

Incest and Sexuality

Appendices

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Incest and Sexuality: A Guide to Understanding and Healing

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Appendix A

Sexuality Concerns of Male Incest Survivors

This appendix has been written especially for male incest survivors and for other readers interested in how childhood incest experiences may affect male sexuality. By gaining knowledge and awareness, male survivors, like their female counterparts, can learn that they are not alone, that they are not unique in their sexual concerns, and that there are ways out of their present sexual and emotional dilemmas.

Theory and conclusions presented in this appendix have been derived from clinical experience, general readings, self-reports of male survivors, and consultation with professionals who specialize in treating male survivors. Sadly, existing research on the relationship between incest and male sexuality is scant.

Both male and female survivors share many similar sexual concerns as a result of incest. As with female survivors, the incest itself has a major effect on the male's psychological and social development in childhood. The incestuous activity represents an extreme betrayal of trust and abuse of power between the victim and the offending family member; it violates important physical and emotional

boundaries and reduces or destroys the victim's sense of privacy. Young males who are seduced or coerced into premature sexual activity are denied the opportunity to be genuinely consenting partners. Consequently, the sexual abuse often creates feelings of low self-esteem, fear, confusion, guilt, and humiliation—feelings that may hinder many aspects of social and psychological development. Having to maintain the secret of the abuse and living with the fear of further abuse can create continual feelings of stress and conflict, thus taking a tremendous toll on a boy.

Because he might have had pleasurable physical sensations during the abuse, a boy may experience conflict about the experience. A part of him may yearn for repetition of the sexual contact. When this occurs, further confusion and guilt are added to his emotional load. He may feel tremendous self-loathing. He may manifest the stress by having difficulty in school, in traditional male activities, and in friendships. He may start to develop medical problems, such as self-inflicted wounds, or may show symptoms of psychological problems, such as depression, rebellion, or hostility toward others. He may turn to drugs and alcohol to try to numb certain feelings.

Sexually, the abuse robs a boy of the opportunity to have early formative experiences that are self-initiated, self-directed, and self-paced. He is denied the experience of relaxed, safe, sexual exploration with a socially appropriate partner. His initial exposure to sex likely involved lack of control over his genital

functioning. He may feel betrayed by his penis because it gets hard, signals arousal, and feels good in the midst of an emotionally painful experience. Thus he may fail psychologically to integrate his penis as a positive part of his body. Sexual activity may become fused with such feelings as disgust and anger as a result of the abuse. As a survivor grows older, he may either withdraw from sex or become overactive sexually in an attempt to free himself of the victim role.

A male survivor who withdraws from sex may be attempting to avoid an activity he defines as undesirable, dangerous, or disgusting. Some survivors may experience this withdrawal as a difficulty in establishing relationships, preferring instead an almost asexual lifestyle. One male survivor was abused by his mother, who slept with him when things were going poorly between her and her husband. The abuse occurred when he was between the ages of five and ten. His mother was usually subtle in her behavior toward him; for example, in one instance she convinced him to come into her room and rub lotion on her legs. On occasion, however, she punished him by locking him in a closet. He could not recall having had intercourse with his mother. In a soft-spoken voice, he shared his feelings about women and relationships:

I guess I am still sort of afraid of women, sexually I mean. I want to be in a relationship, but it never seems to get very far. Things just don't seem to work out. I think women are scared of me, too. They tell me I get too intense and kind of scare them.

I think I am afraid that I will be like my father. My mother was always telling me that men were just brutes and awful and stuff like that. So I kind

of back off when things get, you know, well—sexual, and I have these fears that I am going to get violent or something.

I don't like to be touched too much. It doesn't feel good unless it is someone I am really interested in. And then I just feel the sex part and not the emotional. It feels like I sort of shut off inside until it is over. I don't have any problems with getting hard. It just kind of feels mechanical and not too satisfying.

I am really picky about who I get with; I mean, I don't have very many sexual experiences. I guess I try to find the perfect one and it just seems like the ones I like are not into it. I think women who are always looking like they want to do it turn me off. Maybe it reminds me of how my mom was sometimes.

I don't worry about being gay, but I think a lot of people think I am because I'm not all macho and everything. That kind of bugs me because it isn't true.

Right now I'm not in any relationship. I miss it some, and there are a couple of women I want to ask out, but it's kind of hard. Sometimes I wonder if I'll ever find the right person out there for me. It seems like it would just be easier to not have any sex to worry about. I'm not very clear about it all.

Sexual withdrawal may also occur within the context of a long-term relationship. Michael is a married, twenty-four-year-old recovering alcoholic who has no children. He was molested by his father, who also molested Michael's sisters. He described his current sexual concerns and his beliefs about sex:

My wife would like it if I had more of a sex drive. I just don't feel like doing it all the time. She has a hard time understanding this, but we are working on it and things are getting better.

She is a lot more experienced than I am, and I guess I feel pretty inadequate, like I'm supposed to know more or something. She complains that I treat her more like a sister than a wife. She's kind of overweight, too, and that doesn't help me get any more turned on. I think I don't encourage her to lose weight because she doesn't feel sexy so much and I don't have to deal with it.

My father never really talked about sex, but it was always there. He would question my sisters about where they were going and who they were seeing. It was like he never trusted us. He would accuse my one sister of being a tramp.

He never bothered me much except a couple of times, and when I got bigger he just left me alone. I sort of knew what was going on with my sisters and I always felt like I should have done something to stop it, but I really didn't have any way to do it. I am still afraid of my father a little.

I think I learned that sex hurt people and made them feel bad. So I don't feel that doing things like that with my wife is going to make her feel good. I am afraid it will be like using her or that she would only do it because she had to or was supposed to or something. It just isn't something you do to someone you love, is what I used to think.

I find I do get turned on sometimes, but it's hard for me to keep it up unless I stay really excited, and once it goes down I usually can't get it up anymore. I think it's pretty frustrating for my wife. I love to cuddle and that's good, but I just don't feel like doing any more than that.

The other reaction to the sexual abuse, that of overactive sex, may involve compulsive, addictive behaviors that offer no long-term sexual relief or security. This hypersexuality, which may stem from a man's desire to prove himself sexually, can end up being self-destructive. For instance, a man who desires intercourse with his wife several times a day may lose her in the process. His

hypersexuality may interfere with his ability to remain monogamous in a relationship, may put him at risk for developing sexually transmitted diseases, and may involve him in illegal or socially embarrassing situations. Tragically, these driven types of sexual behaviors may lead a survivor into behaving in sexually abusive ways toward others in an attempt to regain sexual control and power in his life. One adult survivor admitted to incestuous contact with over forty members of his extended family.

Some survivors experience both sexual withdrawal *and* overactivity. The following account was given by a man who had been sexually stimulated by both parents for fourteen years:

My parents inappropriately touched me and French-kissed me. Because of the ambiguous nature of the abuse, I learned that all contact was sexual. I became very reluctant to touch people or be touched by them in ways that were too frank. I couldn't judge what was appropriate. Instead of risking making a mistake, I pulled back.

That sense of not knowing what was appropriate undoubtedly led to my intense and long-term sexual experiences with other boys and an enormous amount of masturbation. I developed into a highly sexual person because I was turned on all the time.

The awful thing about the experience was feeling violated and powerless at the same time. Sometimes I still feel dirty and weak and have trouble letting go. Being that vulnerable sexually brings up the old feelings of violation.

Male incest survivors experience a unique set of sexuality concerns that

differ from the concerns of female survivors. In response to the incest, male survivors seem to focus on an inner conflict over their sense of gender identity and sexual orientation. While female survivors can psychologically align with victim traits such as passivity, receptivity, and submissiveness without upsetting their sense of femininity, male survivors may experience these traits as a challenge to their masculinity. Two responses are common: rejecting maleness and flaunting it.

A thirty-one-year-old married survivor who had been repeatedly beaten and sexually taunted throughout his childhood by his older brother—who would frequently poke him in the face with his erect penis—withdrawed from male stereotypes. He learned to associate maleness with abusiveness. When asked to share his thoughts on masculinity and gender identity, he said,

I have only recently learned that my being an effeminate man is at least partly due to the way I looked and was treated in childhood. I was given a somewhat female name, I was dressed up as a girl, and I was told I looked girlish. I've often thought that perhaps I wouldn't have been hit or sexually teased if I had been a girl. I've never been good at things men are good at, like sports and working on cars. In the past year or so I have deliberately feminized myself in order to distance myself from other men. I have tried to develop my submissive and passive qualities and have indulged in wearing the colorful, frilly, lacy clothes women wear. I think it has resulted in some confusion in my life, especially in my romance with my wife. I am not so feminine as to want a sex change or to be a homosexual. In fact, the big advantage in my life as a man has been that I seem to be able to enjoy sex more easily than women. I have feminized myself because I don't want to be part of the sex that abuses, rapes, oppresses, manipulates, etc. Most women, if not most people, see men this way. I want to be wanted and

desired like men desire women dressed in sexy lingerie. I want to find out what it's like to feel and look sexy. I can't expect my wife or any other woman to feel the same way, though; so I suppose I must put it out of my mind.

The other, seemingly more frequent, social response of male survivors is to adopt behaviors at the other end of a masculinity-femininity continuum. Adolescent survivors often display macho, defensive, and aggressive postures. It's almost as though they are struggling to prove that they are not homosexual by not showing any traits that could be construed as feminine. Many sexually abused boys are drawn to a limited stereotype of men. They may become preoccupied with hypermasculine heroes such as He-Man, Rambo, and Hulk Hogan. Sexual contact may be viewed primarily as a way to gain power and control. This attitude distorts sex and alienates survivors from positive relationships. Real intimacy occurs when neither person feels dominated or controlled by the other. Many male survivors may need to learn ways of both mentally and physically dissolving the relationship they feel exists between their sexual arousal and desire for social power. They may need to expand their definition of manhood.

Incest disclosure may be a particularly difficult challenge for men. Few men have publicly identified themselves as incest victims. As a consequence, there exists little social precedence for male survivors to share the secret of the abuse. Disclosure seems to threaten a boy's masculine identity. He may fear that if he makes such an admission, he will be labeled by others as a submissive victim or a homosexual. Because of this common fear, many professionals believe that

present estimates of the frequency of incest involving male victims may represent only a fraction of the actual number of cases. One man exclaimed after hearing a talk about incest: “So what! Most of the men I know are incest survivors!”

In general, male survivors seem to consistently discount or minimize early sexual abuse. “It was no big deal”; “I enjoyed it”; and “Later, I wanted it to happen,” are comments often made by male survivors in counseling. It may be difficult for a male survivor to accept the notion that the sexual activity was both abusive and coercive. A survivor who states, “But Dad never forced me ... ” may need to learn that there are other types of force besides aggression and violence. Tricking, threatening, seducing, intimidating, bribing, and sweet- talking are all methods used by sexual offenders. When the offender was an older female, such as a mother, aunt, or big sister, the male survivor may feel he had nothing to complain about. As one man stated, “I guess I was lucky; I got a piece of it early.” Men are influenced by our culture to view sex more in terms of whether it was easy or hard to get than whether it was a positive or negative experience. When a male survivor is able to accept that his seduction was abusive, it signifies a major turning point in therapy.

The type and intensity of sexual repercussions from the incest seem to correspond to such factors as the nature and duration of the abuse, the victim’s religious and moral beliefs, the victim’s coping skills, and the decisions the victim may have made about himself as a result of the abuse. Early sexual experiences

that involved physical force, pain, and indignity may leave a male victim feeling unable to achieve self- confidence, self-respect, or a sense of culturally prescribed male dominance. On the other hand, male victims of seduction and entrapment may have an additional set of issues to contend with, such as feeling extremely guilty, emotionally dependent on a partner, and unable to initiate activity or direct the course of a relationship.

Related to these variations in the nature of the abuse are differences in sexual repercussions that appear to be related primarily to the sex of the offender. Male offenders who abuse young male relatives often suffer from strong feelings of inadequacy and powerlessness. The sexual activity may stem as much from a desire to compensate for these feelings as from a desire to satisfy sexual urges. While some offenders are homosexual, many are heterosexual. It is common for offenders to reduce their inhibitions and impulse control through exposing themselves to child pornography, drugs, and alcohol. They may feel very sexually repressed and act morally rigid in their beliefs. Many male offenders were themselves sexually or physically abused. Some molest children of both sexes.

Incest in which the offender was male often seems to have involved overt physical touching. Fondling, masturbation, oral sex, and anal sex are some of the sexual activities that may have been included. Male victims may misinterpret the sexual stimulation and response they felt during the abuse as meaning that they were genuinely attracted to the *maleness* of the perpetrator. This

misinterpretation may foster the mistaken conclusion that they must consequently be homosexual. Male survivors may need to realize that sexual organs do what sensitive body parts are supposed to do—respond to erotic stimulation. Same-sex sexual interaction is normally somewhat arousing to people regardless of their own sexual preferences. While male survivors may think that the molestation defined or caused their sexual orientation, it might be more accurate to assume that the early incestuous experiences increased their awareness of sex in general.

Until more research is done on the relationship of sexual abuse to sexual orientation, the significance of incest in affecting later sexual preference can only be surmised. It does appear that males who have been abused by males have a tendency as adults to relate homosexually more often than do nonabused males.¹⁷ Homosexual activity might be preferred because it was a learned response to stimulation or a reaction to fears of relating to women. Some male survivors who were abused by their fathers might feel that their mothers were to blame for not protecting them, whereas their father just couldn't help himself. They may feel a great deal of anger and distrust toward women.

When the offender is a female, the incest often takes a course of emotional and physical seduction. Mothers who molest their sons often cross over appropriate boundaries subtly and over time. Johnson and Shrier found that female offenders were more likely to repeat the molestation and less likely to use

force than male offenders.¹⁸ The physical interaction at first may consist of massage, cuddling, and sleeping in the same bed. Later, touching may develop into genital stimulation, oral sex, intercourse, and orgasm. However, overt sexual activity does not have to take place for the male to have been incestuously victimized. Nonviolent sexual abuse is still coercive, power-based, and uncomfortable. By its nature, it cannot be an act of true loving and caring. Psychological and social damage occur when a female offender hinders a boy's development as an independent, self-confident person.

Female offenders capitalize on the sexual innocence of the male child by arousing in him natural desires to explore sexual sensations. The female offender offers the boy the chance to live out an unconscious boyish desire to be seen as a man, equal to or better than his father. But the actual acting out of this fantasy produces a devastating consequence: the boy fails to separate emotionally from his mother or mother figure. Emotional separation is necessary in order for him to later establish a bond with a mate. The boy who is a victim of a female offender gets put in the strained position of having to compete with males older than himself, instead of being free to experience those males as positive role models.

Sexual activity between a boy and an older female often takes place in a physically tender, sensual manner. In order for the boy to get and maintain an erection, he must feel relaxed or at least somewhat at ease. Because of this, male victims may suffer from extreme guilt and a sense of complicity over their role in

the sexual activity. The incestuous activity may impair the learning of important social skills, such as the ability to establish an emotionally satisfying relationship with a partner and to take the lead in physically intimate activity.

The male incest survivor may later feel uncomfortable around women. If this discomfort turns to frustration and resentment, he may react by becoming hostile and abusive toward women or he may choose to engage solely in homosexual relationships. Sometimes the male survivor puts himself down and does not feel worthy of the women he meets. He may doubt his ability to be successful in a relationship, and he may question his ability to maintain an erection that will satisfy a partner. A sixty-five-year-old male survivor shared his sexual history:

My early life was entirely dominated by women. The attitude in my mother's extended family was that women were weak and not to be trusted, while men were to be honored and given extra privileges. I was raised by my mother and by a sister who was three years older and literally led me around by the hand for my first four or five years.

My mother had an inordinate interest in sex. When she and my father were divorced, I was fourteen and my older sister was seventeen. My mother began to drink heavily and to behave seductively whenever she was around men. She competed with my sister for the same young men and on at least one occasion had an affair with one of them. She used to take me with her to parties, where I would watch her get drunk and more and more "seductive." The drinking was repulsive to me, and the seductiveness was at the same time repulsive and attractive.

She often asked me to sleep with her, and sometimes I did so. On one of these occasions, she slowly caressed me until I became hard, and then rubbed against me until I ejaculated. I was terrified and swore never to

sleep in her bed again. I remember going into her closet later to look at her nightgown. I had started masturbating at that time but was very naive sexually. A few nights later, she asked me again, and I consented with a great feeling of guilt. From that time on, we had sex fairly frequently.

I didn't have the opportunity to mix with girls in school, so I never learned to treat them like ordinary people—they remained "special" to me. For some reason, I felt I had to protect and cherish them. I knew that boys who teased and tormented girls were more popular than I was with them, and I still treated them all like "little ladies." When I was fourteen I was dating, and essentially followed more mature "courtship" rules of behavior. My older sister and her friends were my models, and I liked older girls better than those my own age.

In college I followed the same pattern. Although I dated young women my own age, I treated them with great respect, and during my four years at college did not engage in sex. Almost immediately after college I entered the army, where women were simply not available. Later, I became engaged to a pleasant young woman—not so much because I wanted to get married but because I couldn't think of any way to avoid proposing that wouldn't hurt her feelings. Still no sex. I realized later that I wasn't ready for marriage, so I broke the engagement by mail. I did do some sexual experimenting with prostitutes, and spent nearly a year in a close relationship with a young woman who wanted to retain her virginity. At that time I was fiercely protective of women and hated the way men were treating them, so I entered into a no-sex contract with my friend.

After that ended, I began dating a divorced woman whom I had met several years earlier. I found myself "forced" to marry her. With my ideas about women, I thought I had no alternative. She was definitely the dominant force. In this first marriage (to a woman who very much resembled my mother) I could perform well only if I entered and finished quickly. She became an alcoholic, and it was a most unhappy thirteen-year marriage.

Soon after the divorce I remarried, this time to an openly sexual woman who did a lot to resolve some of my issues about sex. However, my

impotence was still a factor, and after ten years of a basically companionable marriage, I left her because she fell in love with a man — partly (she admitted) because he could satisfy her better.

Then I met an exciting woman and I regained most of my self-respect as a man and learned to treat my impotence as a simple deficit. I learned to compensate for it by skillful lovemaking, and found that I had no trouble finding partners who could appreciate my patience and caring.

Then I met my present wife, who is twenty-two years younger than I am. Surprisingly, we have had a wonderful relationship, and although my impotence has continued and grown worse, to the point that I never get a full erection, our lovemaking is beautiful. At this point I am dealing with the possibility that I will soon lose the ability to ejaculate, which is frightening, but I've been dealing with the general problem for so long that I think I'll get through this crisis as well, with her help. What's really important is that my wife's strength as a woman has given me more strength. She has literally taught me to take care of myself and not to count on her for initiative and strength. Some of this she has "told" me, and some of it has come from her behavior. I have learned to talk back to her. I have learned that I don't have to assume that I'm wrong just because she criticizes me. I have learned to set limits and to ask for what I need.

For years, I told stories about an early romance with an "older woman," almost to the point that I fooled myself. But with my first marriage, I disclosed the story and feel relatively easy about it now.

Male incest survivors are more likely than nonabused males to have such sexual problems as difficulty in achieving or maintaining an erection, rapid ejaculation, difficulty in ejaculating, low sexual desire, and low sexual arousal. In 1985 Johnson and Shrier studied forty male incest survivors and found that 25 percent (compared to 5 percent of a control group) suffered from nonorganic sexual dysfunctions. They believe that the true number of survivors with sexual

problems is even higher, since some of their population were still too young to have a full sex life and thus could not experience these problems.¹⁹

As adults, many male survivors report difficulty in establishing relationships that are both sexually *and* emotionally satisfying. It may be too scary or too reminiscent of the abuse for them to experience emotional vulnerability and sexual arousal at the same time. Male survivors may try to override their emotional selves (something most men are trained to do in our culture) by concentrating solely on their sexual performance and physical functioning. The sexual high may come more from thinking about what they are doing to someone else than from feeling nurtured or pleased by their partner. Such a mechanical focus leads to emotional distance in the relationship and problems with sexual functioning.

During sexual interactions, male survivors may encounter high levels of performance anxiety. Heterosexual males may worry that these sexual difficulties are indicators of homosexuality. Male survivors may also be troubled by triggers that cause flashbacks to the abuse. One survivor explained:

I had a real problem with impotence in my late teens and early twenties. When I was first with a woman I would get too turned on and then have to stop and calm down in order to get any type of erection. I was very concerned about doing it all right, and sex was always a mixture of excitement, fear, and worry.

As I got into more stable and long-term relationships the problem went

away, but I still had a real tendency to view relationships as primarily a sexual thing.

I still have a hang-up about my partner being real clean and smelling fresh. If she smells sweaty or has stale breath, it reminds me of my father's smell and I get real turned off and don't want to be anywhere near her.

I also still hate being in hot stuffy rooms because they remind me of my parents' bedroom, where the abuse happened. I get real strong feelings of panic, anxiety, and rage when I feel too closed in. This happens in my relationships too, when I feel closed in and don't have enough space.

Sexually, I feel kind of frustrated at times. It is what I do to get close to my wife, and yet when I get turned on the feeling part just shuts off. I have a hard time letting go and feeling vulnerable, so sex doesn't really get me as close to her as I want it to. It's like I don't feel safe enough being sexual to share feelings, and yet when I have feelings I react by wanting to express them in a sexual way. It feels like a vicious cycle. I don't ever experience the kind of intimacy I really want.

Another survivor described his erectile problems:

During the latter part of my sexual relationship with my mother, I recall that I would not be able to get a second erection after ejaculating, and she was quite critical of that. Some form of secondary impotence has bothered me ever since. I have always lost erections quickly when in the presence of prostitutes—some sort of over-excitement.

Male survivors of incest can and do overcome the sexual repercussions of the early abuse. They can learn to identify the abuse and acknowledge its consequences in their lives. They can learn to recognize and express their anger and resentment toward the offender. They can experience sexual interactions free of abuse and self-defeating patterns. Male survivors can spend time exploring, by

themselves or in male support groups, new definitions of what it means to be a man—definitions that underscore assertiveness, sensitivity, and satisfying sensuality. Sexual problems that resulted from the incest can be resolved. Sex can be an expression of real caring, love, and enjoyment. Male survivors have the right to enjoy positive, healthy sexuality. As one man said:

I feel whole sexually for the first time in my life. I've learned to explore my sexuality without fear and guilt. I feel like there is hope. What I lost as a child I have now begun to reclaim as my own.

[17](#) R. Johnson and D. Shrier, *Massive effects on sex life of sex abuse of boys*, 1.

[18](#) *Ibid.*, 1.

[19](#) *Ibid.*, 1-2.

Appendix B Review of Research

In 1981 Judith Herman interviewed forty women who were in therapy and actively pursuing incest resolution. Fifty-eight percent had never told their mothers or anyone else about the incest while living at home. Fifty-five percent reported sexual problems; 35 percent defined themselves as promiscuous; 45 percent became pregnant during adolescence; 60 percent had had major depressive episodes; 37.5 percent had attempted suicide; and 35 percent had experienced drug or alcohol abuse. Sexual problems included little or no pleasure in sex, flashbacks (memories of the incest intruding in current lovemaking), and pairing arousal so thoroughly with being controlled and dominated that relaxation was impossible. Two of the forty women in the study were lesbians and felt their sexual orientation had been influenced by incest. Three other women defined themselves as bisexual.

One of the most extensively reported studies of incest victims was done by Karin Meiselman in 1978. Working with clinicians at a large Los Angeles mental health clinic, she interviewed the therapists and read the files of fifty-eight clients in therapy over a three-year period. These women were compared to a random sample of one hundred clinic files. She found that 87 percent of her sample had

current or previous sexual problems, compared to 20 percent in the control group. Orgasmic problems were found in 74 percent, and 19 percent were promiscuous.

In 1982, Becker, Skinner, Abel and Treacy interviewed eighty-three incest and rape victims about sexual dysfunction since the assault. Fifty-six percent reported at least one sexual problem, with no statistical difference between rape and incest victims in the number of sexual problems experienced. Incest victims who were dysfunctional (N = 12) were more likely than nondysfunctional subjects to have been verbally rather than physically coerced into sex with the perpetrator. Types of sexual problems among dysfunctional incest victims were fear of sex (75 percent), arousal dysfunction (41.7 percent), desire dysfunction (33.3 percent), and lack of orgasm with partners (33.3 percent). Eight percent experienced lack of orgasm in all situations.

In 1979, Tsai, Feldman-Summers and Edgar compared three groups of thirty women each: one clinical (women in therapy for problems associated with childhood molestation), one nonclinical (women molested as children who had never sought therapy and considered themselves well adjusted), and one control (women who had not been molested). The clinical group was found to be significantly less satisfied with their sexual and other relationships with men, were less responsive, had more sexual partners, and had fewer orgasms than women in either of the other groups.

In 1978, Tsai and Wagner studied fifty women who had been molested as children; 97 percent of these had been molested by someone with whom they had had a prior relationship. Three primary areas of sexual dysfunction were identified. Women with these problems were described as nonresponsive, orgasmic without enjoyment, and sexually aroused only when they were in control of the situation. Flashbacks were common for them. The researchers found that these women had a strong need to be affirmed as individuals independent of their sexuality.

Poor sexual-emotional satisfaction was found in a majority of incest-affected women studied by Van Buskirk and Cole in 1983. While most of these women preferred male partners, two thirds had had female sexual partners. The women were said to fear sex and to either withdraw or become promiscuous. The small number of subjects in this study (N = 8) makes the data less tenable than it would be if the study were larger.

Gordy found in 1983 that a “splitting” phenomenon was common among incest-affected women, that is, the women could be *either* sexual or affectionate with a partner but could not combine sex and affection with the *same* partner. She drew the conclusion that the combination brought back memories that were too intense. She also found considerable self-destructive behavior in these women—the use of drugs, suicide attempts, promiscuity, prostitution, and weight loss to the point of eliminating menstrual periods.

McGuire and Wagner found in 1978 that women who had been molested as children had trouble becoming sexually aroused. They found that many of these women were easily orgasmic once the sex act was occurring; however, there was no enjoyment or pleasure in the sexual contact. Gelinas found in 1983 that orgasmic difficulties and difficulty with sexual contact were primary sexual dysfunctions.

In our research we analyzed the responses of thirty-five incest survivors to a questionnaire about their sexuality and its possible relationship to their incest experience. All subjects were currently in therapy for incest concerns. Both arousal and lack of orgasm were problems, but arousal was a more frequent one. The following table lists the sexual concerns identified by women in our study. Our data also indicated that women under age thirty-five had significantly more painful intercourse and felt more concern about the reaction of partners than did women aged thirty-five or older.

Table B-1
Sexual Concerns of Incest Survivors (N = 35)

Issue	% Survivors in Our Study Who Considered This a Problem
Lack of arousal	80
Low arousal	80
Social withdrawal to avoid issue of sex	76
Lack of orgasm with partner	74

Fear of sex	71
Confusion about the normal sequence of dating and sexual behavior	69
Difficulty setting sexual limits	66
Aversion to specific sexual acts experienced during incest	66
Forcing self to have sex	66
Flashbacks to incest during sex	62
Painful intercourse	60
Feelings of sexual power over men	51
Using sex to get attention	48
Worry about partner's reaction to incest	48
Sexual enjoyment only after penetration has occurred	48
Lack of orgasm under any circumstances	46
Physical reactions during sex, e.g., chills	46
Indiscriminate choice of partners	40

Appendix C

Worksheet on a Sequence of Dating and Sexual Behaviors

Below is a list of activities that might describe a typical sequence of dating and sexual behavior for a couple. While there is no “right” sequence, studying this list can help you clarify issues for yourself as you develop a sequence of your own. With several friends, or in a therapy group, you can discuss the sequence in more detail.

talking

participating in group activities

becoming friends

holding hands

touching shoulders, knees, and so forth

spending time together in nonsexual activities

hugging

kissing

petting with clothes on

petting with some clothes off

engaging in genital stimulation

making commitment to relationship and plans for future activities together

engaging in intercourse

Questions:

1. After examining each activity in its given order, explain why this order was chosen. For example, why would kissing come after holding hands? Why might a commitment to the relationship come before intercourse?
2. How long do you think the couple should engage in each activity before moving on to the next one?
3. What danger signals might come up that would indicate it would not be a good idea to proceed to the next step at that time?
4. What could you do if you weren't ready to proceed to the next step but your partner was?
5. What could you do if you moved to the next step but found it uncomfortable?

6. Is the sequence of activities the same for all of your relationships?
7. Do you think a couple is ready to have intercourse if they feel too uncomfortable with each other to discuss birth control?
8. What concerns do you have about relationships, and how can you develop a sequence of activities of your own that will help you address your concerns?

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Suggested Resources

Outgrowing the Pain, by Eliana Gil, 1983 (San Francisco: Launch Press).

A short, readable book for adult survivors of child abuse which clearly explains how early abuse affects self-esteem and relationships. Especially good for people who wonder whether they were actually abused.

Betrayal of Innocence, by Susan Forward and Craig Buck, 1978 (New York: Penguin Books).

Basic information on the history and dynamics of incest, including many

case examples. Sections on variations of incest, including mother-daughter, mother-son, father-son, and sibling.

Father-Daughter Incest, by Judith Herman, 1981 (Cambridge, Mass.: Harvard University Press).

A comprehensive book on how incest affects daughters, including a historical overview, research findings, and treatment concerns.

For Yourself: The Fulfillment of Female Sexuality, by Lonnie Barbach, 1976 (Garden City, New York: Anchor Books).

A good overview of sexual socialization and sexual pleasuring. Especially helpful for women resolving orgasmic difficulties.

For Each Other: Sharing Sexual Intimacy, by Lonnie Barbach, 1982 (New York, New York: New American Library).

Female perspective on healthy couples sexuality. Lots of exercises and suggestions for improving physical relationships. Contains basic sex therapy techniques.

Male Sexuality: A Guide to Sexual Fulfillment, by Bernie Zilbergeld, 1978 (Boston: Little Brown and Company).

Excellent section on male sexual socialization, harmful myths, and reasons for male sexual problems. Includes sex therapy techniques for treating common male dysfunctions.

Out of the Shadows: Understanding Sexual Addiction, by Patrick Carnes, 1983 (Minneapolis, Minn.: Comp-Care Publications).

Overview of common types of sexual addictions, including incest. Can help survivors understand why some perpetrators sexually molest.

Learning About Sex: The Contemporary Guide for Young Adults, by Gary F. Kelly, 1977 (Barron's Educational Series, Inc., 113 Crossways Park Drive, Woodbury, New York 11797).

A good book for teens over fifteen years old and their parents, in paperback. Straightforward sex education for older adolescents. Includes section on love, responsible sex, and decision making in relationships.

“Identifying and Treating the Sexual Repercussions of Incest: A Couples Therapy Approach,” by Wendy Maltz, *Journal of Sex & Marital Therapy*, Vol. 14, No. 2, Summer 1988, pp. 142-170.

Primarily written for clinicians. Presents a model for assessing and treating the sexual effects of incest in couple relationships. Includes intervention strategies, techniques, and therapeutic considerations.

Partners in Healing: Couples Overcoming the Sexual Repercussions of Incest (VIDEO) produced by Wendy Maltz, Steve Christiansen and Gerald Joffe, 1988. (For information and to order, contact: Independent Video Services, 401 E. 10th St. Dept. L, Eugene, Oregon 97401, telephone 503-345-3455).

Hosted by Wendy Maltz, this video program helps couples identify sexual problems caused by incest histories, and journey toward sexual healing and emotional intimacy. Symptoms of sexual concerns and specific steps in the healing process are discussed. Features three heterosexual couples (one with a male survivor). Helpful to incest survivors as well as a resource for therapy, education and training.

Two major self-help organizations for adult incest survivors are *VOICES* (Victims of Incest Can Emerge Survivors) in Action, Inc., P.O. Box 148309, Chicago, Illinois 60614, and *ISA* (Incest Survivors Anonymous), P.O. Box 5613, Long Beach, California 90805-0613.

About the Authors

[Wendy Maltz LCSW, DST](#), is an internationally recognized sex therapist, author, and speaker, with more than thirty-five years of experience treating sex and intimacy concerns. She authored a number of highly acclaimed sexuality resources, including the recovery classic, [*The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*](#), as well as [*Private Thoughts: Exploring the Power of Women's Sexual Fantasies*](#), and [*The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*](#). Wendy compiled and edited two best-selling poetry collections that celebrate healthy sexual intimacy, [*Passionate Hearts: The Poetry of Sexual Love*](#) and [*Intimate Kisses: The Poetry of Sexual Pleasure*](#). Her popular educational website, www.HealthySex.com, provides free articles, podcast interviews, posters, [couples sexual healing videos](#), and more to help people recover from sexual abuse, overcome sexual problems, and develop skills for love-based sexual intimacy.

Beverly Holman holds an M.S. in counseling psychology from the University of Oregon, where her master's thesis was entitled "The Sexual Impact of Incest on Adult Women." She also holds an M.A. in human development from the University of Kansas. Beverly is currently in private practice in counseling and mediation,

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