1982

Professional attitudes toward incest.

Elaine Sinnott

University of Windsor

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THIS DISSERTATION HAS BEEN MICROFILMED EXACTLY AS RECEIVED
PROFESSIONAL ATTITUDES
TOWARD INCEST

by

ELAINE SINNOTT

A Thesis submitted to
the Faculty of Graduate Studies through
the School of Social Work in
partial fulfillment of the requirements
for the Degree of Master of Social
Work at The University of Windsor

Windsor, Ontario, Canada

May 1982
RESEARCH COMMITTEE

Professor Valentin J. Cruz, Chairman

Dr. F. C. Hansen, Member

Professor Mary Lou Dietz, Member
ABSTRACT

The purpose of this exploratory-descriptive study was to describe and define professional attitudes and feelings toward incest. To assist in developing this purpose further, the following areas were selected to focus upon: 1) What had been professionals' approach and experience in dealing with incest cases?; 2) What did professionals consider important in dealing with incest cases?; and 3) What were professionals feelings, reactions and opinions in dealing with incest cases?

The sample consisted of 30 professionals, social workers, psychologists and teachers, involved in working with children and families from five different agencies in Windsor, Ontario and Detroit, Michigan.

An open, semi-structured interview schedule was employed to obtain information in four major areas - knowledge, approach, opinion, and feelings.

The findings indicated that this was a sophisticated and knowledgeable sample with regard to incest. However, professionals felt inadequately trained and prepared to deal with incest cases. Some feelings and attitudes were identified in support of the position presented within the literature. On the other hand, the range and intensity of feelings and attitudes within the sample differed from indications within the literature.
As a result of the research findings and the literature reviewed, recommendations for future research are made in addition to implications for social work.
ACKNOWLEDGEMENTS

I wish to express my thanks to the members of the Research Committee, Professor V. J. Cruz of the School of Social Work, Dr. F. C. Hansen of the School of Social Work, and Professor M. L. Dietz of the Department of Sociology.

In addition, I would like to thank the directors of the agencies from which I drew my sample, for permitting their staff to participate in interviews. Appreciation is expressed to Mr. T. Lewis, Director, Wayne County Children's Center, Mr. F. Macdonald, Director, Catholic Family Service Bureau (Windsor), Mr. P. McCabe, Executive Director, Essex County Children's Aid Society, and Miss L. Tuite, Executive Director, Roman Catholic Children's Aid Society of Essex County. Thanks also to Mrs. Barbara Starling of Protective Services, Detroit, for her assistance in establishing contacts at that agency.

It is important to thank all those professionals who were involved in the interviews. Without their offer of their time and careful consideration, this study would not have been possible.

Thanks to all my family and friends who were supportive and have been patient during the completion of this study.
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CHAPTER I

PURPOSE OF THE STUDY

Incest within the past few years has begun to receive recognition as a community problem. Fortunately, awareness has begun to grow.

This researcher became concerned about the problem of incest when working in an intake department at an Ontario Children's Aid Society. The major job responsibility was investigation of complaints of abuse and neglect of children. The researcher had no experience or training at an educational, or in-service level in terms of managing incest cases in particular. Nor were other professionals able to provide sufficient direction. This led to many frustrations and anxieties as a worker and errors in terms of case management. One result was inadequate service to the families involved.

The intent here is not to "scaegoat" or blame a Children's Aid Society, or any other organization, for their role and responsibilities in addressing the problem of incest. No single agency can be expected to cope effectively with the problem. Incest has been under-reported and is only now beginning to come to the foreground. The extent of incest is unknown, however, indications are that it is a problem of growing magnitude. The suspected incidence of
incest has grown from one case per million population in 1940 to one in one hundred in 1950 to one in 20 in 1970 (Justice & Justice, 1979, p. 17). A more complete discussion of the incidence of incest is included in a following section.

However, it is generally agreed upon throughout the literature that incest is under-reported and mostly ignored. Rita and Blair Justice suggest possible reasons:

1) Incest is considered to be a taboo and therefore it is not discussed.
2) Physicians, clergy, relatives and neighbours who may be aware that incest is going on fail to report it or become involved.
3) Myths exist perpetuating misinformation with regards to incest.
4) An attitude exists that nothing can be done to prevent incest from occurring or to rehabilitate families if it does occur. (1979, p. 17)

It can be observed that a parallel movement within society generally, and the helping professions specifically, has occurred with respect to child abuse and incest. It seems that as part of the professional dilemma with regard to child abuse in the 1960's and 1970's was to 1) educate professionals in identifying and assessing existing and potentially abusive situations, and 2) to educate the public to assist in detection of the problem so now it is time to again educate professionals, along with the community, with regard to the problem of incest.

Vincent De Francis, in 1965, critically commented upon the role of social work within the context of sexual abuse of children.
The field of social work has, by and large, either ignored or overlooked the problem because we are uninformed; because we have not become aware of the size of the problem and its widespread incidence.

Our professional literature seems devoid of reference to, or content on, this subject. We have failed to explore, or even identify the needs of these children in hazard as falling within the scope of social work interest and concern.

Although this was an observation made at least 15 years ago it is suggested that there remains a need for specific attention addressed to incest with regard to helpers' awareness of their feelings and attitudes. Awareness of the problem generally needs to be addressed at all levels within communities in order to begin to formulate solutions.

After reviewing the literature, it became apparent that little in-depth research considered what members of the helping professions contribute to the problem of incest, either positively or negatively in terms of intervention. Professional helpers in various settings such as protection, mental health treatment centres, hospitals, corrections, daycare, residential and educational institutions, for example, are likely to encounter individuals who have, or are involved in incest. How do these helpers deal with incest cases? Are they successful in their interventions? To what extent are helpers' feelings and attitudes involved in the treatment process? Is there a connection between the treatment process and the outcome of these cases?

Ultimately, these are areas for future study of the problem of incest from the perspective of professional
helpers. However, it is first necessary to consider professionals' feelings and attitudes about incest as it relates to their existing, or potential work experience as this could interfere with the handling of the case. Although the importance of attitudes was emphasized within some of the literature, no specific material could be found in the area of helper attitudes.

Therefore, the focus of this exploratory research project was to identify and describe helper attitudes around working with children, adolescents and their families involved in incest. It was decided to explore, identify and describe what a professional would experience in terms of feelings, thoughts and reactions to clients or families involved in incest. This purpose was selected in order to enhance the present level of knowledge in the area as well as to stimulate further research in the area of incest and worker performance. Given this purpose, it was further decided to interview professionals in various helping settings who would deal with incest as part of their caseload. The following research questions were selected to direct the study: 1) what had been professionals' approach and experience in dealing with incest?; 2) what did professionals consider to be important in dealing with incest cases?; 3) what were professionals feelings, attitudes, opinions and reactions in dealing with incest cases?.

A review of the literature will be summarized and integrated in Chapter II. Chapter III will outline the methodology of the research study, followed by Chapter IV which will present the findings of the study. Chapter V will discuss conclusions, recommendations for future research and implications for social work.
CHAPTER II

REVIEW OF THE LITERATURE

A number of sections will be covered in this chapter. Material covering a definition of incest, professional attitudes, causes, cues and consequences and finally treatment of incest will be presented.

Definition of Incest

Clinical and Legal Definitions

There are many variations in terms of a definition of incest. Sandra Butler considers "incestuous assault" as being any manual, oral, or genital sexual contact that an adult family member imposes upon a child (1978, p. 4). The Windsor and Essex County Child Abuse and Neglect Organization refers to intrafamily sexual abuse which is perpetrated on a child by a family member and includes sexual intercourse or any act designed to stimulate a child sexually, or to use the child for the sexual stimulation; either of the perpetrating adult or another person (WECAN, p. 6).

Susan Forward defines incest as any overt sexual contact between people who are either closely related or perceive themselves to be closely related (1978, p. 4).
Justice and Justice define incest as any sexual activity between non-married members of the family (1979, p. 25).

Incest under the Criminal Code of Canada is defined as "every one commits incest who, knowing that another person is by blood relationship his or her parent, child, brother, sister, grandparent or grandchild, as the case may be, has sexual intercourse with that person" (Criminal Code, Section 150(1)).

The Revised Child Welfare Act of Ontario (1978) in defining abuse, refers to physical harm in section 47(1)(a), malnutrition or mental ill-health of a degree that if not immediately remedied could seriously impair growth and development or result in permanent injury or death in section 47(1)(b), and sexual molestation in section 47(1)(c).

Legal definitions of sexual abuse in the United States vary from state to state (WECAN, p. 6). In Michigan, section 2(b) of the Child Protection Law defines "child abuse" as harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through non-accidental physical or mental injury, sexual abuse, or maltreatment.

Robert Geiser points out that a legal definition of incest is sexual intercourse between persons so closely related that marriage is prohibited by law (1979, p. 43). Geiser refers to three other types of incest expanding the legal definitions.
"Psychological incest" is a violation of an emotional bond in families like the reconstituted families or step-families. Geiser states: "any adult who fills the social role of parent and who has sex with a child in his 'family' commits psychological incest" (1979, pp. 43-44).

The second type of sexual misuse of children occurs between family members and includes oral, anal, and interfemoral contacts, mutual masturbation, digital insertion and touching of sexual organs (Geiser, 1979, p. 44).

The third type of incestuous relationship includes contacts that legally do not involve intercourse since that term usually refers to sexual behaviour between opposite sexes. This consists of same sex contacts between father-son, mother-daughter or same-sexed siblings (1979, p. 44).

In part, what incest is and how it is regarded depends, to an extent, on how children are considered. The belief that a child has the right to develop in a healthy way, to be parented and to have his psychological and emotional needs met is the one supported in this presentation. Therefore, incest, at the very least, influences and, at the very most, interferes with a child's development.

Throughout this presentation, the main emphasis will be upon parent-child incest, particularly father-daughter incest. This has been the focus of the majority of writings and research in the area. Other types such as sibling, mother-son, grandparent-grandchild and homosexual combinations are recognized but not considered extensively here.
The "Fine Line"

At times, it becomes difficult to determine what is appropriate behaviour or to draw the "fine line" between affection and sexual involvement.

Herman and Hirschman discuss a continuum related to sexual behaviour in families. The continuum ranges from affectionate touch to overt sexual behaviour. Behaviour ranging between the seductive and overtly sexual, points three and four on the continuum, can be indicative of potential problems within the family (Herman & Hirschman, 1977). It can be difficult for professionals to identify problem areas at these points. Figure 1 presents a continuum of sexual behaviour.

Kryso and Summit (1977) state that:

Just as there is a shifting and invisible line between constructive discipline and dehumanizing punishment, there is a vague borderline between loving, sensuality and abusing sexuality. (p. 241)

Brant and Tisza (1976) note that it is difficult to define the point at which pleasurable stimulation is experienced as over-stimulation and the child becomes flooded with excitement, feels overwhelmed and helpless, fears loss of control and becomes symptomatic (p. 85).

Rita and Blair Justice point out that when parents are loving children for themselves, and expressing that love with hugs, kisses, and touching, that is being physically affectionate. When parents are being physically intimate
Figure 1. Continuum of Sexual Behaviour

Affectionate Behaviour —— Hugs, pats, kisses
Confusing Behaviour —— Difficult to distinguish between fantasies and actions or appropriate parent-child affection from misuse
Seductive Behaviour —— More clear but have to be looking for it
More Overt Behaviour —— Sharing sexual secrets, flirting, extreme possessiveness, jealousy, interest of parent in child's body or sexual activity
Clinical Definition —— For example, sexual activity between a parent and child
Legal Definition —— Sexual intercourse
Outright Attack —— Moving into physical harm resulting ultimately in the death of the child
with children in order to satisfy their (parents) own needs for closeness, warmth, stimulation, nurturing, love or sex, that is sexually abusive (1979, p. 217).

Parent-Child Sexuality

The point has been made by Rita and Blair Justice that both parent and child are "sexual creatures" capable of arousal and erotic interests. They believe that sexuality within the family is to be acknowledged, accepted and dealt with. Sexuality is not the same as parent-child sex (1979, p. 207).

The fact that a child can be sexual is an idea that is not acceptable to some people. Bagley (1969) is one of many who point to evidence that a child from a very young age has sexual desires (Bagley, p. 514; Finklehor, 1979, p. 693; Justice & Justice, 1979, p. 243).

Justice and Justice suggest that there are two times in particular during a child's development when both parent and child are vulnerable to physical or affectionate contacts in terms of crossing the "fine line." The first is between the ages of three and six, the "oedipal stage," and the second is when the child approaches adolescence (1979, pp. 208-211). For example, a teenage daughter as she tests her emerging sexual identity on her father is vulnerable to sexual responses from him. She needs support from both parents as she tests and struggles during this stage.
During every stage of the child's development, there is a need to learn that having sexual feelings, including sexual feelings toward a parent, is part of being human. Acting on feelings is a different matter. Children need guidance from the parents as they learn the difference between feelings and actions (Justice & Justice, 1979, p. 213).

Children generally begin to develop a sense of privacy about their own bodies prior to starting school ages five or six. Their sense of privacy should not be violated.

Boekelheide (1978) notes that the child's sexuality can seem seductive for the parent who "is ambivalent about his/her own sexual needs versus the child's sexual needs" (p. 88).

Again, the "fine line" that is being disregarded is that the parent views the child as a means of meeting his or her own needs which is inappropriate.

Finkelhor (1979) believes that the essential component in establishing adult-child sex as wrong is a combination of the child's lack of knowledge and lack of power (p. 696).

Other Types of Incest

The dynamics of the brother-sister incest relationship have received far less attention than the father-daughter "affair." Perhaps this is because sexual contact between brother and sister is seen as understandable, experimental and the result of inadequate parental supervision. It has
generally been assumed that sibling incest is more common than father-daughter incest (Meisleman, 1978, p. 263).

Meisleman (1978) reported five cases of uncle-niece incest in a sample of 58 cases. There are few reports of grandfather-granddaughter incest in the literature. In Meisleman's study, there were five cases of women who reported incest with grandfathers (1978, p. 288).

Incest between mother and son is regarded as being the least common and most intensely taboo form of heterosexual incest. In mother-initiated incest, there seems to be less psychopathology in the son and more in the mother. However, the son's disturbance tends to occur after the incest and has been interpreted as a consequence of it (Meisleman, 1978, pp. 292-302).

The most commonly reported kind of homosexual incest is the father-son combination. There have been fewer theories and predictions about the consequences. No reports of grandfather-grandson incest have appeared in the literature and one case of uncle-nephew incest has been reported by Machotka et al. in 1967 (Meisleman, 1978, p. 320).

The most unstudied area in incest is the occurrence of female homosexual relationships. There have been no reports of sister-sister and aunt-niece combinations (Meisleman, 1978). Meisleman (1978, p. 321) indicates that there has been one report of grandmother-granddaughter incest (Barry & Johnson, 1958) and few reports of mother-daughter incest (Weiner, 1964; Medlecott, 1967).
Incidence

The extent of the problem is unknown. It is generally recognized that incest is under-reported given the secretive nature of the family, the negative and punitive response of the community, and the lack of resources in dealing with these families. Nicholas Groth states:

No clear idea of the extent or the dimensions of this serious social problem yet exists. It's incidence is difficult to estimate since much of this abuse may go undetected. (1979, p. 5)

The most frequently quoted indicator of the incidence of incest is the 1969 De Francis report from New York City where 3,000 cases of sexual molestation of children were reported that year. In 27% of those cases, the "offender" was a parent or parent surrogate and another 11% were relatives not living in the home (De Francis, 1969; Nakashima et al., 1977; WECAN, 1978; Butler, 1979; Elwell, 1979).

Another study conducted in Connecticut indicated that out of a total of 248 cases reported to authorities between 1973-74, 80% of the participating adults were parents or parent surrogates (Sgroi, 1975, p. 20).

Edward Sarafino (1979), by means of a computational formula based on reported sexual offences against children in four American communities, estimates that approximately 336,200 sexual offences are committed against children in the United States annually (p. 130).
Alexander Zaphiris, associate dean of the Graduate School of Social Work at the University of Houston, quotes 1979 statistics of the American Humane Association in reporting 11,306 cases of sexually assaulted children in the United States for that year (The Windsor Star, June 1981). Zaphiris estimates that two or three children in every 1,000 are sexually abused totalling 125,000 to 187,000 in the United States per year (The Windsor Star, June 1981).

The trend definitely seems to be that more cases are being reported. For example, Dr. John Gossage, head of the child abuse team at the Royal Columbian Hospital in Vancouver, B.C., states that 35 to 40% of all children brought to the hospital in the past year were sexually abused. Previously, 15 to 20% of the children appeared to be sexually abused. Dr. Gossage suggested that the problem is not increasing, but that it is "coming out of the dark closet" (The Windsor Star, June 1981).

Similar types of increases in the number of incest cases reported were indicated by Sgroi (1975, p. 20), Justice and Justice (1979, pp. 15-16), and Giaretto (1980, p. 143).

Myths

Probably because of the strong taboo surrounding incest, and the resultant lack of research into the area, many myths perpetuating misinformation regarding the subject have pervaded.
Some of the myths according to Robert Geiser are: incest is limited to rural communities; the involved adult is psychotic; incest is a one or two time occurrence involving a single child in a family; offspring of incestuous unions will be retarded or physically handicapped; incest is less traumatic to the child than sexual assault by a stranger; a child may be partially responsible for the incest because of sexually seductive behaviour toward an adult (Geiser, 1979, pp. 46-47).

Rita and Blair Justice would add the following points to existing myths: relatively few people have thoughts about sex with their parents, brothers, sisters, children or other close relatives; sexual activity between father and daughter or mother and son is not likely to occur if the subject is ignored; and incest usually involves force, such as a father forcing a daughter into sex (1979, p. 13).

The Hennepin County Prevention Project (1979), developed out of the Sexual Assault Services office in Minnesota, indicated additional myths related to children are: that children are not sexual beings; discussion of sexual assault will frighten children from all touch and be potentially dangerous or damaging (1979, pp. 5-6).

As long as myths such as these persist, incest will be ignored and under-reported. There is a great need for education of professional and entire communities about the problem of incest.
Research on Incest

Much of the available research pertaining to incest has been criticized in terms of sampling techniques and size of samples.

The major criticism in terms of sampling is that data collection is usually conducted from social agencies or the courts, limiting samples mainly to lower socioeconomic groups, since higher income families will seek aid from private practitioners (Meiselman, 1979, p. 33; Lester, 1972, p. 268).

In terms of the size of samples in incest research, it seems that the method has been to draw conclusions from studies using only one or two cases. Meiselman is critical that in these studies the data is collected by means of non-structured interviews. "Data are subject to distortion by the theories or prejudices of the researcher." Meiselman suggests that this bias can be alleviated by using a structured interview approach - where a series of standard questions are posed in each case (Meiselman, 1979, p. 44). Meiselman points out that the structured interview method has seldom been used in incest research.

Another source of bias is that in many reports of incest in the literature, some members of the family are likely to be in therapy. This increases the likelihood that the participants will be seen as psychologically disturbed (Lester, 1972, p. 272).
Kroth (1979) also notes that, in relation to sample size, theories pertaining to incest have been developed based on one or two case history studies (pp. 188-189).

Another aspect of research bias is the attitude of the researcher toward incest and the subsequent effect on the results.

The study of incest has been characterized by a degree of bias that is unusual in psychological research. This bias most likely results from the researcher's attitudes which were condemnatory of incestuous behaviour. Like other so-called taboo topics, incest has stimulated many papers, but the quality of these papers is often poor. (Lester, 1975, p. 268)

Meiselman believes that a small sample of ten subjects or less especially when described by the same therapist will reflect "a definite bias in the direction of his or her (the researcher's) theoretical beliefs about incest" (Meiselman, 1979, p. 35).

Summary - Definition of Incest

Definitions of incest vary, however, common to the majority of descriptions are mention of the type of behaviour engaged in as well as the persons involved. It has been further suggested that there is a distinction between appropriate and inappropriate physical contact between parents and children that can become blurred when parents view physical intimacy with children as a means of satisfying their own needs.
It is understood that the incidence of incest is under-reported and published accounts vary. It is believed that the myths surrounding incest perpetuate attitudes within society which permit incest to be a forbidden topic of discussion or awareness and thereby not reported accurately. Research pertaining to the area of incest has been criticized due to inadequate sampling techniques and size of samples.

Attitudes Identified Within the Literature

Professional Attitudes

The review of literature in the area of incest, particularly with regard to professional attitudes, made it apparent that there was very little information devoted to the topic. One limited research study was found which related to the topic of professional attitudes toward incest. The study is included within this section. A computer search through the Educational Resources Information Centre (ERIC) system was also conducted revealing no studies in the area of professional attitudes.

What does exist within the literature to a limited extent indicated that professionals "should deal with their feelings" about incest with no further elaboration or discussion.

One of the assumptions in this study is that attitudes are a very basic and important component in dealing with
clients in the helping professions. Therefore, as has been stated, it was decided to address attention to the area of professional attitudes toward incest in this study.

Social Work Values

Given the wide array of professions included under the umbrella of "helping professions" and that there are a variety of professions represented within the sample drawn for this study, reiteration of the basic values of social work was considered important. It is important in terms of providing a frame of reference and definition of boundaries for social work.

Values should provide the social worker with a template for response in working with clients and are reflected in attitudes.

Value is defined by Pincus and Minahan as a belief, preference or assumption about what is desirable or good for man. A value is an assertion of "how it should be" (1973, pp. 103-104).

The primary values of social work, as defined by Pincus and Minahan, are: 1) society has an obligation to ensure that people have access to the resources, services, and opportunities they need to meet various life tasks, alleviate distress, and realize their aspirations and values; 2) in providing societal resources, the dignity and individuality of people should be respected (1973, p. 39).
Compton and Galaway consider the two most basic values of social work to be a belief in the uniqueness and inherent dignity in man and a belief in client self-determination (1975, p. 104).

Florence Hollis defines the two most basic values as acceptance and respect for client self-determination (1972, p. 14).

Instrumental values are those that dictate the ways that a worker should interact with others in carrying out his professional duties and responsibilities to actualize the primary values (Pincus & Minahan, 1973, p. 39).

Instrumental values include those defined by Biestek as individualization, purposeful expression of feeling, controlled emotional involvement, acceptance, nonjudgemental attitude, client self-determination and confidentiality (Biestek, 1957, p. 17).

Values defined by the National Association of Social Workers include: the individual is primary to society; there is interdependence between individuals in society; individuals are socially responsible to one another; each person is unique; an essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his social responsibility through active participation in society; and society has a responsibility to provide ways in which obstacles to this self-realization can be overcome or prevented (National

The Ontario Association of Professional Social Workers, Code of Ethics, expects that social workers will "uphold the values, goals, and objectives of the profession" and define professional obligations in practice (p. 17).

One Study

A study reported in December 1980 by Dietz and Craft was designed to explore the role of the mother in incestuous families as perceived by protective service workers and to examine the attitudes of these workers toward the typical mother. A second purpose was to determine if there were parallels between incest and wife abuse (Dietz & Craft, 1980, p. 339).

Dietz and Craft assumed that because of the lack of literature and research on incest:

Social workers must rely primarily on their own beliefs and attitudes in treatment of incestuous families. These attitudes are formed during their training as well as by the literature. The literature is not only based on limited statistical data, but may also reflect the ideological orientation of the authors, including their opinions about incest, women or the ideal family. (1980, p. 339)

Dietz and Craft (1980) indicated that they would investigate the existence of detrimental attitudes among workers in contact with incestuous families. Two hundred protective service workers through the Department of Social Services in Iowa were surveyed. The purposes were to deter-
mine if workers believe 1) that families in which incest occurs also experience other forms of family conflict, 2) that mothers condone the incestuous relationship, and 3) that the workers are inadequately prepared to work with incestuous families (p. 341).

Questionnaires were mailed to the Protective Services workers, asking them to describe the incest clients they worked with, the number of incest cases they had worked with, the frequency of physical abuse in these families, and their degree of agreement with a list of statements about incestuous families and the training that they had received in working with these families.

Eighty per cent of the workers indicated that when incest occurs some other form of abuse is going on - most often perpetrated by the father on his wife and/or daughter.

Eighty-seven per cent of the respondents believed that the mother gives her unconscious consent to incest and sixty-five per cent believe she was equally responsible for its occurrence (Dietz & Craft, 1980, p. 342).

Seventy-six per cent of the respondents believe that their skills and training for working with incestuous families are inadequate although 44 per cent had received some sort of specialized training (Dietz & Craft, 1980, p. 342).

Dietz and Craft (1980) conclude that one of the most important findings in their study involved workers' feelings
toward working with incest. The workers indicated their dissatisfaction with their training regarding incest, a feeling that working with incest was problematic for them, and a heavy reliance on professional literature for information regarding incest. However, there are few social work journals containing articles on incest (p. 346).

This was the only study within the literature that considered workers' perceptions and attitudes of incest.

Society's Attitude

The society in which we live and interact plays an important role in determining culture, predominant values and attitudes of the time. Obviously, both professionals and incestuous families fall within the context of the greater society.

Although there has been some recent exposure to the problem of incest, for the most part, it remains a taboo subject for the wider community. Generally, incest is an area that is anxiety-producing and uncomfortable for many people. Justice and Justice comment upon the tendency to keep incest a taboo.

People are ignorant of the facts on incest largely because the subject continues to be treated as 'so abominable that it must not even be thought about or discussed.' It is a taboo, forbidden and prohibited by every culture. But keeping incest as a forbidden subject has not prevented family sex; it simply has prevented recognition of the problem. What has been forbidden is discussion of the subject . . . the taboo has succeeded in creating
such an aura of mystery and dread around the subject that the public likes to believe that incest does not really occur. (1979, p. 14)

Gentry (1978) and Browning and Boatman (1977) comment upon the existence of punitive attitudes related to incest. Gentry refers to the strong feelings related to incest that exist within society and that often the response is a very punitive one towards families involved in incest.

Denial, repugnance, feelings of guilt by association, anger, and uneasy fascination are frequent societal responses to incest, with denial being the outstanding reaction. When a case of incest comes to light, society's reaction is to punish all involved. (1978, p. 355)

Browning and Boatman (1977) also note that the punitive attitude related to incest tends to overshadow therapeutic approaches to families (p. 72).

Perhaps the extreme types of reactions of people to incest indicate the levels of discomfort that exist.

Most people find the subject of incest either totally repugnant or they make jokes about it. These two extremes reflect the ambivalence that marks people's attitudes toward the subject. To much of the public, incest is an evil, a horror, a fascination, an attraction. It repels, offends, perplexes, yet it fascinates. (Justice & Justice, 1979, p. 45)

This is the context in which both families where incest has occurred and professionals who deal with those families function. In understanding society's pervasive and often extreme types of reactions toward incest as well as the tendency to avoid talking or thinking about the topic, it follows that a climate within society exists where 1) families would attempt to keep incest a secret, and
2) professionals would tend not to recognize it, and not believe it if they did suspect it.

Kempe and Kempe (1978) point out how feelings about incest affect reporting of the problem.

A discussion of incest . . . is likely to bring forth strong feelings of revulsion or disbelief . . . but these are the same feelings that have caused professionals to shy away from the problem of sexual abuse and to underestimate its severity, and extent. . . . Incest makes professionals, along with everyone else, uncomfortable. (pp. 660-661)

James (1977) indicates that it is common to feel anger and want to seek revenge when thinking, hearing, or reading about incest. There is a tendency to be punitive and label the "good" and the "bad" person (p. 147).

Lack of Awareness and Recognition of the Problem

Many writers have agreed that one of the major problems in both the areas of incest and sexual abuse is lack of awareness and recognition of the problem.

Nakshima and Zakus (1977), in relation to the medical profession, stress the need for awareness of the possibility of incest.

Accurate reporting of incest has been hampered by cultural inhibitions, the shame and guilt associated with disclosure, and the failure of professionals to recognize it. (p. 696)

Florence Rush, a psychiatric social worker and writer, has also made note of the lack of reporting.
The fact remains that sexual offences against children are barely noticed except in the most violent and sensational instances. Most offences are never revealed and when revealed, most are either ignored or not reported. If reported, a large percentage are dismissed for lack of proof and even when proof can be established, many cases are dropped because of the pressure and humiliation forced on the victim and family. (Brownmiller, 1975, p. 277)

Susan Sgroi (1975) points out that one of the major handicaps in reporting is the lack of openness on the part of professionals that sexual abuse is a possibility in some situations.

Recognition of sexual molestation of a child is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist. Unfortunately, willingness to consider the diagnosis of suspected child sexual molestation frequently seems to vary in inverse proportion to the individual's level of training. That is, the more advanced the training of some, the less willing they are to suspect molestation. (p. 20)

Sandra Butler (1978), when interviewing incest participants and professionals, found a large degree of resistance across the professional community.

It was in the professional community that I found the silence I had anticipated finding among those who had been victimized. Again and again as I sought out men and women with the training and experience that should have equipped them with the foundation upon which to develop alternatives in treatment and counselling, I heard the same phrase, 'We don't see much of that here.' I could not understand the denial, anxiety, and absence of services among the professional community. (p. 8)

Sgroi would not be surprised by such a reaction from professionals. In fact, she encountered a much more
aggressive form of denial and resistance. Although physical abuse and neglect of children receives much attention and action, Sgroi (1975) notes that the same consideration is not consistent in relation to sexual abuse.

Protecting children against sex crimes has received far less community sanction. It seems 'too dirty,' 'too Freudian,' or perhaps 'too close to home.' Thus one who becomes concerned with this particular aspect of child protection must be prepared to cope with a very high degree of resistance, innuendo, and even harassment from some as well as indifference from others. The pressure from one's peer group as well as the community to ignore, minimize or cover up the situation may be extreme. (p. 19)

Butler (1978), in searching for an understanding of the resistance among professionals that she encountered, attributed the reaction to attempts by professionals to "block out" incest.

I began to see the nature of the self-protection that motivates their (professionals) separation from both the reality of incestuous assault and the adult family members involved in such abuse. I began to find, too, that this kind of self-protection is employed by all of us in an attempt to shield ourselves from the reality of incestuous behaviour. (p. 9)

Possible reasons for the strong negative reactions and lack of awareness of the problems of incest among professionals is explored in the following section.

Professionals' Feelings

Why does the lack of awareness or recognition of the problem of incest exist? As has been previously determined,
there is a reluctance on the part of many professionals to recognize, gather documentary evidence and report suspected cases of incest. Perhaps the resistance could be attributed in part to dealing with "problems that stir up powerful sexual fears and conflicts present in everyone" (Wecan, p. 12).

Butler (1978) suggests that professionals' attempts to deny their own feelings or experiences results in the silence that she experienced in her research.

As long as we continue to believe that incestuous assault can happen only in other families, we can avoid examining our own lives. This distance protects us from sexual feelings we may have experienced for older family members and any possible interplay that may have occurred in our own childhood as well as feelings we may have toward our children as we watch them developing into young men and women. While most of us do not act upon these feelings, it is our refusal to acknowledge to ourselves that we have ever had such feelings, that creates our silence, aversion and unwillingness to openly discuss the issues involved in incestuous abuse. (p. 11)

Justice and Justice (1979) call for professionals to "work through" their feelings related to incest.

To be effective in helping a child or family, a professional must have worked through his own feelings about incest so he or she is still not finding it too 'unthinkable' to deal with. The tendency often is, both by professionals and non professionals alike, to talk about something else. (p. 267)

This is a very general statement of an area that this researcher considers to be essential. Robert Geisser (1979) is more specific.
Professionals, like everyone else, harbor a basic horror of incest. In order to work sympathetically with incest victims and their families, they need to bring those feelings under control and replace them with a professional detachment coupled with sensitivity. They need also to appreciate the realities of what the discovery of incest can mean to a family in terms of possible prison sentence for the offender, loss of income to the family, or the splitting apart of the family. They need to know the realities of foster care as a 'solution' and its impact on the child victim. The professional must also be well grounded in the psychological after effects of incest on the child victim. (p. 63)

Herman and Hirschman (1976) have suggested that the fact that there are few studies on incest is related to the strong effect associated with the topic.

Because the subject of incest inspires such strong emotional responses, few authors have even attempted to dispassionate examination of its actual occurrence and effects. Those who have approached the subject have often been unable to avoid defensive reactions. (p. 737)

Weitzel, Powel and Renick (1978), in reviewing the handling of a single incestuous family, concluded that interventions can be more detrimental than the incestuous relationship.

In our experience the knowledge that incest has occurred often results in a stereotyped response that is overly influenced by the emotions of the professional who assumes the relationship will cause irreparable psychological damage to the child. (p. 129)

Meisleman (1978) notes how the strong emotional impact of incest can inhibit logical thinking. She suggests that this response thereby inhibits recognition as well as treatment of the problem.
Incest horror is unfortunate, not because it expresses disapproval of incest but because its intensity impairs our ability to think about incestuous behaviour in a calm way. . . A horrified attitude prevents us from recognizing the true scope of the problem by relegating incest to the realm of events that are so bizarre that they occur only among the scum of society or in the context of extreme psychopathology. We need to adopt the attitude as professionals, that incest is an unfortunate event that is preventable, detectable, and treatable. (pp. 381-382)

Henry Giaretto (1976) makes the clearest commentary of feelings aroused by making the connection to the unconscious and professionals' responses to the problem.

Dread of incest is buried deeply in the unconscious of man and evokes emotions that are volatile and unpredictable, among them, repugnance, uneasy fascination, fear, guilt and anger. This confused state finds expression in obscene comments or nervous disinterest when the subject is brought up in conversation, or quickly erupts into hostile behaviour when an incestuous situation is discovered. Professional helpers themselves are not free of the incest dread. Many react either evasively when a case is referred or irresponsibly by failing to comply with child abuse reporting statutes. Nor can criminal justice personnel claim immunity from the panic induced by incest since their effect on sexually abusive families usually adds up to either evidence is not court-proof, or severe punishment of the entire family if the offender confesses. Finally, social scientists must also be affected with the dread of incest. How else can we account for the paucity of studies on incest which, with few exceptions, are superficial in contention and scope? (p. 41)

Giaretto (1980) openly shares his own process of resolving his feelings about incest.

I know that I must continually work at developing this attitude within myself (referring to awareness and acceptance of the family's feelings) . . . I was forced to go into deep exploration of my unconscious for its own incestuous impulses and found that my
early religious upbringing had done its repressive work thoroughly. After confronting the revulsion and anger that I was projecting on my client, I was able to assume a responsible therapeutic mien.

The raw feelings of despair and confusion had needed to be attended to and my own hangups had become less intrusive. I cannot over-emphasize the importance of self-work on the part of the therapist. This is the central theme of workshops I conduct for individuals who want to help incestuous families. (p. 153)

Sandra Butler (1978) also refers to the role of the unconscious in reactions to incest.

Because of our own unresolved anxieties about family sexuality, we find it extremely difficult to deal clearly and compassionately with the reality of incestuous assault. It is difficult for us to look at the lives of others whose behaviour may uncomfortably reflect feelings that lay buried within us. Difficult and frightening perhaps, but necessary in order for us to come to a deeper understanding of not only the larger problem but of our own lives. (p. 17)

Butler (1978) makes an important distinction in the response of the community to children and adolescents involved in incest.

A very young girl elicits feelings of protectiveness and outrage. However, if the victim is a fully developed adolescent, our own discomfort with the victim's often sexually aggressive behaviour leads many of us to view her as seductive and as having taking advantage of a weak older male. Furthermore, if the victim expresses her pain through drug abuse, alcohol dependancy or prostitution, we conclude that she must have been a bad kid all along and must be held at least partially responsible for her situation. (p. 34)

Butler (1978) suggests that perhaps a lack of response on the part of professionals is related to feelings of inadequacy and discomfort about dealing with incest.
The professional community - those we would like to be-ieve have the skill and understanding to help victims extricate themselves from sexual abuse - has failed them. Professionals are inadequately trained to deal with the reality of incestuous assault. Many are uncomfortable with the sexually abused child and uncertain how to counsel him or her. (p. 35)

Herman and Hirschman (1976-77) assessed in their review of the incest literature, two main attitudes of blame and denial throughout.

Even those investigators who have paid attention to cases of actual incest have often shown a tendency to comment or make judgments concerning the guilt or innocence of participants. (p. 738)

Butler (1978), Herman and Hirschman (1976-77) and Justice and Justice (1979) have all very critically pointed to a conclusion drawn from the Bender and Blau study (1937) of the reaction of children to sexual relations with adults as "the classic attitude" that children "are to blame" for their involvement in the sexual relations.

These children undoubtedly do not deserve completely the cloak of innocence with which they have been endowed by moralists, social reformers and legislators. The history of the relationship in our cases usually suggested at least some cooperation of the child in the activity, and in some cases the child assumed an active role in initiating the relationship. It is true that the child often rationalized with excuses of fear of physical harm or the enticement of gifts, but these were obviously secondary reasons. Even in the cases in which physical force may have been applied by the adult, this did not wholly account for the frequent repetition of the practice. Finally, a most striking feature was that these children were distinguished as unusually charming and attractive in their outward personalities, thus, it is not remarkable that frequently we considered the possibility that the child might have been the actual seducer rather than the one innocently seduced. (Bender & Blau, 1937, p. 514)
What Professionals Should Do

There are many things that professionals can do in terms of preparation for dealing with incest. This area will be covered more extensively in the treatment section. However, generally, one aspect is coping with their own feelings, as has been suggested and it is also important to learn about and understand incestuous families in terms of being better able to sensitively and constructively handle the problem.

Summitt and Kryso (1978) focus on accumulating knowledge in the area related to practical, clinical issues.

Professionals in mental health and human services should be able to cope with subtle value judgements and to distinguish between affectionate and abusive behaviour. They must be aware of the complex interplay among family sexual roles and be cognizant of the relative importance of oedipal forces at particular stages of family development. They should be able to evaluate the risks of various sexualized behaviours according to a reliable body of diagnostic and prognostic knowledge. (p. 238)

Leroy Schultz (1980), who has written extensively on the legal aspects of incest and the implications for the family, points out that it is important to begin working "where the client and/or family is," a very entrenched social work value.

Since it is commonly accepted as a principle that in treatment one should 'start where the client is' professionals treating incest situations should avoid compelling clients to accept explanations of the incest event, and begin working with the rationale offered by the participants themselves. (p. 163)
Schultz (1980) indicates that there is a need for professional education regarding incest and its solutions for psychiatrists, pediatricians, nurses, social workers and all para-professionals in child care institutions and programs. Schultz advocates for in-service training and workshops with federal funding and mandatory attendance as a requirement (p. 165).

Justice and Justice (1978) point out that physicians and teachers are in key positions in terms of detecting signs of trouble in terms of preventing incest or to detect it in early stages. "But to do this, they must know what the cues are and to receive training in what incest is all about and what can be done" (p. 26).

Justice and Justice (1979) further recommend that helping professionals must know how and where to obtain appropriate services for families in need; i.e., specialists trained in treating incest (p. 267).

Professionals also need to be aware of laws governing incest and the reporting responsibilities expected of them depending on the particular state law, for example, reporting to local/state child welfare or protective service agency may vary (Justice & Justice, 1979, p. 267).

Incest as Child Abuse

Justice and Justice (1979) have suggested that by viewing incest as a form of child abuse "an important step
can be taken toward removing the taboo against discussing the subject (p. 43). By placing incest within the context of child abuse more public attention and action are likely.

WECAN, the Windsor and Essex County Child Abuse Committee support the position taken by Rita and Blair Justice, that sexual abuse needs to be placed within the context of child abuse.

Only when professionals recognize, corroborate, and report cases of sexual abuse with the same commitment that they bring to other forms of child abuse, will the extent and nature of the problem be known, and appropriate methods of treatment become widespread. (WECAN, p. 13)

It has been suggested that professionals and society in general need to be desensitized to incest and "re-sensitized" to child abuse. The concern is that perhaps the emphasis upon child abuse over the past decade has resulted in a less sensitive approach to the problem.

Summary - Professional Attitudes

Information within the literature pertaining to professional attitudes toward incest was not extensive. It was generally suggested that thinking or talking about incest existing causes people to feel uncomfortable or react strongly. It was pointed out that there is a lack of recognition and awareness of incest within the professional community. Some would link the intense negative reaction to unconscious thoughts related to personal situations (Butler, 1978, WECAN).
It was agreed throughout the literature that professionals need to "work through" their feelings and develop a substantial knowledge base in order to be effective in their interventions with incestuous families. Therapists such as the Justices have suggested that the consideration of incest as a form of child abuse would help to diffuse some of the strong reactions of professionals and others. This would assist further in detection and reporting of incest.

Causes - Why Incest Occurs in Families

Typology of Views

Understanding why incest occurs in families is one of the first steps required to deal with feelings related to it from a professional perspective. The approach taken in this study is a family one. However, there are several other theories, or suggestions for causality within the literature on incest. One could arrange these theories in terms of a continuum ranging from an individual, psychoanalytic approach to a family systems approach.

Gutheil and Avery (1977) suggest that the literature on incest can be divided into three attitudinal or conceptual phases. The first phase they consider to be an epidemiological-descriptive phase with some anthropological material - the focus being on under-reporting, presenting the child as a victim and debating whether the child was psychologically
harm by the experience. The second, a psychological-investigative phase, featured a more detailed examination of individual dynamics of family members. A view emerged of incest as a collusive act with the child active and even seductive and the parents compelled by instinctual motivations to repeat specific childhood experiences or conflicts with a new generation. With the move toward understanding family dynamics as the field of family psychiatry developed, incest entered the family process phase — that is, considering incest as a symptom of family conflict and disequilibrium (pp. 105-106).

The view presented here parallels the Gutheil-Avery model. The development of theories, it is suggested, proceeds from a sociological and psychoanalytic view to a psychosocial and environmental view to a family focus. However, the development of an understanding of the family dynamics has been increasing for some time and has been included to some extent within all of the above theories. However, the current emphasis upon the family is continuing to be more fully explored.

Each of the individual schools of thought is not "pure" meaning that there may be areas of overlap between theories along the continuum. This presentation is not intended to be exhaustive but rather convey or point out major tenets of the theory.
The Sociological

Talcott Parsons (1954) suggests that the incest taboo is the result of a combination of sociological and psychological factors (p. 101). The prohibition against incest within the family is functional for the socialization of the child and obviously for society as a whole. Parsons (1954) points out that it is:

1) socially important that the nuclear family should not be 'self-perpetuating' and selecting mates outside the family aids this
2) it is essential that persons should be capable of assuming roles which contribute to functions which no nuclear family member is able to perform. Only if such non-familial roles can be adequately staffed can a society function. (p. 408)

Therefore, the functions of the taboo are to enhance socialization by forcing family members to choose mates outside of the family and to reinforce parenting roles during the lengthy growth and development of the child (Boekelheide, 1978, p. 87).

Psychoanalytic View

There has been several psychoanalytically based explanations of incest. A few will be reviewed here.

Freudian theory postulates that in the oedipal phase each person experiences the effects of an instinctual incestuous tendency (Rhinehart, 1961, p. 338). However, the incest wish is tabooed, and repressed and is replaced by a more acceptable substitute object (Wahl, 1960, p. 96). The
process during the oedipal phase is a displacement of the wish for the opposite sexed parent onto a person of the opposite sex outside the family.

Freud, upon hearing from many female patients' accounts of incestuous rape, initially believed that these complaints were the projected wishes of the patients (Wahl, 1960, p. 99). Freud later determined that such accounts could very well be factual and he shifted his concern to the incestuous desires of children (Freud, 1959).

Kaufman, Peck and Tagiuri (1958) suggest a three-generational pattern found in father-daughter incest. The concept of a generational pattern is included as well in the family approach to incest. Kaufman et al. when studying eleven cases of incest, found that the maternal fathers or step-fathers had deserted their families. The maternal grandmothers were cold, demanding and hostile and reacted to the desertion by singling out one daughter upon whom they displayed and vented hostility and resentment. These daughters who became the mothers of the daughters in the study were infantile and dependent and continued to seek the love of their mothers they never felt that they had.

These mothers over-indulge one daughter to develop into a replica of the maternal grandmother and displace onto these daughters their hostile feelings. At some point, the mothers sexually desert their husbands. The husband and daughter both feel deserted and the girl accepts the father's advances.
Cormier, Kennedy and Sangowicz (1962), in a study of 22 fathers involved in incest, suggested that the daughter becomes both a substitute for his own young wife and his mother. The psychopathology of the father can be traced as follows: 1) the daughter replaces the wife; 2) and becomes the young girl that he courted as a young man; 3) thereby transforming himself in the same process; 4) where his wife becomes his forbidden mother; and 5) the daughter is transformed into the early, all-giving mother (pp. 108-109).

Family Approach

The focus preferred in this research project is a family approach to understanding firstly why incest occurs and then, secondly, in providing treatment. A family approach implies a systemic view toward understanding family functioning. Consideration of incest as a family problem as well as a brief presentation of the family as a system will follow.

a) Re-labelling Incest as a Family Problem

Incest is a phenomenon which occurs within the context of the family, and which greatly affects the family.

Karen Meisleman (1978) makes the point that incest is never the result of one set of factors such as personality disturbances in the individual family members or even a particular pattern of family dynamics. Each incest situa-
tion is unique as is every family (p. 148). However, there are some commonalities that have emerged from various studies which will be discussed in this section.

David Walters (1975) agreed that incest can be caused by a combination of factors such as the personalities of family members, the family atmosphere and environment or situational elements (p. 145).

Lustig et al. (1966) refer to a transactional frame of reference in understanding incest. That is, causes for incest are not isolated within any one person, or factor, but rather is a result of transactions or interactions of several factors. Incest is viewed as a symptom of family dysfunctions (p. 32).

Rita and Blair Justice (1979) take a developmental approach in terms of understanding incest. They also believe that incest involves the whole family.

Incest . . . involves the whole family and not just the person who initiates the activity. The non-participating spouse is involved in terms of directly or indirectly encouraging the activity. The child is involved in terms of often being an active, not passive, participant or welcoming the activity as a form of special attention. The whole environment of the family is involved in terms of contributing to the conditions under which incest or sexual misuse occurs. (p. 32)

Understanding this is a first step in re-labelling incest as a family problem as opposed to laying blame on a particular individual, i.e., the father or the mother or the child, or upon a particular set of circumstances, i.e.,
alcoholism or over-crowding or low intelligence of family members.

The Family as a System

A system is basically a set of units with a relationship among them (Miller & Miller, 1980, p. 142). The family is understood to be a system. The function of the family depends upon the purposes of the individual members (Carter & McGoldrick, 1980, p. 143).

Family boundaries can be physical boundaries, like those defining subsystems, or they can be the roles or alliances within the family. Minuchin (1974) states that the boundaries of a subsystem are the rules defining who participates and how the function of boundaries is to protect the differentiation of the system (p. 53).

Feedback is a vital element to the operation of the system. Information is taken into the system, processed and released or put out. Feedback allows the system to assess its operation and can also provide the system with information (Miller & Miller, 1980, p. 170).

In systems theory, it is assumed that change in any part of the system will have implications for all parts of the system (Whittaker, 1974, p. 103). Satir (1972) also explores the idea of the family as a system.

It appears that every group of essential ingredients that must belong together in order to emerge with a single outcome forms a system. The parts have to
work together in some kind of orderly, sequential form which begins to develop a rhythm and a balance in order to obtain the outcome that the particular ingredients are designed to do. It began to look as though each family developed a system from its ingredients, a system that somehow kept the whole family in balance. (p. 214)

The characteristics of the family as a unit are different from a sum of component parts. Glick and Hessles (1974) state:

Knowing the attributes of all the individuals in the family is not the same as understanding the family system as an entity. The family has a history and functions of its own, the specifics of which differ from those of its individual members. (p. 11)

Families can be assessed in terms of their structure and process. Structure refers to such things as physical arrangement of the family, for example, the home (Miller & Miller, 1980, p. 143). Structure also refers to such things as rules, norms, boundaries, family secrets, and family fears.

Process refers to such things as tasks, roles of family members, relationships, communication, interaction, the family's level of homeostasis - balance versus ability to accept change, and history of the family - illness, trauma, divorce (Miller & Miller, 1980, p. 143).

Family structure and family process in incestuous families will be examined. Following will be the Justice and Justice model of causation of incest.

Structure

There are many structural problems in the incestuous family. Common phenomena are role reversals, blurring of
generational boundaries, parental child, chaotic family systems, enmeshed and disengaged family systems and problems with individuation and separation. Power dynamics and how incest becomes a secret within the family are also related to family structure.

a) Role Reversal, Parental Child, Blurring of Generational Boundaries

Families function well only when there are clear lines of authority and clear role expectations (Justice & Justice, 1979, p. 168).

In a healthy functioning family there are clear and distinct boundaries. Boundaries refer to those implicit and explicit rules that govern relationships between family members, between the parental subsystem - the executive and decision-making authority - and the sibling subsystem.

Brant and Tisza (1976) point out that a lack of boundaries within a family may indicate incest. When roles and boundaries are clear between parent and child there is less likelihood that a child will be inappropriately stimulated (p. 85).

There is both the confusion of roles in the actual exchange and blurring of the generational boundaries as the child assumes a care-taking, nurturing position often toward the whole family, as well as the parent(s).

Lustig et al. (1966) comment:

The occurrence of incest between father and daughter represents a role reversal and disintegration of the
boundaries between the generations, with the child cast in the role of satisfying needs of her father and required to assume a protective role toward her mother. (p. 38)

Minuchin (1976) refers to this child as a "parental child." In the family with a parental child there is a delegation of parental power to a child. Problems result if 1) there is no explicit delegation of authority, or 2) if the parents leave the child to be the main decision maker and controller (pp. 97-98).

Role confusion exists for everyone within the incestuous family. Siblings may be confused about who is in charge. The daughter does not know when she is a child and when she is a "lover." The mother is torn between being a parent and a rival.

When there is this much role confusion the family ceases to do the jobs required of a family. Children do not have limits set for them, or when limits are set, they may be arbitrary since they are being set by a child, a sibling in power. The 'unchosen' siblings feel jealousy and resentment in seeing the 'chosen' one receive special privileges from the father. (Justice & Justice, 1979, p. 169)

The children in an incestuous family see a poor parenting model. As Joyce Spencer (1978) notes, without intervention this type of relating within families is passed on from one generation to the next and "incest will be on the increase" (p. 587).

b) Disengaged/Enmeshed Systems - Chaotic/Rigid Systems

David Olson from the University of Minnesota has developed a circumplex model of marital and family systems
in terms of two structural dimensions of 1) family cohesion, and 2) family adaptability.

Olson's model (1979) proposes that a balanced level of both cohesion and adaptability is the most functional for the development of families (p. 3).

There is a need for balance on the cohesion dimension between too much closeness which leads to enmeshed systems, and too little closeness which leads to disengaged systems. There also needs to be a balance on the adaptability dimension between too much change which leads to chaotic systems, and too little change which leads to rigid systems (Olson, 1979, p. 3).

These are concepts that are particularly applicable to incestuous families, however, these dimensions obviously apply to all families in terms of assessing family functioning. The circumplex model will be further described as applied to the incestuous family.

The definition of family cohesion, used by Olson (1979) refers to the emotional bonding members have with one another and the degree of individual autonomy a person experiences in a family system(s). At the extreme of high family cohesion is enmeshment. The term enmeshment was originally coined by Minuchin and refers to over-identification with the family that results in extreme bonding and limits the individual's degree of autonomy (p. 5). The lowest extreme of family cohesion is disengagement, a term
also coined by Minuchin, and refers to low bonding and high autonomy among family members (p. 6).

Brant and Tisza (1976) describe the type of incestuous family that is typically enmeshed.

At the end are cases involving sometimes subtle interactions within families, in which the boundaries defining relationships are blurred and it often is difficult to separate family members' actions from their underlying fantasies. (p. 84)

Geiser (1979) notes, "there is a strong emotional bond in these families but it is a conflictual and pathological one" (p. 51). The incestuous family has been described as so "ingrown" that the father is unable to seek sexual release outside of it should his marital relationship not provide for his sexual needs (Meisleman, 1978, p. 107). This father often becomes over-invested in his family and seeks to control all aspects of their lives by whatever means he finds effective (Meisleman, 1978, p. 91).

Susan Forward (1978) describes the disengaged type of family as it may be presented.

Incest generally develops in a troubled family. Rather than causing a breakdown in the family most incest is the result of such a breakdown. Family members are often emotionally isolated from one another and there is usually a good deal of loneliness and hostility before incest occurs. (p. 4)

The sociopathic type of father is described as merely treating his family in the same manner as he treats other persons as objects to fulfill his desires. It is assumed that the degree of cohesion in such a family would be low (Meisleman, 1978, p. 91).
The second dimension of family adaptability refers to the ability of a marital/family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. The assumption is that an adaptive system requires balancing of both change (morogenesis) and stability (morphostasis) (Olson, 1979, p. 12).

The extremes of family adaptability range from a chaotic system to a rigid system. These are structural terms that also describe types of incestuous families. The chaotic family organization is described in the case presented by Eist and Mandel (1968) during the treatment phase. Features of the chaotic structure were, for example, family members speaking for one another, excessive touching within the family, and constant general confusion.

Eist and Mandel (1968) suggest that the "development of personal integrity and self respect opposes the chaotic family organization in which incest occurs" (p. 227).

On the other end of the continuum with respect to adaptability is the rigid family. Mildred Hall (1971) notes the resistance to change present in many incestuous families in terms of rigidity.

The troubled family itself often sets up blocks precluding treatment for them. Family defences against intrusion into their affairs are hard to penetrate. Exposure of the incestuous activity appears to foster a high complementarity between family members. They appear to become close knit as if to shut the world out of their affairs. Often these families mobilize resistance toward giving up the unacceptable coping mechanisms. (p. 20)
Families often become rigid and resistant to change once the incest is discovered. Machotka et al. (1969) note also that the family's resistance and denial of the problem tends to maintain the "secret."

Admitting incest might necessitate relinquishing the inappropriate role one had assumed or assigned; denying it avoids the responsibility of action but creates a 'secret' which is maintained at the high cost of family flexibility. (p. 113)

c) Individuation and Separation

The issues of separateness and belonging is a common theme and struggle in every family. The most central issue of any family is meeting people's needs both to belong and to separate, or to be apart from. The family that provides the conditions for both dependence and independence, belonging and separateness, has taken a big step toward preventing problems among its members, incest included (Justice & Justice, 1979, p. 236).

Particularly in chaotic, enmeshed families there is little individuation or separation among family members.

Murray Bowen is the family therapist who has addressed a great deal of attention to "differentiation" in the development of his theory of family functioning. Bowen (1974) refers to a "differentiation of self" scale or continuum which represents the degree to which a person becomes emotionally "differentiated" from the parent (p. 74).
Often accompanying a lack of differentiation is a feeling of inadequacy. Also, undifferentiation results in anxiety and frustration.

Boekelheide (1978) notes that inadequate separation/individuation within a family could result in incest.

In the usual separation-individuation process the growing child is encouraged through gentle frustration to separate from the mother-infant bond to gradually move into the broader family and society. When the attachment is very strong the oedipus situation does not resolve and incestuous wishes remain. Defences against these wishes may acquire many forms so that a wide range of sexual behaviour may take place, including incest. (p. 88)

In the incestuous family, pressure is put on the child not to grow up. A tension is created between the child's need for autonomy and independence and the parent's possessiveness (Justice & Justice, 1979, p. 170).

d) Power Dynamics

As previously noted, there is a disruption in the power and lines of authority within the incestuous family by 1) creating the parental child, who assumes power over the parents and sometimes over the entire family, 2) maintaining a family secret, thereby granting various family members "blackmail power," and 3) the parent often abuses their power/position when engaging a child in incestuous/sexual activity.

Sandra Butler (1978) points out that it is rarely necessary to physically coerce a child. If physical threats are made they rarely are carried out as the adult wants the
child to remain available and silent. Physical harm might result in detection (p. 29).

The child is pressured into sexual activity by adults who are related to them and in a position of power over them, either through age and/or authority. Parents are able to take advantage of the child's inability to make or understand sexual decisions for the purpose of the adult's gratification (Butler, 1978, p. 30 and p. 138).

Karpel (1978) points out that there is an element of "one-upmanship" in maintaining and holding family secrets. The secret-holder feels "one-up" on the unaware. The secret-holder also has the threat of "unused ammunition."

e) Family Secret

Secrets within families generally are about facts not feelings, such as an extramarital affair, incest, abortion, or adoption of a child (Karpel, 1980, p. 296).

Karpel (1980) states that loyalty dynamics are extremely important in the creation, maintenance and eventual facing of secrets in families.

Often the secret-holder feels, or may actually be 'sworn' to silence. She/he owes it to the other person/persons to keep the secret. Disclosing the secret would be experienced as an act of betrayal and would arouse guilt over disloyalty. (p. 297)

Burgess, Holmstrom and McCausland (1978) speak to divided loyalty in incest cases. "The pressure over family loyalty that confronts the young victim of incest may often be seen during the court process" (p. 116).
Internal family secrets create or strengthen boundaries and alliances within the family between secret-holders (Karpeh, 1980, p. 297). These, in part, are the dynamics of incest. Also, Karpeh suggests that the more enmeshed the relationships within the family, the more likely members are to think of private material as secret (p. 298).

External factors reinforcing the family secret are the strong cultural and social taboos in this society. When incest does occur, the family tends to keep it a secret. Perhaps, they fear the intense retribution from professionals, neighbours, relatives and the community.

Langsley (1968) and Machotka et al. (1967) refer to dynamics within the family that also contribute to the maintenance of the family secret. Langsley points out that the mother's denial in father-daughter incest is a defence against conscious awareness of what is going on as well as creating a family secret. The secret allows the family to continue the pattern of a mother-daughter role reversal (p. 219).

The cost of maintaining the secret in the family is that it may give the involved children "blackmail" power in terms of fighting for what they may want or in seeking revenge (Machotka et al., 1967, p. 113).
Family Process

Aspects of family process in the incestuous family discussed here include the marital relationship pattern and equilibrium.

a) Marital Relationship Patterns

There has been work done by both Murray Bowen and Larry Feldman of the Family Institute of Chicago on the following typology of marital relationships. This typology is reviewed since these patterns are prevalent when families are under stress, as incestuous families are, and, secondly, since it reflects many of the qualities of incestuous families like symbiosis, intense fear, rage and anxiety.

Bowen (1974) suggests that if the marital partners have low levels of differentiation then the emotional fusion in the marriage will be more intense. Bowen describes the most "universal" way of dealing with this fusion is through emotional distancing. However, Bowen also describes three other ways in which fusion between marital partners can be expressed (pp. 80-81).

The first pattern is the "conflictual" marriage. These marriages are often the most intense. Neither spouse "gives in" to the other and neither is capable of an adaptive role. The relationship goes through periods of intense closeness and intense conflict (Bowen, 1974, p. 80). Walters (1975) points out that in treatment of the incestuous family, part
of the therapeutic process involves re-constructing the source of anger, examining each parents' needs and the reasons for those needs, and sorting out how the early marital relationship developed over the years and was replicated in the relationship with the children.

These parents stay together over the years because of massive, overwhelming and somewhat unhealthy needs. The anger sometimes becomes the dominant force in the family. When the parents recognize the anger, express it, and realize why they have remained together many of them separate or get divorced. (p. 148)

The second pattern, the "overadequate/underadequate" marriage is identifiable by an overfunctioning partner who appears healthy and copes well and the other underfunctioning partner is chronically ill or invalided physically and mentally. A classic example of this relationship is the alcoholic marriage, and the combination of alcoholism and incest.

The third pattern is the "united front" couple. In this marriage, the parents present themselves as happy, healthy and well functioning by projecting problems onto one or more children (Bowen, 1974, p. 81). Justice and Justice (1979) remark that these parents can create as many problems in a family as those who are always fighting like the conflictual couple.

Parents who go to great lengths to avoid any disagreement with one another may start 'scapegoating' the child and seeing the child as the problem rather than their own relationship. Mother and father may insist that the daughter seduced the father, completely ignoring the fact that their own lack of love and affection for each other was a primary contributor to the problem. (p. 237)
Bowen (1974) points out that any of these symptoms are less intense when anxiety within the family is low. However, the lack of stress, tension and anxiety in the incestuous family is high (p. 81).

b) Equilibrium

Lustig et al. (1966) suggest that in the incestuous family the actual incest was the result of the family attempting to stay together. The preservation of the family is the central function of the incest. Incest is an adequate defence, they suggest, only as long as the members, especially the mother, are able to maintain a façade of role competence (p. 39).

If a behaviour pattern such as this (incest) contributes to family homeostasis, it tends to become a part of that homeostasis, which once established, tends to be self-perpetuating. (pp. 31-32)

Thus, the incest helps the family to reduce built-up tension and cope with stress as opposed to breaking up. Since 1966 there have been several other authors who have agreed with the point made by Lustig et al. In 1967, Raphling, in a case study of a family involving mother-son, father-daughter, and sibling incest, concluded that incest allowed the family to maintain an equilibrium that satisfied their unconscious needs that might have been expressed differently had the model for incest not been available (p. 511).
Also in 1977, Gutheil and Avery, in a case study of an incestuous family, agree with Lustig et al. that incest prevents the break-up of the family.

The homeostatic family defense against disintegration has been offered as an explanation, one with which all are in agreement: the relative lack of guilt stems from the implicit awareness that incest is maintaining the integrity, however pathological, of both the marriage and family ties. Indirect corroboration stems from the observation that they are indeed guilty about the possible fragmentation of the family once incest is apparent. (p. 114)

Boekeleheide (1978) supported the point that incest is a tension-reducing mechanism for the entire family, a means of handling stress.

By viewing the family as a whole it may be seen that the practice of incest serves as a tension-reducing function within the dysfunctional family system. The homeostasis that is re-established insures that the outcome of the individual psychopathologies becomes a collective family psychopathology and that individual coping mechanisms become a collective family response - incest. (p. 88)

In 1978 also, Sandra Butler suggested that the adult initiates incest to attempt to halt the disintegration of the family. The incestuous family instead of turning to outside supports, under times of stress, i.e., marital problems, turn further inward (p. 139).

The view that incest maintains the existence of the family has been supported by several other authors as well (Nakashima et al., 1977, p. 698; Forward, 1978, p. 42; Geiser, 1979, p. 60; Justice & Justice, 1979, p. 95).
Justices' Model

Rita and Blair Justice, in the presentation of their model as to why incest occurs in families, consider the interaction of three factors which might be schematically presented as a triangle. The three points on the triangle would represent the parents, the child, and the environment. The circumstances of incest include the interaction of these factors. According to the Justices' (1979), "incest has the potential to occur in any family. . . . We all have incestuous thoughts, feelings, longings" (p. 109). Whether incest occurs depends on a number of factors: how deprived and rejected a person feels; how unable a person is to establish human contact and closeness outside of sex and the family; how likely a person on some level views sex as an answer to feeling rejected and how much opportunity there is for sex in the family (Justice & Justice, 1979, p. 110).

The personalities of the individuals involved, the setting and circumstances and the changes or crises that have occurred in the family are the major points to consider in understanding why incest occurs in families.

The parents, child and environment constantly affect one another and it is not possible to determine the risk of incest occurring by considering one factor at a single point in time. Unless there is a balance between these points on the triangle, meaning there is an excess at some point, incest may occur in any family (Justice & Justice, 1979, p. 111).
A brief view of the interpersonal triangle between father, mother, and child will be explored.

a) The Fathers

Justice and Justice (1979) present a typology of fathers who participate in incest. The first group are symbiotic personalities into which most incestuous fathers fall and which will be discussed more fully in the following section. The second group are psychopathic personalities who feel no guilt or remorse about sexual involvement with children. They are aggressive and impulsive and seek pleasure and excitement through sexual stimulation. There is no emotional attachment involved in the sexual relationship with the daughter. The number of psychopathic-type fathers is unknown, but thought to be small (p. 80). The third group are pedophilic personalities who represent a small percentage of the fathers. This person is attracted to young girls due to his own immaturity and feelings of inadequacy and insecurity (p. 89). The final category, "other," includes fathers who engage in incest because the practice is accepted as part of their culture or because they are psychotic. These also represent a small percentage of incestuous fathers (p. 91).

b) Symbiotic Personalities

Justice and Justice (1979) developed their explanation of symbiosis when working on The Abusing Family. They discovered that a major problem in abusing families was that
the child was expected to take care of the parent. The parents turned to the child for nurturing, love and comfort. The parents also competed with one another over who was going to take care of whom, and the "loser" - the parent who made decisions for the family and took on the major responsibility, felt deprived of love and care and would then turn to the child to satisfy needs for love and caring. The child is unable to fill such a heavy demand and would assume the brunt of the parent's frustration and anger when the parent was stressed. This basic problem is referred to by Justice and Justice as symbiosis (pp. 62-63).

The isolation and distance from people characterizes all incestuous fathers (p. 63). All symbiotic personalities turn within the family in an attempt to meet their needs. All use sex in an effort to satisfy needs that they never learned to fulfill through intimacy with others (Justice & Justice, 1979, p. 66).

Justice and Justice view that an incestuous father has the same problem of symbiosis because of his experience in his own family of origin. He has strong inner needs for warmth and intimacy. He does not know how to be close and affectionate in a nonsexual way or how to belong and have a warm relationship in a non-physical way. He turns to his daughter in an attempt to meet those needs. Justice and Justice believe that most men who commit incest are out of touch with their needs and have no experience in meeting them in a healthy way (p. 63).
Justice and Justice (1979) classify symbiotic personalities into four types. These are the introvert, the rationalizer, the tyrant, and the alcoholic (pp. 65-80).

c) The Daughters

Several characteristics may typify the daughter involved in incest. She may have a poor relationship with her mother who may be out of the home, jealous or rejecting. The daughter has low self-esteem, feeling unattractive, unloved and inadequate. She may compensate by acting like an adult and self-sufficient. The daughter is looking for attention and affection and may engage in incest for extra privileges and gifts. She may develop a seductive manner to attract attention. She may be vulnerable to her father’s advances because of the oedipal complex. She may act as a rescuer for her father or the family (Justice & Justice, 1979, pp. 94-95).

The child’s contribution to factors causing incest is usually weaker than that of the parents or the environment (Justice & Justice, 1979, p. 149).

d) The Mothers

Mothers may be indirectly or directly involved in incestuous behaviour. Those indirectly involved may be identified by one or more of the following characteristics. The mother seeks a role reversal with the daughter. This basic symbiotic quality is reflected in the majority of mothers whose husbands and daughters engage in incest (p. 97).
The mother wants the daughter to take over as she struggles to get the care and nurturing that she missed in her own childhood. She may rationalize her abandonment of the daughter on the basis of helping her husband. In the process, the daughter lacks adequate nurturing as well. She may become angry at having been pushed into the parent role and also about the poor relationship with the mother (p. 150). This role reversal can be transferred from one generation to the next.

Many of the mothers are depressed. They are often somehow absent from the home due to working, illness or indifference. Some may not want to be sexually involved with the husband. Others are dependent and submissive-type personalities (pp. 98-99).

Although most mothers deny that they were aware that the sexual relationship between father and daughter existed, Justice and Justice (1979) believe that most are aware on some level that they contributed to the conditions making incest possible (pp. 101-102).

 Mothers directly involved in incest are similar characteristically to incestuous fathers. Incestuous mothers use sex as a way of becoming close to someone. Often, she has no husband, or he is extremely passive or frequently absent from the home (p. 103).

e) The Environment

The third point of the interactional model, the environment, will now be considered.
Stress - Crisis/Change. Justice and Justice (1979) have found that one of the characteristics of incestuous families is a high degree of change (p. 112). Excessive change is not a cause of incest, but it is a contributing factor (p. 116). Change requires that a person make an adjustment. Different people respond in different ways to stress. Common responses to stress can be a loss of control either physically (heart attack), emotionally (severe depression), or behaviourally (incest).

Justice and Justice administered a Schedule of Recent Experience (SRE) in order to determine the stress score for a particular family they were involved with. This score represents the amount of change in the family's life over the past 12 months. They compared SRE scores for abusing families, non-abusing families, and incestuous families. The average score of the non-abusing family was 124, the abusing family was 234, and the incestuous families scored 240.

Justice and Justice (1979) have found that "most of the changes were ones they (the family) initiated and were within their control" (p. 113). They argue that excessive change brings out tendencies that otherwise remain under control as defences are worn down (p. 116).

The most common event preceding the onset of incest between father and daughter is sexual estrangement between father and mother. The estrangement between husband and
wife may result from increasing hostility between husband
and wife, as a result of mother entering the hospital,
working at night, or taking a trip (Justice & Justice,
1979, p. 118). This is especially critical for symbiotic
fathers as they have difficulty relating and establishing
relationships outside of the family (p. 117). One event
then feeds into another and the potential for incest in-
tensifies if the daughter's reaching puberty happens to
coincide (p. 119).

Another important factor in the circumstances for
incest are the physical and social environment of the
family including its sex culture (Justice & Justice, 1979,
p. 123). A family's sex culture refers to things such as
the amount of overt sex observed in the family, the amount of
disrobing that goes on, if individual privacy is respected,
the kind of "play" that a parent engages in with children
or sanctions between them, or the kind of language used and
sexual references made (Justice & Justice, 1979, p. 131).

Justice and Justice (1979) report that the sex culture
in incestuous families is either lax or repressive (p. 131).
It becomes easier to cross the line between appropriate and
inappropriate contact in a family that is sexually per-
missive. On the other hand, complete suppression of sex in
a family is sometimes a repression and compensation of
powerful incestuous wishes (p. 133).
Incestuous families are often isolated from others. Another prevailing condition is hostility between mother and father with much pent-up anger and frustration. The father may turn to the daughter to express anger and hostility toward the wife (Justice & Justice, 1979, p. 136). The physical environment of the family may also produce contributing factors to the occurrence of incest. A factor such as overcrowding in the home precipitates children sharing beds, or parents sleeping with children. However, Justice and Justice (1979) conclude that crowding conditions may be used by a parent as an excuse (p. 138).

Developmental Stage of the Family

At times, the onset of incest may be related to the developmental stage of the family. Incest, at times, occurs at the point in the family's life cycle when the children are beginning to reach adolescence and the parents are reaching mid-life years.

Cormier, Kennedy and Sangowicz (1973) note:

The adolescence of children is a period of change for parents as well as for children, which may bring problems, but also provides compensatory satisfactions. . . . Mothers become preoccupied with the success of their sons and vicariously relive their own girlhood and courtship while fathers appreciate the beauty and charm of their daughters and their success with young men. (pp. 100-101)

However, if the marriage is unstable and given some of the previously discussed precursors to incest with the
teenagers practising their "attractive powers" on parents, the "fine line" may be crossed. Normally, parents and children work through this situation safely as they are psychologically well protected (Cormier et al., 1973, p. 101).

As children reach adolescence they provoke more characteristically adult sexual responses. Fathers may react, for example, in one of two ways to a maturing daughter. One is a withdrawal reaction where the father is threatened by potential attraction and ceases holding or touching his daughter. The other may be overly seductive or self-satisfying (Summit & Kryso, 1977, p. 241).

If incest between father and daughter has been a family pattern, the incest often ends when the daughter reaches adolescence and realizes that this type of relationship is not common in all families and when she begins to struggle for independence and turns to peers as opposed to father (Meisleman, 1978, p. 170).

Summary - Causation - Family Perspective

As previously stated, developing an understanding of incest and how it occurs and develops within the context of the family would enable professional helpers to work through the process of dealing with their feelings.

It is assumed that in order for helpers to be effective they must be able to maintain a professional distance from the family and not become enmeshed within the circumstances.
of the incest or the family system, for example, over-identifying with a particular family member. Caring, support, acceptance and a non-judgemental attitude are important elements of the helping process. It is believed that knowledge and understanding is the first step toward 1) resolving the negative feelings about incest, and 2) developing the professional but caring stance necessary to approach the incestuous family.

In understanding incest from a family perspective there needs to be a re-labelling of the problem as belonging to the family as opposed to any one family member.

No single factor contributes to the causation of incest within a family. Rather, it develops as a result of the presence and interactions of factors both outside and within the family. External factors, for example, include high levels of stress or change, the physical environment of the family, isolation of the family, sex culture of the family, and developmental stage of the family. Interactional factors such as the dynamics of the interpersonal triangulation among family members, the level of unmet needs among members, the capacity for intimacy among members, the history of incest, learned methods of coping, and relationship patterns in the parents' families of origin are important elements in tracing the development of incest within a family.
In some families incest is an accepted cultural norm. For other families incest is situational and results from increased trauma and stress in the presence of other factors. And in other families incest is chronic and has become a learned pattern of coping and relating that is transferred from one generation to the next.

The following are possible characteristics of an incestuous family: 1) need for nurturance related to unmet needs of the parents and children; 2) high levels of stress and change; 3) role reversals; 4) collusion of family members in maintaining the family secret; 5) pervasive separation anxiety as the catastrophic fear of the family; 6) intense emotional climate within the family (pain, terror, rage); 7) multigenerational history of incest.

Cues and Consequences

Cues

There are various cues or signals that may alert a professional to the potential of incest existing within a family.

Cues in the daughter might be behavioural or physical. The mood and behaviour of the daughter, such as indications of depression and withdrawal, or that she is seeking affection and attention might be indicators. It may appear that the daughter functions as a parent within the
family. This refers to the blurring of the generational boundaries that has been discussed. The child may seem to have no friends and spend little time with the family members other than the father. Secretiveness can be a signal.

There may be some physical cues such as venereal disease or genital infections. The physical cues would be related to the age of the child. Infants may present reddened or traumatized genitalia, sleeping or eating disorders or altered activity patterns.

Toddlers and younger school age children may present a range of physical complaints from stomach aches to dysuria; increased fearfulness, insomnia, attention problems; genital irritation, laceration, bleeding, infections. (Brant & Tisza, 1977, p. 83)

Less specific behavioural cues within children could include enuresis, hyperactivity, phobias, compulsive masturbation, precocious "sexual play," excessive curiosity about sexual matters or separation anxiety (Brant & Tisza, 1977, p. 84).

Adolescents may act out in terms of running patterns, delinquent behaviour, drug or alcohol abuse, pregnancy (Brant & Tisza, 1977, p. 84).

Excessive seductiveness on the part of the child could indicate the possibility that sexual activity has occurred (Justice & Justice, 1979, p. 160).

Cues in the father's behaviour may be that which indicates the blurring of generational lines - he may be-
have impulsively, irrationally and immaturely, more like a child than a parent. Secondly, he may behave like a "young suitor" toward the daughter. Thirdly, the father may be jealous and over-protective of the daughter (Justice & Justice, 1979, pp. 160-161).

Meisleman (1978) elaborates upon the types of "pre-incest paternal behaviour" that indicates the strong potential for the onset to occur.

Obviously pre-incest paternal behaviour includes an insistence on sleeping near the daughter, efforts to see her in the nude or to exhibit himself to her, and an unusual amount of physical contact with her. . . . In some cases, the father begins to act like an adolescent suitor in his daughter's presence; he may actually insist on holding her hand or putting his arm around her while watching television. . . . Obvious jealousy of the daughter's friends . . . or an inclination to fantasize about her sexual feelings and activities are other more subtler signs of incestuous feelings that may be exceeding the usual, well repressed sexual possiveness, that a father may feel for his daughter. (pp. 112-113)

Cues in the mother relate to the blurring of generational lines. The mother becomes both a child and a rival to her daughter. The mother appears simultaneously dependent upon her daughter but also competes with her (Justice & Justice, 1979, p. 162).

Cues in the siblings in the family may be jealousy of the favoured child or an exclusion of the other children by the parent (Justice & Justice, 1979, p. 163).
Consequences of Incest

There has been a variety of opinion related to the consequence of incest upon the participants and the families involved. Opinion ranges from considering incest to be detrimental to no hazardous effects to potentially an even positive or beneficial experience.

a) The "Low-Effect" School of Thought

Those who support the contention that incestuous experience does not necessarily damage an individual can be represented by such authors as Bender and Blau (1937), Yorukoglu and Kemph (1966), and Rasmussen (1937).

The Bender and Blau (1937) study of 16 children and the follow-up Bender and Grugett (1952) study of 14 children suggest that in most cases the effects of incest are not necessarily harmful. They stated that the children showed less evidence of fear, anxiety, guilt or psychic trauma than expected. "On the contrary, they more frequently exhibited either a frank objective attitude, or they were bold, flaunting and even brazen about the situation" (p. 510).

Bender and Blau (1937) concluded:

By far the largest group of these children seemed to be potentially normal children who had been introduced into sexual practices by adults directly. Such children seemed to be able to give up the sexual interests, preoccupations and activities under normal circumstances, with minimal degrees of neurotic features. (p. 513)
The Bender and Blau (1937) study has come under criticism as it relates to incest since there were only four children in the sample involved in sexual activity with a parent, and generalizability of the findings to the larger population is questioned.

Rasmussen was also in agreement that sexual assaults on children below age 14 need not have a detrimental effect. There were 54 cases, selected from court records between 1902-1914, in Rasmussen's study. Rasmussen concluded that 46 of the children seemed "none the worse for the experience (Bender & Blau, 1937, p. 500).

Rascovsky and Rascovsky (1950) suggest that the ego capacity for sublimation is favoured by the pleasure afforded by incest, and they state that incestuous acts lessen an individual's chance of psychosis and allow for better adjustment to the external world (p. 45).

Yorukoglu and Kempf (1966), in a two-case study, concluded that the children involved, in one case of mother-son incest and one case of father-daughter incest, that the children were functioning in a healthy manner. They suggest that possibly there were no ill effects in these cases because the children had developed adequate ego functioning, including defences and adequate psychosexual development prior to the onset of the incest (p. 123).

Sgroi (1978) points out that a single occurrence of incest, although disruptive, may be easier for a child to
integrate than a series of recurring incidents over time (p. 135).

Sgroi (1978) continues to point out that the degree of gratification and secondary gain for the child as a result of the sexual relationship must be assessed. Termination of such a special relationship may result in a sense of loss for the child. The child's feelings of grief or loss may be aggravated by temporary or permanent physical separation from the perpetrator (p. 135).

b) Moderate Effect School of Thought

Other studies qualified their findings in relation to effects upon the children since part of the sample would show harmful effects and another part would not.

Raphling et al. (1967), in a case study of mother-son, father-daughter and sibling incest all within the same family, found that if the adults involved harbour little anxiety or guilt concerning the incest then the child responds in the same manner. They note that this is particularly true if the non-participating adult is permissive and allows for open expression of the incestuous behaviour (Henderson, 1972, p. 308).

Kaufman et al. (1954), in a study of 11 cases of incest involving female children initially found that these girls appeared mature and capable, after the discovery of incest. However, it became clear in therapy that the girls were dependent and some experienced psychotic-like states.
(pp. 276-277). When the incest was detected, the girls showed extreme guilt and anxiety over the disruption of the home, although they did not seem guilty over the incest (p. 277).

Lukianowicz (1972), in studying 26 cases of paternal incest in Ireland, divided responses of the daughter into four categories: 1) 11 girls became promiscuous; 2) 5 became frigid after marriage; 3) 4 became neurotic; and 4) 6 indicated no ill effects (p. 302).

c) Damaging Effect School of Thought

Nakashima and Zakus (1977) reviewed 23 cases of incest at the adolescent clinic at the University of Colorado Medical Center. Only 2 of the 23 girls were diagnosed as normal at the time they were evaluated. Behaviour problems were noted in 6 of the girls, school problems in 12 and depression in 5. They concluded that "adolescence appears to be a time when incest can inflict the greatest damage" (p. 699).

In the follow-up data available, between 1 to 12 years after the reported incest, Nakashima and Zakus found that only four of the initial group to be making a "reasonable adjustment" (p. 699).

Summit and Kryso (1977) believe that incest can be harmful, but have found that the harm correlates with the response to the discovery of incest as opposed to aspects of the incest itself, for example, perversity or forceful-
ness. Also, they believe harm results from the perception by the child that the sexuality is socially inappropriate and that the relationship is exploitive (p. 248).

This parallels the conclusion of Sloane and Karpinski (1942) that incest is least harmful psychologically for the younger child, and the risks increase as the child approaches adolescence. Sloane and Karpinski (1942) studied 5 cases and stated that incest in post-adolescence leads to serious repercussions (p. 673).

Summit and Kryso (1977) point out that part of the dynamics with the children is that they assume the responsibility for the incest (p. 248).

One of the most destructive aspects of incest is the damage to the child's self-esteem. This affects personality development, future relationships and ultimately sets in motion the potential for continuing the cycle within the following generation.

Justice and Justice (1979) suggest that to what degree and how incest is damaging depends on how the incestuous relationship began, the child's age, the emotional context, how the family reacts, how the incest comes to light and how society reacts (pp. 167-168).

They also point out that the consequences may occur while the incest is going on, when the incestuous relationship breaks up and is discovered, and when participants have difficulty functioning and their families suffer from long-term consequences (p. 168).
The effects upon the daughter often depend upon the reactions from others. This is often an area where professional attitudes are most noticeable and most influential:

Law enforcement personnel keenly feel public pressure to punish 'degenerates' who sexually abuse children. In their zeal to prosecute the needs of the children may become secondary. . . . The daughter who reports incest may not be believed or if she is believed, the blame is placed on her instead of on her father. (Justice & Justice, 1979, pp. 175-176)

Typically, what occurs within the incestuous family once the behaviour is discovered is that a pattern of blaming frequently develops (Cormier, Kennedy & Sangowicz, 1973, p. 104). Geiser (1978) points out that denial is another mechanism of dealing with the guilt and the blame is shifted from the adult to the child.

In a typical blame-the-victim manoeuvre, seduction becomes an act of the daughters who take advantage of their drunken father. (p. 53)

Justice and Justice (1979) point out that the daugh may have been approached sexually by other men, when the incest is revealed. They view her as "fair game" (p. 177

An immediate consequence to the child is that she may be removed from the home. The child often feels that she is being punished for committing the incest, for telling, or both (Justice & Justice, 1979, p. 178).

Weinberg concluded that the effects upon the family depended largely upon the attitude of the mother toward t
father and daughter. If the mother wished to preserve
the family, she became hostile toward the daughter and
attempted to expel her from the family. The father was
expelled if the mother had a close relationship with the
daughter. Then, the mother, daughter and siblings united
against the father and became closer (Meisleman, 1978,
pp. 183-184).

Summary - Cues and Consequences

A variety of signals exhibited by individuals in the
family could indicate that incest is ongoing. The majority
of cues are behavioural and more specific physical indicators
may be present in the child. Behavioural indicators could
include a withdrawn and secretive adolescent who appears to
function as a parent in the family, an over-protective and
possessive father and a mother who is somehow absent from
the family and when she is present she is hostile toward
the involved child.

There are a variety of opinions with respect to the
consequences associated with incestuous experiences.
Basically, it seems that there has not been adequate research
in the area to be able to conclusively state what the general
overall effects of incest could be.

In this researcher's opinion, in most cases incest
tends to be a damaging experience for the child involved.
A very basic trust between parent and child is betrayed.
These effects upon the child and the family are often compounded by the reactions and over-reactions of professionals and the community.

Treatment

At present, the preferred mode of treatment for incestuous families is a family approach. However, treatment of incest is still basically a new area and there is little information available on this approach.

Programs provided by Rita and Blair Justice in Houston, Texas, Henry Giaretto in Santa Clara, California, M. Ingerbritson in Minneapolis, Minnesota, along with the Child Sexual Abuse Prevention Project Touch Program and available services in Canada will be reviewed. A general approach as to what professionals should do when dealing with incest will be explored first. The following discussion evolves around parent-child incest.

Family Approach

Understanding incest as a family problem and using a family treatment approach has been accepted by Cormier et al., James, Sullivan, Hall, and Machotka et al.

Cormier, Kennedy and Sangowicz (1973) theorize that incest is a symptom of a dysfunctional family.

The case becomes in effect one of family therapy, the outcome depending on the resources of husband and wife, their willingness to involve themselves, and to work together mutually towards a common aim. (p. 115)
Thomas Sullivan (1972) states that each family member has to be evaluated in terms of roles, strengths, and capability of therapeutic intervention. The therapist should explore the current marital relationship and the role adaptation of both marital partners at the sexual, social and emotional levels including how each partner perceives the other's role (p. 7).

Mildred Hall (1971) found that by tapping the incestuous family's need for cohesiveness and re-labeling this as a strength, steps could be taken to begin to alter family relationships (p. 22).

Machotka et al. (1967) point out that family therapy helps to distribute responsibility appropriately, places individual guilt in perspective and prevents recurrence (p. 113). A family approach to the problem focuses on the roles and relationships within the family. This approach also relabels incest as a family problem which assists in alleviating the blaming pattern that frequently develops by placing the responsibility of the problem upon the entire family.

General Techniques and Theory

The major orientation of Gentry, Walters, Geiser, Machotka et al., Brant and Tisza, Molnar and Cameron and finally Sgroi will be briefly overviewed to provide a framework of their various approaches to treating incest.
Gentry and Walters suggest a combined use of both individual and family treatment. Geiser and Machotka et al. focus mainly on a family-style of intervention. Brant and Tisza and Molnar and Cameron recommend a team approach to treating incest. Sgroi believes that the use of the court is necessary to involve families in treatment and also suggests the need for a comprehensive medical examination for children.

Charles Gentry (1978) points out that professionals treating incestuous families should base their actions on knowledge about incest "rather than being ruled by impulses." He adds "it is crucial for treatment personnel to understand and like their jobs" (p. 358).

Gentry believes there is a need for investigative personnel, like social workers and police, to be well trained and understanding of needs of the child, and the parent involved and the family.

Gentry (1978) points out that it is "never appropriate to be critical of the victim's abusive relative." The professional should listen and be accepting of any negative or positive feelings.

More psychic damage can be done by insensitive interrogation of the victim and by suddenly dissolving the family than was done by the incestuous involvement. (p. 358)

Gentry warns that especially if the incest has continued over a long period of time, the professional should not expect the child to completely suppress sexual feelings
Once sexual relations have become a regular way of trying to get affection it is next to impossible to eliminate all such behaviour. (p. 359)

Generally, there is a need to improve the child's self-esteem in treatment.

Gentry (1978) notes that the involved parent cannot be expected to give up incest without an appropriate activity being substituted. The parent can be assisted in developing social skills that lead to adult-adult, rather than adult-child sexual relations (p. 361).

Often, there is much caring and affection in incestuous families. Therapy should build on the strengths within the family. Patience and tolerance are necessary in dealing with the family's depression and self-destructive behaviour.

The spouse should be encouraged to express feelings of anger, rejection, competition, and jealousy. The spouse also needs to admit to the child that the poor marital relationship precipitated the incest if that is the case (Gentry, 1978, p. 361).

Waiters (1975) points out that, in many instances, neither the complaint, nor the sexual attitudes, behaviour or familial relationships are dealt with in any depth, in the counselling situation.

There is a normal reluctance to discussing the complaint and dealing with a taboo topic, and therefore therapists and patients alike tend to focus on extraneous matters such as income and early childhood. Not infrequently, those charged with treating sexual abuse are more uncomfortable than their patients when discussing sexual matters. (p. 134)
Initially, whether the allegations are denied is not important. It can be pointed out to the parents that most children do not accuse their parent(s) of sexual abuse and therefore the accusation indicates there is a need to strengthen family relationships most parents will not argue this point (Walters, 1975, p. 136).

A problem in treating sexual abuse is the use of sexual terms. It is the responsibility of the therapist to ascertain the terms that the family uses since many times these are the only terms the members understand (Walters, 1975, p. 142).

Walters (1975) points out that a major need in treatment incestuous families is restructuring relationships within the family, including the other siblings in the home as well.

The long range goal is... a change to healthier familial relationships, to the point where sex is not used as a controlling mechanism in parent-child interaction. This may mean a restructuring not only of the relationships between the parents and child involved but... of all the family relationships and interrelationships, the multiple triads, encompassing the other children in the household must be included in this restructuring. (p. 135)

Therapy becomes a process of examining parental needs and how the marital relationship developed and was replicated in the relationship with the children. Usually these parents stay together because of their massive, overwhelming and unhealthy needs. Anger often becomes a dominant force in the family. When the parents recognize the anger, express
it and realize why they have stayed together they may separate or divorce (Walters, 1975, p. 148).

Geiser (1979) points out that the resistance of the family to treatment, particularly that of the offender, is one reason why the involvement of the legal system is often helpful (p. 63).

However, the response of the courts and the law to incest is usually inadequate. The emphasis is most often on punishment and prison sentences for the involved parent, thus breaking the family apart. Little is done to reconstitute the family – treatment is almost never prescribed (Geiser, 1979, p. 64).

Ideally, the treatment of incest would involve a trained crisis intervention team and close cooperative efforts between all of the professionals involved, such as police, courts, probation officers, mental health professionals, social workers, and others.

Brant and Tisza (1977) support a team approach on the basis of the high level of anxiety and strong feelings experienced by professionals in relation to incest cases (p. 82). Molnar and Cameron (1975) also suggest a coordinated effort in treatment. Lack of awareness of the problem of incest by professionals was attributed to delays or failures to report incest cases to the appropriate agencies in the Molnar and Cameron study (1975, p. 376).
Machotka et al. (1967) point out that by separating family members, the only change that occurs is the sexual aspect, however, another child may assume or be put in the role if the initial child is removed. The child may view the separation as punishment. Removing the father may add to these above mentioned situations as well as assigning legal guilt to one person which allows other family members to continue to deny their own responsibility (p. 114).

Kempe and Kempe (1978), in their work with incestuous families, have found that it has not been possible to reunite families after incest has been stopped whether the child is placed or the parent has been removed unless the other parent is willing and able to protect the children. Both parents must admit the problem, share a desire to remedy it and also improve the marriage, or divorce (p. 72).

Sgroi (1978) makes the point that no professional discipline provides comprehensive clinical training to deal with incest.

Most disciplines fall short of offering even basic information to guide the professional who finds himself or herself in the role of initial investigator by virtue of being first on the scene or the person to whom the victim or family has appealed for help (p. 129)

Sgroi (1978) suggests that members of the helping profession who deal with children must become more knowledgeable about the basic approach to investigating and assessing sexual assault cases. She believes that incest presents the most difficult diagnostic and therapeutic challenge (p. 133).
It has been this author's experience that the father-daughter incest taboo is so great in our society that professionals and lay people within the community tend to view child sexual assault by a step-father who is not a blood relative with far less alarm and discomfort than when the natural father is the perpetrator. (p. 134)

Sgroi believes that it is unlikely for a father or his family to become involved in treatment unless treatment is recommended by law enforcement, child protective services agency or mandated by the court.

Sgroi (1978) warns that professionals should avoid setting up direct confrontation situations with a parent concerning a complaint of incest unless they are able to separate the involved parent and child since these situations are volatile and potentially violent (p. 137).

It is important to have specialists in the area skilled in interviewing child victims and for investigative purposes, according to Sgroi. The credibility of the professional as an "experienced witness" in court, as well as consulting with other professionals and making recommendations would be enhanced by obtaining specialized interview skills and experience in the area (Sgroi, 1978, p. 138).

The way that an incestuous family may enter the social service system is crucial since they may be "turned off" and lost. Sgroi states that the way the situation is initially handled may well determine the eventual outcome (p. 143). Professionals should be knowledgeable about resources so that the family is not "lost through the cracks."
At this point, the Justices' program, followed by the Giaretto and two Minnesota programs, as well as services in Canada will be explored.

Justice and Justice Program

Justice and Justice take a transactional analysis orientation to both understanding and treating incest. However, they suggest using whatever method a therapist might use with any family in terms of techniques to try within a group setting. Justice and Justice also believe that in any treatment approach with incestuous families, professionals need to first deal with their own feelings.

It is likely that adults will react to an incestuous situation as if it were an "emergency." Since incest has usually gone on for a number of years, Justice and Justice (1979) point out that the "emergency" responses indicates a need to reduce the anxiety of the adult professionals (p. 240).

The less hysteria and drama displayed in response to the discovery the easier it will be for the child to open up and give more information. Justice and Justice point out that it is easy to see the child as "the victim" and want to prosecute the adult (p. 241). This rescuer role is often assumed by professionals conjointly with a punitive attitude toward the adult.

The child needs to know from professionals that he/she is believed, that incest sometimes happens but that it should
not, and it will stop and finally he/she is not responsible for the incest.

Justice and Justice (1979) state that a certain amount of anger is normal on the part of the professional toward a parent who sexually exploits a child.

However, continuing outrage probably has its roots in other feelings, such as wanting to deny that parents can have sexual feelings towards their own offspring. (p. 242)

One way of denying sexual feelings toward children in ourselves is to view incestuous parents as completely different and become outraged.

Thus, many people, professionals included, look upon these people as sick, crazy or maniacs. . . . A person who persists in clinging to an intense sense of outrage cannot be an effective helper. (Justice & Justice, 1979, p. 243)

Therapists need to be certain that neither feelings or outrage, or rationalizing the behaviour of the incestuous parent are covering their own repressed sexual feelings (toward their own children). Justice and Justice (1979) state that it is possible to understand how incest occurs without condoning or dismissing it (p. 243).

Issues that the family therapist needs to deal with initially are confronting the family with the problems, although being supportive and assisting them with potential legal charges, informing the parents that the incest has to stop and that the role reversals in the family are harmful to the children and need to change (Justice & Justice, 1979, p. 244).
Justice and Justice (1979) surveyed 112 incestuous families and worked extensively with 20 couples in group therapy (p. 21). The first session in the Justice and Justice program is a family session. What happened, what family members think the problems are, what has happened to them since the incest was discovered are areas explored. Interactions among members are observed. A second family session is occasionally scheduled.

Justice and Justice (1979) ask the parents to verbally acknowledge that they were responsible for the incest occurring. Because they believe that the parents need to do the most changing and that families can change without every family member being involved, the focus is on the marital couple. Their approach involves assisting parents in setting up new systems for the family in terms of relating and then to assist the children in adjusting to the new system, parents are referred to group therapy (p. 245).

In an opening group session, initially the new couple is asked to complete the Schedule of Recent Experience, and to set goals related to problems that they want to focus on over a three-month period. Justice and Justice (1979) use a Goal Attainment Scale (GAS) which involves identifying the main areas of concern within the family and then setting goals in each area (p. 246). Typical problem areas include symbiosis, marital relationships, stress reduction, sexual climate, isolation, and alcoholism.
Justice and Justice (1979) found that since the contracts are stated in behavioural terms it is possible to measure change and that with both parents in groups, there is more pressure to be honest when self-reporting (p. 246).

They believe that it is important that those who treat incestuous families specialize in the area (p. 255).

Giaretto's Program

In July 1971, the Juvenile Probation Department (JPD) of Santa Clara County, California initiated the Child Sexual Abuse Treatment Program (CSATP). Henry Giaretto volunteered over a two-year period to function part-time as the primary counsellor and liaison between the individual sexually abusing family and the JPD.

The program existed over the next four years with the referral rate increasing from 32 in 1973 to 135 in 1974 (Kroth, 1979, p. 13).

All families accepted into the program must first go through the court system with conviction and parole of the offending father a prerequisite to treatment (Anderson & Shafer, 1979, p. 443).

a) The Therapeutic Model

Giaretto (1976) found that conjoint family therapy alone was not enough and could not be applied in the early stages of the family's crisis. He moved to treating the
child, mother and father separately in the beginning.

phases. The treatment procedure is as follows:

1. Individual counseling for the child, mother
   and father.
2. Mother-daughter counseling.
3. Marital counseling - which becomes key treatment
   if the family wishes to reunite.
4. Father-daughter counseling.
5. Family counseling.
6. Group counseling. (p. 14)

Another important finding early in the program was
that this more reconstructive approach toward the family
would be enhanced if the family were assisted in locating
community resources such as housing, financial, legal, em-
ployment and so on.

In 1972, a self-help group known as Parents United
formed. The members meet weekly and after a brief general
meeting the members form subgroups: a couples group, a
women's group, a mixed group. A separate organization
named Daughter's United is composed of teenage girls
(Giaretto, 1980, p. 149).

b) Three Phases of Treatment

Phase one of the treatment process is self-assessment
and confrontation. Giaretto builds on strengths and re-
inforces positives within the family. Then weaknesses are
identified as areas needed to be changed. "As the clients
gain confidence in their search for self knowledge they
begin to probe the painful areas connected with incest."
The family members are encouraged by Giaretto to share their
feelings related to the incest. Confrontation may be in-
volved. Giaretto listens compassionately and moves at the individual client's pace. Giaretto confronts the parents with the total responsibility for the incest. The parents are encouraged to tell the child that he/she is not to blame.

The major objective of these first steps is to bring to awareness certain conscious and unconscious components of the individual personalities as well as those that comprise the 'personality' of the family. An important feature of this treatment is deliberate coaching in techniques of self awareness so that each individual can develop independently the skill of observing his own growth process and that of the family. (Giaretto, 1980, p. 155)

The second phase of treatment focuses on self-identification. A key notion in this part of the treatment is that the self is unique, that it is capable of changing. Giaretto (1980) points out that a strong self-identity must be internalized by an individual before he can experience self-esteem. He points out that "the self in each family member should be a relatively stable center, which is more than the roles each plays, i.e., daughter, student, wife, mother; etc." (p. 155).

The third phase of treatment is self-management. The assumption is that everyone can learn to control the way he behaves and the course that his life will take (Giaretto, 1980, p. 155).

Giaretto (1980) points out that these last three phases of treatment are carried out in a parallel rather than linear fashion. Other theories and models may also be used (p. 156).
Giaretto adds that a variety of techniques may be employed but his main strategy is "to tune into the client and situation and try to apply a fitting technique." In most instances, experiential techniques are called upon that elicit effective responses, however, cognitive and spiritual needs are not neglected.

Giaretto assigns tasks to provide continuity between sessions.

Techniques are mainly drawn from psychosynthesis, Gestalt therapy, conjoint therapy, psychodrama, transactional analysis and personal journal keeping (Giaretto, 1980, p. 156).

Giaretto's program also involves a training program for interns, volunteers and staff involved with incestuous families, and a community awareness program involving speaking engagements and media coverage.

C) Description of the Training Program

The training program was designed for interns and to offer to other communities throughout California. The program extends over two weeks (ten days).

The training includes 2-3 days spent at the home of Henry Giaretto focusing on assisting the trainee in becoming aware of his/her own feelings in responses to child sexual abuse. The staff work on the assumption that to the extent a person working with incest can be aware of his/her own feelings, he/she can be more responsive to the needs of the clients (Kroth, 1979, p. 153).
Another focus in this part of the training is the needs and feelings of the involved family members. Some time is spent with the staff during a regular day attending staff meetings, Parents United Meetings. The trainees are allowed to view some of the administrative processes - discussion of difficult cases and how extra and interagency issues are dealt with. A large part of the training consists of sitting in on counselling sessions as trainees are paired with staff.

Trainees attend the various self-help group meetings. This is apparently a powerful experience for trainees, as they make direct contact with clients. This part of the training is designed to desensitize the trainee to any personal fear or hesitation he/she may have about dealing with the victims/families (Kroth, 1979, p. 155).

Minnesota Program

Miriam Ingerbritson, Project Director for Family Sexual Abuse Treatment at Fairview-Southdale Hospital, Edina, Minnesota, presented a one-day workshop on the program, April 1, 1981 at Colombiere College in Clarkson, Michigan.

In this program, families are involved in treatment for one year. Families become involved through the court system. This program was made available through federal funding. It will be reviewed and evaluated in September, 1981.
The family is assigned to a treatment team of four or five workers. It is believed that this approach is more helpful because it helps in preventing turmoil since treatment of a system is involved.

During the first four months, the father is living out of the home, and the whole family is involved in therapy between 8-12 hours per week.

The first four months of the program involves an orientation program, psychological testing and peer group counselling two hours per week, for example, a mother's group, a father's group, a teen's group and a children's group ages 6 to 11.

Following this initial phase there is approximately a two-week waiting period. Phase two involves multiple family group therapy with three or four families for two hours per week. The families look at both family functioning and relationships. Families are also involved in weekly "family labs" for two hours. Support groups offered through sex abuse anonymous, patterned after AA (Alcoholics Anonymous) are offered for the whole family. There is no staff involved in these groups. There are two parent and teen groups. A monthly workshop is also provided. This phase continues between 8-10 weeks.

The third phase continues over the remaining six months of the program. There is a couples group provided and a mother-daughter group for those families where
necessary. Individual sessions are also provided as needed. The monthly family workshop continues throughout the year.

The family labs highlighted in phase two of treatment are a unique approach to incestuous families. Approximately 16 families are involved in the labs over 16 weeks. The focus of the labs are educational although still very therapeutic. One staff person is assigned to the labs. The family labs, it has been found, assist in socialization and breaking down isolation. Families are given assignments both during and between sessions or “labs.”

The need of involving the family in the court process in order to ensure that treatment is followed through is controversial. There are varying schools of thought on this. All of the major programs reviewed—Justice and Justice, Giaretto and the Minnesota Program—receive referrals from the court. The belief is that unless the family is forced they will not seek treatment or will drop out of treatment without any safeguards to protect the child. Within the American system that may be a necessary element since, for example, protective service workers in Michigan are not able to investigate complaints unless the family allows them access to the home and the child. Whereas in Ontario a Children’s Aid Society worker has the power of a constable and can gain entry to a home or access to a child on the basis of a legitimate referral. From that point, a decision may be made to refer a family to court immediately.
if necessary or use court later on if cooperation of the family fails and concerns for the child's safety remain.

Child Sexual Abuse Prevention Project: An Education Program for Children

Another unique program developed in Hennipin County, Minnesota involves reaching children and teachers within the school system.

This project developed out of the Hennipin County Attorney General's Office, and the Sexual Assault Services Office and is carried out in collaboration with the Illusion Theater and Minnesota Public Schools (Kent, 1979, p. 4).

The purpose of the program is to develop better methods of communication with children about sexual exploitation and to share information with parents and professionals who work with children.

"The Touch Continuum" was developed as a non-threatening tool by which children and adults could begin to explore myths and fears surrounding touch and a means of expressing feelings and attitudes (Kent, 1979, p. 1). The Touch Continuum was designed to educate children about good and bad touch. The continuum is designed with four basic components.

<table>
<thead>
<tr>
<th>Lack of Touch</th>
<th>Confusing Touch</th>
<th>Exploitive Touch</th>
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<tbody>
<tr>
<td>Nurturing Touch</td>
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<td>2</td>
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Figure 2. Touch Continuum
Nurturing touch refers to positive expression of warmth, caring, giving and physical communication, i.e., kissing, holding hands, cuddling (Kent, 1979, p. 35). This would be considered "good touch."

Confusing touch happens when 1) the receiver does not understand the intent of the giver; 2) double messages are perceived between verbal and physical communication; 3) the touch is not familiar to the receiver; and 4) the touch does not fit or is in conflict with the attitudes or values of the giver and/or receiver (Kent, 1979, p. 36).

Exploitive touch refers to manipulative or forced touch, i.e., rape (Kent, 1979, p. 38).

Lack of touch refers to deprivation of a physical touching stimulation (Kent, 1979, p. 38). These last three kinds of touch are considered "bad touch."

Initially, staff went to various schools and led discussions in classes around sexual assault using role playing and focusing on educating children about the various types of touch, general prevention and reporting. The Illusion Theater demonstrated the Touch Continuum when they were available (Kent, 1979, p. 14).

a) Illusion Theater

Illusion Theater is a professional touring company based in Minneapolis/St. Paul. The theater creates original plays which combine mime, dialogue, song and movement (Kent, 1979, p. 13).
Illusion agreed to develop media for the Sexual Assault Services project. Illusion Theater created a simple piece entitled "Touch." It is a nonsensational presentation that explores the differences between nurturing and exploitive touch (Kent, 1979, p. 14).

"Touch" has apparently also been an effective awareness tool for professionals working in the field of sexual assault. It has been presented to teachers, lawyers, police, social workers, and others. The presentation invites and encourages the audience to explore personal feelings, values, and attitudes surrounding touch (Kent, 1979, p. 18).

The Minnesota group found that the touch continuum gave children permission to touch and be touched. Also, it gave them the skills to sort out the difference between good and bad touch. The underlying theme in presentation was that no one has the right to force or trick children into touch. "Children who know they have a right to say 'no' and/or question such behavior also have some valuable preventive skills against sexual exploitation" (Kent, 1979, p. 40).

Programs in Canada

In Vancouver, there is a 24-hour hotline aimed at children. In January 1980 there were 600 legitimate calls and 29 cases of reported abuse. Also, in Vancouver and the Fraser Valley there are two child abuse teams consulting
with social workers. In the first six months of 1980, the two teams were called in to consult on 176 cases of child sexual abuse (Grescoe, 1981, p. 42).

In British Columbia, those adults involved in sexual abuse and convicted receive treatment at the Forensic Psychiatric Clinic or the Matsque Institution Prison. Those who have not been charged are referred for treatment to private practitioners when they can be found (Grescoe, 1981, p. 44).

The Vancouver Rape Relief Centre received 40 reports of incest over six months and counseled girls and their mothers.

Dr. Bill Maurice, Department of Psychiatry, University of British Columbia, runs a medical unit at Shaughnessy Hospital where they are "swamped with calls about sexual abuse of children" and receive referrals from the child abuse team.

The Alberta Department of Social Services now has 24-hour emergency telephone service called the Child Abuse Hotline (Grescoe, 1981, p. 44).

Calgary recently formed the Child Sexual Abuse Committee which surveyed agencies and sponsored training workshops for professionals. The committee polled 151 agencies, social workers and private practitioners and found that 30 had some contact with sexually abused children, and wanted professional training in the area (Grescoe, 1981,
There are two hospital projects — for child victims at Holy Cross Hospital and for offenders at Calgary General Hospital's Forensic Unit.

Winnipeg has a six-member police child abuse team working in conjunction with social workers and family and juvenile court.

The Toronto Y.W.C.A. runs a group for women who were involved in incest as children as does York General Hospital. In Durham, east of Toronto, a family counsellor is organizing a group for mothers of children involved in incest (Grescoe, 1981, p. 44).

Overall, it seems that services in Canada are lacking. The legal aspects related to dealing with incest and the potential ramifications for the family and the treatment process will be considered.

**Legal Aspects**

The legal aspects in working with incestuous families often present a dilemma for professionals. According to Spencer (1978), the professional fails the child if the authority of the court is not used, and yet the process that the child and family must go through frequently negates treatment and further traumatizes the child (p. 588).

Walters (1975) notes that the typical response of professionals toward the adult when incest is revealed is legal as opposed to therapeutic and "all efforts are
directed toward building a case for prosecution of the offender" (p. 133).

This type of reaction seems to reflect the need to punish someone in incest and the professional's discomfort in working with the involved adult.

Another aspect of the dilemma for professionals is the decision as to when cases would be reported to authorities. Brant and Tisza (1977) report cases to protective service agencies when they doubt that the parents can adequately protect the child from further harm. These parents are identifiable by their lack of guilt and anxiety (p. 88).

Molnar and Cameron (1975) note that within the Canadian legal system, cases are treated differently depending on whether the case is referred to Juvenile and Family Court or Criminal Court (p. 375).

In Family Court, hearings are private and the purpose is more therapeutic. In Criminal Court, the focus is corrective and rehabilitative. The Crown Attorney is the person who decides in which court cases are heard. Although there is legislation related to the act of the incest, most cases are handled through family court, other charges or other agencies (Helping the Victims of Sexual Assault, 1979, p. 8).

A person may be charged with incest under section 150 of the Criminal Code necessitating involvement in criminal court or charges may be laid under section 33 of the Juvenile
Delinquents Act through Juvenile and Family Court. The factors determining in which court charges are brought are frequently arbitrary. There are two clear situations, however, which clearly determine the charge. Criminal Court handles only those cases where consummation of the incest is suspected. However, homosexual incest is not defined as legal incest and is therefore dealt under section 33 of the Juvenile Delinquents Act. Secondly, the nature of the legal relationship between the two participants in incest may determine the charge brought against the adult. Cases involving sexual relations between uncle-niece, aunt-nephew, step-parents and step-children, not prohibited by section 150 of the Criminal Code would be charged in Family Court. Outside of these two factors, the decision of which proceedings are brought against an individual appears to be a discretionary one (Cooper, 1978, p. 521).

The professional needs to be aware of the pressure that is placed on the child when court proceedings are initiated. There is often repeated questioning by child welfare or protective service workers (Children's Aid workers), police and attorneys.

At the same time, the family is generally in crisis and the child frequently becomes the scapegoat.

The court process often reconfirms the child's belief that something is wrong with him or her, or that he or she is bad. In the court situation, the child is exposed to
examination and cross-examination. The child usually bears the burden and responsibility of presenting the evidence that may send the parent to jail.

It is not unusual, given this extreme pressure, for the child to change the story. Also, the length of time between arrest and trial may also account for a change in details (Spencer, 1978, p. 588).

The usual court procedure is that once a complaint is received the victim is interviewed by a series of law enforcement personnel – uniformed officer, detective, prosecutor and a doctor and perhaps a counsel or a Children's Protective Services Worker (Stevens & Berliner, 1980, p. 253).

The issue has been raised that continued repetition of the events or series of events further traumatizes the child.

It is generally agreed by child psychiatrists that the degree of psychic trauma is as much, or perhaps more dependent on the way that the child victim is treated after discovery than at the time of the offence itself. The need to protect child victims from damage to their future personality by the reactions of their parents and by police interrogations and legal proceedings in which they are involved has caused great concern among leading authorities on questions related to law and psychiatry. (Libai, 1980, p. 191)

Aspects of the legal proceedings that have caused concern related to the child's emotional state are: repeated interrogations and cross-examinations, facing the accused again, the official atmosphere in court, the acquittal of the accused for lack of corroborating evidence to the child's
testimony and conviction of the person who is the child's parent or relative (Libai, 1980, p. 195).

Some of the treatment programs in the United States that have developed for incestuous families recognize the weaknesses of the court process in dealing effectively with the problem. Many of the programs receive referrals from the courts.

Mandatory court involvement, that is, receiving family treatment by order of the court, is a controversial issue. However, the programs in Connecticut, Minnesota and California and Texas operate upon that basis.

Training Professionals

Some general recommendations pertaining to the overall response to incestuous families have been evident in the literature in a preventive context in terms of better preparation of the professionals.

In a general context, Gentry (1978) suggests that societal attitudes and the emphasis upon prosecution of incestuous offenders needs to change in order to improve treatment and prevention aspects.

Experience indicates that non-accusatory but firm intervention can prevent further incidents, keep emotional trauma to a bearable level and make family life more functional. (p. 363)

Public and professional education and awareness are major points in both prevention and treatment of incest.
Sgroi strongly believes that it is every professional's responsibility when dealing with children to 1) be aware that sexual abuse exists; 2) to recognize the signals of children or families "in trouble"; and 3) to be knowledgeable about state reporting laws and community resources.

Geiser (1979) points out that public awareness and discussion of the problem is required to change the attitude of secrecy that prevails in order to be able to reach children and families (p. 160).

It has been suggested that the real trauma in child sexual abuse occurs when it is discovered due to insensitive handling of the family.

Inhumane and traumatic handling of child sexual abuse cases is not limited to judges, lawyers, police, and probation officers, however. It is also widespread among physicians and hospital personnel, social workers, child care workers, school teachers and even psychiatric personnel in child guidance clinics. (Geiser, 1979, p. 161)

The training of professionals in the area of incest is a major issue and a major part of that training should emphasize the individual's own feelings and attitudes.

Professionals must be trained and educated... the people involved must come to understand the needs of the victims, family and offender. They must be helped so that their own feelings do not get in the way of rational, helpful action... the usual react-ion (of professionals) is an emotional and punitive one. In such a climate it is difficult to find much support for prevention, treatment, and rehabilitation programs. (Geiser, 1979, pp. 161-162)
Dietz and Craft (1980) make several recommendations for the training of social workers. They suggest that schools of social work should incorporate information about rape, incest and spouse abuse as these are issues pertinent to every woman (p. 345).

They view in-service training as an effective method in terms of providing workshops on incest in the work place. These workshops could present crisis intervention techniques, the legal aspects of incest, the problems faced by victims in removing themselves from abusive situations, the attitudes and fears held by workers toward incest and members of incestuous families, the worker frustrations in working with such families, myths about incest and knowledge of community resources for the family (Dietz & Craft, 1980, p. 346).

Dietz and Craft (1980) conclude that:

"It is the responsibility of every social worker to examine his or her personal biases or lack of information and attempt to correct the effects of these in individual professional practice. Research shows that social workers take this responsibility seriously, as indicated by their efforts to seek out professional literature and additional training to increase their understanding of incest. It then becomes the duty of social work educators, trainers, researchers, and writers to gather and provide the necessary information, and understanding for these workers." (p. 346)

Summary - Treatment

There have been several approaches to treating and working with incestuous families presented. In the previous
section, a family orientation to the problem as a more novel approach was highlighted.

Treatment is an obvious and important element in working with incest. It was included here to provide a framework for analyzing helpers' attitudes towards incest. How do helpers approach the family, the parents and the child? What do they consider to be important in terms of working with an incest case? When and why might they recommend removal of the child from the home? What is their opinion of the legal process - the involvement of the police, court and the legislation? These were some of the questions presented to professional helpers in this sample in order to elicit their feelings and attitudes regarding the treatment of incest as a problem in terms of their own approach and experience.

Because parent-child incest can involve many different types of parents (for example, psychotic or psychopathic) and result from various types of family dynamics, there is not one form of treatment that will apply to all situations in which incest occurs. Therefore, it is important for the professional in the treatment situation to have a clear assessment of the family situation. Each case is unique.

The three major focuses in terms of treatment seem to concentrate on an individual orientation, with some attention to the family and then a mainly family approach or a group approach. These approaches may be combined as
needed. It seems that the approach would be determined by a number of factors, such as, what family members are available (has the child or parent been removed), how ready are family members to work, or how accepting are they of change, what is the agency function and policy.

It is recognized that there may be times when an individual orientation may be more beneficial than a family focus. There may be times, for example, when focusing on sexual problems within the marriage that a family approach would not be appropriate.

It seems that if the family is going to remain together, there would be a need to concentrate on family treatment at some point. Family treatment may be something to work toward where family members would continue to resolve role and relationship problems, and ventilating and working through feelings within the family.

Contraindications to family treatment might be a destructive relationship between mother and daughter when father-daughter incest is discovered until such time that negative feelings might become less intense.

It is believed that a basic premise to employing a family approach is that it is important to redefine or re-label incest as a symptom of a family problem rather than the problem. This would enable the family members and the therapist to move beyond the denial and blaming patterns that often develop within the family and inhibit treatment.
It is believed that a more constructive approach would focus upon the roles and relationships within the family, for example, re-defining roles, restructuring boundaries and re-educating the family about appropriate functioning. These, however, are issues that the therapist needs to handle carefully since children may continue to interpret the incest as their fault.

After labelling the problem it would seem that treatment would become individualized depending upon the dynamics within the family and the strategies and techniques that the therapist might make use of and be most effective in employing.

There are degrees of success in treating incest, as in any other situation, depending upon the knowledge and expertise of the worker/therapist, the individual's successful resolution of feelings and the family's willingness and openness to change the behaviour.

Success in treatment may have varying levels as well. Success in one family may be stopping the incest. Success in another family may be providing individual counselling for some family members. In yet another family, perhaps group (parent and children's groups) or family treatment may be indicated and possible. Ultimately, success would represent a child who had resolved feelings and become able to grow and enjoy normal sexuality. Successful resolution for the family would be either separation or reconciliation to allow for healthy functioning.
Summary - Review of Literature

The purpose of this study has been to identify and describe helpers' attitudes about incest. The rationale for choosing this focus is that until those feelings and attitudes are recognized and dealt with they are in impediment to recognizing, assessing and treating incest.

It is therefore important that the feelings are worked through in order to be able to approach a particular client or family in an accepting and non-judgemental manner. This process is important also in terms of allowing oneself to be open to receiving information and education about incest resulting in a knowledgeable and confident professional who would be better prepared to treat the problem.

Within the review of literature, various aspects of incest have been examined. With the focus being upon professional helpers' attitudes about incest, theories related to causation, consequences, cues, treatment and legal aspects have been presented. The preferred mode for understanding and intervening with incest has been a family focus.

Chapter III will present the methodology pertaining to the study.
CHAPTER III

METHODOLOGY

The purpose of formulating a problem in order to research it is to clarify objectives, scope and focus of the project by defining the underlying research questions, assumptions and operational definitions.

Research Questions

This research study is exploratory-descriptive in nature and will suggest areas for future study in incest.

The purpose of this study is to identify and define helper attitudes related to incest. The format of the study will consist of individual interviews with helpers in the field who are involved with children, adolescents and their families in terms of ascertaining professional responses to questions formulated around incest.

An elementary aspect of the study will be defining the sample demographically, for example, age, sex, marital status.

The research questions will relate mainly to:
1) What were the helpers' feelings and reactions in dealing with incest cases? 2) What did helpers consider to be important in terms of dealing with incest cases? In pro-
ceeding with the research, a third research question became evident. 3) What has been the experience and approach of professionals with incest?

Assumptions

According to Lillian Ripple (1975), an assumption is a "proposition that is taken as a given" (p. 35). Assumptions can relate to values, variables not specifically related to the research at hand and variables particular to the research study (Ripple, 1975, p. 35).

The following are assumptions made by the researcher with regard to the nature of this project.

1) Incest is a taboo in North American culture.

2) Every child has the right to a healthy development and incest interferes to varying degrees with this development.

3) Each of the professions in the helping field operate on the basis of a code of ethics.

4) Attitudes of the helper are important in terms of working with clients.

5) Attitudes of helpers will affect performance.

6) It is expected that an individual would be aware of some aspects of one's reaction, but that some reactions would not reach awareness.

7) Feelings are not good or bad, they exist.

8) Feelings and attitudes will be revealed within communication.
Operational Definitions

"The operational definition stipulates which specific indicators are to be assigned which specific meanings" (Selltiz et al., 1976, p. 40).

For this study, incest will be based on a definition provided by Blair and Rita Justice in *The Broken Taboo*.

Incest is any sexual activity-intimate physical contact that is:

Sexually arousing between non-married members of a family. The activity may be oral-genital relations - mutual masturbation - fondling and caressing erogenous areas of the body or intercourse. (Justice & Justice, 1969, p. 25)

The definition of family members considered to be the participating adult would extend to a person in either a caretaking position, or one who is in close proximity to the child, for example, a grandparent who had been living in the home for a period of time.

The definition of incest in this study has been left in general terms in order to allow for openness in obtaining helpers' reactions to the topic of incest.

"Child" refers to anyone under 16 years of age in Ontario, under 17 years of age in the mental health services arena in Michigan, and under 18 years of age as defined for Detroit Protection Services by the Michigan Child Protection Law.

A helper or helping person will refer to a social worker, psychologist, psychiatrist, psychiatric nurse,
special education teacher, art, music, or recreational therapist. Basically, the helping person is formally trained in one of the above-named disciplines and would work directly with children, adolescents and their families.

Attitude is defined as a person's opinion or the way in which one's thoughts or feelings are conveyed.

Classification

This research project is classified as exploratory since:

Exploratory studies are empirical research investigations which have as their purpose the formulation of a problem, or questions, developing hypotheses, or increasing an investigator's familiarity of a phenomenon, setting more precise future research. (Tripodi et al., 1969, p. 48)

The point is also made by SelIter et al. (1976) that exploratory research design must be flexible enough to be able to consider many different aspects of the phenomenon (p. 90).

An exploratory research design was chosen over experimental or descriptive as there has been a very limited amount of research conducted with regard to helper attitudes in connection with incest. The exploratory format seemed most appropriate in terms of gathering initial information to provide a basis for formulating hypotheses for future research. "The exploratory study is (an) initial step in a continuous research process" (SelIter et al., 1976, p. 92).
More specifically, Tripodi et al. (1969) discuss three subtypes of exploratory studies. This particular study would be considered a combined exploratory-descriptive one.

The purpose of these studies is to develop ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form, and the accumulation of detailed information. Sampling procedures are flexible, and little concern is usually given to systematic representativeness. (p. 49)

This specific subtype seemed most appropriate as the purpose of the study is not to 1) develop insights and ideas in an attempt to systematize qualitative material or produce conceptual categories which can be operationalized for future research (specific data collection procedures), or 2) to manipulate an independent variable in order to locate dependent variables potentially associated with the independent variable (experimental manipulation studies).

Bias, reliability and validity seem to become major obstacles to overcome in designing an exploratory study with regard to sampling and data collection methods. However, these problems are also common in descriptive and experimental studies.

The Setting

This study has been conducted within five agencies. Two of the agencies are in Detroit, Michigan and three agencies provide service within the Windsor and Essex County area.
The American agencies are Children's Center of Wayne County and Protective Services branch of Detroit Social Services.

Children's Center is a mental health treatment oriented agency servicing emotionally disturbed children, adolescents up to age 17, and their parents and families.

Clients may be referred from a number of sources, such as schools, family or social service agencies, court or self. Primarily, client involvement is voluntary.

Children's Center is a multi-disciplinary setting whose staff is composed of social workers, psychologists, psychiatrists, psychiatric nurses, special education teachers, art, music and recreational therapists and child care workers.

There are a number of satellite units that Children's Center operates within the community. Service provided in these settings include a weekly out-patient counselling service for children, teens and their families from three different geographic locations, child and adolescent day treatment programs, a residential group home, a teenage parent program which provides counselling and health services to teenage parents, and their children, and a new foster parent program.

Protective Services, located within the Children's and Youth Services division, is a branch of Detroit Social Service. Protective Services provides a 24-hour emergency
service related to protection of children under 18 years of age. Therefore, this service is geared toward immediate investigation of complaints of abuse and neglect of children. Ongoing involvement with children and families would be the responsibility of the intake and family services departments (within the Children and Youth Services branch). Protective Services is mandated by the Child Protection Law.

Three agencies servicing Essex County, Ontario were included in the research project.

The Roman Catholic Children's Aid Society and the Essex County Children's Aid Society have similar policies and procedures as defined by the Child Welfare Act of Ontario. The major objective of Children's Aid Societies is the protection of children. Both agencies include services to unmarried parents, temporary and permanent placements of children within foster care, group homes or on adoption.

In protecting children, a variety of duties are performed and services provided. Responsibilities include the investigations of complaints of abuse and neglect of children. Other services include family counselling, teaching child management skills, provision of homemaker and family support services.

Referrals can be made by other agencies, individual or those who are self-referred. At times when the deter-
mination is that a child is in serious, immediate physical
danger, the child may be apprehended and court action is
likely to be initiated by the Children's Aid Society.

The staff at these agencies are mainly social workers
and child care workers. In terms of educational qualifica-
tions, there are few staff who do not hold at least a
Bachelor of Social Work degree or a Child Care Certificate
from a community college.

The Catholic Family Service Bureau is a counselling
agency providing services to individuals, marital couples,
and families within Windsor and Essex County. The staff is
small consisting of eight workers, two clerical staff and
the executive director. There are six M.S.W.'s and three
B.S.W.'s employed. There are presently three contract
positions providing specialized service to 1) families of
mentally retarded children - a provincial contract; 2) diver-
sion program for first offences by juveniles - a provincial
contract, and 3) services to clients on low incomes - a
municipal agreement with social services.

The Sample

Yeakei and Ganter (1975) consider that the "choice of
a particular sampling plan is naturally related to a study's
overall strategy" (p. 105). The type of sampling employed
in this study is purposive, a non-probability sampling
method. In purposive sampling strategies, the emphasis when
selecting cases is upon the likelihood of those cases, situations or individuals stimulating insights within the investigator (Sellitiz et al., 1959).

The basic assumption behind purposive sampling is that with good judgment and an appropriate strategy one can handpick the cases to be included in the sample and these develop samples that are satisfactory in relation to one's needs. (p. 521)

The sample consists of thirty subjects and the distribution across agencies is as follows: seven from Children's Center; one from Protective Services; nine from Roman Catholic Children's Aid Society; four from Essex County Children's Aid Society; and seven from Catholic Family Service Bureau and two former workers from Roman Catholic Children's Aid Society.

These subjects were drawn from a contrived population of 115. In order to reach the potential sample, a notice was distributed among the various staff members in order to recruit those who would voluntarily agree to meet with the researcher and discuss incest as an area of intervention for professionals.

There were 46 notices distributed at Children's Center; 30 distributed at Essex County Children's Aid Society; 26 distributed at Roman Catholic Children's Aid Society; and 9 distributed at Catholic Family Service Bureau. The worker from Protective Services was recruited via telephone contact as were the two former C.A.S. workers and one worker from Children's Center.
The remaining staff at Children's Center were contacted via telephone one week following distribution of the notices. Some staff were contacted individually, others were contacted via the unit supervisor who would pass on the names of those individuals who were interested.

The staff at the Children's Aid Societies were given notices with a section to be detached, signed and left at a specified collection point if they were interested in being involved in the research project.

Initially, the intention was to draw the sample from one agency in order to minimize contributing factors such as differing agency functions. The agency originally targeted was Children's Center, however, it became apparent that one agency would not be sufficient from which to draw a sample in terms of obtaining the original goal of 20 subjects. Therefore, it was decided to expand the population to include other agencies. The next agency canvassed was Protective Services, but not having adequate contact made it difficult to recruit from that agency. It was finally decided to approach agencies where the researcher had sufficient contact to increase the likelihood of securing the targeted sample size. Hence, the Children's Aid Societies and Catholic Family Service Bureau were included.

There are several limitations related to the above sampling techniques.

A limitation related to purposive sampling techniques is that cases/individuals chosen are assumed to be typical
of the population in which the researcher is interested. In other words, there is a possibility of error in the researcher's judgement. However, it is suggested that errors of this nature tend to counterbalance each other (Sellitz et al., 1976, p. 521).

The major limitation of non-probability sampling methods is the lack of generalizability of the sample to the total population. "There is no way of estimating the probability that each element has of being included in the sample, and no assurance that every element has some chance of being included" (Sellitz et al., 1976, p. 516). The findings in this study will not be generalized to the total population of professional helpers.

Another major limitation is that those subjects involved volunteered to participate. The voluntary component introduces another form of bias.

The pitfall is the likelihood that volunteers differ from non-volunteers, compromising the interpretation and generalizability of the results. (Isaac & Michael, 1971, p. 147)

In connection with the voluntary aspect is the fact that 23 out of the 30 who responded were friends, acquaintances or former colleagues of the researcher. This further impedes the ability to generalize the sample, as it is mainly a select group of professionals known to the researcher. Secondly, those known to the researcher may have been influenced in terms of not exploring or revealing as fully their thoughts and feelings related to incest by
virtue of knowing the researcher. On the other hand, those subjects could feel more comfortable in terms of having had a prior relationship with the researcher.

Although the sample in this case is small it is relevant given 1) that the purpose as an exploratory study is to identify and explore attitudes and feelings of helpers related to incest as opposed to formulating quantitative relationships between variables, and 2) the method of data collection is commensurate with the purpose and method of the study.

Small samples, not rigorously representative, are often used for indepth study in arriving at insights for later confirmation by other levels of research. (Finestone & Kahn, 1975, pp. 62-63)

Data Collection.

Data were collected for this study by means of an open, semistructured interview schedule. The interview schedule has two basic functions. It serves as a guide to the interviewer and poses the questions to respondents (Tripodi & Epstein, 1980, p. 20).

The semistructured interview combines some open-ended questions with forced-choice questions. Within specified limits, the interviewer may rephrase questions or probe answers. The interviewer's task is to keep the respondent focused on the issue and the questions. The interviewer exercises more control than in an unstructured interview (Tripodi & Epstein, 1980, p. 18).
Those professionals who volunteered to participate first answered a questionnaire pertaining to demographic information, for example, age, profession, years of experience, number of incest cases handled, and so on. The questionnaire was answered within the format of the interview and was completed by the respondent at the beginning. Confidentiality of information obtained through the demographic section and the interview schedule was guaranteed and anonymity was extended to the written report of the results.

Initially, other forms of collecting information were considered such as a written questionnaire completed by the subjects, or a case study approach.

Having had some exposure to the nature of recording utilized at Children's Center and Children's Aid Societies, it was decided that the type of information needed with regard to worker attitudes, feelings, insights or self-awareness would not be obtainable through a case study survey.

An interview schedule was chosen over a questionnaire format for several reasons. Interviews are advantageous in terms of investigating "complex and sensitive subjects" (Polansky, 1975, p. 133), or for "probing the sentiments that may underlie an expressed opinion" (Selltiz et al., 1976, p. 297).
In the interview, it is possible to obtain indepth information (Polansky, 1975, p. 133). There also exists a flexibility in the interview situation allowing the interviewer to 1) probe and explore the subject's experiences, and 2) to incorporate non verbal responses such as tone, hesitation or affect (Polansky, 1975, pp. 133-134).

However, there are some major disadvantages to the use of interviews. The flexibility offered in the interview can also "mean looseness and unreliability, since each situation has different components, and interaction between respondent and interviewer can affect results" i.e., not uniform from one interview to the next (Polansky, 1975, p. 134). Other disadvantages are that interviewers require training and skill for field application of the interview schedule and interviews can be expensive and time-consuming.

Interviewer bias may also be a problem in terms of 1) expecting respondents to answer questions in a certain manner; 2) the interviewer may lack insight into differing cultural or social situations; or 3) the interviewer may possibly overlook important information by "driving hard towards his (her) own objectives" and thereby "inject his (her) own personal goal and fail to see that of the subject" (Young, 1956, pp. 208-209).

Less structured interviews "are commonly used for a more intensive study of perceptions, attitudes and motivations than a standardized interview" (Sellitz et al., 1976,
Selltiz et al. (1976) confirm that less structured interviews are helpful. They are useful when investigators are scouting a new idea of research, or when they want to find out what the basic issues are, how people conceptualize the topic, what terminology is used by the respondents and what is their level of understanding. (p. 318)

Selltiz et al. (1959) points out the advantages of the "partially structured interview" in relation to eliciting feelings and attitudes and as a source of hypotheses. The major disadvantage is the lack of comparability of one interview with another.

The flexibility of the unstructured or partially structured interview, if properly used, helps to bring out the affective and value-laden aspects of the subject's responses and to determine the personal significance of his attitudes. Not only does it permit the subject's definition of the interviewing situation to receive full and detailed expression, it should also elicit personal and social context of beliefs and feelings. This type of interview achieves its purpose to the extent that the subject's responses are spontaneous rather than forced, are highly specific and concrete rather than diffuse and general, are self-revealing and personal rather than superficial. (pp. 263-264)

The question format in the demographic section was forced choice and fill-in-the-blank questions. However, questions in the interview were open. The use of open questions creates problems in terms of coding or classifying the information received.

There were 24 questions in the interview schedule which were formulated around 1) assessment factors; 2) treatment factors; and 3) legal aspects in terms of
dealing with incest cases. Questions were also related to four major areas: 1) knowledge questions; 2) feeling questions; 3) questions ascertaining the professional's approach to incest and experience with incest; and 4) questions related to the professional's opinions about incest.

The research interview moves from the general to the specific. This "funnel approach" begins with general, non-threatening, orienting questions and gradually leads to more specific, detailed questions (Tripodi & Epstein, 1980, p. 21). In this study, the order of questions followed a format of knowledge questions leading into feeling and opinion questions back into knowledge questions at the end of the interview schedule. One "rank" question was included within the schedule.

The questions were applied in the same order and approximately the same manner to all respondents. Variations occurred in exploring further information presented by the subject during the interview for purposes of clarification, for example.

The length of interviews ranged from approximately one-half hour to two hours. The average interview was approximately one hour in length.

A pre-test of the interview schedule was planned and three interviews were used for pre-test purposes. The pre-test can assist in strengthening the reliability and validity of the interview schedule.
To insure reliability interviewers must be trained and questions must be pre-tested and revised to eliminate ambiguities and inadequate wording. To insure validity it is essential to eliminate interviewer bias; questions must be tested for hidden bias. (Isaac & Michael, 1971, p. 98)

**Data Analysis**

The data were coded and analyzed by means of computer assistance. The Statistical Analysis System (SAS) was the computer system employed for data analysis.

Prior to the coding procedure, content analysis was used as the method of analysis of the open questions. The resultant nominal type data lent themselves to representation in the form of frequencies and percentages (descriptive statistics).

Content analysis as defined by Tripodi and Epstein (1980) is "a research procedure for obtaining systematic, quantitative, descriptive information from written documents, films, tape recordings, photographs and the like" (p. 103). Williamson et al. (1977) define content analysis more simply as a "methodological procedure for extracting thematic data from a wide range of communications" (p. 288). In this study, the information being analyzed was the tape recordings of the interviews with the 30 professionals.

The goal is the "source oriented" content analysis in this study, as defined by Williamson et al. (1977) and was to make inferences about the "values, sentiments, in-
tentions or ideologies of the sources or authors of the communication" (p. 291).

Frequently the concern of content analysis is to infer from themes uncovered in a communication the characteristics of the persons or institutions responsible for creating them. These studies are based on the apparently reasonable assumption that attitudes, values, beliefs and the like are revealed in symbolic communications. (pp. 291-292)

Within the context of content analysis, the units of analysis refers to "the informational units that will be categorized or coded" (Tripodi & Epstein, 1980, p. 107). The units of analysis in this study were the individual respondents.

The individual interviews were then perused in order to identify variables that were relevant to the purpose of the study and were translatable into nominal or ordinal scales (Tripodi & Epstein, 1980, p. 108).

The rules followed in order to establish categories were: 1) that the categories be exhaustive; 2) that the categories be mutually exclusive (meaning that the individual respondent either mentioned the particular variable or they did not); and 3) that the categories be derived from a single classificatory principle (Selltiz et al., 1959, p. 352). The classificatory principle in this case would be the intention to uncover themes throughout the 30 interviews related to attitudes, reactions, feelings, experiences, opinions, approaches and knowledge about incest.
Schatzman and Strauss (1973) explain the analysis of qualitative data in the following manner:

The most fundamental operation in the analysis of qualitative data is that of discovering significant classes of things, persons and events and the properties which characterize them. In this process, which continues throughout the research, the analyst gradually comes to reveal his own 'is's' and 'because's': he names classes and links one with another, at first with 'simple' statements (propositions) that express the linkages, and continues this process until his propositions fall into sets, in an ever-increasing density of linkages. (p. 110)

As previously stated, the open questions were then coded and sorted in terms of the most common to the least common response. Overall, the presentation of the findings is descriptive and descriptive statistics were employed.

Limitations

There are a number of limitations in the study that have been highlighted throughout this discussion.

Due to the fact that non-probability sampling was used the results obtained pertaining to this sample will not be transferable to the larger population.

There are various sources of bias possible in the design, both in terms of interviewer and respondents. There are a number of problems concerning the validity of self-reports. Given that incest is a particularly sensitive topic, and that helpers were being asked to expose their feelings and attitudes and also their level of performance in relation to their work with incest cases, they
may have become defensive and thereby distorted answers. Selltiz et al. (1976) point out that:

> Whenever we have reasons to suspect that a person's truthful self report would be embarrassing, humiliating or degrading, or would in some way place the person in an unfavourable light, we are likely to entertain some reservation about it.

Interviewer bias, as discussed previously, is another problem in terms of validity. Isaac and Michael (1971) indicate the retrospective nature of interviews "introduces memory errors and contamination because of intervening events and biasing factors which increase with time" (p. 97). The tape recording of interviews was employed to assist in eliminating memory loss. Of course, this introduces the problem of the degree of comfort for the respondent when aware that answers are being recorded. However, there were no objections to the interviews being recorded.

In addition, two further types of errors related to interviewer bias were potentially operating when collecting the data: these are the "halo effect" and the "self-fulfilling prophecy."

The halo effect is the possibility of a strong initial positive or negative impression of a person effecting further perceptions of the person.

Also, the possibility of the researcher directing the subject in a direction that the researcher expects can influence the results to fit the researcher's pre-conceptions, for example, by what is attended to, what is ignored or forgotten.
Furthermore, the lack of standardization within the interview schedule makes it difficult to replicate the study and there is no way to make statistical estimates of the reliability of the results (Williamson et al., 1977, p. 189).

The voluntary aspect of the sample selection may indicate that those who responded would be interested in participating for a reason and this perhaps undeterminable motivation may have introduced bias. For example, there may have been an over-representation of professionals who were particularly self-aware or curious to get feedback, or respondents may have been looking for some way of ventilating their anxiety or frustration in relation to incest cases.

However, the choice of the interview schedule seemed to best fit the purpose of the study and the type of study. Tripodi and Epstein (1980) recommended that an interview schedule be pre-tested at least two or three times which was carried through for this study and also that open-ended, semistructured interview schedules should be tape recorded which was done for this study (pp. 27-29).

Chapter IV will indicate the findings and related discussion pertaining to the study.
CHAPTER IV

FINDINGS, DISCUSSION AND INTERPRETATION

The findings will be presented in three major sections. The first section will include the demographic information regarding the sample, the second section will focus upon the content analysis of the data collected through the actual interview schedule, and the third section will present a limited number of the tests of association between variables that were processed.

Description of the Sample

The 30 respondents were described on the basis of the following characteristics: age, sex, marital status, if they had children, degree held, number of years of experience, present job, total number of cases dealt with, number of incest cases dealt with, and type of incest cases dealt with. The age ranges of professionals appears in Table 1.

Two professionals did not answer with respect to their age. Based on a sample size of 28, then, the most frequently occurring category was the age range of 25 to 29 years where 14 professionals (50%) of those who answered were located. Three-quarters of the sample (75.1%) were 34 years of age and under.
Table 1
Age of Professionals

<table>
<thead>
<tr>
<th>Range of Years</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>25-29</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>30-34</td>
<td>6</td>
<td>21.5</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>40-44</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>50-54</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>55-59</td>
<td>2</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Total 28 100.0

a2 missing responses

Nineteen of the 30 respondents (63.3%) were female and 11 (36.7%) were male. The marital status of professionals is presented in Table 2.

Table 2
Marital Status of Professionals

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Total 30 100.0

The majority of professionals within the sample were married (63.3%).

The majority in the sample (18 or 60%) did not have any children. Of the 12 professionals who had children
The mean average number of children was 2.25 per family.

A description of the types of degrees held by professionals appears in Table 3.

Table 3
Degree Held by Professionals

<table>
<thead>
<tr>
<th>Degree Held</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor of Arts</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Bachelor of Social Work</td>
<td>15</td>
<td>50.0</td>
</tr>
<tr>
<td>Master of Arts</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Master of Social Work</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Doctorate</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

One-half of the sample held a bachelor of social work degree. Seven professionals, or 23.3%, held a master of social work degree. Three professionals who held a social work position had a bachelor of arts degree.

The field of the professionals is presented in Table 4.

Table 4
Field/Profession

<table>
<thead>
<tr>
<th>Field</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>MSW Student</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Teaching</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Psychology</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Psychology Intern</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
There was an over-representation of those in the field of social work with 23 employed in social work and two masters of social work students constituting over four-fifths of the sample. This over-representation can be explained partially by the nature of the settings from which the subjects were drawn. An insufficient number of professionals were recruited from Children's Center. Therefore, the researcher approached other sources for subjects, as explained in the methodology chapter, resulting in recruiting the majority of subjects found in the sample.

Table 5 considers the length of experience of professionals.

<table>
<thead>
<tr>
<th>Range of Years</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>16</td>
<td>53.4</td>
</tr>
<tr>
<td>5-9</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>10-14</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>15-19</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The number of years of experience ranged from 0.08 years to 19 years. Over one-half of the professionals (53.4%) had between 0 and 4 years of experience. One-third (33.3%) had between 5 and 9 years of experience. The mean average of number of years of experience was 5.8 years.
Positions held by professionals are considered in Table 6.

## Table 6

<table>
<thead>
<tr>
<th>Present Job</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work - Protection</td>
<td>10</td>
<td>33.4</td>
</tr>
<tr>
<td>Social Work - Clinical</td>
<td>7</td>
<td>23.5</td>
</tr>
<tr>
<td>Social Work - Foster Care</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>MSW Student</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Protective Services</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Social Work - Team Leader</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Social Work - Diversion</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Social Work - Official Guardian</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Teacher</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Training Director</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Psychology Intern</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Over one-third of the professionals (33.4%) were in protection positions (child welfare). This would also be a result of the nature of the settings from which the subjects were drawn.

The number of cases that professionals had dealt with are presented in Table 7.

The estimated total number of cases that professionals dealt with ranged from 9 to 1500. The mean average number of cases was 307.9. However, there was a high degree of variation. The median number of cases was 212.5. This discrepancy between the mean average and median suggests positive skewness. The skewness can be accounted for due
Table 7
Total Number of All Cases Dealt with by Professionals

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99</td>
<td>4</td>
<td>13.4</td>
</tr>
<tr>
<td>100-199</td>
<td>7</td>
<td>23.4</td>
</tr>
<tr>
<td>200-299</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>300-399</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>400-499</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>500-599</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>600-699</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>700+</td>
<td>3</td>
<td>9.9</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

to the large number of cases (over 600) that only four professionals had dealt with, thereby distorting the mean average.

The number of incest cases dealt with by professionals appears in Table 8.

Table 8
Number of Incest Cases Dealt with by Professionals

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>25</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>30</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The total number of incest cases that professionals dealt with ranged from 0 to 30. The average was bimodal in this case with 16.7% of the professionals having dealt with both 2 and 5 incest cases.

The types of incest dealt with by professionals are presented in Table 9.

**Table 9**

<table>
<thead>
<tr>
<th>Type of Incest Case</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father-Daughter</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>Brother-Sister</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Stepfather-Stepdaughter</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Mother-Son</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Grandfather-Granddaughter</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Common Law Partner-Child</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Father-Son</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Stepfather-Stepson</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Cousin-Cousin</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Brother-Brother</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Stepbrother-Stepsister</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Uncle-Child</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Brother-in-Law-Sister-in-Law</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

\[n = 30\]

\[\text{Column totals more than 100% because respondents could mention more than one response}\]

The most frequently mentioned type of combination of incest was father-daughter with 76.7% of the professionals having dealt with it.

It appears that the "average" professional within this sample was a married, female social worker doing protection work, between the ages of 25-29, who was not a parent, with
0-4 years of experience having dealt with 2 or 5 father-daughter incest cases.

Content Analysis of Open Questions

The 24 open questions which were administered to the professionals were classified into five sections: questions related to the knowledge of the professional about incest; questions related to the professional's approach and experience in dealing with incest; questions related to the professional's opinion regarding various aspects of the management of incest cases; questions related to the professional's feelings and attitudes about incest cases; and questions exploring what professionals considered to be important in dealing with incest cases. These five areas of questions are directly related to one of the three major research questions: 1) What do professional helpers consider to be important in terms of dealing with incest cases? 2) What are professionals feelings, attitudes, opinions, beliefs about incest? and 3) What has been the approach to and experience of professionals with incest?

Throughout the presentation of the findings within the tables it has been indicated, where appropriate, that responses have been missing. This factor can be related to one of three possible factors. In a few circumstances, the researcher failed to address a question to the subject which further limits validity and reliability. In many
instances, the professional did not respond to the question. And finally, because of the length of interviews and the limited amount of time that some professionals were able to afford, some questions were not directed to them.

Questions Related to Knowledge

The purpose of the inclusion of knowledge questions was to lead the subject into and out of the schedule, to stimulate the subject's thinking about incest and possibly to elicit feelings or attitudes. The following areas will be covered: definition, causes, cues, effects upon the child and family and factors considered by leaving or removing a child from the home when incest is discovered.

Professionals were asked to define incest. The standard for this question, as based on the definition by Rita and Blair Justice, would need to include the mention of sexual activity ranging on a continuum from viewing through touching to overt sexual behaviours such as intercourse between family members and extending to anyone in a caretaking position, i.e., foster parent, common-law partner, step-parent and so on. Table 10 presents the definition of incest by professionals.

The answer to this question throughout the sample was basically complete. One answer most closely reflected the standard deemed acceptable for this question. This particular respondent defined incest as "any exposure of
the child to any sexual stimulation that interferes with psychosocial development. It can be physical touching, inappropriate viewing and sexual behaviour – ultimately to intercourse." The definition of family member by this professional extended from nuclear family through extended family, common-law partner and family friends.

Table 10

Professionals' Definition of Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual activity</td>
<td>29</td>
<td>96.7</td>
</tr>
<tr>
<td>Nuclear family member</td>
<td>29</td>
<td>96.7</td>
</tr>
<tr>
<td>Activity other than intercourse</td>
<td>15</td>
<td>51.7</td>
</tr>
<tr>
<td>Involvement with someone other than nuclear family member</td>
<td>9</td>
<td>31.0</td>
</tr>
<tr>
<td>Activity other than fondling</td>
<td>1</td>
<td>3.6</td>
</tr>
</tbody>
</table>

\[ a \ n = 30 \]

\[ b \] Percentage column totals more than 100% because respondents could mention more than one response.

The remaining 29 professionals all mentioned sexual activity between nuclear family members as defining incest. Forward (1978) has indicated this to be a basic definition. Sexual activity was not defined. When sexual activity was more fully defined one of the remaining categories was mentioned. For example, definitions indicating that incest was not just intercourse were mentioned by 15 pro-
fessionals, or 51.7%. Included here were such things as fondling, oral sex, and inappropriate sex play. Defining incest as more than just fondling was mentioned by 1 professional, or 3.5%.

The definition of family member was extended beyond the nuclear family to include such people as step-parent, grandparent, common-law partner and cousin, and was mentioned by 9 professionals, or 31.0%.

Overall, the professionals in this sample appeared to be well informed regarding a definition of incest. Approximately one-third of the professionals (36.7%) had a limited definition by virtue of mentioning only one category. The remaining two-thirds gave a more complete answer. For example, 11 professionals, or 36.7%, broadened the definition by mentioning either "not just nuclear family member" or "not just intercourse" in addition to sexual activity between family members. Seven professionals, or 23.3%, had the most broad definition by mentioning "not just nuclear family members" and "not just intercourse" in addition to sexual activity between family members.

The potential for identification of incest by professionals is enhanced by accurate definition and recognition of the situation.

Professionals were asked why they thought that incest occurs in families to ascertain the individual's understanding of the dynamics of incest.
In understanding the causation of incest, there are a number of factors to be considered. The reader is referred to the causation section within the review of literature for a presentation of causes of incest (Lustig et al., 1966; Walters, 1975; Brant & Tisza, 1976; Nakashima & Zakus, 1977; Boekelheide, 1978; Butler, 1978; Spencer, 1978; Justice & Justice, 1979). Table 11 presents professionals' responses to causation.

Table 11

Professionals' Description of Causes of Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family factors</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Individual factors</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>Environment factors</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>The opportunity exists</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

\[ n = 30 \]

\[ \text{Percentage column totals more than 100\% because respondents could mention more than one response} \]

Twenty-six of the professionals, or 86.7\%, mentioned family factors as contributing to the development of incest. The following factors were included in this category: breakdown in communication in the family; breakdown in communication and sexual relations between partners; isolation and lack of supports for the family; intergenerational history; stress in the family; parental role disturbance; disturbed parent-child relations; and individual needs not being met.
Sixteen professionals, or 53.3%, mentioned factors related to individuals in the family as contributing to incest. The following factors were included in this category: immature men; the individual's coping mechanisms; inadequacy of the parents; the father is ego centered; the girl is being sexually provocative; the father is ignorant of how to please a woman; immature sexual development; personality disorders; the father is alcoholic; the father is interested in pornography; the father cannot distinguish between affection and sexual response to the child.

Eight professionals, or 26.7%, mentioned environmental factors as contributing to incest. The following factors were included in this category: cultural and regional factors; close proximity; lax societal norms; employment problems.

One other answer indicated that incest occurred because it's fun and the opportunity is available.

Overall, the majority of the answers indicated that the professionals appeared to have generally a good understanding of the dynamics of incest. Ten professionals, or one-third of the sample, had limited their answer to one of the categories. The remaining two-thirds of the sample indicated two of the categories in their answer. Professionals appeared knowledgeable with respect to causation.
Professionals were asked what signals or cues caused them to become suspicious that incest could be a potential problem in a family.

There are a variety of signals or cues that may be indicative of incest within a family. The reader is referred to the section on cues within the review of literature for a discussion of specific signals to attend to (Lustig et al., 1966; Brant & Tisza, 1976; Justice & Justice, 1979; Karpel, 1980). Table 12 indicates responses of professionals within the sample to this area.

Table 12
Professionals' Description of Signals Regarding Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family system</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Marital subsystem</td>
<td>17</td>
<td>59.7</td>
</tr>
<tr>
<td>Child</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>Parent/child subsystem</td>
<td>15</td>
<td>50.0</td>
</tr>
<tr>
<td>Parent</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Sibling subsystem</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Sleeping arrangements</td>
<td>2</td>
<td>6.7</td>
</tr>
</tbody>
</table>

^a n = 30

^b Percentage column totals more than 100% because respondents could mention more than one response

Nineteen professionals, or 63.3%, mentioned cues within the family as signals that incest may be occurring. This was the most frequently mentioned category. Cues within the "family" category included the following:
social isolation of the family; lack of privacy within the family; undefined roles; secrecy and a history of incest in the family; a great deal of reference to sexual activity in the family; strong dyads and alliances within the family; the family's manner of expressing affection; who has the power in the family; mother is absent from the home; the child is "in charge" of things; guarded loyalty among siblings.

Seventeen professionals, or 56.7%, mentioned cues within the marital subsystem as indicative of incest. Cues mentioned in this category were: marital problems; sexual problems; poor communication.

Sixteen professionals, or 53.3%, mentioned cues within the child as potentially indicative of incest. The following cues were included in this category: the child first tells and then denies it; the child is provocative; a great deal of sexual acting out by the child; the child is fearful; the daughter has become pregnant; extreme, unusual or bizarre behaviour in the child.

Fifteen professionals, or 50%, mentioned cues within the parent-child subsystem as indicative of incest. The following signals were included: a teenager is encouraged to stay away from peers; inappropriate behaviour between a parent and a child, such as a father bathing with a child, or going into a daughter's room at night or sleeping with her, or a mother bathing a 12-year-old son; father and daughter are constantly arguing; the type of punishment
is unusual, such as stripping a teenager in order to discipline.

Two professionals, or 6.7%, indicated that cues in the sibling subsystem might signal that incest is occurring within the family. The major factor in this category was that the siblings know what is happening and will talk or joke about it.

Two professionals, or 6.7%, indicated sleeping arrangements in the home as a factor.

It would seem that in relation to identifying cues or signals of incest that professionals in the sample were aware of the major areas to attend to in identification of incest. The majority identified the family, the marital subsystem, the child and the parent-child subsystem as areas to focus upon.

Professionals were asked what they thought would be the effect of incest on the child. Opinions within the literature vary from low, or no effects to severe and damaging. The reader is again referred to the review of literature for further information pertaining to this area (Bender & Blau, 1937; Sloane & Karpinski, 1942; Rakovsky & Rasovsky, 1950; Kaufman et al., 1954; Ralphing et al., 1967; Yorukoglu & Kemph, 1967; Lukianowicz, 1972; Nakashima & Zakus, 1977; Sgroi, 1978; Summit & Kyrso, 1978; Justice & Justice, 1979). Table 13 presents responses of the professionals to the effects upon the child.
Table 13
Professionals' Description of Effects of Incest on the Child

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological, emotional and</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>developmental factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influential factors</td>
<td>17</td>
<td>56.7</td>
</tr>
<tr>
<td>Not damaging</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>13.3</td>
</tr>
</tbody>
</table>

\[a_n = 30\]

bPercentage column totals more than 100% as respondents could mention more than one response.

\[c\]Other category includes: intergenerational, scapegoating of the child, family's reaction, trusting of CAS worker (by child).

Twenty-six professionals, or 86.7%, indicated that they believed there was some psychological, emotional or developmental effect upon the child. Responses generally included: self-esteem is damaged; the involved child would have sexual problems later in life; the child would feel guilty; the child's perception of his or her own sexuality is affected; the child has difficulty relating to the opposite sex; the child feels rage towards the parents; the child's perception of parent-child relations is damaged.

Specific responses from professionals were as follows: "it's drastic... has longer lasting effects than a lot of other behaviours... I feel that sexual behaviour is harder to treat and it is very appropriate to be very..."
punitive toward the person who perpetrated it. . . I feel strongly that a child who was molested has to deal with something that is long lasting; "it messes up the whole sexual identity. . . the child is withdrawn, or aggressive, or sexually provocative or asexual . . . the effect is far reaching . . . it blocks them in future relationships"; "I think it is much more than the literature indicates . . . even a slight occasion does some damage . . . I think we have no idea of the damage . . . maybe in their 30's and 40's we'll see some suicides because at that point they can't take it anymore"; "I've seen a very warped perception of relationships and what you get out of relationships . . . as adults they may continue to be sexually abused . . . and look for people to do it."

Seventeen professionals, or 56.7%, indicated factors which might influence the effect of the incest on the child. Elements such as violence, the frequency and duration, the age of the child, cultural norms, reaction of professionals, the actual act, the family dynamics, the child's relationship with the parent, and the reaction of peers and society in general were included in this category.

Four professionals, or 13.3%, indicated that the child may not be damaged by incest.

The majority of the professionals in the sample (86.7%) indicated that they believed that there is some psychological, emotional or developmental effect upon
the child as the result of an incestuous experience and that these effects are damaging. This supports the findings of Sloane and Karpinski (1942), Nakashima and Zakus (1977), Summit and Kyrso (1978), and Justice and Justice (1979). A small percentage of the sample (13.3%) did not view incest to be necessarily damaging to the child.

The majority of professionals (93.3%) indicated that the effects of incest upon the child differ with different types of incest. Factors such as the following were noted as influencing the effect: the type of relationship; degree of incest; age at onset; whether force was used; duration of the incest.

Fifty per cent of the professionals focused on the type of relationship as determining how effects might differ. For example, it was pointed out that male-male combinations would be more "dramatic" as opposed to male-female combinations, or a parent-child relationship would be more "harmful" than brother-sister incest.

It is interesting to note that one professional considered that the child who was sexually active before the occurrence of incest was less effected by the incestuous experience. Another professional considered there to be a different effect between step-father and step-daughter and father-daughter incest. Also, one professional stated that mother-son incest would be the worst.
Two other themes became apparent in this area. Twenty-five per cent of the sample indicated that the age of the child at the onset of the incestuous relationship would be a determining factor. It was suggested that 1) it would be less traumatic for a younger than an older child, 2) the younger child is more easily seduced while the older child is probably coerced, and 3) the younger child would be more physically damaged while the older child would be more psychologically hurt.

Another theme considered whether the incest resulted from coercion or was experienced as pleasurable by the child (17.9%). The underlying thought was that violence produces greater trauma and damage for the child, whereas in a voluntary relationship the child may view it as a form of attention.

Professionals were asked what factors they consider when recommending 1) that a child be removed from the home when incest is involved, and 2) that a child be left in the home when incest is involved. These two questions are related to knowledge as well as partially to the professional's approach and experience.

Butler (1978) notes that there are many factors to be considered when considering removal of the child from the home. For example, without careful counselling, the child will interpret being removed as punishment and abandonment. There are occasions, according to Butler, when children
need to be removed from their homes for their own protection. The duration of the incest and the likelihood of re-occurrence, the emotional and physical health of the child, the stability of the mother and her ability to protect the child, and the potential for violence in the home directed to the child, or the mother by the involved adult need to be assessed.

Often the offender is so caught up in his own denial system, either, insisting that the incestuous abuse never occurred or that someone else was responsible for it, there is little likelihood the abuse will stop if the family is left on its own to correct and reconstruct itself. (p. 166)

Table 14 indicates the responses of professionals to removal of the child.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements in the family</td>
<td>19</td>
<td>65.5</td>
</tr>
<tr>
<td>Safety of child</td>
<td>14</td>
<td>48.3</td>
</tr>
<tr>
<td>Elements in the child</td>
<td>12</td>
<td>41.4</td>
</tr>
<tr>
<td>Risk factors</td>
<td>11</td>
<td>37.9</td>
</tr>
<tr>
<td>Elements of the incest</td>
<td>8</td>
<td>27.6</td>
</tr>
<tr>
<td>Effects of separation</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>24.1</td>
</tr>
</tbody>
</table>

a3 missing responses

bPercentage column totals more than 100% because respondents could mention more than one response

cOther category includes: consultation, recommend removal always, when the incest is discovered it ceases, joint decision, accessibility to child, parents request it, dependent on worker's relationship with family
Nineteen professionals, or 65.5%, mentioned elements within the family as affecting their decision about removing the child. Factors considered in relation to the family included: is the family chaotic; is the father responsive to treatment; is the family resistant; are the parents willing to be involved in treatment; is the involved parent gaining control; is the mother capable of protecting the children; can the parents communicate.

Fourteen professionals, or 48.3%, mentioned the physical and emotional safety of the child as influencing the decision to remove.

Twelve professionals, or 41.4%, mentioned elements in the child as influencing the decision. Factors included the following: is it important to the child to remain in the family; the age of the child and level of development; the child's relationship with the other parent and the siblings.

Eleven professionals, or 37.9%, indicated the element of risk, or the potential for the incest to reoccur, as affecting their decision to remove the child.

Eight professionals, or 27.6%, indicated that the elements of the incestuous relationship would influence their decision to remove the child. Factors such as physical violence, duration, age of the child, the number of children involved, the frequency, or whether it was an isolated incident were considered.
Three professionals, or 10.4%, indicated considering the effects of the separation upon the child when making the decision to remove.

Seven professionals, or 24.1%, indicated some other response in addition to one or more of the previous categories. Included was the following: "I would recommend removal all the time just to cover myself professionally... I would ask for consultation with experts in the field."

The majority of professionals (65.5%) assessed the situation within the family when considering the recommendation of removing the child. The professionals mentioned all those factors as presented by Butler (1978) to some extent. Overall, respondents in the sample appeared to assume a professional approach in dealing with this aspect.

It is interesting to note that one professional believed that once incest was discovered the father stopped. There was no literature to support this. Also, one professional indicated the need to remove the child in order to protect himself professionally. Other professionals did not verbalize that factor.

Professionals were asked what factors they would consider when recommending that the child be left in the home. Table 15 presents their responses.

Fourteen professionals, or 56%, of those who responded indicated that they would consider elements within the
family when recommending that the child be left in the home. Responses focused upon the family's willingness to change and to learn other ways of coping with problems through treatment.

Table 15
Factors Considered When Leaving the Child in the Home

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements in the family</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>Guarantee</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>Treatment</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>32.0</td>
</tr>
</tbody>
</table>

a5 missing responses

bPercentage column totals more than 100% because respondents could mention more than one response

cOther category includes: assessment of risk factors, elements of the incest, prognosis for change, child's preference, damage to child, excessive abuse, type of violation, worker preferred to leave child in the home, need to conference decision, protection most important

Ten professionals, or 40%, indicated that they would want some type of guarantee, usually from the other parent and/or the child, that the child would be safe from further incestuous incidents. One professional also mentioned going to court to obtain a supervision order with regular visiting.

Five professionals, or 20%, mentioned treatment as a prerequisite for leaving the child in the home. Factors
considered were: decreased frequency in the activity since the onset of treatment; whether the involved parent was willing to seek treatment and whether a professional could be found to provide treatment to the family and involved adult.

Eight professionals, or 32%, indicated some other response generally focused upon the necessity of assessing the elements of the incest, the risk factors, the prognosis for change, and the child's preference.

The majority of professionals again looked to the situation within the family (56%) when considering recommending of leaving the child in the home as they did when recommending removal (65.5%).

Professionals' responses to defining the effects of incest on the other family members and if the effects were the same on the family in all types of incest are presented in Table 16.

Sixteen professionals, or 53.3%, indicated feelings prevailing within the family in response to the effects upon the family. Responses included: shame, guilt, embarrassment, confusion, jealousy, anger, resentment, hostility, hurt, relief, fear, disgust, bitterness, and shock.
Table 16
Professionals' Knowledge of Effects of Incest upon the Family

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of family members</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>Effects on other parent</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Effects on siblings</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Secrecy</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Destructive to family</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>23.3</td>
</tr>
</tbody>
</table>

\(n = 30\)

\(\text{Percentage totals more than 100% because respondents could mention more than one response}\)

\(\text{Other category includes: dysfunctional roles, blaming pattern within the family, depends upon what purpose it serves in the family, family wants to bury it, may become protective to child, difficult for the father to live with the incident}\)

Fourteen professionals, or 46.7%, indicated the effects on the other parent. Professionals focused upon the mother in their responses assuming father-daughter incest to be the case. Responses included: the mother feels guilty; the mother felt powerless to stop it; the mother is submissive and passive; the mother denies; the mother may feel anger and jealousy directed toward the husband or the child. Two of the professionals noted the "collusive" aspect of the mother's role in incest: "the mother sees it but will not see it as a problem because she does not want to risk the relationship; and the mother may be contributing
unconsciously." This supports the view of researchers and authors such as Kaufman et al. (1958) and Justice and Justice (1979).

Eleven professionals, or 36.7%, mentioned effects upon the siblings. Professionals indicated that the other children reject the involved child because of special privileges, for example, the siblings may feel "left out"; a son may be encouraged to follow his father's example (in father-daughter incest) and a pattern is established; the siblings always know it is happening; and it may cause closeness among siblings in defending themselves against the parent. Two professionals noted the type of effects that are passed from one generation to the next: "it impresses upon them the types of relationships between parents and children, and between sibs"; and "sibs learn that this is how to relate to people and this is how to relate to their own children."

Six professionals, or 20%, noted the family's tendency to keep incest a family secret. Three professionals, or 10%, found incest to be destructive for the family.

With regard to whether effects upon the family are similar in all types of incest, 57.7% of the professionals observed areas of differences in terms of relationships, cultures and ages. For example, professionals pointed out that it is more devastating if the relationship involves a parent and a child and the incest would be less
tolerated by other family members. It was suggested that a reconstituted family would break apart more quickly than a natural family. The family's level of acceptance of the behaviour may vary throughout different cultures. Age is an important factor as an older child would be more angry or children closer in age (sibling incest) would be less damaged.

Summary of Knowledge Questions

a) Interpretations

It was expected that the level of awareness of professionals in terms of being able to recognize and assess incest would be limited as the literature had indicated (Rush, 1975; Sgroi, 1975; Nakashima & Zakus, 1977; Butler, 1978). Further, it was assumed that if the supposed lack of knowledge existed there would be a reflection within the answers of negative attitudes, feelings and opinions of the professionals towards incest.

However, overall the professionals within the sample were knowledgeable in the areas of defining incest, the causation of incest, signals of incest and factors to consider when leaving or removing the child from the home when incest is involved. The professionals appeared to have a relatively good understanding in these areas.

When asked whether the effects on the family were the same in all types of incest and what the differences
might be, there appeared to be less certainty and more variability within the answer as reflected in the large number falling within the "other" category. However, there seemed to be a better understanding of the effects upon the child than of the effects upon the family. It must be pointed out that there is no conclusive data within the literature which would define standards for either of these questions.

The unexpected level of knowledge within the sample may be partially explainable by two factors. Firstly, the majority of the sample (15) worked in a Children's Aid Society setting where the demand for public accountability has forced that more adequate training be available to staff. Also, standards and guidelines related to case management for child abuse cases have resulted in response to this pressure. Secondly, a large number of the sample (11) had attended a workshop within the previous year presented by Bennie Stovall, coordinator of Child Sexual Abuse Division, Children's Aid Society, Detroit, Michigan, who is recognized as one of the current experts in the United States in the area of incest. Two of the other professionals had attended workshops within the Detroit area within the previous year.
Questions Related to Approach and Experience

The questions which related to the professionals’ approach were used in order to get a sense of how they handled themselves in working with incest cases. The professionals could respond in an actual (what they do) or an ideal (what they would like to do) manner. The questions which related to the professionals experience were used to help them focus upon what they had done in terms of handling incest. Both types of questions were considered as potentially eliciting attitudes and feelings.

Professionals were asked if they would deal with a case of a single incestuous incident differently from repeated incidents a) with one child, and b) with more than one child.

Meisleman (1978) indicated that multiple incest, or more than one incestuous liaison in the same family, occurs quite often (p. 323).

Groth (1978), in predicting whether a sexual offender against children would repeat the sexual assault, suggested an assessment of a number of internal and external factors be completed. Psychological state, ability to relate, level of self-esteem and contact with reality should be assessed along with the external factors such as stresses and availability of the child. It is considered that these factors and the following questions could also be applied to the
incestuous situation. Questions such as 1) what has been the duration of the sexual behaviour, 2) is the sexual interest in children a persistent orientation (fixation) or a new behaviour (regression), 3) if the behaviour is new (regression) why has it started, 4) what part do alcohol, drugs, pornography, or other erotic materials play in the commission of the offense and to what extent are these factors still in operation, 5) what access does the person have to children, 6) to what degree does the person accept responsibility for the behaviour, and 7) what impact has discovery on the individual had (pp. 26-28) all need to be considered.

It was expected that perhaps professionals would react in some way more strongly to the repeated incidents as opposed to the single incidents. The majority in the sample (69.0%) indicated that they would handle the situations differently. They considered that the single incident could be treated and stopped, whereas the repeated pattern was viewed as more difficult to treat and terminate. When incest was assessed as repetitive, it was considered to be more likely that the child would be removed. One professional stated, "I'd take a repeater more seriously." And one professional mentioned that in the repeated pattern, the child may be enjoying the relationship.

Fewer than one-third (31.1%) of the sample indicated that they would consider all the situations as equally
serious, or vary the approach depending upon an assessment of the situation.

Professionals were asked what their experience had been with incest. Table 17 presents the range of experience.

Table 17
Types of Experience of Professionals with Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>Workshops/seminars</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Readings</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Training in school setting</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>26.7</td>
</tr>
</tbody>
</table>

\(^a\) n = 30

\(^b\) Percentage column totals more than 100% because respondents could mention more than one response

\(^c\) Other category includes: films, discussion with coworkers, personal experiences, discussion in classes, TV movies, potential cases

\(^d\) There were 11 no responses for "training in school setting" category

The majority of the professionals (93.3%) had had exposure to incest cases. Three professionals had some personal experience: one knew a family from childhood involving a brother and sister; one learned as an adult that four of his sisters had been involved with his grandfather when they were children; and one, as a child, had been fondled by a close friend of the family.
It had been expected that there would have been a limited amount of training and reading done by professionals in the area of incest. However, more than one-half of the sample had done reading and attended a workshop. As indicated above, only 3 professionals mentioned any sort of personal experience or knowledge of incest within their own situations.

Professionals were asked how they had approached a) the family, b) the parents, and c) the child. Suggestions for approaching the family, parents and child have been presented within the review of literature (Machotka et al., 1967; Walters, 1975; Brant & Tisza, 1977; Gentry, 1978; Sgroi, 1978; Geiser, 1979; Justice & Justice, 1979). Professionals responded to approaching the family as presented in Table 18.

Approximately one-quarter of the sample (25.9%) had not approached the family. Two of these professionals were teachers and did not see themselves as being able to establish contact with families. One of the subjects, a psychology intern, had not had any incest cases. Two of the professionals, social workers, had been limited to working with adults who had been involved in incest as children. Of the two remaining professionals, a psychologist indicated that the extent of her involvement was limited to psychological testing of children involved in incest, and a social worker indicated not having approached the
family due to the degree of difficulty of the case (i.e., emotionally disturbed mother, referral to Protective Services eventually made).

Table 18

<table>
<thead>
<tr>
<th>Professionals' Approach to the Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories</td>
</tr>
<tr>
<td>Not approached family</td>
</tr>
<tr>
<td>Factual approach/ present role</td>
</tr>
<tr>
<td>Understanding</td>
</tr>
<tr>
<td>Direct</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

*3 missing responses

*Other category includes: approach dependent upon resistance of family, whether the father is remorseful, how much the situation had exploded, did family present the problem, focus upon the family system, re-establishing family values, it does not have to be dealt with by the family directly, start with the referral source and expand circle of communication to include family, range from understanding to confrontive, seek confirmation from the child, have not been involved with the adult perpetrator, family breaks up, differing ways of confronting, i.e., with another professional or family member.

Three of the professionals, or 11.1%, indicated factual approach or a presentation of their role to the family. This included informing the family of who they were and why they were investigating, getting the facts, asking them what had happened and evaluating whether something did occur.
Almost one-third (25.9%) of the 27 who responded had not approached an incestuous family. The approach of approximately another one-third (25.9%) was able to be defined as direct, presenting the professional's role or understanding. Close to one-half of the sample (48.1%) responded with a variety of answers indicating that the approach was dependent upon a number of factors.

Responses indicating the approach of professionals to the parents are contained in Table 19.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confrontive/direct</td>
<td>8</td>
<td>27.6</td>
</tr>
<tr>
<td>Not approached parents</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>Educate</td>
<td>4</td>
<td>13.8</td>
</tr>
<tr>
<td>Understanding</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>34.5</td>
</tr>
</tbody>
</table>

*1 missing response

*Other category includes: involvement in treatment, psychological testing, they resist and deny, traditional approaches not possible, report the case to Protective Services, sometimes incest is not the presenting problem, involved adult sought psychiatric help, allowed mother to ventilate, not involved with adult perpetrator, they will talk when they are ready, point out what the problems are in the family and thereby take the burden off the sexual abuse

Over one-quarter of the professionals (27.6%) indicated that they were confrontive or direct with parents. Responses included being confrontive, firm and interested in finding
a solution; a direct approach with the parent indicating that this is "just not done in society."

Five professionals, or 17.2%, had not approached the parents. Two of these professionals were again teachers, one was a psychology intern who had not dealt with incest, and the two social workers had only dealt with adults who had been involved in incestuous relationships as children.

Four professionals, or 13.8%, indicated that they approached the parents in an attempt to educate them. One professional indicated that "it was an educational process as to why this is bad for the child and the family, and point out what the problems are in the family thereby taking the burden off of the sexual abuse and putting it onto the family dynamics."

Two professionals, or 6.9%, indicated that they approached the parents in an understanding manner. One professional stated, "you have to be consciously aware of your own feelings and not overly react or accuse, and be conscious that there is a problem there and that the person is a human being and feels guilty."

Although the question was focused on the approach to both parents, the majority responded to the involved adult. Only 2 professionals mentioned the other parent as well. One professional discussed the approach to a parent in a case of brother-sister incest, while the remainder discussed parent-child incest.
Responses of professionals concerning approaches to the child are contained in Table 20.

Table 20
Professionals' Approach to the Child

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive</td>
<td>15</td>
<td>51.7</td>
</tr>
<tr>
<td>Not approached child</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>55.2</td>
</tr>
</tbody>
</table>

\( ^{a} \)1 missing response

\( ^{b} \)Percentage column totals more than 100% because respondents could mention more than one response

\( ^{c} \)Other category includes: play therapy, using terminology child can understand, direct approach, indirect approach, same as any child, teach a teenager to protect self, they usually bring it up, it seems to be part of their culture; need a police statement, use a co-worker, instructed parent how to handle child, discuss touching, help child discriminate between behaviour and self, build a relationship then approach for information, group play therapy, clarify terminology

Fifteen professionals, or 51.7%, indicated being supportive when approaching the child. Responses focused upon reassuring children that it was "OK" to tell, that they are not the only one, that it was not their fault and the father will not be put in jail and they will not be removed from the home. Professionals also focused upon discussing the child's feelings, helping them not to feel guilty, stressing the positives about the relationship and dealing with the scapegoating that often occurs.
Three professionals, or 10.4%, had not approached the child. One social worker never mentioned incest to the child and two other social workers had worked only with adults.

The approach to the child was described as supportive by the majority of professionals (51.7%).

It was expected that the majority of professionals would not have a choice about working with incest cases. However, the opposite was the experience for the majority of professionals in this sample (53.3%). The majority of those who did not have a choice indicated that they accepted not having a choice (76.9%) and saw it as part of the job. Also, the majority of all professionals (91.7%) did not think that not having a choice influenced their work on the case.

Professionals were asked how the involvement of the police and police handling of incest influenced their handling of the case. Responses are presented in Table 21.

Over one-third of the professionals (43.3%) viewed police involvement as detrimental to the family because either a significant family member was being removed from the family, or police were considered to be crude and insensitive in their approach. One-third of the sample (33.3%) had not been involved with the police. Approximately one-third (30%) found the involvement of the police supportive of their own work because police assumed the primary authoritarian role.
Table 21
Professionals' Experience with Police Involvement in Incest Cases

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detrimental to the family</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Not involved with the police</td>
<td>40</td>
<td>33.3</td>
</tr>
<tr>
<td>Supportive of worker</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Not trained</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>23.3</td>
</tr>
</tbody>
</table>

\[ n = 30 \]

\[ \text{Percentage column totals more than 100% because respondents could mention more than one response.} \]

\[ \text{Other category includes: police by nature are angry, forcing families into treatment increases resistance, police involvement can be positive or negative, police can make the point that incest is not permitted, their involvement is mandated and there may not be a choice, those cases requiring police involvement are harder to deal with, police involvements "blows" family's trust of worker.} \]

Professionals were asked if their awareness of the court process influenced their handling of an incest case. This question relates partially to knowledge of the professionals as well. Responses appear in Table 22.

One-third of the professionals in the sample (33.3%) had not been involved in the court process either because circumstances had not warranted it, or court was not an active or ongoing part of the job. Over one-quarter of the professionals (26.7%) did not consider court involvement to be a helpful process. Court was viewed as punitive, the
added publicity was seen as further distorting and complicating the situation. Incest is not a legal problem and therefore court was considered to be a "no win" situation. Some considered court to be a last resort (16.7%). Court became a technique to deal with the resistant individual or family.

Table 22

Professionals' Experience with the Court Process

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not gone to court</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Not a helpful process</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Last resort</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Safeguard</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>40.0</td>
</tr>
</tbody>
</table>

\( n = 30 \)

Percentage column totals more than 100% because respondents could mention more than one response.

Other category includes: court is part of the job, determination about court affects how case will be handled, leave the decision to the police to charge, advocate for the client in court, be aware of the damage court may have upon family, upset that a child may testify against father, man has to be careful as to what he acknowledges, going to court to protect other child in the family. This is the primary decision, prepare self and family for court, have to be more careful about observations and recording, would go if necessary, keep records.
Summary of Questions Related to Approach and Experience

a) Interpretations

With regard to approaches toward the single incident as opposed to the repeated or multiple pattern, the majority of the professionals (59.0%) indicated that they would handle the situations differently, generally because the single incident was viewed as more easily terminated and treated.

There was little literature found directly related to this issue. Geiser (1979) stated that it is mistaken to believe that incest is a one or two time occurrence involving a single child in a family (p. 46). Sgroi (1978) indicated that the single incident is easier for the child to integrate than a repeated pattern (p. 98). It would appear that as some of the professionals indicated, it is important to treat all situations as serious regardless of the presentation (20.7%). The factors leading to the occurrence are just as severe, for example, unmet needs, inappropriate crossing of boundaries within the family, stresses within the family in all situations. Also, as some professionals indicated (10.4%), it is important to consider and weigh the various factors presented such as duration, potential for reoccurrence and so on.

It would appear that there is a need for more research to be done in the area of the single incident.
The majority of professionals (93.3%) had actually dealt with some type of incest case, several had attended some form of workshop or seminar (66.7%) in the area and many had done reading (63.3%).

It can be assumed that since the topic of this study was incest and that those who were recruited were aware of that, that those who responded would tend to be those who had had some exposure to incest.

Only 3 professionals indicated any personal accounts or knowledge (only 2 of the accounts were actually incest). It was perhaps unrealistic to expect that if professionals within the sample had experienced incest that they would have revealed it within the context of the interview.

Of the 19 professionals who were questioned with regard to training provided in academic programs, only 10.5% had received any and that exposure was minimal. As will be seen in the discussion of a question to follow, this seems to indicate some need for more adequate preparation for dealing with incest cases.

With regard to approaches to the family, the majority of professionals (48.1%) indicated that their approach would be dependent upon their assessment of a number of factors. One-quarter of the sample (25.9%) had not approached the family and one-quarter (25.9%) defined their approach as direct or understanding. Approach to the family, as discussed within the literature, offered a range
of suggestions. Gentry (1978) mentioned building upon the family's strengths. Walters (1975) pointed out that denial and resistance by the family should be expected and that the approach of trying to prove the facts is not a good one. Justice and Justice (1979) confront the family with the problems although being supportive and informing them of legal implications.

Approximately one-half of the sample (44.8%) defined their approach to the parents as either confrontive, educationally oriented or understanding. One-half of these indicated that they were confrontive (27.6%). Within the literature, it was suggested that it was important to avoid direct confrontations with parents unless it was possible to remove the child, if necessary (Sgroi, 1978). Other suggestions included presenting the facts, educating the parents and encouraging parents to recognize that the child was not to blame (Geiser, 1978; Justice & Justice, 1979). These factors also appeared within professionals' responses although not as frequently.

The majority (51.7%) described their approach as supportive of the child. Justice and Justice (1979) suggest that children need to be believed and that they were not responsible. Gentry (1978) recommends that the relative not be criticized, that the professional be accepting of positive and negative feelings that the child may have about the relative, and that the professional should
not expect the child to suppress sexual feelings when the relationship has continued over a long period of time.

A professional's approach to incest will be determined by agency function, policy and procedure to a large extent. Since the majority of professionals were social workers (83.3%) and over one-half were or had been employed by a Children's Aid Society (55.7%), it is understandable that a direct or confrontive approach might be used with the parents and that the child would be supported.

The majority of professionals within the sample (53.3%) indicated that they had a choice in working with incest cases. Of these, almost one-third (31.3%) indicated that they would not choose an incest case because they were not interested in the area or it was not their area of expertise.

Of those who did not have a choice in working with incest cases, the majority (76.9%) indicated that they accepted this "as part of the job." The majority of these professionals (91.7%) did not think that not having a choice influenced their work.

Almost one-half of the professionals (43.3%) considered the involvement of the police in incest cases as detrimental to the family/child. This tends to support the limited amount of literature on the topic (Butler, 1978; Libai, 1980). One-third (33.3%) had not been involved with the police. One-third (33.3%) found the police as a support to their work.
One-third of the sample (33.3%) had not been involved in the court process with an incest case. One-quarter (26.7%) did not consider court to be a helpful process. This tended to support some of the concerns presented within the literature that court can have a negative effect upon the child and the family (Burgess & Holmstrom, 1978; Schultz, 1980; Libai, 1980; Stevens & Berliner, 1980).

Questions Related to Opinion

Questions that were related to opinion simply asked professionals to express a belief. It was expected that attitudes and feelings would be expressed as well.

Professionals were asked to respond in relation to how they felt about the following statement: "There is a belief expressed in some of the literature that family members can be set up for incest by the child, especially as the child reaches adolescence." Responses are summarized in Table 23.

Approximately one-half of the professionals (43.3%) disagreed with this statement. The major reason for the disagreement was that the responsibility was viewed to rest upon the adult. This supports the belief held by Gentry (1978), Kempe and Kempe (1978), Geiser (1979), Justice and Justice (1979) and Giaretto (1980). Some responses included: one professional stated "the normal development of an adolescent is to become flirtatious and
Table 23
Professionals’ Response to Whether the Child “Sets Up” Other Family Members for Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Qualified Yes</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Agree</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Qualified No</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3.3</td>
</tr>
</tbody>
</table>

\(^n = 30\)

\(^b\)Percentage column totals more than 100% because respondents could mention more than one response.

\(^c\)Other category includes: many problems are the result of a lack of parental attention.

Precocious in examining their own sexuality and how they may tempt others ... the appropriate response of the parent is not to be seduced, but to allow the daughter to try out her precocious technique and to feel reassured that he (father) is a man and thinks she is pretty ... that is comforting ... he is her father and he's going to protect her ... the parent has to understand the developmental stage and help the child through it”; one professional stated “that’s no excuse ... an adult is responsible for his actions ... nothing should take place ... I would never let an adult say that ... it's an excuse ... some little girls, without realizing it, can be quite seductive ... adults have to recognize that and deal with it, not take advantage of it”; one professional stated “under no
circumstances can I find a child at fault for sexual abuse"; and one professional stated "that's crazy ... I don't care what the child does ... the adult is the caretaker and has the responsibility of the child."

Almost one-third (30%) indicated that they agreed with the statement, but qualified their answer. Responses included the following: one professional stated "I think that's very real ... (you) see 11 to 13 year olds who are very mature ... maybe they have learned that to get what they want they come-on sexually to men"; one professional stated "the child could do that and perhaps even want that, but it can't be blamed entirely on the child ... even if the child has those thoughts or wishes ... the parent is involved too and there must be something there for the parent to allow that"; one professional stated "because I have seen it I agree with that ... I still believe that the adult should have more control than to get into that"; and one professional stated "I agree with the concept ... I still place the primary responsibility on the adult ... the child is becoming promiscuous because of the atmosphere in the family which is the responsibility of the parents to oversee and direct."

Almost one-quarter of the professionals (23.3%) agreed with this statement. Responses included the following: one professional stated "definitely in some cases ... especially when the child reaches puberty because they are
exploring their own sexuality more openly. . . especially if there has been a tight parent-child bond it's almost normal to expect the child to try to add that dimension to the relationship"; one professional stated "I see more of that happening now with more blended families coming into the office. . . I think it's true. . . I have an easier time working with an incestuous relationship within a blended family than an incestuous relationship in a natural family. . . in the first family it can break an innocence that may not be there in the second family"; and one professional stated "yes I believe that. . . I believe that the child has a vested interest in the incestuous relationship. . . I think there comes a point in time that the child makes a decision to carry on, especially at 14 to 16 years of age. . . they are getting more out of the relationship. . . part of the confusion is that 'I like it' and 'then I must be a terrible, rotten person because I liked it'." Professionals were asked their opinion related to various combinations of incest. Heterosexual parent-child incest was considered common in terms of father-daughter incest (41.4%) and uncommon in terms of mother-son incest (42.9%). Both situations were considered to be damaging. Homosexual parent-child incest was considered to be "rare" in terms of father-son incest (31%) and in terms of mother-daughter incest (42.9%).

Over one-half of the professions (55.2%) viewed sibling incest as understandable on the grounds that it
was experimentation, or part of growing up, or curiosity.

Professionals were asked what their opinions were with regard to the current legislation as it relates to incest.

Over one-third of the sample (36.7%) believed that the current legislation was not effective. Responses included the following: one professional stated "I don't think it's as helpful as it should be . . . it's very difficult (to prove) especially if it's not penetration"; one professional stated "the Child Welfare Act is not specific enough, nor particularly effective"; one professional stated "the laws are often inadequate to deal with instances . . . I don't see the laws as helpful . . . I don't think laws can control incest"; one professional stated "it's not effective when you have a psychological disorder being handled through the courts"; one professional stated "it's not preventative . . . making a law doesn't stop it . . . I'd say the lawyers get rich off it . . . kids aren't being better served, families aren't happier, people aren't better understanding." One professional within this category was American.

One-fifth of the professionals (20%) indicated that they were not aware of the legislation. These professionals (6) were not Children's Aid or Protective Services workers and are a proportion of those presently not in protection settings. Three of the professionals were American.
Less than one-fifth of the professionals (16.7%) considered the legislation to be effective. Generally, it was considered that the law and reporting requirements were becoming more clear.

Four professionals, or 13.3%, indicated that they viewed the legislation as punitive. Three professionals, or 10%, indicated that legislation is necessary in order to define incest and protect children.

Professionals were asked what profession or professions they consider to be the best equipped to deal with incest.

Over three-quarters of the professionals (80%) identified social work as the best equipped profession to deal with incest. Social work was identified by 21 social workers, one teacher, one mental health worker and one psychology intern. The major reasons social work was mentioned included: social workers deal with the whole family; social workers are more capable because of their training; and social workers will not have a great deal of negative feelings.

Almost one-half of the professionals (46.7%) identified psychologists as equipped to deal with incest. Eleven social workers, one psychology intern and two teachers mentioned psychology.

Twelve professionals, or 40%, indicated psychiatrists as equipped to deal with incest. Ten social workers, one psychology intern and one teacher identified psychiatry.
Psychiatrists were viewed mainly as doing individual work.

Other interesting responses included: "I don't know, which reflects my sense of hopelessness for incest"; and "I don't think anyone has been trained very much." Appendix presents the remainder of responses.

Professionals were asked to rank seven presenting problems from the most demanding situation (represented by one) for them to handle to the least demanding (represented by seven). The seven presenting problems included suicidal client, depressed client, emergency/crisis situation, physical abuse of children, resistant client or family, non-verbal client or family and incestuous family. Table 24 represents the mean ranking of professionals' responses.

Table 24
Mean Rank of Presenting Problems by Professionals

<table>
<thead>
<tr>
<th>Presenting Problem</th>
<th>Mean Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal client</td>
<td>2.53</td>
</tr>
<tr>
<td>Physical abuse of children</td>
<td>2.73</td>
</tr>
<tr>
<td>Incestuous family</td>
<td>3.80</td>
</tr>
<tr>
<td>Emergency/Crisis situation</td>
<td>4.20</td>
</tr>
<tr>
<td>Resistant client/family</td>
<td>4.33</td>
</tr>
<tr>
<td>Non-verbal client/family</td>
<td>4.96</td>
</tr>
<tr>
<td>Depressed client</td>
<td>5.40</td>
</tr>
</tbody>
</table>

aₙ = 30

bThe mean rank represents the overall ranking by the professionals of each situation
Suicide was ranked overall as the most demanding situation. Incest was ranked overall third, after physical abuse of children. The depressed client was ranked seventh as the last demanding overall of the seven presenting problems.

Summary of Questions Related to Opinions

a) Interpretation

With regard to the question which probed whether professionals believed that a person could be "set up" for incest by a child or adolescent, almost one-half of the professionals (43.3%) disagreed. This was an encouraging finding which supports the theory of Justice and Justice (1979). They believe that the child's contribution to factors causing incest is usually weaker than that of the parents or environment (p. 149).

Almost one-third of the professionals (30%) agreed with the statement which in the researcher's opinion reflects a lack of knowledge and understanding of the dynamics.

It is interesting to note that one professional indicated finding it easier to work with incest within a blended, or step-family than within a natural family. Sgroi (1978) states:

It has been this author's experience that the father-daughter incest taboo is so great in our society that professionals and lay people within the community tend to view child sexual assault by a step-father who is not a blood relative
with far less alarm and discomfort than when the natural father is the perpetrator. (p. 134)

Professionals were asked to respond with a thought, feeling or reaction to various combinations of incestuous relationships within the nuclear family. It is considered that this was a relatively unstructured question allowing a choice of the type of response and it appears that professionals chose to answer in an intellectual manner.

Mother-son incest was considered uncommon and father-daughter incest was viewed as the most common which supports theories within the literature (Meisleman, 1978). Brother-sister incest was viewed as experimental and normal curiosity which supports findings of this view of this type of incest within the literature (Sgroi, 1978). Homosexual combinations, both parent-child and sibling, were considered to be more pathological by professionals. There has been very little research done in the area of homosexual incest (Geiser, 1979).

With regard to opinion related to the current legislation related to incest, the most frequent response indicated that professionals considered the law not to be effective (36.7%) in prevention or rehabilitation. Within the Canadian legal system, it has been noted that if incest cases are processed through Family Court, the atmosphere is more therapeutic as opposed to Criminal Court where the function is "corrective and rehabilitative" (Helping the Victims of Sexual Assault, 1979).
When professionals were asked which professions were best equipped to deal with incest, the most frequently mentioned fields in order from the most frequent answer, were social work, psychology and psychiatry. It is not surprising that social work was identified most frequently as 80% of those in the sample were social workers. Other interesting responses included that no profession is prepared or equipped to deal with incest (16.7%) and psychiatry was ruled out by 6.7%.

When professionals ranked the various presenting problems overall incest was ranked third (out of seven). Suicide and physical abuse were ranked first and second, the main reason attributed being that both were potentially "life and death" situations.

Questions Related to Feelings

The following questions asked professionals to respond with feelings to various situations or conditions. This category of questions directly related to the major research question.

Professionals were asked how they felt during their initial involvement in an incest case.

The majority of professionals (70%) mentioned some type of feeling in relation to dealing with incest initially. Table 25 presents the types of feelings mentioned by professionals.
Table 25
Professionals' Initial Feelings

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncomfortable or uneasy</td>
<td>6</td>
<td>28.6</td>
</tr>
<tr>
<td>Anxious or nervous</td>
<td>5</td>
<td>23.9</td>
</tr>
<tr>
<td>Apprehensive</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>Angry</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>Concerned</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>Confused</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>Sick</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Frustrated</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Frightened</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Protective</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Do not like that kind of case</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Violence bothers me</td>
<td>1</td>
<td>4.8</td>
</tr>
</tbody>
</table>

\(n = 21\)

Percentage column totals more than 100% because professionals could mention more than one response.

The types of feeling responses given by the 21 professionals who responded varied. Six professionals (28.6%) indicated they would feel uncomfortable or uneasy. Responses included: "uncomfortable because it is difficult to approach the kids on it. . . I am white and middle class and they live with abuse all of their lives"; one professional stated "I would be uncomfortable because it would be my first case"; one professional stated "uncomfortable. . . I feel it is morally wrong so I would want to defend the child"; one professional felt uneasy at first, "uneasy in the sense of trying to gain rapport and enough of a relationship to be able to talk about it in a therapeutic way. . . uneasy"
about how they have talked about these things before . . . what kind of words they use . . . whether or not they are ready to talk about it . . . whether they are saying 'I'm glad you came' or 'I hope nothing gets detected out of all of this'."

Five professionals, or 23.9%, indicated that they would feel anxious or nervous initially. One professional stated "I would be anxious when the referral comes from someone other than the child." Another professional stated "I would be uptight if it was ongoing." One professional felt nervous "like I'm walking on very fragile ice . . . it's a push-pull situation from the start . . . the person tries to negate what has gone on and acts very defensively . . . I'm nervous about what level I can approach this person."

Three professionals (14.3%) indicated that they would be apprehensive initially. One professional stated "I would be very apprehensive, like walking on eggshells . . . they (the cases) are all different - it does not matter how many times that you have handled it you still feel the same way." Another professional stated "in the first interview I was feeling pretty uptight, part of it was I was feeling unsure - I did not know what I was doing with this . . . I was anxious and apprehensive about what I was going to be doing with them."
Three professionals (14.3%) indicated that they would feel angry initially. Responses included: "in one case the father insists that it's right . . . he uses it as an excuse . . . somehow it makes me angry . . . in other cases where the father shows remorse or denies it, I didn't experience the same angry . . . maybe my reaction is dependent upon the attitude that there is nothing wrong with it"; one professional stated "I felt very angry about the whole family situation and the other sorts of abuse that the kids had tolerated . . . I had strong feelings that it had caused an awful lot of problems for these kids and felt a lot of urgency in dealing with these kids and looking for different settings."

Two professionals (9.5%) expressed concern and one of the professionals stated "I'm concerned . . . I'm interested in finding out the nature of the sexual contact, for example, whether it is voluntary or under duress . . . I don't have any overwhelming negative attitude except in terms of the harm it may be doing to someone."

Two professionals (9.5%) indicated that they were confused and responses included: "I'm perplexed . . . wondering what kind of a (family) system uses that as a way of solving their problems . . . how did the family get to that point of dealing with stress (in that way)"; one professional stated "confused . . . disbelieving . . . my first reaction is no, this can't be happening."
One professional felt frightened initially: "I think it took me longer initially to pick up cues than now ... maybe cause I didn't want to pick them up at first because I think that it's a scary thing to deal with, especially in child welfare because action is demanded."

One professional indicated that violence bothered him: "the violent ones tend to bother me or tend to make me feel bad, but that is something that I don't try to convey ... fondling or intercourse is one thing, but when the child is beaten to accept that, that's irritating."

Fifteen professionals, or 50%, responded with some other answer. Eight of those mentioned no negative feelings in response to the question and seven did mention some other feeling. Some of the other feelings mentioned by the seven professionals included: "incest is very cut and dry ... I'd rather deal with physical or sexual abuse than emotional abuse because they are concrete"; one professional stated "I've usually been involved with the family for some time and then learned that there is an incestuous relationship within the family, so I know the family and all the members ... my feelings toward them are fairly well set ... I can feel comfortable discussing other things with them so the move into incest while uncomfortable is made easier"; one professional stated "if my focus is protecting the child then I'm much more aggressive and overt about the boundaries I will accept ... there will
be fundamental rules that will be maintained throughout
our treatment relationship such as 'you will no longer do
this to your son,'; and one professional stated "to a
degree very cautious . . . it's a very delicate issue
that has such a damaging effect on the whole family . . .
I don't want to be putting too much pressure on people
too quickly . . . at the same time not being too submissive
and letting them fool me into minimizing the problem."

The following responses represent some of the eight
professionals included within the "other" category who did
not indicate or acknowledge a negative feeling. One pro-
fessional stated "I view it as a problem . . . I don't
visualize what has happened . . . I try to remain as
factual, as supportive, as calm as I can . . . it's a
family problem"; one professional stated "I'm very com-
fortable with it . . . I'm not intimidated by it, I'm not
shocked by it . . . I just feel it's a sick family system
and they all need treatment"; one professional stated "I
think there entered my mind a confusion about the court
system . . . how am I going to mail this person and do
I really want to, or is he going to respond to something
else . . . how can I work with this family."

At this point, a few of the underlying themes have
become apparent. For example, there seems to be a theme
that when there is a connection of violence or coercion
involved with incest, the feelings become definitely
stronger. Another theme surfacing is that when professionals were asked about a feeling, they often replied with a thought. It seems that answers were intellectualized frequently.

Professionals were asked a) how they felt about working with incest cases overall, b) what arouses those feelings, and c) how they deal with those feelings. Table 26 presents overall feelings of professionals.

Table 26

Professionals' Overall Feelings About Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified overall feelings</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>&quot;Would not bother me&quot;</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Interested/enjoy</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>20.0</td>
</tr>
</tbody>
</table>

\[ n = 30 \]

\[ ^a \text{Percentage column totals more than 100\% because respondents could mention more than one response} \]

\[ ^b \text{Other category includes: overidentify, need to be objective, involves a lot of work, would transfer the case, undeveloped area, would not want a serious case without consultation} \]

Almost two-thirds of the professionals (63.3%) identified at least one feeling related to working with incest cases overall. Table 27 refers to types of feelings described by professionals.
Table 27
Overall Feelings Identified by Professionals

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Inadequate</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Anxious</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Frustrated</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Comfortable</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Concern</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Compassion</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Exciting work</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Disgust</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Violence bothers me</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Do not like them</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Horrifying</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Overwhelmed</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Confused</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Satisfying</td>
<td>1</td>
<td>5.0</td>
</tr>
</tbody>
</table>

\[ a_n = 19 \]

\[ b \text{Percentage column totals more than 100\% because respondents could mention more than one response} \]

Anger was the most frequently mentioned feeling. Six professionals indicated that they would feel angry and the following responses were included: "when I over-identify with the parent or the child then I would transfer the case... I know I shouldn't get angry and (I should) look beyond that but I can't"; one professional stated "with a very young child I would feel angry toward whoever had committed the act... I can appreciate I would have difficulty keeping that under control..."; one professional stated "I'm sure in all cases I have similar
feelings of being angered to a degree; one professional stated "I saw how much it can affect an individual's life style or personality from that point on ... that part still makes me angry."

Four professionals indicated a sense of inadequacy: "it's an area that I don't feel particularly qualified in ... I need a whole lot more experience"; one professional stated "maybe it's a sense of inadequacy which results in frustration which results in anger eventually"; one professional stated "I wouldn't do it (take an incest case) right now - I'm not trained for it ... I'd need an orientation in terms of getting in touch with my own feelings and attitudes."

Three professionals indicated that they felt anxious and one professional stated "I would be anxious because what I am doing with that person now will bear a lot of reflection on his personality in later years ... if I dealt with it poorly myself then there's no question in my mind that the child would be severely effected by it and that's why I would be anxious."

Three professionals indicated that they would feel frustrated and responses included: "frustrations might come depending on the motivation of the family members ... frustrated if I didn't see mother mother being strong, or shifting blame to the daughter"; one professional stated "really frustrated due to the lack of resources and know-
... and not enough research is being done"; and one professional stated "frustration more to the point ... the effect on the child is something we still can't calculate and for me that's very difficult ... to work with that child."

Three professionals felt comfortable dealing with incest cases and responses included: "I don't feel uncomfortable with it ... I can do it ... I think I can help these people"; and one professional stated "I'm more comfortable now ... I've accepted incest more ... I'm more relaxed dealing with it and regard it as a very significant personal problem of an individual, but it's a different perspective than initially."

Two professionals expressed concern about dealing with incest and responses included: "maybe they (the children) would be messed up for the rest of their lives and that really concerns me"; and one professional stated "how the issue is dealt with is crucial to what will occur in the future."

Other feelings mentioned are included in the following answers. One professional indicated feeling disgust: "there have been a few cases where I thought the whole thing was disgusting ... the way everything was moving was so out of control there was no way I could stick in and help them and the best thing was to contact Protective Services to separate people." One professional indicated
that incest cases were horrifying and stated "I feel it's an unnatural situation ... I find it horrifying, but I still have the taboo that it is something that should be handled in the family." One professional indicated feeling overwhelmed and stated "I find them (cases) difficult, very involved ... I feel very drained and a lot of times overwhelmed."

One-third of the professionals (33.3%) indicated that dealing with incest cases would not bother them. Professionals stated "it's nothing I couldn't handle" and "it's another part of the caseload." Four of these professionals also stated that they enjoyed working with incest cases. Of these four, one professional also mentioned some other feeling (disgust). One of the professionals found working with incest enjoyable when dealing with adults who had been involved in incest as children and stated "I've enjoyed working with them because they are far enough removed from it that they can take some distance and start putting it into perspective ... I'm more comfortable with that than if incest were occurring at the time."

Two of the professionals who stated that incest would not bother them also mentioned some other feeling (anxious, compassion).

Six professionals (20%) indicated some other response in addition to a feeling response. These other responses included: one professional stated "the only feeling that I
get is that it's an underdeveloped area . . . there are so few people with any knowledge"; one professional stated "the problem is greater than what we see . . . a lot of education needs to be done with both professionals and the public . . . I don't have any strict judgments on it (incest) . . . but it depends on the individuals in terms of how much my personal feelings are going to affect my work"; and one professional stated "if it (ongoing incest) did come up I'd try to transfer the case or get some consultation and sort out my feelings."

Table 28 indicates how professionals dealt with their feelings.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work through feelings</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Not a problem</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Professional approach</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Consultation</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>16.7</td>
</tr>
</tbody>
</table>

\[a \, n = 30\]

\[b\text{Percentage totals more than 100\% because respondents could mention more than one category}\]

\[c\text{Other category includes: involving a Protection Agency, obtaining best possible for the family, one professional preferred to work with adults (than children), anger prevents facilitative work, it is part of the family history}\]
Over one-quarter of the professionals (26.7%) indicated that they "worked through" their feelings when asked how they dealt with their feelings about incest. One professional indicated that training in the area of social work assisted in dealing with feelings: "having gone through the social work process . . . I wouldn't feel negative about it (incest) . . . with incest there are some reasons behind it and you have to look at what is going on that causes this to occur." One professional indicated working through feelings by reading and attempting to understand the dynamics: "I think I have worked through the anger . . . I have a better understanding of where the adult is coming from when he enters into that . . . worked out my feelings by lots of reading and trying to understand from the adult's point of view why violate a young child." One professional indicated controlling her anger: "I think once I got reins on that feeling (anger) I would be more objective." One professional indicated that self-awareness was important: "to recognize that there are some things that get me angry . . . by being aware of it . . . then I talk with the person who is doing this and I begin to understand." One professional indicated that he ventilated his feelings with the family and also with his own support systems: "I have to release my feelings and to a degree that has to be done with the family and the people involved . . . ventilate through an outside outlet." One
professional indicated the need to learn more about the topic and to work through more of the feelings: "I have to sit down and work through them (feelings) myself ... I have to know more about incest than I do now to understand what is going on ... I have to work through more of it by my own thinking." One professional considered exposure to incest cases had helped: "I feel more confident ... I've learned some things that do and do not work ... the experience has been useful ... it has pointed out some things I need to brush up on." One professional indicated that feelings did not influence her work as before: "it's an identified problem and it's not mine ... my feelings haven't entered in as much anymore."

Over one-quarter of the professionals (26.7%) indicated that their feelings about incest were not a problem. This was one of the two most frequently occurring categories. Responses included the following: one professional indicated being neutral about incest: "I'm neutral ... need to make an assessment ... the nature of the job requires a value judgment"; one professional indicated "it's nothing I couldn't handle"; and one professional stated "I wouldn't just react because it's incest."

One-fifth of the professionals (20%) indicated that they dealt with their feelings by means of a professional approach. The following responses were included: "I become very cold, detached, businesslike ... that's my
way of controlling my anger coming out"; one professional stated "carefully . . . only after I'm sure that the child is not going to perceive my feelings in some questionable fashion . . . to a degree my role is to show them a positive relationship with an adult"; and one professional stated "I think a professional attitude is the way to handle it in terms of bringing the family in to get in touch with it . . . understanding the significance of it in that family would help me understand it better too . . . in terms of what it means for them."

Four professionals, or 13.3%, indicated that they would deal with their feelings through consultation or supervision. Responses in this category included: "I rely on my supervisor a lot for some direction and motivation . . . I try to be aware of the dynamics"; one professional stated "whenever I had a case I could never deal with those feelings with my supervisor . . . so I dealt with it by talking to co-workers . . . now I think I could talk to my (current) supervisor about my anger and frustration in dealing with this type of person"; one professional stated "I used the other worker to talk about it and the director of the agency was very approachable . . . he had a lot of experience . . . (and would say) 'you are here to help the family, let's get back on track' . . . that was very helpful"; and one professional stated "I read a lot and had a good consultant . . . I talked to other people who had had incest cases."
Professionals were asked what feelings were aroused in them when thinking about the effects of incest upon the child.

Over three-quarters of the professionals (80.0%) identified some feeling that they had regarding the effects of incest on the child. This was the most frequently occurring category. Table 29 presents professionals' feelings regarding effects.

Table 29
Professionals' Feelings Concerning Effects of Incest on the Child

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Sad</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>Concern</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Frustrated</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Compassion</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Grief</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Bad</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Pity</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Anxious</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Helpless</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Repulsion</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Revolted</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Upset</td>
<td>1</td>
<td>4.2</td>
</tr>
</tbody>
</table>

\[ n = 24 \]

*Percentage column totals more than 100% because respondents could mention more than one response

Over one-half of the professionals who indicated a feeling mentioned anger (54.2%). Responses included the following: "I do become angry... we have enough to
deal with let alone incest"; one professional stated "I get angry especially with younger children"; "angry ... I think that the kid doesn't have a chance because this happened so early to them ... the other parent often times knows even though they say they don't ... in one case the mother would go bowling and the common-law partner would have intercourse with the 15 year old ... I was angry with both of them ... she's as messed up as he is"; one professional stated "it makes me angry ... the child has been denied an opportunity for as full a development as possible"; one professional stated "I would probably feel angry if one of the parents were not following through with treatment ... or if they weren't really cooperating and it was further damaging their kid"; one professional stated "in general I get very angry that these kids have been forced, conned, or (are) ignorant ... (and gotten) into something and the dramatic effects that it has on their mind and body afterwards"; one professional stated "if it was physically harmful to the child in any way I feel a lot of anger"; one professional stated "you're angry because you think 'how could he have done that to her?'; and one professional stated "really angry ... its cyclical ... its angry about not being able to break it (the cycle)."

Over one-quarter of the professionals (29.2%) indicated feeling sad about the effects on the child.
Responses included the following: "it's sad . . . a tragedy . . . the biggest tragedy is that it repeats itself"; one professional stated "sadness for the child in that their innocence is gone"; one professional stated "real sad because for some of them you are not going to undo that and what a shame . . . I think how they would have been without that (experience)"; and one professional stated "really sad that these kids don't have a chance." Sadness was the second-most frequently identified feeling.

Two professionals, or 8.3%, indicated concern. One professional stated "concerned about their feelings . . . the way of expressing affection is distorted."

Two professionals, or 8.3%, indicated feeling frustrated. One professional stated "frustration . . . when suspicious but can't prove it . . . denial is frustrating." One professional stated "frustration that these things go on and the family does not seek to rectify it . . . (but) accept it."

Other feelings mentioned included the following: one professional indicated feeling helpless in relation to the denial by the family. "I came back (to the office) and cried." One professional indicated feeling repulsed: "I do feel very strongly about men who approach their children . . . I keep in mind that they need help; but I still have that feeling of repulsion when I think about it." One professional indicated feeling revolted: "I really feel sick
when I think of the effects. . . revolted." One professional indicated feeling upset: "I get more upset and find it more difficult to understand when it's a very young child."

Two professionals, or 6.7%, of the 30 responding indicated that dealing with incest cases was no different than any other case when asked about their feelings on the effects on the child. One professional stated: "I learned to look at people as all (having) a problem and needing help. . . . getting angry doesn't help. . . . it makes it worse."

Four professionals, or 13.3%, indicated some other response including the following: "I wish it could be avoided. . . . I was shocked when I first encountered it, and there was some anger, but at this point it's just something that's going to happen, it happens all over and you do what you can to prevent it."

Professionals were asked what feelings were raised in them when considering the effects of incest on the family.

Over one-half of the professionals (62.5%) indicated that some feeling was aroused concerning the effects of incest upon the family.

Over one-quarter of those who responded (26.7%) indicated feeling sad about the effects upon the family. Responses included: "it's too devastating to think about the little work you do with them is so minimal. . . ."
it's very sad"; one professional stated "I feel very sad ... it's not the type of thing most families need in their functioning."

Three professionals, or 20%, indicated feeling angry. Responses included the following: "a bit of anger on my part that they don't do something about the incest ... they don't confront the family members ... it's difficult to understand why they don't do something about it"; one professional stated "angry at the mothers for not intervening ... I feel that they should be more responsible to their children"; and one professional stated "it angers me ... I block any concept of it happening with my own kids."

Two professionals indicated feeling frustrated. Responses included: "the fact that they allowed it to happen ... gets to be frustrating"; and one professional stated "that makes me feel frustrated ... I'm concerned about the family as a whole ... the whole family is involved in it ... all those people are affected."

Two professionals, or 13.3%, indicated feeling sympathy for the family. One professional stated: "sympathy for the family members ... from a professional point of view I would regard them as in need of a lot of treatment by someone who could deal with it professionally ... with a lot of knowledge and background."
One professional indicated feeling worried: "it becomes more of a worry . . . because of what is happening in the family . . . my own work has not been that effective." Appendix J contains the remainder of feelings expressed.

Professionals were asked if anything would make them feel uncomfortable when working with an incestuous family. Over three-quarters of the professionals (23 or 76.7%) agreed that they would feel uncomfortable when dealing with an incest case. The remainder (7 or 23.3%) indicated that they would not feel uncomfortable.

Table 30 presents professionals' responses relating to why they felt uncomfortable working with incest cases.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family's reaction</td>
<td>13</td>
<td>56.5</td>
</tr>
<tr>
<td>Factors related to the professional</td>
<td>4</td>
<td>17.4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>30.4</td>
</tr>
</tbody>
</table>

\( n = 23 \)

\( ^b \)Percentage column totals more than 100% because respondents could mention more than one response

\( ^c \)Other category includes: uncomfortable dealing with parents' sexual problems, fear of the unknown, getting the children to open up, if the adult were in the home, the child might be further abused, if I were to walk in and catch something happening, there is a "fine line" for most of us in terms of appropriate and inappropriate behaviour
Of those who felt uncomfortable, over one-half (56.5%) indicated that this was due to the reaction of the family to them. Responses included the following: "when the family is so terribly chaotic and completely unresponsive ... (then) I feel helpless and uncomfortable." One professional felt uncomfortable about the secretiveness of the family: "the secretiveness and closedness of the family ... it serves the function of keeping the family together." One professional felt uncomfortable when the child was accepting of incest: "the child's attitude ... if the child saw nothing wrong with it I would not know how to handle that." One professional felt uncomfortable when the father denied: "if I were working with a father who was denying it and I had evidence that he had (done it)." One professional felt uncomfortable initially approaching the family: "it would be uncomfortable until you get over the feeling that they would be willing to talk ... once that's over and they have accepted you being there, then I don't have any bad feelings at all and I'm comfortable talking about it ... it's getting over the hurdle of forcing yourself on a private family." One professional felt uncomfortable when working with a person who was not remorseful: "if there is factual knowledge that incest has occurred and the person is blatantly denying it ... or if someone says that they have done it but don't really care and would do it again ... it makes me angry and un-
comfortable working with a person who doesn't have a conscience." Another professional felt uncomfortable initially approaching the family: "my anxiety would be raised if (I had) to inform a family of what is going on because I wouldn't be certain of their reaction... to confront a parent would raise my anxiety... if he was going to deny everything and make it a difficult situation for me... I would feel uncomfortable." One professional felt uncomfortable if the family had been aware of the incest but did not take steps to prevent it: "if it had been brought out that there had been incestuous relations and no one was doing anything about it... I think that would make me angry... I think at first I was very uncomfortable... I hadn't had a lot of experience... it was a sensitive area and I was not feeling properly equipped to deal with it... initially there was probably some anger due to my lack of understanding of the problem, my lack of exposure to it... I don't think those feelings are there anymore." One professional stated: "if they didn't respond to me... that would make me uncomfortable." One professional felt uncomfortable when the family was not motivated to change: "if there was no motivation to do anything about it and allow it to continue... or not seeing it as harmful and it continued after being confronted." Two professionals were uncomfortable about approaching the father: "I'm always worried if the father doesn't know
I'm coming... approaching him is very difficult... how is he going to react worries me" and one stated "anxiety and apprehension about confronting somebody and their reaction and complete denial and (then) what do you do about that." One professional stated "trying to pry it or force it out of them... people's discomfort makes me uncomfortable."

Four professionals, or 17.4%, indicated factors related to themselves as causing them discomfort. One professional stated "I have two children and a daughter of my own... if it were related to her age, I might feel uncomfortable with that client... with young children who couldn't defend themselves I would have very negative feelings." One professional stated "I think I have always been uncomfortable with it... I tend to get caught up in 'these children deserve a better chance and there is something seriously wrong with the family... why isn't the mother protective of the children'... that gets in the way sometimes... when I first approach it I'm horribly uncomfortable and then it gets better... when it's familiar I can deal a little more comfortably with it... but I'm never really comfortable with it... I'd rather deal with some other problem... the effects on the child and the disturbance in the family makes me uncomfortable." One professional indicated feeling uncomfortable if physically threatened by someone in the
family. One professional felt uncomfortable about not being knowledgeable enough in the area: "I am not an expert . . . I feel inadequate in the area and would prefer to make a referral to someone who is an expert in the area . . . it's one thing to understand what it is . . . it's another to work with it."

Seven professionals, or 23.3% of the sample, indicated that they would not feel uncomfortable. These professionals considered this to be part of their job. Some responses included the following: "I don't think so . . . possibly if I had been involved in that kind of a relationship in my family and had not worked it through . . . I'm sure that would disturb me"; one professional stated "blatant sexual behaviour in the interview would anger me . . . otherwise they could say or do anything they wanted to . . . I would expect them to make the effort to stop it"; one professional stated "I find it difficult if it is hard for them (the girls) to talk about it . . . I don't think I feel uncomfortable" and one professional stated "my lack of anger makes the family uncomfortable . . . it might be easier for them if I were angry . . . my trying to help them deal with it is unexpected."

Professionals were asked if any feelings were raised in them concerning a recommendation to remove a child from the home when incest is involved. In both cases the majority of professionals indicated feeling concerned.
Those professionals concerned about removing the child (62.1%) worried about the effects of separation upon the child, the message given to the child and viewed removal to be a last resort. However, 21% of the professionals indicated that they would have no problem in removing the child. Those professionals concerned about leaving the child in the home (58.3%) worried mainly that the incest may then reoccur, however, most preferred to leave the child at home.

Professionals were asked a) what aspects present the greatest difficulty for them in dealing with an incest case, b) how they felt about that, and c) how they dealt with that. Table 31 indicates professionals' responses to the most difficult aspect.

Six professionals, or 20%, indicated that the greatest difficulty presented for them in dealing with an incest case was related to resistance of individuals or of the family. Responses included the following: "nobody sees a problem and they are resistant to help"; one professional stated "if the abusing adult will not feel that it is as important as I felt . . . they pretend"; one professional stated "the type of parent who has no conscience, or does not accept that they have a problem"; one professional stated "the unmotivated client . . . where they won't go out and seek help . . . neither parent is willing to change the situation and the child might get hurt . . . that's
scary"; and one professional stated "being blocked out by the family."

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistance</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Therapy</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Denial</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>46.7</td>
</tr>
</tbody>
</table>

\[ n = 30 \]

\[ ^b \text{Percentage column totals more than 100\% because respondents could mention more than one response} \]

\[ ^c \text{Other category includes: violence, lack of training, if a child died, initial reaction, hopeless to change incestuous families, the family dynamics, working with the adult, if the family protected the perpetrator at the child's expense, the effects on the child, if the adult remained in the home, trying to gather evidence, removing the child, long-term physical damage to child, lack of time to spend on the case} \]

Six professionals, or 20%, indicated that therapy was the most difficult aspect for them. Responses included the following: "getting the client to talk about their true feelings"; one professional stated "getting the people involved to openly talk about it ... to admit it and talk about their feelings"; one professional stated "to separate the relationship between the two - not wanting to damage the parent-child relationship, but stopping the incest ... sever part of the relationship while maintaining other"
parts of it"; one professional stated "how to approach (the situation) initially... I never know until I get there how they will react"; one professional stated "listening and dealing with the feelings of the child"; and one professional stated "the therapy... one case I've been working on for two years... reassuring that the child is not at risk if you leave the child at home... working with the family."

Five professionals, or 16.7%, indicated denial as the most difficult aspect to deal with. Responses included the following: "you're always afraid that they are going to deny it which makes your job difficult"; one professional stated "denial by the family when you know it's happening"; and one professional stated "if the family denied it or if the family said it happened, but 'we can handle it and we don't need to talk about it anymore'."

The most frequent response of professionals was within the other category (46.7%). Some of these were: one professional felt hopeless about changing incestuous families... the models that have been set for them... those are things you can't change... I feel that a lot of it is hopeless and very, very difficult unless the environment is changed." One professional found it to be difficult to deal with if the family protected the involved adult at the expense of the child "the very young child... the degree (of the incest)... the length of time it had
been going on before discovered ... if someone in the family knew it was going on and was shielding the person at the expense of the child." One professional also stated "gathering information ... because I haven't had the expertise I have felt awkward." One professional found approaching the child most difficult "what is the right way to approach this kid and how far can you go or prove without hurting the person."

Table 32 presents professionals' feelings related to the most difficult aspect.

Table 32
Professionals' Feelings About the Most Difficult Aspect

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration</td>
<td>11</td>
<td>40.7</td>
</tr>
<tr>
<td>Anger</td>
<td>9</td>
<td>33.3</td>
</tr>
<tr>
<td>Helpless</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>Anxious</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Disgust</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Other feelings</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>29.6</td>
</tr>
</tbody>
</table>

\[n = 27\]

\[\text{Percentage column totals more than 100% because respondents could mention more than one response}\]

\[\text{Other category includes: the need for specialized workers, expect the client to be resistant, attempt to understand the family dynamics, unable to work with a man who had killed a baby, important to be non-judgemental, understanding of how a girl could enjoy the relationship, treatment is important, no real strong feelings}\]
Professionals indicated feeling frustrated due to the resistance or denial of the family, or a lack of conscience about the behaviour. Nine professionals, or 33.3%, indicated feeling anger directed at the adult, especially if there were a lack of remorse or conscience by the adult. Four professionals, or 14.8%, indicated feeling helpless in terms of conditions within or without the family (denial, or the environment) and in terms of the dilemma facing professionals when required to report cases of incest to authorities. Two professionals (7.4%) indicated feeling anxious if the family would not be open at all to intervention or when speculating that the situation could become violent. Two professionals (7.4%) indicated feeling disgust: "personally I would feel disgust" and the other felt disgust when listening to the person's feelings about the involvement.

Four professionals (14.8%) indicated some other feeling such as: 1) hopelessness because the environment of the family cannot be changed; 2) uncertainty about the success of intervention including the ability to separate incest from other aspects of the (parent-child) relationship; 3) worry and concern, and 4) compassion for the "perpetrator."

Eight professionals (29.6%) indicated some other response. Four of the eight in this category also mentioned at least one of the other categories as well. One professional stated "I couldn't work with a man who had killed
a baby by assaulting the baby sexually." One professional indicated no making judgements about those involved "a lot of my values and feelings I have worked through by going through the social work program . . . I don't make that judgement." One professional could understand how a child could enjoy the incestuous relationship but was concerned when violence was involved "I can understand how a girl would enjoy it . . . the sensations are there . . . if that's the only expression of a person's love that you are getting . . . any violence involved would bother me." One professional had "no real strong feelings" but preferred clients to admit to not wanting to talk about the incest rather than deny or avoid, for example. One professional considered it to be important to implement treatment strategies "a great need to get something done and start improving the child's life situation . . . also working with the parent . . . there must be something very wrong with a person in order to treat a child in that manner."

Table 33 refers to how professionals indicated that they dealt with the most difficult aspect.

Over one-half of the professionals (62.1%) indicated that they employed some type of therapeutic intervention, strategy or technique as their method of dealing with the most difficult aspect of an incest case. Five of these professionals used confrontation as a means of handling
Table 33

How Professionals Dealt with the Most Difficult Aspect

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic manoeuvres</td>
<td>18</td>
<td>62.1</td>
</tr>
<tr>
<td>Work through feelings</td>
<td>3</td>
<td>10.4</td>
</tr>
<tr>
<td>Accept it</td>
<td>2</td>
<td>6.9</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>31.0</td>
</tr>
</tbody>
</table>

n = 29

Percentage column totals more than 100% because respondents could mention more than one category.

Other category includes: do your best, use authority of the position, a lot of reading, just part of the job, do not deal with feelings, concern about child's safety, make an adequate assessment, report cases to protection agencies, not sure I am really dealing with it.

the situation and responses included the following: one professional stated "I think I would confront it and share my deep concern"; one professional stated "I would confront her (the mother) as tactfully as possible . . . I wouldn't explode"; one professional stated "using a lot of confrontation with the parents . . . if I felt the child was at risk I would probably use my authority to enforce certain things if they weren't willing to do it on their own."

Four professionals employed a teaching role (education) as a means of handling the situation and responses included: "get them (children) to realize that it does not have to
happen again... get them to understand about their own sexuality... to realize that they are normal and that sometimes things like that happen in families... help them get rid of some of their self-doubt and guilt"; one professional stated "help them (parents) be aware there is a problem and the damage it can do to a child and to the adult emotionally, or use my authority... and tell them if it happens again we'll go to court"; and one professional stated "sometimes point out to them that they can be charged... then you are in an awful position of having to try to get evidence."

Two professionals considered it to be important to "start where the client is" in terms of a therapeutic technique when dealing with the most difficult aspect of an incest case. One stated "somehow let them know it's O.K. not to want to tell me... I tend to back off and try a new track" and one professional stated "being open with the client (adolescent)... let her know I could provide information, but it was something I was not comfortable with because I didn't know how she wanted to approach it and I didn't know a lot about it... I made my feelings known to her."

One professional indicated that she would refuse the case in terms of dealing with the most difficult aspect: "I would not work with that case (where the child had been killed) because I have many feelings about my own children... perhaps I should be more objective."
One professional indicated being accepting when dealing with the family’s resistance "being very empathic and accepting to encourage them to get into it and talk about it."

One professional considered removal of the child as a means of dealing with the most difficult aspect: "It's a real quandary for me . . . I would want to know if there would be a possibility in the near future of it resolving while the child is in the home, or if it meant me taking more immediate action."

One professional considered it important to have a solid relationship with the client(s) "keep plugging away . . . build a relationship to the point where you would hope that they could trust you with some information . . . gradually get into it."

One professional indicated working both individually and with the family as a means of dealing with the difficult aspects of the case: "see them individually . . . eventually use a family approach . . . I would encourage talking and discussion . . . try and maintain my own professionalism." . . . when I really get frustrated . . . make shorter interviews . . . I'd like to talk with other professionals who had been involved with cases before."

One professional indicated using the sibling subsystem as a method of approaching the most difficult aspect "sit the kids down and see if I could get somewhere with them . . . and find out what kinds of things are happening."
One professional indicated involving the police as a method of dealing with the most difficult aspect.

Three professionals (10.4%) indicated that they worked through their feelings in terms of dealing with the most difficult aspect of an incest case. Responses included the following: "I try and understand on an intellectual level what's going on then I can work from there . . . I work through my own feelings and get them out with the person"; and one professional stated "I'm not sure that I'm really dealing with it for myself . . . it's blasted out in supervision . . . venting."

Two professionals (6.9%) indicated that they accepted the aspect that was most difficult for them. One stated "accepting the fact that it (incest) happens" and one stated "accepting the family's desire to buy it."

Nine professionals (31%) indicated some other response. Three of these professionals also mentioned one of the previous categories. Responses included: "I don't deal with it (anger) . . . I never had a chance to deal with it when I was involved . . . now I just generalize that all people who commit incest are bad people"; one professional was unsure of dealing with feelings "I'm not sure that I'm really dealing with it (feelings) for myself."
Summary of Questions Related to Feelings

a). Interpretations

There were several feeling questions directed at different aspects of working with incest cases.

The majority of professionals identified a feeling (70%) when they were asked how they felt about working with incest initially. There was a wide range of feelings mentioned. The most common responses were: uncomfortable (5), anxious (4), apprehensive (3), angry (3), concerned (2), and confused (2). However, the strong feelings associated with incest as described by Gentry (1979), Justice and Justice (1979), Kempe and Kempe (1978), Geiser (1979), and Giaretto (1976), for example, denial, repugnance, revulsion, horror, dread and extreme anger were not evident among the professionals' responses.

Professionals were asked how they felt about working with incest cases overall. Fewer professionals identified a feeling than in the previous question related to initial feelings, however, it was the majority (63.3%). The most common responses were: angry (6), inadequate (4), anxious (3), frustrated (3), comfortable (3), and concern (2). More professionals admitted to feeling angry than in the question related to initial feelings and inadequacy was identified in this question. However, one person did admit to feeling disgusted and one admitted feeling horrified.
One professional also indicated not being as angry if an adolescent had been involved with incest as opposed to a younger child.

Over one-third of the professionals (36.7%) indicated they were not opposed to working with incest cases when asked what aroused their feelings about incest. It is suggested that possibly professionals either held back their answers at this point or actually had worked through their feelings to the point that they could approach a case "professionally."

When asked how they dealt with their feelings, over one-quarter (26.7%) indicated that they had worked through their feelings by various methods. Over one-quarter (26.7%) did not consider an incest case as presenting any problems for them. One-fifth (20%) used a business-like, professional approach to cope with their feelings and 13.3% used consultation or supervision.

Professionals were asked how they felt about the effects of incest upon the child. This was one of the questions where the identification of feelings was most noticeable. Over three-quarters of the professionals (80%) indicated a feeling. The most common feelings mentioned included: anger (13%), sadness (7%), concern (2%), and frustration (2%). Over one-half of those who identified a feeling (54.2%) were angry about the effects of incest upon the child. One professional felt revolted and one felt repulsed.
Professionals were asked how they felt about the effects of incest upon the family. One-half of the professionals (50%) identified a feeling. The most common feelings mentioned were: sadness (4), anger (3), frustration (2), and sympathy (2). The feeling responses to this question, for example, were less intense than those feelings about the effects of incest on the child.

Professionals were asked if anything would make them uncomfortable when dealing with incest cases and over three-quarters (76.7%) admitted that something would make them uncomfortable. Over one-half (56.5%) of the professionals who felt uncomfortable were uncomfortable about the family's reaction to them, for example, how to approach the family, denial, resistance and violence were mentioned. Walters (1975) indicated that professionals are uncomfortable about discussing incest with clients. Butler (1978) has noted that professionals are inadequately trained and uncomfortable in working with the child.

Professionals were asked how they felt about both a recommendation of leaving or removing the child from the home. Generally, professionals indicated concern about both removing a child from the home (62.1%) and leaving the child in the home (58.3%) when incest is involved. Some professionals indicated that they had no difficulty or problem in removing a child (20.7%) or leaving a child in the home (25%) when circumstances were warranted. One-half
of the professionals were employed in protection settings (15) and would realistically have been faced with both of these decisions.

Professionals were asked what aspect presented the greatest difficulty for them in dealing with an incest case. The most common responses were resistance of the family (6), treating the family (6), and denial by the family (5). Overall, these are issues related to treating the problem.

When asked how they felt about this most difficult aspect, a range of feelings were mentioned. Feelings included: frustration (11), anger (9), helpless (4), anxious (2), and disgust (2). It is interesting to note that one professional was unable to understand how a parent could treat a child "that way."

The majority of professionals (62.1%) indicated that they employed therapeutic strategies or techniques in terms of dealing with the aspect that was most difficult for them. Techniques such as confrontation, education and use of authority were mentioned.

Overall, when professionals were asked directly about feelings related to incest they responded, but the types of responses and feeling did not reflect the conditions described within the literature. However, there may be several explanations for this situation. Firstly, many professionals knew the researcher either personally or
through professional work experience and this may have introduced a bias, for example, they may have been cautious about what they revealed. Secondly, those in the sample were aware that the topic of the research dealt with attitudes and feelings and that may have introduced bias in terms again of being conscious of responses. Thirdly, the question format relied heavily upon self-report, another source of bias in terms of not accurately presenting the information for a variety of reasons that have been discussed within the methodology chapter.

The feelings of professionals seemed to be the most noticeable when 1) they thought violence or coercion accompanied incest, and 2) when considering the effects of incest upon the child, especially if it involved a young child.

There appeared to be an increase in the frequency and intensity of feeling, for example, from the question asking how professionals felt about working with incest initially, through the questions related to feelings about working with incest cases overall, to the question about feelings about the effects of incest on the child. The increase related to, for example, anger which doubled in frequency from the question about initial feelings (3) to overall feelings (6) through feelings about effects upon the child (13).

Responses to questions about 1) feelings related to effects upon the family, and 2) feelings about leaving or
removing the child from the home appeared to be less intense. The majority of professionals felt uncomfortable about working with incest cases. Responses to the most difficult aspects for professionals in dealing with incest appeared to be more intellectual with the exception of the section directly pertaining to feelings.

**Questions Related to What Professionals Consider Important When Handling Incest Cases**

The two questions in this section pertain directly to the second research question which addresses what professionals consider to be important when handling incest cases. Professionals were asked what they consider to be important in terms of dealing with incest cases at the beginning of the interview schedule and what they felt as necessary for effective work with incestuous families at the end of the interview schedule. Table 34 presents responses to the question appearing early in the interview schedule.

Over one-half of the professionals (60%) considered therapy or treatment as important in dealing with incest cases. The following factors were mentioned: a family focus; sorting out the relationship between parent and child; rearranging family dynamics; resolving the child's feelings; legal considerations; trying to understand the "aggressor", not necessarily seeking an admission of guilt.
from the "penetrating adult"; and referral of the case to
someone with expertise in the area.

Table 34
What Professionals Consider Important
when Dealing with Incest Cases

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy/treatment</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>Assessment factors</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Qualities of worker</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Elements of incest</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Effects of incest</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Protection of child</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.7</td>
</tr>
</tbody>
</table>

\[n = 30\]

\[\text{Percentage column totals more than 100% because respondents could mention more than one response}\]

\[\text{Other category includes: incest is like any other case}\]

Thirteen professionals, or 43.3%, mentioned assessment factors as important when dealing with incest cases. The following factors were included within assessment: stresses and crises in the family; family dynamics; isolation of the family and generational patterns; marital problems, specifically communication and sexual problems; psychological testing for the adult; what is going on with the father; what has happened to the "victim"; and understanding why it happens.
Nine professionals, or 30%, mentioned qualities of the worker as important in terms of dealing with incest cases. The following factors were included: sensitivity to the child; reassuring the child; comfort in discussing sexual matters; nonjudgmental attitude; acceptance; knowledge; self-awareness; openness; comfort with one's own sexuality; and objectivity.

Seven professionals, or 23.3%, considered the effects of incest as important in dealing with cases. The following factors were mentioned: physical and emotional trauma to the child; effects on the individual's future relationships; emotional confusion because incest is not accepted; and one professional indicated that incest is not a problem for some people (who have been involved in it).

Seven professionals, or 23.3%, mentioned elements of the actual incestuous incident or relationship as important in terms of dealing with incest cases. The following factors were mentioned: duration; age of the child; the degree of the incest; the type of relationship, for example, brother-sister or parent-child; and whether the child was participating voluntarily or was coerced.

Professionals were asked what they felt was necessary for effective work with incestuous families at the end of the interview schedule. Responses are contained in Table 35.
Table 35
What Professionals Felt was Necessary for Effective Work with Incestuous Families

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements of worker</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Treatment elements</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Education, training, workshops</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Elements of family</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Experience</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>16.7</td>
</tr>
</tbody>
</table>

\[a_n = 30\]

\[b\]Percentage column totals more than 100% because respondents could mention more than one response

\[c\]Other category includes: family does not want to change, necessary for professionals to work through their feelings, need for more resources re incest, consultation is important, agency policy and legalities are important

Fourteen professionals (46.7%) indicated elements or characteristics of the worker as a necessity for effective work. Response in this category included generally: maturity, understanding, comfort in working with families, acceptance, a nonjudgemental attitude, self-awareness, sensitivity, objectivity, compassion, and knowledge. More specifically, responses included: "keen self-awareness on the part of the worker... intact sexual identity... good communication skills... good understanding of sexual feelings in terms of process (they come and go and are not constant)"; one professional stated "a great deal
of understanding and objectivity . . . a need to keep personal judgements and morals out of it"; one professional stated "someone capable of understanding the abuser's point of view . . . someone who has worked through their own feelings and sexual identity enough to do that . . . competent professionals who are trained in the area"; one professional stated "an open mind, calm attitude, comfortable with sexuality in terms of discussing it with people, no hang-ups yourself . . . have factual information and knowledge in terms of treatment methods and techniques . . . knowing how to deal with resistance"; one professional stated "it is essential that the therapist get across a nonjudgemental and accepting attitude toward them . . . until they trust the therapist it will take some time to get significant forward movement" and one professional stated "for workers to have themselves together . . . you have to start there."

Thirteen professionals, or 43.3%, mentioned elements related to treatment as being necessary for effective work. Responses included the following: long-term intervention and constant evaluation of progress toward the goal; getting the family to understand that they have a problem and then getting the family to communicate and gain an understanding as to why this happened; be supportive, help untangle the family dynamics, locate the stresses in the family and help the family learn a different way of coping with stress;
give the family some other alternative to dealing with problems other than incest; individual sessions initially and then family sessions to restore balance in the roles; the family needs to have trust in the worker therefore keep them aware of the process (of events) to follow, let them know where it seems that the breakdown has occurred and encourage them to be honest; break down the denial system of the family because they need to accept the behaviour as not normal and want to change; the family has to be educated about more constructive channels for sexual expression; the family has to trust the worker and believe that he is capable.

Nine professionals (30%) indicated some type of education, workshop or training of the worker as necessary for effective work with incestuous families. Two professionals indicated that training should be provided through schools of social work: "a lot more education and maybe the school of social work is the place to start" and the other professional stated: "there should be training for workers in the school of social work to do what I had to do on my own . . . that's very important because social workers are going to run into this no matter what field they are in." Other responses included the following: knowledge, education, more practical experience, and more instruction on how to deal with incestuous families; "I would like workshops . . . I would like to know more"; specialized
training to know how to work with the situation; the
denial, the psychological reasons and treatment methods; one
professional stated "to know much more . . . to really
understand the dynamics of it . . . the personality type
. . . the background of the family system . . . the types of
families that favour it"; and more training with staff.

Seven professionals (23.3%) indicated elements in the
family or a family focus as necessary for effective work
with incestuous families. Responses included: knowledge
of families and the signals of incest; the worker’s rela-
tionship with the family and family work is important; a
family approach, the family history and dynamics are im-
portant; a good understanding of the various ways that
families relate; a number of other family dynamics led to
the situation and need to be dealt with; family treatment
and the family’s willingness to work through the problem
is important.

Summary of Questions Related to
What Professionals Consider
Important when Handling
Incest Cases

a) Interpretation

The answers related to the first question, what pro-
fessionals considered important in dealing with incest
cases, might be considered typical of people in the helping
professions. For example, factors related to assessment,
treatment and effects of incest constituted the majority of answers. Also, the focus of the responses could also be considered intellectual.

Over three-quarters in the sample were social workers (25) and over one-half of those were employed in protection positions (15) and they would be interested in the protection of the child and elements of the actual incest. Almost one-third of the sample noted that qualities of the worker would be important in dealing with incest cases which suggests some level of awareness of the need for self-awareness.

In relation to what professionals considered as necessary for effective work with incestuous families, there appeared to be more of an emphasis upon the individual professional than in the previous question. Professionals indicated qualities of the worker (40.7%), the need for education (30%), and experience of the worker (6.7%) within their responses. Treatment elements and factors related to the incestuous family were mentioned, however, the major focus of responses was upon the qualities of the individual professional.

Perhaps in going through the process of the interview professionals became more aware of their own feelings and examined their knowledge, experience and approach with incest cases and therefore responded in a more individualized, self-aware manner to this question, as opposed to the
previous question which appeared very early in the schedule. However, overall answers across the two questions appeared to be consistent.

**Tests of Association**

Tests of association were performed upon a number of variables through the use of the chi-square statistic. The demographic variables sex, whether the professional was a parent, number of incest cases dealt with, and number of years of experience were each tested against 144 categories, or 22 of the open questions in the interview schedule. Only 17 of the tests of association proved to be significant at a .05 level of probability that the results occurred by chance. And 23 of the tests of association approached significance as determined by falling within a range of .06 to .01 level of probability that the results occurred by chance. Only those associations that were determined to be most interesting will be presented here. The complete tables appear within the appendices (Appendix K, Appendix L). Further study would be required in order to determine the direction of the associations described in this presentation.

In order to perform the chi-square calculations when using the variables number of incest cases dealt with and number of years of experience, the range of figures were collapsed. The collapsing occurred at the median point.
which happened to occur below and above four in both situations. The associations will now be discussed.

There was a significant difference between professionals who were parents and those who were not parents and who mentioned the following areas: 1) denial by the family or individuals as the most difficult aspect in dealing with an incest case; 2) frustration as the feeling related to the most difficult aspect in dealing with an incest case; and 3) viewing court as not being a helpful process.

There was a significant difference between males and females with regard to those professionals who mentioned the following areas: 1) acceptance as professionals' way of dealing with the most difficult aspect of an incest case; 2) identifying the family's feelings specifically concerning the effects of incest upon the family; 3) noting the degree of incest as determining how the effects upon the child differ; 4) considering assessment factors as important in dealing with incest; and 5) determining elements of the actual incest as important in terms of dealing with incest.

There was a significant difference between professionals who had dealt with 0 to 4 incest cases and those who had dealt with 5 to 30 incest cases who had mentioned the following areas: 1) indicating that they had worked through their feelings as a way of dealing with their feelings about incest overall; 2) considering elements within the child when removing a child from the home; and 3) considering the legislation relating to incest to be punitive.
There was a significant difference between professionals with less than 1 year to 4 years of experience and those professionals with 5 to 19 years of experience who mentioned the following areas: 1) safety as a factor to consider when recommending that a child be left in the home when incest is involved; 2) legislation was not viewed to be effective.

Directions from the above mentioned associations could be suggested and tests for the strength of the associations could be considered for future research in order to explore attitudes about incest more fully. For example, a hypothesis such as "professionals who are parents will be more likely to view denial by the incestuous family as the most difficult aspect to deal with than professionals who are not parents." Another possible hypothesis could be "professionals who have dealt with more incest cases (i.e., 25) will be more likely to work through their feelings related to incest than those who have had more limited exposure to incest cases (i.e., 3)."

There were a few of the associations approaching significance that were interesting. There was a difference between males and females with regard to the following feeling questions: 1) those who mentioned that they were interested in and enjoyed working with incest cases; 2) those who mentioned that they used a professional approach in terms of dealing with their feelings about incest overall; and 3) those who indicated that they
experienced no feelings when recommending removal of a child from the home when incest had been involved.

There was a difference between those professionals with ranging from under 1 year to 4 years of working experience and those with between 5 to 19 years of working experience that approached significance in the following areas describing professionals' approach to incest: 1) those who defined their approach to the family as factual and presenting their (professionals') role; and 2) those who defined their approach to the family as understanding.
CHAPTER V

CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS

Conclusions

This section will present the conclusions drawn from the findings as presented in the previous chapter.

The purpose of this study was to describe and define professional helpers' attitudes in terms of feelings, thoughts and reactions to clients or families involved in incest. The reader is also reminded of the three research questions presented within the methodology chapter that further define the focus of the study. These questions are: 1) What had been professionals' approach and experience in dealing with incest?; 2) What did professionals consider to be important in dealing with incest cases?; and 3) What were professionals' feelings, attitudes, opinions and reactions in dealing with incest cases?.

General conclusions pertain to the following areas. Firstly, it appeared that the professionals within this sample were sophisticated and educated in regard to incest. Secondly, professionals appeared to intellectualize their answers unless a direct question was asked about feelings. Thirdly, some feelings and attitudes appeared to surface from questions not explicitly identified as "feeling"
questions. Finally, it is believed that because the majority of professionals within the sample knew the researcher, this limited full exploration of feelings and attitudes as subjects may have held back on their responses or the researcher may not have explored attitudes as fully.

Conclusions pertaining to the three research questions will now be examined.

Research Question One

WHAT HAD BEEN PROFESSIONALS' APPROACH AND EXPERIENCE IN DEALING WITH INCEST?

1) In terms of the approach of professionals, the following conclusions were formulated.

a) Professionals focused upon the single incestuous incident and the repeated pattern with one child as opposed to multiple incest (involving more than one child). The majority of professionals (69%) indicated that they would deal with a single incident differently than the repeated pattern. There was limited support for this view within the literature.

One response indicated that the person who repeated the behaviour would be "taken more seriously." However, this is not necessarily the most informed view (Geiser, 1979).

Another response indicated that the child may enjoy the relationship. This may reflect an attitude that appeared periodically that the child allows the relationship
to continue. The implication is that the child experiences pleasure which is viewed negatively especially if an adolescent is the one involved. For example, 17.9% of the sample considered whether incest resulted from coercion or was experienced as pleasurable by the child when assessing the effects upon the child. In relation to whether the child sets up other family members for incest, one response indicated that it would be natural to expect the child to attempt to add this to the parent-child relationship. Another response indicated that the child has a "vested interest" in the incestuous relationship. In response to overall feelings about incest, one professional indicated an interest in finding out whether the sexual contact was voluntary.

b) The most frequent response with respect to the approach of professionals to the family indicated that the approach was dependent upon an assessment of the situation (48.1%). This seems to reflect the social work value of the need to view and treat people/situations individually.

Approaches to the family as discussed within the literature offered a range of suggestions.

The second most frequent response indicated that professionals had not approached the family (25.9%).

c) The most frequent response indicating professionals' approach to the parents suggests that professionals perceived themselves as confrontive (27.6%). This is contrary to suggestions within the literature.
d) The majority of professionals described their approach to the child as supportive (51.7%). This seems to correspond to suggestions within the literature.

2) In terms of the experience of professionals in relation to incest cases, the following conclusions were formulated.

a) The majority of professionals had dealt with an incest case (93.3%), usually the father-daughter type (76.7%). Most professionals had done some reading in the area (63.3%) of incest and attended some form of workshop or seminar (60.0%).

b) Most professionals indicated that they could choose whether or not to work with incest cases (53.3%). And most of those who did not have a choice accepted this as part of the job (76.9%). It seemed that an element of denial was functioning at this point.

c) Professionals most frequently assessed the involvement of the police with incestuous families as detrimental to the family (43.3%). It seemed that blame may have been projected onto the police for inappropriate handling of cases or a lack of training.

d) In relation to the court process involving incest cases, the majority of professionals had not been involved with court (33.3%). This is interesting given that the majority of professionals were employed in protection settings. It seemed that professionals preferred not to, or were choosing not to, take these cases to court. This
suggests a lack of co-operation between systems and may reflect a negative attitude rejecting involvement of incest cases within the court system. However, this finding is contrary to the view suggested in the treatment models presented in the literature review that court is a mandatory part of the treatment process.

Research Question Two

WHAT DID THE PROFESSIONAL HELPERS CONSIDER TO BE IMPORTANT WHEN DEALING WITH INCEST CASES?

1) The following conclusions were formulated with respect to this question.

a) Professionals considered factors related to treatment (60.0%), assessment (43.3%) and the qualities of the professional (30.0%), for example, sensitivity, acceptance, self-awareness, openness, knowledge, non-judgemental attitude, as the most important areas in dealing with incest cases.

b) Professionals indicated qualities of the individual professional as necessary for effective work with incestuous families (46.7%). Specific qualities mentioned included acceptance, non-judgemental attitude, self-awareness, sensitivity, maturity and understanding.

c) Other themes arising from this area indicated a need for further education of professionals either through schools of social work or workshops offering specialized training in terms of understanding the dynamics of incest
and effective treatment methods (30.0%). The need for more resources for treating incestuous families was also noted.

Research Question Three

WHAT WERE PROFESSIONAL HELPERS' FEELINGS' ATTITUDES AND REACTIONS IN DEALING WITH INCEST CASES?

1) Questions related to knowledge determined the following reactions and suggested possible attitudes.

   a) Professionals generally appeared to be knowledgeable about incest with respect to the following areas. A definition including the mention of sexual activity between family members was given by all professionals. Two-thirds of the sample extended the definition to give a more complete answer as indicated in the findings sections.

   Causation was understood by professionals to include: family problems (86.7%), for example, communication problems, stress in the family, parental role disturbance, and an inter-generational history; factors related to individuals (53.3%), for example, the father is unable to distinguish between affection and sexual response to the child; and environmental factors (26.7%), for example, cultural norms or close proximity within the home. There was an extensive discussion within the review of the literature in relation to these areas.

   Recognition of the signals of incest such as cues within the family system (63.3%), for example, parental-
child, undefined roles, secrecy, a history of incest, were identified. Signals appearing within the marital subsystem were identified by professionals (56.7%), for example, marital and sexual problems. Physical, emotional and behavioural cues within the child were identified by professionals (53.3%). Cues within the parent-child subsystem (50%) such as inappropriate behaviour between them were identified by professionals. These factors were discussed within the literature.

Factors that need to be considered when recommending that a child be removed from, or left in the home, when incest is involved were identified by professionals. Factors such as elements within the family (65.5%), for example, a chaotic or resistant family, the safety of the child (48.3%), elements related to the child (41.4%), for example, age of the child, the child's relationship to the other parent and siblings, and elements of the incest (27.6%), for example, age, duration, frequency, violence were all mentioned. These factors were indicated within the literature.

As previously stated, it was assumed that less knowledge would elicit more negative attitudes. Professionals in this sample appeared to be more educated than the literature had indicated (Nakashima & Zakus, 1977; Butler, 1978; Kempe & Kempe, 1978; Sgroi, 1978; Justice & Justice, 1979). However, the extent to which professionals were
able to utilize the knowledge in dealing withincest is unknown.

The need for further training and specialization of professionals was identified within the literature (Walters, 1975; Gentry, 1978; Sgroi, 1978; Geiser, 1979, Justice & Justice, 1979).

Some attitudes appeared to filter through in the following areas. It was indicated that it is appropriate to be punitive toward the "perpetrator." The existence of a punitive attitude among professionals has been indicated by Walters (1975), Browning and Boatman (1977), and James (1977). It was indicated that the extent of the effect of incest will be dependent upon whether the child was sexually active previously. Butler (1978) has noted, for example, that a distinction is made when a younger child as opposed to an adolescent and probably a "bad kid" is involved. And it was indicated that removal should occur in order that professionals protect themselves against the possibility of reoccurrence and then subsequent legal ramifications. Butler (1978) has noted that "self protection" motivates professionals in dealing with incest emotionally and practically.

2) Questions related to opinion determined the following reactions and suggested possible attitudes.

a) Professionals most frequently responded that they did not agree with the concept that the child/adolescent "sets up" other family members for incest (43.3%). However,
30% of the sample partially agreed and 23.3% agreed with the concept. Opinion reflected, for example, that at some point in the relationship the child/adolescent makes a decision to "carry on" with the relationship. Butler (1978) had noted that it is not uncommon for professionals to view children as having brought the abuse upon themselves by behaving "seductively."

b) With regard to various combinations of incest among nuclear family members, the most frequent responses indicated: mother-son incest is uncommon (42.9%); father-daughter incest is most common (42.4%); sibling incest is experimental and the result of normal curiosity (55.2%); and homosexual combinations were viewed to be more pathological than the previous types, for example, mother-daughter (39.3%), father-son (37.9%).

Professionals appeared to respond in an intellectual manner to this question that was presented in an unstructured form within the interview schedule.

c) Professionals most frequently responded that the legislation related to incest is not effective (36.7%). It appeared that the legislation, like the police or the court, was an external factor that could be blamed for problems and difficulties that professionals experienced in dealing with incest cases.

d) Professionals most commonly identified social work (80%), psychology (46.7%), and psychiatry (40%) as
the professions best equipped to deal with incest. This is not a surprising finding since the sample consisted of those within helping professions. For example, 83.4% were in social work positions.

Some of the attitudes that became apparent in this area included that incest is a hopeless problem and that no one has been adequately trained to deal with the problem.

e) In ranking seven types of presenting problems, incest occurred third following suicide and physical abuse of children. Both of these situations had been identified as life-threatening. This would appear to tie in with the theme that became apparent in this study that feelings about incest are more noticeable when it is thought that violence has been involved.

3) The following conclusions were formulated with respect to professionals' feelings about incest.

a) The majority of professionals identified a feeling in response to working with incest cases. Anger, discomfort, anxiety, apprehension, frustration, inadequacy and concern were the most commonly mentioned feelings throughout the study. Feelings tended to be negative although not as intense as had been indicated within the literature (Gentry, 1978; Kempe & Kempe, 1978; Geiser, 1979; Justice & Justice, 1979).
Other themes arising from this area of questioning suggested other attitudes. For example, a desire to defend the child was expressed. Fear related to the demand for action on this type of case was mentioned. Giaretto (1976) has noted that fear exists among professionals in relation to incest. Anger directed to the adult was identified if the adult felt no remorse when a young child had been involved. Giaretto (1976) also identified anger as existing among professionals. A need to bury feelings in order to perform the job was reported. Recognizing the need for education was reported since it was thought that few are knowledgeable in the area.

b) The majority of professionals identified a feeling in response to the effects of incest upon the child. The most common feelings mentioned included: anger (54.2%), sadness (29.2%), concern (8.3%), and frustration (8.3%). Responses to this question more closely reflected the type of feelings identified within the literature (Giaretto, 1976 and 1980; Gentry, 1978; Kempe & Kempe, 1978).

c) The most common feelings identified with respect to the effect of incest upon the family included: sadness (26.7%), anger (20%), frustration (13.3%); and sympathy (13.3%). The feelings expressed in response to this area seemed to be less intense.

d) The majority of professionals (76.7%) agreed that they would feel uncomfortable when working with an incest
case. The most common reason for the discomfort was the family's reaction to the professional (56.5%). Some of the themes in this area included not knowing what to do if the child saw nothing wrong with incest, or being angry and uncomfortable when the "perpetrator" has no conscience, or the professional felt inadequate in dealing with incest cases. This has been indicated within the literature.

e) The majority of professionals indicated feeling concerned about both removing (62.1%) and leaving (58.3%) a child in the home. Concerns most frequently related to the effects of separation upon the child (removal) and the possibility of reoccurrence of the incestuous behaviour (non-removal).

Other themes included the need to put an end to the incestuous relationship and the feeling that the behaviour should not go on if it were chronic.

f) The most frequent responses of professionals related to the greatest difficulty in dealing with incest focused upon treating the family (56.7%). The resistance of the family, denial by the involved adult, and doing the actual therapy were specified factors identified. One response indicated "How could you do this to your child?". Perhaps these areas were identified due to feelings of inadequacy of professionals.

Frustration (40.7%), anger (33.3%), helplessness (14.8%), anxiety (7.4%), and disgust (7.4%) were feelings
Identified in relation to the most difficult aspect.
One response indicated that "there must be something wrong
with a person to treat a child in that way."

The use of therapeutic strategies and techniques
(62.1%) such as confrontation, education (of the family)
and use of authority were most commonly identified as
the means of dealing with the most difficult aspects.

Generally, professionals responded to direct questions
related to feelings, however, the type of feelings, as has
been indicated, did not reflect the overwhelming negative
condition as presented within the literature. Potential
sources of bias within this study have been previously
discussed.

It is also notable that feelings appeared most
noticeable when it was thought that violence was involved
with incest. For example, one response indicated that
anger was related to physical harm done to the child.
Another response indicated that any violence involved
was disturbing. Feelings were also noticeable when con-
sidering the effects of incest upon the child. For
example, one response indicated anger because the child
had been denied the opportunity for as full a development
as possible.

Those questions that professionals responded to most
freely and fully seemed to be those where they were able
to use their knowledge or identify needs and problem areas, for example, police, legislation, the court process or what is needed for effective work with incestuous families.

Reoccurring Themes

There were a number of themes in responses arising throughout a number of questions. There were those professionals (43.3%) who indicated that they worked with incest because they had to and they accepted this as part of the job (Appendix D). Some professionals (26.7%) felt that they had worked through their feelings (Table 28) related to incest and they may or may not have wanted to work with incest. There were those professionals (13.3%) who wanted to work with incest cases and felt that they were most qualified to do so (Table 26). Some professionals (16.7%) indicated that they would not work with incest because it was not an interest or an area of expertise (Appendix E).

This study was successful in identifying some feelings that professionals indicated about working with incest cases. Common feelings identified throughout this study included: anger (mentioned 25 times), sadness (11), anxiety (8), frustration (7), discomfort (6), concern (6), inadequacy (4) and apprehension (3).
Attitudes were not adequately defined within this study. It was difficult to reveal attitudes about incest. It appeared that professionals denied feelings and attitudes in the area or were reluctant to express them. The themes in relation to attitudes that seemed to surface were the following:

1) The involved adult was viewed to be an "offender" or "perpetrator." For example, one response indicated that the police have handled incest inappropriately if the "perpetrator" were a man. This is a view that has been evident within the literature (Butler, 1978; Forward, 1978; Groth, 1978; Giaretto, 1978; Geiser, 1979).

2) The other parent was generally perceived to be the mother and she was considered to be collusive. For example, one response indicated that the mother was as "messed up" as the common-law partner because she had left the child with him alone. This view of the mother is frequently observed within the literature (Forward, 1978; Butler, 1978; Justice & Justice, 1979).

3) The child was perceived as the "victim" and "innocent." For example, one professional indicated feeling sad for the children because their "innocence" was lost. Perceiving the child as the victim is common in the existing literature (Butler, 1978; Forward, 1978; Giaretto, 1978; Groth, 1978; Sgroi, 1978; Geiser, 1979).
4) If an adolescent were involved in incest, the feelings appeared not to be as intense. For example, there was more anger identified if a younger child was involved and another response indicated more upset and greater difficulty understanding when a younger child is involved. However, the literature seemed to indicate that the psychological effects upon the adolescent are greater than upon the child (Sloane & Karpinski, 1942; Justice & Justice, 1979).

It appeared to be important to determine if the child/adolescent had been sexually active prior to the incest occurring. For example, one response indicated this factor when considering the effect of incest upon the child. Butler (1978) has noted that the young child elicits feelings of outrage and protectiveness while the adolescent may be viewed as seductive (p. 34).

5) If the child/adolescent enjoyed the incestuous relationship, or saw nothing wrong with it, then a judgement may have been made by the professional. For example, one professional felt uncomfortable if the child were accepting of the behaviour and the professional indicated not knowing how to handle this situation. And one professional indicated that when incest has become a repeated pattern, the child may be enjoying the relationship.
Other common themes that became apparent throughout the course of the study were that professionals often felt helpless and hopeless about treating incest. Professionals frequently felt inadequate and lacking in training and education in order to be able to treat incest. For example, one professional stated that his feelings of inadequacy aroused feelings of frustration and anger. Another professional felt inadequate due to lack of knowledge and not being in touch with feelings and attitudes. Another felt inadequate about a lack of knowledge and preferred to refer cases to an "expert." This supports the findings by Dietz and Craft (1980), however, it is contrary to the researcher's finding that they appeared to be knowledgeable in a number of areas. Professionals also considered services and resources for assessing and treating incest to be lacking.

Recommendations

As a result of processing the findings pertaining to this study, the following recommendations are made as areas for further research.

1) A study might be undertaken to duplicate Kroth's research (1979) to test attitudes prior to and then following a training program/workshop on incest.
2) A comparison could be made of attitudes related to physical abuse of children as opposed to incest.

3) The effect of a greater exposure to incest cases in terms of measuring attitudes and assessing performance of the professional might be explored.

4) The effects upon the child in relation to a comparison of the single incestuous incident versus the repeated pattern and multiple incest might be undertaken. A similar study pertaining to the effect upon the family might be considered.

5) Differences in terms of various types of incest (i.e., parent-child versus sibling) in relation to the effects upon the child and the family could be explored.

6) The incidence, effects and implications of homosexual types of incest is an area that has attracted little research in the past and might be explored.

7) The response of professionals within this sample to police involvement generally with incest cases suggests that clarification of the role of the police in dealing with other professionals in this area, as well as defining the actual effect of police involvement upon the family requires further investigation.
8) A study to determine the effects of incest upon the family, using a family framework, might be considered.

9) The use and effects of family therapy as a mode of treatment with incestuous families might be explored.

10) Indications from tests of associations performed a number of variables suggest that the following hypotheses might be tested for significance.

   a) Professionals who are parents will be more likely to view denial by the incestuous family as the most difficult aspect to deal with than professionals who are not parents.

   b) Male professionals would be more likely to be interested and enjoy working with incest cases than would female professionals.

   c) Male professionals would be more likely to use a professional approach as a means of dealing with their feelings related to incest than female professionals.

   d) Female professionals would be more likely to experience feelings when removing a child from the home (when incest is involved) than male professionals.

   e) Professionals having dealt with more incest cases will be more likely to work through feel-
ings and attitudes than those professionals having dealt with fewer incest cases.

f) Professionals with more years of experience in the field will be more likely to consider the safety of the child when assessing whether the child should be removed from the home when incest is involved than professionals with fewer years of experience.

g) Professionals with fewer years of experience would be more likely to use a factual approach when dealing with the incestuous family than professionals with more years of experience.

h) Professionals with more experience would be more understanding in approaching the family than professionals with less experience.

Implications for Social Work

On the basis of actual reports by professionals, there appears to be two major implications with regard to the social work community. Firstly, there appears to be a need to address the education of professionals, and specifically social workers, about incest within academic programs. Secondly, it would appear to be important to offer training to those currently in the field, both directly and indirectly involved with children and families.
Self-awareness in terms of feelings and attitudes related to incest by professionals is important in working with incestuous families and the individuals involved. It is incumbent upon those professionals in management or supervisory positions to be aware that professionals in "front line" positions may tend to respond emotionally and require an opportunity to identify and ventilate feelings and support in dealing with incest cases.
Appendix A

Part I

INSTRUCTIONS: Please fill in the blank or check the appropriate answer in the following questions.

1. What is your age? ___

2. Sex: M ___
   F ___

3. Race: _____

4. Marital status: _____

5. a) Do you have any children?
   Yes ___
   No ___
   b) If yes, how many? _____
   c) Indicate sex of the child(ren):
      Male ___
      Female ___
      Both ___

6. (*Response not mandatory, however, since attitudes around incest might be related to religion, the question is included for your consideration.)
   a) What is your religion? ____________
   b) Are you practicing your religion? _____

7. What is your average annual income?
   Below $10,000 ___
   $10,000 - $14,000 ___
   $15,000 - $19,000 ___
   $20,000 - $24,000 ___
   $25,000 - $29,000 ___
8. What is the highest level of education that you have completed?
   a) grade school ___ specific grade ___
   b) high school ___ specific grade ___
   c) college ___ number of years ___
   d) university ___ number of years ___
   e) degree received __________________

9. What is your field/profession?
   Psychiatry ___ Nursing
   Psychiatric nursing ___ Recreational therapy ___
   Psychology ___ Music therapy ___
   Social Work ___ Art therapy ___
   Teaching ___ Student ___ Field ___
   Special education ___ Other __________________
   Child care ___

10. What is the number of years of experience that you have had in the above field/profession? _________

11. What is your position/job at present? _________

12. Approximately how many cases in total have you dealt with? _________

13. Approximately how many incest cases have you dealt with? _________

14. What types of incest cases have you dealt with?
i.e., father-daughter
   brother-sister
   grandfather-granddaughter
   ___________________ ___________________
   ___________________ ___________________
   ___________________ ___________________
Interview Schedule

1. What would you consider to be incest?
   a) Are there different types?
   b) If so, what are they?

2. What do you consider to be important in terms of dealing with incest cases?

3. Would you deal with a case of a single incestuous incident differently from repeated incidents...
   a) with one child?
   b) with more than one child?

4. Why do you think that incest occurs in families?

5. What has been your experience with incest?
   a) reading
   b) workshops
   c) seminars
   d) cases

6. How have you approached...
   a) the family about incest?
   b) the parents about incest?
   c) the child about incest?

7. When involved with a family, what signals or cues cause you to become suspicious that incest could be a potential problem?

8. How do you feel during your initial involvement in an incest case?

9. How do you feel about working with incest cases?
   a) Angry, sad, frustrated, anxious, hostile, disgust, fear, helpless, inadequate?
   b) What arouses those feelings?
   c) How do you deal with those feelings?

10. Did you have a choice in working with incest cases?
    If yes, a) Why did you choose to work with incest cases?
       b) How did you feel about working with incest cases?
If no, how did you feel about:
   a) Not having a choice?
   b) Working with the case?
   c) Do you think that (a) influenced (b)?

11. Considering incest, what do you think is the effect on the child?
   a) What feelings are aroused in you when thinking about these effects?

12. Is the effect the same for the child in all types of incest?
   If yes, a) How are the effects the same?
       b) What feelings does this raise in you?
   If no, a) How are the effects different?
       b) What feelings does this raise in you?

13. Considering incest, what do you think the effects are on the family?
   a) Are the effects the same in all types of incest?
   b) What feelings does this raise in you?

14. Would anything make you uncomfortable when working with an incestuous family?
   a) Can you explain?

15. When considering the recommendation of leaving or removing a child from the home when incest is involved:
   a) If recommending removal,
       (i) What factors do you consider?
       (ii) What feelings are raised in you?
   b) If recommending that the child be left in the home,
       (i) What factors do you consider?
       (ii) What feelings are raised in you?

16. Rank the following from 1 through 7 in relation to the most demanding type of case for you to handle (for example, 1 suicidal client, 2 physical abuse of children, 3 resistant family and so on).
   a) Suicidal client
   b) Depressed client
b) Can you explain why you ranked these situations as you did?

17. There is a belief expressed in some of the literature that family members can be "set up" for incest by the child, especially as the child reaches adolescence. How do you feel about that?

18. a) What aspects present the greatest difficulty for you in dealing with an incest case?
   b) How do you feel about that?
   c) How do you deal with that?

19. I am going to ask you about different types of incest. Could you tell me how you feel about them.
   a) Mother-child incest, i.e., mother-son
      mother-daughter
   b) Homosexual incest, i.e., mother-daughter
      father-son
   c) Sibling incest, i.e., brother-sister
      brother-brother
      sister-sister

20. What do you feel that you need in order to work effectively with incestuous families?

21. Does your understanding of how the police handle matters such as incest influence your handling of the case?

22. Does your understanding of the court process influence your handling of the case?

23. Are you familiar with the current legislation related to sexual abuse of children? What is your opinion as it relates to incest?

24. What profession or professions do you think is/are best equipped to deal with incest?
Appendix B

How Professionals Viewed the Effects upon the Child to Differ

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of relationship</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>Degree of incest</td>
<td>9</td>
<td>32.1</td>
</tr>
<tr>
<td>Age at onset</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Force used</td>
<td>5</td>
<td>17.9</td>
</tr>
<tr>
<td>Duration</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>25.0</td>
</tr>
</tbody>
</table>

\[a^2\] missing responses

\[b\] Percentage column totals more than 100% because respondents could mention more than one response

\[c\] Other category includes: effect of discovery of incest, dependent upon sexual activity of child prior to incest, different cultures and values may influence effect, each case is unique, depends whether it was condoned by spouse, child may experiment with incest, consider supports child has from other areas

Appendix C

Professionals' Approach to Single Versus Repeated/Multiple Incidents

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handle differently</td>
<td>20</td>
<td>69.0</td>
</tr>
<tr>
<td>Handle similarly</td>
<td>6</td>
<td>20.7</td>
</tr>
<tr>
<td>Handle both similarly and differently</td>
<td>3</td>
<td>10.4</td>
</tr>
</tbody>
</table>

\[a^1\] missing response
Appendix D

Whether Professionals had a Choice in Working with Incest Cases

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>53.4</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Situation not arisen</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
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</table>

Appendix E

Why Professionals Might Choose to Work with Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not interested</td>
<td>5</td>
<td>31.3</td>
</tr>
<tr>
<td>Interested</td>
<td>4</td>
<td>25.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>43.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Other category includes: concern for the effect of counselling upon the child, concern about adequate supervision, case assignment was random, would choose if something could be accomplished, do not know if would choose one, prefer a problem that is more established, no objection to working with it*
Appendix F

How Professionals Felt About Not Having a Choice

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept it</td>
<td>10</td>
<td>-76.9</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>23.1</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^a\) \(n = 13\) (those professionals indicating that they had no choice)

\(^b\) Other category includes: would like to work with incest cases, angry and resentful, incest had not been the presenting problem

Appendix G

Whether Not Having a Choice Influenced Work on the Case

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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<td>Yes</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0</td>
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</tbody>
</table>

\(^{a1}\) All missing response
Appendix H

Professionals' Opinion of Legislation Related to Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not effective</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Not familiar with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>legislation</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Effective</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Punitive</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Necessary</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>36.7</td>
</tr>
</tbody>
</table>

a. n = 30

b. Percentage column totals more than 100% because respondents could mention more than one response.

c. Other category includes: need for more prevention, lack of services, law is open to varying interpretations, the law could be damaging to some families and helpful to others, legislation is supportive of society's values to keep incest not talked about, it should remain the same, may frighten some parents and may help others, law helps in terms of reporting, a last resort if family is resistant, use it when approaching people, mixed feelings about it.
Appendix I

Professionals Considered Best Equipped to Deal with Incest

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>24</td>
<td>80.0</td>
</tr>
<tr>
<td>Psychology</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Medical</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>No one prepared</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Police</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Not psychiatry</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Teacher</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Special training needed</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Child care</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>26.7</td>
</tr>
</tbody>
</table>

\[ n = 30 \]

\[ \text{Percentage column totals more than 100% because professionals could mention more than one response} \]

\[ \text{Other category includes: combination of professions required, children's aid workers, sociologist, priest or minister, experienced and self-aware professional, it's the person not the profession, not doctors, not many social workers are good at it} \]
Appendix J

Professionals' Feelings Regarding the Effects Upon the Family

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Angry</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Frustration</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Sympathy</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Bad</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Hopeless</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Concern</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Worry</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Pity</td>
<td>1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

\(n = 15\)

\(^{b}\)Percentage column totals more than 100% because respondents could mention more than one response
### Appendix K

**Significant Associations**

<table>
<thead>
<tr>
<th>Specific Variable</th>
<th>Gender of professional</th>
<th>Parent/not parent</th>
<th>Number of incest cases</th>
<th>Number of years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment factors as important in dealing with incest</td>
<td></td>
<td></td>
<td></td>
<td>.03</td>
</tr>
<tr>
<td>Elements of the actual incest as important in dealing with incest</td>
<td></td>
<td></td>
<td></td>
<td>.03</td>
</tr>
<tr>
<td>Feeling aroused and reason given in relation to what arouses feeling when working with incest overall</td>
<td></td>
<td></td>
<td></td>
<td>.03</td>
</tr>
<tr>
<td>Work through feelings in relation to dealing with feelings about working with incest overall</td>
<td></td>
<td></td>
<td></td>
<td>.002</td>
</tr>
<tr>
<td>Influential factors determining the effect of incest upon the child</td>
<td></td>
<td></td>
<td></td>
<td>.01</td>
</tr>
<tr>
<td>Specific Variable</td>
<td>Gender of professional</td>
<td>Parent/not parent</td>
<td>Number of incest cases</td>
<td>Number of years of experience</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Degree of incest concerning how the effects of incest on the child differ</td>
<td></td>
<td></td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td>Feelings of family members about incest in relation to the effects of incest upon the family</td>
<td></td>
<td></td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Elements in the child to consider when recommending removal</td>
<td></td>
<td></td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Safety factor (of child) when recommending removal</td>
<td></td>
<td></td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td>Elements in the family to consider when leaving child in the home</td>
<td></td>
<td></td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Denial by the family as the most difficult aspect in dealing with incest</td>
<td></td>
<td></td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>Frustration as the feeling related to the most difficult aspect in dealing with incest</td>
<td></td>
<td></td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Specific Variable</td>
<td>Gender of professional</td>
<td>Parent/not parent</td>
<td>Number of incest cases</td>
<td>Number of years of experience</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Acceptance as the way of dealing with the most difficult aspect</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals who had not dealt with the police</td>
<td></td>
<td></td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Court not a helpful process</td>
<td>.02</td>
<td></td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Legislation viewed as punitive</td>
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<td></td>
<td></td>
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<tr>
<td>Legislation viewed as not effective</td>
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<td></td>
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</table>
Appendix L

 Associations Approaching Significance

<table>
<thead>
<tr>
<th>Specific Variable</th>
<th>Gender of professional</th>
<th>Parent/not parent</th>
<th>Number of incest cases</th>
<th>Number of years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not just nuclear family members (in defining incest)</td>
<td></td>
<td></td>
<td></td>
<td>0.06</td>
</tr>
<tr>
<td>Quality of professionals important in dealing with incest cases</td>
<td></td>
<td></td>
<td></td>
<td>0.06</td>
</tr>
<tr>
<td>Assessment, factors important in dealing with incest</td>
<td></td>
<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Factual approach/present role in approaching the family</td>
<td></td>
<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Understanding approach in dealing with the family</td>
<td></td>
<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Look to the child for signals/cues to alert incest is ongoing</td>
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<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Look to parent-child subsystem for signals/cues that incest is ongoing</td>
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<td></td>
<td></td>
<td>0.07</td>
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<tr>
<td></td>
<td></td>
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272
### Appendix L - Continued

**Associations Approaching Significance**

<table>
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<tr>
<th>Specific Variable</th>
<th>Gender of professional</th>
<th>Parent/not parent</th>
<th>Number of incest cases</th>
<th>Number of years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling mentioned by professionals in dealing with incest initially</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals interested in and enjoy working with incest cases (in relation to overall feelings)</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a professional approach to deal with overall feelings</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of family members about incest in relation to the effects of incest upon the family</td>
<td>.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elements in the family to be considered when recommending removal of the child from the home</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix L — Continued

### Associations Approaching Significance

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<tr>
<th>Specific Variable</th>
<th>Gender of professional</th>
<th>Parent/not parent</th>
<th>Number of incest cases</th>
<th>Number of years of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking for guarantees when recommending that the child be left in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elements in the family to be considered when recommending that the child be left in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings mentioned concerning removal of the child from the home</td>
<td></td>
<td></td>
<td></td>
<td>.08</td>
</tr>
<tr>
<td>No feelings about removal of the child from the home</td>
<td></td>
<td></td>
<td></td>
<td>.09</td>
</tr>
<tr>
<td>Feeling helpless about the most difficult aspect in dealing with an incest case</td>
<td></td>
<td></td>
<td></td>
<td>.09</td>
</tr>
<tr>
<td>Treatment elements in terms of what is important when dealing with incest cases</td>
<td></td>
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</table>
### Appendix L - Continued

**Associations Approaching Significance**

<table>
<thead>
<tr>
<th>Specific Variable</th>
<th>Gender of professional</th>
<th>Parent/not parent</th>
<th>Number of incest cases</th>
<th>Number of years of experience</th>
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</thead>
<tbody>
<tr>
<td>Considered police to be supportive of worker/professional</td>
<td></td>
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<td></td>
<td>.08</td>
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<tr>
<td>Court not a helpful process</td>
<td></td>
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<td>.08</td>
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<tr>
<td>Not familiar with the current legislation</td>
<td>.09</td>
<td></td>
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</tbody>
</table>
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Government Documents


Thesis


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VITA AUCTORIS

Elaine Sinnott was born March 23, 1956 in Windsor, Ontario. She completed her elementary and secondary school education in Windsor, Ontario and graduated from the University of Windsor in 1977 with a Bachelor of Arts degree in Psychology and in 1978 with a Bachelor of Social Work degree.

Ms. Sinnott was employed by the Roman Catholic Children's Aid Society of Essex County from May 1978 to August 1980 as a social worker on both the intake and foster care teams. She subsequently left to enter the Master of Social Work program in September 1980. She expects to graduate in June 1982.

During the graduate program, Ms. Sinnott's practicum was with Children's Center of Wayne County in Detroit, Michigan. She also served as a teaching assistant at the University. Ms. Sinnott was then employed as a social worker at the Catholic Family Service Bureau in Windsor on a contractual basis between June 1981 to December 1981. She has recently accepted a position at the Ministry of Community and Social Services as a Vocational Rehabilitation Counsellor.