.6	13.7
D	61.6	17.7	63.4	17.4
FAM	57.0	7.0	61.9	11.0
DLQ	64.6	19.5	61.6	23.2
WDL	56.6	10.8	56.4	13.0
ANX	63.2	18.9	64.4	14.4
PSY	61.1	19.8	69.3	19.1
HPR	49.6	14.2	55.9	13.7
SSK	53.2	13.0	59.4	15.0

*there were no significant ANOVAs for this variable

father scores, there were significant interaction effects on two scales. The perpetrator-victim relationship interacted with the parental variable on the Family Relations (FAM) ($F=4.7$, $p<0.04$) and Social Skills (SSK) ($F=6.5$, $p<0.02$) scales (see Table 15).

The Social Skills (SSK) scale on the PIC measures the degree of success experienced by the child in social situations. Some of the social characteristics rated in this scale include social comprehension, confidence in social interactions, co-operation, and the ability to assume both leading and following roles in social exchanges. Elevations in this scale can indicate problems with the ability to assess fairness in social situations. With respect to this sample, natal fathers scored higher than did natal mothers on the Social Skills (SSK) scale, indicating that natal fathers saw their daughters as more maladjusted on this scale than did natal mothers. The pattern was reversed for the non-natal parents, with mothers scoring higher than fathers on this scale. That is, non-natal mothers saw their daughters as more maladjusted on this scale than did non-natal fathers.

The Family Relations Scale (FAM) is a measure of the stability and cohesion of a family. Some of the characteristics it focuses on are the effectiveness of the parent role, the degree of co-operation in family decision-making, the level of family involvement with the community and the emotional environment of the family. This

scale can also help identify areas in which the parents may be contributing to the child's problems. For example, items on this scale deal with parental emotional adjustment, the appropriateness of discipline techniques, as well as parental awareness of the child's feelings.

A similar pattern to that of the Social Skills (SSK) scale held true with respect to the Family Relations (FAM) scale, with natal fathers scoring higher than natal mothers but non-natal mothers scoring higher than non-natal fathers. Thus, natal fathers viewed their daughters as experiencing more problems with respect to family relations than did natal mothers and non-natal mothers viewed their daughters as experiencing more difficulties with family relations than did non-natal fathers.

It is important to note that out of 16 scales, only 2 had significant effects. The greater the number of statistical tests computed, the greater the likelihood that a test will be significant by chance alone. Therefore, caution needs to be exercised with respect to the interpretation of results. Nonetheless, potential implications of the significant interaction effects warrant some consideration.

Though there were no statistically significant main effects between natal and non-natal parents, there did seem to be a trend with respect to mothers. Mothers of non-natal abuse victims scored higher on 14 of the 16 PIC scales than their natal counterparts. That is, overall, non-natal mothers

perceived their daughters as having more problems in adjustment than did natal mothers. The only scale where this was not the case was the Delinquency (DLQ) scale where non-natal mothers scored lower than the natal mothers on this scale and both groups of mothers obtained the same score on the Withdrawal (WDL) scale. No such pattern was apparent for fathers.

Generally, statistical analysis did not support the hypothesis that natal parents would perceive their daughters differently than non-natal parents as measured by the Personality Inventory for Children. However, this conclusion must be qualified by the presence of a consistent tendency, though statistically nonsignificant, for non-natal mothers to score higher than natal mothers on the PIC.

A Comparison of Serious and Less Serious Abuse Parents

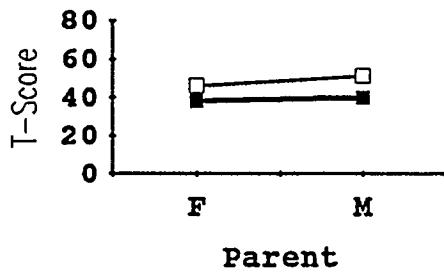
The second hypothesis was that parents of families in which serious sexual abuse has taken place will perceive their daughter-victims differently than will parents of families in which less serious forms of sexual abuse have occurred.

Significant main effects were found for the serious/ less serious scores on four of the PIC profile scales. Specifically, the Defensiveness (DEF) ($F=6.3$), Adjustment (ADJ) ($F=5.9$), Delinquency (DLQ) ($F=9.2$) and Social Skills (SSK) ($F=5.5$) scale scores were all significant at the 0.05 level. These main effects are illustrated in Figures 1-4.

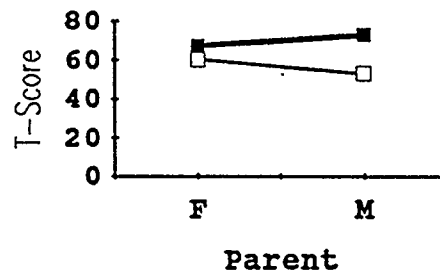
**Main Effects and Interaction Effects for
Seriousness of Abuse**

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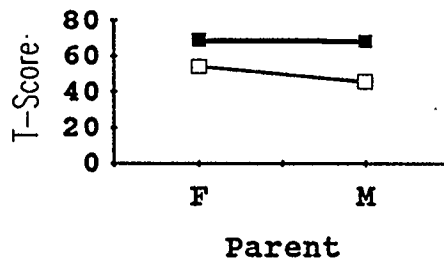
**Figure 1: DEF
Scale
Main Effect**



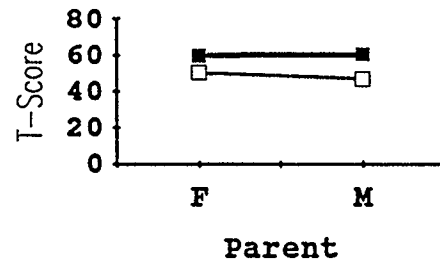
**Figure 2: ADJ
Scale
Main Effect**



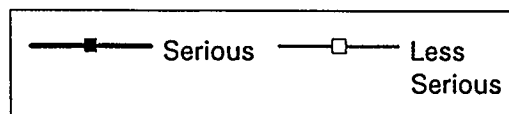
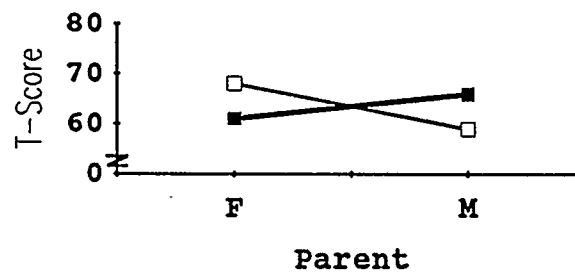
**Figure 3: DLQ
Scale
Main Effect**



**Figure 4: SSK
Scale
Main Effect**



**Figure 5: ANX Scale
Interaction Effect**



Furthermore, a significant interaction effect between the seriousness of abuse and parent variables was obtained on the Anxiety (ANX) scale of the PIC (see Figure 5).

Post hoc statistical analyses, using the student t-test, were then conducted to determine the specific location of the significant differences in parental scores on the seriousness of abuse variable (see Tables 11 and 12).

For the Defensiveness (DEF) scale, significant differences existed between mothers of seriously abused victims and mothers of less seriously abused victims ($p < 0.05$). The Defensiveness (DEF) scale is one of three validity scales of PIC. It measures the degree to which the rater tends toward a defensive response set. Individuals who score high on this scale tend to endorse items that describe the child in a positive light. In this sample, mothers of seriously abused victims had significantly lower scores on the Defensiveness (DEF) scale than did mothers of less seriously abused victims, indicating that mothers of seriously abused victims were less defensive than mothers of less seriously abused victims in terms of reporting adjustment problems. This trend was also apparent for fathers but the differences were nonsignificant.

With respect to the Adjustment (ADJ) scale, significant differences were obtained between the mothers of seriously and the mothers of less seriously abused victims ($p < 0.05$). The purpose of the Adjustment (ADJ) scale on the PIC is to provide a general measure of psychological functioning. Elevations on

Table 11: Fathers' Mean PIC T-Scores and t-test Values by Seriousness of Abuse

Scale	Serious (N=24)		Less Serious (N=8)		t*
	Mean	SD	Mean	SD	
LIE	46.2	10.4	48.7	8.5	
F	63.6	14.1	60.3	10.3	
DEF	38.5	11.3	46.1	12.1	1.57
ADJ	67.3	18.7	60.4	10.9	0.98
ACH	53.5	11.4	53.3	11.2	
IS	57.1	16.9	57.4	15.5	
DVL	53.7	11.7	51.9	8.9	
SOM	56.4	8.3	55.0	11.9	
D	64.0	15.0	60.9	11.8	
FAM	56.9	7.9	60.5	11.2	
DLQ	68.9	14.4	54.1	13.4	2.35**
WDL	59.6	15.0	52.5	10.9	
ANX	61.0	12.6	67.9	15.5	
PSY	66.4	18.7	59.0	10.4	
HPR	51.3	12.4	53.5	10.3	
SSK	59.8	14.5	50.3	6.9	

*t-tests were calculated only for significant ANOVAs

**significant at $p < 0.05$

Table 12: Mothers' Mean PIC T-Scores and t-test Values by Seriousness of Abuse

Scale	Serious (N=24)		Less Serious (N=8)		t*
	Mean	SD	Mean	SD	
LIE	43.8	10.0	52.0	9.5	
F	65.2	19.1	55.6	14.3	
DEF	40.0	11.1	51.3	10.4	2.34**
ADJ	72.9	14.8	53.3	9.6	2.99**
ACH	54.8	11.5	53.1	12.8	
IS	57.4	20.3	60.5	17.2	
DVL	53.6	10.7	54.0	9.9	
SOM	61.5	14.7	60.1	20.1	
D	65.7	18.4	53.8	8.9	
FAM	60.3	9.8	59.4	10.7	2.59**
DLQ	68.4	21.9	45.6	6.5	
WDL	58.1	13.1	52.5	6.2	
ANX	65.6	17.0	58.9	11.9	
PSY	69.8	20.5	55.5	11.0	
HPR	55.5	14.3	47.6	11.9	
SSK	60.4	14.5	47.0	8.7	2.23**

*t-tests calculated only for significant ANOVAs

**significant at $p < 0.05$

this scale can indicate the presence of acting out behaviors and psychopathology on the part of the child. In this sample, mothers of the more seriously abused victims perceived their daughters as more psychologically maladjusted than did mothers of less seriously abused victims (see Table 15). This trend was also apparent for fathers but the differences were nonsignificant (see Table 11).

With respect to the Delinquency (DLQ) scale, significant differences between the groups were found for both parents ($p < 0.05$). The Delinquency scale (DLQ) indicates the presence of delinquent behaviors and attitudes. Antisocial behaviors, resistance to authority and a lack of consideration for others are areas of concern for individuals who are rated high on this scale. With respect to the current sample, both parents of seriously abused victims viewed their daughters as displaying more delinquent tendencies than did the parents of the less seriously abused group (see Tables 11 and 12).

With respect to the Social Skills (SSK) scale, significant differences between the groups were obtained for mothers only. That is, mothers of seriously abused victims perceived their daughters significantly different on the Social Skills (SSK) scale than did mothers of less seriously abused victims. On this measure, mothers of the seriously abused group perceived their daughters as having more difficulties in areas of social functioning than did the mothers of the less seriously abused group. Once again, this

trend was apparent for the fathers but differences did not reach statistically significant levels.

Though significant main effects were found for only four scales, there was an overall tendency for mothers of seriously abused victims to perceive their daughters as more maladjusted than mothers of less seriously abused victims. Mothers from the serious group saw their daughters as having more adjustment problems than did mothers from the less serious group on 12 of the 16 PIC scales. The exceptions were the Lie, Defensiveness (DEF), Intellectual Screening (IS) and Developmental (DVL) scales. This trend was not in evidence for fathers.

In addition to the main effects found on the four scales, there was also a significant interaction effect between the seriousness and parent variables on the Anxiety (ANX) scale of the PIC (see Table 15). Fathers of the less seriously abused daughters rated their daughters as more anxious than did fathers of seriously abused daughters. The opposite pattern was found for mothers, with those of the less seriously abused daughters being rated lower than the seriously abused in terms of anxiety. In other words, fathers perceived their daughters as having more difficulties with respect to anxiety when the abuse was less serious than when it was more serious. For mothers, the reverse was true (see Figure 5).

Therefore, it can be concluded that this hypothesis was only partially supported by the statistical analysis. In some

areas parents, especially mothers, of seriously abused victims do indeed perceive their daughters differently than do parents of less seriously abused victims as measured by the Personality Inventory for Children (PIC).

A Comparison of Acceptance and Non-Acceptance Parents

The third hypothesis was that parents of families in which the father accepts full responsibility for the sexual abuse will perceive their daughter-victims differently than will parents of families in which the father does not fully accept responsibility for the abuse.

The only PIC scale score for which significant main effects were found on the acceptance of responsibility variable was the Family Relations (FAM) scale ($F=4.3$, $p=0.05$) (see Table 15). As previously mentioned the Family Relations (FAM) scale measures effective family functioning. This scale can identify areas of parental functioning that are contributing to the child's problems in this area.

A post hoc analysis revealed that significant differences between the groups were obtained for fathers (see Table 13). Specifically, fathers who had accepted responsibility for the abuse scored higher on the Family Relations (FAM) scale than fathers who did not accept responsibility. That is, fathers who had accepted responsibility for the abuse perceived more difficulties in

Table 13: Fathers' Mean PIC T-Scores and t-test Values by Acceptance of Responsibility⁹⁷

Scale	Accept (N=14)		Non-Accept (N=16)		t*
	Mean	SD	Mean	SD	
LIE	47.9	10.8	45.6	9.5	
F	61.1	11.5	63.1	15.2	
DEF	39.6	14.0	41.8	10.6	
ADJ	65.0	14.2	68.6	16.4	
ACH	50.1	7.8	56.3	12.8	
IS	53.2	16.9	59.7	15.2	
DVL	50.7	8.5	55.1	11.7	
SOM	54.9	8.9	56.6	10.0	
D	60.2	11.8	65.3	15.3	
FAM	60.9	9.7	54.4	6.5	2.07**
DLQ	60.3	12.0	69.3	17.8	
WDL	55.1	12.7	59.8	15.9	
ANX	64.3	15.0	61.4	12.6	
PSY	62.6	16.6	64.8	17.8	
HPR	50.8	9.6	55.1	11.1	
SSK	58.0	14.0	57.5	12.6	

*t-tests were calculated only for significant ANOVAs

**significant at $p < 0.05$

Table 14: Mothers' Mean PIC T-Scores and t-test Values by Acceptance of Responsibility

Scale	Accept (N=14)		Non-Accept (N=16)		t*
	Mean	SD	Mean	SD	
LIE	45.1	10.4	47.0	10.7	
F	63.6	19.3	60.0	17.8	
DEF	39.6	12.5	46.0	11.1	
ADJ	70.4	17.2	64.5	15.6	
ACH	53.1	11.6	55.3	11.9	
IS	53.1	17.8	60.2	18.6	
DVL	52.0	9.8	54.5	10.9	
SOM	60.1	14.1	59.4	16.6	
D	65.4	19.4	62.0	16.0	
FAM	61.9	9.6	54.4	8.2	1.56
DLQ	62.7	20.7	63.0	24.2	
WDL	56.1	9.4	54.1	11.3	
ANX	64.4	19.0	64.3	13.9	
PSY	62.6	19.3	67.6	20.0	
HPR	53.2	16.8	54.3	12.5	
SSK	55.0	14.2	58.7	14.9	

*t-tests calculated only for significant ANOVAs

the areas of family functioning than fathers who did not accept responsibility for the abuse. This trend was apparent for mothers but differences did not reach statistically significant levels.

Though there was only one significant difference between the groups for the acceptance variable, there was a tendency for fathers who had not accepted responsibility for the abuse to rate their daughters as having more overall adjustment problems than those fathers who had accepted responsibility. "Non-accept" fathers rated their daughters as more maladjusted than did "accept" fathers on 12 of the 16 PIC scales. "Non-accept" fathers saw their daughters as having fewer adjustment problems than "accept" fathers on the Lie, Family Relations (FAM), Anxiety (ANX) and Social Skills (SSK) scales. No such trend was apparent for mothers on this variable. (See Tables 13 and 14.)

Therefore, it can be concluded that there is little evidence of differences in parental perceptions for families where the father has accepted the abuse as compared to those where the father has not.

A Comparison of Father Versus Mother Perceptions

A fourth hypothesis was that fathers' perceptions of the daughter-victim would differ from mothers' perceptions in families of sexual abuse.

In comparing fathers versus mothers scores across all PIC scales, a significant main effect was found only on the Somatic Concern (SOM) scale. The Somatic Concern scale (SOM) is composed of items that measure the degree of concern for health-related issues. Some of the areas covered by this scale include the adjustment to illness, frequency of somatic complaints, sleeping and eating habits and energy levels. Post hoc analysis revealed significant differences between non-natal parents, with non-natal mothers scoring higher than non-natal fathers on this scale. That is, non-natal mothers in this sample viewed their daughters as having more health-related concerns than did the non-natal fathers. A similar trend was apparent for both natal mothers and natal fathers but the differences were nonsignificant (see Table 15).

Since only one significant result out of a possible 16 was obtained, it is conceivable that this occurrence was due to chance alone. In this instance, only cautious interpretation of the results are appropriate.

In summary, there is no strong evidence to support the hypothesis that fathers and mothers view their daughters differently in terms of adjustment as measured by the PIC.

Table 15: Analysis of Variance Results for Significant Main Effects and Interaction Effects ($p < 0.05$) on the PIC (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F
Relationship					
FAM	Interaction	106.7	1	106.7	4.7
SSK	Interaction	226.2	1	226.2	6.5
Seriousness					
DEF	Seriousness	1068.8	1	1068.8	6.3
ADJ	Seriousness	2106.8	1	2106.8	5.9
DLQ	Seriousness	4228.1	1	4228.1	9.2
ANX	Interaction	560.3	1	560.3	6.0
SSK	Seriousness	1575.5	1	1575.1	5.5
Responsibility					
FAM	Responsibility	323.8	1	323.8	4.3
Parents					
SOM	Parent	333.7	1	333.7	4.1

*"interaction" refers to that occurring between the parental variable (mother vs father) and one of the other three main variables (relationship, seriousness, or responsibility).

A Comparison of Parental and Daughter-Victim Perceptions

Following the lead of empirical studies in the child sexual abuse literature, the present study examined parent and daughter-victim perceptions. Specifically, parental perceptions of the daughter-victims were compared to daughter-victim self reports in order to determine if there was any discrepancy in perceptions with regards to self esteem, depression and anxiety. This study used a selection of standardized psychological tests similar to those used in the published studies.

Paralleling the procedure used in previous studies, the parent-rated PIC scores were compared to the daughter-victims' self-report test scores on three standardized inventories. In particular, scores from the Coopersmith Self Esteem Inventory (CSEI), The Children's Depression Inventory (CDI), and the Child Anxiety Scale (CAS) were used as indicators of levels of self esteem, depression and anxiety in the victims. The summary statistics for these psychological inventories are presented in Table 16.

Table 16: Test Results of Daughter-Victims: Overall and By Seriousness of Abuse

Overall				Less Serious			Serious		
Test	N	Mean	SD	N	Mean	SD	N	Mean	SD
CSEI	22	55.0	13.8	5	64.4	11.3	17	52.2	13.2
CDI	14	15.6	9.8	4	11.8	7.6	10	17.2	10.2
CAS	13	6.6	2.2	2	4.0	2.0	11	12.0	1.9

High scores on the Coopersmith Self Esteem Inventory are indicative of a high self esteem and low scores indicate poor self esteem. The mean of 55.0 for this sample of victims was substantially lower than the normative mean of 70. Nineteen of the 22 victims (86%) scored below the normative mean, with only 3 victims scoring above. Thus, the scores on the CSEI seem to indicate relatively low levels of self esteem on the part of the victims.

With respect to the Children's Depression Inventory, higher scores are indicative of more symptoms of depression. Scores greater than 19 are considered clinically significant. The mean for this sample was within normal limits (mean = 15.6). Half of the victims scored in the clinical range and half did not. Though, the majority of victims were not reporting abnormally high levels of depressive symptoms, a substantial portion of them were.

A pattern similar to that of the CDI was found for scores on the Child Anxiety Scale. The normal range of scores for this scale is 4 to 7. Scores of 8, 9 and 10 indicate significant departures from the norm in terms of elevated levels of anxiety where as scores of 1,2 and 3 indicate abnormally low levels of anxiety. The group mean of 6.6 fell within normal limits. Seven of the 13 victims fell within the normal range and 5 of the victims fell within the clinical range indicating abnormally high levels of anxiety. One victim scored at the lower extreme. Therefore, as was the

case with the CDI, a substantial minority of the sample did perceive themselves as experiencing abnormally high levels of anxiety.

Because there were significant main effects for parental perceptions on the seriousness variable using the PIC, further exploration of this variable in terms of daughter perceptions was conducted. Student t-tests were calculated on the mean scores of seriously and less seriously abused victims for all three self-report inventories. Only the CAS scores resulted in significant differences, with the seriously abused victims scoring significantly higher than the less seriously abused victims ($t=5.0; p<0.05$). This suggests that the daughters who had experienced more serious forms of abuse perceived themselves as more anxious than less seriously abused daughters. Though the scores of the seriously abused victims were higher than the less seriously abused for the CSEI and the CDI, the differences did not reach significant levels.

The parents' perceptions of their daughter-victims were within the normal range for all of the PIC scales except the Adjustment (ADJ) and the Family Relations (FAM) scales. This indicates that overall parents did not perceive their daughters as clinically maladjusted as measured by the PIC.

Of all the PIC scales, the Depression (D) and Anxiety (ANX) scales measure similar constructs as the CSEI, the CDI and the CAS. Specifically, the Depression (D) scale of the PIC measures the degree of depressive symptomatology as well

as the nature of the child's self concept. One-third of the fathers and one-third of the mothers rated their daughters in the clinical range on the Depression scale. The overall mean for both parents did not fall in the clinical range on this scale. This is in comparison to 86% of the victim daughters who rated themselves in the clinical range with respect to self esteem and 50% of the daughters who rated themselves in the clinical range in terms of depression. These scores seem to indicate that there is some discrepancy between parental perceptions of the daughters and the daughters self perception, with daughters perceiving themselves as having more problems with respect to depression and self esteem.

Thirty-one percent of the fathers scored in the clinical range on the Anxiety (ANX) scale of the PIC and 25% of the mothers scored in the clinical range. As with the Depression (D) scale, neither of the parental means fell in the clinical range on this scale. Thirty-eight percent of the victims scored in the clinical range as measured by the Child Anxiety Scale. Though, there seems to be some discrepancy between parental perceptions and daughter self perceptions, the difference is not as substantial as it was for self esteem and depression.

Generally speaking, there seems to be some discrepancy between parental perceptions of their daughters and daughters' self perceptions with respect to self esteem, depression and anxiety. In the present sample, daughters tended to view

themselves as experiencing more difficulty than did their parents. However, this conclusion is by no means definitive. Indeed, the discrepant scores from the various psychological inventories are merely indicators of what might be the case. The sample of victims for the self report measures was small so comparisons must be made with caution and the resulting conclusions must be treated as tentative.

CHAPTER 5: DISCUSSION

The intent of this project was to further the understanding of families in which father-daughter incest has occurred. Several variables were of particular interest, including the nature of the perpetrator-victim relationship, the seriousness of the abuse and the acceptance of responsibility by the father. A secondary aim of this study was to explore the relationship, if any, between parental perceptions of the daughter-victim and the daughters' self perceptions.

Descriptive Characteristics

Parent Characteristics

Though not a primary focus of this study, the descriptive characteristics of the incestuous families provided some valuable data. Of particular interest was the finding that the majority of mothers in this sample were classified at a higher occupational status than that of their spouse. Based on Hollingshead's seven occupational levels, most of the mothers in this sample were employed in jobs that were at a higher socio-economic status as compared to their spouses. Traditionally, one would expect the reverse to be true: fathers would be expected to be at a higher occupational level than mothers. Though in recent times, women have begun to

assume higher-level occupations, this trend cannot completely explain the seeming role-reversal in terms of occupational status of the parents.

Several reasons may account for this trend in occupational status. It may be that only women who are of a higher occupational level have the qualities, such as advanced education and social awareness, that would lead them to seek affirmative action with respect to sexual abuse. That is, women in higher occupational levels may be more likely to report the abuse to authorities and thus are over-represented in the current sample.

Another more provocative reason may have to do with the power dynamics operating between the husband and wife. Perhaps, as some authors suggest, sexual abuse of the daughter is a maladaptive attempt to even the balance of power between husband and wife (Larson & Maddock, 1986). The imbalance of occupational levels between the spouses, especially noteworthy in light of traditional role expectations, may represent an imbalance that permeates other aspects of marital functioning.

A second finding of note was that fathers who had not accepted responsibility for the abuse were more likely to be employed in unskilled occupations than fathers who had. Greater education and training, as well as the ability to take on greater responsibility are required for higher skilled jobs. Therefore, the training and experience of men in more skilled positions may enable them to better understand the

social and moral implications of their abusive acts, and thus, they may be more likely to accept responsibility for the abuse. Conversely, those men who have limited educational and training experience may be less likely to accept responsibility for their abusive actions. This finding supports the potential value of education components in perpetrator treatment programs (Phelan, 1987).

Abuse Characteristics

For the victims in this sample, there were two modal ages for onset of abuse: age 7 and 12 years. Five of the victims were 7 years old at time of onset and seven were 12 years old. The higher frequency of cases for these particular ages may reflect two types of perpetrators, those that are attracted to very young children and those who prefer older children. On the other hand, because of the smallness of the sample, the ages may also be due to chance circumstance.

Most of the victims at time of testing were between the ages of 12 and 14, with the modal age being 12. For all but one of the cases, testing occurred within 6 months of disclosure of the abuse. In 24 of the 32 cases of abuse, the victim initiated disclosure of the abuse to authorities. Therefore, it seems likely that only when a child reaches adolescence, does she have the resources necessary for disclosing sexual abusive experiences. It may be that by the time a child reaches the age of 12 or more, she is

developmentally advanced enough to understand the serious implications of her abusive experiences. In addition, by the time an individual reaches this age, one is more likely to have established a support network outside the family. Both an increasing awareness of the seriousness of sexual abuse and an extrafamilial support network may be key factors in enabling a victim to report the abuse to authorities.

Most of the cases in this sample (75%) were characterized by serious forms of sexual abuse. Of the serious cases, the majority involved a non-natal father perpetrator. This is not surprising given the findings in the literature that non-natal fathers are vastly over-represented in father-daughter sexual abuse (Finkelhor, 1979; Russell, 1983). For over half of the serious cases, the duration of abuse lasted 24 months or more. There were no cases of less serious abuse that were of such a long duration (i.e., 24 months or more). This supports findings in the literature that more intrusive (serious) forms of sexual abuse tend to be of a longer duration than less intrusive forms (Sorrenti-Little et al, 1984).

Parental Perceptions

Perpetrator-Victim Relationship

The few studies that have compared natal and non-natal father-daughter abuse tend to focus primarily on differences in father characteristics (Gordon, 1989; Parker & Parker, 1986, Julian & Mohr, 1980). The current study attempted to determine if the same distinction was useful with respect to parental perceptions. Results indicated that the nature of the perpetrator-victim relationship did not significantly effect parental perceptions of the daughter-victim.

Though statistically nonsignificant, a consistent trend emerged in which mothers of non-natal abuse victims rated their daughters as having more difficulties than did mothers of natal abuse victims on the majority of test scales. This pattern may reflect a tendency of mothers who are married to the natal father to be more protective of their husband. That is, these women may be less likely to admit that their daughter is experiencing negative repercussions from the abuse. Women married to a stepfather or father surrogate may not have as many familial ties of loyalty to their spouse and thus, may be more open to admitting potential abuse symptoms in their daughter-victims. Then again, this tendency to score higher in terms of victim maladjustment may reflect the high incidence of serious cases of abuse in the non-natal sample.

That is, victims of more serious abuse may be perceived as more maladjusted than victims of less serious abuse.

Overall, the lack of any significant findings may indicate that natal versus non-natal may not be a very meaningful distinction in families of sexual abuse, at least in terms of parental perceptions.

Several studies have found step-fathers to be significantly over-represented in the abuser population (Russell, 1983; Finkelhor, 1984). In the current sample, there were a disproportionate number of non-natal fathers as compared to natal fathers, thus corroborating the findings in the literature.

Seriousness of Abuse

Of all the factors examined in this study, seriousness of the abuse was statistically the most significant in terms of differences in parental perceptions. Overall, the daughters in this study who were victims of more serious forms of abuse were viewed by their parents as presenting more problems in adjustment. Both fathers and mothers demonstrated a tendency to rate victims of more serious forms of abuse as experiencing greater adjustment problems than victims of less serious forms of abuse. Though this trend was consistent, it was statistically significant for mothers on only 4 of the 16 PIC scales and statistically significant for fathers on only one PIC scale.

Mothers of seriously abused victims rated their daughters as displaying more problems on the Adjustment (ADJ) and Social Skills (SSK) scales of the PIC. This suggests that seriously abused victims are seen as experiencing more problems in terms of acting out and overall psychological adjustment, as well as having difficulties in effective social functioning. Both mothers and fathers of seriously abused victims scored higher on the Delinquency (DLQ) scale, indicating that these victims were viewed as having more problems in terms of antisocial behaviors and resistance to authority.

Wirt et al (1991), the authors of the PIC, assert that if the validity scales are within normal limits, the parental scores on the remaining scales are reliable indicators of the child's adjustment. That is, providing the profile is valid, the parents' perceptions of the child accurately reflect the child's problem areas in terms of psychological adjustment. In the present sample, validity scale scores were all in the normal range. Therefore, the significantly higher scores of seriously abused victims as compared to less seriously abused victims on the Adjustment (ADJ), Social Skills (SSK), and Delinquency (DLQ) scales suggest that more serious forms of abuse may be linked with greater problems in psychological adjustment. These findings are consistent with reports in the literature that more intrusive or serious acts result in greater victim trauma (Sorrenti-Little et al, 1986).

In addition, mothers of more seriously abused victims scored lower on the Defensiveness (DEF) scale than did mothers of less seriously abused victims, indicating a more open stance in terms of reporting the daughter's problematic behaviors. A higher score on the Defensiveness (DEF) scale indicates a greater tendency to minimize the problem behaviors of the child. The more seriously abused victims may display more obvious problem behaviors than the less seriously abused, thus making it more difficult for the mother to minimize their psychological difficulties. This may explain the lower scores on the Defensiveness (DEF) scale for mothers of seriously abused victims.

On one of the PIC scales, the Anxiety (ANX) scale, there was a significant interaction effect between the seriousness of abuse and parent variables. Mothers of seriously abused victims perceived their daughters as more anxious than did mothers of less seriously abused victims. However, the reverse was true for fathers, with fathers of seriously abused victims perceiving the daughters as less anxious than fathers of less seriously abused daughters. One reason for this finding may be that fathers who have perpetrated more serious forms of abuse may be minimizing the effects of the abuse by viewing their daughters as less anxious than they really are.

Overall, for the seriousness of abuse variable, mothers more so than fathers, viewed their daughters as significantly different. That is, mothers tended to view their daughters as

experiencing more problems in adjustment than did fathers. The under-reporting of fathers may be related to the amount of time spent with the child. Typically, the mother is more involved with child care and thus may be a better judge than the father in terms of the child's functioning. There is some evidence that maternal reports are more accurate and that father reports tend to under-report child problems (Wirt et al, 1991).

A second possible reason for father under-reporting may be due to denial. That is, since the father-rater is the perpetrator of the sexual abuse upon the child he is rating, he may not wish to admit that his abusive actions have caused harm to that child. Therefore, he may display a tendency to endorse items that indicate normal adjustment in the child.

Acceptance of Responsibility for the Abuse

Denial, especially in terms of responsibility for the abuse, seems to play an important role in the sexually abusive family system (Trepper & Barrett, 1989). In many such families, the fathers do not accept responsibility for the abuse (Herman, 1981; Wells, 1981; Summit & Kryso, 1978). Often it is the victim in incestuous families that takes on the responsibility for the abuse (Herman, 1981). It was anticipated that such a reportedly key variable would effect how parents perceive their daughter-victim. However, for all but one of the test scales, this hypothesis was not borne out

in the statistical analysis. That is, for almost all of the scales, there were no differences in parental perceptions across the accept versus non-accept groups.

The one significant finding was that fathers who had accepted responsibility for the abuse scored higher on the Family Relations (FAM) scale than did those fathers who had not accepted responsibility. Thus, "accept" fathers indicated more problems with family effectiveness both in terms of the daughter's and the parents' level of functioning. It would seem that fathers who are able to accept responsibility are also able to recognize deficits in global family functioning, which also includes an ability to identify their own contribution to family problems. However, a single significant finding such as this may be a result of chance alone and caution must be exercised with respect to these interpretations.

In addition, there was a statistically nonsignificant tendency for the "non-accept" fathers to score higher than "accept" fathers on most of the test scales. This indicates that "non-accept" fathers have a slight tendency to see their daughters as having more adjustment problems than did "accept" fathers. This is an interesting phenomenon in view of the fact, that these same fathers scored lower on the Family Relations (FAM) scale, indicating less familial difficulties. It may be that "non-accept" fathers are more likely to see the daughter-victim as the source of all problems and less

likely to recognize family, parental or their own contributions to victim difficulties.

Mother Versus Father Perceptions

For all but one of the scales on the PIC, fathers and mothers did not view their daughters differently. The one scale that proved the exception was the Somatic Concern (SOM) scale, on which mothers scored significantly higher than fathers. This score measures the degree to which health-related issues and somatic complaints figure as problematic for the child. A possible reason for a higher maternal score may be due to the fact that mothers tend to be more involved with the health needs of the child and therefore are more aware of problems in this area. Overall, results suggest that there is no difference in the way parents perceive their daughter-victim. Once again, caution must be exercised and these interpretations must be treated as speculative.

Parent Versus Daughter-Victim Perceptions

The present study compared the perceptions of mothers and fathers with those of daughter-victims. Other sexual abuse studies that have made similar comparisons have yielded inconsistent results. Two studies found perceptions to be discrepant with daughters perceiving themselves as generally problem-free in terms of self esteem, depression and anxiety

as contrasted with parents who perceived the daughters as exhibiting a significant degree of behavioral problems (Cohen & Mannarino, 1988; Wolfe et al, 1989). One other parallel study found parental perceptions as being more in line with victim self perceptions. Specifically, parents perceived their daughter-victims as displaying behavioral problems, while the victims reported significantly high levels of depression and problems with self esteem (Lipovsky et al, 1989).

The results from this study were not consistent with either pattern of responses that emerged in the other studies. The daughters' scores on the self report inventories indicated substantial problems, especially in terms of self esteem. However, the parental scores on scales which measure similar constructs indicated that parents did not perceive the victims as displaying significant problems. Indeed, on only 2 of 16 PIC scales did parents rate their daughters as experiencing difficulties serious enough to warrant clinical intervention. This discrepancy may indicate that parents are minimizing or denying some of the distress that their daughters are actually experiencing. Clearly, more research in this area is needed before such inconsistent findings can be interpreted with any degree of confidence.

Limitations of the Study

There were several limitations in this study, the most pertinent of which have to do with the sample and sampling procedures. As with almost all studies that use individuals involved in sexual abuse as subjects, this study was based on a small, nonrandom sample. Consequently, results and conclusions from this study must be treated with extreme caution. Conclusions must be limited to populations sharing similar characteristics to those of the sample used in this study. That is, in no way are the findings presented herein intended to be generalized to all sexually abusive families.

The sampling procedure may have contributed to the limited nature of significant findings. All the families in the sample had gone through a similar procedure in terms of identification and intervention by the authorities (in this case, Child Welfare). This process may select families that have similar characteristics with respect to the sexual abuse. Consequently, families in this sample may have been more alike than they were different.

The study would have benefited from additional demographic information. For example, educational levels of the parents, their family histories and marital relationship factors would have greatly enhanced the study.

Another limitation of the study may be the choice of research instrument. Some researchers have suggested that current psychological tests are not sensitive enough to detect

all the important characteristics of sexually abusive families (Avery-Clark et al, 1981). This may be the case with the PIC. The fact that only a few significant results were found may be related to the nature of the research instrument used.

In particular, the PIC measures the victim's psychological adjustment as perceived by the parents. The authors of the PIC assert that this test provides a reliable measurement of actual victim adjustment assuming the validity scale scores are in the normal range. However, others question this claim and suggest that only parental perceptions are provided and not necessarily an accurate picture of victim functioning. Discrepancies between parent ratings of victims and victim self-perceptions, such as those found in this study, also cast doubt on the reliability of parent-rated checklists such as the PIC.

A solution to this assessment problem would be to construct a research instrument specifically designed for sexually abusive families. Indeed, some researchers have begun to develop such instruments. For example, Sorrenti-Little et al (1984) constructed a measure of sexual adjustment and Maddock (1988, 1989) has constructed two assessment inventories, the Power/Control Survey and the Sexual Meaning Scales, which are specifically intended for assessment of sexually abusive families. These psychological inventories are very new and as yet are unvalidated.

Despite the limitations of this study and the small

number of significant findings, the results have suggested several potentially meaningful areas for further exploration.

Implications and Areas for Future Research

By incorporating all three key members in families of sexual abuse -- the father-perpetrator, the non-offending mother, and the daughter-victim -- this study attempted to tackle the problem of sexual abuse from a more family oriented approach than traditionally has been implemented. Parental perceptions were examined in terms of perpetrator-victim relationship, seriousness of abuse and father acceptance of responsibility. There were not a great many statistically significant differences in parental perceptions across these variables. However, the few significant differences, in combination with some common patterns of response point to some promising areas for future research.

The lack of any significant findings across the natal/non-natal groups may indicate that in terms of parental perceptions and victim distress, this distinction is not the most meaningful. Rather, as some researchers believe, the most salient factor with respect to the perpetrator-victim relationship may be the degree to which affection and trust has been betrayed (Finkelhor, 1979; Russell, 1984; Basta & Peterson, 1990). A father figure by virtue of his position in the family is in a position of authority and trust.

Therefore breach of this trust in the form of sexual abuse may have serious ramifications irrespective of biological ties.

The present results suggest that a potentially useful way of examining family issues is in terms of the seriousness of the abuse. Seriously abused victims are perceived differently than less seriously abused victims, indicating that there may be differential response patterns of victims based on the intrusiveness of the abuse experienced. This has great implications for the implementation of family treatment interventions especially in terms of designing strategies specific to improving victim adjustment.

Future research efforts could be aimed at examining the influence of father acceptance or non-acceptance of responsibility for the abuse. This factor seems to be important in terms of family relations and family functioning. Though the clinical research indicates that this factor is of paramount importance, there is virtually no research, the present study excepted, that has examined the role of this factor.

In addition, further research into the development of more appropriate tools for the assessment and evaluation of sexually abusive families is needed. The assessment devices currently used in almost all sexual abuse studies are inadequate. Much more research is required in order to create the kinds of standardized, validated instruments capable of

providing accurate and meaningful profiles of sexually abusive families.

The present study endeavored to incorporate a broader, more comprehensive model of research by including the key family members in sexually abusive families. To gain a more complete understanding of the complexity of the incestuous family, investigators need to expand their research model far beyond the scope of the present study and incorporate as many levels of functioning as possible. Trepper and Barrett (1989) are beginning to make progress in this way and have designed a multilevel model to guide the research and ultimately the treatment process.

Implementation of such a model would involve studying the incest family in terms of a network of multiple systems.

Ideally, such information from families would be gathered from many sources, including clinical interview and assessment. Ideally, such an approach to studying the incestuous family would lead to a more complete understanding of the important factors of sexual abuse. In turn, this would allow clinicians to be more effective in treating the sexually abusive family. Furthermore, it would lead to the identification of vulnerable families, enabling the implementation of preventive measures, and thus, stopping occurrence of sexual abuse in the first place.

Giaretto's (1982) has implemented a treatment program that reflects such a multi-level approach. The success of this program and others like it (Larson & Maddock, 1986) attests to the value of continued research from this perspective.

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APPENDIX A: TABLES OF ANOVA RESULTS

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Table A1: Analysis of Variance Results of PIC Scale Scores for Perpetrator-Victim Relationship by Parent (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
Lie	Relationship	148.8	1	148.8	1.0	0.3
	Within cells	4591.6	30	153.1		
	Parent	19.84	1	19.84	0.4	0.6
	Interaction	5.4	1	5.4	0.1	0.8
	Within cells	1608.6	30	53.6		
F	Relationship	95.0	1	95.0	0.2	0.6
	Within cells	12275.9	30	409.2		
	Parent	1.1	1	1.1	0.01	0.9
	Interaction	10.0	1	10.0	0.09	0.8
	Within cells	3355.9	30	11.9		
DEF	Relationship	0.01	1	0.01	0.0	1.0
	Within cells	6136.7	30	204.6		
	Parent	59.5	1	59.5	0.7	0.4
	Interaction	29.8	1	29.8	0.4	0.6
	Within cells	2506.9	30	83.6		
ADJ	Relationship	5.4	1	5.4	0.01	0.9
	Within cells	12809.60	30	427.0		
	Parent	17.1	1	17.1	0.1	0.7
	Interaction	451.0	1	451.0	3.5	0.07
	Within cells	3869.0	30	129.0		
ACH	Relationship	41.7	1	41.7	0.2	0.7
	Within cells	6517.3	30	217.2		
	Parent	0.2	1	0.2	0.0	1.0
	Interaction	161.7	1	161.7	3.6	0.07
	Within cells	1368.2	30	45.6		
IS	Relationship	171.7	1	171.7	0.3	0.6
	Within cells	17201.7	30	573.4		
	Parent	12.6	1	12.6	0.2	0.7
	Interaction	1.7	1	1.7	0.02	0.9
	Within cells	2557.3	30	85.2		
DVL	Relationship	61.0	1	61.0	0.3	0.6
	Within cells	6048.9	30	201.6		
	Parent	2.2	1	2.2	0.07	0.8
	Interaction	3.3	1	3.3	0.1	0.8
	Within cells	926.7	30	30.9		

Table A1: Analysis of Variance Results of PIC Scale Scores
 cont'd or Perpetrator-Victim Relationship by Parent
 (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
SOM	Relationship	326.7	1	326.7	1.3	0.3
	Within cells	7543.3	30	251.4		
	Parent	333.7	1	333.7	4.07	0.05
	Interaction	40.0	1	40.0	0.5	0.5
	Within cells	2460.7	30	82.0		
D	Relationship	28.0	1	28.0	0.07	0.8
	Within cells	12029.7	30	401.0		
	Parent	5.4	1	5.4	0.05	0.8
	Interaction	2.4	1	2.4	0.02	0.9
	Within cells	3317.6	30	110.6		
FAM	Relationship	74.8	1	74.8	0.5	0.5
	Within cells	4550.9	30	151.7		
	Parent	37.6	1	37.6	1.7	0.2
	Interaction	106.7	1	106.7	4.7	0.04
	Within cells	682.3	30	22.7		
DLQ	Relationship	96.9	1	96.9	0.2	0.7
	Within cells	17910.5	30	597.0		
	Parent	83.4	1	83.4	0.7	0.4
	Interaction	2.9	1	2.9	0.02	0.9
	Within cells	3755.1	30	125.2		
WDL	Relationship	0.6	1	0.6	0.0	1.0
	Within cells	7045.4	30	234.9		
	Parent	24.1	1	24.1	0.2	0.7
	Interaction	2.8	1	2.8	0.02	0.9
	Within cells	3719.9	30	124.0		
ANX	Relationship	6.0	1	6.0	0.02	0.9
	Within cells	10105.7	30	336.9		
	Parent	18.2	1	18.2	0.2	0.7
	Interaction	5.4	1	5.4	0.05	0.8
	Within cells	3359.6	30	112.0		
PSY	Relationship	201.7	1	201.7	0.4	0.6
	Within cells	17289.3	30	576.3		
	Parent	3.8	1	3.8	0.04	0.9
	Interaction	303.8	1	303.8	3.0	0.09
	Within cells	3054.0	30	101.8		

Table A1: Analysis of Variance Results of PIC Scale Scores
 cont'd for Perpetrator-Victim Relationship by Parent
 (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
HPR	Relationship	42.1	1	42.1	0.2	0.7
	Within cells	7436.5	30	247.8		
	Parent	4.7	1	4.7	0.05	0.8
	Interaction	323.2	1	323.2	3.8	0.06
	Within cells	2563.1	30	85.4		
SSK	Relationship	82.8	1	82.8	0.3	0.6
	Within cells	10105.1	30	336.8		
	Parent	24.7	1	24.7	0.7	0.4
	Interaction	226.2	1	226.2	6.5	0.02
	Within cells	1045.2	30	34.8		

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Table A2: Analysis of Variance Results of PIC Scale Scores
for Seriousness of Abuse by Parent (Repeated
Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p.
Lie	Seriousness	346.7	1	346.7	2.4	0.1
	Within cells	4393.7	30	146.5		
	Parent	2.1	1	2.1	0.04	0.8
	Interaction	96.3	1	96.3	1.9	0.2
	Within cells	1517.7	30	50.6		
F	Seriousness	500.5	1	500.5	1.26	0.3
	Within cells	11870.4	30	395.7		
	Parent	27.0	1	27.0	0.3	0.6
	Interaction	117.2	1	117.2	1.08	0.3
	Within cells	3248.8	30	108.3		
DEF	Seriousness	1068.8	1	1068.8	6.3	0.02
	Within cells	5067.9	30	168.9		
	Parent	128.4	1	128.4	1.5	0.2
	Interaction	41.3	1	41.3	0.5	0.5
	Within cells	2495.4	30	83.2		
ADJ	Seriousness	2106.8	1	2106.8	5.9	0.02
	Within cells	10708.3	30	356.9		
	Parent	6.8	1	6.8	0.05	0.8
	Interaction	487.7	1	487.7	3.8	0.06
	Within cells	3832.3	30	127.7		
ACH	Seriousness	10.1	1	10.1	0.05	0.8
	Within cells	6548.9	30	218.3		
	Parent	4.1	1	4.1	0.08	0.8
	Interaction	6.0	1	6.0	0.1	0.7
	Within cells	1523.9	30	50.8		
IS	Seriousness	35.0	1	35.0	0.06	0.8
	Within cells	17338.4	30	578.0		
	Parent	35.0	1	35.0	0.4	0.5
	Interaction	24.1	1	24.1	0.3	0.6
	Within cells	2534.9	30	84.5		
DVL	Seriousness	6.0	1	6.0	0.03	0.9
	Within cells	6103.9	30	203.5		
	Parent	13.0	1	13.0	0.4	0.5
	Interaction	14.1	1	14.1	0.5	0.5
	Within cells	915.9	30	30.5		

Table A2: Analysis of Variance Results of PIC Scale Scores
 cont'd for Seriousness of Abuse by Parent (Repeated
 Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
SOM	Seriousness	24.1	1	24.1	0.09	0.8
	Within cells	7845.9	30	261.5		
	Parent	315.2	1	315.2	3.8	0.06
	Interaction	0.0	1	0.0	0.0	1.0
	Within cells	2500.7	30	83.4		
D	Seriousness	675.0	1	675.0	1.78	0.2
	Within cells	11382.8	30	379.4		
	Parent	88.0	1	88.0	0.9	0.4
	Interaction	234.1	1	234.1	2.3	0.1
	Within cells	3085.9	30	102.9		
FAM	Seriousness	21.3	1	21.3	0.1	0.7
	Within cells	4604.4	30	153.5		
	Parent	15.2	1	15.2	0.6	0.4
	Interaction	60.1	1	60.1	2.5	0.1
	Within cells	728.3	30	24.3		
DLQ	Seriousness	4228.1	1	4228.1	9.2	0.005
	Within cells	13779.2	30	459.3		
	Parent	240.8	1	240.8	2.0	0.2
	Interaction	194.0	1	194.0	1.6	0.2
	Within cells	3564.0	30	118.8		
WDL	Seriousness	560.3	1	560.3	2.6	0.1
	Within cells	6485.7	30	216.2		
	Parent	18.8	1	18.8	0.2	0.7
	Interaction	0.8	1	0.8	0.01	0.9
	Within cells	3722.0	30	124.1		
ANX	Seriousness	0.08	1	0.08	0.0	1.0
	Within cells	10111.7	30	337.1		
	Parent	56.3	1	56.3	0.6	0.4
	Interaction	560.3	1	560.3	6.0	0.02
	Within cells	2804.7	30	93.5		
PSY	Seriousness	1408.3	1	1408.3	2.6	0.1
	Within cells	16082.7	30	536.1		
	Parent	0.08	1	0.08	0.0	1.0
	Interaction	140.1	1	140.1	1.3	0.3
	Within cells	3217.7	30	107.3		

Table A2: Analysis of Variance Results of PIC Scale Scores
 cont'd for Seriousness of Abuse by Parent (Repeated
 Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	<i>p</i>
HPR	Seriousness	94.9	1	94.9	0.4	0.5
	Within cells	7383.7	30	246.1		
	Parent	7.9	1	7.9	0.09	0.8
	Interaction	307.6	1	307.6	3.6	0.07
	Within cells	2578.7	30	86.0		
SSK	Seriousness	1575.5	1	1575.5	5.5	0.03
	Within cells	8612.4	30	287.1		
	Parent	20.0	1	20.0	0.5	0.5
	Interaction	43.0	1	46.0	1.1	0.3
	Within cells	1225.4	30	40.9		

Table A3: Analysis of Variance Results PIC Scale Scores¹⁴⁰
for Responsibility for the Abuse by Parent
(Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
Lie	Responsibility	1.0	1	1.0	0.01	0.9
	Within cells	4511.4	28	161.1		
	Parent	6.8	1	6.8	0.1	0.7
	Interaction	66.6	1	66.6	1.3	0.3
	Within cells	1495.2	28	53.4		
F	Responsibility	11.1	1	11.1	0.03	0.9
	Within cells	11605.7	28	414.5		
	Parent	1.2	1	1.2	0.01	0.9
	Interaction	115.5	1	115.5	1.0	0.3
	Within cells	3174.2	28	113.4		
DEF	Responsibility	267.5	1	267.5	1.3	0.3
	Within cells	5677.9	28	202.8		
	Parent	67.4	1	67.4	0.8	0.4
	Interaction	67.4	1	67.4	0.8	0.4
	Within cells	2455.5	28	87.7		
ADJ	Responsibility	20.9	1	20.9	0.05	0.8
	Within cells	11817.2	28	422.0		
	Parent	7.0	1	7.0	0.08	0.8
	Interaction	336.3	1	336.3	4.0	0.06
	Within cells	2354.2	28	84.1		
ACH	Responsibility	255.8	1	255.8	1.3	0.3
	Within cells	5652.4	28	201.9		
	Parent	15.9	1	15.9	0.3	0.6
	Interaction	57.9	1	57.9	1.1	0.3
	Within cells	1469.5	28	52.5		
IS	Responsibility	682.2	1	682.2	1.4	0.3
	Within cells	14067.5	28	502.4		
	Parent	0.7	1	0.7	0.01	0.9
	Interaction	1.22	1	1.2	0.01	0.9
	Within cells	2374.5	28	84.8		
DVL	Responsibility	178.3	1	178.3	1.0	0.3
	Within cells	5133.3	28	183.3		
	Parent	2.3	1	2.3	0.07	0.8
	Interaction	11.9	1	11.9	0.4	0.5
	Within cells	862.4	28	30.8		

Table A3: Analysis of Variance Results PIC Scale Scores
 cont'd for Responsibility for the Abuse by Parent
 (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	p
SOM	Responsibility	3.3	1	3.3	0.01	0.9
	Within cells	7119.5	28	254.3		
	Parent	244.8	1	244.8	3.2	0.08
	Interaction	22.8	1	22.8	0.3	0.6
	Within cells	2113.7	28	75.5		
D	Responsibility	10.5	1	10.5	0.02	0.9
	Within cells	11794.2	28	421.2		
	Parent	13.4	1	13.4	0.2	0.7
	Interaction	263.0	1	263.0	3.3	0.08
	Within cells	2246.4	28	80.2		
FAM	Responsibility	518.6	1	518.6	4.3	0.05
	Within cells	3381.2	28	120.8		
	Parent	37.7	1	37.7	1.5	0.2
	Interaction	6.5	1	6.5	0.3	0.6
	Within cells	691.0	28	24.7		
DLQ	Responsibility	323.8	1	323.8	0.5	0.5
	Within cells	17678.7	28	631.4		
	Parent	56.3	1	56.3	0.5	0.5
	Interaction	285.3	1	285.3	2.4	0.1
	Within cells	3290.4	28	117.5		
WDL	Responsibility	29.2	1	29.2	0.1	0.7
	Within cells	5789.3	28	206.8		
	Parent	82.0	1	82.0	0.7	0.4
	Interaction	167.0	1	167.0	1.5	0.2
	Within cells	3194.7	28	114.1		
ANX	Responsibility	32.6	1	32.6	0.1	0.8
	Within cells	9591.3	28	342.6		
	Parent	31.1	1	31.1	0.3	0.6
	Interaction	28.1	1	28.1	0.2	0.6
	Within cells	3317.7	28	118.5		
PSY	Responsibility	187.6	1	187.6	0.3	0.6
	Within cells	15839.3	28	565.7		
	Parent	28.2	1	28.2	0.2	0.6
	Interaction	28.2	1	28.2	0.2	0.6
	Within cells	3307.5	28	118.1		

Table A3: Analysis of Variance Results PIC Scale Scores
 cont'd for Responsibility for the Abuse by Parent
 (Repeated Measures)

PIC Scale	Source of Variation	SS	DF	MS	F	<i>p</i>
HPR	Responsibility	110.4	1	110.4	0.5	0.5
	Within cells	6498.0	28	232.1		
	Parent	9.8	1	9.8	0.1	0.7
	Interaction	39.2	1	39.2	0.4	0.5
	Within cells	2533.9	28	90.5		
SSK	Responsibility	37.9	1	37.9	0.1	0.7
	Within cells	10061.22	28	359.3		
	Parent	12.3	1	12.3	0.3	0.6
	Interaction	65.5	1	65.5	1.6	0.2
	Within cells	1154.2	28	41.2		



Rockyview General Hospital
Holy Cross Hospital
Colonel Belcher Hospital

Calgary District Hospital Group

CHILDREN AND FAMILY SERVICES

RESEARCH CONSENT FORM

I am advised that data obtained from psychological and non psychological tests administered to me and/or my family may be included in future research studies conducted by qualified professionals associated with the Family Sexual Abuse Treatment Program, the Child Support Program, Children and Family Services, the Department of Psychology, and/or the Department of Social Work, Calgary District Hospital Group. I am also advised that all such data will be kept completely confidential and released to no other person or agency without my consent.

Test results used for research purposes will be treated anonymously to protect my identity.

I hereby consent to the use of psychological and non psychological test results in accordance with the above provisions.

Date

Name

Witness

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