

*Incest and Sexuality*

**How Incest  
Affects  
Sexuality**

**Wendy Maltz  
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## Table of Contents

### [How Incest Affects Sexuality](#)

[Sexual Emergence](#)

[Sexual Orientation and Preference](#)

[Sexual Arousal, Response, and Satisfaction](#)

[Table 8-1 Triggers-Stimuli Associated with Incest Memories](#)

### [Bibliography](#)

[Suggested Resources](#)

### [About the Authors](#)

## How Incest Affects Sexuality

Incest appears to strongly influence the subsequent sexual behavior and experiences of many survivors. (See Appendix A for a review of research findings in this area.) This chapter focuses on three major areas in which sexual repercussions are evident. These areas are (1) sexual emergence in early adulthood, (2) sexual orientation and preference, and (3) sexual arousal, response, and satisfaction.

It is important to keep in mind that each woman's sexuality is affected by a variety of influences, such as biological drive, religious training, educational awareness, and social group. These influences can exert themselves powerfully on her sexual development. While a history of sexual abuse *can* constitute the most dramatic influence, conclusions about its strength must be tempered by these other factors. More research is needed to address these differences through specific control group studies.

### Sexual Emergence

In the teen years following sexual abuse, survivors often gravitate toward one of two extreme sexual lifestyles. Survivors seem to either become socially and

sexually withdrawn from their peers or to plunge into a phase of promiscuous and sometimes self-destructive sexual activity.

The withdrawal response can reflect a survivor's fears about sex, anxieties about partners, and poor self-image. Symptoms of withdrawal include refusing dates, staying socially isolated, pretending that sex doesn't exist, and denying sexual feelings. Survivors may have distorted ideas about what will be expected of them if they go out. They may imagine that dating will require sexual willingness and responsiveness. They may believe that their date's main focus will be "getting some sex." Survivors may have little trust in their own ability to say no or to protect themselves and may instead want to avoid a situation in which they expect to once again feel overpowered and paralyzed. Some survivors have mentioned that they think their withdrawal from sex is a way in which they try to "buy their way back to heaven." Celibacy may be practiced in an effort to compensate for what they believe was their sin.

The opposite response, that of unusually frequent sexual activity, also reflects the early sexual victimization. Some survivors learned from the incest that their sexual attentions can give them a feeling of special power over men. They may fail to see how superficial this feeling is and how much it reflects a reaction to the powerlessness they experienced earlier in life. Many survivors use sexual promiscuity to prove to themselves that their sexuality is now their own. By "choosing" to sleep with many partners, the survivor attempts to give herself a

sense of being in control of her sexuality. This effort to achieve a positive goal can backfire, however, because of the lack of true satisfaction generally provided by it. Indiscriminate sexual activity may have other repercussions as well, such as unwanted pregnancies, abortions, venereal disease, loss of social respect, and exploitation, all of which impact negatively on self-esteem.

Frequent sexual activity can be a form of intentionally self-destructive behavior on the part of the survivor. She may feel guilty for the incest and try to punish herself through self-degrading activities. Comments such as “This is all that I’m good for” and “I’m a whore anyway, so why not?” reflect this attitude. Some survivors actually become prostitutes. This may result when sexual abuse victims run away from home to escape the offender. They may turn to prostitution as a means of supporting themselves. Their need for affection and their limited image of themselves as sexual objects make them prime targets for people who wish to sexually exploit them. In an article written in 1978, James and Meyerding stated that 65 percent of the prostitutes they studied had had a history of forced negative sexual experiences.<sup>10</sup> Another study found 80 percent of prostitutes to have been sexually abused in childhood.<sup>11</sup>

Early sexual abuse appears to create a disruption in the normal dating patterns of adolescence. Teen survivors commonly allude to confusion about the normal sequence of dating and sexual behavior. Such questions arise as whether to kiss on the first date, at what point it is appropriate to hold hands, and at what

stage sexual contact should enter into the relationship. An example of this confusion was provided by a girl who had been sexually abused by her stepfather. He repeatedly told her that boys would not like her unless she made out with them and had sex with them. At age twelve she was at a party and met a fifteen-year-old boy. They began making out.

I was frenching him, just making out, and he was blown away that a twelve-year-old would know how to do all this stuff. He didn't want to stop. For six months after that he was calling me every day. I'd tell him to get off the phone. I didn't want to talk to him. It was weird. The guy was a total jerk.

Having experienced adult forms of sexual contact at an early age, incest victims run the risk of unknowingly acting in sexually inappropriate ways with their peers. When this problem is combined with the burden of misinformation from offenders about the part sex plays in a relationship, it is understandable that confusions and fears about dating persist. Age-inappropriate sexual expression can result in a teen survivor acquiring a social reputation for being "loose." This hurtful labeling may encourage her to think of herself as cheap.

Confusion about dating appears to persist over time. Over half the adult incest survivors in our study reported that they frequently experience confusion over the normal sequence of dating and sexual behavior. It can be helpful for survivors to discuss what constitutes appropriate dating behavior with other survivors or with a therapist (see appendix C for worksheet).



In an attempt to escape anxieties about dating and sexual interactions, some survivors regularly use drugs and alcohol, which reduce inhibitions and allow them to “space out” from what is happening. Female alcoholics have often been incest victims. For a number of alcoholic and drug-addicted incest survivors, sober sexual experiences are rare. While temporarily drowning out the discomfort engendered by intimate physical contact, these methods reinforce feelings of victimization, of being out of control, and of being exploited by others. Healthy social development is arrested when relating depends on being in an altered state of consciousness. Chemically induced highs really create withdrawal from rather than connection to other people.

A number of survivors reported having relatively little trouble with dating and premarital sexual experiences. Yet many of these same women report that once married, the sexual feelings plummeted and they began to feel trapped into being sexual. The real or imagined demands of their mates for sexual contact reminded them of the sexual obligation of incest.

### **Sexual Orientation and Preference**

Incest, which is such a profoundly upsetting experience, seems to bring with it the possibility of influencing sexual preference in many different ways. For instance, studies of boys who were sexually victimized by men do indicate that a high percentage of them relate homo- sexually as adults.<sup>12</sup> The reasons for this are

speculative. Perhaps sexual arousal becomes linked with visual images of aroused men, and is reinforced by the pleasurable sensation of orgasm.

Of the twelve women in our study who had sexual relations with other women, about half felt strongly that the incest had no bearing on their sexual preference. The other half felt the incest *was* related to their choice of same-sex partners. We speculate that these women represent two different groups. The first group of women are lesbians who also happen to be incest survivors. They would have been lesbian with or without the incest experience. The other group of women may be basically heterosexual or bisexual and have been open to experimentation with female partners as part of their healing process. For them, the incest had an impact on their choices. All the women in this second group in our study had experienced both male and female partners. One woman in this group said, “My relationships with women were influenced by the incest. I was looking for an equal instead of someone dominating me.”

There are many reasons why a heterosexual female survivor might choose female partners. Female partners may be less pressuring than males for sexual contact, and more understanding and supportive of the survivor’s anxieties about sex. Some survivors may feel safer and more comfortable with females because their bodies lack many of the reminders of the abuse, such as a penis, semen, and body hair, and because their voices do not remind them of the low voice of the offender. Resolving incest issues can lead these women to overcome their old

fears and can give them the option of relating to men, sometimes much to the dismay of their woman-oriented friends. For these women, the incest may have blocked the recognition of their underlying heterosexual orientation.

In contrast, women who are lesbian from early childhood may find that the incest—forced sexual contact with males—blocks their awareness of their preference for female partners. Anger at women, encouraged by anger at a mother who failed to protect, can also block recognition of attraction to women. These women may have spent years assuming they were heterosexual. One survivor hypothesized how she would have been different had she not been a victim of incest.

I would not have been promiscuous with men. I would not associate pain with sexual pleasure. I would not have abusive sexual fantasies. I would have realized I'm a lesbian earlier.

Further illustration is given by another survivor in this poignant story:

The incest really restricted how I conceived of my sexuality because I had never even masturbated. I hated my body. I just hated it. And so I was simply nonsexual most of my life. The incest blocked my sexuality. In looking back now, I think if I hadn't been abused and really believed that I was my father's property, my sexual preference for women would have started developing when I was in junior high. I was really close to another girl, who I know to be lesbian. I had feelings toward other women too when I was in junior high, but I didn't spend much time thinking about it. I wanted to be asexual completely, so any feelings that I had like that I pushed away. Whether they were for women or men, I just did not want anyone close to me.

After I got out of my home—well, actually, after my father left the home (he was the perpetrator)—I hardly ever dated. I just became resolved that I'd be single—celibate. That didn't bother me, because I put all my efforts into my career and I didn't care. I didn't have very many close friends at all. I was very isolated. I felt safest that way. It wasn't until I was twenty-seven, I think, that I began going out. I just had a few friends who were men. They were good relationships, but I never allowed them to become sexual relationships. When men would approach me I would get very cold. But with John I really liked him a lot. I loved him, but it wasn't the same kind of love that I have with Sharon. I didn't know that at the time. I had no awareness that I was lesbian. John and I lived together for about six months, I would say, and I found that the sexual side of the relationship was extremely difficult for me, and I think part of that is because I'm lesbian and I didn't know that at the time, but part of it was definitely incest-related. When he would be really affectionate with me, or when we would have sex, I would almost always get sick to my stomach, and I would go to the bathroom after I thought he was relaxed, and I usually threw up. There were maybe one or two times that I felt I enjoyed sex with him. Most of the time I didn't feel anything. I never had an orgasm.

I knew that a lot of the problem was stuff that had gone on with my dad, and I never felt that I could really share with John the extent of the abuse that I had. He never really wanted to know. He knew that there had been a lot of physical abuse in my family. He was real slow and gentle in approaching me, and whenever I would say anything, he would always respect that. But I really didn't share very much with him, and he also didn't really want to know—he never asked me about it. So it was just kind of a hidden, unspoken thing that caused a lot of problems there. I think, for me, I didn't have any conscious awareness of being lesbian until I had gotten through a lot of work on the incest. I rarely had sexual fantasies before I found I was lesbian. Once I realized I was woman-oriented, I began to fantasize more. Now I do think about sex. I never did that with John. It was something that I didn't really like. But I think there may be people who are gay because of environmental factors—could perhaps go either way, but the environment pushes them. And then I think there are people for whom it's biological. My feeling is that I was lesbian from the time I was born. In thinking back through my life I know that I was always much

closer with my friends who were women. I remember physical contact with women that was really pleasurable and enjoyable, and that stayed—left an impression. But I didn't categorize it as sexual or erotic. I think it was, but I wouldn't admit that it was then.

Once I found John I felt this was what I was supposed to do— marry him and have a family. The early association that sex is with a man made it difficult for me to find where I should be. I think there would be some lesbians who because of the abuse really rebelled and found it very easy to find women then. But I'm just saying that for me it was blocked.

Sharon and I had been really close friends, and then just all of a sudden I was in love with her. I was freed up enough from dealing with the incest to recognize my sexuality. But for me, the two things were really closely related. Until I had really dealt with that and been freed, I didn't have any awareness of my own sexual preference. I'd been so dominated by my father. So brainwashed to think that I was male property. I just had no conception of looking to women for a sexual relationship. Even though from the time I was about eighteen, I knew ... I didn't know before then ... but I knew from eighteen on that there were women who were homosexual. But I didn't have any awareness of my own orientation.

Many questions are raised in this area of sexual orientation and preference. How do biological, social, and environmental factors influence sexual orientation? Is everyone bisexual to begin with? How does incest impact preference? What is the effect of female offenders? What messages are given to children molested by both sexes? Future research may help provide the answers.

### **Sexual Arousal, Response, and Satisfaction**

Incest can cause problems in sexual functioning that feel as if they have

always existed or that slowly surface later in the survivor's life. Survivors tend to experience more sexual problems than women who are not abused (the major areas of sexual problems found in our study are listed in appendix B). Sexual problems may be very frustrating both to the survivor herself and to her partner. As one survivor explained:

In retrospect, I can see how the incest experiences of over thirty years ago still govern and pattern my sexuality. I have a very diminished sexual appetite, with little curiosity or interest. It is difficult for me to anticipate, enjoy, express, and receive love in a sexual, physical form. A wall of avoidance, fear, and dread has replaced any thrill or urge or anticipation I have known at other times in my life. For some reason, not being in a secure, committed relationship made it easier to be sexual. Now it's as though a part of my life energy has dulled and become inaccessible to me. I feel very out of touch with my body sensually. Feelings of sexiness, attractiveness, and physical competence are only memories. Fatigue and lethargy have come to mask the loss of my sexuality. I feel "bad" and "guilty" for no longer being the exciting, fulfilling lover I once was. Rather, I feel sad and old and withered sexually and romantically.

Lack of sexual desire is a common complaint of incest survivors. It appears related to an array of problems associated with arousal. Regardless of whether survivors felt pain, pleasure, or numbness during the actual physical experience of the incest, most of them seem to identify sexual arousal with the feelings they were having during the abuse. At the time of the incest their concept of sexuality and their biological response to sexual stimulation became associated with their negative feelings toward the abuse. Consequently, if survivors felt helplessness, anger, or guilt at the time of the abuse, they may later find these same feelings

surfacing as soon as they begin to engage in sexual behavior.

Women in our study reported associating several feelings with the sexual experience. These included helplessness, disgust, anger, loss of control, guilt, and hate. This negative conditioning is very strong in survivors because the sexual abuse usually constituted their first experience with overt sexual stimulation, and their negative feelings were reinforced through the repetition of the sexual abuse.

For people who have not experienced sexual abuse, an analogy may be helpful for gaining an understanding of this conditioning process. Suppose you were encouraged to play on a softball team when you were young. During your first game, you were suddenly hit in the face by a thrown bat and it smashed your nose. At the time you may have felt scared, helpless, angry, and hurt. After that, softball may have had a different meaning. Perhaps it was no longer seen as a safe sport; thinking of it or playing it may have become associated with anxious feelings. You may even have developed a fear of bats and avoided being near them. Later it might be hard to separate your feelings about the injury from your feelings about the game. The negative association might have become so strong that new experiences would be required to change your response to a positive one.

A similar negative association with sexuality occurs through incest. As one woman wrote, "It's difficult to enjoy stimulation to my genital area when that stimulation vividly reminds me of a previous offensive experience." Some women

who were violently and sadistically assaulted during the abuse later report that sexual arousal has become paired with violent sexual behavior. Since they may have experienced getting sexually turned on during the violence, they learned to associate the two. A twenty-six-year-old woman was subjected to fondling, intercourse, and oral sex for five years by her brother and was tortured, tied up, locked in a small room, and raped with objects. She said:

Many women, including me, are attracted to what happened and get very aroused with a repeat. Why do you think bondage, S/M, etc. are so popular? It's a repeat of incest—this is how I react. Loving gentle sex is too scary—a repeat of “torture” is arousing, in a very scary way.

Incest creates conflicts and confusions about sex. Since sexual abuse, family betrayal of trust, and sexuality got strongly intertwined in childhood experiences, it's hard to look back and comfortably separate each part so that sex can be experienced in a new light. Yet this is the challenge to the survivor and one that deserves plenty of time. Another survivor, who had been in therapy for three years, described how she has slowly been able to begin experiencing sexual activity without the previous feelings of anger, helplessness, and disgust. She said:

I can feel overwhelmed with the hurt and confusion. I can feel how painful it was to enjoy something that was mentally and emotionally repugnant. The conflict in feelings may come over me, [yet recently] I have found my sexuality surprisingly intact.

Lack of pleasure in sex can also come from placing primary importance on the partner's experience. Most survivors learned to do this during the sexual



abuse. To her own detriment, a woman may primarily focus on her present partner and ask herself, “Am I doing it right? Am I giving my partner what is desired?” However, in order to obtain more sexual arousal and enjoyment, the survivor needs to focus primarily on her own experience during sex. Helpful thoughts might be, “I am relaxed. I can allow myself to enjoy this sexual contact. What can I do or ask for to receive more enjoyment?”

Incest survivors report a phenomenon of having flashbacks or sudden images of the feelings, sights, smells, sounds, or other reminders of the incest. Like an uncontrollable nightmare, a flashback can instantly transport the survivor back in time, so that she mentally reexperiences the abuse. Sensations like pain and nausea may be felt again. The flashback may result in physiologically tightening up and thus losing any arousal that may have been present. Flashbacks can occur several times in one sexual encounter or may occur only once in a while. They can be a major distractor from the positive experience of current sexuality. They can also occur in stressful, nonsexual situations when the survivor least expects them. While flashbacks may be brought on by too much stress, increased relaxation may also leave a survivor feeling unprotected. As one survivor explained:

To be sexual, I have to work at relaxation. If I relax so that I can have an orgasm, sometimes stuff (like anger and old fears) that’s been fermenting about the incest will go WHOOM and will come up, and then everything falls apart and I get real upset or I have a flashback or I’ll cry or something. And that will interfere with the sex that was initiated between us.

Thoughts and sensations that occur naturally during sex—such as heavy breathing, the smell of sweat, moaning sounds, and sensual touching—may trigger a flashback to the incest. While for other adults these sounds, smells, and forms of touching might enhance sexual feeling, they may temporarily distract and possibly immobilize the sexual response of an incest survivor.

A huge variety of triggers exists. Almost anything can become a trigger if it is associated with incest; what constitutes a trigger is based on each woman’s individual sexual experience. Table 8-1 lists a number of things that triggered memories of the incest for the women in our study.

*Table 8-1  
Triggers-Stimuli Associated with Incest Memories*

1.	Smells	Cigarette smoke
		Alcohol
		Sweat
		Dust
		Strong coffee
2.	Sounds	Music
		Tone of voice
		Spoken words
3.	Times	Nighttime
		Waking up

- Seasons
- Holidays
- Evening at home
- 4. Places
  - Driving on certain roads
  - Darkness
  - Bathrooms
  - Unfamiliar places
  - Tents
  - Surroundings reminiscent of place where incest occurred
- 5. Events
  - Being in certain sexual positions
  - Dreams
  - Being physically moved by someone
- 6. Sensations
  - Sexual arousal
  - Sexual responses
  - Touching
  - Feeling dirty
- 7. Sights
  - Water
  - Men
  - Old men
  - Plaid shirts
  - Clothes
  - Gray hair

- Facial characteristics
- Large people
- Protruding lower lip
- 8. Interpersonal Dynamics
  - Personality
  - Attitude
  - Gestures of caring

When asked to comment on what she viewed as sexual problems specific to incest survivors, one respondent wrote:

Having the idea that you aren't the person in your body (feeling your body may be on the bed but the rest of you melts into the wall), your body functions like a machine, you are unable to discriminate sexual likes from dislikes (this is like being unable to taste/experience the difference between curried rice and spinach; there are no sex "taste buds"), feeling you are powerless, you are unable to relax major body muscles (not necessarily genitalia), you are hypersensitive to relationship dynamics, you tend to second-guess the other person, you experience changes in body maturity (when you let go your body may feel like it's age ten, eight or two, short legs, no boobs, no pubic hair—this can make for some *bizarre* interactions), and you have confused ideas of your size in relation to your partner's size.

Problems with becoming aroused, painful intercourse, lack of orgasm in masturbation, and lack of orgasm with a partner inhibit sexual satisfaction. Those survivors who are orgasmic often report that their orgasms are not enjoyable. For most women, masturbation serves to facilitate the learning process of becoming

orgasmic. But for the survivor, self-stimulation may be an unpleasant reminder of sexual feelings from the incest and consequently may be either avoided or engaged in with a detached attitude.

Incest is sexual, and so by its very nature it has sexual repercussions for its victims. These repercussions can function as sexual disabilities, blocking healthy expression and enjoyment of sex. However, the sexual problems resulting from early abuse need not be permanent. Survivors can come to realize that, if they are motivated and have support, they can make changes.

[10](#) J. James and J. Meyerding (1978), Early sexual experiences as a factor in prostitution, *Archives of Sexual Behavior* 7: 31-42.

[11](#) National magazine: The dangerous eroticization of children (January 1984), *Sexuality Today* 7, no. 15: 1.

[12](#) R. Johnson and D. Shrier (July 1985), 15, Massive effects on sex life of sex abuse of boys, *Sexuality Today* 8, no. 39: 1-2.

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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](http://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,

specializing in incest and couples counseling. She is also a family therapist at a local agency, where she works with children and adolescents and their families. Previously she counseled in a family-oriented agency, where she led incest groups for adult survivors and worked with abused children and their parents. She is a member of the Oregon Counseling Association, the American Association for Counseling and Development, the Academy of Family Mediators, and the Executive Board of the Family Mediation Association of Lane County, Oregon.