DOCUMENT RESUME

ED 312 529 CG 022 026

AUTHOR Kurkjian, Jayne A.; Scotti, Joseph R.
TITLE The Representation of Psychology in the Child Sexual Abuse Literature: An Analysis and Bibliography.
PUB DATE May 89
NOTE 19p.; Paper presented at the Annual Meeting of the Association for Behavior Analysis (12th, Milwaukee, WI, May 25-28, 1989).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Medical Services; Psychiatry; *Psychology; *Scholarly Journals; *Sexual Abuse; Social Work

ABSTRACT

It has been estimated that 20 to 38% of females and 10% of males have been sexually abused prior to age 18. This study reviewed the treatment literature to determine any differential interests in the topic of child sexual abuse across the disciplines of social work, psychology, psychiatry, and medicine. Ten professional journals, considered representative of these four disciplines or likely to contain a high frequency of articles on sexual abuse, were reviewed for articles relevant to child or adolescent sexual abuse. Articles addressing sexual abuse were reviewed for professional affiliation of the senior author; signs, symptoms, and effects of ongoing or past abuse; and treatment approaches. One issue from each volume of each journal was also randomly selected to gather baseline data on professional disciplines of all authors publishing in that journal. A total of 118 articles focusing directly on the signs, symptoms, effects, and treatment of child sexual abuse were found. A total of 1,327 articles were sampled to form the baseline for professional disciplines. The findings from chi-square analyses revealed a differential responsiveness to sexual abuse across professional disciplines. Articles from psychiatry and medicine were represented in the child abuse literature to the same degree as they were represented in the literature in general. Social work contributed 12% of the articles in the baseline sample and almost 33% of the sexual abuse papers reviewed. Psychology provided 38% of articles in the baseline sample, but only 18% of the sexual abuse articles. (Tables are included which list signs and symptoms of ongoing abuse, signs and symptoms of past abuse, parental signs of child sexual abuse, and therapeutic interventions described in the sample. Two bibliographies are included: one lists the 118 articles reviewed in the study, the other lists 85 related references.) (NB)

The Representation of Psychology in the Child Sexual Abuse Literature: An Analysis and Bibliography

Jayne A. Kurkjian and Joseph R. Scotti

Department of Psychology
State University of New York at Binghamton

The sexual abuse of children has been an issue of growing concern in recent years with the finding that an estimated 20 to 38% of females and 10% of males have been sexually abused prior to age 18 years (Finkelhor & Hotaling, 1984; Russell, 1983). Equally troubling is the finding that as many as 75% of female psychiatric inpatients have been sexually abused during their childhood and/or adolescence (Bryer, Nelson, Miller, & Krol, 1987). Accurately assessing the dimensions and impact of this social problem is difficult as only 3-5% of all abuse cases are ever reported (Finkelhor & Hotaling, 1984).

This problem is compounded by the differential responsiveness which various mental health professionals have displayed towards child sexual abuse. Snyder and Newberger (1986) demonstrated that nurses and social workers tend to rate reported incidents of abuse as much more serious than do psychologists, physicians, and psychiatrists. Wilk and McCarthy (1986) also revealed differences in the attitudes of professional groups towards child sexual abuse. When the table of contents of various professional journals are compared, it is readily apparent that certain professions publish more articles on the topic of child sexual abuse than do others. This suggests that differential levels of importance are being placed on this issue by the professionals who are most often in contact with the victims of child sexual abuse.

The present study provides a review of the treatment literature to determine any differential interests in the topic of child sexual abuse across the disciplines of social work, psychology, psychiatry, and medicine. Additionally, a list of signs and symptoms characteristic of sexual abuse victims is presented, along with a list of potential treatment approaches.

Method

Sample

Ten professional journals (listed in Figure 2) were reviewed for articles relevant to child or adolescent sexual abuse. These journals were considered representative of the disciplines of psychology, psychiatry, and social work, or as being likely to contain a high frequency of articles on sexual abuse. The review covered the period of January 1977 through December 1987. Only articles addressing the signs, symptoms, and effects of ongoing or past sexual abuse and/or their treatment were included in the review.

The authors are listed alphabetically to reflect equal contributions. Portions of this paper were presented at the Fifteenth Annual convention of the Association for Behavior Analysis, Milwaukee, WI, May, 1989. We wish to acknowledge Professor Donald J. Levis for providing the idea on which this study was based and for his useful suggestions in preparation of this manuscript. Requests for reprints may be sent to Jayne Kurkjian, who is now at the Department of Child & Family Psychiatry, Rhode Island Hospital, 593 Eddy St., Providence, RI 02903.

Procedure

The authors reviewed the journals in the sample by scanning the table of contents of each issue for titles of articles on sexual abuse, or titles which suggested that the topic might be addressed. Each article was reviewed for the following information: professional affiliation of the senior author; signs, symptoms, and effects of ongoing and/or past abuse; and treatment approaches. Professional discipline was determined by the degree and/or institutional affiliation of the senior author. Authors were categorized into the disciplines of: social work, psychology, psychiatry, medicine, or other (which included pharmacology, physical therapy, law, rehabilitation, and nursing). One issue from each volume of each journal was also randomly selected to gather baseline data on professional disciplines of all authors publishing in that journal. Inter-rater agreement calculated on a small sample of the reviews was greater than 90%.

Results

A total of 118 articles focusing directly on the signs, symptoms, effects and treatment of child abuse were located in the sample. A total of 1327 articles were sampled to form the baseline for professional disciplines.

A one-dimensional chi-square test was performed to determine whether each discipline contributed the number of articles to the sample of 118 which would be expected from the baseline sample of 1327 articles. This analysis revealed statistically significant differences between the expected and observed frequencies, chi-square ($4, N = 118$) = 41.8, $p < .005$, and is graphically displayed in Figure 1. It can be seen that the significant effect is largely due to a higher than expected percentage of articles from those authors with social work affiliations and a lower than expected percentage from those authors with psychology affiliations.

A chi-square analysis was also performed to determine whether each of the ten journals contributed the number of articles to the sample of 118 which would be expected from the baseline sample of 1327 articles. This analysis revealed a statistically significant difference between the expected and observed frequency, chi-square ($4, N = 118$) = 72.42, $p < .005$, and is displayed in Figure 2. This effect is largely due to a higher than expected percentage of articles in journals with social work affiliations (Social Casework, Child Welfare) and a lower than expected percentage of articles in those journals with psychology affiliations (Behavior Therapy, Journal of Consulting and Clinical Psychology).

A listing of the signs, symptoms, and effects of ongoing and past sexual abuse, therapeutic interventions and parental signs was generated. Tables 1 and 2 present the signs and symptoms of ongoing abuse and past abuse, respectively. The categories in these tables represent only apparent similarities among the symptoms and are not statistically determined clusters. Table 3 presents a number of signs which may be exhibited by parents who are abusing their children. Table 4 provides a listing of the interventions which were described in the sample as being applied to cases of child sexual abuse.

Discussion

This review of the child sexual literature concurs with the above noted finding of Snyder and Newberger (1986), and Wilk and McCarthy (1986) that there is a differential responsiveness to sexual abuse across professional disciplines. It was found that articles from psychiatry, medicine, and other disciplines (excluding social work and psychology) are represented in the child sexual abuse literature to the same degree as they are represented in the literature in general (30%, 7%, and 12%, respectively). The case for social work and psychology is quite different however. Social work contributed 12% of the articles in the baseline sample, while contributing almost one third of the sexual abuse papers reviewed. Alternately, psychology provided some 38% of all of the articles in the baseline sample and only 18% of the sexual abuse articles. These findings suggest that social workers are concentrating a large share of their professional efforts on child sexual abuse, while psychologists are making a relatively smaller contribution in this area.

Adams-Tucker (1984) has stated that any and all symptoms and complaints, *including none at all*, should be taken to suggest the possibility of sexual abuse. The list of signs and symptoms compiled here would support this statement. This suggests the need for additional research comparing sexually abused and nonabused populations on the full spectrum of symptoms and effects.

The quality of research on the treatment of sexual abuse reviewed in the present study was not impressive. This review revealed only 17 treatment studies among the 118 studies reviewed (14.4%). None of these studies included an experimental control group, or even an alternate comparison treatment group. The majority of the studies did not even employ group designs, but rather used single subject designs. Clearly, there is a need for controlled treatment studies if our understanding and treatment of child sexual abuse is to advance beyond the simple identification of symptoms and providing emotional support under the guise of therapy. It is hoped that the two bibliographies included with this report will provide a literature base for such an advancement.

References

Adams-Tucker, C. (1984). Early treatment of child incest victims. American Journal of Psychotherapy, 38, 505-516.

Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. American Journal of Psychiatry, 144, 1426-1430.

Finkelhor, D., & Hotaling, G. T. (1984). Sexual abuse in the national incidence study of child abuse and neglect: An appraisal. Child Abuse and Neglect, 8, 23-33.

Russell, D. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse and Neglect, 7, 133-146.

Snyder, J. C., & Newberger, E. H. (1986). Consensus and difference among hospital professionals in evaluating child maltreatment. Violence and Victims, 1, 125-139.

Wilk, R. J., & McCarthy, C. R. (1986). Intervention in child sexual abuse: A survey of attitudes. Social Casework, 67, 20-26.

Table 1

Signs and Symptoms of Ongoing Abuse

Personality characteristics: Guilt (over pleasure derived from sexual activities; over abusing parent's death); feelings of responsibility for abuse; "Cinderella syndrome" (degrading self to relieve guilt); helplessness; withdrawal; embarrassment; anger (towards parents for failure to protect, towards mother for not stopping father, denial of anger towards father); hostility; poor peer relations; protecting one or both parents; denial; low self-esteem; non-conforming; loneliness; inability to trust; dramatic changes in personality/behavior

Psychiatric diagnoses: Depression; psychosis; paranoid, schizoid, psychotic tendencies; borderline personality disorder; drug/alcohol abuse

Anxiety/phobic reactions: Phobias; stress; fear (of: disclosing abuse, males, being alone, the dark, abuser, not being believed, abandonment, punishment, blame); panic; traumatic neurosis; counterphobia (actually seeking out and engaging in the feared activity as a way of managing the associated anxiety); homophobia; refusal to sleep alone; compulsive behaviors

Sex-related problems: Precocious sexual play; promiscuity; prostitution; compulsive masturbation; provocative/seductive towards adults; initiating sexual activity with siblings, peers, adults; sexual preoccupation; sexual content in speech; denial of sexual feelings/pleasure; gender role/sexual identity confusion; homosexuality; confusion of sex with violence; sexual diseases; pregnant before age 18

Psychosomatic and sleep disturbances: Lack of appetite; pseudoseizures; convulsions; fainting; functional blackouts; hysterical symptoms (blindness, paralysis); somatization; headaches; chronic stomachaches; urinary tract infections; painful urination; pain related to physical area of attack; sleep dysfunction; recurrent nightmares (including sexual/violent themes); talking in sleep; nighttime awakening

Memory and perceptual disturbances: Illusions of violent accidents; homicidal thoughts; intrusive thoughts; amnesic episodes; misperception of time during abusive trauma; tendency to fantasize

Violent behaviors: Delinquent behavior (running away, stealing, fire-setting, other criminal activity); violent verbalizations; increased fighting with peers; aggression towards adults and peers; killing one or both parents; multiple "accidents"; suicide threats/attempts; self-injurious/self-destructive behavior (including: self-poisoning; cutting, bruising, scratching, burning [especially of breasts and genitals]; breaking bones)

Age-inappropriate behaviors: Infantile behavior; inappropriate attachment and detachment responses (clinging to parent); regression in skills; secondary enuresis (including bedwetting) and encopresis; assuming responsibility inappropriate for age (especially females)

School-related and other symptoms: School phobia; learning problems; early school arrival, late school departure; marked change in school behavior (including lower grades); scapegoat at home/school; hyperactivity

Table 2

Signs and Symptoms of Past Abuse

Personality characteristics: Low self-esteem; negative feelings toward sex/men; minimizing; passivity; dependency on males; self-blame; guilt; shame; denial; isolated; lack of trust (especially of men); highly fluctuating moods

Psychiatric diagnoses: Depression; drug/alcohol dependency/abuse; psychosis; schizophrenia; multiple personality; borderline personality disorder; women with premenstrual affective syndrome (within a psychiatric population)

Anxiety/phobic reactions: Neurotic reactions; persistent phobias; panic; agoraphobia; hypervigilance; anxiety around males; fears of punishment regarding speaking about incest; arranging to be punished by men when anxiety too high; exaggerated startle response to being touched; recurring nightmares which cause anxiety the next day

Sex-related problems: Unsatisfactory heterosexual relationships; lack of sexual intimacy; orgasmic dysfunction; other sexual dysfunction; sexual delusions and preoccupations; promiscuity; seductive; prostitution; excessive masturbation; sexual identity problems; homosexual activities; tendency to sexual victimization

Psychosomatic and sleep disturbances: Hysterectomy at early age; headaches; stomach ailments; backaches; skin disorders; excessive use of prescription and nonprescription drugs; tremors; excessive sweating; fatigue; sleep dysfunction; recurring nightmares

Memory and perceptual disturbances: Psychogenic amnesia; forgetfulness; confusion; selective attention; distractible; sexual sensations/memories; intrusive/disturbing thoughts and obsessions (about incest, sexual fantasies); intrusive memories and images; waves of intense emotions; recurring hallucinations/perceptual disturbances: (illusions; hallucinations: auditory, tactile, kinesthetic, somatic, olfactory, visual [shadowy figures, movement in peripheral vision, elaborate visions]); delusions; depersonalization; recurring dissociation

Violent behaviors: Murderous fantasies; committing rape; fear of violence towards children; impulses to kill one's own children; emotional/physical/sexual abuse of one's own children; physically abusive to wife; physically abusing elderly parents; masochism; series of suicide attempts; self-injurious/self-destructive behavior (including: self-poisoning; cutting, bruising, scratching, burning [especially of breasts and genitals]; breaking bones)

Other signs and symptoms: Younger; less likely to have completed college; more major medical problems; more frequent and longer psychiatric hospitalizations; history of abortion and sterilization; re-enact traumatic events; earlier marriage; marital problems; incest recurs between victim's husband and daughter

Table 3

Parental Signs of Child Sexual Abuse

Parent	Characteristics
Father	• Drug/alcohol abuse, may have blackouts • Excessive concern about daughter dating • Violence towards children or spouse • Absence from home • Rationalizing statements: "Girls need to be prepared for later sexual experiences" "All fathers do it" "She's promiscuous anyway" • Childhood history of abuse
Mother	• Drug/alcohol abuse • Frequently absent from home • Frequent illness/disability • Childhood history of abuse

Table 4

Therapeutic Interventions Described in the Sample

Type of therapy	• = Examples; * = Suggestions/comments
Drug therapy	• Anticonvulsants (for cases with hysterical seizures)
	• Pharmacotherapy
Play therapy	• Psychoanalytically oriented play therapy
	• Role play and dramatic play therapy (recreate scenes -- child controls content of scene)
	• Play therapy group
	• Art projects -- draw self and family
	• Body contact between child group members through nonsexual "horsing around"
	• Use of anatomically correct dolls (use child's terms for anatomy)
	* Perform early, before thoughts are suppressed
Individual therapy	• Individual object relations therapy (goal is to make traumatic memories more normal/tolerable)
	• Process-oriented/psychodynamic therapy
	• Brief supportive therapy with focus on feelings
	• Kohutian therapy
	* Stages: (1) Insight (client admits incest); (2) Emotional catharsis; (3) Transference
	* Overcome defenses and dynamics
	* Recommend same sex therapist to aid in transference and catharsis crisis
	* Follow individual therapy by family therapy
Group therapy	• Group therapy with other victims
	• Youth self-help group: support, coping strategies
	• Process oriented group therapy and/or support group
	• Group family therapy
	* Emphasize the traumatic nature and sequelae of abuse
	* Include sex education and discussion of incest
	* Intent is to resolve shame and guilt, and to decrease isolation
Family therapy	• Family systems orientation
	• Family dynamics orientation
	• Structural family therapy (redefine family boundaries)
	* Family viewed as analogous to a character disordered individual
Marital therapy	• Conjoint therapy (both spouses)
	• Ten-week semistructured therapy group for couples
	* Concentrate on sexual issues of both spouses
Behavior therapy	• Implosive therapy
	• Behavioral techniques
Other	• Crisis intervention, hotline
	• Residential treatment
	• Electroconvulsive therapy
	* Give client a sense of control over therapy
	* Enhance self-concept
	* Offer support
	* End the abuse, protect victim
	* Remove abused or abuser from home
	* Encourage expression of emotions (e.g., fear, anger, guilt, self-blame, responsibility)
	* Multidisciplinary approach, includes: psychiatrist, psychologist, pediatrician, police, social worker, clergy, school, nurse

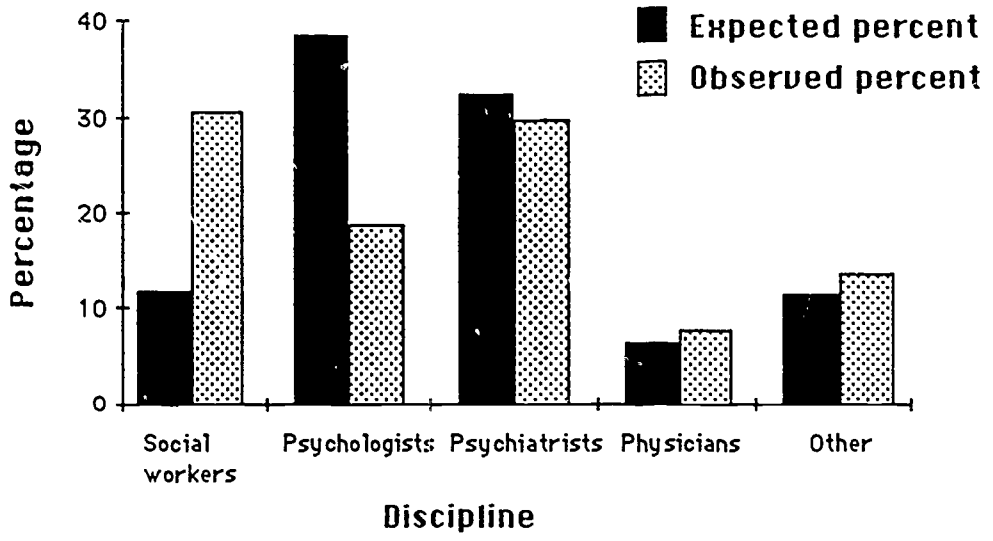

Figure 1. Expected and observed percentages of sexual abuse articles for professional disciplines sampled.

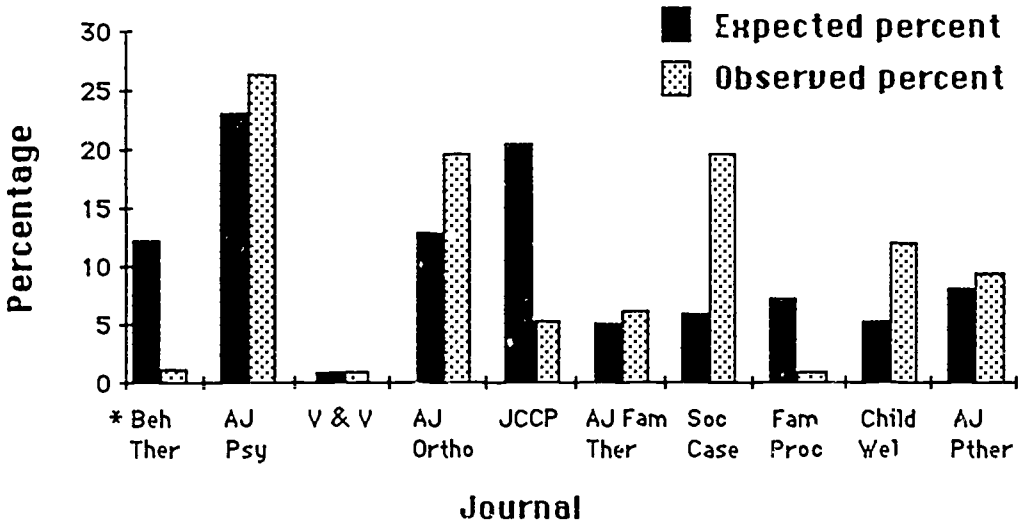

Figure 2. Expected and observed percentages of sexual abuse articles for journals reviewed.
Chi-squared = 72.42, df = 9, $p < .005$.

* Note: Beh Ther = Behavior Therapy; AJ Psy = American Journal of Psychotherapy; V & V = Violence and Victims; AJ Ortho = American Journal of Orthopsychiatry; JCCP = Journal of Consulting and Clinical Psychology; AJ Fam Ther = American Journal of Family Therapy; Soc Case = Social Casework; Fam Proc = Family Process; Child Wel = Child Welfare; AJ Pther = American Journal of Psychotherapy

Bibliography c. Articles Reviewed

(1) Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139, 1252-1256.

(2) Adams-Tucker, C. (1984). Early treatment of child incest victims. American Journal of Psychotherapy, 38, 505-516.

(3) Anderson, L. M., & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49, 436-445.

(4) Arroyo, W., Eth, S., Pynoos, R. (1984). Sexual assault of a mother by her preadolescent son. American Journal of Psychiatry, 141, 1107-1108.

(5) Baisden, M. J., & Baisden, J. R. (1979). A profile for women who seek counseling for sexual dysfunction. The American Journal of Family Therapy, 7, 68-76.

(6) Barahal, R. M., Waterman, J., & Mart, H. P. (1981). The social cognitive development of abused children. Journal of Consulting and Clinical Psychology, 49, 508-516.

(7) Beal, E. W. (1978). Use of the extended family in the treatment of multiple personality. American Journal of Psychiatry, 135, 539-542.

(8) Beck, J. C., & Vanderkoik, B. (1987). Reports of childhood incest and current behavior of chronically hospitalized psychotic women. American Journal of Psychiatry, 144, 1474-1476.

(9) Becker, J. V., Skinner, L. J., & Abel, G. G. (1982). Treatment of a four-year-old victim of incest. The American Journal of Family Therapy, 10, 41-46.

(10) Bergart, A. M. (1986). Isolation to intimacy: Incest survivors in group therapy. Social Casework, 67, 266-275.

(11) Blacke-White, J., & Kline, C. M. (1985). Treating the dissociative process in adult victims of childhood incest. Social Casework, 66, 394-402.

(12) Blumberg, M. L. (1979). Collateral therapy for the abused child and the problem parent. American Journal of Psychotherapy, 33, 339-353.

(13) Blumberg, M. L. (1981). Depression in abused and neglected children. American Journal of Psychotherapy, 35, 342-355.

(14) Boatman, B., Borkan, E. L., & Schetky, D. H. (1981). Treatment of child victims of incest. The American Journal of Family Therapy, 9, 43-51.

(15) Borgman, R. (1984). Problems of sexually abused girls and their treatment. Social Casework, 65, 182-186

(16) Borins, E. F. M., & Forsythe, P. J. (1985). Past trauma and present functioning of patients attending a women's psychiatric clinic. American Journal of Psychiatry, 142, 460-463.

(17) Brant, R. S. T., & Tisza, V. B. (1977). The sexually misused child. American Journal of Orthopsychiatry, 47, 80-90.

(18) Bresee, P., Stearns, B. G., Bess, B. H., & Packer, L. S. (1986). Allegations of child sexual abuse in child custody disputes: A therapeutic assessment model. American Journal of Orthopsychiatry, 56, 560-569.

(19) Brooks, B. (1983). Preoedipal issues in a postincest daughter. American Journal of Psychotherapy, 37, 129-136.

(20) Brooks, B. (1985). Sexually abused children and adolescent identity development. American Journal of Psychiatry, 39, 401-410.

(21) Brown, S. (1979). Clinical illustrations of the sexual misuse of girls. Child Welfare, 58, 435-442.

(22) Browning, D. H., & Boatman, B. (1977). Incest: Children at risk. American Journal of Psychiatry, 134, 69-72.

(23) Bruckner, D. F., & Johnson, P. E. (1987). Treatment of adult male victims of childhood sexual abuse. Social Casework, 68, 81-87.

(24) Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. American Journal of Psychiatry, 144, 1426-1430.

(25) Burgess, A. W., Groth, A. N., & McCausland, M. P. (1981). Child sex initiation rings. American Journal of Orthopsychiatry, 51, 110-119.

(26) Burgess, A. W., Hartman, C. R., McCausaland, M. P., & Powers, P. (1984). Response patterns in children and adolescents exploited through sex rings and pornography. American Journal of Psychiatry, 141, 656-662.

(27) Burgess, A. N., Hartman, C. R., & McCormack, A. (1987). Abused to abuser: Antecedents of socially deviant behaviors. American Journal of Psychiatry, 144, 1431-1436.

(28) Carme, E., & Rieker, P. P., Mills, T. (1984). Victims of violence and psychiatric illness. American Journal of Psychiatry, 141, 378-383.
(29) Cavenar, J. O , & Sullivan, J. L. (1978). A recurrent dream as a precipitant. American Journal of Psychiatry, 135, 378-379.
(30) Chasnoff, I. J., Burns, W. J., Schnoll, S. H., Burns, K., Chisum, G., & Kyle-Spore, L. (1986). Maternal-neonatal incest. American Journal of Orthopsychiatry, 56, 577-580.
(31) Cohen, J. A. (1981). Theories of narcissism and trauma. American Journal of Psychotherapy, 35, 93-100.
(32) Cohen, T. (1981). The incestuous family. Social Casework, 62, 494-497.
(33) Cohen, T. (1983). The incestuous family revisited. Social Casework, 64, 154-161.
(34) Cole, C. H., & Barney, E. E. (1987). Safeguards and the therapeutic window: A group treatment strategy for adult incest survivors. American Journal of Orthopsychiatry, 57, 601-609.
(35) Conte, J. R., & Berliner, L. (1981). Sexual abuse of children: Implications for practice. Social Casework, 62, 601-606.
(36) Davis, P. H., & Osherson, A. (1977). The concurrent treatment of a multiple-personality woman and her son. American Journal of Psychotherapy 31, 504-515.
(37) Deighton, J., & McPeek, P. (1985). Group treatment: Adult victims of childhood sexual abuse. Social Casework, 66, 403-410.
(38) Delson, N., & Clark, M. (1981). Group therapy with sexually molested children. Child Welfare, 60, 175-18 .
(39) DeYoung, M. (1982). Self-injurious behavior in incest victims: A research note. Child Welfare, 61, 577-584.
(40) DeYoung, M. (1984). Counterphobic behavior in multiply molested children. Child Welfare, 63, 333-339.
(41) DeYoung, M. (1986). A conceptual model for judging the truthfulness of a young child's allegation of sexual abuse. American Journal of Orthopsychiatry, 56, 550-559.
(42) Dietz, C. A., & Craft, J. L. (1980). Family dynamics of incest: A new perspective. Social Casework, 60, 602-609.
(43) DiPietro, S. B. (1987). The effects of intrafamilial child sexual abuse on the adjustment and attitudes of adolescents. Violence and Victims, 2, 59-78.
(44) Dixon, K. N., Arnold, E. L., & Calestro, K. (1978). Father-son incest: An underreported psychiatric problem? American Journal of Psychiatry, 135, 835-838.
(45) Dollinger, S. J. (1983). A case report of dissociative neurosis (depersonalization disorder) in an adolescent treated with family therapy and behavior modification. Journal of Consulting and Clinical Psychology, 51, 479-484.
(46) Ellenson, G. S. (1985). Detecting a history of incest: A predictive syndrome. Social Casework, 66, 525-532.
(47) Ellenson, G. S. (1986). Disturbances in perception in adult female incest survivors. Social Casework, 67, 149-159.
(48) Elwell, M. E. (1979). Sexually abused children and their families. Social Casework, 60, 227-235.
(49) Elwell, M. E., & Ephross, P. H. (1987). Initial reactions of sexually abused children. Social Casework, 68, 109-116.
(50) Emslie, G. J., & Rosenfeld, A. (1983). Incest reported by children and adolescents hospitalized for severe psychiatric problems. American Journal of Psychiatry, 140, 708-711.
(51) Faria, G., & Belohlavek, N. (1984). Treating female survivors of childhood incest. Social Casework, 65, 465-471.
(52) Finkelhor, D. (1979). What's wrong with sex between adults and children? Ethics and the problem of sexual abuse. American Journal of Orthopsychiatry, 49, 692-697.
(53) Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. American Journal of Orthopsychiatry, 55, 530-541.
(54) Friedman, R. C., Hurt, S. W., Clarkin, J., Corn, R., & Aronoff, M. S. (1982). Sexual histories and premenstrual affective syndrome in psychiatric inpatients. American Journal of Psychiatry, 139, 1484-1486.
(55) Gagliano, C. K. (1987). Group treatment for sexually abused girls. Social Casework, 68, 102-108.
(56) Garbarino, J., & Jacobsen, N. (1978). Youth helping youth in cases of maltreatment of adolescents. Child Welfare, 57, 505-510.
(57) Gentry, C. E. (1978). Incestuous abuse of children: The need for an objective view. Child Welfare, 57, 355-364.
(58) Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. Journal of Consulting and Clinical Psychology, 54, 471-475.

(59) Goodwin, J., Cauthorne, C. G., & Rada, R. T. (1980). Cinderella syndrome: Children who simulate neglect. American Journal of Psychiatry, 137, 1223-1225.
(60) Goodwin, J., Simms, M., & Bergman, R. (1979). Hysterical seizures: A sequel to incest. American Journal of Orthopsychiatry, 49, 698-703.
(61) Gordy, P. L. (1983). Group work that supports adult victims of childhood incest. Social Casework, 64, 300-307.
(62) Green, C. M. (1982). Filicidal impulses as an anniversary reaction to childhood incest. American Journal of Psychotherapy, 36, 264-271.
(63) Gross, M. (1979). Incestuous rape: A cause for hysterical seizures in four adolescent girls. American Journal of Orthopsychiatry, 49, 704-708.
(64) Groth, A. N., & Burgess, A. W. (1980). Male rape: Offenders and victims. American Journal of Psychiatry, 137, 806-810.
(65) Gruber, K. J. (1981). The child victim's role in sexual assault by adults. Child Welfare, 60, 305-319.
(66) Gutheil, T. G., & Avery, N. C. (1977). Multiple overt incest as a family defense against loss. Family Process, 16, 105-116.
(67) Gutierres, S. E., & Reich, J. W. (1981). A developmental perspective on runaway behavior: Its relationship to child abuse. Child Welfare, 60, 89-94.
(68) Halpern, J. (1987). Family therapy in father-son incest: A case study. Social Casework, 68, 88-93.
(69) Harbin, H. T., & Madden, D. J. (1978). Battered parents: A new syndrome. American Journal of Psychiatry, 136, 1288-1291.
(70) Herman, J., & Hirschman, L. (1981). Families at risk for father-daughter incest. American Journal of Psychiatry, 138, 967-970.
(71) Herman, J., & Russell, D., & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. American Journal of Psychiatry, 143, 1293-1296.
(72) Hoorwitz, A. N. (1983). Guidelines for treating father-daughter incest. Social Casework, 64, 515-524.
(73) Husain, A., & Chapel, J. L. (1983). History of incest in girls admitted to a psychiatric hospital. American Journal of Psychiatry, 140, 591-593.
(74) Irwin, E. C. (1977). Play, fantasy, and symbols: Drama with emotionally disturbed children. American Journal of Psychotherapy, 31, 426-436.
(75) James, J., & Meyerding, J. (1977). Early sexual experience and prostitution. American Journal of Psychiatry, 134, 1381-1385.
(76) Johnson, R. L., & Shrier, D. (1987). Past sexual victimization by females of male patients in an adolescent medicine clinic population. American Journal of Psychiatry, 144, 650-652.
(77) Kaufman, A., Divasto, P., Jackson, R., Vorhees, D., & Christy, J. (1980). Male rape victims: Noninstitutionalized assault. American Journal of Psychiatry, 137, 221-223.
(78) Kinard, E. M. (1982). Child abuse and depression: Cause or consequence? Child Welfare, 61, 403-413.
(79) Koch, K., & Jarvis, C. (1987). Symbiotic mother-daughter relationships in incest families. Social Casework, 68, 94-101.
(80) Kohan, M. J., Pothier, P., & Norbeck, J. S. (1987). Hospitalized children with a history of sexual abuse. American Journal of Orthopsychiatry, 57, 258-264.
(81) Koss, M. P., Gidycz, C. A., & Wisniewski, M. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. Journal of Consulting and Clinical Psychology, 55, 162-170.
(82) Krenk, C. J. (1984). Training residence staff for child abuse treatment. Child Welfare, 63, 167-173.
(83) Krieger, M. J., & Robbins, J. (1985). The adolescent incest victim and the judicial system. American Journal of Orthopsychiatry, 55, 419-425.
(84) Krieger, M. J., Rosenfeld, A. A., Gordon, A., & Bennetti, M. (1980). Problems in the psychotherapy of children with histories of incest. American Journal of Psychiatry, 34, 81-88.
(85) Lamb, S. (1986). Treating sexually abused children: Issues of blame and responsibility. American Journal of Orthopsychiatry, 56, 303-307.
(86) Lanyon, R. I. (1986). Theory and treatment in child molestation. Journal of Consulting and Clinical Psychology, 54, 176-182.

(87) Lister, E. D. (1982). Forced silence: A neglected dimension of trauma. American Journal of Psychiatry, 139, 872-876.
(88) Loewenstein, R. J., Hamilton, J., Alagna, S., Reid, N., & DeVries, M. (1987). Experiential sampling in the study of multiple personality disorder. American Journal of Psychiatry, 144, 19-24.
(89) Long, K. A., (1986). Cultural considerations in the assessment and treatment of intrafamilial abuse. American Journal of Orthopsychiatry, 56, 131-136.
(90) Melton, G. B. (1985). Sexually abused children and the legal system: Some policy recommendations. The American Journal of Family Therapy, 13, 61-67.
(91) Nasjleti, M. (1980). Suffering in silence: The male incest victim. Child Welfare, 59, 269-275.
(92) Parker, H., & Parker, S. (1986). Father-daughter sexual abuse: An emerging perspective. American Journal of Orthopsychiatry, 56, 531-549.
(93) Phelan, P. (1987). Incest: Socialization within a treatment program. American Journal of Orthopsychiatry, 57, 84-92.
(94) Pierce, L. H. (1987). Father-son incest: Using the literature to guide practice. Social Casework, 68, 67-74.
(95) Pine, B. A. (1987). When helping hurts: Double jeopardy for sexual-abuse victims. Social Casework, 68, 126-127.
(96) Post, S. (1982). Adolescent parricide in abusive families. Child Welfare, 61, 445-455.
(97) Remick, R. A., & Wada, J. A. (1979). Complex partial and pseudoseizure disorders. American Journal of Psychiatry, 136, 320-323.
(98) Rieker, P. P., & Carmen, E. H. (1987). The victim-to-patient process: The disconfirmation and transformation of abuse. American Journal of Orthopsychiatry, 56, 360-370.
(99) Rist, K. (1979). Incest: Theoretical and clinical views. American Journal of Orthopsychiatry, 49, 680-691.
(100) Rosenfeld, A. A. (1979). Incidence of a history of incest among 18 female psychiatric patients. American Journal of Psychiatry, 136, 791-795.
(101) Rychtarik, R. G., Silverman, W. K., Van Landingham, W. P., & Prue, D. M. (1984). Treatment of an incest victim with implosive therapy: A case study. Behavior Therapy, 15, 41-420.
(102) Schoettle, U. C. (1980). Treatment of the child pornography patient. American Journal of Psychiatry, 137, 1109-1110.
(103) Schultz, L. G., & Jones, P. (1983). Sexual abuse of children: Issues for social service and health professionals. Child Welfare, 62, 99-108.
(104) Schwartz, L. S., & Val, E. R. (1984). Agoraphobia: A multimodal treatment approach. American Journal of Psychiatry, 37, 35-46.
(105) Scott, R. L., & Stone, D. A. (1986). MMPI profile constellations in incest families. Journal of Consulting and Clinical Psychology, 54, 364-368.
(106) Sebold, J. (1987). Indicators of child sexual abuse in males. Social Casework, 68, 75-80.
(107) Solin, C. A. (1986). Displacement of affect in families following incest disclosure. American Journal of Orthopsychiatry, 56, 570-576.
(108) Spencer, J. (1978). Father-daughter incest: A clinical view from the corrections field. Child Welfare, 57, 581-590.
(109) Star, B. (1980). Patterns in family violence. Social Casework, 61, 339-346.
(110) Summit, R., & Kryso, J. (1978). Sexual abuse of children: A clinical spectrum. American Journal of Orthopsychiatry, 48, 237-251.
(111) Swanson, L. & Biaggio, M. K. (1985). Therapeutic perspectives of father-daughter incest. American Journal of Psychiatry, 142, 667-674.
(112) Taylor, R. L. (1984). Marital therapy in the treatment of incest. Social Casework, 65, 195-202.
(113) Terr, L. C. (1983). Time sense following psychic trauma: A clinical study of ten adults and twenty children. American Journal of Orthopsychiatry, 53, 244-26 .
(114) Varley, C. K. (1984). Schizophreniform psychoses in mentally retarded adolescent girls following sexual assault. American Journal of Psychiatry, 141, 593-595.
(115) Vitulano, L. A., Lewis, M., Doran, L. D., Nordhaus, B., & Adnopoz, J. (1986). Treatment recommendation, implementation, and follow-up in child abuse. American Journal of Orthopsychiatry, 56, 478-480.
(116) Wheeler, B. R., & Walton, E. (1987). Personality disturbances of adult incest victims. Social Casework, 68, 597-602.

(117) Wilk, R. J., & McCarthy, C. R. (1986). Intervention in child sexual abuse: A survey of attitudes. Social Casework, 67, 20-26.

(118) Yates, A. (1982). Children eroticized by incest. American Journal of Psychiatry, 139, 482-485.

Bibliography of Related References

Alter-Reid, K., Gibbs, M. S., Lachenmeyer, J. R., Sigal, J., & Massoth, N. A. (1986). Sexual abuse of children: A review of the empirical findings. Clinical Psychology Review, 6, 249-266.

Anderson, L. M., & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49, 436-445.

Authier, K. (1983). Incest and sexual violence. Family Therapy Collections, 5, 101-128.

Baldwin, B. A. (1978). A paradigm for the classification of crises: Implications for crisis intervention. American Journal of Orthopsychiatry, 48, 538-551.

Bliss, E. L., & Jeppsen, E. A. (1985). Prevalence of multiple personality among inpatients and outpatients. American Journal of Psychiatry, 142, 250-251.

Brett, E. A., & Estroff, R. (1985). Imagery and posttraumatic stress disorder: An overview. American Journal of Psychiatry, 142, 417-424.

Brickman, J. (1984). Feminist, nonsexist, and traditional models of therapy: Implications for working with incest. Women and Therapy, 3, 49-67.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, 99, 66-77.

Burgess, A. W., & Holmstrom, L. L. (1979). Rape: Sexual disruption and recovery. American Journal of Orthopsychiatry, 49, 648-657.

Butz, R. A. (1986). Reporting child abuse and confidentiality in counseling. Social Casework, 67, 83-90.

Carlson, B. E. (1987). Dating violence: A research review and comparison with spouse abuse. Social Casework, 68, 16-23.

Carroll, J., Schaffer, C., Spensley, J., & Abramowitz, S. I. (1980). Family experiences of self-mutilating patients. American Journal of Psychiatry, 137, 852-853.

Colby, I. C., & Colby, D. N. (1987a). Videotaped interviews in child sexual abuse cases: The Texas example. Child Welfare, 66, 25-34.

Colby, I., & Colby, D. (1987b). Videotaping the child sexual-abuse victim. Social Casework, 68, 117-121.

Damon, L., Todd, J., & MacFarlane, K. (1987). Treatment issues with sexually abused young children. Child Welfare, 66, 125-138.

DeYoung, M. (1981). Siblings of oedipus: Brothers and sisters of incest victims. Child Welfare, 60, 561-568.

DeYoung, M. (1987). Disclosing sexual abuse: The impact of developmental variables. Child Welfare, 66, 217-223.

Dipietro, S. B. (1987). The effects of intrafamilial child sexual abuse on the adjustment and attitudes of adolescents. Violence and Victims, 2, 59-78.

Dixen, J., & Jenkins, J. O. (1981). Incestuous child sexual abuse: A review of treatment strategies. Clinical Psychology Review, 1, 211-222.

Finkelhor, D., & Hotaling, G. T. (1984). Sexual abuse in the national incidence study of child abuse and neglect: An appraisal. Child Abuse and Neglect, 8, 23-33.

Fischer, M. (1983). Adolescent adjustment after incest. School Psychology International, 4, 217-222.

Furniss, T. (1983). Family process in the treatment of intrafamilial child sexual abuse. Journal of Family Therapy, 5, 263-278.

Gelinas, D. J. (1983). The persisting negative effects of incest. Psychiatry, 46, 312-332.

Girelli, S. A., Resick, P. A., Marhoefer-Dvorak, S., & Hutter, C. K. (1986). Subjective distress and violence during rape. Their effects on long-term fear. Violence and Victims, 1, 35-46.

Gordon, L., & O'Keefe, P. (1984). Incest as a form of family violence: Evidence from historical case records. Journal of Marriage and the Family, 27-34.

Graziano, A. M., & Mooney K. C. (1982). Behavioral treatment of "night fears" in children: Maintenance of improvement at 2 1/2- to 3-year follow-up. Journal of Consulting and Clinical Psychology, 50, 598-599.

Green, A. H. (1978). Self-destructive behavior in battered children. American Journal of Psychiatry, 135, 579-582.
Hanks, S. E., & Rosenbaum, C. P. (1977). Battered women: A study of women who live with violent alcohol-abusing men. American Journal of Orthopsychiatry, 47, 291-306.
Herman, J. (1983). Recognition and treatment of incestuous families. International Journal of Family Therapy, 5, 81-91.
Herman, A., & Hirschman, L. (1981). Families at risk for father-daughter incest. American Journal of Psychiatry, 138, 967-970.
Hirsch, M. (1986). Narcissism and partial lack of reality testing (denial) in incestuous fathers. Child Abuse and Neglect, 10, 547-549.
Hoier, T. S. (1987). Child sexual abuse: Clinical interventions and new directions. Journal of Child and Adolescent Psychotherapy, 4, 179-185.
Jaffe, P., Wolfe, D., Wilson, S., & Zak, L. (1987). Similarities in behavioral and social maladjustment among child victims and witnesses to family violence. American Journal of Orthopsychiatry, 56, 142-146.
Johnson, B. B. (1987). Sexual abuse prevention: A rural interdisciplinary effort. Child Welfare, 66, 165-173.
Johnson, M. S. (1983). Recognizing the incestuous family. Journal of the National Medical Association, 75, 757-761.
Katz, M. H., Hampton, R. L., Newberger, E. H., Bowles, R. T., & Snyder, J. C. (1987). Returning children home: Clinical decision making in cases of child abuse and neglect. American Journal of Orthopsychiatry, 56, 253-262.
Kilpatrick, D. G., & Best, C. L. (1984). Some cautionary remarks on treating sexual assault victims with implosion. Behavior Therapy, 15, 421-423.
Kilpatrick, D. G., Veronen, L. J., & Resick, P. A. (1979). The aftermath of rape: Recent empirical findings. American Journal of Orthopsychiatry, 49, 658-669.
Kluft, R. P. (1987). First-rank symptoms as a diagnostic clue to multiple personality disorder. American Journal of Psychiatry, 144, 293-298
Kolb, L. C. (1987). A neuropsychological hypothesis explaining posttraumatic stress disorders. American Journal of Psychiatry, 144, 989-995.
Koss, M. P., & Oros, C. J. (1982). Sexual experiences survey: A research instrument investigating sexual aggression and victimization. Journal of Consulting and Clinical Psychology, 50, 455-457.
Levin, P. G. (1983). Teacher's perceptions, attitudes, and reporting of child abuse/neglect. Child Welfare, 62, 14-20.
Libow, J. A., & Doty, D. W. (1979). An exploratory approach to self-blame and self-derogation by rape victims. American Journal of Orthopsychiatry, 49, 670-680.
Margalit, C., Teichman, Y., & Levitt, R. (1980) Emotional reaction to physical threat: Reexamination with female subjects. Journal of Consulting and Clinical Psychology, 48, 403-404.
McCarty, L. M. (1981). Investigation of incest: Opportunity to motivate families to seek help. Child Welfare, 60, 679-689.
McDonough, J., & Love, A. J. (1987). The challenge of sexual abuse: Protection and therapy in a child welfare setting. Child Welfare, 66, 225-236.
McGuire, L. S., & Wagner, N. N. (1978). Sexual dysfunction in women who were molested as children: One response pattern and suggestions for treatment. Journal of Sex and Marital Therapy, 4, 11-15.
Meyers, M. B., Templer, D., & Brown, R. (1984). Coping ability of women who become victims of rape. Journal of Consulting and Clinical Psychology, 52, 73-78.
Miller, W. R., & DiPilato, M. (1983). Treatment of nightmares via relaxation and desensitization: A controlled evaluation. Journal of Consulting and Clinical Psychology, 51, 870-877.
O'Hare, J., & Taylor, K. (1983). The reality of incest. Women and Therapy, 2, 215-229.
Ordway, D. P. (1983). Reforming judicial procedures for handling parent-child incest. Child Welfare, 62, 68-75.
Palombo, S. R. (1984). Recovery of early memories associated with reported dream imagery. American Journal of Psychiatry, 141, 1508-1571.
Phelan, P. (1986). The process of incest: Biologic father and stepfather families. Child Abuse and Neglect, 10, 531-539.
Rabkin, J. G. (1979). The epidemiology of forcible rape. American Journal of Orthopsychiatry, 49, 634-647.
Reposa, R. E., & Zuelzer, M. B. (1983). Family therapy with incest. International Journal of Family Therapy, 5, 111-126.

Resnick, P. A., Calhoun, K. S., Atkeson, B. M., & Ellis, E. M. (1981). Social adjustment in victims of sexual assault. Journal of Consulting and Clinical Psychology, 49, 705-712.

Rosenthal, P. A., & Rosenthal, S. (1984). Suicidal behavior by preschool children. American Journal of Psychiatry, 141, 520-525.

Russell, D. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. Child Abuse and Neglect, 7, 133-146.

Rychtarik, R. G., Silverman, W. K., VanLandingham, W. P., & Prue, D. M. (1984). Further considerations in treating sexual assault victims with implosion. Behavior Therapy, 15, 423-426.

Sagatun, I. J. (1982). Attributional effects of therapy with incestuous families. Journal of Marital and Family Therapy, 8, 99-104.

Salter, A. C., Richardson, C. M., & Martin, P. A. (1985). Treating abusive parents. Child Welfare, 63, 327-341.

Sarafino, E. P. (1979). An estimate of nationwide incidence of sexual offenses against children. Child Welfare, 58, 127-134.

Saunders, D. G. (1986). When battered women use violence: Husband-abuse or self-defense? Violence and Victims, 1, 47-60.

Schoettle, U. C. (1980). Guided imagery -- A tool in child psychotherapy. American Journal of Psychiatry, 34, 220-227.

Schultz, L. G. (1979). The sexual abuse of children and minors: A bibliography. Child Welfare, 58, 147-163.

Scott, R. L., & Stone, D. A. (1986). MMPI profile constellations in incest families. Journal of Consulting and Clinical Psychology, 54, 364-368.

Serrano, A. C., & Gunzburger, D. W. (1983). Incest and professional boundaries: Confidentiality versus mandatory reporting. International Journal of Family Therapy, 5, 145-149.

Server, J. C., & Janzen, C. (1982). Contraindications to reconstitution of sexually abusive families. Child Welfare, 61, 279-288.

Shovelar, G. (1975). A family therapist looks at the problem of incest. Bulletin of the American Academy of Psychiatric Law, 3, 25-31.

Smith, H., & Israel, E. (1987). Sibling incest: A study of the dynamics of 25 cases. Child Abuse and Neglect, 11, 101-108.

Snyder, J. C., & Newberger, E. H. (1986). Consensus and difference among hospital professionals in evaluating child maltreatment. Violence and Victims, 1, 125-139.

Soewenstein, S. (1978). An overview of some aspects of female sexuality. Social Casework, 59, 106-115.

Steketee, G., & Foa, E. B. (1987). Rape victims: Post-traumatic stress responses and their treatment: A review of the literature. Journal of Anxiety Disorders, 1, 69-86.

Swan, H. L., Press, A. N., & Briggs, S. L. (1985). Child sexual abuse prevention: Does it work? Child Welfare, 66, 13-24.

Swanson, L., & Biaggio, M. K. (1985). Therapeutic perspectives on father-daughter incest. The American Journal of Psychiatry, 142, 667-674.

Taylor, J. W. (1986). Social casework and the multimodal treatment of incest. Social Casework, 67, 83-90 [note. focuses on treatment of perpetrators]

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. Journal of Abnormal Psychology, 88, 407-417.

Tsai, M., & Wagner, N. N. (1979). Therapy groups for women sexually molested as children. Archives of Sexual Behavior, 7, 417-427.

Van Buskirk, S. S., & Cole, C. F. (1983). Characteristics of eight women seeking therapy for the effects of incest. Psychotherapy: Theory, Research and Practice, 20, 503-514.

Venn, J. (1984). Family etiology and remission in a case of psychogenic fugue. Family Process, 23, 429-436.

Verleur, D., Hughes, R. E., & de Rios, M. D. (1986). Enhancement of self-esteem among female adolescent incest victims: A controlled comparison. Adolescence, 21, 843-854.

Wattenberg, E. (1985). In a different light: A feminist perspective on the role of mothers in father-daughter incest. Child Welfare, 64, 203-211.

Webb-Woodard, L., & Woodard, B. (1983). The larger system in the treatment of incest. The Journal of Strategic and Systemic Therapies, 2, 28-37.

Wirtz, P. W., & Harrell, A. V. (1987). Effects of postassault exposure to attack-similar stimuli on long-term recovery of victims. Journal of Consulting and Clinical Psychology, 52, 73-78.

Yates, A. (1987). Should young children testify in cases of sexual abuse? American Journal of Psychiatry, 144, 476.480.