

SPOUSES OF INCEST OFFENDERS: COADDICTIVE TENDENCIES AND DYSFUNCTIONAL ETIOLOGIES

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A study of spouses of incest offenders was conducted to discover if (a) these women had significantly more severe coaddictive tendencies than a matched group of controls, (b) whether spouses played a supportive role in encouraging offender's behavior, and (c) whether incest offenders and spouses of incest offenders had similar dysfunctional etiologies. Three samples were selected from among long-time residents of Central Alberta: 132 incest offenders, 155 spouses of incest offenders, and a control group of 100 women. Instruments used to assess various qualities of these groups included the Abuse Survey, the Coaddictive Inventory, and the Coaddictive Consequence Survey. Results supported all three experimental questions, that is, spouses demonstrated severe coaddictive tendencies, often played a supportive role in hiding or encouraging the offender's behavior, and both incest offenders and spouses experienced a wide variety of physical, emotional, and sexual abuse during childhood. These and other issues are discussed.

In recent decades a great deal of research has been conducted to gain a clearer understanding of why incest takes place and what characteristics of the incest offender lead to this sort of abusive behavior. Many avenues have

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been pursued, with the preponderance of research devoted to personal characteristics of the offender and what childhood or background influences affect his behavior. A number of different personality factors have been found to be associated with the offender, including qualities such as poor impulse control (Finkelhor, 1986; Ganzarain & Buchele, 1990), a need for immediate gratification (Ganzarain & Buchele, 1990; Mayer, 1983), feelings of powerlessness and passivity outside the home (Dwyer & Amberson, 1989; Mayer, 1983), addictions to sexual behavior (Carnes, 1989; Hueppelsheuser et al., 1996), and a host of others.

This research focuses on a topic that has not been heavily considered in the understanding of incestuous behavior, that is, the offenders' relationships with their spouses. The wives of incest offenders are typically viewed in terms of "mother of the victim and the wife of the offender," but a careful look into their background, what qualities they possess that attracted them to that sort of man, or whether they play any role in perpetration of the abuse, has not been carefully explored. In short, they are not examined as an entity in their own right. The fact that results from the present study indicate that, upon disclosure of the incestuous relationship, over 90% of spouses never leave the offender or, if they do, reunite shortly thereafter, should cause one to wonder if incest is more than a father offending against his child. Perhaps the relationship with his wife or a dysfunctional pattern of family interaction contributes to a dynamic that allows incest to continue. Considering this issue is important because the spouses may be maintaining the same dysfunctional patterns when their addiction is not treated. An addictive component could be productively included in most treatment modalities if appropriate.

The present research is designed to explore three separate but related issues. Do the spouses of offenders live in some sort of coaddictive relation with the offender? Do spouses play a supportive role in overtly or covertly encouraging the offender's behavior? And do offenders and spouses have similar dysfunctional etiologies? To explore these issues three samples were acquired: a sample of 132 self-confessed incest offenders, a second sample of 155 spouses or former spouses of offenders, and a control group of 100 women, none of whom qualified in the diagnostic category. Two key tests were employed to explore the experimental questions: the Coaddictive Inventory (Carnes, 1989) examined coaddictive tendencies and support for the offender's incestuous activities, and the Abuse Survey (Carnes, 1989) explored forms of sexual, emotional, or physical abuse that the offenders or the spouses experienced as children. In the review of the literature that follows, evidence of coaddictive tendencies in the spouses of offenders is first considered. Further evidence of the dysfunctional etiologies of both offenders and

their spouses is then explored. We also provide operational definitions of key terms used in the study.

In this study, incest offenders are defined 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 that child. Spouses of incest offenders are defined as women in a relationship of at least two years with an incest offender. Child is defined as anyone under the age of 18 years. Coaddicts are women who are so obsessed with their partners that it results in a loss of self-identity (this definition is explored in more detail later). Sexual activity is defined as any type of interaction with sexual intent.

Coaddiction and Its Relationship to Sexual Addiction

We begin with a consideration of the definition and nature of coaddiction. The very term implies a relationship with an addict. The understanding of the relationship between addiction and coaddiction originated among the members of Alcoholics Anonymous in the 1970s (Cermak, 1991). Vernon Johnson (1973) wrote that "the only difference between the alcoholic and the spouse, in situations where the latter does not drink, is that one is physically affected by the alcohol; otherwise both have all the other symptoms" (p. 30). This is also true for sexual addiction and coaddiction. Both people appear to share the same symptoms but their obsessions are different. Sexual addicts are addicted to sex and coaddicts are addicted to the sexual addicts (Carnes, 1989).

In the 1970s and 1980s, researchers and practitioners began to gain an understanding of the nature of sexual addiction. Professionals working with drug and alcohol addicts started to observe similar obsessive behavioral patterns in people who were acting out sexually. Coaddiction was not explored because the focus was on the addicts, who were being viewed as an entity unto themselves not unlike incest offenders. As the addiction was perceived as solely the addict's responsibility, investigators did not recognize the possible contribution of the spouse and the dynamics of the marital relationship in contributing to the addictive cycle.

This, however, opens an immediate problem. Most of the literature that describes incest offenders does not even consider whether offenders are sexual addicts. What has been explored are issues such as power and control within the incestuous relationship and feelings of powerlessness and passivity outside the home (Dwyer & Amberson, 1989; Mayer, 1983); a need for immediate gratification (Ganzarain & Buchele, 1990; Mayer, 1983); parental physical, emotional, or sexual abuse or mistreatment (Baker, 1985; Madel, 1986; Mayer, 1985; Parker & Parker, 1986); repressed anger (Erickson

et al., 1987; Hall & Maiuro, 1986); frustrated dependency needs, fear of inadequacy, and low self esteem (Dwyer & Amberson, 1989; Ganzarain & Buchele, 1990; Mayer, 1983) and a number of others.

However, other researchers have revealed various aspects of sexuality as a critical ingredient of incestuous relationships, including the spouse avoiding sexual activity with the offender (Carnes, 1991), sexual incompatibility between the offender and the spouse (Forward & Buck, 1988), sexual and emotional immaturity (Mayer, 1983; Stermac et al., 1989); and extensive and obsessive involvement with a wide variety of sexual thoughts, fantasies, and behaviors quite apart from the incestuous relationship (Hueppelsheuser et al., 1996). The Hueppelsheuser et al. research has provided the strongest evidence for the sexually addictive nature of incest offenders, and throughout the course of this introduction the incest offenders will, from time to time, be referred to as sexual addicts. This is in full appreciation of the fact that for some offenders sexual addiction may not be implicated in their actions, but evidence seems clear that for many it is.

Characteristics of Coaddiction

Carnes (1991) defined coaddiction as an obsessive illness in which reaction to addiction causes loss of self. Kasl (1989) defined a coaddictive person as someone whose core identity is undeveloped or unknown and who maintains a false identity built from dependent attachments to external sources (e.g., partner) and an addiction to security. Weiss and DeBusk (1993) defined coaddiction as sexual codependency and believed coaddicts are also codependent. They described codependency as a "compulsive use of a set of maladaptive, often counterproductive behaviors in an attempt to create a sense of identity, value, or safety in one's life" (p. 10). They further stated that "sexual co-dependency includes the additional dimension of a distorted sense of the sexual self, an inability of these co-dependents to separate their value from their sexuality" (p. 11). Katherine von Wormer (1989) defined coaddicts as women who remain "in an intimate relationship without seeking treatment, being preoccupied with the doings of the substance abuser, neglecting one's personal needs and trying to protect the . . . abuser." Would a comparison of coaddiction with codependency be useful? No. The latter is so poorly defined and applied so ubiquitously that consideration of the question would be quite fruitless.

Carnes provides the clearest and most widely accepted description of characteristics and behaviors of a coaddictive person, a perspective that will be retained as the operational definition of coaddiction for this paper. Carnes (1991) identified nine characteristics of coaddiction. The first is *collusion*. Coaddicts cover up for sexual addicts and maintain a united front to the

outside world. Secrets are commonly kept within these relationships. The second is *obsessive preoccupation*. Coaddicts constantly think about the sexual addict and often forget about other important issues. Their whole lives revolve around the sexual addicts. The third is *denial*. Coaddicts deny that there are any problems within their relationship. Coaddicts do not trust any intuitive feelings that they experience. They often believe they can change the addicts. The fourth is *emotional turmoil*. Coaddicts are emotionally bingeing most of the time. They are perpetually encountering a crisis or problem, and if no crises exists then they will create one. *Manipulation* is the fifth. Coaddicts use manipulation in an attempt to control the addicts. They use sex to patch up arguments and manipulate the addicts. The sixth is *excessive responsibility for their own and the addicts' behaviors*. They believe that if they change, the addicts will change their sexually acting out behaviors. The seventh is the *loss of self*. Coaddicts sacrifice their values and morals and allow the addicts to decide what is right or wrong. The eighth is *blame and punishment*. Coaddicts become punitive and self righteous in their behaviors toward others. They sometimes have sexual affairs to get back at the addicts. The ninth is *sexual reactivity*. Coaddicts tend to close down sexually, numb themselves to their sexual needs and wants, make excuses not to have sex with the addicts or rarely feel intimate during sexual activity. Coaddicts relate details of their lives where they believe that the sex addicts' distortions of sexuality are normal. Coaddicts' lives are characterized by compromising themselves and their beliefs.

Five Subareas Used in the Measure of Coaddiction

Five different components of coaddiction are considered in measuring the influence of this construct: obsession with the offender, overt or covert support of the offender's activities, denial or misperception of reality, negative personal consequences, and negative behavioral responses.

Obsession with the Offender. Several studies have documented the extreme dependency needs of the spouses of incest offenders (Elbow & Mayfield, 1991; Mayer, 1983; Tinling, 1990). Others have noted the likely source of this dependency, suggesting that women often tend to maintain even a dysfunctional status quo because of the security their husbands provide (Radomsky, 1995). Herman (1983) alludes to the obsessive and dysfunctional level of their dependency needs due to financial and personal consequences if they leave the relationship.

Overt or Covert Support of the Offender's Activities. It is assumed by some that the spouses were aware of the incest, recognized the harm, and made a conscious decision to maintain the problem (Johnson, 1992). Mayer (1983) stated that the entire family is involved and each member is active

in perpetuating the sexual abuse. Often the wife "sets up" her daughter for a repetition of her experiences involving sexual abuse (Mayer, 1983). This would explain the role-reversal with the daughter, which is frequently observed (de Chesnay, 1985; Johnson, 1992; Strand, 1990; Tinling, 1990).

Denial or Misperception of Reality. Several researchers have documented that denial is a frequent defense mechanism for wives of incest offenders (MacFarlane et al., 1986; Sirles & Franke, 1989). Others take on unrealistic responsibilities such as attempting to protect their children from any kind of pain (Elbow & Mayfield, 1991; Hooper, 1992) or using psychosomatic symptoms as a pretext for avoiding marital responsibilities (Radomsky, 1995). Schaef (1989) documents that many spouses, by concentrating on the addicts, avoid feelings of anger, hurt, or sadness. Some coaddicts go to great lengths to manipulate their bodies to look better by means of extreme diets, breast implants, or face lifts, hoping the addicts will find them more appealing. They have twisted perceptions that interpret sex as love and often place unrealistic demands on their own sexual performance. Coaddicts have little understanding that when sexual rejection comes from the addicts it is unrelated to their attractiveness.

Negative Personal Consequences. Schaef (1989) maintains that coaddicts have a self-destructive belief system. Coaddicts suffer from shame, low self-esteem, and feel that no one could possibly love them. They operate on the belief that they are bad and unworthy. Coaddicts struggle with dependency issues and believe that they cannot depend on anyone to meet their needs. Other research has revealed a number of other negative consequences, including poor self-image (Mayer, 1983; Strand, 1990), feelings of inadequacy as wife and mother (Johnson, 1992; Mayer, 1983), inability to take responsibility and cope with everyday problems (Johnson, 1992), passivity (DelPo & Koontz, 1991; Tinling, 1990), emotional immaturity with infantile behavior (Tinling, 1990), sexual inadequacies (Wattenberg, 1985), guilt (Hooper, 1992; Johnson, 1992), poor relationship with their own mothers (Johnson, 1992), low self-esteem (Strand, 1990), depression (Johnson, 1992), and fear of abandonment (DelPo & Koontz, 1991).

Negative Behavioral Responses. The negative personal consequences listed above invariably result in a number of dysfunctional behaviors. Schaef (1989) states that often coaddicts become super responsible and reliable to ensure their indispensability. They create dependency as they find life easier to have someone depend on them than to have an intimate adult relationship. Coaddicts often take on the responsibility of all the household chores, which makes them feel self-righteous and better than the addicts. Their difficulties often result in restricted peer relationships (DelPo & Koontz, 1991), isolating themselves from relations that might allow a more functional and productive

life. Mothers were found often to be emotionally distant from the child victims. They have many times abdicated maternal responsibilities and subsequently encouraged pronounced role reversal, placing the daughter at risk for incest. Finally, they attempt to protect the public facade of role competence and of a successful marriage (Herman, 1983; Mayer, 1983).

Dysfunctional Etiologies of Incest Offenders and Spouses

We now shift attention from the coaddictive tendencies of the spouses to an examination of some childhood factors that appear to have a significant influence on the creation of addictive or coaddictive personalities in the offenders and their spouses.

Sex addicts and coaddicts often have family histories of addictions. These could be alcoholism, drug abuse, eating disorders, workaholism, or other types of addictive behavior. In some types of families, children are taught to be seen and not heard, effectively preventing any opportunity to understand the distinction between appropriate and inappropriate behaviors. This usually results in a distorted image of what is normal. Because they are unable to distinguish between right and wrong, they have difficulty setting appropriate boundaries. Sexual, physical, and emotional abuse are part of the coaddicts' and addicts' histories. Sexual abuse is the most common form of abuse that seems to be present (Weiss & DeBusk, 1993). If coaddicts do not address childhood sexual abuse issues, then they are likely to replay the situation in later relationships. If addicts have been sexually abused, this usually has the effect of intensifying their needs and justifying their sexual behavior.

Other researchers have documented that both spouses and incest offenders have been sexually abused as children (Howard, 1993; Strand, 1990; Tinling, 1990; Wald et al., 1990); and often sustain unmet emotional needs from childhood (Johnson, 1992; Mayer, 1983). Kasl (1989) identifies childhood sexual abuse and neglect as the reason for sexual addiction and coaddiction. She also believed that many factors, including inborn temperament, family programming, and internalized cultural messages, combine to form patterns of sexual addiction and coaddiction. Bradshaw (1988) further expands by suggesting that addicts and coaddicts originate from shame-based families where secrets are kept. They live with constant feelings of belittlement, guilt, humiliation, and unworthiness, not unlike their parents. Family dysfunction is evident in both the addicts' and coaddicts' families of origin. Anyone living in an addictive family environment must adapt maladaptive behaviors in order to survive.

Hypotheses

Three hypotheses were proposed for this research. 1) Spouses of incest offenders have significantly more severe coaddictive tendencies than do controls. 2) Spouses of incest offenders play a supportive role in covertly encouraging the offenders' behavior. 3) Incest offenders and spouses of incest offenders have similar dysfunctional etiologies.

METHOD

Subjects

There were three different samples used in analyses. For each of the groups, all subjects 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 two years of treatment and ranged in age from 31 to 69 ($M = 46.5$). A second group included 155 spouses of offenders (all females), who had also been in treatment for at least two years, and ranged in age from 24 to 55 ($M = 42.4$). Finally a matched control group included 100 women (none were spouses of offenders) who ranged in age from 19 to 74 ($M = 37.5$).

Measures

The only questions answered by subjects from all three groups were the demographics. These included measures of residence (urban-rural), age, gender, ethnicity, marital status, number of children, sexual orientation, level of education, employment status (employed-unemployed), present occupation, level of income, and religion.

A total of four different instruments were administered to one or more of the three groups. 1) the 17-item information questionnaire; 2) the 46-item Abuse Survey; 3) the 40-item Coaddictive Inventory; 4) the 62-item Coaddictive Consequence Survey (CCS). All instruments except for the information questionnaires were used by permission of the author of the tests, Patrick Carnes of Del Amo Hospital in Torrance, California. Each of these questionnaires are described in the order presented above.

A different 12-item multiple-choice information questionnaire was administered to the spouses of incest offenders. It included questions dealing with the nature of the relationship with the incest offender (6 items), the quality of the relationship between offender, spouse, and victim (2 items), and single items dealing with the number of biological children, knowledge

of abuse before disclosure, financial difficulties, and whether the spouse was in a relationship with another man.

The Abuse Survey. The 46-item Abuse Survey was completed by the 132 offenders and the 155 spouses of incest offenders. This instrument identifies abuse experienced *against* the incest offenders and abuse experienced *against* the spouses of incest offenders during childhood. Three different types of abuse are measured: 15 different types of sexual abuse, 12 different kinds of physical abuse, and 16 different types of emotional abuse. Data involved a dichotomous assessment of *event did occur* (1) or *event did not occur* (2). Assessment also included the age at which abuse took place, with categories of 0–6 yr, 7–11 yr, and 12–18 yr; the frequency of the abusive acts, ranging from *once* (1) to *very often* (5); and identification of the perpetrator of the abuse, including biological or step parents, uncles or aunts, siblings, grandparents, and others.

Coaddictive Inventory (COADI). The 40-item COADI was completed by the 155 spouses of incest offenders and the female controls. Data were dichotomous (identifying whether a particular behavior or reaction was present or not present) and were coded *yes* (1) or *no* (2). Questions on the COADI measure five different basic categories: 1) general negative personal consequences experienced by the spouse as a result of problems in the marriage (15 items); 2) support of the offender by the spouse sustaining his destructive and illegal behaviors (8 items); 3) inability of the spouse to see an objective reality (5 items); 4) negative behavioral responses to the offender (6 items); and 5) obsession with the incest offender and offender-related problems (6 items).

Coaddictive Consequences Survey (CCS). The 62-item CCS assesses to what extent subjects suffer different consequences from their coaddictive behaviors. It was completed by the 155 spouses of incest offenders only. Comparison of spouses with an equivalent sample of women not married to incest offenders was accomplished by use of a norming sample. The 62 items are dichotomous with options of *yes* (1) or *no* (2) to indicate whether or not the given item described their behavior or reaction. These items divided into six different categories of consequences: 1) emotional functioning (17 items); 2) physical health (16 items); 3) spiritual dissatisfaction (6 items); 4) marriage and family (9 items); 5) involvement in job or education (8 items); and 6) other coaddictive-related difficulties (6 items).

Procedure and Materials

The incest offenders and spouses of incest offenders were acquired from the clinical practices of three Central Alberta therapists, the first two authors

(of Crawford Counselling Services) and Tony Martens (of Martens and Associates) over a period of five years. All subjects participated voluntarily at the request of their therapists. The control group was acquired by request of the authors of local persons who did not fit the diagnostic categories. All surveys from the three categories were numbered to ensure confidentiality.

For those who participated, different materials were distributed depending on which group they belonged to. The 132 incest offenders received the Abuse Survey. The 155 spouses of incest offenders received the information questionnaire, the COADI, the CCS, and the Abuse Survey. The 100 female controls received the COADI only.

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

The process for collecting forms from the control groups was much less involved. While the experimental groups filled out four surveys, the controls were asked to fill out only one, the 40-item COADI. The controls were informed that they were assisting as a control group in a study of spouses of incest offenders. Then they filled out the fairly brief questionnaire while the researcher waited, answered any questions, and collected their forms. The form they filled out was modified slightly to reflect their perspective. For instance for the wives of offenders the term "sex addict" was often used to describe their partner, while for the controls that term had been replaced by the word "partner." Once again forms were completed while the researchers waited and answered any questions.

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 subsets of the scales. *T*-tests were

used to compare the experimental groups with the controls, the offenders with the spouses, or the experimental group with the norms. Correlations were employed to show the relationship between relevant variables and chi-squares were used to assess whether observed values differed from expected values in a number of different analyses.

RESULTS

This section will first cover results of demographic comparisons. Key characteristics and dynamics of the spouses' personality and functioning will be addressed. This section will conclude with comparisons of spouses with female controls on the coaddictive inventory and comparison of spouses with incest offenders on the abuse survey.

Demographic Information

Initial demographic information found substantial similarity between the spouses and the control group. All subjects from both groups were female, Canadian citizens, and long-term residents of Central Alberta. The majority in both groups were married, had similar income levels, and although there was a diversity of denominational preferences, only three subjects indicated that they were atheist or agnostic. The mean ages of both groups were similar (37.5 vs. 42.4), and, as expected, the spouses of offenders had more children (3.23) than the controls, whose average (1.85) was nearly identical to the mean number of children (approx. 1.9) of families in Canada.

Information Questionnaire

Results in this section are based on correlations between key variables in the information questionnaire. Several variables proved to play major roles in terms of revealing the dynamics of relationships between the offenders, the spouses, and the victim child or children. All correlations are significant at the .05 level.

A higher education was found to be associated with greater prior knowledge of the abuse ($r = -.59$), to have more relational problems with the offender ($r = -.46$), to have more sexual problems with the offender ($r = -.29$), and yet to stay in the relationship longer ($r = .43$).

A higher income was associated with greater likelihood of being from a rural residence ($r = -.32$), having fewer children ($r = -.20$), completing more years of schooling ($r = .22$), having prior knowledge of the incest abuse

($r = -.16$), continuing in the current relationship ($r = -.46$), maintaining a better relationship between the offender and the victim child ($r = -.41$), and greater likelihood of reuniting after a separation ($r = -.52$). A lower income was more likely if the couple had divorced ($r = .38$), or if the spouse was living with another man ($r = .33$).

Prior knowledge was associated with less likelihood of divorce ($r = -.29$), while poor communication skills were associated with more sexual difficulties between the spouse and the offender ($r = .41$), more abusive language ($r = .34$), a greater sense of being controlled ($r = .36$), and more fighting between the offender and the children ($r = .27$).

Coaddictive Inventory, Spouses of Incest Offenders (N = 155) versus Controls (N = 100)

The Coaddictive Inventory is a 40-item instrument that assesses whether respondents engaged in obsessive, compulsive, and coaddictive behaviors. Since the data are dichotomous, descriptive information was not computed. Data were coded 1 = yes, 2 = no, so mean values for all subjects will vary between 1.00 (all subjects answered yes) to 2.00 (all subjects answered no). A value of 1.50 indicates that equal numbers of subjects answered yes and no. Independent sample *t*-tests compared these means to determine whether spouses and controls differed significantly from each other. In all 40 areas, spouses experienced more severe symptoms than controls; for 38 of the 40, the differences were significant. Table 1 includes the question numbers, direction of the results, means, *t*-values, degrees of freedom, and significance levels. In the text, results most central to verification of hypotheses will be addressed. Degrees of freedom for all items is 253, and all significance values are less than .001.

As compared to the female controls, spouses were found to experience an increasingly unmanageable life ($t = -13.20$), to be obsessed with partner's behavior ($t = -11.77$), to engage in self-destructive behaviors ($t = -11.58$), to feel unworthy as a person ($t = -11.24$), to be destructive to others ($t = -10.20$), to become self righteous and punitive ($t = -9.38$), to tell lies to cover up for partner ($t = -8.86$), to feel that their change would produce corresponding change in the partner ($t = -8.75$), to give up life goals and interests ($t = -8.39$), to keep secrets to protect the partner ($t = -7.38$), to live in a state of constant crisis ($t = -7.31$), and to deny their own intuitions ($t = -7.21$).

Spouse-Incest Offender Comparisons

Spouses ($N = 155$) and incest offenders ($N = 132$) both completed the Abuse Survey. This instrument identifies abuse experienced by the incest

TABLE 1
Comparison of Spouses of Incest Offenders ($N = 155$)
with Controls ($N = 100$) on the COADI

VARIABLE	MEAN (Spouses)	MEAN (Controls)	t(df)	Significance
COADI				
35. Life increasingly unmanageable	1.11	1.77	-13.20(253)	.000
1. Obsession re. offender's behavior	1.25	1.85	-11.77(253)	.000
5. Self destructive behaviors	1.23	1.83	-11.58(253)	.000
40. Felt unworthy as a person	1.12	1.72	-11.24(253)	.000
21. Kept overly busy	1.10	1.68	-10.72(253)	.000
6. Destructive to others	1.34	1.87	-10.20(253)	.000
25. Became self righteous and punitive	1.34	1.84	-9.38(253)	.000
23. I lied to cover up for the addict	1.24	1.74	-8.86(253)	.000
9. I blame myself for offender's problems	1.27	1.77	-8.75(253)	.000
10. If I change offender will improve	1.20	1.70	-8.75(253)	.000
22. Did not feel intimate during sex	1.27	1.77	-8.75(253)	.000
31. I gave up life goals and interests	1.26	1.74	-8.39(253)	.000
30. Empty threats to leave	1.25	1.72	-8.11(253)	.000
20. Kept secrets to protect offender	1.23	1.67	-7.38(253)	.000
29. Always a problem or crisis	1.30	1.73	-7.31(253)	.000
38. I denied my intuitions	1.18	1.60	-7.21(253)	.000
34. I played martyr or victim roles	1.16	1.58	-7.10(253)	.000
33. Believed I could change the offender	1.27	1.66	-6.53(253)	.000
26. I became overextended financially	1.41	1.79	-6.49(253)	.000
2. I engaged in strange behaviors	1.56	1.89	-6.46(253)	.000
28. I created dependency situations	1.34	1.73	-6.48(253)	.000
18. Sex most important sign of love	1.53	1.86	-6.10(253)	.000
39. Joined offender for united front	1.27	1.64	-6.02(253)	.000
36. Acted against own morals	1.29	1.65	-5.90(253)	.000
3. Preoccupied and forgetful	1.34	1.68	-5.45(253)	.000
19. Took responsibility for offender	1.46	1.78	-5.45(253)	.000
37. Emotions out of control	1.40	1.72	-5.22(253)	.000
4. I had emotional blackouts	1.63	1.98	-5.04(253)	.000
27. Totally denied the problem	1.49	1.78	-4.89(253)	.000
14. Became numbed to sexual needs	1.48	1.74	-4.29(253)	.000
12. Used sex for manipulation	1.61	1.84	-4.11(253)	.000
32. Changed appearance for offender	1.61	1.82	-3.65(253)	.001
15. I accepted the offender's sex norms	1.66	1.83	-3.09(253)	.004
11. Free-floating shame and anxiety	1.62	1.79	-2.90(253)	.006
13. Focused on offender to avoid feelings	1.63	1.78	-2.49(253)	.017
17. Became hypersexual for offender	1.87	1.95	-2.27(253)	.038
24. Went on emotional binges	1.61	1.74	-2.15(253)	.036
16. Made excuses to not be sexual	1.40	1.53	-2.05(253)	.042

offenders or by the spouses during childhood. Three different types of abuse are measured: sexual abuse, physical abuse, and emotional abuse. Assessment included the age at which abuse took place, with categories of 0-6 yr, 7-11 yr, and 12-18 yr; the frequency of the abusive acts, ranging from *once*

(1) to *very often* (5); and identification of the perpetrator of the abuse, including biological or stepparents, uncles or aunts, siblings, grandparents, and others. With this type of frequency data, chi-square analyses were employed to determine where significant differences occurred. The description of the results beginning with the measures of sexual abuse follows.

Sexual Abuse

The sexual abuse portion of this questionnaire included 15 different types of sexually abusive behavior (e.g., flirting, sexual kissing, touching genitalia, etc.). Overall, results found both incest offenders and spouses to be the recipients of a great deal of sexual abuse, both in terms of quantity and diversity. For all forms of sexual abuse, the spouses were more likely to be sexually abused than the offenders, but these results did not achieve statistical significance ($\chi^2 = 2.15$, ns). Significant differences found that the offenders experienced more sexual abuse from age 0 to 6 ($\chi^2 = 90.25$, $p < .001$), while spouses experienced more sexual abuse from ages 7 to 11 ($\chi^2 = 56.29$, $p < .001$), and from 12 to 18 ($\chi^2 = 41.50$, $p < .001$). The father was significantly more likely to abuse the future spouse ($\chi^2 = 97.87$, $p .001$), while the offender was more likely to have been abused by an aunt ($\chi^2 = 9.94$, $p .010$) or a sister ($\chi^2 = 27.71$, $p < .001$). In addition to these differences there were, based on assumptions of a primarily heterosexual society, unusual similarities. For instance, the biological mothers were as likely to offend their daughters as their sons; uncles were as likely to abuse their nephews as their nieces; and brothers were as likely to abuse their brothers as their sisters.

Physical Abuse

The physical abuse portion of this questionnaire included 12 different types of physically abusive behavior (e.g., shoving, slapping, beatings, etc.). As with sexual abuse, both offenders and spouses experienced a high frequency and a great diversity of various kinds of physical abuse while children. For all forms of physical abuse, offenders were more physically abused than the spouses ($\chi^2 = 32.43$, $p < .001$). Significant differences between offenders and spouses found the offender to suffer more physical abuse between the ages of 0 and 6 ($\chi^2 = 90.95$, $p < .001$), while the spouses were more likely to experience physical abuse from ages of 7 to 11 ($\chi^2 = 3.70$, $p < .09$), and 12 to 18 ($\chi^2 = 15.05$, $p < .001$). Sources of the abuse found the incest offender more likely to be abused by the biological father ($\chi^2 = 43.38$, $p < .001$), the biological mother ($\chi^2 = 7.11$, $p < .010$), and by other non-family members ($\chi^2 = 4.55$, $p < .050$).

Emotional Abuse

The emotional abuse portion of this questionnaire included 16 different types of emotionally abusive behavior (e.g., unfair punishments, absence of physical affection, neglect, etc.). As with sexual and physical abuse, both offenders and spouses experienced a high frequency and a great diversity of various kinds of emotional abuse while children. For all forms of emotional abuse, offenders experienced more emotional abuse than the spouses ($\chi^2 = 6.23, p = .02$), although the difference was not great. Significant differences between offenders and spouses found the offender more likely to experience all forms of emotional abuse from age 0 to 6 ($\chi^2 = 20.24, p < .001$), while spouses were more likely to experience emotional abuse from ages 7 to 11 ($\chi^2 = 5.21, p < .020$) and from ages 12 to 18 ($\chi^2 = 16.31, p < .001$). Other significant differences found the offenders more likely to be abused by the biological father ($\chi^2 = 43.63, p < .001$) or by the uncle ($\chi^2 = 7.10, p < .010$) than were the spouses.

Sexual abuse, physical abuse, and emotional abuse findings are all reported in Table 2 including pertinent variables and frequencies for the entire sample for incest offenders and for spouses. It also includes chi-square values, degrees of freedom, and significance.

DISCUSSION

While other instruments provide supportive data, the two hypotheses proposed concerning the spouses are addressed most succinctly by results from the Coaddictive Inventory. The first hypothesis maintained that spouses of incest offenders have more severe coaddictive tendencies than do the control group. The Coaddictive Inventory measures 40 different types of coaddictive behavior and on 38 of the 40 spouses showed significantly more severe dysfunction than did the controls. Of these 38, 32 were significant at a $p < .001$ level.

Questions from the Coaddictive Inventory divide into five different basic categories. The first dealt with general negative personal consequences as a result of problems in the marriage, such as life becoming increasingly unmanageable, self-destructive behaviors, feelings of worthlessness, giving up life goals and interests, and others. On all 15 items, the spouses suffered significantly more than the controls. This underlines the horror of the situation the spouses usually live in. All eventually become aware of their husbands' sexually abusive behaviors, and most sense something is wrong in the marital relationship long before they are actually informed of the sexual abuse. The data show 40% of spouses aware of the abuse before disclosure,

TABLE 2
Comparison of the Amount of Abuse Experienced as
Children by the Incest Offenders (N = 132) and
Spouses of Offenders (N = 155) on the Abuse Survey

CATEGORY	RELATIONSHIP	FREQUENCY (Offenders)	FREQUENCY (Spouses)	χ^2	Significance
<i>Sexual abuse</i>					
abuse age 0-6	offenders > spouses	364	186	90.25	<.001
abuse age 7-11	spouses > offenders	261	536	56.29	<.001
abuse age 12-18	spouses > offenders	16	91	41.50	<.001
SUM		641	813	2.15	.ns
biological father	spouses > offenders	41	222	97.87	<.001
step dad	spouses > offenders	0	11	9.37	<.01
biological mother		86	79	2.49	.ns
step mom		1	1	.01	.ns
uncle		57	85	1.96	.ns
aunt	offenders > spouses	66	42	9.94	<.01
brother		54	53	.86	.ns
sister	offenders > spouses	74	29	27.71	<.001
others		293	299	2.92	.ns
<i>Physical abuse</i>					
abuse age 0-6	offenders > spouses	451	255	90.95	<.001
abuse age 7-11		140	203	3.70	.ns
abuse age 12-18	spouses > offenders	9	40	15.05	<.001
SUM	offenders > spouses	600	498	32.43	<.001
biological father	offenders > spouses	207	115	43.38	<.001
step dad		0	3	2.55	.ns
biological mother	offenders > spouses	162	140	7.11	<.01
step mom		0	3	2.55	.ns
uncle		25	26	.19	.ns
aunt		26	26	.34	.ns
brother		48	47	.79	.ns
sister		26	22	1.29	.ns
others	offenders > spouses	110	96	4.55	<.05
<i>Emotional abuse</i>					
abuse age 0-6	offenders > spouses	975	932	20.24	<.001
abuse age 7-11	spouses > offenders	147	220	5.21	<.02
abuse age 12-18	spouses > offenders	13	50	16.31	<.001
SUM	offenders > spouses	1135	1202	6.23	<.02
biological father	offenders > spouses	506	381	43.63	<.001
step dad		2	4	.39	.ns
biological mother		271	336	.44	.ns
step mom		0	2	1.70	.ns
uncle	offenders > spouses	77	57	7.10	<.01
aunt		66	88	.61	.ns
brother		44	73	3.31	.ns
sister		36	62	3.38	.ns
others		135	181	1.36	.ns

and almost 80% report significant problems in the relationship prior to knowledge of the abuse. Even those who express surprise when the offense is revealed often have been doing an elaborate job of denying the reality of the abusive situation.

The second hypothesis proposed that the spouses play a supportive role in covertly encouraging the incest offenders' behaviors. Eight items from the Coaddictive Inventory dealt directly with the issue of supporting the incest offenders, not only as individuals, but often by sustaining their destructive and illegal behaviors with a variety of responses such as lying to cover up for the incest offenders, keeping secrets to protect the incest offenders, joining the incest offenders for a united front, taking responsibility for the incest offenders, and even accepting the incest offenders' sexual norms as their own. In fact, on all eight questions, the spouses score significantly higher than the controls; for seven of the items at a significance level of less than .001. Despite the absence of additional literature support, the authors have noted on numerous occasions in therapeutic settings that the spouses of incest offenders have often been supportive of the incest offenders after the disclosure of their illegal and destructive activities. Why others have not noticed this is, at some level, puzzling. It may be that the general public does not want to implicate the spouses in any way when it comes to child sexual abuse. To clarify once again, the spouses are not guilty of the sexual abuse in this setting; however, it appears that they need to accept responsibility for their part in maintaining a destructive life pattern and unhealthy marriage. Sexually abusive behavior is one symptom of their dysfunctional marital relationship.

One of psychology's most famous cases lends support to this idea. When Sybil was repeatedly and severely sexually, physically, and emotionally abused by her mother, the father was aware and did nothing to intervene. One clear lesson of the Sybil case was that those who allow abuse to continue should be held responsible for the consequences of their nonintervention (Schreiber, 1974).

An additional area, addressed by the Coaddictive Inventory with five questions, dealt with an inability to see an objective reality. Again, on all measures spouses suffer more negative consequences than the controls. This category was represented by items such as personal change will change the incest offenders, total denial of the problem, and empty threats to leave. It appears that difficulties experienced by the spouses are so great that they often bias their ability to see clearly things that may be obvious to others. Finally, there are a total of 10 questions that assess negative behavioral responses (5 items) and obsession with the incest offenders and incest offenders-related problems (5 items). The negative behavioral responses (e.g., destructive to others, became self righteous and punitive, used sex for

manipulation) might be expected within the context of the world in which these women live. The problems with obsessions (e.g., obsession with incest offenders, always in crisis, created dependency situations) invite more comment. For instance the second highest difference between spouses and controls was an obsession with the incest offenders' behaviors. Paired with the top ranked item (my life became increasingly unmanageable), a vivid picture is painted of the obsessive-compulsive nature of the lives many of these women, which is directly related to their coaddiction.

Information Questionnaire

The information questionnaire was completed by the spouses and assessed 12 different areas dealing with characteristics of the relationship with the incest offenders and of the difficulties experienced in that relationship. These are listed in the Results section. Despite the relative brevity of this form, a series of correlational and chi-square analyses provide useful insights into characteristics of those relationships.

First, it was found that rural residents were more likely to reunite with the incest offenders. This is not a trivial observation. While 92% of the spouses left the incest offenders upon disclosure, only 19% eventually divorced and fully 81% reunited. The reason for this probably reflects economic and circumstantial reality. There are often significant financial implications with a divorce, and many hold the opinion that even a bad relationship or a family with difficulties is preferable to none. Also, for rural residents, a divorce may mean moving to the city and finding a job, for which their skills are often quite limited.

A second major factor was the influence of education on other variables. It was found that spouses with more education were more likely to know about the abuse, to have more problems in general with the incest offenders, to have more sexual problems, yet to stay in the relationship longer. The maxim that "ignorance is bliss" seems to apply in the present setting. Less educated spouses may be more oblivious to the problems surrounding them. The more educated spouses have greater resources to see and recognize the problems, yet may possess a stronger commitment that maintains the problematic relationship. It was found that if the relationship between the incest offender and the victim-child was good or excellent, and if the relationship between the spouse and the victim-child was good or excellent, both were major predictors of the spouse and the incest offender living together. This result seems like a combination of factors addressed earlier: a seeming lack of perception by the spouses of the reality of the severity of the incest offenders' behavior, and the financial and circumstantial difficulties of remaining apart.

A careful look at the influence of income on a number of variables supports this position.

Level of income significantly influences just about every variable measured in the information questionnaire. The following items are associated with fewer financial problems and less likelihood of being on welfare: rural residence, more education, prior knowledge of the abuse, an excellent spouse/victim-child relationship, an excellent offender/victim-child relationship, and the spouse living with the incest offender. The opposite pattern (lowered income and greater likelihood of being on welfare) is associated with the incest offenders and spouses being divorced, a greater number of children, or being in a relationship with another man. These findings reflect the difficulties of the spouses trying to make it on their own. The financial realities seem to drive many of the decisions that are made concerning their behavior. As noted in the chi-squares analyses, the spouse living with another man produces the greatest difficulty in terms of financial well-being.

Incest offender-spouse communication difficulties influence several other variables in important ways: poor communication is associated with more sexual problems, more demeaning or degrading expressions by incest offenders, greater feelings of being controlled, and a greater incidence of fighting between the incest offenders and their children. This underlies one of the most fundamental perspectives of a marriage and family therapist, that without effective communication, a plethora of additional difficulties ensue.

Finally, it was found that if the spouses knew about the abuse prior to disclosure, there was less chance that they were divorced or separated from the incest offenders (e.g., she is still married to and living with him). Several reasons loom as possibilities. First, it may be that if the spouses have been aware of the problem for some time, they have at some level learned to live with it, and thus do not view it as quite as consequential as those who did not know and it came as a surprise. Therapists working with spouses of incest offenders observe that frequent reasons for staying with the incest offenders include their marriage vows ("I married him for better or for worse") or an intense emotional attachment to them ("I love him so much that I cannot live without him"). The findings of the Coaddictive Inventory also verify that the spouses often feel controlled by the incest offenders and often the spouses are emotionally out of control. It seems apparent that a variety of factors may keep the spouses and the incest offenders together.

Spouse-Offender Comparisons

The final hypothesis proposed in this study was that incest offenders and spouses had similar backgrounds of sexual, physical, and emotional abuse as children. This is supported by research and observation alike that

women who are abused as children often become involved with abusive men in adulthood (Beitchman et al., 1992; Briere, 1984). Men who suffer abuse (of any kind) are more likely to become abusers themselves as adults (Walker, 1988). Results from the Abuse Survey showed a surprising similarity between the profiles of the incest offenders and of the spouses.

Sexual Abuse

Present results on the onset of sexual abuse support the findings of Finkelhor (1979). While the incest offenders are abused far more frequently than the spouses during the first six years of life, the spouses are abused far more frequently in the 7–11 and 12–18 categories. Summed over all age groups, there are no significant differences between incest offenders and spouses on the amount or frequency of sexual abuse experienced. This result provides strong support for the hypothesis that incest offenders and spouses have similar sexual abuse backgrounds. Although data do not provide reasons for the gender-related age differences of abuse, it is an important question to consider. One reason may be that as boys become older they become more assertive and thus less convenient targets for the perpetrators. Possibly for women, the greater amount of abuse between ages 7 and 18 is related to the onset of puberty and greater intrinsic heterosexual interest by the perpetrators. A critical question concerns the effects of early abuse in adult functioning as compared to the effects of later abuse. The sexual abuse literature has begun to look at this issue but important questions still remain. The present study does not address this topic, and it looms as an important avenue for future research.

A second area of interest concerns identity of the perpetrators of the abuse. Certain results were expected based on a largely heterosexual society. Biological fathers abused their daughters more frequently than their sons, and aunts and sisters abused their nephews and brothers more often. A surprising result is the seeming *non*importance of the gender of the child to the perpetrator. Biological mothers, uncles, brothers, and other perpetrators were as likely to abuse one gender as the other. One reason may be that availability is more of an issue than gender. Availability may also reflect on the high incidence of bestiality by incest offenders living in rural areas. A classic study (Festinger et al., 1950) indicated that interaction with others (whether in friendships or abusive relationships) is closely associated with proximity and availability.

Physical Abuse

Physical abuse to incest offenders and spouses when they were children follows a similar age-related pattern as that for sexual abuse. Boys experienced significantly more physical abuse than girls in the first six years of life,

while girls experienced more physical abuse in the 7-11 age category (although this result did not quite achieve statistical significance), and experienced significantly more physical abuse in the 12-18 category. However, overall, the incest offenders experienced more total physical abuse as children than did the spouses. The relative drop in physical abuse as the boys became older may be for reasons similar to the drop in sexual abuse with increasing age, that is, the boys became larger, more assertive, and thus less available targets.

The biological fathers, the biological mothers, and other perpetrators were all more likely to physically abuse the sons (regardless of age) than the daughters. For all others (stepparents, siblings, uncles, and aunts) males and females were equally likely to be mistreated. A reliable gender difference across a large number of studies finds males expressive of more aggressive behavior than females (Hyde, 1986; Perry et al., 1989). Parents will often attempt to control aggressive behavior in their children by additional acts of aggression as forms of "discipline." In sum, it seems that it can be safely assumed that the incest offenders sustained more physical abuse during the course of development than did the spouses.

Emotional Abuse

Although the results for emotional abuse were not as extreme as for sexual and physical abuse, the age-related differences between incest offenders as children and the spouses as children were duplicates of the pattern for the other two types of abuse. Boys sustained significantly more emotional abuse from age 0 to 6 than the girls, and the pattern reversed for the other two age categories (7-11 and 12-18). Overall, the incest offenders experienced more total emotional abuse as children than the spouses, which, although significant, was not that strong. The factors that predicted similar patterns for sexual and physical abuse would seem to apply as effectively to emotional abuse. Two types of perpetrators (biological fathers and uncles) abused boys more than girls, and for all other perpetrators, emotional abuse toward males or females was equally likely. Consistent with hypotheses, the patterns of sexual, physical, and emotional abuse are more marked by their similarities than by their differences.

More important is the strong support of the hypothesis. These results contradict the opinions of many therapists, and even the intuitive logic of the general public, that incest offenders are more likely to have been abused than their spouses. In reality, as suggested by present results, there is little difference between spouses and incest offenders concerning the amount and type of abuse received during their childhood and adolescent years. Although

controls did not fill out this Abuse Survey nor are there norms for comparison, the results almost certainly point to a higher level of all types of abuse by incest offenders and spouses than the general population. This is substantiated by the fact that 73% of incest offenders were sexually abused as children and 78% of the spouses also experienced sexual abuse in childhood.

Implications

This investigation has raised a number of questions that might be addressed in future studies: (a) It has been noted that both the offenders and the spouses experienced a great deal of sexual, physical, and emotional abuse as children. It is further noted that boys experience more abuse in the 0-6 age category and girls in the 7-11 age group. Does the age at which abuse takes place influence future developments in these children? (b) Not addressed in this research but having potential for fruitful study is an investigation of the nature of the addictive relationships of the *parents* of the spouses of incest offenders. (c) It has been noted that many of the spouses of offenders suffer from a variety of coaddictive tendencies. It might be well to explore the dynamics of how these coaddictive tendencies specifically contribute to the pattern of sexual abuse displayed by their husbands. (d) This is the first study that has explored extensively the dysfunctional etiology of not only incest offenders but also the spouses of these offenders. It is further noted that over 90% of spouses (following disclosure) either choose to remain with their husbands or return to the relationship at a later date. The authors feel that it is critical that additional research explore the addictive patterns that result in the continuation of the relationship between the offenders and the spouses, and further examine the ways in which the spouses actively or passively encourage the husbands in their addictions.

CONCLUSIONS

A major theme of this study is that the spouses of incest offenders have similar dysfunctional etiologies as the incest offenders themselves, and that their present level of functioning is not at a much higher level. Professionals seem to have a difficult time accepting the fact that spouses have severe coaddictive tendencies themselves, and that these coaddictive characteristics in many instances contribute to the dysfunctional marital relationship. This research has shown (with results almost always in excess of .001) the validity of these findings.

Implications of these results are powerful. It is critical that therapists who work with sexual abuse cases recognize the need for therapy for the spouses of incest offenders. It would be negligent for them to ignore the coaddictive nature of these dysfunctional marital relationships.

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