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When Love Hurts: Preadolescent Girls’ Reports of Incest

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The present study explored incest behavior as it was reported by young girls in Internet chat rooms. Thirty-eight percent of the girls in the study reported having sex with a relative. The most frequent type of incest (36%) was between a father and his daughter. Thirty-six percent of girls reported that the incest occurred before they were 10 years of age. After the initial intercourse, which virtually all girls reported as painful, many of the girls stated that the sexual behavior was a part of their life, occurring on a regular basis. The actual accounts of the girls are included in this article. Therapeutic implications are presented, as well as the socially constructed meaning of the behavior within the context of larger socio-historical values.

The prohibition of incest can be found at the dawn of culture... [It] is culture itself (Levi-Strauss, 1969, p. 41).

I was molested by my step-dad. If I keep it inside it eats me up. I don’t know why he did what he did, but he told me that because I wasn’t his real daughter he could. He started when I was 10. He started touching me right after he married my mom. I was asleep one day and he came into my bedroom and just started to touch me all over. I told him to stop but he still didn’t. He hit me because I tried to stop him. It didn’t hurt but I got the message (Tina_343, age 16).

My dad began molesting me when I was 5. My mom left when I was a baby. When I was 5 my dad began playing with my body. I had to suck him too. It was okay (Chrissy_2343, age 14).

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INCIDENCE OF INCEST

The incest taboo is considered universal. “The taboo on incest within the family is one of the few known cultural universals.” (Peacock & Kirsch, 1970, p. 100). It is a taboo so effective that the actual behavior is considered a rarity. However, when one explores the literature to look for the evidence of these assertions, it becomes quickly apparent that there is none. In fact, one finds the opposite situation. It seems that if incest is considered to be a universal taboo, then in actuality, incest could be considered to be a universal behavior. If there is a universal rule against something, then that something must be occurring universally. The incest itself is universal, not the absence of it.

Simple cross-cultural data provides more information. While we do not have data on other Western societies, there is no reason to believe that the incidences and frequencies would be vastly different from the United States. There is some research reported from the Middle East. In India, Rampal (1978) reports that the mother regularly masturbates boys and girls. He also notes that children sleep in the family bed until adolescence and that the girls mysteriously do not have a hymen. He concludes from this and other studies that incest is prevalent in India (Rampal, 1978, pp. 69–71). It is more difficult to obtain information from China. Some researchers (Hsu, 1970) have noted that like the Indian girls, Chinese girls have no presence of a hymen, supposedly because of the caretaker’s thorough cleansing of the girls. In Japan, the mothers also masturbate their sons to put them to sleep (Connor, 1986). The presence of the family bed in Japan dictates that children sleep with parents until adolescence yet one study (Hendry, 1986) found Japanese girls sleeping with their fathers over 20% of the time even after the age of 16. In another Japanese study, 33% of the women reported that they were sexually abused by relatives (Kitahara, 1989) and in both Chinese and Japanese antiquity; there are many accounts of incestuous activity (Kubo, 1959).

What strikes one immediately upon reviewing the research and literature on incest is the great denial, the silence surrounding its occurrence. While the early studies of incest go back to 1929 it is important to note that at this time in history, children and their reports were not given much credibility. Kinsey (1953) reported 24% of his sample experienced incest and Landis (1956) reported that a third of her sample of 1800 college students recalled childhood sexual molestation by a relative. De Mouse (1991) states that the corrected incidence of incest is at least 60% for girls and 45% for boys. Yet in spite of these reported numbers, there is the great silence.

incest represents an important social issue in the United States. Surveys of women in the general population have revealed that at the very least 20% of the women sampled have experienced childhood sexual contact with an adult relative (Briere, 1992; Courtois, 1988; Finkelhor, 1984; Gelinas, 1983;
Gil, 1992; Kilpatrick & Amick, 1985; Russell, 1986; Wyatt, 1985). Russell (1986) estimated that in her study of 930 women, 16% reported at least one experience with incest before the age of 18. When she expanded the definition of incest to include exhibitionism and other unwanted sexual contact, the number increased to 54%.

Finkelhor (1984) estimates that 1,000,000 Americans are victims of father-daughter incest. This appears to be the most frequent form of incest, followed by stepfather-stepdaughter, followed by brother-sister. Lester (1972) found little incest between mother and son, a finding supported by other researchers. Reports of male incest might be lower perhaps because it actually does occur less frequently and/or because males are less likely to disclose incest; they may fear it will signify weakness and/or homosexuality. This may be worse for them in terms of social stigmatization (Vanderbilt, 1992). Russell’s (1986) data revealed that 80% to 90% of the reported “victims” were female and 90% of the “perpetrators” were male. This finding was supported in the present study. Perpetrators can be uncles, aunts, nephews and nieces, grandparents, stepparents, stepbrothers, stepsisters, brothers, or sisters. The perpetrator can be a nanny, a caretaker, or a babysitter. The abuse typically takes place within the confines of the family home (Vanderbilt, 1992).

With state licensing agencies now mandating the reporting of any suspected child abuse, the actual numbers of cases grow daily. It is difficult to say whether the seemingly increase in incest is due to better reporting techniques or an actual increase in the behavior. Certainly public awareness about the extent and nature of the problem has grown; yet, in spite of increased reporting and better recording methods, it is believed that incest is an extremely under-reported crime (Vanderbilt, 1982). For example, in Russell’s study, (1986) only 5 of 100 cases of incest were reported to the police. Gebhard stated that in the Kinsey (1953) original sample, only a tiny percentage of the incest cases were reported to the police or to psychologists. He estimated that only about 2% of incest abuse was reported and only a small percentage are convicted. In the present study, out of 833 females who reported incest, only two cases reported that the perpetrator was reported to the police. It also appears to be a behavior that is defined as traumatic yet discussions about it are generally denied in spite of the numbers and one where the event is not really taken as seriously as most other crimes since we tend not to prosecute the perpetrator.

Victims of incest generally are reluctant to reveal the incest because the perpetrator is usually a person who is trusted and s/he may be in a position of authority to the victim. Sometimes the perpetrator will threaten the victim if she does not keep the “secret.” Sometimes, if very young, the victim does not realize anything is wrong or she may deny that anything is wrong with the incestuous behavior (Vanderbilt, 1992). In some cases, the victim may believe the explanation often given by the perpetrator that the incest is a learning experience that happens in all families. The victims may be hesitant
to report the incest also because they may fear that they will be blamed, punished or simply not believed or that they or someone else, usually the mother, will be hurt. Also some may not want to get the perpetrator in trouble (Matsakis, 1991).

(Sara_7867, Age 14)
My step-dad lived with us for 3 years when I was 10 to 13 and he started with me when I was 11. He moved out a few months ago. I didn't really want to do it with him. He would come to my room when my mom had left for work at like 6 a.m. and jerk off all over my face. Sometimes I had to give him a blowjob. He would finger me and jerk off. He did it to me when I was 12. I didn't tell mom. He told me not to or he would hurt me.

In other cases, she may feel privileged—the special child, holding an important place in her father's affections. In some cases, she may then become jealous of the affection given to her mother. This special position can also give her a certain amount of power with her siblings.

(Lisa, age 12)
My step-dad took my picture. He and my mom got married last year. He's cute. My dad left when I was 6. My step-dad took pictures of me naked. That's a secret. We have other secrets too. I don't think I should tell. He told me he liked me. We watch TV together when mom is working the late shift. His hands would find their way to my legs kinda. We would kiss. He showed me how. I was 12. After a few weeks he was rubbing me down there. He showed me how to rub it. He showed me how to suck it. Then when I turned 13, we got me on the pill. We said it was for my acne. I have sex with him now as much as I can. Sometimes I get jealous when he is doing it with mom.

Sometimes, the girls feel a sense of power over the perpetrator.

(Bebe_36471, age 12)
I have sex with my neighbor and my uncle. I was 10 when we first started in September. I did sex with them one after the other. The two of them always flirt with me and we talk about sex and stuff and one night they were a little drunk and they asked me if they could do it with me and I said yes. The first time they told me not to be scared that it might hurt at first but then it will get better. I just pulled down my undies and pulled up my skirt there was no undressing. They just dropped their pants and I was like, "Wow!" I never saw a dick before except in pictures. I didn't suck them at all the first time but I have since then. The first time my uncle just pushed his dick in me slowly. He loved it. I was hurting. It did hurt a lot but it wasn't so bad after a while and since then they use baby oil, which helps a lot. I did feel him squirt into me. That was the
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best part. I could feel it and it was sooo cool-warm and gooey and stuff. I loved watching his face. He was so excited then relaxed.

There were cases where the girls tended to protect the perpetrator, didn’t want him to get into trouble.

(Geri, age 14)
I was molested when I was younger. The first time I was 7 with a cousin. My cousin was about 16. We would sleep in the same bed and he would penetrate me and make me do oral on him. He lived with us for about 6 months. I knew it was wrong but didn’t really complain to him. It was a game and our secret, you know. It was pretty regular. One time a doctor thought I was getting molested but I denied it. It was just a check-up and he noticed I was red down there. I said I played with myself.

And in other cases, she completely reframed the situation.

Debby, 1934, no age reported
I was loved by my uncle when I was 9. I don’t call it being molested. I call it loved. I lost my virginity to him at 10. We were lovers until I was 15. My dad got suspicious and I missed some periods. He banned his brother from visiting. I’ve seen him since for sex. He wasn’t married.

PROBLEMS OF DEFINITION

The findings of current incest research depend in great part on how incest is defined in a given study. The term sexual abuse, “... refers to any form of coerced sexual interaction between an individual and a person in a position of power over that individual” (Dolan, 1991, p. 1). The special case of sexual abuse, incest, is more difficult to define. Researchers can only find what is within the defined parameters of what they are examining and the ambiguity in the definition of incest significantly affects the reported prevalence and incidence of incest in U.S. society. In reviewing the literature, it becomes apparent that many forms of the definition of incest exist. A definition by Bronson (1989) suggests that any definition of incest requires some attention to the “imputed trust and power imbalance” that are integral parts of incest (p. 21). Wyatt’s (1985) definition of incest included “contact of a sexual nature, ranging from those involving non-body contact such as solicitation to engage in sexual behavior and exhibitionism, to those involving body contact such as fondling, intercourse and or sex” (p. 510). Using the above definition, one aspect of incest then is the type of behavior performed.

In this paper, incest includes all forms of sexual behavior, such as sexual contact or interaction between family members who are not marital partners,
oral-genital contact, genital or anal penetration, genital touching of the victim by the perpetrator, any other touching of private body parts, sexual kissing and hugging, accidental or disguised touching of the victim's body by the perpetrator, verbal invitations to engage in sexual activity, pornographic photography, reading of sexually explicit material to children, and/or exposure to inappropriate sexual activity (see also Blume, 1990; Bronson, 1989; Caruso, 1987).

Violation of trust is also a component of incest. “Incest—unlike abuse by a stranger or an acquaintance—violates an ongoing bond of trust between a child and a caretaker” (Blume, 1990, p. 2). Along with a violation of the victim's bodies, their trust and love are violated. This definition considers the fact that the perpetrator generally has authority over the victim based on her dependency in their relationship. This is also true for both sister-brother incest and cousin-cousin incest. Typically the male is older, larger, stronger, and has physical power over the female. Blume (1990) further suggests that the real damage results from the fact that the child is taken advantage of by a person she relies on. The child really has no choice, as the adult is older and socially dominant. Subsequently, the child’s “emotional and physical survival depends upon her acquiescence” to her perpetrator (Blume, 1990, p. 3). As Vanderbilt (1992) points out, “Incest is a violation of the child where he or she lives—literally and metaphorically. A child molested by a stranger can run home for help and comfort. A victim of incest cannot” (p. 51).

Studies (Finkelhor, 1988) have destroyed many myths about sexual abuse. Incest occurs at very young ages. Infants can be victims. Eighty-one percent of incest occurs before puberty and 42% before age 7. It is generally not a one-time event. The average duration of incest abuse is five years (Bill & Solomon, 1986). The abuse usually begins with the perpetrator building trust, bestowing gifts, money, doing favors, affection as inducement and then demanding secrecy while violating boundaries. Rarely is the child able to stop the abuse. As stated earlier, often telling about the abuse is out of the question because of the fear of the possible consequences, sometimes verbalized, sometimes not. Victims usually want someone to intervene, terminate the abuse, and protect them from future encounters. They may also feel betrayed by other family members who could have intervened but did not. Incest appears to cross socio-economic lines. It occurs in wealthy as well as poor families. It happens across ethnic and race lines and crosses all religions.

The early reports of incest were mainly reports of clinical cases or studies based on clinical populations. Most of these studies of incest occurred in the 1980s and they mainly explored incidence, type of incest, and the effects. Subsequent to these, the data tended to be sparse. These earlier studies (and some of the later ones also) tended to suffer from severe methodological problems in that many of these studies used clinical populations as their
databases. Studies based on clinical populations tend to find and report higher incidences of negative effects and more severe problems than would necessarily be reported in the general population. It was not until Kinsey (1953) that the “normal” population was asked about their incest experiences. While we have some idea of the incidence of incest, although underreported, to date no study has gathered data on the actual experiences of the girls. The present study is such an exploratory study. Some examples are:

(Cindy_876, age 11)
I was 8 when I was molested. My bro and his friends did it. He was 12. I was the first girl he had sex with. He did it like show and tell. I didn't like it at first because it hurt. He wanted to do it again the next day. I told him I didn't want to. He raped me. He forced me down and did it. His friend helped. His friend was 15.

(Geri_786, age 15)
I was molested when I was 5. My grandpa did it. It continued till I was 8. It's kinda hard to remember. I remember the first time he did something but it wasn't actual sex. He took me into the backyard took down his pants made me touch him then he touched me. I tried to close my eyes most of the time. I haven't told my family yet. I dunno why he stopped. I moved with my dad. I see him now but he's different. He doesn't do stuff now.

(Kathy_098, age 13)
My dad molested me. He started three years ago. It's not right, is it? He tells me it is. I don't usually like doing it. He lets me drink sometimes though so it isn't as bad. Sometimes he forced me to have sex. I don't want him to get into trouble. He will go away and I won't have anyone then. I've told him I don't want to do it. He says I don't know my own mind, but I know it's wrong. He said he'd get into trouble if I told a teacher. I never told anyone about this before. It makes it easier. I will tell him tomorrow when I go back to school. He will worry. I'm going to tell him-dad, what you are doing is not proper. It is against the law and I don't like it. I'll tell him I'll forgive him for what he's done, but not if he does stuff in the future. He might go for that.

(Vicki_564, age 13)
I'm not sure how early it began. It must have been about 5 because that's when mom started going with him. It continued until I was 9. Then he moved somewhere. Mostly he got me to play with his thing and suck it. He put it in me a couple of weeks before he left. I just did what he wanted. It was normal by then. He was saying for a year that he wanted to do that but that I wasn't ready. My mom wasn't there when he put it in me. -12
WHAT ARE THE EFFECTS OF INCEST?

When reviewing the literature on child sexual abuse, it is interesting to note how varied the studies are when reporting the effects of incest. There are those who believe that incest can have serious short- and long-term effects on its victims. In fact, most contemporary writers stress that for most children sexual victimization is a frightening, harmful, and psychologically damaging experience (Finkelhor, 1979; Herman, Russell, & Trocki, 1986; Russell, 1986). Consequently these authors believe that it is capable of producing posttraumatic stress symptomatology later on in life (Blake-White & Kline, 1985; Briere, 1987; Courtois, 1988; Donaldson & Gardner, 1985; Gelinas, 1981, 1983; Goodwin, 1984; Lindberg & Distad, 1985; vanderKolk, 1987). While most clinicians believe intuitively that incest leads to serious problems in later life, it is important to note that in actuality there are few studies that actually find this and many of these studies suffer from the severe methodological problems mentioned above. Please keep in mind that using clinically based samples will likely result in higher incidences of problems than if the researcher used non-clinically based samples.

STUDIES REPORTING NEGATIVE EFFECTS

Some theorists believe that incest can contribute to anxieties, phobias, dissociative responses, lowered self-esteem, higher promiscuity, confusion about one's sexuality, sleep disturbances, flashbacks, concentration difficulties (Bartoi and Kinder, 1998; Brickman, 1984; Briere, 1989; Butler, 1978; Finkelhor, 1980; Gelinas, 1983; Herman, 1981; Shengold, 1989; Summit, 1983), irrational guilt (Briere, 1989; Courtois, 1988; Janoff-Bulman & Frieze, 1983; Miller & Porter, 1983), and an intensification of symptoms when exposed to experiences that even symbolically resemble the original trauma (Briere, 1989; Dolan, 1991; Gil, 1992).

Other symptoms may include eating disorders, drug and alcohol abuse, and compulsive sexuality or avoidance (Courtois, 1988; Maltz, 1988), self-destructive behaviors, self-mutilation, socially maladaptive behaviors, inappropriate aggression toward others, as well as self-isolation (deYoung, 1982; Dolan, 1991; Briere & Runtz, 1987; Briere & Zaidi, 1988; Bagely, 1984; Briere, 1989). Further symptoms include depression and higher incidents of suicide (Brown & Finkelhor, 1986). Reported physical signs may include pain or irritation to the genital area, vaginal or penile discharge, and difficulty with urination (Briere & Runtz, 1986; Sedney & Brooks, 1984). Cognitive symptoms reported are nightmares, hallucinations, and obsessive ideas (Blume, 1990; Briere & Runtz, 1986; Browne & Finkelhor, 1986; Dinsmore, 1991). Behavioral symptoms may take the form of compulsive talking about the experience, bodily reenactment, and artistic renderings of the trauma. In
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one study, almost two thirds of the women stated that they never or rarely went to the doctor or the dentist, as the examination was too terrifying for them. (Matsakis, 1992; Russel, 1986). Incest survivors may also experience difficulties in intimate relationships. Such difficulties might take the form of transient relationships, co-dependency, or sexual dysfunctions (Blume, 1990; Browne & Finkelhor, 1986; Courtois, 1988; Dinsmore, 1991; Gil, 1988; Maltz & Hoffman, 1987; Russell, 1986).

Family system approaches to the effects of incest may include the idea that incest may be passed through generations where the victim may become the victimizer to a victim who then becomes the mother of a victim and so forth. Relational imbalances leading to triangulations of children may occur, causing the children to pay attention to the needs of the parents putting their own needs and development at risk (Courtois, 1991). The non-participatory mothers in these families may feel guilt, anger, and/or mistrust. The non-abused siblings may feel shame or guilt and perhaps even jealousy (Trepper & Barret, 1989).

It appears that the severity of these effects is often affected by such factors as the victim’s relationship to the abuser(s), the number of abusers, frequency of abuse, and the developmental level of the child at the time of the abuse. Russell (1986) found that those incest victims who experience the most difficulty are those who have been victimized the most often, those whose incest took place over a longer period of time and those whose incest was “more serious,” such as sexual intercourse as opposed to sexual touching. There are some researchers (Matsakis, 1991) who report that children who have been sexually abused by a relative suffer from even more intense guilt and shame, low self-esteem, depression and self-destructive behavior than children who have been sexually assaulted by a stranger.

STUDIES REPORTING NEUTRAL EFFECTS

Although it seems counter-intuitive, most incest victims do not appear to be severely psychologically damaged in adulthood (Gagnon, 1965; Meiselman, 1978; Owens, 1984; Trepper & Barret, 1989; Summers & Edgar, 1979). These theorists report that there are few effects that occur as a result of the incest. This does not mean that the women do not suffer. Some do but many do not and if we believe that incest is highly under reported, then many more women do not become a statistic, clinical, or otherwise. What this means is that it is crucial for therapists not to make the assumption that a person who has experienced incest is severely psychologically damaged. Fritz, Stoll, and Wagner (1981) found that 77% of adult women who had been victims of childhood incest had no difficulties with current sexual adjustment, had overcome negative consequences, or did not develop problems in the first
place. Kilpatrick (1987) reviewed 34 studies that attempted to account for long-range differential outcomes of childhood incestuous experiences and found that the studies did not support the hypothesis. The women in these studies reported that incest experiences did not inevitably lead to harmful long-term effects. Constantine (1981) reviewed 30 studies of intergenerational sexual contact and said only a very small percentage of cases appear to result in serious harmful or long term consequences as judged by standard measures of psychological health and social adjustment.

Even women in the clinical populations reveal non-damaging effects. De Young (1982) reports that 20% of her “victims” appeared to be virtually indifferent to their molestation. Instead they tended to be traumatized by the reaction of adults to its discovery. Sloane and Karpinski (1942), using interviews from five clinical cases stated that if nonparticipating adults were comfortable with the known relationship, harm to the child is decreased. Henderson (1973) said that intergenerational sexual relations did not always seem to have a traumatic effect and that for some individuals it even allows a better adjustment to the external world. Yorukoglu and Kemph (1966) reported minimal, if any, short term effects for some son-mother sex. Herman and Hirschman (1977) could find no distinction between women incest victims and the general population of women entering psychotherapy. Bender and Blau (1937) concluded that incest within an endorsing family can be non-traumatic. There are also non-clinical general population surveys that reveal non-problematic intergenerational sex. For example, the Kinsey study of women (1953) indicated that 20 to 24% of the women questioned had been molested as children, about 4% having been approached sexually by adult male relatives before adolescence. The Kinsey researchers reported that the contacts often involved considerable affection, and some of the older women in the sample felt their preadolescent experience had contributed favorably to their later socio-sexual development. Gagnon (1965) surveyed 1200 college females and found that 25% had been molested by adults before the age of 13. He concluded that most of the women did not appear to experience long-term consequences. Landis (1956) studying 500 college students who had sexual experiences with adults before puberty said that only 3% were permanently damaged and that no harm, permanent or temporary, was reported by 81% of the males and 66% of the females. A study by Nelson (1986) showed slightly more than 25% of younger partners in child-adult situations reporting their experiences as positive. As stated earlier, it appears that in many cases the negative outcome is a function of the secondary effects of social responses. Farell (in Nobile, 1977) concludes that there are three faces to incest: the positive (beneficial), the negative (traumatic), and the mixed (non-traumatic but not regarded as beneficial).

The purpose of the present study was to explore what young women reported about their incest experiences and to explore what they it meant to them.
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SAMPLE

The data for the present research were obtained over the Internet from a well-known web site in a very accessible chat room. All that is required is a sign on screen name and a password in order to become a member of the chat room. The service is free. Once a member, an individual can then navigate through a multitude of chat rooms. There are literally thousands of them, and the capacity to chat privately is available in each room.

The chat rooms that were originally listed as Teen Chat by age group have been eliminated. Also recently eliminated are rooms called “User Rooms.” The user rooms could be labeled as anything: Rape survivors, molested as a child, older men for pre-teens, and others that were explicitly labeled for sex. Persons who were looking for a more specific chat room, dealing with their individual interests, created these rooms.

Of the conversations and vignettes collected, there were only two or three that were blogs—defined as individual accounts of a person’s life, thoughts, experiences, or other matters that the individual posts on a personal, but public website—much like a public diary. There were links in the chat rooms that referred persons to the blogs. The majority of conversations (more than 95%) were conversations between the researcher and the young women in private dialogue boxes following an initial meeting in the chat rooms. In a few cases, the discussions occurred in public chat rooms, but that was infrequent due to the intimate nature of the conversations and due to the somewhat haphazard style of public chat room discussions.

The researcher’s profile posted on the Internet was that of a 60-year-old man who listed himself as married, and a journalist. The screen name he selected was a general one, not indicative of his true identity. The participants in the study often provided their geographic location, with 49% divulging their hometown. Eighty one percent of the participants lived in the United States, while about 19% were from countries outside the United States, mostly from English-speaking nations. The most frequent non-U.S. countries were Canada, the United Kingdom, and Australia, although contacts were made literally around the globe. In less than 5% of cases, the participants gave last names. Where the female provided her last name, the researcher reciprocated and gave his last name.

To date, 2,345 cases were collected over a five-year time period (2000–2005). Of those, 138 identified themselves as men, leaving a remainder of 2207 girls. Of the girls who discussed pre-adolescent sexual activity, 31% were younger than 12 years of age; 8% of the girls at the time of first chat contact were under age 10. The majority of the remainder was teenage girls, usually 13–16 years of age, reflecting the type of room where subjects were chatting. Some contacts were with mature women who recalled their sexual debut and activity as a pre-teen or teen. Of the girls chatting, 38% reported sexual activity with a relative.
There are several methodological issues involved in this study. First, a study is as good as the sample. If we have an accurate definition of the sample, and if the sample is representative of the population, we can be somewhat confident that we can project our findings to the general population. Otherwise the boundaries of the sample must be specified so the reader can form his or her own opinion of what is “real” and what is not real. In the next section, we will specify the boundaries of the study.

The first problem addresses the question, how did the researcher know he was speaking to pre-adolescent females. He did not. However, several measures were taken to explore the gender and age of the participants. Some of the girls had web-cams, so the researcher was able to see them as they typed. Through this he could ascertain if they were female and if they were approximately the age they said. Some of the participants used voice, so the researcher was able to determine from their voices if they were female. Others posted pictures on the Internet and changed them regularly, so he was able to see if the pictures were of the same person and if the person was female. He also recorded and filed all the E-mails, so he was able to check for consistency of stories over time. In addition, the same questions were asked in several different ways and if the answers received were the same, he assumed they were from the same person. Approximately 20% were discarded because he felt they were not female and/or not pre-adolescent or were redundant or seemed to the researcher to be less than consistent or truthful. The remainder form the basis of this study.

Another problem relates to the idea that some girls may in fact have been reporting fantasy. This, of course, is a problem in that we cannot be sure if we were gathering information on the girls' actual sexual behavior or if the data represented their sexual fantasies or both. In any case, any information is useful in describing the sexual lives of these girls. Such research is both academically valid and socially valuable because the results can often undermine the widely held myths about what people do sexually and/or fantasize sexually; however, because of the sampling problems listed above, we urge caution about interpretation and the implications of our findings.

The identity of the participants was protected at all times. We have taken great pains to protect the participants by changing their screen names and in some cases by creating composites of the girls rather than reporting on one participant, by changing their age and by changing their geographic location. Their real screen names were never used. The quotes used were the actual language of the girls.

Some of the language is very sexually explicit. Although the girls very often used colloquial language, which the researcher did not discourage, the researcher used very polite language even when speaking about intimate subjects. Please keep in mind that all screen names have been changed as well as geographic area and age. In some cases, composites of the girls are presented. The actual language of the girls was used.
PROCEDURES

After the researcher entered the chat room, the girls would contact him and at other times he contacted them. If he contacted them, the typical first question was, “Want to chat with an older man?” Seventy-four percent of the time there was no response. Of the rest, 89% per cent asked, “How old?” When he answered 60, there was either no response or a willingness to chat. Eleven percent then continued to chat. Thus, the cases reported in this study represent approximately 10% of the girls he attempted to contact who entered the chat room. In some cases, there were characteristics in the girl’s profiles that negated contact. Some of them explicitly said they did not want to talk to older men; others wanted to only chat with people their own age; and others wanted to chat with only other girls. These requests were always honored.

Many of these discussions were one-time chats. Others were chats that lasted over the entire 5-year time frame. Some involved frequent, almost daily chats, sometimes followed by complete and absolute end of contact with no explanation as to what happened. This happened in approximately 29% of cases. The researcher made a new contact approximately every other day and renewed a contact two to three times a day. There was no routine time when the researcher logged on but it was a few times a day. Ninety-nine percent of the conversations were in private. Occasionally some screen names were confident enough to discuss intimate sexual habits in the public forum. Most substantial conversations lasted from 30 minutes to several hours. On some days, the researcher would be on line for as long as 8 to 10 hours; other days contacts were limited to less than 30 minutes, as dictated by the researcher’s personal schedule and the availability of individuals wishing to “chat with an older man.” Many conversations were interrupted by faulty internet connections, the sudden return of a parent or just by the fact that the contact and the researcher was multi-tasking, carrying on several conversations simultaneously with lapses of several seconds to several minutes between answers to questions. Often these conversations were renewed another day. Sometimes the contact vanished into cyberspace.

Usually the chat started by the researcher asking the female for a general description; height, weight, and if she had a boyfriend. If she answered yes, that she had a boyfriend, the conversation shifted to gathering more information about the boyfriend. Eventually, the instant messages (IMs) or the private messages (PMs) became more sexual in nature. The researcher asked if she fooled around with her boyfriend. From there, he asked how often they fooled around, with whom and when. Next it proceeded to how did they fool around. Sometimes those questions would stop the chat. Most of the time (more than 90%) the chat continued. Rarely once the conversation started did the participant stop writing or talking when the conversation turned to sex and sexual activity. At some point, the researcher would ask, has anyone
ever made you do sexual things that you did not want to? If at this point
incest or molestation was divulged, questions were then delicately asked.
Are you comfortable talking about being molested? If yes, the conversation
proceeded. If no, the researcher would retreat to a more comfortable area
for discussion. At the end of these discussions, the researcher would ask,
is there an adult in your environment that you could talk to about this? A
teacher? A counselor?

Reporting to the authorities by the researcher could not occur because
in most cases the researcher did not have the girls’ identity or their actual
location, nor could he be certain of the accuracy of their descriptions or
the veracity of their comments. Under these circumstances, unless there was
an acute threat to life that involved information that could be passed to
authorities, attempts to alert such authorities would not have been fruitful or
feasible. In any case, there were no cases of such extreme situations.

At the end of the conversation, the researcher thanked them for their
responses, and asked if revealing the secrets made them feel better. Eighty-
eight percent responded positively. However, there were cases in which
the opposite impact occurred—usually an abrupt end of conversation or
an urgent appeal to end that phase of discussion. The researcher always
followed their wishes.

RESULTS

To date (March 1, 2006), the researcher has chatted with 2,345 individual
screen names in chat rooms. Of those 2,345 individuals, 36% (N = 833) fe-
males engaged in incestuous acts—sexual intercourse, fellatio, and/or genital
contact. In the present study, the great majority of girls (70%) under 10 who
were involved in sex were involved in incest with their father, uncle, brother,
stepdad, granddad, mom’s boyfriend, stepbrother, or babysitter. These are the
individuals who have access to young girls of this age. Occasionally, if the
girls lived in an apartment building, a neighbor was involved but mainly,
when the girls reported having sex under 10, they were having sex with a
relative.

Included in the group were 138 individuals who identified themselves
as males, reporting on their incestuous experiences with their young female
relatives. Several girls indicated that they were incested by more than one
relative, for example, by an uncle and a cousin.

(Liza 542, age 12)
I have sex with relatives. My father is 40 and my brother is 16. I first had
sex with my father when I was 8. I first had sex with my brother when
he was 13, a few months later. I went to bed one night and I woke up
tied to the bed naked and spread eagled. He was standing naked next
to me told me to be quiet and don’t tell anyone about this or he would
ground me. He fucked my face and shot a load down my throat. Then he fucked me and shot his load all over my face. After that my father fucked me nearly every night.

Overall 833 individual females engaged in incestuous relationships. Of those 833, there were 610 females who engaged in an incestuous relationships with one individual family member, while 223 females had incestuous relationships that included one family member and other individuals—additional family members or other individuals in situations approved by the primary incesting figure. The percentages in Table 1 are calculated on the basis of the 833 individual females represented in the data set (including females discussed by male relatives). The “under 10 years old” percentages in the table are based on the 615 individuals who indicated that their incestuous relationships began when they were under the age of 10 (See Table 1).

Of the 833 incestuous contacts, 38% (N = 298) were between father and daughter with seventy three percent (73.4%) (N = 219) of the girls reporting she was under the age of 10 when the incest occurred.

(Terri_Hot Stuff, Age 13)
I do sex. I had sex the first time on my 10th birthday. He was 34. He is my father. I mostly wanted to have sex with him, but I was kinda scared. My father told me that he wanted to have sex with me on my birthday. That was my present. Before that I always slept in my father's bed with him since my mommy left when I was 6. Before we had sex we would play in bed together. When we were playing, he taught me how to suck him. I guess I was 6 when I first did that. He played with me, too. He would rub his dick on my cunny and make happy juice and he put his fingers in me and stuff. He wanted me to lick the happy juice. It tastes kinda funny. On my 10th birthday when we went to bed he put jelly on
his dick and all in my cunny and he put his dick in me. He was sucking on my pebbles on my chest. Daddy told me to never tell anyone at school about what we did in his bed. He said that if I told they would take me away from him. I never told anyone. No way. I've never seen my mom since she left.

Twenty-three percent (23%) of the incest cases (N = 192) were between an uncle and his niece. Of those 192 contacts, 50.5% (N = 97) were between an uncle and his niece who was under the age of 10.

(Emmy, 1990, age 15)
My uncle molested me. I was living with him and his wife, my aunt. She didn't help him but she did not do anything about it. He made me suck his cock and lick him all over there and he busted my cherrie with his hand and fingers and did me in the butt. He was fucking me when I just turned 5. Even though he busted my cherry it hurt when he stuck his cock in me. I went to live with a foster family and when I was 8 I gave a guy down the block a blowjob. I was hornie. He just wanted a blow job from young girls so I blew his dick for him. I do it almost every day; no fucking I just sucked him off. Then I started doing his son when he was there too but that was cool—more cum for me. I suck some boys at school but they don't cum very good. I don't like pussy fucking. I do butt some times.

Brother-sister incest accounted for 17% (N = 144) of all incest cases, with 50% (N = 72) occurring under the age of 10.

(Sandi, 9129, no age recorded)
I was 9 when I was molested. It was daddy. He still does it. I live with him. He would massage my legs for me. My mom left when I was 7. He would massage my legs and he kept going higher. I was kinda aware he
shouldn't be doing that. He went all the way to my panties and took them off. I just let him. I felt his cum squirt into me. He still does it. I don't like it now but he still does it. He still comes in my bed. I tell him I don't want to but it doesn't matter. I'm not on the pill. I never even thought I could get pregnant.

Nine percent (9%) (N = 77) of the reported incest cases occurred between the mother's boyfriend and her daughter. Of those 64.9% (N = 50) were with children under the age of 10.

(Kathleen, age 11)
I'm not sure how early it began. It must have been about 5 because that's when mom started going with him. It continued until I was 9. Then he moved somewhere. Mostly he got me to play with his thing and suck it. He put it in me a couple of weeks before he left. I just did what he wanted. It was normal by then. He was saying for a year that he wanted to do that but that I wasn't ready. My mom knew I was sucking him. She wasn't there when he put it in me.

Cousin-cousin incest accounted for 7.5% (N = 62) of reported incest cases, with 64.5% (N = 40) occurring between an older male cousin and his female cousin who was under the age of 10.

(Leslie, age 11)
I've been molested. It started when I was 4 and lasted until I was 8. My cousin was doing it. He was 14 when he started. When I was 4 he rubbed me and made me suck. He put it in me when I was 5. I remember him doing it. He baby sat me a lot. He told me I had to do it because he was in charge. When I became 8, he started to do grosser things to me and I finally stopped him. He was putting his thing in my butt, tied me up and spanked me made me call him master, kept calling me dirty names. I told him I’d tell someone and that finally stopped him. I think he was scared. I felt kinda bad for making him stop because I think part of me believed it was what I was supposed to do. A part of me misses it. He wanted me to do his friends but we stopped before that happened.

Of the 833 incestuous contacts, 7.2% (N = 60) were between a grandfather and his grand daughter. Of those 60 contacts, 65% (N = 39) were with a granddaughter under the age of 10.

(Cathy3423, age 15)
I was molested when I was 4-5. My grandpa did it. It continued until I was about 8. It's kind of hard to remember. I know he put it in, but I dunno very much. I remember the first time he did something, but it wasn't actual sex. He made me touch him and then he touched me.
Remarkably, of the 833 incestuous contacts, 27.9% (N = 233) involved situations in which the incestuous male invited other males to engage in multiple concurrent sexual encounters with the younger female in the form of gang-rape or gang-intercourse.

(Elena, age 11)
I am a rape survivor. I was raped by my brother and his friend from the time I was 3 until now. They were 10 years older then me. I can remember the first time they did it. They were babysitting me for a week while my parents were out of town. They took me into a closet and told me what they were doing was normal for guys and girls to do that. They made me feel like it was my fault. They told me what they were going to do was good for me and would help me be strong in the real world. They started by raping me and they still do it. I turned them in last week. I told mom and dad and the cops. They believed me. The cops put them in prison. I told them the whole story of what was happening since I was 3. I just couldn't stand it anymore and I might be pregnant. I'll find out tomorrow. When I asked them to stop, they kept on doing it. They said not to tell because they would kill me.

In many cases, getting pregnant and/or sexually transmitted diseases was not a concern.

(Jessie, age 11)
I was 8 when I was molested. My bro and his friends did it. They still do. I was raped by my brother and then later by his friends. He was 12. I was the first girl he had sex with. He kinda knew what he was doing. He did it as a game kinda like show and tell. He told me he could make babies and showed me how he could do it. It hurt a bit. He wanted to do it again the next day. I told him I didn't want to. He raped me. He forced me down and did it. His friend helped. His friend was 15. His friend held my hands while my brother rapes me. Then his friend rapes me too. I have sex with my brother and his friend about once a week now. I'm not on the pill. They don't use condoms. I won't get pregnant because I am too young. I'm not having periods yet.

It is noteworthy that among the sample, there were 28 mothers who actively participated in the incestuous relationships, sometimes guiding both fathers and daughters into such relationships. In almost all those cases, the girls were under the age of 10.

A sister engaging in sex with sister was rare accounting for 2.2%. There were 19 such cases in the present study. In five of those cases the older girls were involved with sisters under the age of 10.

Interestingly, there were 16 girls who described themselves as being home-schooled. Of those 16, there were 68.7% (N = 11) who were involved
in incestuous relationships—most frequently with their fathers, but often in situations involving multiple partners simultaneously.

In several cases, the children were offered as "prizes" when the father lost poker hands. The girls who experienced incest varied in their response. It appeared that virtually all of them were fearful of the "first time," mainly because they heard or were told that it hurt. Virtually every girl under the age of 10 said the first intercourse hurt. The ones who did not say it hurt were those who could not remember the first encounter, possibly because it occurred when they were too young to realize what was happening to them. These girls invariably suggested that they had always been doing it.

Most of the girls who remembered the first time also remembered that there was blood involved and seeing the blood was frightening, even when reassured it was all right. From their reports, it seemed that the sexual behavior progressed from cuddling and kissing to sexual touching and massaging to oral sex and then intercourse.

The majority of girls (615 out of 833) in the study experienced incest when they were less than 10 years of age. Many of the girls thought the behavior was wrong; others accepted it and others reframed it and thought of it as fun or loving. All of the girls knew that it was a "secret," as they were told it was to be shared only with the participants.

(Millie_787, age 12)

My Dad began molesting me when I was 5. My mom left me when I was a baby. When I was 5 my dad began playing with my body. I had to suck him too. It was okay. He started having sex with me when I was like 7 or so. I remember the first time. It hurt really bad. I bled a lot the first time. I was scared of the blood. It still hurt the second time. He did it a few days after the first time. He still does it. It doesn't hurt any more. I sleep with him. I have sex with him almost every night. I don't care about having sex with him now. It's okay. I guess.

In some cases, there was little restraint that took place and after the initial few times, it appeared the girls accepted the sexual activity and participated. In some cases, the incest behavior was tender, with the adult taking care not to hurt the girl. Rough behavior, was reported by the girls more in brother-sister and cousin incest. In many cases, the mother was absent from the home and the girl lived alone with her father. In other cases where the mother lived at home, the incest occurred while the mother was at work or out of the house.

(Yolanda_1087, age 12)

I'm here because I was molested. I was 6. My step-dad did stuff. We were sitting on a chair and he started to touch me and make me touch him and he started to lick me. I remember everything. I tried to pull away from
him. He told me if I did he would kill my mom. She had gone with my grandma to play bingo. I have sisters but it only happened to me.

In other cases, the mother was not living in the home.

(Jessica_989, age 12)
My dad took the picture last summer. I like posing for him. I live with my parents and my three brothers. I did stuff with dad once. I was 10. No one else in the family knows. We were sharing a bed one night. He and mom had a big fight and she left. I cuddled against him. After about 10 minutes he began stroking me. I could feel him get hard. I didn’t know what it was at first. He started kissing me and telling me he loved me. He put my hand on his cock. I didn’t want to. He pushed my head down to it. I was getting scared. He pushed it into my mouth and he pushed it in and out. Then he cummed in my mouth. I gagged. Then we slept. He told me not to tell anyone. He said he would get into trouble if you did.

(Barbie_1991, age 14)
I was molested when I was 8 years old by my Daddy and uncle. They play with me. My mom doesn’t live with us. Most of the time they strip me to my undies and they would poke there peepee stick in my mouth. They still do stuff with me. I am now into sucking them. They haven’t had sex with me yet. It doesn’t bother me really. My uncle lives with my Dad.

And in other cases, the mother participated in the activity.

SUMMARY AND THERAPEUTIC CONSIDERATIONS

The present study reported on incest experiences of pre-teenage girls as they discussed the incest experiences in an Internet chat room. As is obvious from these numbers, incestuous relationships begin early. Fathers, uncles, brothers, stepfathers, cousins, mother’s boyfriends, and grandfathers were all reported by the girls to have engaged in incest behavior. These are the family members who have the greatest access to and opportunity to become involved with young children. The highest incidence of incest occurred between fathers and daughters, a large percentage of it occurring when the girls were under 10. This was followed by uncles and nieces and brothers and sisters. Lower incidences were reported by stepdaughters with stepfathers, as well as by mother’s boyfriend and her daughter.

Natural fathers may have more opportunity for contact with the girls from birth, with stepfathers and mom’s boyfriends entering the picture after the girls have had several birthdays. Biological fathers, stepfathers, and mother’s boyfriend were more likely to have sex with the girls when they were under the age of 10. Cousins and grandfathers were less likely to have sex with girls under the age of 10 as compared with uncles and brothers.
The lower percentage for early contact with brothers is possibly explained because the brothers did not develop sexual maturity until their early teens. In many families, closeness of birth between children would mean that many girls were already 10, 11, and 12 before their older brothers started exploring sexual gratification with girls who were close at hand. Although we caution interpretation of these data because of the methodological issues, this research and the earlier research implies that incestuous behavior occurs much more frequently than is reported. It also provides evidence for the notion that incest occurs at very young ages. Most of these girls never become a part of a national statistic and many of the effects of incest go unnoticed.

When incest is brought to a clinical setting, professionals approach incest in clinical settings in a multitude of ways, adhering to many different belief systems. Most professional clinicians believe incest can have profound effects on victims’ psychological well being and ability to form healthy, intimate relationships and they recommend treatment by a professional experienced in dealing with trauma and sexual abuse. In this view, it is believed that victims must be able to discuss feelings of confusion, shame, fear, betrayal, and guilt that are commonly associated with the incest. Using this model then, there is a focus on eliciting the negative experiences of the girls, on creating a healing, corrective experience, reassuring the girl/woman that she is not to blame for causing the abuse and that she did right by telling someone. However in the process, this model creates a labeling process which supports the view that problem is the woman herself and serves to reinforce self-blame and guilt. In this view, every effort must be made to protect the child from further abuse and/or retaliation from the abuser for “telling.” Additionally, professionals are mandated by law (in most states) to report abusive situations in an attempt to legally stop the abuse and hopefully begin treatment and rehabilitation for the abuser. How often this actually occurs remains to be seen.

A systemic view of incest, the approach of many marriage and family therapists, while perhaps helpful in some cases, can be very detrimental in other ways. Here pathological or dysfunctional relationships are the issues to be addressed. The incest is merely a symptom of this. Using this model, the therapist focuses on boundaries that have been broken and the deteriorated hierarchies that should be in place. In this case, it is not a giant step to place blame on the mothers who have failed to be wives to their husbands and/or have failed to protect their daughters.

In this model, there is a view of “normal” family with “normal” family boundaries and “normal” hierarchies. The incest family has deviated from this normal model and as such calls for specific types of therapeutic interventions. In this view, everyone is a victim, responsibility is shared. Thus the therapist, by emphasizing the system, serves to dilute the responsibility of the perpetrator and portray him as a victim also. Now, everyone is responsible
for the incest, including the true victim. In so doing, her experience of the incest is not the focus of intervention; instead, the role of the perpetrator is diminished and the focus is on the roles of the mother and daughter, which need to be “fixed.”

In addition, with regard to systems theory, feminist scholars of incest have long pointed out that spreading the blame is basically “agent deletion.” As Waldby (1987) and Ward (1984) emphasize: There is stunning testimony as to how the language used in the literature “subliminally establishes the wives and daughters as the active parties and the fathers as passive puppets” (p. 134). She states that the language in the literature are couched in the “same old blame the victim mythology” (p. 157).

As a result of the studies that have examined incest, it seems wise to examine the language used to describe incest because the language predicts our therapeutic models, the questions we then ask and the types of feelings and experiences that are elicited from the client. For example, if our questions primarily explore the negative effects of the incest experience, the client’s “bad story” can become more detailed and elaborated and thus become the focus of her experience. If we assume that the effects of incest leads to psychological damage and impairments in women’s personalities, and that these women suffer from post-traumatic stress syndrome, then the therapy takes the form of a psychiatric or at the very least, DSM classification diagnosis. In this case, then, the purpose of therapy is getting at repressed memories, working through painful emotions, and understanding the deep-seated underlying conflicts. Once this has occurred, it is believed that the client will then undergo healing and change. This is a pathology model of therapy and the therapist in this view focuses on the negative effects of the incest, locating the pathology within the victim, to the exclusion of the context of the incest and/or the perpetrator’s interaction with her. If using a systemically based model, we assume that incest is a family problem and symptomatic of a boundary issue or inverted hierarchy, then therapists would tend to dilute the responsibility of the perpetrator and allot at least some of the responsibility for the incest to the mother and daughter. Both approaches can be problematic.

More recently, a framework developed by Kamsler (1990) based on White’s (1989) ideas and Faucault’s (1990) notions are suggestive of more useful ways of working with incest victims. In this view, retraining beliefs and assumptions do not allow women who have experienced incest to have alternative ways of behaving—ways that would be more constructive for them. Stories that people develop about themselves are located on certain ideologies which are cultural and sociopolitical. Therapy in this view then becomes a way of challenging the way the dominant knowledges operate.

With regard to incest, the dominant or current beliefs about incest are embedded in a patriarchal ideology and in the entire arena of pathology
and diagnosis. These political beliefs influence women in constructing their personal stories. Using the framework developed by Kamsler (1990), the therapist can assist the client in the development of double description—an alternate way of viewing events and descriptions. The woman can then begin to see alternate definitions of the situation. Through externalizing the problem (White, 1989), the self-label is also externalized. This process can then assist the women in seeing new solutions.

Examining paradigmatic shifts in relation to the study of incest, there have been theoretical transitions from incest being considered as a social rule requiring explanation as to its origin and function to being a social problem to be uncovered and measured. Here incest was considered rare and research explored clinical populations to determine the high incidences and negative effects. At first incidences of incest were obtained from clinical populations with the therapeutic models zeroing in on pathology and damage. The therapies of the day reflected this ideology.

The dominant ideology then shifted and incidences of incest were now obtained from the general population. With this paradigm shift, incest and its effects were no longer explored in the realm of abnormality; now it and its effects or rather, non-effects, was explored in the “normal” population. When this occurred, it became obvious that the severe short and long term effects of incest were much lower than was previously thought. Most women who experienced incest appeared to have either worked through the experience or did not suffer the serious effects that once were reported. The Kinsey (1953) study, supported by Gagnon (1965), validated this view and even reported positive effects of incest. These are examples of how “we get what we look for.” Once again, this is not to say that women do not experience negative effects as a result of incest; but rather, that these effects more than likely follow the normal curve with some also experiencing positive effects and the rest falling somewhere in the middle.

The main points of this article may be summarized as follows:

- 38% of the girls in this study reported incest.
- The highest incidence of incest (36%) was among fathers and their daughters.
- The great majority of incest cases first occur before the girl is 10 years of age.
- After the initial experience of intercourse, which the girls report as being painful, the girls appear to participate in the behavior on a regular basis.
- In many cases the mother is absent from the home permanently, at work or out of the house when the incest occurs.
- Whereas the incest taboo appears to be universal, the incest behavior also appears to be universal.
While the early studies focused on the negative traumatic effects of incest, the later studies did not find evidence to support this. In fact, the more recent studies reported very few long-term damaging effects.

The incest effects appear to follow the normal curve, with some females reporting negative effects, some females reporting positive effects and the rest falling along the continuum.

Traditional therapeutic approaches to incest have for the most part focused on the negative effects of incest and through the use of language perhaps helped to elicit negative experiences from clients. The observer has an effect on what is being observed.

The more systemically based therapies tended to disperse responsibility across the system and in so doing in some cases can assist in the process of blaming the victim and her mother while diluting the responsibility of the perpetrator.

Incest represents a behavior of great silence—one that is defined as very traumatic, underreported, yet one that is not talked about and hardly ever prosecuted.

It is hypothesized that not taking the behavior seriously is akin to allowing it to occur.

It is also hypothesized that incest is a behavior, entrenched in U.S. society, and reinforced by the dominant patriarchal value system.

Incest represents the great silence—a behavior that occurs among a very large percentage of the female population, a behavior that is very underreported and a behavior that is rarely prosecuted. Why is this? If we were defining the behavior in a serious way, it seems that there would be more protection afforded to young girls, more prosecution of perpetrators. Why is this not the case? Perhaps given the power dynamics of a male dominated society, the examination of the paradigm shifts and the resulting understanding of sexual abuse is really not surprising at all. Perhaps incest signals not chaos in the family but rather an order that is familiar—the order of the patriarchy, the gendered power dynamics of the society. Perhaps incest is yet another example of the politicalization of the personal.

Although incest is experienced by women as something very personal, a “secret” from mostly everyone, it is in fact about relations of power between groups and between men and children, particularly in the context of the family. Perhaps incest then is but one more instance of how women’s sexuality is exploited as a means of social control of women. Does not incest represent yet another way that women are told how to feel, be, and think, which are actively promoted by the perpetrator in his interactions with her. Is incest as Waldby (1987) quotes that the incest victim “...bears the quintessence of female oppression” in which she is introduced to “the role of the powerless, dutiful, submissive wife” (in Waldby, 1987, p. 17 & 19).
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