THE RELATIONSHIP OF INCEST AND SUBSTANCE ABUSE AMONG WOMEN IN LONG TERM TREATMENT

by

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ABSTRACT

The literature indicates that approximately one in four women and nearly as many men are sexually abused by age 18. Seventy percent of the abuses are committed by a family member (incest) which is considered to be the most damaging form of sexual abuse.

The purpose of the study was to describe the relationship between untreated sexual abuse (incest) and addictive behavior among women in long term treatment for substance abuse.

Respondants for this survey were participants at three Salvation Army Rehabilitation Centers: the Phoenix Harbor Light, Phoenix ARC, and Las Vegas Rehabilitation Program. They ranged in age from 20 years to 64 years. The survey gathered information about the incidence of incest with clients who were in treatment for substance abuse.

When compared to the general population the people receiving treatment for substance abuse were measurably more likely to report incest abuse. Of the total sample of 233, 65 (28%) answered positively to the question of incest contact. This statistic shows that 54% of the female respondants and 20% of the males have experienced incest contact. Research statistics vary, but this number exceeds the commonly reported estimates in regard to the issue of incest in the general population, and is a clear indication of the importance of dealing with incest as a significant factor in the incidence of chemical dependency.
This study discusses the issues of sexual abuse, the barriers to treatment, and makes recommendations for treatment of the abuse issue as a means to decrease the chance of relapse.
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CHAPTER 1

THE PROBLEM

Introduction

Many of the people who seek treatment at The Salvation Army Rehabilitation Centers have been sexually abused as children. Although there are many forms of sexual abuse, the focus of this study will be incest, and the relationship between incest and the development of substance abuse, barriers to treatment, and treatment suggestions. This is an important issue which needs to be dealt with to lesson the chance of relapse. Barnard states; "recovering substance abusers who remain untreated for incest have an increased potential for relapse because shame, guilt, and anger continue to influence their behavior" (Glover, Janikowski, and Benshoff, in press, p.177).

This study discusses the issues of sexual abuse, barriers to treatment, and makes recommendations for treatment of the abuse issue as a means to decrease the chance of relapse.

Development of the Problem

Sexual abuse of women is wide spread and estimated to involve one out of three women by the age of eighteen (Maltz and Holman, 1987). Heitritter and Vought, (1989) state, "Some sources indicate that every two minutes in the United States a child is sexually abused, but less than 2% of molestation's are ever reported" (p. 13).
Sexual abuse is prevalent in every area of society, and crosses all the boundaries of age, gender, race, religion and socio-economic groups (Kempee, 1980; Peters, 1986).

While there is no clear-cut cause-and-effect relationship which has been proven to exist between child sexual abuse and subsequent psychological adjustment problems, the evidence is overwhelming and strongly suggests that such a relationship does exist (Vredevelt and Rodriguez, 1992). Psychiatrist Edward Ritko, (1981) states the following in *Time* magazine; "childhood sexuality is like playing with a loaded gun" (p. 69). Sexual abuse takes away the innocence and self respect from the children and generally silences them. This makes it difficult for the victim to obtain help. Allender (1992), states: "...the wounds and struggles that follow are often as difficult to deal with as the original abuse. Many victims feel alone, confused, depressed, and sometimes as if they are going crazy" (p.1).

Thousands of children endure and survive the trauma of child sexual abuse then take the effects of that abuse into their adult lives where they face difficulties such as emotional, psychological, and spiritual problems (Gil, 1990). Other complaints expressed by incest survivors include shame, self-doubt, guilt, low self-esteem, depression, role confusion, feelings of isolation and despair, anxiety, perceived helplessness, eating disorders, substance abuse, disassociate and somatization disorder, sexual problems, unsatisfactory relationships, extreme difficulties with trust and intimacy, and suicidal ideation and intent (Blume, 1990; Wadsworth, Spampneto, and Halbrook, 1995).
There are many types of sexual abuse; however, incest is the most devastating. The degree of disruption is affected by the closeness of the perpetrator and number of occurrences. In addition, research shows if the child tells the mother and she does not believe or help the girl, a greater degree of depression is seen (Morrow and Sorrell, 1989). Incest is also the most common form of child sexual abuse (Maltz and Holman, 1987). Yeary (1982) states that 70% of molestation's are committed by a family member. The damage caused by the abuse is terrible, affecting every aspect of the child's life including the victim's relationship with God, and it can rob them of the ability to love or be loved by others including God (Allender, 1990).

The rate of incest in regard to substance abusing women ranges from 40%-80% (Janikowski and Glover, 1994). In comparison the rate of incest in the general population range from 20%-25%. In addition, the relapse rate for women who are survivors of incest is much higher. Reports put the percent of relapse for clients treated for substance abuse at approximately 75% within the first year after treatment. The relapse rate for substance abusers with sexual abuse history at 90% (Wadsworth, R., Spanpneto, and Halbrook 1995). Many clients are helped, but many other clients go back to drugs and alcohol after leaving the center. Wadsworth, Spanpneto, and Halbrook (1995) state; if major contributing factors to addiction (e.g. incest) are not addressed during treatment, relapse rate is increased. Substance abuse may be a survival technique in response to past incest contact. Therefore, relapse should be seen not as merely return to drugs and alcohol, but possibly as an indication of repressed emotional issues that are a part of the etiology of the addiction. This is the reason professionals treating people with addictions
should become aware of the ways drug abuse and sexual abuse may be connected as treatment issues (Glover, Janikowski, and Benshoff, In press).

Need for the Study

There is limited research on the incidence of incest with people who abuse substances. This study may add to the present information on incest and substance abuse with severely addicted adults in long term residential treatment including an examination of the incidence of incest among the clients sampled and clients' perception of the relationship of incest on their addiction.

It is hoped that the information will be beneficial for those who provide treatment for substance abusers with respect to offering treatment for sexual abuse issues.

Purpose for the Study

The purpose of the study is to describe the relationship between untreated sexual abuse (incest) and addictive behavior among women in long term treatment for substance abuse.

Research Question

What is the relationship between untreated sexual abuse and relapse among women in long term treatment for substance abuse?
Definition of Terms

Incest
Incest is any sexual contact between a child or adolescent and a person who is closely related or perceived to be related, including stepparents and live-in partners of parents. Most victims are female; most perpetrators are male. In the majority of cases it is a father or stepfather who abuses a child. Incest also includes sexual activity initiated by siblings, cousins, mothers, uncles, aunts, or grandparents...The types of sexual activity include fondling, oral sex, anal sex, and intercourse. (Maltz and Holman, 1987, p. 3,4)

Relapse
The return by a person in recovery to the self-prescribed, nonmedical use of any mind-altering drug (including alcohol) and risk of the consequent problems associated with such use. It is often preceded by negative thoughts, distorted perceptions, and even nonspecific physical symptoms. (Mooney, Eisenberg and Eisenberg, 1992, p. 577)

Sexual Abuse
Any form of coerced sexual interaction between an individual and a person in a position of power, or perceived position of power, over that individual.

Severly Addicted Person
For the purposes of this study the term severely addicted person refers to clients who are jobless, homeless, and have lost everything due to their addiction. These are the majority of the clients in The Salvation Army Rehabilitation Centers.

Substance Abuse
Misuse or overuse of a substance; using a substance in a way different than it is usually used, medically or socially; using illegal substances; continuing the use of a substance even if it is causing problems in a person's life (Mooney, Eisenberg and Eisenberg, 1992).
CHAPTER 2
LITERATURE REVIEW

The purpose of this study is to describe the relationship between untreated sexual abuse and addictive behavior among women in long term treatment for substance abuse.

It is currently estimated that one out of four American women, and nearly as many men have been sexually abused before the age of 18. It is further estimated that 70% of these abuses are committed by a member of the family (incest), or a close friend (Threadcraft and Wilcoxon, 1990).

The incidence of reported incest has grown from one in 1,000 in 1940, to one in 100 in 1950, to one in 20 in 1970, to 1 out of 10 in 1993. These statistics indicate that the incidence of sexual assault and incest have reached epidemic proportions in the United States (Threadcraft and Wilcoxon, 1993).

Incest is understood to be a traumatic sexual experience, many times having psychological consequences that continue into adulthood. These painful issues often require psychological treatment. If the effects of the sexual trauma are not treated, addictive behaviors may be used as a way to self medicate the pain of either repressed or conscious memories of the abuse, this is especially true if the abuser was someone close to the victim (Janikowski and Glover, 1994).
Evans, Schaefer, and Kasl, found that 40% to 80% of substance abusing women reported a history of incest. This compares with 20% to 25% reported for the general population of women (Wadsworth, Spampneto, and Halbrook, 1995).

Clients who have been sexually abused are more susceptible to relapse (Wadsworth, Spampneto, and Halbrook, 1995). The clients who have a history of childhood sexual trauma and have become chemically addicted may only fully experience the pain to the trauma for the first time when the substance abuse has stopped (Wadsworth, Spampneto, and Halbrook, 1995).

Child Victim

The messages a person receives as a child affects the rest of his or her life. Most of these messages are gained through relationships with others. These early messages have great impact on feelings of being loved, valued, and belonging (Heitritter and Vought 1989). If the messages convey safety, love, and respect the child will develop a healthy self esteem.

Sexual abuse takes away the innocence and self-respect from the child and generally silences them. This makes it difficult for the victim to obtain help. Allender (1992) states: "the wounds and struggles that follow are often as difficult to deal with as the original abuse. Many victims feel alone, confused, depressed, and sometimes as if they are going crazy" (p. 1).

All types of sexual abuse are damaging; however, incest is the most devastating. The degree of disruption is effected by the closeness of the perpetrator and number of occurrences. In addition, research shows if the
child tells the mother and she does not believe or help the girl a greater degree of depression is seen (Morrow and Sorrel, 1989).

Father-daughter incest is the most traumatic. The child is dependent on the father for her basic needs. She wants to be loved and nurtured. She needs appropriate kinds of touch, such as, hugs. Often the only time she receives physical affection and validation is when she is being sexually abused. Tammy (1996) states: "I just wanted my dad to love me, but when I asked him to quit touching me where he should not touch me he would push me away" (personal interview). When she is assaulted by her father, her trust is betrayed. If she can not trust her father, who is supposed to love and protect her, who can she trust (Tower 1988).

Oprah Winfrey states that she was grateful for the attention she received, because she was deprived of proper love and attention. She did not realize that it was sex, or how it would affect the rest of her life. "I sold my silence for an ice cream cone and a trip to the zoo" (Bly, 1993, p. 22).

Effects Of The Abuse On The Child

Loss of Trust. Parents are the first adults children learn to trust. When trust is violated by the act of incest, this is the absolute betrayal of trust. Due to the loss of trust they look at all adults as untrustworthy. Victims often carry this lack of trust into their adult years which may make it impossible for them to trust anyone (Heitritter and Vought, 1989).

Feeling Damaged. Children are not well informed about anatomy, and many abused children think they may have been altered in some way. Often
they carry this fear into adulthood (Tower 1988). Heitritter and Vought (1989), state; "[a]n abused teen had stopped having her menstrual periods due to the extreme stress and fear. She mistook the absence of her menstrual flow as confirmation that her father's abuse had 'broken her inside" (p. 25). They also fear that people can tell by looking at them that they are bad. The girl may also fear if she discloses the family will break up and it will be her fault. Because of this many tell no one and continue to be victimized (Heitritter and Vought, 1989).

Guilt and Shame

Nearly every survivor feels she is guilty. They assume at least some responsibility for the incest. Many victims report not so much feeling guilty, but feel a great amount of shame due to the incest (Frank, 1987, 30).

Bradshaw (1988) writes:
Incest is always the most shaming of any form of violence. It takes less incest to produce shame than any other form of abuse. All sexual abuse involves some shaming because of the victimization and physical boundary violation. But incest has the added element of betrayal by a supposed loved one.(p. 144)

Children believe they are guilty for several reasons:
1. They did not try to stop the abuse.
2. Because their bodies responded normally and they and felt some pleasure.
3. They received a gift after the assault.
4. She feels she caused the abuse.
5. She is so bad that she deserves to be abused. (Heitritter and Vought 1989, p. 24)

Some victims become pleasers due to the feelings of guilt they have. They try to please everyone and take the blame for everything.
Poor Self-Image/Low Self Esteem

Frank, (1987) defines self-image as, "the view the victim holds of herself. From early years, she internally views herself as 'bad' or dirty, having little or no value (p. 39)." Due to this false view of herself, she holds herself in low regard, which is low self-esteem. A persons self image is developed during childhood. If she learns to regard herself as worthless, she will carry this perception into adulthood.

...[A] woman's self is the sum total of all that she can call hers, not only her body and her psychic process, but her clothes, her house, husband, children, ancestors, friends, reputation, works, lands, horses, yacht and bank account. To wound anyone of these, her images, is to wound her. (Vredeveldt and Rodriguez, 1992, p.29)

Incest abuse permeates all aspects of a person's development. The victim brings these scars into her adult life and in this way the abuse continues to cause problems and pain.

In discussing the adult who was sexually abused as a child, the words *victim* and *survivor* are used interchangeably. As a child she was victimized, as an adult she survived. The fact that she did survive demonstrates a tremendous amount of courage and strength. That same strength can be used to bring about healing and breaking the bonds of the victim mentality.

Society views these women as survivors because, most have jobs or are students, they seem to get along well with others; most are attractive, confident people, functioning in society (Tower 1988). While this is true, most carry the scars of their abuse hidden deep within themselves, often afraid someone may find out about their secret shame.
Blume, (1989) writes:

On one level, that term can be applied simply because she is still here: after a childhood of horror, she has kept on going. On a deeper level, she is a "survivor" because a "victim" is characterized by passive helplessness and is seen with pity. But in survivors of the Holocaust, POW camps, or natural disasters, as well as incest, there is strength, dignity, resilience, and entitlement of respect. To continue to call her "victim" is to insult her by overlooking the victory of her survival. (p. 20)

Survival Skills

Development of survival skills was necessary for the incest victim to endure the abuse. When a girl is being molested she is subjected to a great deal of stress, both mentally and physically. Her senses are flooded with feelings of fear, panic, confusion and betrayal. She searches for ways to figure out why it is happening and how she can make it stop. Children's bodies and minds are not equipped to deal with sexual activity, so the sensations are overwhelming. Because of this, victims develop ways of coping and surviving. These coping methods are crucial for their survival (Maltz and Holman, 1987). Humans need to feel control over their experiences.

An incest experience traps the victim and then forces her to submit to the will of the offender. Panic and depression result in a triggering of her primal instincts for survival, which include a desire to fight the offender or flee from the abuse. However, given the dynamics of incest and the size and power differences between the victim and the offender these options are rarely available. (Maltz and Holman, 1987, p. 33)

Denial. Denial is the most common survival skill. She may have denied her pain and that she was damaged by the abuse, and she is still suffering from it. Denial is difficult to give up because it will mean facing the pain all over again.
In addition, seeking help is difficult. She learned not to trust anyone for protection from further abuse. Adults who were molested as children still feel isolated and different even though the abuse occurred many years earlier. They may know of places to receive help, but do not seek help for fear they will not be believed (Engel, 1989).

**Repression.** Many victims cope with the terror of the abuse by completely repressing or burying the painful incidents. Successfully repressing or not remembering does not protect them from being affected. Eventually the memories emerge (Murray, 1996; Ballard, 1993).

**Dissociation.** Victims dissociate from the act of incest by mentally removing themselves from what is happening to their bodies. By dissociating they can blank out and go somewhere else in their minds. In essence, they create a mind body split, this way they are not mentally present and can avoid much of the pain and discomfort from the abuse. The victim may quickly lose the memory or may only have a vague dream like recollection of the event. Some victims begin to feel that it did not happen to them.

While dissociation helps them survive the experience, it may also block important memories from the conscious memory. Survivors find they do not fully feel like themselves in other situations. This need to separate themselves from the incest experience may cause general memory impairment. Victims who used this coping method often do not remember the abuse as adults. This helps fulfill the desire to believe the abuse never happened (Maltz and Holman 1987). Dissociation may become an automatic response to sexual stimulation, and consequently inhibit sexual pleasure.
Some survivors use this to an extreme and risk developing multiple personality disorder. 83% of people with multiple personality disorder had experienced sexual abuse as children; out of these 68% were incest victims (Maltz and Holman 1987).

Adult survivors may lose control of this technique and "split" or dissociate when under stress or when remembering the incest, it can get out of control. This can lead to false diagnosis of schizophrenia (Blume 1990).

Whatever the type of coping skills the survivor used, they must be respected; the incest survivor is taking care of herself the best way she can (Blume, 1990). The techniques were essential for their survival.

Problems In Adult Life

The effects of incest are carried into adult life. A victims personality and her view of herself are impacted by the abuse.

Survival skills which were developed as protection for the child come to play in the life of the adult who has not worked through a recovery process. The adult will probably have dysfunctional relationships, exhibit perfectionism, passive dependencies or over-control, feel defeated, shame, guilt, low self-esteem, depression, role confusion, feelings of isolation and despair, anxiety, perceived helplessness, eating disorders, dissociate and somatization disorder, sexual problems, difficulties with trust and intimacy, and suicidal ideation and intent (Wadsworth, Spampneto, and Halbrook, 1995). However, the victim will not see a connection between what is happening in her present life and her past history of abuse. She learned to block the pain by denial or by minimizing the effects of the abuse.
A common response to abuse by an adult is perfectionism and needing to over-prove themselves. Blume (1990) writes:

The incest survivor appears infallible from the outside, but never feels good enough on the inside. She must be in total control of everything all the time, to get perfect grades, be above reproach, never bump into things or look silly, always have the right answers, always be what everybody else wants her to be (which breaks down the minute two people want different things from her), be the perfect lover, the perfect mother--the woman who "has it all" dresses for success, rapidly climbs the executive ladder and never feels tired or annoyed. (p. 116)

Of course no one can live up to these standards, so she never feels "good" enough. Feelings of shame because of the abuse are crippling and convinces people they are bad and worthless. "Shame is the basis for many cover-up kinds of behavior, trying through performance to earn approval from God and others"(Heitritter and Vought, 1989, p. 44). Shaming others is another way to cover up their shame of abuse. Other symptoms may include; rage, forcefulness and anger. These traits also help to keep people at a distance to avoid intimacy.

Survivor Traits

Self-esteem. Incest experiences during childhood hinder the development of a healthy self image. The impact of incest is more important because it usually extends over a long period of time and is not dealt with for many years. The girl grows up feeling like "used property" or "damaged goods." She often feels sinful, and bad and blames herself. This can manifest itself in many self destructive ways, such as, substance abuse, suicide attempts, sexual relationships where she continues to be victimized, and the development of eating disorders (Maltz and Holman 1987).
Body Image. It is common for incest victims to hate their bodies and to think of them as ugly and repulsive. In addition, if they felt any physical pleasure during the abuse, they often feel betrayed by their body. Negative feelings regarding body image are manifested by eating disorders, wearing very large clothes and self mutilation.

Injury. She may place herself purposely in dangerous situations, or she may injure herself. The most common types of self injury are cutting, burning, breaking bones, ingesting, interfering with normal healing processes of wounds, picking skin, and pulling hair (Blume 1990). Victims inflict physical pain on themselves because that is easier to manage than emotional pain and in this way they can ignore the emotional pain they are experiencing (Blume 1990).

Substance Abuse

Incest survivors use drugs and alcohol because they cannot face the issues related to the abuse (Tower, 1988). Others use chemicals to help themselves escape mentally and physically during the acts of incest especially if the perpetrator was someone close to the victim. In light of this it is not unreasonable to expect that some victims of incest use, and eventually abuse, alcohol to dull the emotional pain (Janikowski and Glover, 1994). The amount of available literature on the relationship of substance abuse and incest is small; however, "that for chemical abusers, childhood sexual traumatization may be an important contributing factor to both starting and the maintenance of addictive behaviors." (Janikowski and Glover, 1994, p. 177).
Several studies were cited by Janikowski (1994) as follows: Marcus, discovered that chronic alcoholism was associated with past incest experiences. Benward interviewed 118 chemically dependent women and found that 44% of female residents reported incest contact. Ridgeway, discovered 40% of women surveyed who were chemically dependent had histories of incest. Evans and Schaefer, polled women in various treatment centers and found that 40 to 50% reported incest abuse. Coleman, reported that 30% of women who were being treated for incest had been chemical abusers. One of the highest incidence rates was discovered during a three year study done at the Women's Center for Alcoholism Treatment. The results from this study indicated that up to 63% of the clients reported having been incested before age fourteen.

Many researchers agree that treatment for sexual abuse is important to decrease the probability of relapse (Wadsworth, Spampneto, and Halbrook, 1995). The main reason that incest history is important to the therapist working with a woman in substance abuse treatment, is because they will be more able to help with the underlying problems of the substance abuse issue. This information will give insights to the etiology of the substance abuse and decrease the relapse potential. Barnard, states; "Recovered substance abusers who remain untreated for incest have an increased potential for relapse because shame, guilt and anger continue to influence their behavior" (Janikowski and Glover, 1994, p. 177-178).

In addition, many women who have not dealt with their sexuality in previous treatment state that they returned to the use of chemicals as a means of protecting themselves from feeling the pain of the sexual abuse
memories. When using drugs and alcohol they can mask the memories but
during recovery they often come face to face often for the first time with the
painful memories of sexual abuse. Relapse is often related to the discovery of
sexual abuse and incest. Many times the survivor is not aware of how a
childhood trauma controls their present behavior, especially with the
substance abuse problem (Janikowski, and Glover, 1994).

**Treatment**

**Treatment Barriers.** It is clear that past incest needs to be a treatment
issue for many substance abuse clients in residential treatment centers.
However, there are several barriers to treatment, which may decrease the
willingness of clients to address this very sensitive issue. Some of the
barriers to treatment for incest survivors include the use of force, feelings of
shame, secrecy, difficulty with trust, and matching client-therapist gender
because of the abuse (Janikowski, and Glover, 1994).

**Force.** This is an important issue for incest survivors because it relates
to the question of fault. The fact is that there are few incestuous
relationships where there is direct violence or force; however, coercion is
always present. Children are always victims of incest relationships because
they are never in a position to give "informed consent." They lack maturity in
all areas, intellectually, psychologically, and physically to make such
decisions. But, many incest survivors may believe they are at fault or at least
partially responsible for the abusive adult's actions. It is this feeling of being
at fault which may make it difficult for some survivors to disclose (Janikowski and Glover, 1994).

Shame. Shame is another barrier to therapy. Shame is a feeling of unworthiness or sinfulness. These feelings have a negative impact on self-esteem (Wadsworth, Spampnneto, and Halbrook, 1995). Victims sometimes feel that what happened to them "spoiled" them made them "bad" or it happened because they were "bad" and deserved it. One researcher discovered women were hesitant to disclose their incest history because they feared being labeled promiscuous or seductive, men on the other hand were afraid of being seen as feminine or homosexual (Janikowski and Glover, 1994). Often it is this feeling of shame that causes the victim to continue keeping the family incest secret. Lack of trust is another problem for women abuse survivors. Many times they expect to be hurt or betrayed by significant others. Females especially because they have suffered abuses and betrayal by people who were expected to love and protect them, have trouble trusting professional care givers (Janikawski, and Golover, 1994).

Gender. Gender of the counselor may also be a consideration when examining barriers for treatment. Female incest survivors often have difficulty relating to a male therapist and that male therapists often have trouble relating to the victims. Therapist gender preference is very mixed. Some women insist on female therapists and others do not want to have a female therapist. "Besides dealing with trust crises, patients might see all women as powerless or, because they have so much guilt and self-hatred,
they might be unable to value another women" (Janikowski and Glover, 1994, p.178). It would seem obvious why victims mistrust men, because they were normally the assailant, the lack of trust of a female may stem from the fact that the significant woman (usually their mother) did not protect them. While this is probably true most women prefer a female therapist. It is felt that the women who select male therapists do so because they have a tendency to sexualize all relationships (Janakowski and Glover, 1994).

Another attitude regarding cross gender counseling is that the adult female survivors of sexual abuse feel uncomfortable. First there is no data which states such a therapeutic relationship would be contraindicated, and in fact there might be benefits of having a male/female therapy team (Roth and Newman, 1993).

The available spaces for treatment of substance abuse are five men to one woman. Due to this substance abuse treatment is designed for the male population. This male bias may be one reason that women have difficulty disclosing sexual abuse and receive the support they need for healing to take place. Some therapists feel that mixed gender groups tend to reproduce that of the sex role training. It is further recorded that women tended to allow men to dominate and put the focus on nurturing and supporting the men. This situation is often not productive with regard to the therapy needs of the women (Wadsworth, Spampneto and Halbrook, 1995).

The male approach to addiction is very confrontational. These confrontational approaches are in conflict with the approach recommended for women. Women's therapy needs to be a more empowering, supportive, and encouraging approach because women often feel powerless due to the
abuse. This approach is not commonly found in dependency treatment (Wadsworth, Spampneto, and Halbrook, 1995).

**Powerlessness.** The concept of powerlessness, used in most substance abuse treatment centers, may be a problem for victims of sexual abuse. The experience of sexual abuse by itself gives a message to the victim that she is powerless to choose when and with whom she will have sex. If the concept of powerlessness is insisted upon, this admission may be frightening and re-victimizing for the client. Several writers suggest that it is important to allow the client to control the direction and pace of their therapy process (Wadsworth, Spampneto, and Halbrook, 1995).

**Treatment Options**

There is a wide variety of treatment options available to help incest victims in the recovery process.

Every victim of child sexual abuse needs to find his or her own way to work out the feelings about what has happened. For some, the healing process may not even be a conscious one. For others, a great deal of time, patience, and concentration are necessary. The healing does not produce immediate results. No one wakes up one morning and says "I'm healed!" Rather, life gradually begins to feel like less of a burden than it had previously. (Tower, 1988, p. 87)

Therapy gives the survivor back their own feelings which previously they were afraid to express or to understand (Tower 1988).

The first question survivors often ask is, "how long will therapy take?" That is an understandable question. One needs to remember that most incest victims were abused over a long period of time and many problems have developed due to the abuse so it stands to reason that recovery will take time. One therapist suggests that no less than three years of intensive work will be
required. Beginning with individual therapy, then adding group therapy. More work is accomplished faster in group therapy than in individual therapy (Dilly, 1993). Other modalities such as art therapy, psychodrama, and regressive therapy are useful for treating sexual abuse, and require specialized training.

**Group Therapy.** Groups are often used to work with survivors. Because victims often feel isolated—as if no one else has had the experience of abuse—groups help them to recognize that they are not alone (Tower 1988). Group therapy is considered to be the most effective therapy for chemical dependency, as well as, sexual abuse (Wadsworth, Spampneto, and Halbrook, 1995). However, there are some differences with groups dealing with sexual abuse issues. The consideration regarding the fear and mistrust of men for most female clients, and the fact that a majority of chemical abuse clients are men, attending a substance abuse group for many women may be very difficult and must be a consideration. Self disclosure by sexually abused women in these groups is unrealistic. Evans and Westerland, cited in (Wadsworth, Spampneto, and Halbrook, 1995), state that sexual abuse disclosure is best facilitated by providing a safe, nurturing environment in which the violation can come to the surface. It may be necessary to use individual counseling, an all female group setting, or both when the focus is on sexual abuse issues.

In groups, victims share their experiences and the problems they are dealing with, and they receive understanding and support. In this setting a survivor begins to feel safe and is finally able to vent her pain and
frustrations. This is also an excellent way to practice and rebuild social skills. The victim learns to trust again (Blume, 1990).

A common bond develops within the group as the members share experiences and different methods of coping, and insights while listening to the stories of other victims. They start to see the issues of their own trauma which need dealt with. Often repressed memories of other members surface. It becomes easy, for one victim to see that another victim is not to blame for her abuse, even if this particular victim feels she is responsible for her own abuse (Roth, and Newman, 1993). As a general rule, groups meet once or twice a week and are facilitated by one or more therapists. Some agencies use a female and a male therapist which simulates a united set of parents. This allows clients the opportunity to vent their feelings and/or develop relationships once again with a mother and father figure. These relationships become a model for use outside therapy. Most sexual abuse groups are either male or female.

A majority of groups meet for a set amount of weeks, while others are ongoing. Group therapy combines a variety of techniques, such as, journal writing, role playing, and art therapy (Tower, 1988). Group therapy is very intense and brings many issues to the surface whether by doing their own work, or by being a part of other group members work. Threadcraft and Apolinsky developed a group therapy model for counseling adult survivors of childhood sexual abuse. The model consists of 10 sessions with both cognitive, and affective experiential components (Threadcraft and Wilcoxon, 1993). Specific procedure elements include the following:
Session I: The Experience and Its Significance
Session II: Secrecy and Disclosure
Session III: Guilt and Depression
Session IV: Self-Blaming beliefs, Shame and Remorse
Session V: Negative /self-image, Damaged Goods, Self-Esteem
Session VI: Family Boundaries and Roles, Isolation, Loss, and Compulsions
Session VII: Fear and Anxiety, Mistrust of Men, and Sexuality
Session VIII: Hostility and Rage: The Offending and Non offending Parent
Session IX: Completing Developmental Tasks, Social Assertiveness, and Preparing to End the Group
Session X: self-mastery and Control
(Thirdecraft and Wilcoxon, 1993, p. 34)

Research was conducted using this treatment modality in 1991, which indicated positive therapeutic benefit in counseling adult survivors using this model (Thirdecraft and Wilcoxon, 1993).

Summary

The literature indicates that approximately 1 out of 4 women and nearly as many men are sexually abused before the age of 18. Seventy percent of the abuses are committed by family members (incest), which is considered to be the most damaging form of sexual abuse. Child sexual abuse creates a loss of trust, feeling damaged, guilt and shame, and a poor self-esteem. The child then develops skills for survival, such as, denial, repression and dissociation.

The problems are not left behind, but carried into adulthood. The adult will probably have dysfunctional relationships, exhibit perfectionism, passive dependencies or over-control, feel defeated, shame, guilt, low self-esteem, depression, role confusion, feelings of isolation and despair, anxiety.
perceived helplessness, eating disorders, dissociative and somatization disorder, sexual problems, difficulties with trust, substance abuse, and suicidal intent. However, the victim will not see a connection between what is happening in the present, and the past abuse history.

The focus of this research is in the area of substance abuse. Survivors use drugs and alcohol because they cannot face the issues related to the abuse. When abuse issues are not dealt with in treatment, research indicates there is a 15-20% higher rate of relapse.

Clearly, there is a need for treatment of the abuse issue, however there are barriers which include the use of force, feelings of shame, secrecy, difficulty with trust, and matching client-therapist gender. A variety of treatments are effective with sexual abuse issues such as psychodrama, group therapy, individual counseling, and regressive therapy. For the purposes of this study this researcher chose to detail group therapy.
CHAPTER 3

METHODOLOGY

Introduction

At least 77% of the beneficiaries at The Salvation Army Rehabilitation Centers have been sexually abused as children, with 52% of the abuse resulting from incest and 98% of the women reporting having experienced incest indicating they have been in treatment previously. These statistics seem to validate the theory that sexual abuse is an important contributing factor to the development of addictions and the incidence of relapse in the in these beneficiaries.

The purpose of the study was to describe the relationship between untreated sexual abuse (incest) and addictive behavior among women in long term treatment for substance abuse.

The Substance Abuse and Incest survey was used to determine the percent of men and women in treatment who were incest victims, and determine the degree of influence the trauma plays in their addiction and treatment.
Research Design

A descriptive research design was used for this study. This approach is best suited for this study because it examines facts about people, their opinions and their attitudes (Merriam and Simpson, 1995). Descriptive research systematically describes facts and characteristics of a population or area of interest. Description may also include the collection of facts that describe an existing phenomena, identification of problems or justification of present conditions (Merriam and Simpson, 1995). This allowed a description of incest, substance abuse, relapse, and treatment options in this study. By the use of a survey, this researcher will attempted to show justification, as well as identify a relationship between incest and substance abuse.

A descriptive design was chosen for this project because of its flexibility in allowing several factors to be examined in a relatively small amount of time.

Sample and Population

The population source for this project was adults, 20 years or older, who were chemically addicted and in treatment at The Salvation Army Rehabilitation Centers. Participants were asked to voluntarily participate in this study during house meetings where the entire population of the center was present. The total number of residents in the three centers is 382 of which 239 participated for a participation rate of 63%. Six were disqualified due to missing pertinent information. Of the 233 participants, 176 (75.8%) were male and 57 (24.5%) were female. This number is close to the national average of 1 in 5 persons in substance abuse treatment are female. There are
far fewer centers with opportunities for women than for men. The Salvation Army operates 26 centers in the Western Territory, which includes the thirteen western states as well as Hawaii. Of these facilities only 5 have a small number of spaces for women which is approximately one in five and the same as the national average.

Participants ranged in age from 20 to 64 years (M=35.6, SD=8.1). In regard to marital status, 3 (12%) did not indicate marital status, 25 (10.7%) indicated that they were presently married, 58 (24.8%) were divorced, 38 (16.3%) were separated, 94 (40.3%) had never been married, and 15 (6.4%) were widowed. Education levels ranged from 1 to 20 years (M=11.9, SD=2.7). Employment status was not valid for this study because all the beneficiaries live in house, have work therapy assignments, and are unemployed.

Instrumentation

The data for this study were collected by using the Substance Abuse and Incest Survey, which was developed by Glover, Janikowski, and Benshoff (in press), is used by permission and included in Appendix A. The instrument was constructed to examine the incidence of incest with clients who were in treatment for substance abuse. The survey also gathers information on history of substance abuse treatment and the client perceptions regarding the relationship between incest and substance abuse as well as information on incest related counseling in the context of substance abuse treatment.

The first section, questions 1 - 6 are demographic. Four questions relate to their present treatment, 7 pertain to addiction and treatment history, 17 address incest history and 7 discuss preferred treatment options.
The Substance Abuse and Incest Survey (SAIS) and the SAIS-R were developed by Glover (1992 and 1994) respectively, to estimate the incidence and characteristics of incest contact among adults in treatment for substance abuse. They were designed with the help of a panel of experts to give credence to the content validity. Pilot tests were conducted and found that 82% of the responses on the second administration of the SAIS were the same as the responses given during the first administration. In addition, this researcher's administration of a combination of the two is very close to the percentages from the previous research. This would indicate that the SAIS had good temporal stability (Glover, In press, 1996).

The instrument is appropriate for this study because it addresses the issues of the abuse, relationship to substance abuse, relapse, and questions regarding specific treatment for the sexual abuse which are all part of this research project.

Procedures

The survey was administered during the group house meetings at the two facilities in Phoenix. A phone call was made to the clinical director for the centers in Las Vegas, where men and women are in treatment. Instructions were given verbally by phone and in writing regarding the procedures. They were also informed that the survey had been presented to an ethics committee and they believed that the procedures adequately safeguarded the participants privacy, welfare, civil liberties, and rights (Janikowski and Glover, 1994).
The supervisors were asked to explain the study to all clients in a group, distribute the instrument, and ask that it be completed at that time. The facilitator was instructed to gather the surveys and return them in the box which was provided. The completed surveys were then picked up by this researcher for analysis.

Assumptions and Limitations

It is assumed that because the anonymity of the client was secure and participation was voluntary that the respondents were truthful. The instrument was developed and used in a professional study with a large number of participants, which lends legitimacy to the results.

Many of the respondents have only been in treatment for a short period of time and their thought processes and ability to follow directions are not very good in beginning treatment. Because of this, the education area was disregarded for this study. The question asks for years of school, many responded with their age when they left school.

Due to the limited amount of spaces in the facilities for women, the number of women respondents is small.

Method and Analysis

Data was analyzed and percentages figured for the questions and the responses were organized by the category of each question. There were five categories which included demographics, their present treatment, addiction and treatment history, incest history, and preferred treatment options. Male and female comparison were also done. The results are recorded in chapter four.
CHAPTER 4

ANALYSIS OF DATA

The purpose of this chapter is to present the results of the statistical analyses of the data, relevant to the objectives of this pilot study. These objectives were: to determine the relationship of incest abuse and substance addiction and questions relating to therapy for incest during treatment.

The Research Question

What is the relationship between untreated sexual abuse and relapse among women in long term treatment for substance abuse?

Survey Responses

Survey responses were assigned numerical values and entered using the Edu-Stat Statistical software for Education System on the responses of 239 participants. The responses were then divided into various sections for analysis.

Substance Abuse and Treatment History

Of the sample, 14 (5.8%) did not respond, 47 (20.8%) indicated they were being treated for alcoholism, 15 (6.6%) for drugs, and 163 (72.1%) for a combination of alcohol and drug abuse as seen in Table 4.1.
Table 4.1

Reason the respondent is in treatment.

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>14</td>
<td>5.8</td>
</tr>
<tr>
<td>Alcohol</td>
<td>47</td>
<td>20.8</td>
</tr>
<tr>
<td>Drugs</td>
<td>15</td>
<td>6.6</td>
</tr>
<tr>
<td>Both</td>
<td>163</td>
<td>72.1</td>
</tr>
</tbody>
</table>

Participants were then asked if they thought they had drug or alcohol problems. Table 4.2 demonstrated these results.

Table 4.2

Do you have a drug or alcohol problem?

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Alcohol</td>
<td>169</td>
<td>72.8</td>
</tr>
<tr>
<td>No Alcohol</td>
<td>59</td>
<td>25.4</td>
</tr>
<tr>
<td>No Response</td>
<td>11</td>
<td>4.6</td>
</tr>
<tr>
<td>Yes Drugs</td>
<td>185</td>
<td>79.7</td>
</tr>
<tr>
<td>No Drugs</td>
<td>47</td>
<td>20.3</td>
</tr>
<tr>
<td>No Response</td>
<td>7</td>
<td>2.9</td>
</tr>
</tbody>
</table>

The number of times participants were in a treatment center ranged from 1 to 16 times (M=2.18, SD=2.19). Participants stated that they were in their present treatment situation from under 1 week to 49 weeks (M=10.14, SD=8.7). When asked how satisfied they were with their treatment the responses were as follows in Table 4.3.
Table 4.3

How satisfied are you with the substance abuse program that you are now in?

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>5</td>
<td>2.17</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>10</td>
<td>4.35</td>
</tr>
<tr>
<td>No Opinion</td>
<td>31</td>
<td>13.48</td>
</tr>
<tr>
<td>Satisfied</td>
<td>79</td>
<td>34/34</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>105</td>
<td>45.65</td>
</tr>
</tbody>
</table>

The age participants gave for beginning to use substances ranged from 5 years to 27 years, (M=13.09, SD=11.59) for alcohol and age 6 years to 46 years (M=12.76, SD=7.35) for drugs.

Participants responded in the following way when asked what their primary problem was.

Table 4.4

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol/Drugs</td>
<td>192</td>
<td>83.47</td>
</tr>
<tr>
<td>Incest</td>
<td>14</td>
<td>6.08</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>6.95</td>
</tr>
</tbody>
</table>

When asked if they had received counseling for something other than substance abuse 42 gave no response, 62 stated they had received counseling and 134 responded no.
Incest Comparisons

Responses to the question, "Have you ever had incest contact?" are as follows in Table 4.5.

**Table 4.5**

Have you had incest contact?

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response</td>
<td>13</td>
<td>5.6</td>
</tr>
<tr>
<td>Yes</td>
<td>65</td>
<td>28.26</td>
</tr>
<tr>
<td>No</td>
<td>166</td>
<td>71.73</td>
</tr>
</tbody>
</table>

The responses to the remainder of the questions were only used for those who responded positively to the question of incest involvement.

The incest group consisted of 31 (54.38%) of the women respondents and 34 (20%) of the male respondents. When asked if they had ever received counseling for incest, 13 responded yes and 52 responded no.

When the participants were asked if force or coercion was used by the perpetrator during the incest contact, 20 (68.9%) said yes and 11 (37.9%) stated they were not forced. Respondents were also asked if they have ever forced a relative to have incest with them, 6 (17.24%) reported yes and 25 (82.75%) answered no. In addition they were asked if they felt the incest was their fault, 16 (51%) stated they felt it was their fault and 15 (49%) did not feel responsible. Table 4.6 presents the responses to the question regarding the incest history.
Table 4.6

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Force/coercion</td>
<td>20</td>
<td>68.9</td>
<td>11</td>
<td>37.9</td>
</tr>
<tr>
<td>Have you forced</td>
<td>6</td>
<td>17.24</td>
<td>25</td>
<td>82.75</td>
</tr>
<tr>
<td>Was incest your fault?</td>
<td>16</td>
<td>51</td>
<td>15</td>
<td>49</td>
</tr>
</tbody>
</table>

The use of drugs or alcohol by the participant during the incest act was affirmed by 12 (37.9%) and not by 19 (62.6%). Use of substances by the relative, 16 (51%) answered yes and 15 (49%) responded no. See Table 4.7.

Table 4.7

<table>
<thead>
<tr>
<th>Use of alcohol or drugs during the incest</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>12</td>
<td>37.9</td>
<td>19</td>
<td>62.6</td>
</tr>
<tr>
<td>Relative</td>
<td>16</td>
<td>51</td>
<td>15</td>
<td>49</td>
</tr>
</tbody>
</table>

The aspect of secrecy and the incest act was dealt with by several questions. For the question "Did you keep your incest a secret?" 24 (79.3%) said yes and 7 (20.6%) replied no. When asked if the staff at the center knew about the incest issue, 22 stated no (70.9%) and 9 (29%) responded yes. Finally they were asked if they had ever talked about their incest 21 (67.7%) said yes and 10 (32.2%) responded no. Table 4.8 presents the questions regarding secrecy.
Table 4.8

Secrecy about the incest

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim keep secret</td>
<td>24</td>
<td>79.3</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>Does staff know</td>
<td>9</td>
<td>29</td>
<td>22</td>
<td>70.9</td>
</tr>
<tr>
<td>Ever talked</td>
<td>21</td>
<td>67.7</td>
<td>10</td>
<td>32.2</td>
</tr>
</tbody>
</table>

Treatment Options

The final section of the questionnaire were to ascertain their feelings and preferences regarding treatment for incest.

Sixty-nine percent of the female respondents felt counseling should be part of their treatment, 78% preferred same sex counselors, 82% preferred group therapy with other survivors, and 82% preferred that the group be all women. In addition, 80% also felt they needed individual counseling.
Summary

The literature indicates that approximately 1 in 4 women and nearly as many men are sexually abused by age 18. Seventy percent of the abuses are committed by a family member (incest) which is considered to be the most damaging form of sexual abuse.

Child sexual abuse causes loss of trust, feeling damaged, guilt and shame, and leads to a low self-esteem. In order to cope with the pain of abuse children develop survival skills such as denial repression and disassociation. The problems are carried into adult life.

When compared to the general population the people receiving treatment for substance abuse were measurably more likely to report incest abuse. Of the total sample of 233, 65 (28%) answered positively to the question of incest contact. This statistic shows that 54% of the female respondents and 20% of the males have experienced incest contact. Research statistics vary, but this number exceeds the commonly reported estimates in regard to the issue of incest in the general population, and is a clear indication of the importance of dealing with incest as a significant factor in the incidence of chemical dependency. The instrument used for this project
was the Substance Abuse and Incest Survey. The survey was explained to all participants and participation was voluntary.

Respondants for this survey were participants at three Salvation Army Rehabilitation Centers: the Phoenix Harbor Light, Phoenix ARC, and Las Vegas Rehabilitation Program. They ranged in age from 20 years to 64 years. The survey gathered information about the incidence of incest with clients who were in treatment for substance abuse. The survey also gathered information on history of substance abuse treatment and client perceptions regarding the relationship between incest and substance abuse as well as information on incest related counseling in the context of substance abuse treatment.

Conclusion

The data from this study indicated that more than half of the females (31 of 57 females or 54.38%) revealed incest history. Incest is not a gender specific issue involving females, 34 out of 170 or 20% of males reported a history of incest.

While it appears that incest history is related to the development of substance abuse problems, the response from the treatment facilities is far from clear. Of the 6 treatment centers contacted only 2 related that they had any kind of special therapy for abuse issues. The reason for the lack of interest is unclear, possibly the staff is uninterested or not prepared to deal with this complex and delicate issue. Incest is however, a very substantial problem among the addicted population who are receiving treatment for addiction. This being the case, treatment must include comprehensive and
accurate diagnosis of sexual trauma. It is unfortunate, but most counselors are not trained in treating addiction and sexual abuse. Because of the lack of training and knowledge, some are reluctant to address the issue for fear of causing more problems for the person.

Major Jack Phillips, administrator of The Salvation Army Rehabilitation Center in Van Nuys California, feels that though the beneficiaries are in the program for six months, that is not long enough to adequately deal with deep issues, such as sexual abuse. The six month program is only the beginning and beneficiaries are encouraged to continue with counseling therapy upon completion of the program (Phillips, 1996).

However, the participants who responded positively to incest were less likely to respond that they feel good about themselves. When there is no treatment or acknowledgment of the guilt, shame, and self-blame which accompanies incest history, the person is likely to terminate treatment early, and/or relapse.

Recommendations

While incest history appears to have some relationship on the development of chemical dependency problems, little is known regarding the nature of the relationship, or successful interventions. It is obvious that something needs to change with treatment when some estimate 90-98% relapse rate for people who have been in treatment for addiction, something is not working. Some people involved with treatment indicate that underlying issues wait until the addiction is adequately overcome. However,
if the underlying issues, such as, sexual abuse are the trigger, and they are not worked through during treatment they will likely result in relapse. The addiction cycle must be broken or the person will continue to medicate the pain by the use of drugs and alcohol. The use of sexual abuse counseling will give validation to their pain and strategies to deal with the pain without the use of chemicals. Considering there is a relapse rate of 90% to 98% of persons it appears that a new approach is indicated.

An important first step is to address these issues in the beginning of treatment using routine screening for past sexual abuse in a non-threatening and non-judgmental way. Many people will be reluctant to reveal victimization during an intake interview. It is therefore very important to facilitate self disclosure during treatment by the use of questions and creating an accepting atmosphere. In addition, on-going group incest counseling, preferably with same sex members, would give the beneficiaries the opportunity to request treatment. Literature can also be made available to help the person better understand and deal with the incest issues. Often incest victims feel they are the only ones who were sexually abused. Support groups can be very helpful. Not dealing with the incest issue may reaffirm to the victim that these issues are too horrible and disgusting to discuss. For some beneficiaries, drugs and alcohol may serve as a shield from the shame and self guilt the incest has caused and they will continue to keep the secret.

Although issues of sexuality concern a large number of chemically dependent clients, substance abuse treatment centers are usually not prepared to deal with sexual abuse issues. Fewer than 20% of treatment centers offer specialized services for persons with incest histories.
(Janikowski and Glover, 1994). This may be due to the lack of understanding on the part of the substance abuse counselor of the connection between the long-lasting effects and symptoms following sexual victimization and the temporary but numbing effects of alcohol and drugs on these symptoms. Unfortunately, training programs do not address the substance abuse treatment and incest issues.

Treatment facilities who wish to address the incest issues in their clients, need to be made aware of treatment preferences of the clients and of preferred treatment modalities. Additionally, because of the time needed to establish a trusting relationship with the client it may be necessary to give the client several opportunities during the treatment to disclose incest abuse. The real challenge will be to address both the addiction and the abuse issues. If these underlying issues are not addressed, the risk of relapse will be significantly increased (Roshenow et al., 1988)

Additional research in the area of incest and male addiction is needed. The relatively high number of men reporting incest contact suggests that more information is needed relating to men and the possible difference between males and females with regard to treatment barriers and preferences. In addition, research is needed to develop more effective treatment strategies for substance abuse clients with incest histories. Finally, research will be needed in order to examine the effectiveness of specialized treatment after the program is implemented.
REFERENCE LIST


Vredevelt, P. and Rodriguez, K. 1992. Surviving the secret: healing the hurts


APPENDIX A

SUBSTANCE ABUSE AND INCEST SURVEY
SUBSTANCE ABUSE AND INCEST SURVEY

The following survey is part of a masters research project and was developed by Noreen Glover and approved by the Carbondale Committee for Research involving human subjects and is used by permission. Your participation is voluntary and all of your answers to the survey are completely confidential. This survey is in no way related to any program(s) or service(s) that you are currently receiving or may receive in the future. Please use either a check-mark or fill-in-the-blank to respond to the following questions about yourself and your substance abuse program. PLEASE BE SURE TO ANSWER EVERY ITEM!

Your age: ___
You are: ___Male ___Female

Race: ___Asian, ___Black, ___White, ___Hispanic, ___American Indian, ___Other
You are: ___Married, ___divorced, ___Separated, ___Never Married, ___Widowed
You are: ___working Full-Time, ___Working Part Time, ___Unemployed

1. You are in substance abuse treatment because of: ___Alcohol Abuse, ___Drug Abuse, ___Both

2. About how many weeks have you been in treatment at this substance abuse program?
___Weeks

3. How satisfied are you with the substance abuse program that you are now in? (check one).
___Very Satisfied, ___Satisfied, ___No Opinion, ___Dissatisfied, ___Very Dissatisfied

4. I feel good about myself and like who I am (check one)
___Strongly Agree, ___Agree, ___Uncertain, ___Disagree, ___Strongly Disagree

5. Do you think that you have an alcohol problem? ___Yes, ___No

6. Do you think that you have a drug problem? ___Yes, ___No

7. My primary problem is: ___Alcohol/Drugs, ___Incest, ___Other (check one)

8. How old were you when you started using drugs? ___(write N/A if it does not apply)

9. How old were you when you started using alcohol ___(write N/A if it does not apply)

10. Before this program, had you ever gone to a support group like Alcoholics Anonymous or Narcotics Anonymous? ___Yes, ___No

11. Counting the treatment program that you are in now, how many times have you been in treatment for substance abuse ___times.
For the following check either Yes or No

12. Have you ever had counseling or therapy for something beside substance abuse? ___Yes, ___No

13. Have you ever had counseling for incest? ___Yes, ___No

14. Do you think that you were ever forced or coerced to have incest contact with a relative? ___Yes, ___No

15. Did you ever feel that the incest was your fault? ___Yes, ___No

16. Did you ever force a relative to have incest with you? ___Yes, ___No

17. Have you ever experienced incest? ___Yes, ___No

18. Were you ever using alcohol of drugs when incest occurred? ___Yes, ___No

19. Was a relative ever using alcohol or drugs when incest occurred? ___Yes, ___No

20. Did you keep any of your incest secret? ___Yes, ___No

21. Does any to the substance abuse staff know about your incest history? ___Yes, ___No

22. Have you ever talked to anyone about your incest history? ___Yes, ___No

23. Do you think you have used incest as an excuse for drinking? ___Yes, ___No

24. Do you think you have used incest as an excuse for taking drugs? ___Yes, ___No

25. Are you currently getting counseling for incest as a part of your substance abuse treatment? ___Yes, ___No

Circle the appropriate response for each item
SA=Strongly agree A=Agree N/A=Not Applicable D=Disagree SD=Strongly Disagree

26. Incest has caused me problems with drinking SA A N/A D SD

27. Incest has caused me problems with taking drugs SA A N/A D SD

28. I have used alcohol to help me forget about incest contact(s) SA A N/A D SD

29. I have used drugs to help me forget about incest contact(s) SA A N/A D SD

30. I am afraid that I'll have incest contact(s) in the future SA A N/A D SD

31. Counseling for incest should be made a part of my substance abuse treatment SA A N/A D SD
32. I do not talk about incest with my counselor because I feel ashamed about it

33. If I were to talk about incest with a counselor, I would want a counselor of the same sex.

34. If I were to get counseling for incest, I would like to have group counseling with others who have had incest contacts.

35. I would like members of the group to be my sex.

36. I would like the group to be male and female.

37. If I were to get counseling for incest, I would like to meet alone with a counselor.