Effects of child abuse and incest on self-esteem and defensiveness

Joan Sandberg-Palladino
EFFECTS OF CHILD ABUSE AND INCEST
ON
SELF-ESTEEM AND DEFENSIVENESS

A Thesis
Presented to the
Faculty of
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in
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by
Joan Sandberg-Palladino
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Chairman

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ABSTRACT

Coexistence of incest with other forms of child abuse was investigated. Seventy-three women made up the experimental group. Mothers from Parents Anonymous, mothers from the Child Sexual Abuse Treatment Program, and victims meeting in self-help groups were separated out as to background, either:

1. no incest or abuse, or 2. incest and child abuse backgrounds. A direct questionnaire concerning personal background was administered to evaluate the differences using Chi Square analysis. Significant overlap of incest with physical, emotional, and verbal child abuse was found ($\chi^2 = 19.260$, $p<.001$). Results suggest that therapists working with women who have experienced incest need to also take into account for treatment the high probability of coexistence of other forms of child abuse in the backgrounds. Defensiveness and self-esteem were measured for abusive mothers and female victims of incest (experimental). These were compared with measurements of womens' club members, who had not been identified as abusers or abused (control). Dependent variables were defensiveness as measured by the Marlowe-Crowne Social Desirability Scale and self-esteem as measured by the Rosenberg Self-Esteem Scale. The experimental group was found to be significantly more defensive. They also registered lower self-esteem than the
controls. The experimental group which reported backgrounds of incest and abuse showed lower self-esteem than the group reporting no incest nor abuse. However, within the experimental group, defensiveness is significantly greater for those reporting no incest and abuse. This suggests that those mothers, who are involved in child abuse and report little abuse in their backgrounds, need to be moved slower in therapy than those who report abusive childhood treatment, because of their higher defensiveness and lower self-esteem.
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INTRODUCTION

As human beings we spend our early years within the structure of a family. Much of our psychological development seems to depend upon the environment in which we are raised. Family dysfunction often is publicized as the cause of psychological problems experienced in later life and in childhood personality disorders.

The most blatant example of family dysfunction is manifested in child abuse and neglect. Rather than providing a protective atmosphere, the parents appear to turn against their offspring. The effects of this maladaptive behavior are now being brought to light. Different types of abusive behavior seem to be receiving attention from different investigators. The findings are seldom compared. For instance, child sexual abuse has been singled out from other forms of abuse and neglect for special study and treatment with little cross reference. Yet those working with the different populations (Parents Anonymous and Parents United) show many examples of concurrence between the two forms of abuse within a family. Still other investigators merely lump all the results of clinical studies without indicating which type of abusive behavior has been studied.

One purpose of this study is to attempt to determine how often intra-familial sexual abuse has occurred in the back-
grounds of victims of physical and emotional abuse. Also self-esteem and defensiveness will be measured since these personality variables may be effected by abuse. These personality characteristics will be utilized to determine whether any significant differences are evident for females who have been victims of abuse and incest and those who have experienced no form of child abuse or incest.

Statistics

Psychologist, sociologists and pediatricians have in recent years begun to take a close look at the child abuse problem, its dynamics, effects, and treatment. Abuse and neglect may be the leading cause of deaths among children in the United States. "An estimated 2,000 die each year. In 1977, 466,000 cases of child abuse were reported' (National Center on Child Abuse and Neglect, 1977). Many more go unreported. For those who do not die, according to the above figures, as many as 466,000 children may reach adulthood harboring extreme negative concepts of themselves and others. Both personal functioning and society are affected detrimentally.

It is estimated that 15% of the children, five years old and under, who are brought to hospital emergency rooms are victims of parental battering (Leavitt, 1974). Approximately 550,000 cases of child abuse were reported in 1975 (Helfer & Kempe, 1976). The true incidence rate is projected to be much higher than statistics show (Gil, 1974). Figures show the incidence of child abuse to be on the increase
since data was initially collected in the 1960's. However, this does not necessarily indicate increased prevalence of the problem, but more awareness, increased reporting, and more accurate diagnosis. Marked increases occurred in states which had taken action to strengthen reporting procedures (Gil, 1970). Metropolitan areas have a much higher incidence of reporting, since those regions have access to more administrative provisions and professional services for reporting. In addition, people living in urban closeness are more likely to observe others' parental behavior.

Some discrepant figures as to the occurrence of sexual abuse in childhoods of physically/verbally abusive and/or neglecting mothers have been reported. One study involving abusive parents in Parents Anonymous groups cites 17% sexual abuse in their childhoods (Lieber & Baker, 1977). This figure was obtained by polling 613 abusive parents, 83% of whom were female, attending Parents Anonymous meetings. No definition of sexual abuse appeared in the questionnaire, Parents Anonymous: Your Personal Profile, used in this survey.

Another report found a much higher percentage of overlap between mothers who abuse and also have backgrounds which include sexual molestation in childhood. Clinical data was obtained during psychiatric consultation at Cedar House, Long Beach, California, a therapeutic shelter model for physically abusing families. It was found that 9.7% of mothers seeking help for abusive behavior toward their
children had sexual abuse in their own childhoods (Summit and Kryso, 1978). The sample size was not reported. It appears, however, that no research has been carried out to investigate the rate of occurrence of physical and verbal abuse and neglect in families in which have been identified for incest.

Furthermore, there is speculation that sexual abuse occurs vastly more often than reported. One retrospective survey of 1200 college females indicated that 26% had a sexual experience with an adult before they were 13 years old. Yet only 6% reported the incident (Gagnon, 1965). Father (surrogate father)/daughter incest was found to constitute 90% of the reported cases of incest in West Germany (Maisch, 1972).

It appears that as the public and the professional service providers become more aware of the possibility of child sexual abuse, and as society in general becomes less inhibited about discussing the subject, reports have increased. It now appears that sexual misuse and abuse of children is far more prevalent than ever suspected. In addition, with the increased disclosure comes the suspicion of a connection between sexual abuse in childhood and later mental disorders and anti-social behavior (Meiselman, 1978).

Definition of Child Abuse and Neglect

Child abuse is variously defined and differentiated. Most often it is broken down into four categories: physical,
sexual, emotional abuse, and neglect. Parents Anonymous, Inc. further delineates "neglect" as physical and emotional and add verbal abuse (1975). More broadly, abuse is described as occurring every time a parent puts negative feelings onto a child (Sloan, 1976).

Physical abuse is evidenced by marks of the inflicted injury often detected by X-rays showing old fractures. Sexual abuse includes any exposure to "unwholesome" or demoralizing sexual experiences, forced or enticed by parents or other adults to observe or participate in sexual acts. Child pornography ("kid porn") is also included in this category. Emotional abuse is often verbal and includes constant friction in the home, marital discord, and/or mental illness of parent(s). Neglect results in malnourishment, filth, inadequate clothing, lack of supervision, lack of shelter, and/or lack of medical attention (Leavitt, 1974; Gil, 1970).

Abuse and neglect are differentiated. Abuse is defined as a commission of a violent act against a child. Neglect encompasses acts of direct omission (Polansky, et al, 1973). But neglect is also viewed as a type of abuse (Steel, 1975).

Perhaps the most clear description of the physical abuse problem--here termed "battered-child syndrome"--is laid out by Vincent Fontana, M.D. He describes the features of the typical case: (1) child is often under three years old; (2) usually the violent act is persistent and recurring
rather than an isolated incident; (3) the injury is inflicted by one or both parents (often one is a passive witness) or guardian; (4) failure to report injury, often reported only out of fear; (5) usually claim ignorance as to occurrence of the injury or give implausible excuses; (6) often "hospital shopping" is utilized to conceal recurrence; and, (7) over half of the children returned to their abusers will die due to further abuse if no intervention occurs (Fontana, 1973).

The man who coined the term "battered-child syndrome", Dr. C. Henry Kempe, characterizes it medically as:

... a clinical condition in which young children have received serious physical abuse and a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings, or skin bruising in any child who dies suddenly, or where the degree type of injury is at variance with the history given regarding the occurrence of the trauma (Kempe, et al, 1974).

A conceptual definition based on the behavior of the abusers is given by David Gil:

Physical abuse of children is the intentional, nonaccidental use of physical force, or intentional, nonaccidental acts of omission, on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child (Gil, 1970).

Because of the overt qualities, the physical abuse problem has achieved sufficient delineation; and sexual abuse, recently receiving more interest, is usually easier to identify than neglect and emotional abuse. Identification of neglect is
somewhat beholden to the impression of the observer, although extreme neglect such as abandonment and starvation are obvious (Polansky, et al, 1973). Neglect and emotional abuse seem to overlap, especially in parental denial or experiences in which the child could feel loved, wanted, secure, and worthy. Mentally ill parents and marital discord could fall into either category. Truancy is becoming a neglect issue, with some school systems (Orange County) now suggesting legal action be taken against the parents of truant students.

Some of the literature combines emotional abuse with physical abuse and neglect since any disturbed child-parent relationship is seen as increasing psychological suffering in the child (Mulford, 1958). Most of the literature deals with physical abuse, due to the lack of objectivity and statistics available for the other categories. One early writer claims that the definition of abuse is unclear and is not agreed upon even by professionals (Elmer, 1967). There is disagreement as to whether child abuse is coincidentally physical and emotional, and whether physical abuse must be a chronic situation or can include a one time extreme impulsive act of violence (Elmer, 1967).

For research it is important to define the type of transgression, since the many different characteristics of the situations and the subjects can confound the significance of results. For the purposes of this study, emotional abuse will be considered as an accompaniment of physical and verbal
abuse and neglect and referred to as abuse or child abuse and abbreviated as PVE. Neglect will be considered to be a form of abuse, and will not be discussed specifically. Child sexual abuse will be differentiated from other forms of child abuse for this study. In addition, variables will be studied by isolating incestuous child abuse for further investigation. 

**Definition of Incest**

There seems to be some problem in defining unsuitable sexual relations between parents and children. The term child sexual abuse seems to be in favor at present. This encompasses a broad spectrum and is defined as "exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosocial development, and role in the family" (Rosenfeld, 1976; Brant & Tisza, 1977, p. 80). The term, incest, delimits sexual abuse as occurring between family members. Webster's *Third New International Dictionary* (1971, p. 1141) further narrows the definition of incest: "sexual intercourse or interbreeding between closely related individuals. . . ." However, for legal and psychological treatment purposes, a broader definition of incest has been in use. Any form of sexual molestation of a child by a family member is considered incest.

And yet there remains a question as to what constitutes "any form of molestation." Vague distinctions between altruistic, affectionate sensuality and minor levels of inappropriate sexuality often make objectivity difficult.
Family sexual pathology can be seen on a continuum, becoming increasingly extreme. Acts can range from overstimulation, through fondling, indecent exposure, seduction, to overt sexual acts, intercourse, rape, and sadism. Some parents think that they are preparing their children for eventual sexual fulfillment. One suggested guideline to determining appropriateness measures the behavior in terms of who is the beneficiary. Whenever the "teaching" serves the purpose of gratification for an adult involved, then the child is considered the victim. Somewhere between the two over-reactions of either prohibition of any sensuality or blatant, demonstrable, sexual acting out, the parent fosters healthy sexual (sensual) atmosphere by responding to the children's needs suited to the child's developmental maturity.

Most investigation in the field of child sexual abuse has focused on the father (or father substitute)/daughter incestuous relationship. For this study the sexual abuse will concentrate on adult/child family sexual relationships, most often involving a father and daughter.

**Personality and Family Dynamics - Incest**

Father/daughter incest is often seen as an indicator of pathology in the family rather than within the perpetrator only (Van Gyseghem, 1975). The typical family constellation includes a mother who is depressed, infirmed, or away from the home; an eldest or only daughter, often between 9 and 11 years old, who assumes the mother's duties; and a father who is inhibited, often alcoholic, perhaps passive-aggressive or
violent (Kaufman, Peck & Tagiuri, 1954; Browning & Boatman, 1977). Role reversal, especially between the mother and daughter, is likely, resulting in role confusion. The marital relationship usually is unsatisfactory, with disagreements never settled. The mother usually does not enjoy sex. The daughter very likely will be alienated from the mother and aligned with father. The father is often angry with his wife and sees the relationship with the daughter as a means to get back at his wife and deceive her. The daughter feels sorry for the father and finds herself compensating for the deficiency she observes (Sholevar, 1975). Often she seeks only approval and affection, but frequently a sexual pact may develop. The mother sometimes seems unconsciously to encourage the father/daughter relationship. She may herself derive some pleasure from the relationship, vicariously fantasizing an incestuous relationship with her own father (de Vos, 1975).

Accompanying family dysfunction, reduced impulse control of the father is usually evident. There seem to be two basic incest offender types: the hostile father who brutally forces his daughter into a sexual relationship without affection and the passive, child-like father, who plays out a fantasy of childhood sibling incest with his own daughter (de Vos, 1975). The latter type fits into the category termed "true" intrafamilial incest. From a psychodynamic point of view, the behavior can be understood as the unresolved childhood Oedipal
desire for the mother now being acted out with the daughter. In the present situation, the father's father is no longer a deterring factor in restricting the sexual behavior (Herman & Hirschman, 1977; Summit & Kryso, 1978/79).

If the daughter does seek to escape the situation and attempts to tell the mother, she runs the risk of the mother's either not believing her or not giving her support. Often the mother is jealous and angry with the girl. Her inclination is to preserve the family by protecting the head of the household. In many cases the father blames the girl for leading him on and may threaten her to maintain silence. She begins to feel self-worth only as a sex object. In a sense, she finds herself loved by the father for the sexual attraction and hated for her power. When her parents have failed her, she may go to the community for assistance, only to feel condemned. The helping institutions usually demand explicit, incriminating testimony, which many times leads to the girl's removal from the family. Betrayed by both parents and the community, the girl feels blamed, morally impure, isolated, and becomes convinced that she does not deserve respect or protection (Kaufman, Peck & Tagiuri, 1954; Summit & Kryso, 1978/79).

In addition to internalizing the blame, the girl has been totally without a means to bring about change in her situation. She is trapped in a deceptive, socially inappropriate, exploitive relationship with a family authoritarian figure.
she feels forsaken by her mother, and punished by the institutions. Often her only alternatives are to either become defiant and receive further punishment or give up.

Depression, which is often chronic, has been one of the symptoms observed in females who have been involved in father/daughter incestuous relationships (Benwald, 1975; Giarretto, 1976; Herman & Hirschman, 1977). Referring to the learned helplessness theory (Abramson, Seligman & Teasdale, 1978) combined with internalized blame may explain the etiology of depression. This seems to be demonstrated in the dynamics of incestuous father/daughter relationships.

Many other mental disorders and adverse living patterns have been observed in women who have been sexually abused as children. Other psychological factors, including suicidal ideation, attempted suicide, drug abuse and addiction, alcoholism, promiscuity and prostitution, orgasmic dysfunction, hostility toward men, homosexuality, poor parenting and physical child abuse, as well as sexual child abuse, hysterical neuroses, and schizophrenia, have been observed in high proportions (Herman & Hirschman, 1977; Giarretto, 1976; Howard, 1976; Meiselman, 1978; Summit & Kryso, 1978/79). Often the woman is in and out of therapy and has been labelled with multiple diagnoses. Other psychological factors listed included low self-esteem, self-mutilation, self-disgust, deceptiveness, isolation, lack of trust in authority figures, alienation from peers, precocious sexuality, premature and pseudo independence
ambivalent feelings toward self and others, and almost consistently a desire to forget the incidents (Giarretto, 1976; Herman & Hirschman, 1977; Meiselman, 1978; Summit & Kryso, 1978/79).

There is some indication that the effect of the sexual abuse depends on the means used by the male offender. If the father (or father surrogate) was hostile or brutal and used force, the girl is more likely to hate men, and sexuality takes on an exploitive nature, as in prostitution (de Vos, 1975). Personality and Family Dynamics - Child Abuse and Neglect

Personality dynamics of women who have been victims of incest sound somewhat similar to those of females who have been physically and verbally abused and neglected.

The Parents Anonymous Manual describes general personality traits of abusive parents which can be seen as a result of abnormal childhood treatment. Self-negative, lack of a good self-image or strong ego is cited as a consistent finding. Immaturity, due to insufficient fulfillment of basic needs as children, stimulates a constant yearning for need satisfaction in adult life. Because of childhood abuse, the adult is still looking for the "good" parent (which can strengthen a surrogate parent relationship). Manipulation, taking advantage of the chance to divert responsibility, causes blame to be placed on others rather than themselves. Yet they lack means to satisfy their own needs by direct action. They seek attention, wanting to be noticed as people
who are needy, but their low self-image stirs their desire for isolation. Bizarre behavior is considered a sign of attention-getting behavior. Emotional masochism, punishing of self because believe self is no good, causes, the formerly abused to look for ways to be abused further, ruin a relationship, or stimulate rejection. Through excessive demand and harsh punishment, the victim of abuse becomes, as an adult, a "reactor rather than an actor, responding out of fear of punishment and loss of love" (Parents Anonymous, 1975). Adults abused as children still seek mothering wherever it is available, and if totally frustrated, seem to turn to an offspring in an attempt to obtain satisfaction of needs not taken care of in the past (Helfer, 1976, Elmer, 1967). Often the above description fits both the abused and the abuser, when the parents of the abused had also been abused. As a result of abuse the child develops into the type of person who would have the potential structure for abusing an offspring.

In the framework of behavioral learning theory, the child learns from the modeling parent. The parents demonstrate a small repertoire of ways to cope with stress, usually violently. Irrationality of the parents' anger conveys to the child unreliability of the parent, teaching the child not to trust others. The parents' demand of the child for conformity and satisfaction of the parental needs, which teaches that child, as a parent himself, to seek needs
satisfaction from his own offspring just as his parents did. A child who is consistently receiving corporal punishment for the slightest transgression will conclude that he is BAD. They respond to background by becoming passive and manipulative or aggressive and manipulative (Parents Anonymous, 1975).

With reference to the psychodynamic personality theory, the abusive parent is viewed as a person with an intense, rigid, punitive superego (Gil, 1970). The strict disciplinarian, who uses corporal punishment, falls into this category. The punitive superego is projected out onto the child. Lack of proper respect for authority is completely unacceptable both within the self and for the child. The aggression produces inevitable guilt and anger which, turned inward, leads to depression. When apprehended for inflicting injury to a child, the parent often "maintains strict, righteous attitude, expresses no guilt, does not concede to wrongdoing, and is very resentful toward anyone who interferes" (Steele & Pollock, 1974). Other authorities see the attack of a child as indicative of lack of impulse control causing brutal, sadistic acting out (Gil, 1970). An impulse-ridden parent is described as aggressive, defiant, unable to tolerate stress or frustration, restless, craving excitement, movement, change, and is manipulative. With both a too restrictive and/or a too permissive parent, the child does not internalize controls, and remains impulsive (Polansky, et al, 1972).
Parents who respond to failure of child's compliance with harsh, abusive punishment, teach control out of fear. The child does not develop control from within and little guilt is experienced. The development of a conscience is weak. This child respects toughness, identifies with the aggressor and takes advantage of those he perceives to be weaker (Piuck, 1975). A feeling of being no good persists. Inner rage, unable to be expressed toward parents, is diverted to others. The child seeks revenge, feels punished by others, and some times acts in such a way as to punish himself (Missildine, 1963). The methods used by parents to establish rigid control create the actual opposite effect. The child becomes highly susceptible to any suggestions, becomes a follower, and is often led astray. To protect himself psychologically from fear and anxiety, the child may identify with the aggressor, thereby assuming the role of aggressor rather than victim. The child begins to accept the values of authority as a means of adaptation. Through this mechanism the abusive pattern may be passed from one generation to another (Steele, 1975).

These two personality descriptions, strong superego vs. impulsiveness, are not mutually exclusive, but probably two different consequences of being abused as a child. Also they could be viewed as two different precipitators for the abusive behavior. The former, discipline model, develops out of fear that the child's actions will reflect onto the
parent, the bad he already feels, but denies. The more impulsive abuser may be displacing his own feelings of badness and projecting them onto the child. In either case, given the other child abuse ingredients, physical or emotional abuse could result.

Defense mechanisms such as denial and projection are observed to be in strong use among abusers. Adults seek to have their needs satisfied by an infant or young child who cannot fulfill such tasks, but seem to be acting willfully, stubbornly against the parent. Motives and attitudes are projected onto the child (Steele & Pollock, 1974). In effect, the abusive person is forcing the child into the caring, parental role (role reversal), or he may identify the child with a rejected facet of his own conflicts or with a hated family member. In an effort to work out conflicting self wishes, the adult may stimulate the child to act out the parents' wishes and then punish the child for the behavior (Mulford, 1958).

Whatever the abusive caretaker's reactions are to the child, one of the basic causal factors is seen as a lack of empathetic mothering. Insufficient bonding, which takes place between mother and child in the period following birth, results in inadequate awareness of and response to the infant's needs (Kennel, et al, 1976; Steele, 1976).

In a study matching 10 abusive and 10 control mothers, using the Thematic Apperception Test, California Test of Personality, and Family Concept Inventory, several personality
variables were found to be significantly different for abusive mothers. An inability to empathize, "childhood dependency needs were found to have had severely frustrated emotional deprivations" in background were strongly indicated (Melnick and Hurley, 1969).

**Self-Esteem**

Self-esteem has been defined as an "individual's satisfaction with her self-concept" and self-concept is seen as "the way an individual perceives herself and her behavior and her opinion of how others view her" (Calhoun & Morse, 1977, p. 321). Self-esteem has also been described, after extensive research, as "a positive or negative attitude toward a particular object, namely, the self" (Rosenberg, 1965). For this research, both conceptualizations will be used.

In a study of antecedents of self-esteem, it was found that 50% of the parents of low self-esteem children demanded that their children be obedient, helpful, kind, adjust to others, be well groomed and friendly to all (Coopersmith, 1967). Children demonstrating high self-esteem had mothers rating highest on self-esteem themselves. These mothers were also rated as emotionally stable, self-reliant, and resilient concerning attitudes toward child care. A sense of confidence and authority were expressed by the parents. Mothers whose children were rated high in self-esteem were shown to demonstrate more loving, close, parent-child relationships than those of low esteem children.
In addition, low self-esteem children were found to have punitive mothers. Parents with low-esteem offspring reported lack of guidance in conjunction with harsh, disrespectful, and autocratic methods of control. In comparison, parents with high self-esteem children made reasonable demands which they enforced with firmness and care. Reward was preferred in managing undesired behavior.

Parents who arbitrarily determine policies without considering the child, will not stand for differences of opinion, and resolve deviance by force. This tends to instill feelings of insignificance, powerlessness, and uncertainty in their children. Demand for compliance coupled with poorly defined guiding limits causes confusion and lack of successful experiences. Parents whose children measured low in self-esteem were found to value greatly adjusting to what is acceptable to others. The research suggests that persons with low self-esteem were more apt to demand compliance and accommodation of themselves and others.

Such parental figures not only do not provide models for high self-esteem, but they also set the stage for external rather than inner controls. The child and ultimately the adult look to others for acceptance of their behavior or else learn to defy all authority. This need for approval, which also can be seen as anxiety over social failure, seems characteristic of the parent of the low self-esteem child.

In this Coopersmith (1967) study so many descriptions
of characteristics of low self-esteem children and their parents seem to agree with observations of abusive parents and abused children.

Because low self-esteem appears to be an outstanding symptomatic characteristic of abuse, this construct will be investigated in this study.

Abusive family interactions were found to be devoid of parental affection (Burgess, Holmstrom & McCausland, 1977). Emotional abuse was found to include being labelled and called derogatory names. Also demand for unrealistic expectations, excessive responsibility, incurring fear, exhibiting gross inconsistency, and rejection were considered emotional abuse. Excessive lying in children seemed also to be an indicator of detecting the abuse (Garbarino, 1978). Ways of handling irritating child's behavior were indicated to be strongly influential in differentiating abusive from non-abusive parents (Disbrow, Doerr, & Caulfield, 1977). Educational and psychological problems were broken down into sexual abuse, physical abuse, and neglect categories which have been described from casework chart descriptions. Destructiveness and aggression seemed to be indicative of physical abuse and neglect. Stealing appeared to be symptomatic of children who had been neglected (Kline, 1977).

Over all the descriptive literature concerning personality dynamics of the abused and the abusers, self-esteem problems seem to stand out. Variously they are described as a "feeling
of being not good", "self-negation", "lack of good self-image", "self-disgust", "self mutilation" to name a few listed above in this review of the literature.

**Perpetuation of Child Abuse and Incest**

Clinical figures have shown that child abuse seems to be repeated generation after generation if no treatment measure intervenes to interrupt his process. We both learn to be a child and how to be a parent experientially by being parented and being a child. Child abusers appear to lack integration of these two experiences (Steele, 1975). With few exceptions, authorities on child abuse find abusive parents have also been abused or deprived as children (Parents Anonymous, 1975; Steele & Pollock, 1974).

Most methods of rearing children are passed from generation to generation, learned experientially during our own childhoods. Often this is less than adequate. Many people consider parenting instinctual and see no relationship between methods used and the resulting behavior of the child (Stolz, 1967). Still others see the child with no rights, as a commodity, a possession to mold and force into whatever form the parent sees fit (Fontana, 1973).

Ray Helffer, M.D., Professor of Human Development, Michigan State University, paints a vivid picture of what he calls the "World of Abnormal Rearing" (WAR), in which a vicious cycle of child battering is perpetuated (Helffer, 1974). The WAR cycle can be entered at any point, but the entrance
of the infant into the relationship is a logical place to start. The parent holds unrealistic expectations for the child, often beyond the child's capacity, at all stages in child's development. But even the infant is expected to fulfill the yearning needs of the parent for loving and caring. The child learns to comply by force, or perhaps does not learn. This leads to distrust of parents, since the parent is not meeting the child's needs. The distrust generalizes to others, and the child is further handicapped in the effort of need fulfillment. The child is expected to care for the mother and/or the father. Role reversal is occurring. Unlearned trust leads to isolation from other humans. The child learns to do for himself or do without, but does not learn how to seek help, nor to help others. The self-image disintegrates or never develops positively. Channels for communication and modeling are blocked (Young, 1964). With this feeling of being no good, the self-esteem weakens. The child identifies with others in the same situation, choosing friends like himself. This "child" selects a mate, who, because of similar weakness in psychological make-up is unable to be helpful or supportive. Excess suffering or divorce usually results. Remarriage usually takes place with the same type of person. And the cycle continues as this "child" becomes a parent, also trapped in the abnormal parenting cycle, following the only pattern of child-rearing learned from the generation before (Helfer,
1974).

As with physical abuse, sexual abuse also seems to be perpetuated, with what seems to be a slightly different focus. Consistent throughout the work with incestuous families seems to be the repetition of the child sexual abuse from one generation to the next (Giarretto, 1976; Herman & Hirschman, 1977; Meiselman, 1978; Summit & Kryso, 1978/79). The cycle is set up through family dysfunction, marital problems, depression and possible low self-esteem of the mother and inadequacy of the father, who violates his daughter. The girl feels a craving for affection and an adequate parent. She continues to try to find a redeeming relationship. Promiscuous, she often marries young, usually attracted to a person without the means to fulfill her needs. He will often be similar to her father or cruel, abusive and neglectful (Herman & Hirschman, 1977). She herself is often depressed, with sexual dysfunction, setting up dynamics similar to her original family. Relying on her own family model of spouses and parents, she has a faulty model to follow. In many cases, she, too, will look the other way and deny when both physical and sexual abuse are experienced by her own offspring (Helfer, 1976; Giarretto, 1976).

In physical and verbal abuse cases, the mother is most often the perpetrator. In the remainder of the cases she represents the passive bystander who allows her children to be abused and does not protect them. In contrast, incest
cases usually involve the father or surrogate father as the perpetrator and the mother as the passive partner allowing this activity to take place.

Psychological and sociological background factors for child abusers have been shown to differ for males and females. Females appear to be more likely to have a history of social and psychological child abuse as a child and tend to abuse a male child more often (Jameson & Schellenbach, 1977). The female child abuser is described as "powerless in all spheres" (Jameson & Schellenbach, 1977). Both displaced anger with males in general and the male infant's often lagging response to mothering have been sighted as possibilities for the specificity of the maltreatment of young male children by their mothers. In contrast, sexual abuse offenders were found to be males in 95% of the cases, with the victims 90% female (Giarretto, 1976; Maisch, 1972; Swift, 1977).

This study will concentrate on female subjects since:

1. Most of the literature pertaining to child abuse relates to females,
2. More often the perpetrators of physical and verbal abuse are female, and
3. Most of the victims of child sexual abuse are female, and
4. literature indicates that women are more likely to
be influenced by their abusive backgrounds in determining abusive treatment of their offspring.

Research

The bulk of the literature on child sexual abuse and reports of studies and treatment has appeared within the last six to eight years. The sex offender first drew attention in the literature, then family dysfunction, and only recently have the effects on the victim come into focus. Although Freud first formed a theory of incest as causal in the etiology of hysteria, he later retrieved this theory and attributed hysterical symptoms in part to incestuous fantasy. Little was written on the subject of incest during the 1930's, 1940's or 1950's. The subject began to attract interest during the 1960's, when psychologists viewed it as unusual. It was thought to occur only between retarded or seductive girls and sociopathic and inadequate fathers (Summit & Kryso, 1978/79). Overall there seems to have been a reluctance in considering incest as a real event with directly attributable consequences.

Part of the denial on the part of society in general and the professionals can be seen in the issue of incest taboo. Much of the literature (de Vos, 1975; Ember, 1975; Parker, 1976; Rubenstein, 1976) in the last three years has dealt with this question. Two major hypotheses, one biological, the other social, have been put forth to explain the need for avoidance of incest. The argument against incest because of
deleterious psychological effects still seems to be disputed.

According to one theory (Parker, 1976), inbreeding of the human species is prohibited because of the inherent need for diversification in order for adaptation and survival of the species. The function of the incest taboo, then, would be to encourage the individual to seek new genetic territory. Another theory suggests that the taboo might have been set up as a practical defense against a natural attraction due to close contact. The taboo is seen as a mechanism to help repress desires and restrain sexual behavior among family members. This would function as a means to eliminate confusion between affection and genital arousal in rearing offspring (de Vos, 1975). It seems to me that both theories, plus an argument that child sexual abuse seems to be counterproductive for mental health, are enough reason for the continued prohibition of familial sexual misuse of children.

There seems to be an overall dispute between those who believe deleterious consequences stem from the incestuous relationship (Giarretto, 1976; Herman & Hirschman, 1977) and others who are questioning the actual role of the incest act in causation (Greenberg, 1977; Maisch, 1972; Summit & Kryso, 1978/79). In fact very little controlled research has been carried out on the subject of incest, let alone this aspect. There are difficulties in obtaining samples and control groups (Meiselman, 1978). The bulk of the information on psychological outcomes of incest have come from self-report
of incest victims and questioning about childhood sexual experiences, those women who are in psychotherapy or treatment groups. Very little or no psychometric testing has been reported. Mostly correlational studies have been carried out. Control groups have not been employed (Meiselman, 1978).

Maisch (1972) presents a table (p. 168) in his book, *Incest*, that shows no significant differences in victims' symptoms before and after incest occurred. He listed psychosomatic symptoms, delinquency, behavioral disturbances and depression. He draws the conclusion that "symptoms of disturbed personality development were no more frequent after the start of incest than before" (p. 169). He does not, however, describe the design for the study. It would seem that the information about the victims' psychological problems before incest would have to be obtained by self-report. If the girl were quite young, or if the incest had occurred some time ago, the accuracy of the self-report would need to be questioned. Based on this one study, Maisch (1972) concludes that family dysfunction is the cause of the girl's problems. He sees incestuous behavior as "only deviant or abnormal in so far as it goes against the sexual taboo of the family and injures the norms and expectations current in our society" (p. 217). He states that there are no verified results showing long-term effects on the victims. To him pregnancy and birth of a child and negative reactions of society influence the psychological problems of the victim.
Summary and Hypotheses

There appears to be a lack of experimental research on child sexual abuse. Also confusion over whether incest and other forms of child abuse are to be treated as similar or totally different seems to further muddy both research and treatment modalities. Can we, in fact, separate incest from child abuse in general when treating victims or perpetrators? Furthermore, if child abuse and incest seem to occur together within a family can we isolate incest from physical, verbal and/or emotional child abuse in order to show specific effects from one form or another?

Through clinical observation and a review of the literature, it seems that, in all likelihood, incest and other forms of child abuse occur within the same family with high frequency. It is predicted that the overlap of incest with other forms of child abuse will be highly significant.

Several personality characteristics are described as symptomatic of child abuse. Low self-esteem often is observed clinically in the abuser as well as the abused. Since self-esteem seems to encompass many other characteristics described for all the forms of child abuse, this construct was selected for study. Since denial has been indicated as a defense mechanism utilized by many victims of child abuse and incest as well as for abusive mothers, it too was investigated. The lack of internalization of
inner moral controls has been suggested as a characteristic of the abused child and the abusive parent. Because defensiveness, also described as a need for social approval, suggests a lack of internalized control combined with the use of denial, this construct will also be measured.

It would seem that those women who have been victims of child abuse and/or incest would measure lower in self-esteem and higher in defensiveness than women who have experienced neither as children.

This research will investigate the relationship of incest with other forms of child abuse in women's backgrounds. In addition, two variables will be examined for all women in the study: self-esteem and defensiveness. With this, the following hypotheses were indicated:

1. Significant overlap between incest and other forms of abuse will be expected.
2. Higher self-esteem will be indicated for control women than among the experimental group.
3. Over all subjects, those women who have experienced neither incest nor other forms of abuse, will score higher than women who have.
4. Women in the experimental group will score higher in self-esteem if they have experienced no incest nor other forms of child abuse.
5. Experimental group women will be significantly
higher in defensiveness measured than control women.

6. Within the experimental group, those women who experienced incest and other forms of child abuse will show more defensiveness than those who have not.
METHOD

Subjects. The subjects consisted of seventy-three females attending 3 separate self-help groups. Twenty-five mothers participating in Parents Anonymous, a therapy group for abusive parents, made up the sample representing women identified with physical, verbal, and/or emotional child abuse or neglect. Another twenty-five were mothers in families in which intrafamilial child sexual abuse had occurred. These women were attending Parents United Groups. Twenty-three female subjects made up the group representing victims of child sexual abuse. They were drawn from Jane Doe Anonymous, a group for women who have been molested in childhood, and Daughters United, for adolescent girls who have experienced incest.

The fourth group of forty-eight women served as a control. Twenty-two of these control subjects were attending a Junior Women's Club meeting. The other twenty-six were polled during a meeting of a chapter of the National Organization for Women. These women had not been identified with any form of abuse in their backgrounds.

Materials and Instruments. The instruments were reviewed, chosen and/or developed because of relevant content, relatively good technical qualities, and briefness. The latter characteristic was deemed necessary to encourage cooperation.
The questionnaire packet included three separate measures: the Rosenberg Self-Esteem Scale (RSE), Marlowe-Crowne Social Desirability Scale, and a Biographical Data Questionnaire.

The Rosenberg Self-Esteem Scale was utilized to indicate the relative level of overall self-regard. An individual registering high in self-esteem is defined as a person who thinks of herself as worthy of self-respect and respect from others, although not necessarily better than others. Those individuals who show low self-esteem on this measure would be seen as lacking self-respect. They might also see themselves as rejected by others as well as dissatisfied with themselves. This Guttman scale is an unidimensional, straightforward measure of self-regard. The measure had not been extensively researched.

Reliability of the Rosenberg Scale has been demonstrated with the coefficient of reproducibility being .92 for New York high school students. A higher figure of reliability was obtained with adolescent subjects from Great Britain. Two-week retest reliability coefficient is reported to be .85 for college subjects (Wylie, 1961).

Validity was shown through correlation with observation and other instruments used to measure self-esteem. Observed depressive affect significantly correlated with low ratings on the Guttman Scale, with 50 normal volunteers, New York high school students and 500 community adults. Comparing observations with results of the measure correlated highly
with such traits as interpersonal insecurity, self report of
difficulty in making friends, being sensitive to criticism
from others, and being lonely, shy persons. Parental dis-
interest and disinterest of family members toward and from
the subject was reported by the New York high school subjects
who rated low on self-esteem. Correlations with three other
measures of self-esteem were as follows:

Kelly Repertory Test, $r = .67$

Heath Self-Image Questionnaire, $r = .83$

Interviewers' ratings of self-esteem, $r = .56$

Instructions for scoring this measure are described by
Rosenberg in *Society and the Adolescent Self Image* (Rosenberg,
1965).

Construct validity depended on stressing of confiden-
tiality, anonymity, and cooperation, which were attitudes of
the sample group used in Rosenberg's research. This seemed
to reduce the incidence of deliberate distortion in such a
self-report in which desirable answers are easily discern-
able. Statements for which "agree" and "disagree" responses
indicate high self-esteem are alternated (Wylie, 1961).

Since the person completing this scale might answer from
the position of conventional social acceptance, a scale mea-
suring the tendency to seek social approval, termed defensiv-
eness, was also administered.

Defensiveness was measured with the Marlowe-Crowne Social
Desirability Scale. The need to present oneself in ways which
are socially desirable has been equated with the level of defensiveness of the subject in this study (Crowne & Marlowe, 1960). Some of the statements on this inventory represent situations which are socially desirable, but not usually carried out. Other statements describe circumstances which are socially undesirable, but which most people do. The social desirability scale was utilized to assess whether the subject answering the questionnaire and rating themselves on the Self-Esteem Scale would have the tendency to "fake good" or "fake bad". Answering the questions with a set for what is socially desirable might bias the results. The subject might respond in such a way as to make herself appear more in keeping with social norms and register higher on the self-esteem scale.

Validity was established by the unanimous verification of 36 statements by 10 judges who were psychology faculty and graduate students. The scale was normed to eliminate pathology based content of such defensive measures as the MMPI, F,L, & K Scales. Reliability was demonstrated by internal consistency coefficient of .88. Test/retest correlation was .89. Correlation with the Edwards Social Desirability Scale was .35, significant at the .01 level. Comparison with the MMPI showed positive correlation with the validity scales of the MMPI (Crowne & Marlowe, 1960).

In scoring this measure each question is assigned one point. Therefore the higher the score, the more defensive the
subject is presumed to be.

Questions asked were concerning sex, age, marital status, education, occupation, ordinal position in family of origin, and length of membership in group attending when polled. This demographic information may give clues to the level of functioning and gives background that may be interesting to consider after analysis and during discussion. Thirty-three of the forty-three questions asked are directed toward identifying some aspect of a form of possible abuse, excepting sexual abuse. Questions devised to ascertain the presence of physical, verbal, and/or emotional abuse in the background were developed through various clinical and experimental studies presented in the literature.

Validity of the questions representing child abuse and neglect will be assumed on the basis of findings reported in the literature. The presence of high child abuse was determined by taking a score one standard deviation above the mean score obtained for the control group. Any score below this was not considered to have significant child abuse.

Nine questions were specifically asked about sexual abuse along with some specifics about the situation. Positive answers to question 35 and/or 36 would indicate child sexual abuse. An affirmative response to question 38 determined the incidence of incest. Face validity of these direct questions is high.

Procedure. A letter was sent to the leader of each group explaining the study and asking for cooperation. The entire
battery of questionnaires consisted of four components. Instructions and information about the study were included for the administrator to read to the participants. This emphasized the voluntary nature of participation and the anonymity of the responses. Instructions for each portion of the battery appeared at the top of that section. The questionnaire packet was administered to subjects as a group during a meeting of the organization to which the subjects were respectfully affiliated. Administration was carried out either by group leader or by experimenter. The Rosenberg Self-Esteem Scale, the Marlowe-Crowne Social Desirability Inventory, and Data Questionnaire were presented in that order. The entire packet consisted of five pages. The battery took between ten and fifteen minutes to complete. Upon completion, each participant folded the questionnaire and placed it into a business size envelope. This was then collected by the administrator in a large envelope, whether or not she completed the entire inventory.
RESULTS

Means for physical, verbal, and/or emotional child abuse, defensiveness, and self-esteem are presented in Table 1. These categories are further broken down into figures indicating means for both control and experimental groups, those subjects who have experienced incest or no incest, and a total mean figure for each group.

Significantly greater self-esteem among control subjects are compared to the experimental subjects was found, \((t(122) = 3.8950, \text{one-tailed } p < .0005)\) (See Table 2).

Over all subjects, self-esteem measured significantly greater for those women who reported no incest nor child abuse of any form in their backgrounds as compared to those who have \((t(122) = 3.1716, \text{one-tailed, } p < .005)\).

Further analysis was performed within the experimental group, to see if differences in self-esteem registered significantly higher for the No Incest/Low Child Abuse group as compared to the Incest/Child Abuse group, \((t(53) = 2.9781326, \text{one-tailed, } p < .005)\). A significant difference was found.

Significantly less defensiveness was found in the control group when compared to experiment group, \((t(122) = 3.671889, \text{one-tailed, } p < .0005)\).

Within the experimental groups, defensiveness was found
<table>
<thead>
<tr>
<th>Groups</th>
<th>Amount of ( \bar{X} ) Physical/Verbal Emotional Abuse</th>
<th>Marlow-Crowne Social Desirability Scale X Defensiveness</th>
<th>Rosenberg Self-Esteem Scale X Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Incest</td>
<td>Incest</td>
<td>Total</td>
</tr>
<tr>
<td>I. Control (overall)</td>
<td>9.630</td>
<td>20.5</td>
<td>10.0833</td>
</tr>
<tr>
<td>New Group</td>
<td>13.4230</td>
<td>20.5</td>
<td>13.9674</td>
</tr>
<tr>
<td>Jr. Women's Club</td>
<td>6.1360</td>
<td>0.000</td>
<td>6.1360</td>
</tr>
<tr>
<td>II. Experimental (overall)</td>
<td>15.44</td>
<td>21.905</td>
<td>17.3699</td>
</tr>
<tr>
<td>Groups</td>
<td>Amount of X Physical/Verbal Emotional Abuse</td>
<td>Marlow-Crowne Social Desirability Scale X Defensiveness</td>
<td>Rosenberg Self-Esteem Scale X Self-Esteem</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>No Incest</td>
<td>Incest</td>
<td>Total</td>
</tr>
<tr>
<td>Parents United (mothers of incest victims)</td>
<td>9.000</td>
<td>18.700</td>
<td>12.880</td>
</tr>
<tr>
<td>Daughters United Jane Doe Anonymous (victims of incest)</td>
<td>23.000*</td>
<td>22.158</td>
<td>22.2678</td>
</tr>
</tbody>
</table>

*Siblings of Incest Victims
### TABLE 2
Means for Control Group and Experimental Group

<table>
<thead>
<tr>
<th>Type of Variable</th>
<th>Control Group $\bar{X}$</th>
<th>Experimental Group $\bar{X}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, Verbal and/or Emotional Abuse (PVE)</td>
<td>10.0833</td>
<td>17.3699</td>
</tr>
<tr>
<td>Defensiveness</td>
<td>11.9583</td>
<td>15.3293</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>1.104</td>
<td>2.2029</td>
</tr>
</tbody>
</table>
to be significantly higher for those subjects reporting no incest and low child abuse than for those reporting high child abuse and incest, \((t (53) = -3.1211 \text{ df}(53) p < .0005)\).

Within the Parents United group, mothers reporting no incest nor child abuse in backgrounds registered significantly higher in defensiveness than counterparts reporting both incest and child abuse, \((t (23) = -2.3772627, \text{ two-tailed, } p < .05)\).

Subjects who reported past incest also reported PVE abuse with high frequencies. The frequency chart (Table 3) indicates the degree of overlap between physical, verbal, and emotional abuse with incest as reported to have occurred in the women's backgrounds. \(\chi^2\) analysis was performed on frequency data obtained for the amount of overlap between PVE abuse with incest. Significance obtained was greater than 99.9\% There is a probability greater than 99.9\% that incest is associated with other forms of child abuse.
TABLE 3

Frequency Chart - Overlap Between Incest and Other Forms of Abuse

<table>
<thead>
<tr>
<th>PHYSICAL ABUSE</th>
<th>INCEST</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI</td>
<td>28</td>
<td>9</td>
</tr>
<tr>
<td>LO</td>
<td>9</td>
<td>27</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 19.260 \]

\[ df = 1 \]
DISCUSSION

Overlap of Abuse/Incest

Results indicate that incest and other forms of child abuse are highly likely to occur together in backgrounds of the women in this study. The experimental subjects were identified as abusive mothers, neglectful mothers, and victims of incest. These findings of overlapping types of abuse could definitely generalize to population of the abused and abusers. Only two control subjects out of forty-eight reported incest. In both cases other abuse was also reported at a higher level. In all groups, the subjects reporting incest reported more abuse in forms other than incest. The three subjects in the incest victim group, who are all siblings of the identified incest victims also reported high physical, verbal, and/or emotional abuse. This further supports the theory that incest occurs in abusive family settings.

With high coexistence of incest with other forms of child abuse, an addition to the definition of incest might be made. Incest might be described as a form of child abuse which usually exists in conjunction with physical, verbal, and/or emotional abuse. The same dynamics which lead to lack of respect, lack of parental bonding with child, and lack of effective parental modeling may set the stage for
all forms of abuse including sexual abuse.

High coincidence indicates the greater possibility that incest might be occurring in abusive families, and that families identified as incestuous in all likelihood are abusive to their children in other ways. This is significant for research, treatment, and child protective investigation.

In research projects to determine effects of incest on victims, special design would need to be employed to be sure that sexual abuse was isolated from other forms. Because of the strong interrelationship between incest and other forms of abuse, the isolation of incest for study of consequences to the victim and family presents great difficulty. An investigator could never be totally sure that the effects were mainly due to the incest. The Maisch (1972) research reported not finding that incest in itself had deleterious effects. Such a conclusion would be impossible to draw since symptoms might be the result of any of the types of child abuse, including sexual child abuse. In that study no attempt was made to separate out the incest from other abuse.

In treatment, general modes of dealing with abusive parents could be utilized. Parents in treatment for incestuous behavior would be highly likely to need help with parenting skills as well as work in understanding their own personality dynamics. And parents being treated for physical, emotional, and verbal abusiveness toward their children should be encouraged to discuss freely any sexual abuse in their own
backgrounds. Therapists working with families would be more effective if they were comfortable in dealing with sexual abuse, understanding special treatment modes and dynamics of sexual abuse. Those working with incestuous families need to be versed in parent training skills and supportive techniques as well as confrontive approaches.

Because there were so few (9) victims of incest who reported low incidence of other forms of abuse, this study could not measure the differences in level of self-esteem between those having experienced incest only and those having experienced other forms of abuse. There was, however, a strong effect in the direction of lower self-esteem for those women who had experienced incest and/or other forms of child abuse.

Self-Esteem & Defensiveness

Mothers who admittedly abuse their children, mothers in sexual abuse families, who themselves reported incest, and victims of incest as well as their sisters, measured the lowest in self-esteem. It has been shown that the level of a child's self-esteem seems to depend upon the level of esteem of the parents (Coopersmith, 1967). The indication in this study that low self-esteem among the abusive mothers and abused daughters suggests perpetuation of low self-esteem. Those women in the experimental group reporting incest and high levels of child abuse registered lowest on the self-esteem scale. It is not difficult to see how the demanding
job of mother could be overwhelming for women with low self-esteem. Not feeling capable or worthy, these women might be frustrated into physical action, or, the other extreme, not taking any stand and becoming neglectful. Low self-esteem could also be a factor in preventing a mother from protecting her offspring and/or herself from an abusing father or spouse.

Once the abuse takes place, the low self image is further entrenched because the abuse only continues to prove to that women how unworthy she considers herself to be. By the time the abusive mother is recommended for treatment, she has usually met with so many authority figures who confirm her own poor image, that she may present a formidable front that defies anyone to care for her. She will not trust a therapist who immediately agrees with her, and she will defy the therapist who confronts her. An approach which has been effective clinically in group therapy has been one of encouraging other parents in the group to point out inconsistencies. The therapist can let the mother know that she is accepted as a person, but that her behavior (i.e., the abuse) is unacceptable. Often such a concept, as that of separating the person from the behavior, is difficult for this type of client. She has been so indoctrinated in thinking of herself as a "bad" person that she cannot see that she can control her behavior. Trying to advise the client or tell her that she is a "good" person often meets with disbelief and denial.
Supplying the mother with some small successes, some workable parenting skills often brings about increments of change in self-esteem as a parent. This can serve as a platform for launching other devices to help raise self-esteem. Assertiveness training can be another means for creating successful experiences in interpersonal relations.

Mothers in incestuous families, reporting no incest and low child abuse of their own, measured high in self-esteem by self-report. The question remains as to whether these women have a need to look good to society (in this case, the experimenter). Considering their position, being the bystander and possibly wanting to look innocent of neglect or collusion, they may have strong motivation to try to absolve themselves of the responsibility. Could there possibly be more abusive and incestuous experiences than reported? These same women measured highest in defensiveness. In a study of defensiveness, test takers who rated high on self-esteem and also high in defensiveness were shown to be more likely to cheat to avoid failure (Jacobson, Berger, and Millham, 1969). It appears that a similar effect might be in process with mothers who are threatened by the incest taboo and resultant condemnation by society.

Mothers in incestuous families who report no background of intrafamilial childhood molestation or abuse appear to be the most defensive according to this study. Mass denial of past abusive experiences can be speculated. Perhaps these
mothers do remember but are unwilling to report to anyone that which they see as so rejected by society. They may wish to live out a dream of a perfect childhood and a perfect, storybook family. Or perhaps they are reporting realistically, and they have become victims of the situation. Whatever the reason for the responses of this subgroup, the fact remains that they did report no incest and low child abuse and also measure high on the need for approval on the defensiveness scale.

Clinically, in therapy these women need a different approach than those mothers who admit to having been abused and measure lower in defensiveness. The defensive mothers would seem to be more likely to deny that their daughters were telling the truth, might be more defensive about perceived implications about their roles as "good" wife and mother, might be less likely to accept responsibility for their own role in the family dynamics of father/daughter incest. In many ways they may be more resistant to therapy than those mothers who report incest more readily. If they deny that the sexual activity occurred, they are less likely to be accepting of help for something that is not seen as a problem. They will be more apt to blame the authorities for being harsh, or their daughter for lying, or the child's peers for corrupting ideas. The mothers who are open to accepting their own problems seem more amenable to therapeutic help and seem to feel the need for it.
The Marlowe-Crowne Social Desirability Scale is a simple and quick inventory which is easily administered and scored. Anyone working in the capacity as therapist for a mother in an incestuous father/daughter case, might utilize this measure for an assessment of mother's attitudes. High defensiveness coupled with lack of report of abusive or incestuous background, might indicate to the therapist to proceed slowly building trust before any confrontation. With high defensiveness it might be suspected that the client is trying to gain approval and might try to fake change or listening, when in fact she may be resisting. This might be further encouraged if advice or confrontation is given too soon. Also, the therapist might keep in mind the possibility that incest of some type may have occurred in this client's childhood. As trust develops, the therapist might watch and listen closely for any indications or clues given by the client. If the past incest has been denied and withheld for a very long time, the client may need to deal with this before any progress can be made with her present family situation.

Results of this study strongly suggest that the effect of child abuse and incest on self-esteem seems to lower that construct. The effect of abuse on defensiveness, on the other hand, presents a different picture. Defensiveness shows up stronger in the experimental women than in the controls. However, using the experimental group as its own control the effect is reversed. Data indicated that perhaps the defensive-
ness seen in the experimental group over the controls represents a difference in situation of life. All the women in the experimental group have been exposed as abusers or abused and recommended to treatment by authorities. Those women in the control group attend those groups purely out of choice and have not been "branded" as have the experimental women. Consequently, it would follow that those women in voluntary groups have less reason to be defensive.

In conclusion, it appears that incest and child abuse in other forms are significantly interrated. It also seems that child abuse and incest lower self-esteem of the victim.

Limitations of the Study

This study did not effectively isolate subjects reporting incest without other forms of child abuse. Had the sample size been increased for the experimental group perhaps this could have been accomplished. Out of 121 subjects only nine reported incest without accompanying physical, emotional, and/or verbal abuse. This represents 7.4% of the sample. Projecting this percentage, in order to obtain a group of 25 women who had incest without any other type of abuse reported, the study would have had to include 338 experimental subjects.

Another area that could be improved involves the ages of the controls. The control subjects matched the ages of the mothers in the two parent groups. However, the incest victims were mostly adolescents. A teen girls group not identified with abuse perhaps should have been incorporated into the
study. Also, the incest victims could all have been drawn from a treatment group of women past their teens.

Administering the questionnaire packet to groups of women was convenient. However, had the experimental group not been members of a therapy group identified with abuse, they might have been somewhat less threatened, perhaps giving different results.

**Implications for Further Study**

Since so little research has been carried out in the field of child sexual abuse, research possibilities are extensive. More psychometric evaluations of victims, mothers, and fathers could increase knowledge of personality dynamics involved.

Further attempts to isolate incestuous from generally abusive backgrounds seems needed. This could help determine whether low self-esteem is a function of abuse and neglect or sexual contact with a parent, or both. As we define a parental role, any crossing over from the protective role to a position of obtaining personal sexual pleasure violates the parenting purpose. However, in attempting to isolate the different forms of abuse, it might be determined that there is a difference in effects on self-esteem depending on the type of abuse.

A similar study including the incestuous fathers could be informative. In all likelihood, from clinical reports of the fathers, various forms of child abuse would be prevalent
in their backgrounds also. Disintegration of the family of origin, lack of effective parent modeling, lack of parental bonding with offspring are other areas that need investigation.

Effects of incest, depending on age of inception, needs to be studied further. Psychometric tests could be administered. Age differentiation may be difficult since memory of early incestuous experiences may be hazy. Care would have to be taken to assure accuracy of recollections.

There are many areas in the field of child abuse, and specifically sexual child abuse, which need further study. Most of what is now considered descriptive of incest has been gleened from clinical observations. These need to be supported or refuted through research.
To the Sponsor or Group Leader: 5/3/79

Dear

I am doing a study which will be developed into a thesis. This will help me to complete my requirements for an M.S. degree in Counseling Psychology. I would greatly appreciate your assistance.

I am also involved in self-help groups. I am a sponsor for Parents Anonymous, a leader for Parents United and for Daughters United. With the help of members of these groups some of the questions which appear here were developed. Through work with these groups I have become interested in the many varied experiences which seem to effect the skills of parents. Parenting seems to be so influencial in the outcome of a child's mental health.

I would like to ask you to present this questionnaire to the female members of your group at the beginning of your group meeting. The entire battery will take about 10 minutes. You will need to read the instructions to the participants. These instructions appear on the following page. Do not assist with the answering of any of the questions, unless directions need to be clarified. Collect the finished questionnaires in
the envelopes provided. All answers will remain anonymous to both you and me. However, attitudes and questions inspired by the questionnaire might be discussed in your group following completion of the project.

A large self-addressed (and stamped) envelope is provided for collecting the sealed envelopes from each participant. Each finished questionnaire should be folded and placed into the business size envelope attached to each questionnaire packet.

I will need the questionnaires returned within two weeks from the time of receiving them, since I want to begin analyzing the data soon. I will send information about the results obtained in the study after compiling data and analysis.

Thank you for the cooperation of you and your group in this study.

Joan Sandberg Palladino
Masters Candidate, Psychology
San Bernardino State College
Psychology Intern
Child and Adolescent Services
Department of Mental Health
San Bernardino, California
(714) 383-3238
(714) 887-7226

Supervised by: Peter Levin, Ph.D., Chairman
Christopher O'Hare, Ph.D.
Norma Gifford, Ph.D.

P.S. Please return the questionnaires which have not been filled out along with those which have. Thanks

jsp
APPENDIX B

Directions to Subjects

To be read to participants:

I would like to present some questions to you which will be used for research purposes. The questions in this study are designed to find out how some of our experiences affect our ideas towards family.

Some of the questions will be very personal. You will not be linked up in any way with the answers. Your name will not be put on any of the pages. Therefore, your personal answers will remain private and protected even though you write down your ideas on paper.

Some of the questions may make you want to ask further questions after the questionnaire is finished. If so, this group in which you are meeting now might be the place to bring them up for discussion.

Read all instructions carefully. Answer the questions the way they are true for you. There are no right answers and no wrong answers. Try to work without spending a lot of time thinking about each one. Fill in an answer to every question unless told to do otherwise. Finish page one and then go onto each following page and complete it.

When finished, put questionnaire in the large envelope
provided. If you do not fill out the questionnaire, still put it into the envelope even if blank. Fold the questionnaire and place in envelope. Then seal envelope before it is collected by your leader.

Your help in this study is greatly appreciated.

Thanks
APPENDIX C

Questionnaire Packet

Rosenberg Self-Esteem Scale

For each of the statements below, circle the number which describes you as you see yourself. The meaning of the numbers is listed beneath them. There are no right or wrong answers.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>strongly agree</td>
<td>agree</td>
<td>disagree</td>
<td>strongly disagree</td>
</tr>
</tbody>
</table>

1. On the whole, I am satisfied with myself.
   1  2  3  4

2. At times I think I am no good at all.
   1  2  3  4

3. I feel that I have a number of good qualities.
   1  2  3  4

4. I am able to do things as well as most other people.
   1  2  3  4

5. I feel I do not have much to be proud of.
   1  2  3  4

6. I certainly feel useless at times.
   1  2  3  4

7. I feel that I am a person of worth, at least on an equal plane with others.
   1  2  3  4

8. I wish I could have more respect for myself.
   1  2  3  4

9. All in all, I am inclined to feel that I am a failure.
   1  2  3  4

10. I take a positive attitude toward myself.
    1  2  3  4
Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is TRUE or FALSE as it describes you. Circle (T) for true, and (F) for false.

T  F  1. Before voting I thoroughly investigate the qualifications of all candidates.

T  F  2. I never hesitate to go out of my way to help someone in trouble.

T  F  3. It is sometimes hard for me to go on with my work if I am not encouraged.

T  F  4. I have never intensely disliked anyone.

T  F  5. On occasion I have had doubts about my ability to succeed in life.

T  F  6. I sometimes feel resentful when I don't get my way.

T  F  7. I am always careful about my manner of dress.

T  F  8. My table manners at home are as good as when I eat out in a restaurant.

T  F  9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.

T  F  10. On a few occasion, I have given up doing something because I thought too little of my ability.

T  F  11. I like to gossip at times.

T  F  12. There are times when I felt like rebelling against people in authority even though I know they were right.

T  F  13. No matter who I'm talking to, I'm always a good listener.

T  F  14. I can remember playing sick to get out of something.

T  F  15. There have been occasions when I took advantage of someone.
T  F  16.  I'm always willing to admit it when I make a mistake.

T  F  17.  I always try to practice what I preach.

T  F  18.  I don't find it particularly difficult to get along with loud mouthed obnoxious people.

T  F  19.  I sometimes try to get even rather than forgive and forget.

T  F  20.  When I don't know something I don't at all mind admitting it.

T  F  21.  I am always courteous, even to people who are disagreeable.

T  F  22.  At times I have really insisted on having things my own way.

T  F  23.  There have been occasions when I felt like smashing things.

T  F  24.  I would never think of letting someone else be punished for my wrongdoings.

T  F  25.  I never resent being asked to return a favor.

T  F  26.  I have never been irked when people expressed ideas very different from my own.

T  F  27.  I never make a long trip without checking the safety of the car.

T  F  28.  There have been times when I was quite jealous of the good fortune of others.

T  F  29.  I have almost never felt the urge to tell someone off.

T  F  30.  I am sometimes irritated by people who ask favors of me.

T  F  31.  I have never felt that I was punished without cause.

T  F  32.  I sometimes think when people have a misfortune they only got what they deserved.

T  F  33.  I have never deliberately said something that hurt someone's feelings.
Biographical Data Questionnaire

Please fill in information below and put checks in blanks where indicated.

1. My age is: 12-18____ 19-25____ 26-35____ 36-50____ 51+____

2. I am: Married____ Separated____ Divorced____ Single____
   Living with lover____

3. Number of times: Married____ Separated____ Divorced____
   Living with lover____

4. As an adult I now (plan to): Stay at home____
   Work outside the home____

5. As an adult my work is (will be): Labor____ Office____
   Business____ Profession____

6. Years of education I have completed: ______________________

7. In my family I was the: Oldest____ #2____ #3____ #4____
   #?____ Youngest____ Only____

8. I have children: Yes____ No____ # of boys____, # of girls____

9. I do not plan to have children: Yes____ No____

10. I have attended this group for: # of weeks____, months____,
    years____

Put a check in either the Yes or No response blanks.

Yes ______ No ______

____ _____ 1. When I was young I destroyed things.

____ _____ 2. My mother hugged me when I was growing up.

____ _____ 3. My father (step-father) was a good man.

____ _____ 4. I have had to lie to my parents to get what I want.

____ _____ 5. As a child I was picked up and hugged when I
couldn't stop crying.
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Yes  No

6. Most kids need a beating in order to mind their parents.
7. I was needed to take care of my brothers and sisters.
8. My mother seemed to need me to help her with her problems.
9. When I didn't cooperate my parents yelled at me.
10. I was happy as a child.
11. I was afraid of my father (step-father).
12. People in my family call(ed) me bad names.
13. I had a dog or cat for a house pet when I was a kid.
14. I enjoyed being with my father more than my mother, as a child.
15. I was whipped for punishment.
16. I was bad when I was a kid.
17. I had to grow up too fast.
18. Nobody paid any attention to me when I was little.
19. My parents, on the whole, seemed happy together.
20. Family affection and sexual love can get confused.
21. One or both of my parents had a messed up life.
22. If I got angry at my parents, they would do nothing; it was all right.
23. My mother often seemed sad when I was little.
24. When I was a kid, I had fun with my parent(s).
25. As a kid I had at least one good friend to tell my troubles to.
26. I was hit for no reason when I was a kid.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>27. My mother seemed confused about how to punish me.</td>
</tr>
<tr>
<td></td>
<td>28. I usually could talk my problems over with my mother.</td>
</tr>
<tr>
<td></td>
<td>29. I was hit with an object(s) by my parents.</td>
</tr>
<tr>
<td></td>
<td>30. If kids want something they have the right to tell their parents.</td>
</tr>
<tr>
<td></td>
<td>31. My father use to praise me when I was a child.</td>
</tr>
<tr>
<td></td>
<td>32. If I ever screamed and yelled, I was spanked.</td>
</tr>
<tr>
<td></td>
<td>33. My family made my childhood miserable.</td>
</tr>
<tr>
<td></td>
<td>34. I sometimes feel like hurting myself.</td>
</tr>
<tr>
<td></td>
<td>35. I had a sexual experience with an adult before I was 12 years old.</td>
</tr>
<tr>
<td></td>
<td>36. I had a sexual experience with an adult when I was 12-18 years old.</td>
</tr>
<tr>
<td></td>
<td>This sexual experience included: (check as many as apply)</td>
</tr>
<tr>
<td>Under 12</td>
<td>12-18</td>
</tr>
<tr>
<td></td>
<td>looking at or showing nude bodies (not pictures)</td>
</tr>
<tr>
<td></td>
<td>touching private parts or being touched there</td>
</tr>
<tr>
<td></td>
<td>masturbating an adult or being masturbated</td>
</tr>
<tr>
<td></td>
<td>contact of mouth and sexual part(s)</td>
</tr>
<tr>
<td></td>
<td>intercourse, either attempted or completed</td>
</tr>
</tbody>
</table>

If the answers to question #35 and 36 are NO, stop here.

<p>|     | 37. The sexual experience was with a boyfriend___ girlfriend___ stranger___ |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

38. The sexual experience was with a relative (or substitute).
   
   If yes, with whom: (check as many as apply)
   
   brother____ sister____ uncle____ aunt____ grandfather____ mother____ father____ grandmother____
   step-father____ mother's boyfriend____ babysitter____ step-brother____ step-sister____
   cousin____

39. I told my mother what had happened.

40. My mother believed me.

41. This sexual activity continued for a period of time. How long ______

42. I enjoyed the sexual activity(ies).

43. The sexual activity(ies) were forced on me.

44. I was afraid to stop the sexual activity(ies).
REFERENCES


de Vos, G.A. Affective dissonance and primary socialization:
Implications for a theory of incest avoidance. Ethos, 1975, 3, 165-182.


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