

THE LINK BETWEEN INCEST ABUSE AND SEXUAL ADDICTION

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In their search to understand factors that influence incest offenders to engage in their criminal behavior, researchers have investigated a number of avenues, such as feelings of powerlessness, repressed anger, unresolved conflicts, and a variety of others. Few have systematically explored the possibility that sexual addiction plays a significant role. In this study, a sample of 132 self-confessed incest offenders completed the Sexual Addictions Screening Test (SAST) and the Self-Assessment Survey (SAS), and a control group of 100 men completed the SAST. Results found significant differences between offenders and controls on all 25 items on the SAST (with the majority of t values greater than 10), suggesting obsessive involvement with sexual ideation and sexual activities by the offenders. On the SAS, offenders were significantly more likely to be involved in sexual fantasies, masturbation, pornography, voyeurism, harassment, forced sex, and seduction than SAS norms. Results from both tests suggest that sexual addiction may be a significant factor that drives incestuous behavior.

During the past few decades, there has been a growing awareness of sexual abuse as a major problem. The public reaction to sexual abuse has progressed from one of disbelief to one of active concern. More victims

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Sexual Addiction & Compulsivity, Volume 4, Number 4, 1997 © Brunner/Mazel, Inc.

are revealing their abusive experiences, and more incest offenders are being charged and convicted, resulting in incest offenders becoming some of the most unique and highly publicized criminals in our society.

Because of the severity of the emotional trauma inflicted on victims of incest, researchers have explored a number of factors that might motivate offenders to continue abusive behavior. Although a number of studies have focused on the offender's need to have power or control over the victim as a major motivator (e.g., Dwyer & Amberson, 1989; Mayer, 1983), relatively few studies have explored the idea that the offender may be excessively involved in obsessive, sexually oriented ideation, fantasies, or behaviors. Carnes (1992, p. 4) called such persons *sexual addicts* and defined them as "men who compulsively use sexual activity as a mood altering experience to relieve psychological pain." The primary purpose of this study is to explore whether a sexually addictive nature is a major contributing factor to the continuation of incestuous behavior.

Before we continue, some operational definitions will facilitate clarity in the pages that follow. In this study, *incest* is defined as any family members, step or natural, involved in problematic sexual behavior that involves a minor child or children (Maltz, 1988). *Incest offenders* are identified as family men in positions of authority and trust who engage in sexual activity with their child or children, which results in emotional, physical, or sexual trauma to the child or children. A *child* is defined as anyone under the age of 18 years. *Sexual activity* is defined as any type of activity with sexual intent.

LITERATURE REVIEW OF INCEST

Incest is a complicated matter because it is shrouded in secrecy by a universal taboo. Societies have traditionally kept incest hidden, and people are often reluctant to report this crime. Incest occurs regularly in North American society. Russell (1986) indicated that approximately 20% of all women have had at least one incestuous experience before the age of 18. Within the family, boys are also sexually victimized, but in smaller numbers (Demaue, 1991; Faller, 1989). According to Courtois (1988), the rate of sexual abuse of boys is currently underestimated. Our findings show that 19% of the 100 male participants in our control group were sexually abused as children.

Most of the literature is focused on identifying and publicizing ways to prevent, treat, or arrest incest. Additional literature on incest offenders has tended to focus on personal qualities of those who offend. Personality characteristics of incest offenders have been found to include poor impulse control (Finkelhor, 1986; Ganzarain & Buchele, 1990); sexual and emotional

immaturity (Mayer, 1983; Stermac, Hall, & Henskens, 1989); a need for immediate gratification (Ganzarain & Buchele, 1990; Mayer, 1983); feelings of powerlessness and passivity outside the home (Dwyer & Amberson, 1989; Mayer, 1983); inability to be intimate with others (Caffaro, 1991; Plummer, 1991); parental physical, emotional, or sexual abuse or mistreatment (Baker, 1985; Madel, 1986; Mayer, 1985; Parker & Parker, 1986); life traumas such as loss of a job or bereavement (Finkelhor, 1986); manipulative behavior (Dwyer & Amberson, 1989; Mayer, 1983); repressed anger (Erickson, Walbek, & Seely, 1987; Hall & Maiuro, 1986); frustrated dependency needs, fear of inadequacy, and low self-esteem (Dwyer & Amberson, 1989; Ganzarain & Buchele, 1990; Mayer, 1983); drug or alcohol abuse (Ganzarain & Buchele, 1990); projection of blame onto others (Mayer, 1983); poor social skills, particularly with adults (Dwyer & Amberson, 1989; Hall, Maiuro, Vitaliano, & Proctor, 1986; Parker & Parker, 1986); emotional instability (Caffaro, 1991; Parker & Parker, 1986); a low level of socialization with their daughters (Parker & Parker, 1986); and unresolved conflicts (Butler, 1985).

Some broader theoretical perspectives have also been explored. One theory contends that sexual abuse is simply one manifestation of a larger family dysfunction (Butler, 1985). The effect of the family dysfunction theory on the treatment of sex offenders was that sexual abuse was no longer looked at as something that happens to a victim but rather as something that happens between two victims within the context of the family. The implication is that the family takes on some of the responsibility for the sexual abuse.

Other perspectives focus more narrowly on the nature of the relationship between the offender and his wife. Often research of this sort explores the sexual nature of the offender's motivation or of sexual interactions within the marriage as a significant factor in incest abuse. For instance, Radomsky (1995) has proposed that some wives of offenders are chronically ill and unable to function sexually and others use psychosomatic symptoms as a pretext for avoiding conjugal responsibilities. Forward and Buck (1988) believed that the offender seeks intimacy that his wife does not provide and seeks revenge against her for what he considers an emotional crime against himself. Mayer (1983) contended that this sexual incompatibility and dysfunction between a male offender and his wife are the primary causes of incest. That is, the offender's anger toward the spouse resulting from sexual problems may motivate the offender to engage in incest. Mayer further suggested that in some instances the wife may find sex disgusting or may have been a victim of sexual abuse herself. Within this context, the wife may "set up" her daughter for a repetition of her experiences involving sexual abuse. Mayer essentially agreed with Butler's (1985) family dysfunction theory

when she stated that the entire family is involved and each member is active in perpetuating the sexual abuse. Johnson (1992) went so far as to suggest that the spouses were often aware of the incest, recognized the harm, and made a conscious decision to maintain the problem.

Although the work of Forward and Buck (1988), Mayer (1983, 1985), and Radomsky (1995) acknowledged the likelihood that sexuality plays a role in the perpetration of incest, their focus is largely situational, that is, the home is dysfunctional or the spouse does not provide sexual or emotional needs, and in response the offender seeks it elsewhere. In some instances, these researchers have proposed that emotions (such as anger) mediate between the situation and the responses, but the idea that the offender may himself be obsessed with sexuality and sexual involvement is not considered. In this study, we acknowledge that many issues discussed earlier may be significantly implicated in incest abuse, but propose that a distressing gap in the literature needs to be addressed. It may be that because the link between incest offenders and sexual addiction has not been well documented the alarming rate of recidivism among incest offenders is occurring because therapists fail to recognize or deal with the presence of sexual addiction.

SEXUAL ADDICTION

The lack of investigation of the relationship between sexual addiction and incest is not due to any absence of research on addiction. The characteristics of sexual addiction have been well documented by a number of researchers. Schwartz and Brasted (1985) defined *sexual addiction* as a syndrome in which a person is excessively preoccupied with sex; sexual thoughts persistently intrude and distract, and individuals become involved in repetitive, compulsive, sexual activity that becomes undesirable. When this preoccupation results in illicit activity, it produces "hits of adrenaline," and the risk of apprehension seems to satisfy a need to be caught and punished or to sabotage successes. Carnes (1992, p. xxi) described *sexual addiction* as "the athlete's foot of the mind. It never goes away. It is always asking to be scratched, promising relief. To scratch, however is to cause pain and to intensify the itch." The addicts' relationship with a mood-altering experience becomes the most important thing in their lives. Earle and Crow (1989) discussed the fact that sexual addicts have fantasies in which they assume that any sexual experience, real or imagined, is more intense than it is. Addicts believe their needs are being met by their sexual highs. Because an understanding of the link between sexual addiction and incest is central to this study, a closer look at the nature of sexual addiction follows. First,

proposed causes of sexual addiction are considered and then resulting behaviors and personal consequences are explored.

Antecedents of Sexual Addiction

Sexual addiction is usually rooted in early childhood. As children, sexual addicts have typically heard many negative messages about sex. Sexual addicts often come from families who had highly restrictive and conservative attitudes regarding sexuality. Many addicts were severely reprimanded for childhood masturbation and were watched to ensure they did not engage in masturbation or any other type of sexual play. When these children experienced personal nurturing from sex and yet were told by the people whom they most cared about that to be sexual is perverted, they were forced to hide and keep their sexual behaviors secret (Carnes, 1991). This secretiveness helped avoid parental punishment but also caused a great deal of psychological guilt and shame. Because they were unable to conform to parental restrictions, they cognitively construed themselves as sinful or deviant, exacerbating their feelings of guilt and pain (Coleman, 1986). To relieve this pain, they engaged in more sexual activity, thus completing the addictive cycle.

A second key element implicated in sexual addiction is childhood sexual, physical, or emotional abuse. A number of researchers have discovered that a substantial number of individuals diagnosed as sexually addicted have suffered some form of childhood familial violation. For instance, Laws (1980) found that 74% of a group of sex addicts had experienced different forms of child maltreatment. More specifically, a number of clinicians have reported a high incidence of childhood sexual abuse among sex addicts (e.g., Abel, Becker, Mittelman, Cunningham-Raher, Rouleau, Murphy, 1987; Blanchard, 1989; Nakken, 1989; Schaefer, 1987). Self-reports of sex addicts have revealed that 64% of them regard themselves as victims of child sexual molestation (Blanchard, 1990).

A third factor in the etiology of addiction is that addicts have found that they can never depend on the adults in their lives to meet their needs. As children, sex addicts often lacked nurturing, and they did not have anyone to show them how to look after or protect themselves. Consequently, children's relationships with people had the potential of being replaced with addictive sexuality (Carnes, 1991). As these children grew older, they searched for something to make themselves feel better, a search that often led them to sexual activity. Carnes further stated that there is a potential for addiction when children explore their sexuality and this exploration goes beyond discovery to routine self-comforting because of the lack of human care. Sex becomes confused with comforting and nurturing, resulting in addiction.

The Nature of Behaviors Associated With Sexual Addiction

In adulthood, sexual addicts repeatedly and compulsively try to connect with others through highly impersonal, nonintimate behaviors: masturbation, frequent visits to prostitutes, voyeurism, or empty affairs. This results in a form of "diseased thinking" characterized by distorted or unrealistic beliefs about themselves, their behavior, other people, and events that occur in the world around them (Earle & Crow, 1990). They view other people as sex objects. In particular, if others acknowledge them in any manner, they perceive this as sexual interest.

Another feature common to sex addicts is unrealistic attitudes about the source of love and personal fulfillment: "All you need is sex and sex is all you need." Sex addicts attach much significance to sex, which represents to them the fulfillment of every need, the answer to every question, the solution to every problem (Earle & Crow, 1989). Their intense need for love and fulfillment is real. What is irrational is the addicts' beliefs that the sexual compulsions are acts of love. An additional source of distorted thinking stems from the addict's assumption that everyone else feels and acts as they do, and for them to experience pleasure and security means to be sexual (Carnes, 1991). As they grow up, addicts continue to confuse sex and nurturing. Addicts' needs for love and support are sexualized, and sexual activity is regarded as the only means of trying to get these needs met.

Stress is an additional central mechanism in sustaining the sexual addiction. This comes in two forms. First, stress in sexual addicts' lives results from their feelings of shame and anxiety for their double existence. Sexual activity offers temporary relief from stress, but addicts' sexual involvement leads to more stress, to more sex, to more stress, and so forth. A second area is their inability to make and maintain friendships. By allowing people to get to know them, addicts run the risk of having their secret lives discovered. As a result, addicts are reluctant to interact with others or form close friendships with nonaddicts (Earle & Crow, 1989).

Addicts use words such as *depressed*, *unhappy*, *agitated*, *guilty*, *ashamed*, *inadequate*, *scared*, *stupid*, and *sad* to describe how they feel when they are not thinking or acting on their sexual urges. Carnes (1992) outlined the negative self-talk sex addicts engage in: (a) "I am basically a bad, unworthy person"; (b) "no one would love me as I am"; (c) "my needs are never going to be met if I have to depend on others"; and (d) "sex is my most important need." Earle and Crow (1990) have added a fifth and related core belief: "If I have to depend on my social skills to get close to anyone, it will never happen." The addicts' negative self-talk is silenced by focusing on their sexual fantasies and pursuits (Earle & Crow, 1989).

Sex addicts can be distinguished from other people who engage in sexual activity. Earle and Crow (1989) said that a person who is not addicted to sex can have fun doing other things (no matter how much or how often the person enjoys sex). Sex addicts frequently find little gratification in anything else. Sex is the addict's drug of choice, and sex can be used as an anesthetic, a tranquilizer, or a mood elevator, and all sex addicts use sex as an intoxicant (Carnes, 1991). A further difference is that with sex addicts, once the fantasy begins, they cannot stop it unless forced to do so. The fantasy is like a hypnotic trance. The harder addicts try to stop the fantasies, the stronger they become, forcing addicts into obsessive-type behaviors. There must be an element of compulsion or addictive element of sexuality does not exist (Earle & Crow, 1989).

THE PRESENT STUDY

The present study explored the incidence of sexually addictive characteristics of a sample of 132 self-admitted incest offenders. These offenders were administered three different questionnaires. The Information Questionnaire measured the extent of their sexually abusive behavior. The Sexual Addictions Screening Test (SAST) measured tendencies toward sexually addictive behaviors, and the Self Assessment Survey (SAS) measured personal involvement in 113 different types of sexually oriented behaviors. After administration, we compared the scores for the offenders with those of a group of 100 nonoffending controls (SAST) or with standardized norms created by the author of the SAS (Carnes, 1991).

Hypotheses

We proposed two hypotheses for this research: (a) Incest offenders display significantly more sexually addictive tendencies than nonoffenders and (b) incest offenders have an excessive involvement with a variety of obsessive or compulsive sexual responses (either actions or thoughts) as compared with norms.

METHOD

Participants

There were two different samples used in analyses. For each of the groups, all participants were Canadian citizens and lived in Canada when

the data were collected. The offender group included 132 men, self-confessed incest abusers, who had completed at least 2 years of treatment and ranged in age from 31 to 69 ($M = 46.5$ years). The control group included 100 men ranging in age from 20 to 79 ($M = 41.1$ years).

Measures

Demographics included measures of residence (urban or rural), age, gender, ethnicity, marital status, number of children, sexual orientation, level of education, employment status (employed or unemployed), present occupation, level of income, and religion.

A total of three different questionnaires were administered: the 17-item Information Questionnaire, the 25-item SAST, and the 113-item SAS. All instruments (except for the Information Questionnaire) were used by permission of the author of the tests, Patrick Carnes of The Meadows, Wickenburg, Arizona. Each of these questionnaires is described in the order presented above.

Information Questionnaire. The Information Questionnaire completed by the offenders included only 17 multiple-choice questions dealing with criminal prosecution or sentence imposed (2 items); number of victims violated, gender and age of victims, age at which the offender began to abuse, relationship to the victim or victims, and the extent and frequency of abuse (11 items); nature of current relationship with the mother of the victim (1 item); and the presence and nature of abuse perpetrated against the abuser when he was a child (3 items).

The SAST. This 25-item questionnaire (all dichotomous questions in a yes-no format) was completed by both the 132 offenders and the 100 male controls. Five different areas covered in the SAST included acts associated with sexual abuse (3 items), negative emotional consequences of their sexually addictive behavior (7 items), consequences of the addiction (4 items), involvement in sexual activities suggestive of addiction (9 items), and potential causes of their sexually addictive behavior (2 items).

The SAS. The 113-item SAS was completed only by the 132 incest offenders. Comparisons of offenders with an equivalent sample of nonoffending men was accomplished by use of a norming sample. The SAS assesses the level of involvement by the participants in different types of sexually oriented behaviors, thoughts, or feelings. Each item was scored on a 6-point scale with anchors of *never* (0) to *very often* (5). These items are divided into 10 different categories, including (a) sexual fantasy, preoccupation, and

ritualization (17 items); (b) involvement with pornography, nude shows, or sexualizing others (11 items); (c) behaviors related to masturbation (7 items); (d) sexual harassment or taking inappropriate sexual liberties (7 items); (e) voyeurism (6 items); (f) involvement with sex partners outside their primary relationship (15 items); (g) buying or selling of sex (9 items); (h) use of force in sexual interactions (7 items); (i) exhibitionism (8 items), and (j) other types of sexual behaviors (9 items).

Procedure and Materials

The incest offenders were acquired over a period of 5 years from the clinical practices of three central Alberta therapists, Margaret Hueppelsheuser and Patricia Crawford (of Crawford Counselling Services) and Tony Martens (of Martens and Associates). All participated voluntarily (and signed a consent form indicating their willingness to participate) at the request of their therapists. The control group was acquired by word of mouth and through request by us of local people who did not fit the diagnostic category. All surveys were numbered to ensure confidentiality.

Different materials were distributed to those who participated, depending on which group they belonged to. The 132 incest offenders received the Information Questionnaire, the SAST, and the SAS; the 100 male controls received only the SAST.

Incest offenders were assessed in a group setting or individually. When a group setting was used, participants came to the therapists' office. Questionnaires were distributed, then we briefly described the study, assured confidentiality, and instructed participants to read the written instructions and complete the questionnaires. While they were completing the forms, we remained in the room to clarify any ambiguities. When participants were assessed individually, all contacts were made by telephone. Instructions given to these participants were very similar to those given to participants in the groups. Then forms were mailed, and they completed the surveys on their own. Although we were not present during that process, participants were encouraged to call and ask questions if ambiguities occurred, and many took advantage of that offer.

The process for collecting forms from the control groups was much less involved. Although the experimental groups filled out three surveys, the controls were asked to fill out only one, the 25-item SAST. These participants were acquired by request. Controls were informed that they were assisting as a control group in a study of incest offenders. Then they filled out the fairly brief questionnaire while the researcher waited, answered any questions, and then collected their forms.

Design and Analysis

This study used a design that was nonexperimental and cross-sectional. Major forms of analysis included frequency and descriptive information to specify characteristics of the samples and the psychometric validity of variables and distributions. Coefficient alpha was used to assess the internal consistency of a number of the scales or subscales. Independent-samples *t* tests were used to compare the experimental group with the 100 controls (for the SAST) and the experimental group with individuals from the normative sample (for the SAS). We used correlations to show the relationship between corresponding variables and chi-square analyses to assess whether observed values differed from expected values in a number of different analyses.

RESULTS

In this section, we present comparison of demographic information between offenders and controls, followed by a description of key characteristics of the offenders' incestuous behavior. Next, the results of the SAST (the measure of sexually addictive tendencies) are presented, and finally results of the SAS (a measure of the extent of involvement in 113 sexually oriented behaviors).

Information About the Incest Offenders' Abuse History and Abusive Activities

Descriptive information about incest offenders' history and activities include that 74% had been sexually abused as children, with the source of the abuse being from father, mother, siblings, relatives, or others with roughly equal frequency. There were two key periods in which the offenders' abusive behavior against others began: Thirty-nine percent began before age 20, and another 39% began between the ages of 30 and 39. Only 19% began in the 20-29 decade, and fewer than 3% began after age 40. More than half the participants abused only one child, with the average age of the abuse victim being 11 years.

SAST: Incest Offenders (N = 132) Versus Controls (N = 100)

As mentioned previously, the SAST is a 25-item instrument that assesses whether respondents engaged in different types of sexually addictive activities in a dichotomous (yes-no) format. Method of analysis was primarily

comparisons of incest offenders with controls using Spearman's independent-samples t tests. Data were coded 1 (yes) or 2 (no), so mean values for all participants varied between 1.00 (all participants answered yes) to 2.00 (all participants answered no). A value of 1.50 indicates that an equal number of participants answered yes and no for a particular item. As all results reported below are included in Table 1 (with means, t values, degrees of freedom, and significance), we indicate in the text only the direction of the relationship (e.g., incest offenders experienced significantly more depression after sex than controls) and the t values. Degrees of freedom for all items was 230, and significance is at the .001 level unless otherwise noted.

For the 25 items that assessed sexual addiction, the incest offenders differed significantly from the controls on every item. Below we list only results that relate specifically to issues that give indication of the sexually addictive characteristics of the incest offenders. As compared with the controls, offenders were found to have felt worse about their sexual behavior ($t = -26.02$), felt some need to terminate some sexual activity ($t = -23.39$), made promises to curtail certain sex acts ($t = -22.90$), felt that their sexual behavior was not normal ($t = -21.44$), had difficulty stopping sexual behavior ($t = -21.27$), had attempted to stop certain types of sex acts ($t = -16.44$), had tried but failed to quit certain sexual activities ($t = -15.43$), had been sexually abused as a child or adolescent ($t = -9.70$), had been preoccupied with sexual thoughts ($t = -5.55$), had subscribed to or purchased sexually explicit magazines ($t = -3.88$), had been controlled by their sexual desire ($t = -3.65$), and had experienced their sexual desire as stronger than themselves ($t = -2.87$, $p = .004$). Results from all 25 items are listed from greatest to lowest t values in Table 1.

SAS Comparing Incest Offenders With SAS Norms for Adult Men

The SAS is a questionnaire that assesses the level of involvement by the participants in 113 different types of sexually oriented behaviors, thoughts, or feelings. Each item is scored on a 6-point scale with anchors of *never* (0) to *very often* (5). The 113 items are divided into 10 different categories. Because the SAS is so central to hypotheses, greater focus takes place here. For each of the 10 subareas, significant differences between offenders and the SAS norms are determined by independent-samples t tests. After significance for the composite measures are stated, then the number of individual questions (from each subset) for which significant differences occurred are identified, and key items are restated to provide a better feel for the meaning of the results. Psychometric validity for each of these 10 areas for the offender population was quite good: All distributions were skewed toward the lower values, but none were extreme (skewness values varied between 1.09

Table 1
Comparison of Incest Offenders ($N = 132$) With Controls ($N = 100$) on
the SAST

Variable	Offender	Control	$t(df)$	Significance
23. Ever been sexual with minors?	1.00	1.97	-56.58(230)	.000
13. Sexual activities against the law?	1.00	1.90	-28.71(230)	.000
8. Feel bad about your sexual behavior?	1.00	1.88	-26.02(230)	.000
21. Need to quit some sexual activity?	1.02	1.87	-23.39(230)	.000
14. Make promises to quit sex acts?	1.06	1.90	-22.90(230)	.000
18. Ever felt degraded by sex behavior?	1.03	1.87	-22.08(230)	.000
5. Feel sexual behavior not normal?	1.09	1.91	-21.44(230)	.000
7. Trouble stopping sexual behavior?	1.03	1.86	-21.27(230)	.000
11. Worried about people finding out?	1.02	1.84	-20.91(230)	.000
22. Sex activity interfered with family?	1.01	1.81	-19.46(230)	.000
9. Sexual behavior created problems?	1.01	1.81	-18.87(230)	.000
16. Had to hide sexual behavior?	1.01	1.79	-18.32(230)	.000
20. Depressed after sex?	1.09	1.84	-16.80(230)	.000
17. Attempted to stop some sex acts?	1.18	1.91	-16.44(230)	.000
12. Anyone hurt due to your sex acts?	1.00	1.73	-16.36(230)	.000
15. Ever tried but failed to quit sex act?	1.23	1.93	-15.43(230)	.000
10. Ever get help for sexual behavior?	1.31	1.93	-12.72(230)	.000
1. Sexually abused as a child/adolescent?	1.27	1.81	-9.70(230)	.000
19. Sex been a way to escape problems?	1.15	1.61	-7.88(230)	.000
6. Spouse worry about your sex acts?	1.30	1.71	-6.69(230)	.000
4. Preoccupied with sexual thoughts?	1.22	1.57	-5.55(230)	.000
2. Subscribe to or purchase porn?	1.31	1.56	-3.88(230)	.000
24. Controlled by your sexual desire?	1.70	1.89	-3.65(230)	.000
25. Sexual desire stronger than you?	1.73	1.88	-2.87(230)	.004
3. Parents have trouble with sex?	1.61	1.74	-2.06(230)	.040

Table 2
Comparison of Incest Offenders ($N = 132$) with Norms for Normal Males
on the SAS

Variable	Relationship	Offenders	Norms	$t(df)$	Significance
Fantasy	offenders > norms	1.69	1.20	2.71(176)	.009
Masturbate	offenders > norms	1.10	.80	3.35(176)	.001
Pornography	offenders > norms	1.28	.76	4.13(176)	.000
Purchase sex	offenders > norms	1.10	.23	4.95(176)	.000
Many partners	offenders > norms	1.14	.40	4.20(176)	.000
Exhibitionism	offenders > norms	1.01	.20	4.38(176)	.000
Voyeurism	offenders > norms	1.30	.32	5.89(176)	.000
Harassment	offenders > norms	1.71	.50	7.74(176)	.000
Other sex	offenders > norms	1.13	.25	5.14(176)	.000
Forced sex	offenders > norms	1.14	.16	5.93(176)	.000

and 1.56). Kurtosis values were also quite good (all less than 1.6) except for pornography (kurtosis = 3.51). Internal consistency, as measured by coefficient alpha, was also quite high, with values for the 10 scales ranging between .71 and .99, and 8 of the 10 were higher than .90. Table 2 contains (for each of the 10 subareas) the direction of each relationship, means, t value, degrees of freedom, and significance.

Behavior related to preoccupation, fantasy, and ritualization. On the composite measure (the mean of the 20 items), offenders scored significantly higher than the norms, $t(176) = 2.71$, $p = .009$. On 8 of the 20 questions, offenders scored significantly higher than norms, including on such items as fantasizing about sex, feeling the need to be sexual to feel good about self, rationalizing consequences of sexual behavior, having unwanted sex, using sex as a means to find love, and others. In this category of behaviors, the norming sample was most similar to offenders, as no significant differences were observed on 12 of the items for the two groups; however, for no item did the norming sample score significantly higher than the offenders.

Behavior related to masturbation. Offenders engaged in significantly more masturbatory behavior than did the norming sample, $t(176) = 3.35$, $p = .001$. On four of the eight items, offenders scored significantly higher, including behaviors such as masturbating in cars or public places, masturbating a sex partner, masturbating with mechanical or electrical devices, and others.

Behavior related to pornography. Offenders were found to be significantly more involved in various forms of pornography than the norming

sample, $t(176) = 4.13, p < .001$. On 7 of the 12 questions, offenders scored significantly higher, including on such items as keeping sexually explicit material at home or at work, watching sexually explicit videos, taking sexually explicit photographs, sexualizing people in nonsexual settings, and others.

Behavior related to voyeurism. Offenders were significantly more likely than norms to be involved in various forms of voyeurism, $t(176) = 5.89, p < .001$. On six of the seven items, offenders scored significantly higher, including watching people through windows of houses, using binoculars or telescopes to watch, hiding in secret places to watch, and others.

Behavior related to inappropriate liberties. Offenders were significantly more likely than norms to engage in sexually harassing or inappropriate forms of behavior, $t(176) = 7.74, p < .001$. On all eight items, offenders scored significantly higher, including such behaviors as touching or fondling inappropriately, using sexually explicit language at inappropriate times, using sexualized humor, making inappropriate sexual phone calls, making inappropriate sexual advances, touching of sexual parts in public and pretending it was an accident, and others.

Behavior related to victimization or the use of force or threat. Offenders were significantly more likely to engage in these behaviors than the norms, $t(176) = 5.93, p < .001$. On all 13 measures, offenders scored significantly higher, including on items such as forcing sex on a child outside the family, on a partner or spouse, on a family member, on acquaintances, or on strangers and engaging in sexual activities and sharing inappropriate sexual information with children.

Behavior related to sex partners. In this area, offenders were significantly more likely to engage in these behaviors than the norms, $t(176) = 4.20, p < .001$. In 14 of the 16 areas, offenders were significantly higher than the norms, including having affairs outside the primary relationship, swapping partners, cruising public places for sexual opportunities, engaging in homosexual behavior in search of new sexual highs, and others.

Behavior related to exhibitionism. In this area, offenders were significantly more likely to engage in these behaviors than the norms, $t(176) = 4.38, p < .001$. In all nine areas, the offenders scored significantly higher, including exposing from a car, stage, public places, or home; exposing for videos or photographs; and others.

Behavior related to purchase of sex. In this area, offenders were significantly more likely to engage in these behaviors than the norms, $t(176) = 4.95$, $p < .001$. In all 10 areas, offenders scored significantly higher than the norms, including patronizing saunas or massage parlors, paying someone for sexual activity, participating in phone sexual activity, receiving money or drugs in exchange for sexual activity, using an escort or phone service, and others.

Other sexual behaviors. In this area, offenders were significantly more likely to engage in these behaviors than the norms, $t(176) = 5.14$, $p < .001$. On 8 of the 10 questions, offenders scored significantly higher, including items such as cross-dressing, bestiality, causing or receiving physical harm, seeking humiliating or degrading sexual experiences, and others.

Summed over all 10 areas, offenders scored significantly higher ($M = 12.6$) than the norming sample ($M = 4.8$), $t(176)$, $p < .001$. Only 11% of individuals in the norming sample scored as high as the mean for the offender group, and no individual was as high as 1 standard deviation above the mean. The mean value for the offenders was approximately 2 standard deviations higher than the mean for the controls.

DISCUSSION

The hypotheses are strongly supported. Whether using the SAST, which measures tendencies toward sexual addiction, or the SAS, which measures a wide variety of sexually related behaviors, the result is the same. Incest offenders scored significantly higher than controls (or norms) in almost all categories. On the test of sexually addictive tendencies, offenders scored higher than controls on all 25 items, with t values higher than 50.0 and 23 of the 25 items showing significance at less than the .001 level. The results were almost as dramatic with the SAS and provided strong evidence that incest offenders are more involved with a number of sexually oriented activities than nonoffenders. A closer look is first taken of results from the SAST.

Results From the SAST

By way of brief review, the SAST breaks down into five subcategories: (a) acts associated with sexual abuse (e.g., sexual involvement with minors, illegal sexual activities), (b) negative emotional consequences to addiction (e.g., preoccupied by sexual thoughts, controlled by sexual desire), (c) negative behavioral consequences to addiction (e.g., having to hide sexual behavior, therapy for sexual difficulties), (d) consequences of addiction (e.g., family

disruption, related anxiety by the spouse), and (e) potential causes of addictive behavior (e.g., sexually abused as a child, parents had sexual difficulties).

The first category (acts associated with sexual abuse) reveal the greatest offender-control differences. Review of the data indicate that the controls simply do not engage in sexually abusive behaviors. The next greatest discrepancies involve the second category (negative emotional consequences to addiction) and reveal substantial negative effect for the incest offenders in response to their obsessive behaviors. For the controls, most persons have engaged in sexual activities that have caused negative affect, but the key difference is that for nonoffenders, these negative affects do not dominate their everyday lives. For the offenders, present results suggest that they do. Note also that these are not trivial differences. Most are significant at an alpha level of less than .0001.

The third category (negative behavioral consequences to addiction) comes next. Even for individuals who operate within socially approved forms of sexuality, there are behavioral consequences. There are times in all people's lives when painful anxieties are associated with sexuality, other sexual activities may produce embarrassment and be kept uncomfortably private, and there may at times be painful discrepancies between the need or desire for sexual activity and the opportunity to partake. However, such discomfort or anxiety is considered a normal part of interaction with two individuals involved in an intimate relationship. Incest offenders experience similar sorts of tension, but present results demonstrate that these types of difficulties obsess their minds, whereas for nonoffenders it appears to be accepted as part of life and the discomfort is temporary.

Consequences of the incest offenders' behaviors, such as family disruption, anxiety by their spouses, or people hurt by their actions, seem simply to be a natural consequence of their abusive activities, and as such the offender-control differences are expected. Factors that may have been instrumental in causing sexually addictive behaviors (abuse during childhood, parental difficulties with sex) are also more characteristic of the offenders. This result is consistent with a large body of literature that verifies the reality of revictimization for those who have been sexually abused themselves or who live in a sexually unhealthy environment (e.g., Finkelhor, 1986; Mayer, 1983).

Results From the SAS

Whereas the SAST focuses on correlates of sexually addictive responses, the SAS measures specific behaviors. Although both deal with the broader

issue of sexual activities, the SAST has a greater emphasis on the consequences of sexually addicted behavior, whereas the SAS is more a measure of involvement with a number of different sexual activities. The reader is once again referred to Table 2 to review the 10 subscales created from the 113 items on the SAS.

An unexpected source of interest was the extremely high internal consistency (measured by coefficient alpha) of the 10 subscales for the incest offenders. Four of the scales measured .99, and all but 2 were higher than .88. Although for the norming group the alphas of these scales varied between .53 and .89, for the incest offenders there was a remarkable degree of consistency of involvement with different types of sexual activities within a particular category. The two scales that rate relatively low for offenders are masturbatory behavior ($\alpha = .72$) and the use of force in sexual activity ($\alpha = .71$). For masturbation, a closer look revealed several items (e.g., masturbating with objects or with mechanical or electronic devices or masturbating in public places) were not performed by any of the incest offenders, resulting in the lower alpha. The lower levels of consistency for the use of force in sexual activities suggests that incest offenders may be fairly individualistic in the situations where force may be used to further their sexual goals. For instance, the scale includes use of force against several types of victims (e.g., children, spouse, relative, strangers), and whereas some may abuse a child and a spouse, a threat-sensitive nature may prevent committing similar acts against relatives or strangers.

Three Themes: Excessive Sexual Preoccupation, Safe Sex, Sexual Harassment, and Seduction

From 4 of the 10 categories in which incest offenders scored significantly higher than norms, a main theme emerges. As suggested previously by the results from the SAST, offenders have an excessive involvement in, need for, and preoccupation with sexuality. Several of the categories where incest offenders score significantly higher than norms include involvement with pornography, fantasy, masturbation, or voyeurism. Involvement in these activities not only suggests immoderate involvement in sexual activities and ideation, but all are passive, involving no interactive risk to the incest offenders. They are activities that represent an extreme involvement (in both thoughts and behaviors) with a sexual theme while remaining "safe" by avoiding interaction with threatening others.

Second and third themes surface when activities such as sexual harassment (e.g., inappropriate physical contact, sexualized humor, telling sexually explicit stories or using sexually explicit language inappropriately) and seductive or manipulative behaviors (e.g., spending money to encourage sexual

involvement, using flirtatious or seductive behavior to gain attention, using a power position to exploit another) are considered. For these two scales, the differences between offenders and norms were greater than any of the other eight scales. Although it is true that these behaviors involve some risk, the incest offenders tend to pick easy targets for such expression. For instance, the offenders will often perform harassing, seductive, or manipulative behaviors toward children or spouses because they are available, well known, and thus less personally threatening. An item from the "other" category, *bestiality* (sexual involvement with animals) is quite frequently ascribed to by the incest offenders (73%), but not by the norming sample. Even here the theme of a "safe" situation or target asserts itself. Animals do not talk back, and neither do children. Further, both make poor witnesses in court.

In sum, these three themes appear to permeate activities revealed within the entire scale of the SAS: the excessive, and frequently obsessive, sexuality of the incest offenders; the threat-sensitive nature of the incest offenders as revealed by avoidance of activities likely to have immediately negative interactive consequences; and the tendency for the incest offenders to focus attention toward safe targets such as children or animals.

Not All Offenders are Sex Addicts

An important word of caution is suggested by the work of GERAL BLANCHARD (1990). Blanchard found that although many (71% in his sample) of child molesters were classified as sexual addicts, the other 29% did not meet that criteria. A closer look at the distributions of scores in the present data set indicate similar results. Although the mean value on the composite SAS measure for offenders is almost 2 standard deviations higher than for the norms, 34.8% of the offending sample actually scored lower than the mean value for the norms. An additional 28.8% of offenders scored between the mean value for the norms and 1 standard deviation over the mean. According to Blanchard, a more careful analysis (involving personal interviews) would be necessary to identify which of those 28.8% were actually sexual addicts. The segment of the offending population that substantially influences the high overall mean is the 19% ($n = 26$) who scored a full 5 standard deviations above the normative mean. The important lesson of these results is that even though differences between offending and normative groups may be extreme, simplistic assumptions are not warranted when considering a particular individual classified as an incest offender.

Etiology and Characteristics of the Incest Offender

On the theme of sexual abuse directed against incest offenders while they were children, 74% experienced such abuse. The breakdown of the

source of molestation found abuse perpetrated in approximately equal numbers (between 7% and 10%) by the biological fathers, biological mothers, or a brother, sister, aunt, or uncle. Thirty-seven percent of the abuse was inflicted by a non-family member, usually a babysitter. It seems unusual that the parents of the incest offenders represent such a relatively small proportion of the abuse experienced. Social learning theory (Bandura, 1986) would suggest that abusive behaviors would often be the result of modeling similar behaviors of parents. The majority of sexual abuse against incest offenders as children either did not exist (26%) or came from sources other than their parents (53%). This suggests that the onset of incestuous activities may at some level be influenced by any form of sexual abuse they have experienced themselves, a position supported by the research of Finkelhor (1986).

The number of incest offenders who as teenagers sexually abused others was relatively small. A logical etiology would be that incest offenders began their sexually abusive behavior while younger, and it just continued into adulthood. However, fully 58% did not begin abusive behavior until they were adults, whereas 42% did not begin until they were more than 30 years old. One reason may be the unavailability of easy targets when they were younger. All participants in the sample eventually offended against their own children, who, of course, were not available until the incest offenders were older. Further, sexual abuse against someone other than their own children is a higher risk sort of activity and thus less likely to occur.

CONCLUSIONS

A major contention of this research was that incest offenders' abusive behaviors are significantly associated with sexual addiction in terms of behaviors, thoughts, sexual fantasies, and feelings. The present study showed sexually addictive behavior significantly higher in the offender population, with significance values frequently in excess of .00001. Although this study suggests that not all incest offenders are sexual addicts, a large percentage of them exhibit obsession with sexuality across a wide variety of situations.

Implications of these results are powerful. If therapists who work with offenders ignore the likelihood that many of these individuals are extensively and obsessively involved in sexuality, their efforts to effect permanent changes may prove to be fruitless. Further research is needed to verify the improved outcome of treating incest offenders from a sexual addiction model.

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