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Effectiveness of Group Work with Adults Who Experienced Childhood Incest

by

© Lydia Fiorini

A Thesis submitted to the Faculty of Graduate Studies and Research through the School of Social Work in Partial Fulfillment of the requirements for the Degree of Master of Social Work at University of Windsor

Windsor, Ontario, Canada, 1989
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The primary purpose of this research was to evaluate the group program for adults who experienced childhood incest offered at the Sexual Assault Crisis Centre during the period of November 1, 1987 to October 31, 1988.

Demographic information on the group participants was gathered by means of a screening questionnaire used by SACC in the group program. Responses to twenty-nine variables by group participants on the screening questionnaire were reported in this research. Findings reported on the screening questionnaire were compared to findings of previous research reported in the literature.

This evaluative research used a one-group pre-test/post-test design and the research may be described as associational in nature. Group participants were tested before the group began and again when the treatment had concluded. The hypothesis tested in this research was that a positive relationship exists between participation in a group for adults who experienced childhood incest and an improvement in self-esteem, along with a decrease in depression and anxiety, which are commonly reported problem areas for adults who experienced childhood incest.
Conclusions are derived from literature and the self-reported screening questionnaire. The major conclusion is that the research supports the hypothesis of this research project. Some recommendations were also developed in conjunction with this research and the research makes evident the need for more research.
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Historically, the occurrence of incest was denied by the psychological community and attributed to a childhood sexual fantasy. (Alter-Reid, Gibbs, Lachenmeyer, Segal & Massoth, 1986: p. 246)

Incest has been considered morally unacceptable in society due largely to the biological dangers of inbreeding among family members (Lawton-Spert & Wachtel, 1982). The possibility that the experience of incest could result in psychological harm to the individual was first acknowledged in the works of Freud. In time, after some pressure from colleagues, he denied the existence of incest and developed a psychoanalytical theory which concluded that women were experiencing fantasies rather than real occurrences of incest. As a result of this theory incest continued to be denied by professionals and victims were blamed for their reported problems in life (Herman & Hirschman, 1977).

When concern in the area resurfaced, many years later, it focused upon child sexual abuse emphasizing the danger posed by strangers (Lawton-Spert & Wachtel, 1982). The occurrence of child sexual abuse by strangers seemed
that some children face danger from within their own family has been avoided in society because it implied something remiss with "The Family" which was considered sacrosanct— not to be analyzed too greatly nor interfered with (Lawton-Spert & Wachtel, 1982: p.10).

Accordingly, legislation evidenced the reluctance and resistance to intervene in family life, until 1893. The first case of what today is identified as child abuse in Canada, was presented in a Toronto court under the jurisdiction of the Humane Society for the Cruelty of Animals. In 1893 legislation was passed against the abuse of children by the caretaker, called an Act for Prevention of Cruelty and Better Protection for Children (Bala & Clarke, 1981). This legislation acknowledged the existence of child abuse, physical and sexual, both outside and more importantly inside the family.

A second major critical historical focus on the family came prior to the feminist movement which began in the 1960's. The "traditional" family was seen to be playing a critical role in supporting sex role inequality and from this perspective the focus later spread to the need to develop more power for women and the acknowledgement of violence against women and children. The objection to violence against women began with rape, usually focusing on
strangers, but progressed to wife battering by the husband and subsequently spread to other forms of family violence, including child abuse. The possibility of considering incest as relatively a common occurrence finally became plausible.

Following the onset of the Women's Movement and with the renewed interest in child abuse, the problem of incest resurfaced as a professional concern. Researchers such as Kinsey (1948, 1953), Gagnon (1965), DeFrancis (1969), Hunt (1974), Benward and Densen-Gerber (1975), and Pinhelhor (1977), conducted surveys in the United States to determine the prevalence of incest in families. These surveys produced impressionistic evidence that incest occurs in a substantial number of families (Lawton-Spert & Wachtel, 1982).

Incest could no longer be denied and the problem could not remain unattended. Once incest was reported and officials could not ignore the child's accusations, the authorities reacted harshly by separating the child from the mother and the family and incarcerating the father, often for years. The "punitive" system became the only option by which to deal with the problem. The family's involvement in the Criminal Justice System often paralyzed a family's opportunity to obtain professional assistance for the problem of incest.
One of the first social responses to the problem of incest was implemented in 1971 in Santa Clara County, California called the Child Sexual Abuse Treatment Program (CSATP). This community-based effort was established out of growing concern for incestuous families. The program provided three services which included: managing the case, providing treatment, and organizing self-help groups. In 1972, through expansion, the CSATP program became affiliated with Parents United and its adjunct, Daughters and Sons United. The CSATP then took a family centred approach to therapy. Parents United provided individuals and their partners involved in the incest an opportunity to meet regularly in order to discuss their problems, as well as supporting one another while Daughters and Sons United focused on children who experienced the incest.

Canada's first program response to incest was launched in 1972. A multi-disciplinary team approach to handling incest cases was established in Manitoba. Its purpose was to bring together social workers, physicians, teachers, police, clergy and others to offer a co-ordinated effort in dealing with sexually abused children and their families (Labreche, 1983). Family and individual counselling was recommended and offered to incestuous families.
Group work with Canadian parents and children who experienced childhood incest began in August 1981. Parents United and Daughters and Sons United, already functioning in the United States also began operating self help groups for parents and children in Calgary (Labreche, 1983).

The incest "secret" was slowly "coming out of the closet" and programs, with varying themes of individual, family and group work, were offered throughout Canada and the United States. What seemed a moral and legal problem of incest, soon became recognized as a family dynamics problem.

In Campbell River, British Columbia, during 1981, a revolutionary development occurred for women who experienced childhood incest. A woman by the name of Linda Halliday openly overcame the need to keep the secret of her childhood incest and began encouraging other women to do the same. Not only was she able to unlock the understanding of the destructive patterns in her life, her strength and openness helped her reach out to other women with the same experiences. She established an organization known as Sexual Abuse Victims Anonymous (SAVA), a self help group for adult women who experienced childhood incest or sexual abuse (Schuyler, 1984).

In 1984, the Badgley Report, funded by the federal government of Canada, was released. This report provided
startling data on the frequency of child sexual abuse and incest among the Canadian population. For the first time, the national government evidenced and documented the prevalence of sexual abuse and incest among families.

The eighties, in Canada, saw the establishment of many programs in response to the problem of incest. Mental Health programs for incest, in all sectors of human social services started to flourish. Incest became the topic for talk show discussions, prime time viewing, newspaper and journal articles. The "closet door" opened wider and soon individuals who experienced childhood incest publically shared their experiences and requested professional assistance. The response, by many services, consisted of individual, family and group work for individuals and families who experienced incest.

The above review indicates that planned intervention programs for individuals and families, who experienced incest, did not exist until the early seventies, with rapid growth occurring in the eighties. Although numerous programs for incest were established, little information has been gathered, to date, to reflect the effect of responses to the incest problem. This is one of the purposes of this research project.
1.1 Sexual Assault Crisis Centre (SACC)

The Sexual Assault Crisis Centre (SACC), based on the Rape Crisis Clinic model, was established in Windsor in 1978. Funding was provided by the Ministry of Health for an Evening Community Mental Health Program at Windsor Western Hospital. The SACC program was designed on the premise that individuals who experienced sexual assault needed support following the "tragedy" in their lives. Initially, one part-time staff number was employed and volunteers were trained as Crisis Workers.

SACC's Training Manual (1988) outlines the historical stages which occurred in the development of what is now the Sexual Assault Crisis Centre:

October 2, 1978, the direct-service element of the program was introduced to the community and a 24-hour crisis line, operated by trained volunteers, became available for victims of sexual assault and their families.

November 1978, the Sexual Assault Crisis Clinic became a member of the Ontario and Canadian Coalitions of Rape Crisis Centres. This provided the Clinic with an opportunity for information sharing with rape crisis centres, both provincially and nationally.

January 1979, the Sexual Assault Crisis Clinic began to develop the public education and liaison activities of the program. The crisis workers believed that to be effective in helping the victims of sexual assault, the program had to increase public awareness of the problems which ensue and the realities of rape.
March 1980, with the approval of the Windsor Western Hospital administration, the clinic sought funding from the Ontario Coalition of Rape Crisis Centre to move the program out of the hospital.

May 5, 1980, the Sexual Assault Crisis Clinic moved to 1598 Ouellette Ave., with funding provided by the Ontario Coalition. Staffing was increased to two half-time positions.

August 1980, the program was legally incorporated under the name "Sexual Assault Crisis Centre of Essex County".

December 1980, the Board of Directors and Advisory Council established and approved a set of by-laws.

September 1982, the Board of Director expanded to include ten community members. This board would replace the previous Board and Advisory Council.

December 1982, the Sexual Assault Crisis Centre received its Charitable Registration Number.

March 1983, the Sexual Assault Crisis Centre moved its offices to 14 Hanna Street East, Windsor, Ontario.

September 1983, the Board of Directors grew to twelve members of the community.

March 1984 the Sexual Assault Crisis Centre became a full member agency of United Way and staffing was expanded to two full-time positions. A half time office position was added in November 1984 and this was increased to full-time in January 1985. (SACC Training Manual, 1988)

In 1984, SACC expanded its client population and offered individual counselling to adults who experienced childhood incest. The group approach evolved, in May, 1985, when a pilot project was developed to provide an "Incest Survivor" group to adults who experienced childhood incest. Following the evaluation outcome of the pilot project,
group service, for individuals who experienced childhood incest, was incorporated into the program at the Sexual Assault Crisis Centre.

In March 1988, a six-month demonstration project, for "Adolescent Incest Survivors", funded by the Federal Ministry of Health and Welfare, was launched. This project used a group approach to treating adolescents who experienced incest and was comprised of males and females between the ages of 13-19 years. Presently, the program is awaiting funding approval to continue (SACC Annual Report, 1989).

1.2 Services offered by SACC

The following services have been established by SACC, to address the problem of sexual assault, sexual abuse and incest. The information that follows has been obtained from the SACC Training Manual, (1988).

1. Crisis Intervention- to provide supportive counselling and information to victims, their families and significant others.

2. Development of Public Awareness- to develop the community's awareness of the problems and realities of sexual assault and of the services provided by the Sexual Assault Crisis Centre.
3. Liaison/Reform— to work with existing institutions to improve and develop services to sexual assault and abuse victims. (SACC Training Manual, 1988)

The above service goals are currently formulated into the following programs:

Crisis Intervention

A 24 hours crisis line is staffed by dedicated and trained Crisis Workers who provide: emotional support, problem solving, information, and referral.

Accompaniments

Workers are available to accompany the victim of sexual assault to the hospital, police station and through the judicial process.

Public Education

Workers are available to speak, upon request on such topic as: Realities of Sexual Assault, Child Sexual Abuse and Incest, Prevention of Sexual Assault and Abuse, Awareness of Sexual Assault and Abuse.

Liaison

Advocacy work is undertaken with the police, hospitals, Crown Attorney’s Office and other social service organizations.

Self Defense

Courses are offered to promote self-protection training for women.

Counselling
Individual face to face supportive counselling is provided to victims and their families and/or significant others. Also available are support groups for: Adult Sexual Assault Victims, Adult Incest Survivors, Parents of Child Victims, Teen Sexual Assault Victims, Teen Incest Survivors. (SACC Training Manual, 1988)

1.3 Development of the Group Process at SACC

In 1984, the Sexual Assault Crisis Centre identified a need to provide service to individuals who experienced childhood incest, after recognizing a 32% increase in request for services from this population. The agency responded by offering individual counselling to individuals who experienced childhood incest. It became apparent, once reviewing the intake forms and casenotes of this population, that common issues and experiences existed among individuals who experienced childhood incest that individual counselling did not address.

The dilemma of suitable services to best meet the needs of individuals who experienced childhood incest became a developmental inquiry for SACC. In 1984, SACC reviewed the 'state of the art' in working with individuals who experienced childhood incest. This review indicated that some clinicians were experimenting with group work as a
response to the needs of this population. SACC was then committed to exploring group treatment as an avenue for meeting the needs of individuals who experienced childhood incest. At the time SACC was creating a group treatment program for individuals who experienced childhood incest, there was little literature or research on the topic and treatment programs for this problem were virtually non-existent. A few articles on group design and structure for working with this population were identified (Forward & Buck, 1978; Herman & Schatzow, 1984; Wooley & Vigilanti, 1984). Due to the lack of documented research and program experiences the program at SACC was developed from theory regarding Social Work groups and the resolution of personal problems.

Hence, due to its "experimental nature", an evaluative component to the group program was implemented and reviewed. Also group participants were asked to provide feedback on their group experience and this data was collected and analyzed.

New literature and information that became available to SACC was reviewed in conjunction with the feedback received from the group participants (Bergart, 1986; Blake-White & Kline, 1985; Deighton & McPeek, 1985; Faria & Belohave, 1984; Goodman & Nowak-Scibelli, 1985; Hays, 1987).
This new information was incorporated into the group design, prior to the commencement of this evaluative research project, upon which the report for the masters thesis requirement will be based. The program and the commitment to an evaluation had already been established in 1985, two years prior to the onset of the research project, in 1987.

1.4 Summary

Historically, incest has moved from complete denial in the professional community, to the establishment of treatment programs by professionals. The Sexual Assault Crisis Centre is one of the organizations that has established a group treatment program for adults who experience childhood incest. This group program will be evaluated in this research project and its findings will be presented in this research.

Now that the historical development of treatment programs for adults who experienced childhood incest has been outlined, Chapter 2 will review the literature respecting individuals who experienced childhood incest. Three areas are reviewed. The first area focuses upon whether or not incest is harmful to those experiencing it.
the second area focuses upon conditions which are required for the experience to be harmful; and the third area is a review of the clinical experiences with group treatment for adults, who experienced childhood incest.
CHAPTER II

REVIEW OF THE LITERATURE

As many as one third of all women have experienced incest as juveniles and a range of emotional, interpersonal, and sexual problems appear to be frequent among these victims. (Jehu & Gazan, 1983, p.80)

The above statement suggests that there is a high incidence of incest and that many individuals who have experienced childhood incest are afflicted with problems in their lives. Little evidence exists that these problems are a direct result of the incest (Jehu & Gazan, 1983) and there is little indication as to whether individuals who have experienced childhood incest, experienced all, or any, of the identified problems, referred to in current literature.

The following sections will review the literature in an attempt to gain insight into the above issues.
2.1 Impact of the Experience of Childhood Incest

Most of the research exploring the impact of childhood incest attempts to outline the specific harm that results, both in the form of symptoms and behaviors. Some articles however contradict the stance that incest is harmful and perceive problems as being a result of other conditions. A few authors seem to conclude that sex with a child actually has positive effects and is beneficial to the individual. The literature will be reviewed in this sequence:

1) Research which documents harmful results from the experience of incest;

2) Research which documents the problems of incest as being due to other conditions;

3) Research which documents that incestuous experience may actually be beneficial.

Tsai and Wagner (1978) found a high incidence of feelings of guilt, depression, negative self-image, problems in interpersonal relationships associated with an underlying mistrust of men, inadequate social skills and difficulties in sexual functioning, including flashbacks of incestuous encounters and non-response to sex. The population in this study consisted of 50 women who experienced childhood incest.
and agreed to participate in group treatment at the University of Washington.

Knittle and Tuana (1980) identify seven problem areas among children who have experienced incest in 48 families in California. These are:

- Isolation and alienation from peers;
- Distrust of adults and authority figures;
- Guilt and Shame;
- Fear of intimacy;
- Anger turned inward: depression, suicide and self-mutilation;
- Unmet dependency needs; and
- Helpless victim mentality.

Fowler, Burns, and Roehl (1983) found that clients identify substance abuse, relational problems, sexual dysfunction, depression and low self-esteem as being issues of concern to them and attribute these difficulties directly or indirectly to the sexual abuse (incest) they suffered as children (p. 129). These were clients who agreed to participate in group treatment for adults who experienced childhood incest in Phoenix, Arizona.

Herman and Schatzow (1984) refer to two American studies, by Herman (1981) and Meiselman (1978), in their discussion of long-term effects on individuals who experienced childhood incest. These authors identify the
most frequently evidenced problems as being problems with self-esteem, negative identity formation, difficulty in establishing intimate relationships, sexual dysfunction and repeated victimization, such as wife battering and sexual assaults.

Jehu, Gazan and Klassen (1984-95) have studied the impact of childhood incest on 22 adults in a treatment program in Canada and identify ten problem areas. These are:

- history of suicide and substance abuse;
- low self-esteem;
- guilt;
- depression;
- sleep/disturbances/nightmares;
- anxiety/phobic disorders;
- dissociation/depersonalization/derealization;
- obsessions/compulsion;
- difficulty in relationships with people; and
- difficulty in relationships with men.

Deighton and McPeek (1985) reported nine problem areas among group participants who experienced childhood incest in Detroit, Michigan. These are:

- difficulties in everyday relationships;
- feelings of isolation;
- lack of trust;
-histories of drug and alcohol abuse;
-sexual dysfunction;
-frequent, lengthy periods of depression;
-fearful of their parenting role;
-experiencing flashbacks of incest; and
-issues of betrayal, abandonment and mistrust for their families.

Hall, Kassees and Hoffman (1986) found, in their American study, that survivors (adults who experienced childhood incest) struggle for common goals which include self-esteem, competency, independence and the ability to establish healthy relationships with adults of both sexes (p. 99). The population in this study included adults who experienced childhood incest and agreed to participate in group treatment.

Segal (1986), developed a composite of all the long-term effects of childhood incest on adult women, cited in the literature. The following is the list provided by Segal (1986):

1) hostility toward mother
2) hostility toward father and simultaneous desire to rescue him
3) excessive dependence on parents in adulthood
4) fear and hatred of men and a desire to be taken care of by them
5) overvaluation of men and a search for a protector
6) subsequent victimization (e.g. wife abuse, rape)
7) marital/intimate relationship difficulties
8) Post-traumatic Stress Disorder/Syndrome
9) inability to make sense of incest
10) low self-esteem
11) multiple personality
12) impulsivity
13) anxiety
14) depersonalization
15) difficulty expressing anger
16) self-destructive behaviors (eg: overeating, alcohol or drug abuse, self-mutilation)
17) sexual dysfunction
18) suicide attempts
19) repeated seeking of outpatient therapy
20) psychiatric hospitalization
21) depression
22) lesbianism
23) mistrust
24) perception of isolation
25) somatic complaints. (p. 40)

The most commonly mentioned symptoms reported by adults who experienced childhood incest are depression, isolation, depersonalization and dysfunction (Seqal, 1986 p. 41).

Few articles were found on the harmlessness of incest. Rosenzweig and Al-Zand (1981) refer to various authors who make reference to childhood incest as being harmless. These references are:

Ramey (1979) and Rascovsky and Rascovsky (1950) saw sexual experience between child and adult as potentially positive for the victim and Constantine (1980) and Henderson (1983) found that incest is not inherently harmful. (p. 15)

Henderson (1983) provides a rationale for his conclusion that incest is not inherently harmful. He postulated that:
Finkelhor (1984) in exploring the harmful effects of sexual abuse found some participants in his study concluded they were not negatively affected by the incestuous experiences. He reported:

that participants were evenly divided in their reactions to the experiences (and a significant number) sounded positive and may have had long-term beneficial effects. (p. 8)

Although, these researchers, reported findings that suggest positive outcome from the experience of incest they do not suggest what accounts for the positive outcome nor do they discuss what the positive outcomes are. Also, researchers such as Henderson (1993) and Segal (1996) conclude that it is the family dynamics in the incest that lead to long term negative affects on the individual and not the incestuous encounters.

The research generates different conclusions as to the long-term effects of childhood incest on adults. The majority have found that there are long-term detrimental effects while some believe incest can be harmless and some even say that it might be positive. One observation, from this review of the literature, is that detrimental effects of childhood incest have all been reported by adults who were seeking treatment. Studies which report positive reactions to childhood incest have collected data from individuals who experienced childhood incest and are part of...
a community sample who may not have sought treatment for the incest. It is a clinical assumption at SACC that individuals who have experienced childhood incest and are identifying a need to discuss it as adults, have been negatively impacted by the incest.

2.2 Predictive Outcome of Childhood Incest

It is important to know what factors exist that lead to either positive or negative effects on persons experiencing childhood incest. Some exploration, to account for the wide variation in adjustment among adults who experience childhood incest, need to be undertaken since research in this area is controversial but this next section attempts to summarize the latest research on predictive outcomes of childhood incest. These theories focus upon various aspects of the incest and attempts to relate them to positive or negative outcomes of childhood incest.

Jehu and Gazan (1983) acknowledge a wide variation in adjustment among adults who experienced childhood incest and suggest factors which may contribute to these individual differences. These factors are the age at onset of the incest, the duration of the incest, the nature of the sexual
activity involved, the child's perceptions and feeling at the time of incest and how the adult perceives incest has affected his or her life.

Segal (1986) disputes part of Jehu and Gazan's theory as she believes that the severity of sexual activity and physical force is not associated with later emotional trauma. Instead, it is the severity of the general family dysfunction that causes later emotional trauma (p.30).

Henderson (1983) discussed the prognostic indicators of long-term effects of childhood incest in his article. He reports that the following overlapping factors are of prognostic importance:

- age: a better prognosis if the child is younger than older at the time of incest;

- psychological maturity and ego strengths: a better prognosis if there exists a greater ego development on the part of the child including the experience of good mothering in the early stages of their lives with the adequate development of defenses and coping mechanisms;

- nature, frequency and duration of incestuous behavior: a better prognosis if it is a unique experience as opposed to habitual sexual interaction, implying that the child does not choose to perpetrate the incestuous interaction;

- the type and degree of relatedness of participants: a more positive prognosis if the sibling rather then a parent was involved;

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circumstances of and reaction to disclosure: a better prognosis if the child is believed, supported and not blamed and the adult involved assumes responsibility for the incest;

strength and qualitative family dynamics: a better prognosis if the family is not a 'multi-problem' family and there is a better quality of parent-child interaction aside from the incestuous behavior;

elapsed time between the incestuous episode and clinical presentation: there is a better prognosis if there is clinical intervention prior to the development of symptomatology. (p. 39)

Rosenzweig and Al-Zand (1987) also refer to Briere and Runtz (1980) in their search for indicators of long term effects of childhood incest. Briere and Runtz (1980) found that symptomatology was positively associated with:

-perpetrator's age;
-total number of perpetrators;
-use of force;
-parental incest;
-completed intercourse;
-number of incestuous incidents; and
-duration of incest.
In summarizing the literature on predictive outcome of childhood incest, it appears that the following factors reduce the likelihood of trauma caused by the experience of childhood incest. They are:

- younger age at the onset of incest;
- unique sexual experience without intercourse and force that is short in duration and frequency;
- a parent is not involved in the incest but rather another family member who is close in age to the child and is the only person involved in the incestuous encounter with the child;
- the child has great ego strengths and has been exposed to an environment that promotes healthy psychological development;
- their is less family dysfunction;
- disclosure of the incest is supported.

These factors will be reviewed for those group participants who agreed to take part in the SACC research. It is assumed that if group participants are feeling the need to discuss
incidents from their childhood, these occurrences must likely have had some negative impact on their lives.

2.3 Group Treatment of Adults who have Experienced Childhood Incest

The literature has been reviewed on the outcome of incest, which suggests that for some the experience of incest has a negative impact on the individual. A treatment response, to the long term negative impact of incest on adults who experienced childhood incest, has been group treatment. The literature on adults, who experienced childhood incest either support the need for group work or report positive findings in studies that have implemented group treatment with this population. The group treatment designs vary, from support groups to therapeutic groups, but the basic concept of bringing people with a common problem together remains the same. This section will review the literature regarding the use of groups with adults who experienced childhood incest.

Tsai and Wagner (1978), in their six-month follow-up evaluations received feedback from group participants, indicating that the primary curative component for them was
the sense of identification and emotional closeness instilled by a warm and supportive environment where a common bond was shared between group participants (p. 426). The primary therapeutic effect was the reduction of guilt and an increase in self-esteem.

Gordy (1983) found the group process itself helped overcome social isolation of its members. The support and understanding gained by members increased their self-esteem and self-respect, decreased their guilt and shame and provided new insight into how to control their individual lives (p. 307).

Herman and Schatzow (1984) provided the results of a six-month follow-up survey of 28 female group participants who completed short-term group therapy focused on the experiences of childhood incest. They found that the group process was particularly effective in resolving the issues of shame, need for secrecy and feelings of stigmatization associated with the incest experiences of the respondents. Participants indicated that contact with other women who experienced childhood incest was the most helpful to them. Group members reported feeling less shame, guilt and isolation and an improved self-esteem as a result of their participation in the group.
Deighton and McPeek (1985) treated women who experienced childhood incest in group therapy and evaluated the outcome. They found a decrease in guilt and anger, on the part of group participants and an increase in the number of and quality of social ties of group participants with extended family. Overall positive feedback, in respect to the group process, was received from group members.

Bergart (1986) found group therapy for women who experienced childhood incest resolved shame and guilt and decreased isolation, which was similar to the findings of Herman and Schatzow (1984). The group provided healing for women who experienced childhood incest.

Hall, Kassees and Hoffman (1996) found the use of directed self-help, mutual support groups was deemed to have the most potential for success among women who experienced childhood incest. The most significant aid was overcoming the feelings of isolation caused by the incest.

One re-occurring theme, in the evaluation of the outcome of the treatment process, was that of overcoming feelings of isolation. Women who have experienced childhood incest, coming to treatment, have virtually no support from families, spouses and friends. Most are left dealing with a problem they feel responsible for and feel too guilty, ashamed, embarrassed and worthless to allow others into
their lives. The women usually feel they alone experience difficulties and no one around them understand their feelings, behaviors and reactions. As a result these women believe there is no one to turn to nor is there anyone who cares about them.

Literature has established that groups can and have proved beneficial for women who have experienced childhood incest. The group program for adults, who experienced childhood incest at SACC, during November 1, 1987 to October 31, 1988, will be evaluated to determine whether the findings from this program coincides with the findings in the literature. The following chapter will discuss the design of the research study.
CHAPTER III

METHODOLOGY AND DESIGN

3.1 Planning for the Evaluation

Planning for the evaluation of the "Incest Survivor" Groups, entitled by SACC, began in the fall of 1987. The researcher, a social worker at SACC, proposed to evaluate the effectiveness of group work with adults who experienced childhood incest. The proposal was presented to the Board of the Sexual Assault Crisis Centre on September 14th, 1987. The Board responded with approval, as recorded in the minutes of the September 18th, 1987, Board Meeting (see Appendix A).

The population selected for this study included all of the group participants of the incest Survivor Groups at SACC during November 1, 1987 to October 31, 1988, as this time frame coincided with the researcher's fulfillment of the educational requirements for a masters degree in Social Work. All potential group participants were required to
complete a screening questionnaire prior to their acceptance into a group. The screening questionnaire contained a question which asked for the participants' permission to use their responses for this research and requested them to fill out questionnaires that contained instruments for this evaluation. The participant's response did not influence the candidate selection for the group program. Note, all the participants during this time frame agreed to participate in the research component of this study.

1.2 Classification of Study

This research evaluates a group program to determine what effects the program is having on its participants. Grinnell (1981) describes five criteria for evaluative research and the criteria as well as how they were satisfied in this research, follows:

1. Determining program objectives - The objective of the group program at SACC is to provide group treatment to adults who experienced childhood incest to enhance social functioning and reduce the negative impact of incest on participants.

2. Establishing outcome measures (dependent variables) - The dependent variables in this research is levels of self-esteem, depression and anxiety among group participants.
3. Identifying independent and intervening variables- The independent variable in this research is group treatment with adults who experienced childhood incest.

4. Utilizing research designs- This research utilizes a one-group pre-test-post-test design and the research may be described as being associational in nature.

5. Assessing program efficiency- The research focuses on the assessment of outcome measures of the group process to determine whether the program's objectives were achieved. (p. 421)

3.2.1 Hypothesis

This research attempts to establish whether there is a positive relationship between a treatment technique and outcome success. The hypothesis for this research is that a positive relationship exists between participation in a group for adults who experienced childhood incest and an improvement in self-esteem, along with a decrease in depression and anxiety, which are commonly reported problem areas for adults who experienced childhood incest. Thus, it is expected that the improvements in self-esteem, depression and anxiety on the part of participants can be
linked to their participation in the group for adults who experienced childhood incest.

3.3 Operational Definitions

The following terms were "operationalized" for the purpose of this study. These are:

1) Incest;
2) Group process;
3) Theoretical base;
4) Selection criteria;
5) Self-esteem;
6) Depression;
7) Anxiety.

Definitions for these terms are outlined below.

3.3.1 Incest

Authors and researchers in the literature have utilized broad and often varied definitions of incest. Definitions differ initially with regard to participants.

Another difference that becomes evident, in how the term incest is understood, is in the reported sexual experiences which are included in the use of this term. Some authors, like Peretti & Banks (1984), limit the definition of incest to intercourse while others, like Gelinas (1983) and Russell (1986), include fondling to non-traditional sexual behavior, like oral and anal sex.

The frequency of occurrence is another variable that is evident in the use of the term, incest. While some definitions require multiple experiences, like Owens (1984) and Jehu, Gazan & Klassen (1984-85), others like Tsai & Wagner (1978) and Russell (1986), accept a single episode as being incest.

Definitions also differ in perspective and by disciplines. Influences of the legal, sociological and psychological disciplines are apparent in some definitions, like those of Finkelhor (1978) and Srooi (1982). Examples are provided in the following paragraphs.
Finkelhor (1978) provides a legal-sociological definition which is representative of society's view of incest. Incest refers to sex between an adult and a child who, if the child were an adult, would be prohibited from marrying by law or custom because of their kinship. (p. 47)

Finkelhor (1978) also provides a personal-psychological definition which is a view from the victim's experience. Incest is defined as repeated physical contact of a sexual nature between an adult who has violated a position of trust or authority or a caretaking role (regardless of kinship) and a child. (p. 47)

Sgroi (1982) provides a psycho-social perspective with emphasis on the relationship between the incest participants. Incest encompasses any form of sexual activity between a child and a parent or stepparent or extended family member (for example, grandparents, aunt or uncle) or surrogate parent figure (for example, common-law spouse of foster parent). Sexual activity may range from exhibitionism to intercourse. (p. 10)

The literature also uses various terms interchangeably with the term incest. Authors like Knittle & Tuana (1980), Conte & Berliner (1981) and Jehu, Gazan & Klassen (1984-85) often use the terms "intrafamilial sexual abuse" and "sexual abuse," when referring to incest.

It is apparent that there is no universally acceptable definition for incest. Lawton-Speert & Wachtel (1982) suggest an emerging consensus of the general shape of such a definition. The term 'incest' is being broadened, in application, to include sexual abuse. This is apparent in
the move from kinship and intercourse, to a person in the position of trust and varying sexual experiences, now included in the definition of incest.

For the purpose of this research, the term "incest" will include sexual activity with a child under the age of 18 by someone who is at least three years older (The Criminal Code for Sexual Offenses, January 1983, indicates that sex with a female under 14 is a crime, provided the male is 3 years older than the female). The person involved with the child can be blood related or in a caretaking role. The sexual activity includes bodily contact, from fondling to intercourse and includes anal or oral sex. By our definition, the sexual activity must have occurred more than once to be considered incest.

3.3.2 The Group Process

Each group met weekly, over a ten week period, for two-hours per session. Five groups were conducted over the time span of the research (November 1, 1987 to October 31, 1988). In total, 20 women who experienced childhood incest and participated in a group at SACC, participated in the research component of the study.
The following section will describe the subject covered in each session of the SACC group program for adults who experienced childhood incest and the goals that were to be achieved in each session are also outlined.

3.3.2.1 Session One

The first session of the 10 week group treatment program for adults who experienced childhood incest focuses upon introducing the purpose of the group and outlining of the group program and introducing the participants. The pre-test questionnaire, used in this research, was administered during this session.

The following is the topical outline used for this session.

1. Facilitator's Introduction of Members:

The atmosphere of the first session has been structured to keep it from "getting-heavy". The point of introduction is the initial event of the group process by which members are made to feel comfortable. It must be remembered that feelings of mistrust, isolation shame, guilt and embarrassment are terms used to describe adults who
experienced childhood incest and with this in mind, the more comfortable the participants feel the more likely they will be to become involved in the group process.

2. The Rationale and Purpose of the Group:

The rationale and purpose of the groups for adults who experienced childhood incest are shared with the group participants, in an attempt to reduce their anxiety. The historical development of the group at SACC is shared with group participants. That is, adults who experienced childhood incest, requested service and the Centre responded by providing individual counselling. It became apparent that adults who experienced childhood incest, experienced similar problems but each felt their reactions were isolated. It was proposed that bringing these adults together would reduce their sense of isolation and give them an opportunity to share their common problems, in a supportive environment and issues that plagued this population could be explored advantageously in a supportive group setting. Previous coping techniques along with new strategies could be reviewed with the goal being to provide participants with healthier coping options. Another goal of the group was to provide group participants with insight.
into their incestuous experiences and thereby, allowing them to free themselves from the past that now still plagues them. The goal for each group participant is to become a person who is growing and developing in a world where he or she can feel control and perceive choices.

2. Ice Breaker:

The group divides into pairs and they introduce themselves or about themself. The total group reunites and the partners introduce each other to the group at large. One to one encounters usually are less threatening than a whole group and this process allows for some bonding between group members.

4. Group Rules:

The group rules of procedure are reviewed with the participants. Group members are informed of the importance of confidentiality and are asked to sign an agreement of confidentiality. They are instructed to notify the facilitator should they decide not to continue with the group. Members are encouraged to talk to one another while a facilitator supplies topics of discussion. Exchanges
among group members, between sessions are encouraged. The group is described as having 10 weekly sessions, each of which are two hours in duration. The decision whether to allow smoking in the sessions and to schedule a break in the session, is determined by the group. The participants are informed that they have control over what they contribute, in each session.

5. Group participants are given a package which contains the instrumentation for the evaluation of the groups. A Confidentiality Contract, the Zung's Anxiety Scale, Hudson's Index of Self Esteem and Beck's Inventory of Depression are all included. These packages are collected when completed and scored. Only the scores of those members who agreed to participate in the research are used in the study.

6. Statement to end the group:

The following statement is read to end the first group session. It is intended to encourage group members to continue the group process.

Experiencing childhood incest need not be a life sentence. All women who have survived childhood incest have tremendous survival skills. As they
work through feelings about the incest, their strengths and positive coping skills are recognized and enhanced. (SACC, 1987)

3.3.2.2 Session Two

This session has three component parts:

1. Group members sharing their common experiences and reactions;

2. Goal sheet;

3. 'Please hear what I'm not saying'.

This session provides an opportunity for group participants to share their commonalities. Group participants are encouraged to share their views and reactions both to the incest and other life experiences. Through this exchange, group members begin to notice the similarities in their responses to their incestuous encounters and their life situation (i.e., marriage, sex). This begins to alleviate their sense of isolation and they begin to connect and identify with other group members.

Participants are asked to set goals that they want to accomplish by the end of group. This motivates participants and gives them a purpose for attending the group. Goals are reviewed at the end of the group process. This helps participants reflect on their own accomplishments while in the group.
A poem entitled "Please hear what I'm not Saying" is read to the group members. It is used to emphasize the commonalities among participants in the group.

3.3.2.3 Session Three

The issue of perceived responsibility for the incest is focused upon in session three. Group members are given an avenue, letter writing, to ventilate both good and bad feelings about the individual(s) involved in the incest and about their family. Many times, group members perceive these profiles as being responsible for the incest. At times, participants reported lack of support from family members at the time of disclosure of incest, thereby causing them frustration. These letters are shared and discussed among group participants. Group members provide feedback to each other, along with helpful recommendations in dealing with the individual(s) involved in the incest and with family members, based on their own experiences.
In session three, participants have explored the responsibilities of others in the incest, but in this session they explore their own responsibility. Hazzard, King and Webb (1986) speak to the issue of personal responsibility. The following quotation is taken from their article:

In incestuous situations, girls may have found the affectionate nurturance accompanying the sexual activity to be fulfilling, or the sexual activity to be physically pleasurable, or the power and special privileges accompanying the abuse to be rewarding. These positive feelings, even if unacknowledged, contribute to feelings of tremendous guilt and of personal responsibility for the incest. (Hazzard, King & Webb, 1986, p.215)

Therefore rewards may be implicit or explicit in the exchange of sexual activity among the child and the individual involved in the incest while at times causing the adult who experienced childhood incest to feel responsible and guilty.

Hays (1987) describes the source of guilt for an adult who experience childhood incest. She states that:

Compliance on the part of the victim (child) is a necessary component of the incestuous relationship. The combination of developmentally appropriate egocentrism and parentification results in strong feelings both of responsibility for what is occurring and self-blame for its continuation... If the girl experiences physically pleasurable elements, her self-blame is
compounded. She berates herself, believing that 'I shouldn't have let it go on', or 'I shouldn't have let it become so intensive.' She also feels a marked shame. (Hays, 1987; p. 153-4)

What seems to occur, for adults who experienced childhood incest, is that as they get older, childhood actions and decisions are judged through their more experienced viewpoints. It is impossible for any adult to think like a child again but this session focuses on what it is like to be a child. The participants are asked to do two things:

1. bring in a picture of themselves at the age of onset of incest; and

2. observe children who are the same age as they were at the onset of incest and describe them in terms of themselves.

This helps participants come to terms with having been a child who needed unconditional love, instead was offered love and attention with conditions, the sexual activity. The realization then comes that choices made without the emotional or social ability to do so seemed a better choice, for their well being, at the time.
3.3.2.5 Session Five

Prior to session five, the group participants have explored their commonalities, have explored the perceived responsibility of others involved in the incest and have explored their perceived responsibility for the incest. In this session, group participants are asked to identify problem areas they are presently experiencing in their lives, and are asked to discuss their present coping techniques. Commonalities are present among problems areas identified by group participants, and the following five sessions focus on the most commonly reported problem area experienced by past participants of the group offered at SACC. The goal of each of the next sessions is to encourage suggestions on how to cope with present problems and offers healthier coping strategies. SACC has packages available to structure each session.

3.3.2.6 Session Six

The first problem, is one that relates to their self-concept, which, in the literature, is reported as being low, among survivors. This session focuses on how self concept is developed and gives practical suggestions and exercises for developing a healthy sense of self.
3.3.2.7 Session Seven

Session seven focuses on the expression of feelings. Feelings are at times categorized as being "good" or categorized as being "bad" rather than recognizing feeling for what they are: feelings, which then can be expressed and managed positively or negatively. The focus of this session is to enable group members to get in touch with their feelings and to find healthy ways to express them rather than "cutting them off" or "dismissing" them.

3.3.2.8 Session Eight

Assertiveness, among adults who experienced childhood incest, has been reported as a problem in the literature. This session provides group members with assertiveness training and the information used in this session, comes from an Assertiveness Training Workshop offered at SACC in 1987.
3.3.2.9 Session Nine

Adults who experienced childhood incest often express anger but at times are unable to manage this strong emotion and report feeling depressed or report self-mutilating behaviors. Anger is explored and healthy options for coping with anger are presented.

3.3.2.10 Session Ten

In this final session group participants are taught relaxation techniques as a method of dealing with anxiety. Also, their goals are reviewed and if not accomplished, the group suggests methods to achieve them.

3.3.3 The Theoretical Framework and the Facilitator's Role

The theoretical framework for the group program at SACC is the Mutual Aid Theory in Social Group Work. Adults who experienced childhood incest come together with common experiences and are encouraged to provide assistance to one another. Wasserman and Danforth (1988) refer to Schwartz's (1961) definition of the mutual aid process:
The group is an enterprise in mutual aid, an alliance of individuals who need each other, in varying degrees, to work on certain common problems. The important fact is that this is a helping system in which the clients need each other as well as the worker. This need to use each other to create not one but many helping relationships, is a vital ingredient of the group process and constitutes a common need over and above the specific tasks for which the group was formed. (p. 138)

The role of facilitator is discussed by Wasserman and Danforth (1988). The purpose of the facilitator for the groups at SACC is to encourage discussion and the exchange of information among group members. The facilitator does not conduct one to one sessions within the group session but rather encourages everyone to participate and exchange opinions. Wasserman and Danforth (1988) refer to Shulman (1979) in outlining the function of the group leader. These functions also reflect the role of the facilitator at SACC and are:

- Encouraging and modeling information sharing, while relating this process to goals of building trust and caring.
- Eliciting, and if necessary, mediating differing opinions, while pointing the group's ability to build individuality with group solidarity.
- Giving permission to discuss taboo areas, while strengthening the group's commitment to confidentiality and safety.

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Calling attention to the members' shared situation, thus emphasizing the common bond.

Reinforcing and demonstrating empathetic responses, with the intention of building mutual support.

Supporting mutual demands, while validating the expectation for all members to work together.

Allowing individual problem solving to take place, while helping group members assume consultant roles.

Engaging members in rehearsal of behaviors, giving the message that risk-taking is safe. (p. 143-4)

3.3.3.1 Selection Criteria for Group Following the Screening Process

Adults who were interested in participating in a group for adults who experienced childhood incest at SACC needed to meet the group criteria before screening could occur. The criteria consist of: meeting the operational definition of incest, being older than eighteen, not having a present problem with substance abuse and not having a
history of repeated admittance to psychiatric hospital. If the adult met the criteria, they were screened by either of two social workers on staff at SACC, the researcher and a colleague. The researcher reviewed the screening questionnaires and determined the clients' appropriateness for the group. During November 1, 1987 to October 31, 1988 all individuals who were screened for the group were accepted into the group program at SACC.

3.3.3.2 Self-Esteem

Self-Esteem is defined by Hudson's Index of Self-Esteem (ISE). The purpose of this index is to measure problems with self-esteem. It is a 25 item index designed to measure the degree, severity or magnitude of a problem the participant has with self-esteem. Self-esteem is considered as the evaluative component of self-concept (Corcoran and Fisher, 1987, p. 188). Scores above 30 (+ or - 5) on this scale indicate a problem with self-esteem and those with scores below 30 (+ or - 5), suggest the absence of a problem with self-esteem. The scores range from zero to 100. Information on the scale's reliability and validity can be found in Appendix B.
3.3.3.3 Anxiety

Anxiety is defined by Zung's Self-rating Anxiety Scale (SAS). The purpose of this scale is to assess the anxiety of respondents and quantify anxiety symptoms. It is a 20-item scale consisting of the most commonly found characteristics of an anxiety disorder: five affective and 15 somatic symptoms (Corcoran & Fisher, 1987, p. 300). Five of the items are worded symptomatically positive and 15 are worded symptomatically negative. Respondents use a four-point scale to rate how each item applies to them. The scores range from .25 to 1.00 with the higher scores reflecting more anxiety. Information on the scale's reliability and validity can be found in Appendix C.

3.3.3.4 Depression

Depression is defined by Beck's Inventory of Depression (BDI). The purpose of this inventory is to measure the severity of depression. This is a 21-item inventory that assess the presence and severity of affective, cognitive, motivational, negative and psychomotor components of depression. Each item on the inventory relates to a particular symptom of depression and
respondents indicate on the scale from zero to three, the severity of each of these symptoms. Of 21 items, 11 deal with cognition, two with overt behavior, one with interpersonal symptom and five with somatic symptoms. The scores range from zero to 63, with the higher scores indicating the likelihood of severity of depression (Corcoran & Fisher, 1987). Information on the inventory's reliability and validity can be found in Appendix D.

3.3.4 Research Design

This evaluative research used a one-group, pre-test/post-test, design. Group participants were tested before the group began and again when the treatment had concluded. The independent variable in this research is the respondents' experience in the treatment group.

3.3.4.1 Population and Sample

The setting for the study was the Sexual Assault Crisis Centre of Essex County, located in the City of Windsor. The research population included adults who experienced childhood incest. Operationally defined, this
means women who came to the Centre for service and participated in the group program. The sample for the research included all participants of the Incest Survivor Groups who had given consent to the research component for the twelve month period of November 1, 1987 through October 31, 1988. The sample size was 20 but only 18 completed both the pre and post-tests.

3.3.4.2 Data Collection and Analysis

Data was collected by means of standardized tests which reflected the dependent variables of the study, namely, levels of self-esteem, depression and anxiety. The testing instruments were:

1. Beck's Inventory of Depression
2. Hudson's Index of Self-esteem

The results of the pre and post-test were analyzed by the use of a paired comparison t-test, to identify significant differences between the responses before and after the group experience. Pre and post-test scores were compared by a computer application of a paired comparison t-test. The testing determined the effects of the independent variable, group work, on the dependent variables, the levels of self-esteem, depression and anxiety.
Demographic information on the participants was gathered by means of the screening questionnaire. The data were analyzed by computer application to determine the frequencies and percentages of the responses of group participants to twenty-nine variables, on the screening questionnaire. Findings in this research were compared to findings of prior studies by other researchers.

3.3.4.3 Limitations

The major limitation is in the instruments used for the screening of the group participants in this research. The screening questionnaire was not pre-tested, since its original purpose was to facilitate practice rather than to serve as a research instrument.

The responses on the screening questionnaire were self-reported by the group participants. Hence, the information gathered from the screening questionnaire was never verified, in this research and it was assumed that the self-reported information, by the group participants, was accurate.

There is no available data on the reliability of another instrument used in this research, the Zung's Self-rating Anxiety Scale.
The data analyzed in this research was obtained from group participants who participated in the group program at SACC during November 1, 1987 to October 31, 1988. Caution needs to be used when generalizing the results of this research.
CHAPTER IV

DATA ANALYSIS

The previous section has outlined the methodology and design of this research and this section will present the data which resulted from this research and analyze it.

4.1 Demographic Data

This section examines the demographic data from the screening questionnaires of the twenty group participants who agreed to be involved in the research component of this project. Twenty-nine variables were chosen from the questionnaire that provided demographic information on group participants and information on the incestuous encounters. The data presented in this study will be compared to the findings of previous studies, conducted by other researchers, on women who have reported childhood incest.
The most frequently reported age for group participants was in the 26-30 year category. Eight of the participants (40%) were in this category. Two group participants (10%) were between 20 and 25 years of age. Four participants (20%) were between 36 and 40 years of age and four participants (20%) were over 40 years of age. Two respondents (10%) did not report their age. The youngest participant was 20 years old and the eldest was 49 years old. The participants reported their age at the time of screening. Table 1 outlines the distribution of the age of participants.
Table 1
Age of Respondents at Screening

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>26-30</td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>31-35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>36-40</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>&gt; 40</td>
<td>4</td>
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<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Owens (1984), in his study of 17 female psychotherapy patients, found a mean age of 36.1 years among his subjects. Herman, Russell and Trocki (1986) who studied two groups of adult women with histories of incest report a mean age of 31.7 years for their patient sample and 37.9 years for their community sample. Russell (1986) in her household sample of 930 women in the San Francisco area found the mean age of 38 years for women who experienced childhood incest. Therefore, these studies report 31.7 to 38 years as the mode ages for their subjects. These previously cited mean ages are higher compared to those found among participants in the SACC research.
4.1.2 Sex of Group Participants

All group participants were women. Alter- Reid, Gibbs, Lachenmeyer, Segal and Massoth (1986) in their review of several studies, found the ratio of female to male victims of incestuous abuse as being approximately four or five to one among cases that do come to professional attention (p. 251). This study's sample does not reflect this ratio but is consistent with studies on group work with individuals who report childhood incest and who have strictly women as their group participants (Bergart, 1985; Black-White & Kline, 1985; Deighton & McPeek, 1985; Goodman & Nowak-Scibelli, 1985; Boon, 1994; Faria & Belohavek, 1984; Herman & Schatzow, 1984, Wooley & Viqilanti, 1984). Fowler, Burns & Roehl (1983) were the only authors who reported male participation (2%) in the group treatment program for adults who experienced childhood incest.

4.1.3 Marital Status

As many group participants (6) were married as were divorced and between the two categories they accounted for
two thirds of the sample, with 30% in each category. Five
group participants (25%) were single and one participant
(15%) was separated at the time of screening. Two group
participants (10%) did not supply information on their
marital status at the time of screening. Table 2 details
the marital status of the participants.

Table 2
Marital Status of Respondents at Screening

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Jehu, Gazan & Klassen (1985) and Herman, Russell &
Trocki (1986) reported that more than one third of their
subjects were married and 19% were divorced. Russell (1986)
found 36% of subjects who experienced childhood incest were
married and 11% were divorced. These studies were
consistent with the marriage rate of group participants.
in this study but other research does not reflect the high incidence of divorce (30%) found among these group participants.

4.1.4 Number of Children

Seven participants (35%) reported having two children at the time of screening. Six were childless (30%) and the greatest number of children by any one participant was four (5%). Three group participants (15%) had three children each and one group participant (5%) had one child. Two subjects (10%) did not complete this question on the screening questionnaire. Table 3 outlines the number of children born to participants at the time of screening.
Table 3

Number of Children at Screening

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

No literature was found to compare with the SACC research on the number of children born to adults who experienced childhood incest. This may be an area to explore in future research.

4.1.5 Education

An equal number of group participants reported having a high school as reported having college, as their level of education and these two categories accounted for nearly two thirds of the sample, with 30% being in each group. Grade school and university were reported by 3 respondents each.
(15%) in the respective categories. Two participants (10%) did not provide information on their level of education. The question regarding education did not determine whether respondents had completed the educational categories they identified. The results of the respondents' level of education are in Table 4.

### Table 4

**Respondents' Level of Education at Screening**

<table>
<thead>
<tr>
<th>Education</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>High School</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>College</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>University</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Herman, Russell and Trocki (1986) report that 51% and 59% of participants in both patient and community samples (59% referring to the latter group) had some college or technical school or a college degree while only 21% and 24% in both samples completed high school. In Russell's study (1986), 66% of the population had a college education while 10% had some high school education. The
reports were not clear as to whether the subjects had completed high school. Jehu, Gazan and Klassen (1985) found 63% of their sample had some post secondary education while 32% had completed high school. Other studies report that approximately 60% of their subjects had completed post secondary education (Herman & Hirschman, 1977, Herman & Schatzow, 1984). The results in the SACC research indicate a slightly lower number of respondents attained post secondary education than the subjects from other research.

4.1.6 Employment

When asked about employment on the screening questionnaire, eight group participants (40%) indicated they were employed full-time outside the home. Seven participants (35%) were homemakers. Two participants (10%) were unemployed and one participant (5%) was a student at the time of screening. Two participants (10%) did not provide information on their employment status. Table 5 presents the findings of respondents' employment at the time of the screening.
**Table 5**

Respondents' Employment at Screening

<table>
<thead>
<tr>
<th>Employment</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>Employed (full-time)</td>
<td>8</td>
<td>40.0</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Russell (1986) found that 60\% of the subjects in her study were employed outside of the home. A higher percentage of women (70\%) working out of the home was reported by Herman & Schatzow (1984) and Herman and Hirschman (1977). Both percentages are higher than the 90\% of participants who reported being employed in this research. Russell, (1986) also states that 7\% of her population were homemakers, one fifth the number found in this study. The percentage of unemployed participants in the SACC research was similar to that reported by Russell (1986).
4.1.7 How Group Participants came to The Centre and Their Previous Histories

Half of the participants were referred to the group at the Sexual Assault Crisis Centre. Referrals came from the Children's Aid Societies (three), Hiatus House (one), Mental Health Services (three), psychiatrists (one) and private practitioners (two). Informal referral sources were reported by three participants (15%) which probably meant that the participant was coming to the Centre on the recommendation of a friend or acquaintance. Four participants (20%) came to the Centre on their own initiative. Three of the participants (15%), did not provide this information. Results of the source of referral for participants are found in Table 6.
Table 6
Source of Referal for Participants

<table>
<thead>
<tr>
<th>Source of Referal</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Aid Societies</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Hiatus House</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Private Practitioners</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Informal</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The foregoing information indicated how the group participants came to the Centre, which is helpful for the Centre in determining how clients are reached.

Of the participants, 13 (65%) have histories of previous counselling experiences. Four participants (20%) did not have any history of prior counselling and for three participants (15%) the information was missing. This information is presented in Table 7.
Table 7

Previous Counselling Histories of Participants

<table>
<thead>
<tr>
<th>Counselling History</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes abuse (0)</td>
<td>13</td>
<td>65.0</td>
</tr>
<tr>
<td>Yes other (13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Hence, two thirds of the samples had counselling experiences, prior to coming to the Centre. All sought counselling for other problems, prior to joining a group focused on the experience of childhood incest. Due to the number of community agency referrals (50%) it could be hypothesized that the referral sources identified experiences of childhood incest as a contributing factor to the presenting problem in these previous counselling situations.
Twenty-five percent of participants (5) reported that the incestuous encounter took place weekly. Twice a week and once a month were equal in frequency and accounted for two-fifths of the population, with four participants (20%) in each category. Two participants (15%) reported between one and five occurrences of childhood incest and three participants (15%) did not provide this information. Table 8 provides information on the frequency of incestuous encounters.

Table 8

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a Day</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Once a Week</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Twice a Week</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Once a Month</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>1-5 occurrences</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>
The most frequently reported duration of incest was seven years or more (35%), with 12 years being the longest span. Four participants (20%) reported the duration of incest was less than one year. The categories of two to four years and four to six years each had three respondents (15%) which accounted for almost one-third of the population. For ten of the participants (50%), the duration of incest was more than four years. Three respondents (15%) did not provide this information at the time of screening. Table 9 reflect the results of the reported duration of incest.

Table 9

<table>
<thead>
<tr>
<th>Duration</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1 year</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>1-2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-4 years</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4-6 years</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>&gt; 7 years</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>
Each group participant reported the duration and frequency of incestuous experience and the possible total number of occurrences can be estimated for each respondent by multiplying duration by frequency. By this calculation, two participants (10%) experienced from one to five occurrences. Categories 26 to 50, 101-200, 201-300 and more than 400 occurrences each had three participants (15%). Two subject's (10%) maximum number of reported experiences were between 51 to 100 occurrences and for three subjects (15%) the information was missing. Sixty percent of the population potentially experienced more than 50 occurrences of incest and one subject potentially experienced the phenomenal number of 3,650 occurrences over a ten year period which was the largest potential reported number. The potential number of occurrences for group participants are outlined in Table 10.
Table 10

Potential Number of Occurrences of Incest Reported by Participants

<table>
<thead>
<tr>
<th>Potential Number of Occurrences, as Reported</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>5-25</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>26-50</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>51-100</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>101-200</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>201-300</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>301-400</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>&gt; 401</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Studies on women in therapy who have experienced childhood incest report the duration of incest for each subject to be greater than four years, which is consistent with the findings of this research (Herman & Hirschman, 1977; Owens, 1984; Jehu, Gazan & Klassen, 1985; Herman, Russell & Trocki, 1986). Boon (1984) in her community sample reported a mean duration of incest as being 5 to 6 years but, other community studies by Russell (1986)
and Herman. Russell & Trocki (1986) reported less than 6
month as the duration of incest.

Russell (1986) is the only author who reports
occurrence of incest among her sample and found 40%
experienced a one time occurrence with 60% experiencing more
than 50 occurrences. Sixty percent of the participants in
the SACC research experienced more than 50 occurrences of
incest, the same percentage reported by Russell (1986).

4.1.2 Age at Onset of Incest

The age at which incest commenced was between 5 and 7
years for seven participants (35%), 8 and 10 years for five
participants (10%) 10 and 12 years for three participants
(15%) and 13 and 15 years for two participants (10%). Three
participants (15%) did not provide this information. Table
11 represents the distribution of age at the onset of
incest.
### Table 1

**Age at Onset of Incest Reported by Participants**

<table>
<thead>
<tr>
<th>Age at Onset</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 yrs</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>8-10 yrs</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>10-12 yrs</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>13-15 yrs</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>&gt; 15 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The literature suggests the risk period for onset of incest as being 6 to 12 years, with each study emphasizing various high risk peaks within this age range (Alter-Reid, Gibbs, Lachenmeyer, Segal & Massoth, 1986; Boon, 1994; Gelinas, 1983; Jehu, Gazan & Klassen, 1985; Herman & Hirschman, 1977; Herman, Russell & Trocki, 1986; Russell, 1986). This research reports 5 to 7 years as the most frequent age of onset for incest, with 60% of the participants being in the 5-10 year category, a younger age category than that identified in the literature.
Women came to the Centre for service as many as five to 40 years following the termination of their incest experiences. The number of years from termination of incest to participation in the group at the Sexual Assault Crisis Centre was 5 to 10 years for four group participants (20%), 11 to 15 years for two participants (10%), 16 to 20 years for four participants (20%), 21 to 25 years for two participants (10%), 26 to 30 years for two participants (10%), 31 to 35 years for two participants (10%) and 36 to 40 years for one participant (5%). The information was missing for three participants (15%). These findings are displayed in Table 12.
Table 12

Number of years from Termination of Incest to Age at Screening

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-10 years</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>11-15 years</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>16-20 years</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>21-25 years</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>26-30 years</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>31-35 years</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>36-40 years</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Seventy percent of the sample came to the group 16 years or later after the termination of incest. Hays (1987) provides three reasons that might explain this long interval between the incestuous experience and an overt effort to resolve issues stemming from it. First, incest involves massive denial and repression and often recognition of one's history only emerges long after the fact. Secondly, clinicians have become sensitive to the frequency of incest which add to increased questions concerning a history of
abuse. Thirdly, due to the increased public attention to incest, clients are more open and are starting to come forward (Hays, 1987: p.144).

No literature was found to compare with the SACC research on the number of years from termination of incest to seeking treatment for incest.

4.1.11 Individual(s) Involved in the Incest and Age

As many group participants reported a parental figure involved in the incest as those that reported multiple individuals involved in the incest, five participants (25%) were in each of the above categories which accounted for 50% of the sample. Others involved in the incest experience included a sibling for one participant (5%), a trusted person for three participants (15%) and a family member for three other participants (15%). The information was missing for three participants (15%). All individuals involved in the incestuous experiences were male. The results are displayed in Table 13.
<table>
<thead>
<tr>
<th>Individual Involved</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Parental figure</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Trusted person</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Family member</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Multiple Individuals</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

In the literature, the individual involved in incest most frequently is the father (Owen, 1984; Herman & Schatzow, 1984; Jehu, Gazan & Klassen, 1985). The literature also indicates that some subjects report more than one person involved in incest (Jehu, Gazan & Klassen, 1985; Herman & Schatzow, 1984; Russell, 1986). Also, 97% of offenders are reported to be male (Herman & Hirschman, 1977; Gelinas, 1983). The findings in this research are comparable to that reported in the literature.

The number of SACC participants who reported their fathers were involved in the incest is consistent with the findings in literature (Herman & Schatzow, 1984; Herman,
Russell & Trocki (1986). Herman & Schatzow (1984) and Herman, Russell & Trocki (1986) found a lower percentage (11%) of adults who reported childhood incest with more than one individual compared to the SACC research (25%).

The respondents reported that the individual involved in the incest was at the onset of incest, under 18 years of age for two participants (10%); in his 20's for five participants (25%); in his 30's for four participants (20%); in his 40's for two participants (10%) and over 50 for four participants (20%). Three participants (15%) did not report this information. Table 14 outlines the age categories of the males involved in incest.

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>20's</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>30's</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>40's</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>&gt;50's</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>
Fifty-five percent of the males involved in incest were under 40. Similar findings were reported by Russell (1986) who found the mean age of males involved in incest with her sample was 33 years at the onset of incest.

4.1.12 Disclosure of Incestuous Experience in Childhood and Adulthood

Five of the women in the SACC project disclosed the incestuous experience during their childhood. Of those five, three felt supported by their family and friends, while two did not feel they had been supported. Twelve participants did not disclose the incest during childhood. Therefore, seventy percent of the participants kept the incidents of incest secret.

As adults, nine women disclosed their incest to their partners or family. Therefore, three participants never did disclose the incest to family or friends, during childhood or as an adult. Of the nine adult women who disclosed the experience to partners or family, seven felt supported by those to whom it was disclosed, while two did not.

When one discloses incest, it is important to be supported, according to a number of authors (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1986). Fifty percent

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of the population disclosed the incest and reported support from the individuals to whom they disclosed the information.

4.1.13 Nature of Sexual Activity in Incest

Group participants were asked to indicate the nature of the sexual experience in the incestuous encounter. Eleven participants (55%), indicated that sexual activity consisted of fondling of the breast and genital areas. Other sexual activity reported included attempted intercourse and intercourse with two participants (20%) each, oral sex by one participant (5%), and intercourse, oral and anal sex by one participant (5%). For three participants, this information was not available. Table 15 presents the nature of sexual activity in incest as reported by group participants.
Table 15

Nature of Sexual Activity in Incest

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fonding</td>
<td>11</td>
<td>55.0</td>
</tr>
<tr>
<td>Attempted intercourse</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Intercourse</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Oral sex</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Anal sex</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All of above</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Total 20 100

Studies indicate that 50% or less of their subjects experienced intercourse during the incestuous encounters (Boon, 1984; Jehu, Gazan & Klassen, 1985; Owens, 1984; Russell, 1986). This study found that 10% of participants were exposed to intercourse while for another 10% this act was completed. These figures are lower than those reported in the literature.
Ten of the twenty participants (50%) reported the male(s) involved in the incest was responsible for the sexual activity. Four participants (20%) reported that they were personally responsible or shared the responsibility with the male(s) involved in the incest. One participant (10%) reported that she was responsible and another (10%) reported her mother was responsible for the incest. Four participants (20%) did not provide this information. One of the four participants, who did not provide this information reported she did not/know who was responsible for the incest. The results are displayed in Table 16.
Table 16

<table>
<thead>
<tr>
<th>Individual Responsible for Initiating the Incest</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Male(s) involved</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>Self &amp; abuser</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Mother</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Guilt and Self-blame are words which are used frequently by authors to describe the feelings of women who experienced childhood incest (Hazzard, King & Webb, 1986; Golinas, 1983). Yet, the findings in this regard do not support the "self blame" part of this statement. One participant (5%) blamed herself, four participants (20%) shared the culpability in the incest.

The initial response of the participant to the incest was fright, for eight participants (40%), positive and normal for four participants (20%), anger for three participants (15%), helplessness and depression for one participant (5%) and confusion for one participant (5%). Three respondents (15%) did not report an initial reaction to incest.
Participants were asked how they responded to the incest when they discovered and understood the sexual nature of the incestuous encounters and this has been termed the 'later responses'. The later response of the participants to the incest was shock for two participants (10%), betrayal for three participants (15%), anger for six participants (30%), shame and guilt for one participant (5%), helplessness for four participants (20%) and disgust for one participant (5%). Three participants (15%), did not report later responses to the incest. The following initial and later responses of participants to the incest are portrayed in Table 17.
Table 17
Initial and Later Response of Participants to Incest

<table>
<thead>
<tr>
<th>Response</th>
<th>Initial N</th>
<th>Initial %</th>
<th>Later N</th>
<th>Later %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frightened</td>
<td>8</td>
<td>40</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Positive &amp; normal</td>
<td>4</td>
<td>20</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Angry</td>
<td>3</td>
<td>15</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Helpless &amp; depressed</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Confused</td>
<td>1</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shock</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Betrayed</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Shame &amp; guilt</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Disgust</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100</strong></td>
<td><strong>20</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Conte and Berliner (1981) report fear as an initial reaction to incest for females which is consistent with the findings in this research. Gelinas (1983) reports that some females initially react positively to the incest and in this research this was the case for 20% of the participants. Shapiro (1987) found that anger was a common later reaction to incest which is consistent with the findings in this research.
4.1.15 Childhood, Home, and Environment

The following factors were explored with group participants respecting their childhood home and environment:

- Substance abuse;
- Violence; and
- Pornography.

The group participants were asked to reflect on their home life, regardless whether the person involved in the incest lived in their home at the time or not. Ten participants (50%) reported substance abuse in the home while seven (35%) reported no abuse. Nine group participants (45%) reported violence in the home while eight (40%) reported no violence. Only three participants (15%) were exposed to pornography in the home. This information was missing for three participants (15%). The results are displayed in Table 18.
Table 18
Childhood Home and Environment of Participants

<table>
<thead>
<tr>
<th>Childhood Home &amp; Environment</th>
<th>Participants</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes %</td>
<td>NO %</td>
<td>N %</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>10</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Violence</td>
<td>9</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td>Pornography</td>
<td>3</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>

Alter-Reid, Lachenmeyer, Sigal & Massoth (1986) reviewed the pathology of families of incest and indicated that 10% of the families showed evidence of alcohol abuse and another 6% evidenced physical abuse of children. The SACC research found 50% the participants experienced substance abuse in their home and 45% experienced violence, a much higher percentage than the Alter-Reid et-al research. Pornography did not seem to be evident in the home of the participants in this research, with only three participant reporting its presence. No literature was found to compare with the results of the SACC research on pornography.
4.1.15. Friendships

Social isolation has been a problem attributed to women who experienced childhood incest (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1985; Herman & Hirschman, 1977). The screening questionnaire requested information on the number of childhood and adult friends. As a child, half of the participants (50%) did not have any friendships or if they had any they had only one. One participant (5%) indicated only one friendship as a child while six of participants (30%) indicated three or more friendships. Three participants (15%) did not provide this information.

As an adult, ten participants (50%) reported having three or more friendships. Five participants (25%) indicated having one friend or less and two participants (10%) reported having two friends. Three participants (15%) did not provide this information. Table 19 summarizes the findings.

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**Table 19**

Childhood and Adult Friendships Reported by Participants

<table>
<thead>
<tr>
<th>Number of Friendships</th>
<th>Childhood</th>
<th></th>
<th>Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>0</td>
<td>5</td>
<td>25.0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>25.0</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>5.0</td>
<td>2</td>
</tr>
<tr>
<td>3-4</td>
<td>4</td>
<td>20.0</td>
<td>5</td>
</tr>
<tr>
<td>&gt;5 or = 5</td>
<td>2</td>
<td>10.0</td>
<td>5</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>15.0</td>
<td>3</td>
</tr>
</tbody>
</table>

Total 20 100 20 100

Fifty percent of the participants reported virtually not having any friends as a child but this percentage was halved to 25% at the adult level. A missing value is recorded for a further 15% leaving 60% who reported having two or more friends as adults. Literature was not found to compare with these findings of the SACC research.
Fourteen Problem Identification Areas

Five questions, contained in the screening questionnaire for the Incest Survivor's Group, pertain to the person's perception of self, marital and sexual satisfaction, as adults.

The first question is introduced in a "I consider myself" framework and examines how the group participants perceive themselves. They were given a five point response scale with number one being "shy/timid" number three being "average" and number five being "assertive." Number two was the midpoint between numbers one and three and number four was the midpoint between numbers three and five.

Nine participants (45%) stated they would consider themselves being between below "average" and "shy and timid". Nine participants (45%) indicated they were "average" to "assertive". Two participants (10%) did not provide this information. The results are outlined in Table 20.
Table 20

Responses to "I Would Consider Myself" by Participants

<table>
<thead>
<tr>
<th>Consider Self</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shy/timid</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>2.</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>3. Average</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>4.</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>5. Assertive</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Jehu, Gazan and Klassen (1985) found that 82% of their sample had limited social skills, including assertiveness and communication. The SACC research supports these findings in that some 90% did not describe themselves as being "assertive", but only 20% reported being "shy/timid" but another 25% (45% in total) considered themselves as being below "average", in this respect.

The second question was headed "presently, relationship with my partner (marital) is". The participants were asked to use a five point scale to rate their relationship with number one being "troubled", number three being "average" and number five being "healthy".
Number two again refers to the midpoint between numbers one and three and number four refers to the midpoint between numbers three and five.

Five participants (25%) were not involved in a relationship. Six participants (30%) reported the relationship with their partner as more "troubled" than "average", three (15%) reported the relationship to be "average" and four (20%) reported the relationship to be better than "average" to "healthy". Two participants (10%) did not provide the information. The results are displayed in Table 21.

Table 21
Relationship with Partner (marital) as Reported by Participants

<table>
<thead>
<tr>
<th>Relationship with Partners</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>1. Troubled</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>2.</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>3. Average</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4.</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>5. Healthy</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>
Hence, of the participants who were involved in a relationship, 46% reported the relationship was below average, while 54% reported the relationship to be average or better. Three of the participants who did not report a relationship were divorced. Since "average" has not been defined in this question, it can be interpreted as having either a positive or negative connotation. Hence, if interpreted negatively rather than positively (as indicated above) 75% of the participants are likely to be dissatisfied in their marital relationship, including those three participants who are divorced and have no relationship. The literature reports that adults who experienced childhood incest have relationship problems with male partners (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1986; Jehu, Gazan & Klassen, 1985; Wooley & Vigilanti, 1984).

The results of the SACC research indicate that participants were more likely to have relationship problems (46% to 75%) than not, which is consistent with the findings reported in previous research.

The third question requests that respondents rate how sexually satisfying their relationship is with their sexual partners. Again, a five point scale is used with number one being "not very satisfying," number three being "satisfying," and number five being "very satisfying." Number two is the
midpoint between numbers one and three and number four is the midpoint between numbers three and five.

Five participants (25%) report their sexual relationship with their partners as being less than "satisfying". Six women (30%) report their sexual relationship with their partners as being "satisfying" or "very satisfying". Seven participants (35%) indicate they were not involved in a sexual relationship and two participants (10%) did not respond to the question. The results are displayed in Table 22.

Table 22

<table>
<thead>
<tr>
<th>Sexual Satisfaction</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relationship</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>1. Not very satisfying</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>2. Satisfying</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>3. Satisfying</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4. Very satisfying</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>
Researchers indicate that women who have experienced childhood incest have problems in their sexual relationships (Alter-Reid, Gibbs, Lachermeyer, Sijal & Massoth, 1986; Jehu, Gazan & Klassen, 1985; Wooley & Vigilanti, 1984). The results of the SACC research indicated that 46% reported dissatisfaction in their sexual relationship while 54% reported satisfaction in their sexual relationship with their partner. Therefore, participants were more likely to report satisfaction than dissatisfaction in their sexual relationship with their partners. Although, 46% (participants who reported dissatisfaction) is not statistically significant it is however, clinically significant for almost half of the participants indicate this is a problem.

The remaining two questions refer to the participants’ perception of themselves, in terms of self-esteem and their ability to take care of themselves. In the first question, the respondents were asked to report how they felt about themselves. Again a five point scale was used to rate the responses with number one being "very low", number three being "average" and number five being "better than average". Number two refers to the midpoint between numbers one and three and number four refers to the midpoint between numbers three and five.
Nine participants (45%) reported feeling lower than "average" about themselves, while six participants (30%) reported feeling somewhat better than "average". Three participants (15%) indicated they felt "average" about themselves and for two participants (10%) the information was missing. Table 23 outlines the results.

Table 23

<table>
<thead>
<tr>
<th>Feel about Self</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very low</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>2.</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>3. Average</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>4.</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>5. Better than average</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Sixty percent of the participants reported feeling average or lower about themselves while 30% of the participants felt above average about themselves and none reported feeling better than average. These finding are consistent with those found in the literature who report
women who have experienced childhood incest, have poor self-esteem (Alter-Reid, Gibbs, Lachenmeyer, Sigal & Massoth, 1986; Jehu, Gadan & Klassen, 1985; Wooley & Vigilaniti, 1984).

"I am able to take care of myself" was another response posed to participants. The same five point scale for responses was used with number one being "not at all", number three being "sometimes" and number five being "all the time". Number two is the midpoint between numbers one and three and number four was the midpoint between numbers three and five.

Two participants (10%) indicated that they were at times not able to take care of themselves while seven participants (35%) reported being able to take care of themselves "all of the time". Six participants (30%) indicated that they were able to take care of themselves "sometimes" while three participants (15%) were able to take care of themselves more often than "sometimes". The information was missing for two participants (10%). Table 24 displays the results.
Table 24

<table>
<thead>
<tr>
<th>Take Care of Self</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not at all</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>3. Sometimes</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>4.</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>5. All the time</td>
<td>7</td>
<td>35.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Ninety percent of the participants said they were able to take care of themselves at least some of the time while 35% indicated they were able to take care of themselves all of the time. Jehu, Gazan and Klassen (1985) describe adults who experienced childhood incest as dependent while the SACC research found that the participants reported being able to take care of themselves at least some of the time while 50% reported being able to take care of themselves most of the time.
4.2 Profile of a Hypothetical Group Participant

In summary, demographic data provided by the 20 participants, enabled the researcher to prepare a profile from the most commonly reported responses from our sample of women who experienced childhood incest.

The participant, most likely, is 26 to 30 years old, has 2 children and is either married or is divorced. She has either a high school or college education and is most likely to be a homemaker. The participant has likely been referred to the Sexual Assault Crisis Centre and has had a history of counselling for problems other than incest. She experienced the incestuous encounters weekly for 7 years or more, by either a parent or by as many as 4 different persons. The incest likely started while the participant was 5 to 7 years of age and most frequently consisted of fondling. The individual(s) involved in the incest was likely to be a parent or as many as 4 individuals and was most often perceived as being responsible for the incest. She was unlikely to disclose the incest as a child but if she did it was likely to be believed and she was supported by her family and friends. Response to the incest was probably fright which later turned to anger. She most probably disclosed the incest as an adult and again it was
likely to be supported by her family and friends. She likely experienced violence and substance abuse in her childhood home but was not likely exposed to pornography. As a child she was likely to have only one friend, if any at all, while as an adult she likely has more than 3 friends. She is likely to consider herself to be shy and timid and is likely to have a low opinion of herself. She is most likely to believe that she can take care of herself. Her relationship with her partner is likely to be troubled and she is equally as likely to have a satisfying sexual relationship as not.

4.3 Effectiveness of Group

After the screening process, the respondents all participated in the group process. Group effectiveness was being measured by evaluating the changes in three areas commonly reported to be problems by women who experienced childhood incest: self-esteem, anxiety and depression (Boon, 1984; Gelinas, 1983; Jehu, Gazan & Klassen, 1983; Orr & Downes, 1985; Wooley & Vigilanti, 1984). The following instruments were administered at the beginning of the group process and then once again upon the completion of group.
1. Hudson's Index of self-esteem (ISE) (Hudson, 1982);
2. Zung's Self-rating Anxiety Scale (SAS), (Zung, 1971);

In the research at the Sexual Assault Crisis Centre, eighteen subjects completed both the pre and the post test. Two of the twenty participants did not complete the post-test.

4.3.1 Hudson's Index of Self-esteem (ISE)

The pre-test scores of Self-esteem have a mean score of 49 (SD= 16.23). Scores above 30 indicate that the respondent has a clinically significant problem with self-esteem (Corcoran & Fisher, 1987) and as indicated by the mean score of the SACC participants, the participants in this study have a problem with self-esteem.

The post-test scores for self-esteem has a mean score of 36.44 (SD=14.63) which indicates that a slight problem with self-esteem still remains, but a 12.56 mean scores difference suggests significant improvement. The group participants showed a significant difference between the pre-test and post-test scores for self-esteem as tested with the t-test for correlated measures (p< .01). Figure 1 displays the difference between pre and post-tests.
There was a sufficient reduction in the post-test scores to suggest an improvement in the level of the self-esteem rating of group participants (p = .007).

4.3.2 Zung's Self-rating Anxiety Scale (SAS)

The pre-test scores for Anxiety, using SAS, on the eighteen subjects have a mean score of 0.53 (SD = 0.10).
This mean score suggests a problem with anxiety (Corcoran & Fisher, 1987: p. 300).

The post-test scores for anxiety for these groups using the same scale has a mean score of 0.45 (SD= 0.07). The difference in mean scores between the pre and post-test is 0.08. This difference suggests a statistically significant difference between the pre-test and the post-test scores for anxiety with the t-test for correlated measures (p < .01). This difference suggests a decrease in the anxiety level of the group participants ( p = 0.004).

Figure 2 presents the difference between pre and post-tests.
4.3.3 Beck's Inventory of Depression (BDI)

The eighteen subjects who completed both the pre and post-tests for depression achieved a mean score of 20.78 for the pre-test (SD = 9.54). The mean score of 20.78 indicates moderate depression for the group participants (Jehu, Gazan & Klassen, 1985: p. 75). The post-test had a mean score of 10.95 (SD = 9.50) which indicates normal ups and downs for group participants (Jehu, Gazan & Klassen, 1985: p. 75).
The mean score difference between pre and post-test was 9.83.

Concerning the depression scores for the group, the test results showed a statistically significant change from pre-test to post-test, as measured by the t-test with correlated measures ($p < .01$). Thus, the difference in the two group scores suggest a decrease in depression ($p = 0.000$). Figure 3 presents the difference between the pre and post-test scores.

Figure 3: Beck's Inventory of Depression
4.4 Summary

This chapter has presented the data and analysis of the research. The demographic data section of this paper presented and analyzed the data gathered from 20 participants. The next chapter provides information on one participant, prior to and following the group process, to provide the reader with an example of a group participant's experience following the post-test. This participant was not randomly selected but was chosen by her availability and willingness to take part in this aspect of the research.
CHAPTER V

EXAMPLE_OF_A_GROUP_PARTICIPANT_PRIOR_TO_AND
FOLLOWING_THE_GROUP_PROCESS

The availability of one group participant to provide follow-up data has given the researcher an opportunity to present a case example from the research's sample. Although the profile and the re-administering of instrumentation at an interval following the completion of the treatment group resembles a single subject design, this was not the intent of the research nor was the participant randomly selected for this purpose.

This female adult who experienced childhood incest was 30 years old, at the time of intake, married and having two children. She had completed two years of college and was in a white collar employment position. She was referred to SACC by a Social Worker who had counselled her for nine months, respecting her problems, including depression, occasional substance abuse and angry outbursts.

She had, at the age of 11 years, been incestuously involved with three brothers, who were at the time of the
incest ages 17, 16 and 14 years. The incestuous experience consisted of intercourse by each brother, once a week, until she was 18 years of age. Her eldest brother attempted intercourse again, after the incest had terminated, at which time she was 23 years of age. The incest was never disclosed to her family during her childhood. Her initial reaction to the incest was fright but her later reactions were shame and guilt. She perceives her brothers as being responsible for the incest. As an adult, the incest has been disclosed to her partner, who supported her.

There had not been any violence, alcohol or pornography in her childhood home. She did not have any friends as a child but now has three friends as an adult.

This participant, at the time of screening, considered herself "average", was feeling "better than average" about herself, and is able to take care of herself. She considers her relationship with her marital partner between "average" and "healthy" and her sexual relationship "satisfying".

This participant initially presented dissatisfaction with her home life and work place. She stated that the only thing that kept her from committing suicide, was her children. Her relationship with her brothers (family constellation consist of 3 brothers and she the youngest and
only female) and parents were extremely stressful at the time of screening.

During her involvement with SACC, she disclosed her incestuous history to her mother and blamed her for failing to protect her only daughter from her brothers. She also confronted each brother and has attempted to re-establish a more positive sibling relationship. She also reported improvements in her home life and work situation, with an overall feeling of satisfaction and a positive outlook for the future.

On the pre-test questionnaire she scored 0.61 on the Zung Self-rating Anxiety Scale which indicates a "somewhat" high level of anxiety. At the end of the group she scored 0.44 on this same scale. At the one year interval she scored 0.46 and 0.41 another half-year later.

Her level of depression, as scored on the Beck's Inventory of Depression, at the time of pre-test was 7, which suggests a low level of depression. She had however been in treatment for depression, for nine months prior to entering group. Her post-test score was 3, while her one year interval score was 2 and a half year later her score was still at 2, which means she does not suffer from depression.
The pre-test score on the Hudson's Index of Self-esteem was 63, which suggests a problem with self-esteem. The post-test scores was 41, and 34 at the one year interval and 31 a half year later. The scores improved, but still indicate a slight problem with self-esteem, yet within the standard deviation range for the scale. The summary of the scores achieved by this profile participant are outlined in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>1 year Interval</th>
<th>1 1/2 year Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zung's Anxiety</td>
<td>0.61</td>
<td>0.44</td>
<td>0.46</td>
<td>0.41</td>
</tr>
<tr>
<td>Beck's Depression</td>
<td>0.7</td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Hudson's Self Esteem</td>
<td>63</td>
<td>41</td>
<td>34</td>
<td>31</td>
</tr>
</tbody>
</table>

In summary, this participant's level of anxiety had dropped by the end of her group experience and remained in the same range both at the one year interval and at the one and half year interval. Her level of depression was low at the start of the group but it still dropped somewhat by the end of her group experience and remained low over the next year and one-half. Her level of self-esteem score was high at the time of pre-test, suggesting a problem with
self-esteem, the score dropped by the end of her group experience and her score has remained constant at an even lower score over the one and one-half year time span.
CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

This research has focused on adults who experienced childhood incest and who have sought treatment for their incestuous experiences which resulted in their participation in the "Incest Survivor" group program, offered at SACC. This research has reviewed the relevant literature as it pertains to the effects of a childhood experience of incest on adults. The data, presented in this research, has described the group participants and provided information relevant to their incestuous encounters. This data, as reported by group participants, was compared to the findings of research with adults who experienced childhood incest, undertaken by other researchers. Also, the results of the group process in which adults who experienced childhood incest participated was outlined in the data section of this report. The conclusions, that are derived from the
data in this research are presented in this chapter. These include:

6.1.1 Conclusions Respecting the Hypothesis

1. The hypothesis of this research is that "a positive relationship exists between participation in a group for adults who experienced childhood incest and an improvement in self-esteem along with a decrease in depression and anxiety" (see p. 32). The hypothesis was supported by the findings in this study (see p. 102-106) in that group participants' self-esteem improved and depression and anxiety decreased.

2. Also relevant to the hypothesis, was the assumption that group participants would have a low self-esteem, would be depressed and anxious prior to entering the group process, which was verified by the instrumentation used in this research (see p. 102-106).

3. These research findings are consistent with findings by other researchers which conclude that group work can be effective in addressing problems reported by
adults who experienced childhood incest (see p. 26-29).

4. It can therefore also be concluded that participation in a group for adults who experienced childhood incest was associated with the improvement in self-esteem along with a decrease in depression and anxiety.

6.1.2 II. Conclusions Respecting the Screening Questionnaire

Although testing the hypothesis was the major focus of the SACC research, other conclusions can be drawn from the responses on the screening questionnaire which group participants completed. This data was also compared to the findings of previous research and some of SACC findings were consistent with the research in literature while others were not. Those findings which were consistent with the literature include:

1. Most of the participants in groups for adults who experienced childhood incest tend to be women (see p. 59):
2. The percentage of married participants in the group are similar to that found in the literature (see p. 59);

3. For those adults who experienced childhood incest and sought treatment the duration of the incest was lengthy and occurred repeatedly (see p. 69);

4. There was a long time span between the termination of incest and treatment (see p. 75);

5. Usually father or a number of individuals are involved in the incest and those involved in the incest are usually male (see p. 77);

6. The male involved in the incest was usually in his thirties, at the onset of the incest (see p. 77);

7. The child involved in the incest either initially reacted with fear or reacted positively, while as an adult they tended to react with anger to the incest (see p. 83); and

8. The participants reported problems in their marital relationships (see p. 93-94).
Those findings in the SACC research which were not consistent with the literature include:

1. Group participants in the SACC research were younger than the ages cited in literature (see p. 57);

2. The divorce rate among group participants was higher than variously documented research (see p. 59);

3. The education level of group participants was slightly lower than that cited in literature (see p. 62);

4. The group participants reported a younger age of onset of incest than that cited in literature (see p. 73);

5. Although the number of friendships reported by group participants was not noted specifically in the literature, participants in previous research were often described as being socially isolated; the SACC group participants reported having a number of friendships as adults (see p. 89);
6. Fondling, rather than intercourse, was more frequently reported by SACQ group participants than that cited in the literature (see p. 81);

7. The group participants generally did not blame themselves for the incest (see p. 83);

8. The group participants reported a higher incidence of substance abuse and violence in their childhood homes than is noted in the literature (see p. 87);

9. The group participants reported more extensive social skills, including assertiveness and communication than cited in the literature (see p. 91);

10. The group participants were able to take care of themselves rather than being dependent as is usually noted in the literature (see p. 99);

11. Findings indicated that participants were less likely to experience sexual problems in their "marital" relationships than that cited in the literature. Although, the number of participants who reported sexual problems is not statistically significant, it
is none-the-less clinically significant. (see p. 94-96); and

12. No literature reference was found that noted the number of children reported by SACC group participants, the number of group participants who had previous counselling histories, and the number of participants who experienced childhood incest, who were exposed to pornography as children. These may be areas for further research.

6.1.3 III Conclusions Respecting Screening Questionnaire and Impact of Incest

The responses to the screening questionnaire can be compared to the literature on the impact of incest which was reviewed in the literature section of this research (see p. 16). The review concluded that the following problems areas were frequently reported by adults who sought treatment as a result of experience of childhood incest: low self-esteem, depression, anxiety, lack of social skills, marital and sexual problems and dependency on others (see p. 26).
Participants in the SACC research reported having experienced 3 out of 7 problems areas identified in literature. The three problem areas which were not supported by the SACC research are:

1. The group participants did not lack social skills for they maintained friendships as adults. They did however, report an absence of friendships as children (see p. 89).

2. Participants in the SACC research were less likely to report sexual problems within their "marital" relationships (see p. 95).

3. Also, the participants in this SACC research indicated they could "take care of themself" while the literature suggests they were likely to be dependent (see p. 99).

Therefore, the research at SACC concludes that adults who experience childhood incest will likely experience some of the problems generally associated with individuals who experienced incest as children and are more likely to have interpersonal problems like low self-esteem.
depression and anxiety than interactional problems with friends and partners.

6.1.4 IV. Conclusions Respecting Screening Questionnaire and Predictive Indicators

The responses to the screening questionnaire can be compared to the predictive indicators of positive or negative outcomes of incest. The predictive indicators of positive or negative outcomes of incest are outlined in the literature review section of this research (see p. 22). The predictors in the literature that have been associated with negative outcomes are:

1. being older at the onset of incest;

2. when the occurrences of incest have a long duration and incidents are frequent;

3. when a parent or multiple number of individuals are involved in the incest;

4. when the disclosure of incest is not supported;
5. if the child comes from a multi-problemed family;

6. if there is a long time between the termination of incest and treatment; and

7. if intercourse took place between a child and an adult (see p. 25).

The participants in the SACC research reported all but two of these predictive indicators of negative outcome. They differ in:

1. the onset age of incest, for the SACC participants report a younger age at onset than that reported in the literature (see p. 73).

2. Also, for the majority of group participants, fondling occurred more frequently than intercourse, as is suggested in the literature (see p. 81).

Hence, the SACC research suggests that there is little predictability to long term negative effects of incest by the age of onset of incest and the type of sexual encounter experienced by the child. Therefore, a child who
was younger at the onset of incest and was fondled is as likely to experience long term negative effects as a child who was older at the onset of incest and experienced intercourse. However, what seems to leave a long term negative impact of the incestuous encounters on adults who experienced childhood incest is associated with the people involved in the incest, lack of support provided to the participants as children by the family and the community and the lengthy involvement in the incestuous relationship.

6.1.5 V Conclusions Respecting the Literature Itself

A final conclusion can be drawn from the literature itself. The term, "incest", had various definitions in the literature, which makes the comparison between research projects difficult, at best and even suspect, at times. Also, various terms such as "intra-familial abuse" and "sexual abuse" were used interchangeably with incest. Therefore, it will be important that future incest research use consistent terminology and definitions.

Various descriptive terms were used in the literature to describe the adult who experienced childhood incest, the incest and the individual(s) involved in the incest. These references include terms such as: victim,
survivor, abuse, victimization, abuser and assailant. These terms imply harm, being experienced or inflicted, yet there is no clear evidence that incest, in itself, is necessarily harmful. The harmfulness often seems to come with the socialization of the child, from which anger or guilt, or both, seemed to emerge.

6.2 Recommendations

The following recommendations grow out of the findings of this research. Recommendations are in the area of Program Development, Social Work Education and Suggestions for Further Research.

6.2.1 Program Development

This research was conducted for dual purposes. In the first place it was to meet the requirements of the graduate program in Social Work. However, the program that was to be evaluated was undertaken by SACC to meet the needs of the clientele. Therefore, the program was not structured, organized nor developed to accommodate a research evaluation process.
The SACC benefited from the program evaluation in that it now has documentation on the effectiveness of group work with adults who experienced childhood incest and has demographic information on this client population. This will assist the organization in its program planning and will assist in securing funding for this program. Other organizations should avail themselves of student researchers, for they too can benefit, like SACC did, on this occasion.

As outlined in the introduction of this research, the eighties saw an increase in services for children and families who experienced incest (see p. 6). Although funding was committed for the establishment of these programs, few monies were committed to their evaluation. It is important that these programs be reviewed and evaluated to determine the effectiveness of treatment to ensure optimal service for its service users. Hence, funding bodies need to commit funds to evaluating programs and at times of budget restraints, student researchers might be used to augment scarce resources.
6.2.2 Social Work Education

Since incest has been and continues to be an ongoing problem, Schools of Social Work should include, information and theories respecting the possible problems of children who experience incest, in their various courses. Intervention methods with such children as well as their families should also be included in their curricula.

Since this research was part of an educational requirement for a Masters degree in Social Work and the recipient of its primary benefit was a Social Service Organization in this School's community, the School should continue to encourage such evaluative research undertakings, citing this research as an example of how the School can benefit community agencies.

6.2.3 Further Research

The need for further research is evident in the following three areas:

- the impact of recent incest treatment on the future problems of adults;
- the need to verify reports of incest; and
- the need to review family of adults who
experienced childhood incest.

As indicated earlier in this chapter, the eighties saw the development of treatment programs for children and families who experienced incest. Participants in this research could not avail themselves of such programs (see p.75) simply because they were non-existent when they were children. Today, treatment is being offered to children who experience incest. As outlined in the SACC research, the experience of incest can have a long term negative impact on the individual but, the individuals in this study did not receive immediate treatment following the incest. Follow-up research should be conducted on the children who, today, receive treatment from the recently developed incest programs, to determine if the treatment is successful in reducing the long term negative impact of incest, in adulthood.

The information reported in this research, from the screening questionnaire, was self-reported by the group participants. Therefore, the group participants had to rely on their recall to respond to the questions on the screening questionnaire. The authenticity of their reports were not verified and further research may focus on the verification of self-reported data related to publically sensitive
issues. The verification of the information from adults who experienced childhood incest may provide new knowledge on the "effects" of incest.

The SACC research focused on adults who reported to have experienced childhood incest, but information was never verified and little information was gathered in this research on the participants' families of origin or on how the impact of their incestuous experiences affect their present marital partners or their children. Presently, as indicated in this research, services are provided to families who experience incest but the families who were involved in incest in the past, have been ignored in research and treatment. Further research needs to be conducted on the family of origin, to determine how they have dealt with the incest experience and whether or not they presently are in need of treatment. Also the research indicates that incest can have long term negative effects on the participant, yet, little information is available as to whether these problems also afflict the individual's spouse and children. Research needs to be conducted on the spouses and children of adults who experienced childhood incest to determine whether or not they are affected by the long term impact of the incest experience and whether they too are in need of treatment.
This chapter has outlined the major conclusions and recommendations of this evaluative research undertaking. Conclusions are derived from literature and from the self-reported questionnaires. The major conclusion is that this research supports the hypothesis, which was that "a positive relationship exist between participation in a group for adults who experience childhood incest and an improvement in self-esteem, along with a decrease in depression and anxiety." Some recommendations were also developed in conjunction with this research and addressed the impact of recent incest treatment programs on the future, the need to verify reports of incest and the need to review family relationships. This research also makes evident the need for more research, which has been cursorily addressed in this chapter and as such concludes the report on this research.
Appendix A

LETTER

September 14, 1987

Joan Steer
Executive Director
Sexual Assault Crisis Centre

Dear Joan:

I am requesting a leave of absence to complete my MSW requirements. The tentative dates are September 8, 1988 through to December 15, 1988.

I am also requesting permission to focus my thesis on the evaluation of the Adult and Adolescent Incest Survivor’s Groups offered by the Centre. Groups have been introduced as part of the Centre’s services over 2 years ago and an evaluation at this time can contribute to their effectiveness.

Your attention to this matter and your support will be greatly appreciated. Please do not hesitate to request any further information.

Sincerely,

Lydia Fiorini

cc Dr. Sharon Horlick
President, Board of Directors
Sexual Assault Crisis Centre
Appendix B

HUDSON’S INDEX OF SELF-ESTEEM (ISE)

This scale was derived from a test of 1,745 respondents, including single and married individuals, clinical and nonclinical populations, college students and non-students. Respondents alone included a number of different ethnic groups (Corcoran & Fisher, 1987).

Corcoran and Fisher (1987) comment on the index’s reliability:

The ISE has a mean alpha of .93 indicating excellent internal consistency and an excellent (low) S.E.M. of 3.70. The ISE also has excellent stability with a two hour test-retest correlation of .92. (p.188)

The validity of this index is also discussed by Corcoran and Fisher (1987).

The ISE has good know-group validity, significantly distinguishing between clients judged by clinicians to have problems in the area of self-esteem and those known not to. Further, the ISE has very good construct validity, correlating poorly with measures with which it should not and correlating well with a range of other measures with which it should correlate highly, e.g., depression, happiness, sense of
identity, and scores on the Generalized Contentment Scale (depression). (p. 188)
Appendix C

ZUNG'S SELF-RATING ANXIETY SCALE (SAS)

The initial research attempts by which this scale was formulated studied 225 psychiatric patients including 152 male inpatients and another 23 male outpatients, along with 50 female outpatients. Their mean age was 41 years. An additional 100 males and females who were not patients participated in the research. However, little formal standardization work has been completed on this scale.


The SAS has fair concurrent validity correlating significantly with the Taylor Manifest Anxiety Scale. The SAS also has good known-group validity, distinguishing between patients diagnosed as having anxiety disorders and those with other psychiatric diagnoses and between nonpatient and patient groups. (p. 300)

No data is available on the reliability of SAS.

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Appendix D

**BECK'S INVENTORY OF DEPRESSION (BDI)**

This scale has been used on a wide range of groups, including clinical and nonclinical populations. It was originally standardized in a psychiatric hospital but has since been applied to a variety of other groups of psychiatric patients and with nonclinical groups such as college students (Corcoran & Fisher, 1987).

Corcoran and Fisher (1987) comment on the Inventory's reliability.

The BDI has good to excellent reliability. Split-half reliabilities ranging from .78 to .93 have been reported indicating good to excellent internal consistency. Test-related reliabilities have been good to very good, ranging from .49 for psychiatric patients after three weeks to .74 for undergraduate students after three months. (Corcoran & Fisher, 1987; p.107)

Corcoran and Fisher (1987) also comment on the Inventory's validity.

The BDI has good to excellent validity. Research has shown significant correlations with a number of other depression measures indicating strong concurrent validity. In addition, the BDI correlated significantly with clinicians' ratings of depression and has been shown in several studies.
to be sensitive to clinical changes. (Corcoran & Fisher, 1987; p.107)
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