Incest Victims and Offenders: Myths and Realities

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INTRODUCTION
Incest: the word implies images and ideas that often create feelings of disgust, anger, even revulsion. Perhaps for this reason, among others, society has chosen to ignore the reality of incest. Instead we have mythicized incest, vesting it with the worst possible fantasies and fears, thereby creating a legend so unapproachable and so outside the experiences of common people that our ignorance of it is justified.

Yet, incest is real and it affects the lives of hundreds of thousands of children every year. It affects not only the child victim but also the incest offender and the entire family. Many of these people—victims, offenders, and family members alike—voluntarily will seek either inpatient or outpatient therapy; many more will be coerced by the courts to do so. Unfortunately some of these individuals, through whatever means, will become involved with mental health professionals who have little, if any, accurate information about incest.

Incest, even when stripped of myth and stereotype, is a serious problem that has the potential to create long-term negative consequences for all involved. The greatest gift that can be given to clients involved in any mental health setting because of incest is a combination of professional expertise and accurate knowledge of the dynamics of the presented problem. The legend of incest must be demythicized.

MYTHS ABOUT THE INCEST OFFENDER

Myth #1: Incest Happens Only in “Other” Families

In all measurable, observable ways, the incestuous family differs little from the nonincestuous family.

The family may be of any ethnic background, social class, or religion. Yearly income usually approximates that of the national average for families of the same size. Yet, in unmeasurable and often unobservable ways, the incestuous family is different. It is most often a strongly patriarchal family, characterized by an authoritarian father who, with his family, creates a kind of family fortress that isolates them from the outside world. As family members are increasingly pressured to limit contacts with other people, the family becomes self-sufficient, creating an environment in which all of their needs, including sexual needs, must be met within the family unit.

The incestuous family also lacks a “restraining agent,” someone with intrafamilial power who opposes incest. In cases of father-daughter incest, the most common type of incest to be brought to the attention of mental health professionals, the restraining agent who does not function in the family is the mother. Because of her own unmet dependency needs, the mother usually has withdrawn sexually from her husband and has, in effect, exchanged roles with her daughter. The younger is thrust into the role of the “little wife,” and assumes responsibilities within the home that far exceed the responsibilities normally given to children her age. She often must do the majority of the cooking and cleaning, and she often has child care responsibilities for younger brothers and sisters. As the “little wife” she is forced to become her father’s friend and confidante, and eventually his lover.

The external facade of the incestuous family may appear strikingly similar to that of a nonincestuous family. Those who intervene therapeutically in the lives of these families must remember, however, that what occurs behind closed doors is what truly distinguishes the incestuous family from other families.
Myth #2: The Incest Offender Typically Is Psychotic

There is a certain comfort in believing that adults who abuse children sexually are psychotic, as though the severity of the mental illness alone could justify the behavior. It is important, however, that the “sick” nature of the offense not be confused with the mental state of the offender because in most cases of incest the offenders are not psychotic. 7

Neither is mental retardation a common finding in incestuous fathers. Most are of average intelligence, with good employment histories and no outstanding psychopathology. 7 If anything, they are characteristically “ingrown” personalities, dependent and insecure, and likely to overcompensate for these feelings with behaviors and attitudes that could be described as rigid, authoritarian, and even abusive.

Psychosis is most likely to be found in incestuous mothers. Although mother-child incest is rare, in the few cases that have been reported, psychosis is not an uncommon finding. 9 Perhaps this is because once a woman has given up the socially conditioned role of the giver and nurturer of human life for the deviant role of the sexual abuser of youngsters, some break with reality already must have occurred.

Myth #3: The Incest Offender Is Alcoholic or Addicted

Again, there is a kind of logic to this myth because it assumes that the use of some substance dissolves whatever inhibitions and restraints a normal person might have, but the myth itself contains only a little truth. At best, the estimated incidence of alcoholism in incest offenders is somewhere between 10 and 23%. 7,8 The reported rate of substance abuse other than alcohol is negligible.

Myth #4: The Male Incest Offender Is Likely to Molest Children Who Are Not Family Members

This happens rarely. In his own way, however deviant, the male incest offender is attempting to demonstrate and elicit an affectionate, loving response from his own child. It is both obvious and unfortunate that he has never been successful in giving and receiving that love in a nonsexual manner. He is an individual who has feelings of love, affection and nurturing confused with sexuality but, because he is inextricably and unhealthily bound to his immediate family, he is generally of little danger to children who are not family members.

Myth #5: Incestuous Behavior Usually Involves Sexual Intercourse with the Child

Gratefully, this is rarely the case. Because typically incest begins when the child is between six and eight years of age, sexual intercourse could leave the child irreparably damaged physically.

Most incestuous behavior involves the fondling of the child, especially the breasts, genitals and buttocks; mutual masturbation; or occasionally oral-genital stimulation. It is accomplished most often with an absolute minimum of physical aggression, although there is, of course, a great deal of emotional pressure on the child to keep the incestuous relationship secret.

MYTHS ABOUT THE INCENT VICTIM

Myth #1: Incest Is One of the Most Falsely Reported Crimes

This is a very common myth about incest, and unfortunately it is also one to which many law enforcement officers, caseworkers, school counselors and other helping professionals adhere. This attitude assumes that “children routinely make allegations of sexual abuse, practically as a rite of passage.” 12

The rate of false reporting of incest is identical to the rate of false reporting of any crime. In other words, as many robbery and assault allegations are made falsely as are incest allegations. The child who has decided to disclose the incestuous relationship is likely to have experienced a considerable amount of anxiety and fear, for the disclosure may have an irreparably negative impact on the entire family. This is what distinguishes incest from other crimes.

Myth #2: The Victim Encouraged the Incest by Seductive Behavior

A child victim of incest often is considered to be at least partially culpable for the sexual abuse. This thinking has even been given a great deal of credence in the professional literature, dating back to a 1937 study of child victims of sexual assault by Bender and Blau: 1

This study seems to indicate that these children undoubtedly do not deserve completely the cloak of innocence. Thus it is not remarkable that frequently we considered the possibility that the child might have been the actual seducer rather than the one innocently seduced.

What may appear first as a remarkable finding among incest victims probably accounts for this myth. The finding is that the vast majority of incest victims passively tolerated the sexual abuse, many of them for as long as eight or 10 years. 1,4 In some cases, the child victim reported actually enjoying the incestuous affair. 1,4

Before passivity or enjoyment is assumed to mean that the child seduced the offender or otherwise elicited the incestuous behavior, the dynamics of the incestuous family must be remembered. In strongly paternalistic families or in disorganized families, both of which are characteristic of incestuous families, children are affection-starved, craving the attention and nurturing of the parents, and behave
in a manner aimed at fulfilling this need. Because the offending parent is unable to demonstrate caring and affection without sexualizing the response, incestuous behavior is likely to be the parent's response to the child's needs. For the child, sexual abuse may be more tolerable than being ignored or feeling unloved.

Another factor in strongly paternalistic families must be recognized: little room for disagreement or resistance is allowed. In the words of Meiselman:

To truly understand the passivity of the daughter, one needs to imagine the situation as it is perceived through the eyes of a child. Especially in a paternalistic family, the daughter has been taught to obey her father in all situations, to anticipate punishment for any show of defiance and to believe that what her father does is unquestionably in her best interests.

Passivity is little more than a survival mechanism in incestuous families, and is a coping mechanism that may cause great feelings of guilt at a later time.

Myth #3: Incest Has Little, If Any, Negative Impact on the Child

This myth has enjoyed a new popularity in recent years. The so-called “pro-incest lobby” has been very vocal in proclaiming its assertion that incest is not only not harmful to the child, but in some cases may even be beneficial. Insisting that the literature “does not support a causal relationship between incest and any single piece of pre- or post-incest behavior,” the pro-incest lobby concludes that incest must not be harmful.

It is true that no causal relationship between incest and any behavior can be proven, but the evidence overwhelmingly and powerfully suggests that such a relationship indeed does occur. During and immediately after the incestuous affair, various “compulsive masochistic” behaviors are common among victims: running away, suicide attempts, drug use, and sexual acting out. Psychologic disturbances among incest victims are more common than among non-victims, and include depression, anxiety states, guilt reactions, character disorders and even, on occasion, psychosis.

Long-range effects of incest may be just as devastating. Incest victims, even as long as 20 years after the affair, have higher incidences of sexual dysfunctions, homosexuality, and psychological disturbance than non-victims. Probably the most overwhelming evidence that incest causes long-term damage to the victim is that incest most often is “transmitted” to the victim's own family. In other words, the victim, as an adult, is likely to be a “carrier”, creating conditions within his or her own family that are conducive to perpetuating sexual abuse with the next generation.

CONCLUSION

Incest: it is indeed a behavior too disgusting to consider. Yet, because it affects the lives of so many people, many of whom eventually will share their experiences with mental health professionals, it is important that both its dynamics and the feelings and values of the mental health professional be discussed openly and confronted.

If it is true that fewer than 25% of all children ever discuss their sexual victimization with anyone, out of fear of not being believed or for the fear that no one really will care, then mental health professionals must confront the traumatic problem of incest and assume the responsibility for destroying the myths of incest.

REFERENCES