Father–Daughter Incest

Sexual abuse of children in their families is a common problem, the dimensions of which are only beginning to be recognized. Approximately 10% of all women report a childhood sexual experience with a relative, and 1% are victims of father–daughter incest. Incestuous families represent a pathological exaggeration of traditional patriarchal norms. Common features include extreme paternal dominance, maternal disability, and imposition of a mothering role on the oldest daughter. The sexual relationship usually begins before puberty and continues in secrecy for many years. More than one daughter may be involved. Adult women with a history of incest exhibit a clinical syndrome that includes low self-esteem, difficulty in intimate relationships, and repeated victimization. Strategies for treatment of incestuous families and adult victims are discussed. Measures that improve the general status of women and strengthen the role of mothers within the family are proposed as the best means of long-term prevention.

Father–daughter incest is a particularly damaging form of child sexual abuse, which is now beginning to be recognized as a major mental health problem. This common abuse of paternal authority appears to occur most frequently in families that conform to rigid patriarchal norms and seems to be an effective method of socializing girls to the traditional female roles of victim, martyr, and whore.

Sexual abuse by an adult male is currently part of the normative experience of American girls. Several large-scale studies, conducted over the past 40 years in widely different populations, consistently document the fact that approximately one girl out of every four is sexually molested during her childhood or adolescence (Gagnon, 1965; Kinsey, 1953; C. Landis 1940; J. Landis 1956). In cases where the offender is a stranger, the girl's family might be expected to provide protection, comfort, and support in overcoming this trauma. In many cases, however, the family itself is implicated in the abuse. Family negligence or complicity is a factor in the majority of cases (De Francis, 1969), and in as many as one third of the cases, the offender is a relative (Finkelhor, 1979). The most serious cases are those in which the offender is the child's father or guardian. The best available data indicate that at least 1 girl in 100 is sexually abused by her father (Finkelhor, 1979, Kinsey, 1953).

These studies suggest that though boys are occasionally subjected to sexual abuse by adult relatives, the overwhelming majority of child victims (at least 90%) are girls. Boys are more likely to be molested by adult males than by adult females, and father–son incest is apparently more common than incest between mothers and sons, which is generally acknowledged to be quite rare (Maisch, 1972; Weinberg, 1955). Thus, family sexual abuse follows the general pattern of sexual crimes in which most offenders are male and most victims, female.

Family sexual abuse occurs in all social classes and in urban as well as rural environments (Finkelhor, 1979). The large majority of cases escape detection by any social agency, with all family members, including the victim, usually conspiring to maintain secrecy. Incestuous abuse usually begins when the child is between the ages of 6 and 11 (Browning & Boatman, 1977; Maisch, 1972), though many younger children are also molested, and cases involving infants have been reported. Physical force is rarely used; rather the child is induced to cooperate in the sexual activity by intimidation, threats, or bribes or by exploitation of her natural trust and desire for affection.
offence is usually repeated and often becomes an integral part of family life. Most incestuous relationships last more than 1 year, and durations of over 5 years are not uncommon (Tormes, 1969).

Sexual abuse represents a symptom of family dysfunction (Lustig et al., 1966). The dynamics of the incestuous family represent a pathological exaggeration of the societal norms of male dominance. Incestuous fathers are not a readily identifiable deviant population; they are often “good providers” and well respected in their communities. Within their families, however, they are tyrants who seek to impose their will on all family members and to isolate the family from society (Weinberg, 1955). Their wives are described as unusually compliant and submissive. Economically and emotionally dependent on their husbands, they may tolerate extremes of abuse to preserve the marital relationship. Their daughters learn from observation that it is a woman’s lot to submit and ensure that, if necessary, their mothers will sacrifice them to their fathers (Herman & Hirschman, 1977).

In many cases, the wives of incest offenders suffer from a chronic illness or other disability that renders them unusually dependent on their husbands and powerless in the marital relationship. Often this “disability” is itself a consequence of entrapment in a traditional female role: for example, repeated enforced childbearing or total responsibility for the care of a handicapped child.

The oldest daughter in this situation is particularly at risk for sexual victimization; as she gets older, the father may turn his attention serially to the younger daughters (Cavallin, 1966). Many traditional functions of a wife may be assigned to the oldest daughter, including housework and child care (Cormier, Kennedy, & Sangowicz, 1962). The daughter is led to believe that she must comply with her father’s sexual demands in order to keep the family together. She lives in terror that the incestuous secret will be exposed and that either she or her father will be expelled from the home (Lustig et al., 1966).

Anxiety, guilt, and depression are universal clinical findings in girls who have been subjected to incestuous abuse (Kaufman, Peck, & Togiuri, 1954; Karpinski & Sloane, 1942). The effects of the abuse appear to be long lasting and to continue into adult life. Women who report a history of incestuous abuse suffer from a well-defined clinical syndrome that includes difficulty in intimate relationships, low self-esteem, and a tendency toward repeated victimization (Herman & Hirschman, 1977). Marriage to a sadistic mate, with potential abuse of the next generation, is a frequent outcome. Incestuous abuse is also frequently implicated in the developmental histories of adolescent runaways, delinquents, and prostitutes (Benward & Densen-Gerber, 1975).

Toward Intervention

Current social reponse to the problem of family sexual abuse is inadequate on every level. Widespread ignorance and denial of the problem, combined with the family

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tendency to preserve secrecy, ensure that the vast majority of cases escape detection entirely. In those few cases that cannot be ignored, the response of public agencies is usually destructive to the family and further compounds the suffering of the victim. The law enforcement approach focuses on the conviction and punishment of the offender, forcing the child to go through the ordeal of an investigation and trial. Because of the father's dominant role in the family, the mother may rally to his support even after the abuse has been exposed, putting intense pressure on the child to disclaim her story. If the father is nevertheless convicted and imprisoned, the family may suffer economic hardship and the child may be blamed and scapegoated. Small wonder that of the cases reported to the authorities, only a minute fraction proceed to conviction of the offender (DeFrancis, 1969).

Another common social intervention is removal of the child from the home. Although this may be necessary for the child's protection, the child will almost always perceive this as a punishment, since she, rather than the offender, is sent away from home. Foster placement for sexually abused girls is often difficult, since once branded as victims, these children apparently become more attractive to other potential abusers (Summit & Kryso, 1978). Appropriate resources for the care and protection of these girls are lacking in most communities.

A more promising approach to the discovered incestuous family is court-mandated rehabilitation and treatment. Several programs now in existence could serve as models for wide-scale implementation. Of these, the most highly developed is the Child Sexual Abuse Treatment Center in the juvenile probation department of Santa Clara County, California. The program involves all family members in intensive outpatient psychotherapy, including individual, couple, family, and group treatment. Affiliated self-help groups provide peer support for child and adolescent victims. The program claims a success rate of over 90% in the treatment of some 800 families to date. Important aspects of the program are a confrontation between parents and daughters in which the fathers apologize and take full responsibility for the sexual abuse. The availability of a nonpunitive treatment resource has led to a substantial increase in the number of families voluntarily seeking treatment and to vastly improved detection of family sexual abuse. However, the authority of the court appears to be essential in assuring the fathers' compliance with the treatment program (Giarretto, Giarretto, & Sqroil 1978).

Although this model offers a promising approach to the treatment of the discovered incestuous family and holds some potential for increased detection, nevertheless, most family sexual abuse escapes social exposure and will probably continue to do so. Most victims, therefore, will continue to reach adult life bearing the burden of their secrets alone. Some will eventually seek psychiatric help because of continued problems in close relationships and poor self-image. At present, mental health professionals are poorly prepared to offer appropriate help and support to these victims. The dominant (psychoanalytic) school of thought in psychotherapy places great emphasis on the incestuous fantasies of children and virtually ignores the incestuous behavior of adults. As a result, many therapists are predisposed to dismiss the complaints of incest victims as fantasy or to blame the victims for the occurrence of incest (Peters, 1976). Many victims report that when they finally muster up the courage to seek help, either their stories are not believed or they are asked insulting and inappropriate questions that increase their already acute feelings of shame (e.g., Did you enjoy it?). Thus, the original trauma is compounded and the victim is further isolated.
Effective therapy with adult women who have been victimized in childhood is possible. Not surprisingly, the most innovative programs have been pioneered not by professionals but by victims themselves. The Incest Consultation Network of Northampton, Massachusetts, and Christopher St. Inc. in Minneapolis, Minnesota, represent two highly developed models of self-help programs.

Re-education on a massive scale is necessary to raise the consciousness of mental health workers who are likely to come into contact with incest victims. As in the case of related crimes, such as rape, wife beating, and child abuse, increased public and professional awareness is a necessary precondition for increased detection, more appropriate treatment, and, ultimately, prevention.

Prevention of Sexual Abuse

In spite of more enlightened efforts at social intervention, incestuous abuse may be expected to continue as long as fathers and other male relatives have the power to tyrannize their families. In the long run, curtailment of this power must result from the organized efforts of women, and professional psychologists must support those efforts. Historically, the political struggles of women have always included efforts to curb the exploitation of children (Firestone, 1970), and the present increased consciousness of family sexual abuse can be traced in great part to the resurgence of a movement for women's liberation (Brownmiller, 1975; Rush, 1974). Only a basic change in the power relations of men and women can ultimately prevent the sexual abuse of children.

Incestuous abuse occurs in families where the mothers have been subjugated and rendered powerless. If daughters are to be protected, they must find in their mothers and in other women, images of strength rather than weakness. Daughters must learn from their mothers that they have the right to fight and the capability to walk away from situations that are degrading and shameful to them. Presently, too many daughters learn from their parents that oppression is their destiny. Progressive measures that strengthen the role of women in society at large, and mothers within the family, represent the best safeguard against family sexual abuse.

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