A Critique of Child Welfare Responses to Suspected Cases of Incest

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It is posited that the incest taboo, and associated horror, constitutes obstacles to clinical intervention with incestuous families. Twenty-eight child welfare workers were sampled through qualitative interviews, demographic questionnaires, and the Childhood Trauma Questionnaire (CTQ). Interviews explored topics associated with their personal and professional experiences investigating allegations of abuse among incestuous families. Subjects were questioned regarding their understanding of incest, its etiology, existing and ideal public strategies for mediating incest, their clinical experiences with incestuous families, and systemic aspects related to working within child welfare when dealing with incest. The Mental States Rating Scale (MSRS) was exploited to identify emotional reactions to clinically relevant material, complementing qualitative data and providing for quantitative data analysis. Although exploratory, results with this sample population suggest both systemic and individual obstacles to clinical intervention with incestuous families.

Une évaluation critique d'interventon dans le traitement de cas ou l'inceste est soupçonné.

Il est généralement reconnu que les sentiments d'horreur et les tabous associés à l'inceste constituent un obstacle pour les professionnels placés en situation d'intervention clinique auprès de familles soupçonnées d'inceste. Vingt-huit intervenants rattachés auprès des services et des sociétés de la protection de la jeunesse ont été invité à se prononcer sur différents sujets tous reliés à leur travail mené auprès des familles soupçonnées de relations incestueuses. Les questions portaient surtout sur leurs expériences personnelles et professionnelles. Le questionnaire couvrait plusieurs points d'intérêts; leur compréhension de l'inceste, son étiologie, les stratégies de médiation existantes et idéales servant à favoriser l'intervention auprès des familles touchées, leurs expériences cliniques et finalement leur rôle professionnel.

L'échelle d'évaluation MSRS <Mental State Rating Scale> a été utilisée pour mesurer la mobilisation de mécanismes de défenses ressenties en situation d'interventions cliniques. Le CTQ <Childhood Trauma Questionaire> a été utilisé pour qualifier les histoires d'abus. Ces deux outils se complémentent dans l'analyse des données qualitatives et quantitatives.

Le résultat de cette enquête exploratoire auprès de cette population sélective suggère qu'il y a des obstacles systémiques et individuels lorsque les intervenants sociales se trouvent en situation d'intervention clinique auprès des familles en situation incestueuse.

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Dedication

This document is dedicated to the subjects who participated in this study and all the professionals who have contributed towards broadening our understanding of child welfare. It is equally dedicated to the children and families living with the effects and aftermath of incest. It is my earnest hope that you may receive the best professional services that an industrialized 21st century nation can provide.

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Chapter 1 Introduction

Incest is a taboo, and, as such, is a subject that invariably evokes emotions in all people. Incest which is strongly prohibited, is abhorrent, fascinating and mired in evolutionary, historical, socio-biological, socio-sexual significance and gender inequality. Incest is commonly understood to refer to prohibited sexual acts or behaviors among genetically related pairs. While incest formally refers to intercourse among genetically related pairs, sexual contacts, or incestuous behaviors, are subsumed within the same prohibition. Incest is also seen as the sexual abuse and exploitation of minors by genetically related pairs. In the context of reconstituted families, incest is frequently used to describe these same taboo sexual behaviors when perpetrated by genetically unrelated caretakers.

I have, in this case, chosen to employ a structural perspective, exploiting the inherent coherence offered by Michel Foucault, who has written directly on those themes identified as pertinent to the current subject matter. This text is not a philosophical treatise concerned with the critical socio-political analysis of incestuous behaviour within disciplinary/control societies and the organization thereof; however, a common frame of reference benefits this discussion. It is a framework that maintains consistency between both individual and institutional aspects facilitating the discussion of intervention practice and the affective experiences of those workers sampled. A review of those subjects, specifically relevant to our current discussion, follows.

1.1 Incest in Society

Adult-child sexual exploitation is a widespread social problem that justifiably evokes protectionist intervention. An incestuous behavior, the violation of a sexual taboo, is commonly perceived to compromise the integrity of children, families and society as a whole. Incestuous contacts with children constitute an overlapping of criminal offences potentially complicating social, civil, and criminal intervention. Remarkably, across modern industrialized societies; enormous variation exists in the social treatment of incest. There is limited consensus, and at times, coherence regarding appropriate

intervention. The professional literature reflects significant inconsistencies in practice and a history of well intentioned albeit haphazard intervention, independent of the inherent complexity of incest and the need to bring effective intervention to children and families dealing with incest.

Incidence

Methodological problems permeate child sexual abuse research. Incidence rates are collected through state agencies and are believed to demonstrate only a portion of the overall prevalence of child sexual victimization. Overall prevalence is difficult to ascertain. Diverse definitions, intervention practices, methodological issues associated with data collection, and sampling strategies are all significant considerations that lack national homogeneity.

Incest has traditionally been viewed as clinically distinct from pedophilia and other sexual offences. Current North American incest legislation retains the principle of prohibiting intrafamilial sexual contacts and is, by definition, extended to adult-child sexual contacts. Incest legislation and management are largely localized to state or provincial jurisdiction. This lack of standardization further compounds methodological problems and inhibits the production of national statistics. Although premature, these trends may generalize across North America. Trocmé and Chamberland (2003) report provincial statistics for Ontario with increased investigation and substantiation of child maltreatment between 1993 and 1998. While this indicates increased public reporting, substantiated allegations declined 44%. During the same period, criminal intervention "increased dramatically from 35% in 1993 to 76% in 1998" (p. 36). Tromé and Chamberland (2003) highlight the discrepancies between prevalence and incidence rates, specifically the lower incidence associated with less intrusive forms of abuse. They suggest that this contradiction may be the result of numerous factors and that further research is required; a reluctance to involve state authorities is offered as one possible explanation.

Data from the United States indicate that substantiated cases of child sexual abuse have been decreasing since about 1992. Finkelhor, Jones, and Kopiec (2001) describe that following a 15-year increase between the years of 1977–92, peaking in 1992, a progressive decline of 2 to 11% each year through 1998, 31% over 6 years is indicated through national incidence. Both the reporting and substantiation of child sexual abuse, 48% since 1991, are noted. The authors remain cautious, however; they note that the decline in substantiated cases may result from reduced reporting to CPS agencies.

Prevalence

Prevalence reports are also fraught with methodological considerations and have been retrospective by nature, but offer much higher statistics than those indicated above. Bagley, in 1987, offered the revised prevalence rates for child sexual abuse as 18% of women and 8% of men.[1] Finkelhor, Hotaling, Lewis, & Smith, (1990) report statistics from the United States suggesting child sexual victimization among 1 in 3 women and 1 in 5 men. A review of 20 adult retrospective studies from North America, Australia, Austria, Great Britain, Greece, New Zealand, Spain, and the Scandinavian countries reveals distribution consistent with North American studies suggesting CSA prevalence rates ranging from 7% to 36% for women and 3% to 29% for men (Finkelhor, 1994). Methodologically sophisticated studies appear to provide higher statistics (Finkelhor, 1994). Peters, Wyatt, and Finkelhor (1984) suggesting that diverse methodological practices (definitions, sampling, the response rates, respondent demographics, and interview methods) contribute to the variance noted above. They conclude that fewer questions reflect lower prevalence rates and that interview strategies employing multiple questions are more effective in facilitating greater disclosure. Finkelhor (1994) writes that evidence demonstrates that at least 20% of American women and 5% to 10% of American men experienced some form of sexual abuse as children. The rates are

1 Finkelhor's (1994) bibliography cites "These figures are different from those cited in the original report (Bagley, R., Allard, H., McCormick, N., et al. *Sexual offenses against children.* Ottawa: Canadian Government Publishing Centre, 1984) or the 1986 review (see note no. 31), but are based on a careful reanalysis and correction performed by Bagley (see note no. 7)." (pg. 51)

somewhat lower among people born before World War II, but there is little evidence of a dramatic increase for recent generations. The studies provide little evidence that race or socioeconomic circumstances are major risk factors" (p.31). It is purported that 30% to 50% of offences committed against girls and 10% to 20% of the offences committed against boys are perpetrated by family members. Intra-familial offending constitutes a higher percentage of the CSA as extra-familial abuse largely exceeds the mandate of child welfare services (Finkelhor, 1994).

The nature and application of intervention strategies have consistently brought about professional debate. It is postulated that while adult-child sexual contacts constitute a criminal offence, incest is clinically distinct from other forms of child sexual abuse (Abel & Osborn, 1992), and is highly amenable to treatment (Frenken 1994, Thompson, 2001). Hughes (1964) and Cormier and Cooper (1980) describe attempts to legislate the incest prohibition as diffuse, poorly organized, and rife with archaic contradiction. Authors describe how criminal intervention fails to attend to intrafamilial attachments, rendering the needs of the child secondary to a principle of social retribution potentially resulting in iatrogenic trauma. Social retribution in cases involving incest is postulated to be largely motivated by the inherent discomfort or "horror" associated with the transgression of the social maxim.

Brief History of Incest Management Strategies

Religious Communities

Historically, religion constituted the central mechanism through which social units were maintained. Canon and ecclesiastic law rules regarded incest as a sin punishable by excommunication. The power of excommunication is the ultimate power of an ecclesiastic society. It is the severest censure in a religious community and is proscribed as a "medicinal and spiritual penalty"[2]. Excommunication was, and remains, among the

2 (http://www.newadvent.org/cathen/05678a.htm, accessed 2007-10-18).

most serious penalty that the Church can inflict. Through excommunication, the Church excludes and deprives members of rights and social advantages. Excommunication refers, specifically, to an exclusion from participation in the act of communion and, on that level, constitutes an attack upon the soul of the transgressor. Through excommunication, the object becomes an exile from the community until penance is completed. In a community whose primary cohesive social fabric revolves around the religious congregation.

Modern Cross-Cultural Diversity

In the United States, incest has always been a statutory offence that entered into legislation at varying times in various states. Hughes (1964) describes how legislation was not systematically applied to all consanguine relationships in all regions. Women could be prosecuted in cases occurring over an extended period of time. Penalties were extended to the victim/daughter in situations where it is alleged that she did not have defended herself with sufficient vigour. Laws appear to have frequently treated incestuous contacts between adults and minors, most frequently under the age of 13, as child rape. Knowledge of the genetic proximity was not required for criminal prosecution in the State of Florida, rendering incest “an act of liability” (Hughes, 1964, p. 323). Among extended family members’ sexual contacts are reported as having been treated as a misdemeanour. Statutes have been amended to include those relationships subsumed under reconstituted families, in some cases, to include in-laws.

Within the contradictions of varied state legislation, adult-child incest is treated irregularly throughout the United States, however, Voll (1998) recounts a more recent incest conviction describing how a Wisconsin judge recently sentenced a sibling couple, who only met as adults, under its 1849 statute, stating "incarceration as the only way of preventing them from having intercourse ". The county prosecutor allegedly didn't object to the couple having intercourse, but did oppose their procreating. Sterilization was encouraged, as the couple had produced four healthy children, all placed in "state care"

against their parents' will. Apparently, consensual adult consanguine relations posed a greater threat to society than many violent crimes.

Coincidentally, Allan Muth, as described by Voll (1998) ultimately challenged the constitionality of the incest prohibition using same arguments that were used regarding homosexual acts, among consenting adults, in the privacy of the home. His appeal was rejected. Similar appeals have been made in Germany (Incestuous German pair fight case, 2007, 08). As with many other adult consensual incest cases the siblings only met as adults not having known of the others existence during the course of their lifetime

The current Dutch model for incest treatment is enforced through, The Local Incest Treatment Team of the Bureau of Confidential Doctors in The Hague, since 1982 (Frenken, 1994). This office provides services to incest victims, counselling for the mother, and court-ordered outpatient treatment to the offender. Offering an alternative to incarceration, treatment criteria include: (a) Only first offenders with some accompanying admission of guilt (b) no physical violence in their sexual acts and (c) those who would otherwise be given a relatively short prison sentence. Exclusionary criteria include an I.Q. lower than 80, an active addiction to drugs or alcohol, and severe psychopathology. Frenken (1994) notes:

> This approach makes use of the fact that the treatment was on a non-voluntary basis instead of criminalising it. The treatment is not considered a form of psychotherapy aimed at personality reconstruction. For that, the time span was too short and many of the clients seemed unsuitable for that approach. Rather it is a program aimed at "deterrence by recognition". (p. 358)

He asserts that this program promotes the recovery of the victim, provides maternal support, and prevents recidivism. No recidivism was identified at the time of publication.

Baker & Dwairy (2003) assert that Israeli child protection also requires mandatory reporting, however, child protection workers may postpone "legal action against the perpetrator", and that the "appropriate steps of the social welfare office and the police authority depend on the collaboration of the perpetrator" (p. 110). They contend that this

flexibility is necessary with the Arab family, given the strong societal taboo. They (2003) assert that criminal intervention threatens the unity and reputation of the Arab family. The psychological and social reaction to legal intervention allegedly causes more psychological and social harm to the victim, as it clashes with the societal norms (Baker & Dwairy, 2003). Stigmatization may result in economic and social ostracization, not unlike the earlier Christian practice of excommunication:

> Public disclosure of the sexual abuse therefore constitutes the greatest possible threat to the family, and thus families are ready to do everything in their power, including re-victimizing the victim, in order to save the family's face. (p.112)

As families remain interconnected cells of other social groups, preservation from strong social stigmatization is pursued by the extended family members. Parents and grandparents apparently separate from the victim, leaving the child without resources as a result of community, family and professional expectations. They advocate a culturally sensitive strategy that formally enlists the family, respects cultural traditions, and ensures the future security of the victim. This alternative is strategic in that "familial rejection of the abuser would be a much harsher punishment than the prison sentence, which provides relief and support for the victim" (p. 113).

In 1993, the Philippine government reinstated capital punishment for incest. Originally abolished in 1987, capital punishment is perceived as a utilitarian strategy, and a form of cultural retribution to deter incest. Execution was proposed as a strategy that was designed to facilitate "closure" and compensate victims for their abuse. Further efforts to prosecute incest included legislation that oblige mothers of children who have been victimized to pursue prosecution or risk a prison term of 20 to 40 years (Philipines: Bill would penalize mothers for men's incest, 2002). Amnesty International (Philippines: Death Penalty Briefing, 2002) is recorded as petitioning the Philippine government.

Kuala Lumpur is now in the process of reviewing its incest legislation. On December 14, 2002 (Kuala Lumpur: Jail Incest Offenders for Life, 2002), it was reported that a national social activist, Tan Sri Lee Lam Thye, supported the government's proposal that

incest offenders and rapists receive life sentences with whippings, as opposed to execution. Thye is quoted as having said: "In my view, jailing incest offenders for life and whipping are sufficient to deal with such heinous crime. A mandatory death sentence is unwarranted". This position is not all that distinct from the earlier puritan practice described by Illick (1974), who writes:

> In a case of incest tried in Connecticut in 1672, the daughter was whipped but the father was executed, after which time the General Court declared incest a capital crime. (The History of Childhood; The Untold Story of Child Abuse, p. 349).

1.2. A Brief History of Incest Legislation and Public Opinion

The Evolution of Incest as a Criminal Offense

In England, incest was not originally regarded as a sexual offence. This modification only occurred in 1956, when incest was incorporated into the Sexual Offences Act. Bell (1993) examines those parliamentary procedures debates that occurred over several years and ultimately lead to the installation of modern incest legislation. Bell (1993), using excerpts from the 1908 English parliamentary proceedings, employs a constructivist perspective to illustrate those ideologies that motivated legislation prohibiting incest. Those perspectives include:

Moral justification was presented as justification for incest legislation, and the discussion regarded incest as a moral offence that transgressed "God's will", "instinct", and "an offence to moral society". Moral justification as a prohibition of incest would regard the act from a Judeo-Christian history. As such, it creates incest as an immoral act and argues for legislation to repress an otherwise instinctual prohibition. Moral justification or instinct regards innate incest avoidance as natural, despite its occurrence.

Inbreeding or a biological consequence to incest argues that incest laws would be required to prohibit sexual relations that might produce offspring. Offspring were believed to be genetically inferior, and, in debate, characterized the progeny of incestuous

unions as children of “weak intellect, idiots and imbeciles". This position has endured, and constitutes part of the more recent 1986 modification of Scottish Law (Bell, 1993). This position based its argument on more modern scientific accounts of the negative consequences of inbreeding in the 1986 Scottish debate.

Family dysfunction- Laws were argued as a necessary prohibition to safeguard against possible intrafamilial cross-sexual attractions. This posits incest as a threat to the family institution. The progressive evolution of the law, as illustrated by Bell (1993), demonstrates the broadening of legislation towards the inclusion of non-consanguine contacts and the modern family structure. Laws ultimately serve as a social mechanism to safeguard the integrity of the family and society.

Protectionist perspectives argued that incest is punishable for its potential to create problems for society. As the incest avoidance is transgressed, the barrier against other social taboos is weakened. This theory presupposes a causal link with social disorganization anticipating harm as expressed through a long-term consequence.

The various arguments proposed to justify criminal sanctions are rendered somewhat ambiguous. Moral justification argues the innate “evil” associated with incest which, in addition to appearing archaic and ecclesiastic by nature, forfeits the division of church and state, and asserts that incest avoidance is innate. Arguments against inbreeding as producing “weak, intellect and imbeciles” is reliant upon the commission of sexual acts that induce the risk of progeny that would otherwise be of a ‘substandard nature’, ignore common breeding practices, fail to control for all sexual acts, and border on eugenics. One might wonder if a child of an incestuous union born among those families in the House of Lords during late nineteenth century would invariably have been called a “weak-minded imbecile”.

Arguing that protective measures are required to dissuade families from internal dysfunction dictates that incest constitutes family dysfunction and is not a symptom of that dysfunction. In that manner, criminal statutes prevent a behavior popularly regarded

as abhorrent and shameful, and do not serve to punish a dysfunctional family for being dysfunctional. Finally, protectionist perspectives argue a need to protect society from the transgression of other societal norms that would invariably result from the transgression of the incest barrier. Not only do those arguments justifying incest legislation constitute incomplete theories, but also imply an immediate social consequence as a result of the incestuous act. This would suggest that incest constitutes a direct threat to the integrity of the society.

In the United States, incest has always been a statutory offence, and was entered into legislation in various states at varying times (Hughes, 1964). Legislation sees relevance to those consanguine relationships that are not restricted to wedlock, however does demonstrate irregularity, and does not appear to have been systematically applied to all consanguine relationships in all regions. The prohibition of sexual relations between first cousins remains inconsistent within the United States. With the passage of time, these statutes were amended so as to include those relationships subsumed under reconstituted families. Their affiliation and characterization as incestuous in the event of sexual relations is alleged to persist beyond the death of the primary partner. In some states, laws were extended as far as to include in-laws. Regardless of this overall broad application of the incest prohibition, in 1944, Mississippi had no statute applicable to adopted children. Stricter penalties appear to be applied to a father's transgression. Women could be prosecuted in cases where the relationship would have occurred over an extended period of time. In most countries and states, the knowledge of the relationship was required for criminal prosecution, with the exception of the State of Florida rendering incest "an act of liability" (p. 323; Hughes, 1964). According to Hughes (1964), laws appear to have frequently retained a distinction that treated incestuous contacts between adult and minors, most frequently under the age of 13, as child rape. Other family members' sexual contacts are reported as having been treated as a misdemeanour. Intercourse, the strict definition of incest, is at this time required, and other sexual acts are not sufficient to warrant prosecution. Further inconsistencies included an application of penalties to the victim/daughter in situations where it is alleged

that she would not have defended herself with sufficient vigour. Criminal statutes were extended to redress both women and men who would have engaged in incest.
The mayor's committee of New York conducted a study of sex offences between 1930-1939 including 98 formal cases of incest. Numerous cases resulted in other charges, whereas charges of incest could have been applied.

Early Child Welfare Services and Intervention

The 1939 Social Work yearbook sets forth a cursory review of the development of social services. Child protection was subsumed under the greater subject of child welfare services and is described as a "specialized form of service on behalf of children suffering from cruelty whose physical and moral welfare is in danger" (Lundberg, p. 68). In addition to issues of poverty and community activism Social Work has long maintained the mantle of child and family health as a staple of practice. Despite this active involvement with youth and families at risk, the child hygiene movement, and dependant children, The Social Work Yearbook, a review of historic social work literature, offers no mention of early caseworkers having intervened in cases of incest until 1970. In contrast, Sacco (2002) demonstrates evidence suggestive of the possible widespread occurrence of incest existed, but insists that professionals purposefully "used authoritative discourses to conceal it" (p. 14). Prominent reformers attached to the Boston Dispensary and Massachusetts Society for Sex Education are alleged to have participated in an active denial of incest by promoting non-sexual causes for the transmission of gonorrhoea among the female children of the upper classes (Sacco, 2002). Even Alice Hamilton, a Hull House resident and public health pioneer, would have published an influential article arguing a need for sanitary conditions to prevent the further spread of gonorrhoea in girls.

> [H]ealth care workers and reformers revised their views about the susceptibility of girls to {venereal} infection, not incest. By 1940, medical textbooks relied on untested speculation to declare that most girls acquired gonorrhoea from nonsexual contacts with other females or contaminated objects. (Sacco, 2002; p. 80)

Sacco argues "that doctors, nurses, social workers, public health officials, and reformers mislabeled or even ignored the evidence of incest that they themselves had discovered" (p. 2). Sacco (2002) alleges that social workers would criticize mothers for poorly maintaining their houses and ignoring the possibility of incest as an origin for infection. Citing historical references, Sacco (2002) also notes racist, classiest and xenophobic motives as further contributing to sustain the overt sexual exploitation of children. This systematic denial is alleged to be the result of an unconscious desire to suppress sexual abuse suggesting that doctors, nurses, social workers, social hygienists, and reformers possibly obscured incestuous abuse as the source of infection in favour of sanitation reform. This choice to ignore the socially uncomfortable challenge of redressing incest in favour of a hygiene movement (to which society was more favourable disposed and ready to allocate resources) constitutes an example of a systemic avoidance of incest.

It would not be until 1980's that incest and child sexual abuse would earn public recognition.

A Canadian Evolution

In Canada, incest was first subsumed as a criminal act in 1892, following the recommendations of the Law Reform Commission. Canadian law dictates that the commission of incest among individuals sharing 50% of the same genetic material formal socio-familial ties is an indictable offence. This distinction permits sexual contact and marriage between first cousins. Stepparents or parental figures who do not share 50% of the same genetic material remain eligible for prosecution through existing child sexual abuse laws. Marriages between first cousins are permitted and are not considered incestuous by nature. Legislation addresses consensual adult consanguine sexual relations, as well as intrafamilial sexual victimization of children within families. In Canada, there exist two means by which incest is treated by the state. The first involves the criminal court in which incest is treated under Section 150 of the Criminal Code.

Cormier and Cooper (1980), much like Hughes (1964) for its counterpart in England, characterize this statute as "inexact" and ineffective as a deterrent. Until 1977, the alternative was Article 33 of the Juvenile Delinquents Act of 1962 which involves a Family Court procedure (Cormier & Cooper, 1980). In 1977, in the province of Quebec, Bill 24 offered a strategic compromise involving a quasi-legal sanction permitting clinical intervention with recourse to criminal prosecution when necessary. In 1978 the bill was replaced by the Youth Protection Act where, for the first time, sexual abuse was specifically identified. This was a reporting law, requiring anybody who suspected sexual abuse of a child was occurring, to report it to the youth protection authorities. Similar legislation was enacted in the other Canadian provinces. The result of the reporting law was a significant and steady increase in the number of cases of sexual abuse which child welfare authorities were mandated to investigate. Cormier and Cooper (1980) argue that this "humane and effective" intervention strategy was undertaken ineffectively, as social workers lacked "adequate training", "experienced difficulty" when faced with incest, and operated without clear clinical directives. They describe these interventions to be the result of inadequate training, given the new role of investigator that social workers were required to assume.

In 1984, following extensive study of child sexual abuse cases across Canada the Bagley Report made specific recommendations to the government of Canada concerning the handling of cases of suspected cases of sexual abuse. A significant recommendation was for child welfare authorities to refer suspected cases to the police. This was a policy, notrequired by law, but was followed by most youth protection authorities. Thompson (2001) describes the consequence of these recommendations as two-fold. The first produced a plethora of child abuse allegations that overwhelmed existing child welfare services. While child welfare agencies struggled with increased demands upon their services the latter consequence facilitated an immediate reliance on criminal investigative practices and police intervention. Consequently this resulted in the application of criminal intervention strategies where clinical opportunities might otherwise exist. In this context, the adversarial nature of the criminal investigative model assumed predominance over clinical intervention. Bagley's (1984) recommendations unintentionally enable an

avoidance of incest through an over-reliance on criminal intervention strategies that ignore the feasibility of family treatment to the detriment of the child/victim and family and functionally does little to facilitate the successful treatment of incest (Cooper & Cormier, 1985; Thompson, 2001). In circumstances whereby child protection workers originally struggled with a personal abhorrence and discomfort with incest, the Bagley report ensured the establishment of protocols that facilitate incest avoidance (Cooper, 1985).

Despite an evolution in incest legislation, variations to the extent of the prohibition and the penalties applied persist. Today, criminal sanctions can include up to 14 years of incarceration. Cormier and Cooper (1980), early advocates for clinical intervention models, encouraged sensitivity to the child-victim, the removal of the offender, and severe sanction when required for the non-compliant offender, argue that inadequate intervention results in a secondary victimization of the child.

The Professional Debate

The professional literature appears to reflect an on going debate of what is two juxtaposed positions. The predominant debate in the application of incest sanctions juxtaposes criminal and clinical models of intervention. One favours more intense "child centered practice", the other, largely regarded as protectionist, favours criminal intervention. The predominant premise underlying these arguments rest largely in the concept that intervention should be undertaken in the best interest of the child-victim.

Proponents of the clinical model contend that criminal investigative practices create circumstances that result in a secondary re-victimization of children (Baker & Dwairy, 2002; Constantine, 1981; Cooper 1990; Cooper & Cormier, 1985; Gentry, 1985; Maisch, 1972; Marvasti, 1985; Nelson, 1986; Sheinberg & Fraenkel 2001; Topper, 1979). Through disclosure, the child becomes responsible for threatening familial integrity. The threat to the offending parent is that of shame losing his family and possible incarceration. If the offender contributes financially to the family, the threat of economic

and social instability may further motivate members to deny the abuse. For the non-offending parent a myriad of emotions may be experienced and the threat of financial and social instability is often experienced. In those families with children other than the victim, longstanding jealousies and conflict compounded by potential institutionalized dysfunction can lead family members to collude around the offender to deny the occurrence of intrafamilial child sexual abuse. Medical, legal, therapeutic, and investigative intervention occur under adversarial conditions with no assurance that criminal procedures will successfully end the abuse or treat familial dysfunction (Owen & Steele, 1991). Removing the offending parent, or the child, results in social disruption, familial instability, and economic hardship for the other non-offending members of the family. In the event that criminal charges are pursued the child is obliged to participate in a judicial process that is adversarial in nature and does not ensure an end to abuse.

In rebuttal, Conte (1984) argues that developments in child reporting have produced methods of facilitating child testimony, medical examination, and investigative protocols while minimizing secondary victimization. Berliner and Conte's (1995) cite reactions to child placement and offender removal as varied and characterized by ambivalence but not involving significant distress. Remarkably, this study only employs a sample with only 20% immediate familial offenders. Despite their failure to address those items cited as specifically detrimental to incest victims, Berliner and Conte's results identify contacts with professionals as associated with no increased distress.

Suggesting that practice policies minimize secondary victimization (Conte, 1984) assumes that protocols will mediate family and social disruption (Pine, 1987), the significance of familial attachments (Solin, 1986), stigmatization (Topper, 1979), and, child vulnerability (Goldstein, Freud & Solnit, 1979), the adversarial nature of the criminal process, and, parental incarceration from adult sexual responsibility. Among the few texts addressing victims' experiences with social intervention Topper (1979) gives a poignant account incest victims experiences of social intervention.

> [A]ll subjects deplored the current criminal investigatory approach---a few said they would not have reported or would have lied when questioned had they known what would follow---such as possible imprisonment of father, possible placement out of the home, going to court, having a gynecological examination, having a "counselor", dealing with police, social services, doctors, "breaking up the whole family", the last being particularly terrifying....All worried about "what people thought and the women were particularly sensitive to the possibility of social stigma even now attaching to themselves or their families. All repeatedly and strongly referred to feeling "Ashamed" during much of the experience, both before and after intervention. Most were aware of their feelings of guilt, which confused, bewildered, and angered them--- i.e., "He's the one who did it! Why do I feel like it is my fault'? The teenagers were very much concerned with the here and now --- how long would I have to stay in foster care or continue to come to group or have a social worker? (p. 301)

Proponents of the clinical model contend that criminal intervention strategies ignore the feasibility of family treatment to the detriment of the child/victim and family. They ignore the inherent weaknesses of bureaucratic systems that acknowledge their inability to provide necessary services, ensure the security of the victim in the event of placement, and have been identified as detrimental to the victim. Bagley, the architect of Canada's incest protocol, identifies further obstacles to intervention, reporting, paediatricians proved unreliable informants (Bagley & Thurston, 1996a)[3]. Repeated questioning and long delays are hazardous and disheartening and may result in a blunting of affect in the child-victim. Delays increase anxiety for the child (Bagley & Thurston, 1996a) and risks of suicide among offenders awaiting trial (Bagley & Pritchard, 1999; Bagley & Thurston 1996b).

Proponents favoring criminal intervention argue prosecution can serve as a cathartic experience for victims by responsibilizing the offender for his/her actions. It is asserted that legal protocols mediate traumatic elements associated with intervention (Conte,

3 "38 percent of physicians whose practice included specialized work with children could not identify the labia minora, or 41 percent cannot identify a child hymen." (Bagley et. al., 1996a, pp.. 274) "(*F*)orced…vaginal entry…may show no visible signs", female sexual anatomy is subject to considerable variation, the hymen among pubertal females is highly elastic, during puberty the hymen can more likely accommodate physical intrusion without major physical signs, bleeding could indicate early menstruation, physical effects may be the results of normal masturbation in consensual sexual play with peers, and physical trauma heels rapidly "leaving only ambiguous physical signs" (Bagley et. al., 1996a, pp. 274).

1984). The assertion argues that criminal prosecution can serve as a therapeutic process for individual victims although unsuccessful prosecution can further isolate the victim failing to resolve the abuse.

Arguments supporting criminal intervention maintain that in addition to the significant harm upon the victim resulting from incest, the failure to prosecute offenders would "have a deleterious effect on the prevention of this form of child sexual abuse" and fail to convey social condemnation (Sklar, p. 75). This presumes that the incest prohibition is sustained through legislation and may be undermined by a flexible judicial system and that the absence of punitive measures would invariably result in recidivism and a proliferation of intrafamilial child sexual abuse (Sklar, 1979). This perspective retains a need for social retribution and suggests that legal prohibitions prevent intrafamilial adult-child sexual contacts. Proponents of criminal intervention typically support punitive intervention strategies with prolonged periods of incarceration. This perspective typically disregards rehabilitation as feasible or does not consider it as a suitable social response. Alternative strategies to criminal intervention are dismissed for failing to convey social condemnation. In contrast, subsequent to the Cleveland inquiry[4] of 1987, the English legislature undertook a policy that promoted "family support and partnership" (pp. 223) and functionally resembles the Quebec Youth Protection Act (Thompson, 2001). This is most remarkable in that two developed nations with a common cultural heritage undertook opposing strategies towards the management of the same problem.

The Social Debate

In the last 30 years considerable attention has been brought to bear enlightening professionals to a high prevalence and the intricate features associated with child sexual abuse. News reports sensationalize and fuel public opinions of incest as an

4 The Cleveland inquiry was a high profile critical review of professional practice central to the Cleveland Child Abuse Scandal that occurred in Cleveland County in England . This is discussed in Thompson (2001).

incomprehensible offense against nature. It is also asserted that research methodology has lead to conclusions that misrepresent the broader social phenomena of sexual offending and victimization (Li, West, & Woodhouse, 1990; Rind, Bauserman, and Tromovich, 2000). A public need to react to the "proliferation" of child sexual abuse, a causal association with adult psychopathology, sexually repressive attitudes, homophobia, an ignorance of child sexuality, fundamentalist religious attitudes, and feminist[5] theory are cited as elements that have contributed political climate that is conceptually rigid and inflexible (Haaken & Lamb, 2000). This period evoked public appeal to establish harsher criminal sanctions to "more effectively" address child sexual abuse within our society. This climate promoted investigative practices and therapeutic strategies that involved considerable suggestion and direction to facilitate discovery and possible criminal conviction. Considerable attention resulted from high profile accusations of ritualistic child sexual abuse and recovered childhood memories of abuse (Earl, 1995). These cases were widespread and occurred in England, the United States and Canada. Children and adults were subject to highly suggestive investigative practices. Although debated in academic circles, questionable suggestive practices, frequently resulting in elaborate and fantastic claims of abuse, resulted in criminal prosecutions. In some cases, these prosecutions resulted in criminal conviction, regardless of the dubious nature from which "facts" were surmised. These scandals constituted very public abuses of state power, based largely on misconceived professional opinion.

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5 It is worth noting that this characterization risks unfairly restricting the broad discourse and contributions advanced through feminist analysis with those of the religious and politically conservative right. Feminist theory has contributed immeasurably to all areas of public inquiry permeating and informing practice. The propensity to situate feminism within this broad social child sexual abuse movement comes in part from the ardent efforts that contributed to public awareness, the funding of public agencies, and ongoing scientific inquiry. This portrayal is believed to result from a restricted interpretation of feminism, potential conceptual bias, and a failure to situate feminism ongoing struggle to redress social inequality. While feminism undoubtedly shares interest in assuring public attention for exposing systemic violence and exploitation rooted in patriarchy, this is hardly reproachable and not inherently consistent the traditional views of the conservative/fundamentalist right. Atmore (1999) writes:

Many feminist therefore join…in criticizing some of the same features of public responses to child abuse, for different reasons. We can the view the tendency towards deviantising, pathologising, and individualising of child sexual abuse in policy and mainstream media as due to a conservatism on gender/sexuality processes which cuts across the right…and…left. (p.17)

Although, eventually acknowledged, these erroneous assumptions lead to research and subsequent developments in practice. Remarkably, as Cormier and Cooper (1980) had suggested 10 years earlier, these difficulties were the result of inadequate interventions directly traceable to inadequate training, unclear clinical objectives, professional practice errors, and, indirectly, the result of a nascent professional knowledge base, and increased public concomitant outrage. Only now, years later, following considerable professional debate, is it commonly held that these "discoveries" are suspect. Today, while only vestiges of these practices persist in a forum of radicalism or irresponsible professional practice the emotional climate of moral panic persists. Respectable peer-reviewed research contradicts public opinion and has been met with hostile recriminations as being immoral, serving the interests of offenders, trivializing the traumatization of children (Haaken & Lamb, 2000).

In July of 1998, Psychological Bulletin published a meta-analysis of the long-term impact of child sexual abuse on college students. In addition to finding no significant long term pathology associated to childhood sexual abuse the authors argue that the mental health field has been governed by a bias toward viewing intergenerational sexual contact as inherently pathogenic. This bias has negatively influenced and misrepresented associations between child abuse and adult psychopathology. Rind and Tromovitch (1997) had performed an earlier meta-analysis of community studies arguing that those victims of child sexual abuse showed only slight adjustment difficulties as compared with those who had not been sexually abused.

Rind, Tromovitch, and Bauserman were subsequently characterized by professionals, victims- rights advocates, and moral conservatives as "recklessly neglectful of public morality" (Haaken & Lamb, 2000). This meta-analysis of 59 studies argued the "negative potential of study for most people who have experienced it has been over stated" (pp. 42)

- did not regard the experience as negative at the time (2/3- male, 1/3- female)
- regarded the experience as positive (3/8- male, 1/10 female)

Shortly after publication lines began being drawn, the study received the unflattering endorsement of North American Man-Boy Love Association citing this research as supporting their idealized view of the man-boy sexual relationships.

The Christian Coalition and the Family Research Council (a fund-raising group for conservative causes) began to rally against the article on the air. Republican congressman Matt Salmon and Dave Weldon denounced the article, the American Psychiatric Association insisted the APA retract the article and a resolution was submitted to Congress to condemn the article. The House voted to condemn the article on the grounds that it gave a green light to pedophiles. The president of APA, retracted his support and in June wrote a letter to Congress denouncing the article asserting it held "opinions inconsistent with APA's views" (Haaken & Lamb (2000).

Support came from the APSAC Advisor (a newsletter of the American Professional Society on the Abuse of Children) who responded to the uproar by concurring with Rind, Tromovitch, and Bauserman findings.

Haaken and Lamb characterize the subsequent backlash to the Rind, Tromovitch, and Bauserman article as the result of cultural and political framework of North American society motivated by concepts challenging traditional conservative sexual attitudes, misguided moral maxims, and social and political boundaries. Haaken and Lamb (2000) argue that detractors, most notably the conservative religious right were not alone in their hyper-vigilance and misinterpretation/misrepresentation of the study's findings.

Child welfare advocates feared losing public support and arguing;

- this was a single outcome study- mental health
- that victims may not be a reliable source of data, and,
- feared this may minimize the public concern regarding sexual abuse.

Contemporary sexual politics were also cited as a significant factor influencing the social condemnation of the Rind, Tromovitch, and Bauserman in that the study's findings directly challenge conservative sexual ideologies. Haaken and Lamb (2000) argue that the feminist movement also perceived this study as a threat to awareness to the victimization of women as a scientific/study conducted and controlled by men. They argue that cultures that maintain romanticised notions of childhood purity and asexuality, shun sexual education programs, and masturbation would inherently have difficulty accepting the concept of non-traumatic adult-child sexual contact. Moreover, greater difficulty is observed with assertions regarding a possible non-traumatic homosexual adult-child sexual contacts.

The furor appeared to overlook the authors comments that "the findings of the current review should not be construed to imply that child sexual abuse never causes intense harm for men or women-clinical research has well documented that in specific cases it can" (p. 42). In essence the authors appear to argue;

> classifying illegal behavior as abuse may obscure the actual causes and effects, sexual experiences are open to multiple meanings and interpretations and, their nature may be subjectively determined.

The condemnation of Rind, Tromovitch, and Bauserman remains an indictment of scientific inquiry and would suggest the public lacks the capacity to understand that to say that women and men who have been abused as children do not necessarily suffer longstanding trauma is not the same as saying that abuse is fine. To say that children might experience abuse as pleasurable sex is not to say that abuse is acceptable.

When compared with Sacco's (2002) description of a systemic avoidance of incest as a social problem, the indictment of Rind, Tromovitch, and Bauserman constitutes a stark contrast. A systemic avoidance of incest mutated over time to a dramatic condemnation of scientific inquiry that condemns and disavows legitimate peer-reviewed research, moitivated in large part by a moral condemnation of sexual abuse and not the scientific process of inquiry or the professional desire to better ascertain the myriad complexities of human sexual behavior and offending.

1.3. Countertransference

Origins and Definition

Clinical intervention is frequently referred to as a dance or exercise of art. It is an experience, and therapeutic relationship, through which clients are empowered to expose and express a full range of emotions. This dance would occur as something other than a negotiation of simple space, but occurs through a negotiation of emotions within that space. It is through this exchange that the clinical process occurs. In this context, the therapist leads the client to experience sufficient security in order to expose, elaborate upon, and integrate new material that she or he may otherwise have been defending against. Winnicott (1965) refers to this as the holding environment. Within this environment, a client's emotions experienced towards the clinician, is a consequence or result of object relatedness, is called their transference, and is central to the psychoanalytic process. The clinician experiences the "other" which evokes emotions as a natural phenomenon. It is in this clinical forum, the meeting between a health/service professional and a client, for whom the professional's role is defined by their adherence to a defined discipline. A clinician's emotions constitute countertransference. Countertransference resides in the therapist's phenomenology as well as in the therapist's actions during treatment, both in and out of session. Countertransference occurs as natural interpersonal phenomena inherent to clinical practice. The active elements that are associated with countertransference are active in all interpersonal interaction and occur as the result of the patient's influence on the therapist's unconscious feelings

(Freud, 1948). Countertransference may be covert or overt. Covert countertransference is a subtle event that may be mediated by specific traits inherent to the professional thereby facilitating the management of countertransference behaviors (Hayes, Gelso, Van Wagoner, & Diemer, 1991). To accomplish treatment goals, therapists need to be sensitive to their own maladaptive contributions and disengage from their personal feelings being triggered by the client.

Ultimately outgrowing the exclusivity of the analytic forum, countertransference now refers all emotional reactions experienced by the clinician towards the client. A clinician's personal emotions constitute a potential obstacle in any circumstance where the emotions experienced by the professional potentially compromise the treatment of the client. It is the active manifestation of the human being that is the therapist in a relationship in which self demands containment. Impulses, natural to the person who is the professional, require containment in order to exercise practice. Self is contained in favour of the professional identity and deontology. Professionalism is maintained through a process of auto-regulation whereby self is repressed or exploited according to decisions based on expertise and deontology. The personal needs of the practitioner are compromised in favour of the ethical considerations of the profession that prioritize the client. Countertransference occurs in professional practice, moreover with difficult populations. As such, emotions, occurring in the clinician risk reflecting internal processes specific to, or apart, from those objectives consistent with the therapeutic purpose. As with the sexual instinct and fear of violence, clinicians would invariably react to stimuli.

Clinical stimuli affect therapist's cognitions, feelings, attributions, memories, and fantasies, as well as the therapist's verbal and nonverbal actions (Pope & Tabachnick, 1993; Gelso, Fassinger, Gomez & Latts, 1995; Hayes, McCracken, McClanahan, Hill, Harp, & Carozzoni, 1998; Hayes & Gelso, 2001). Cognitions, fantasies, and internal processes are activated by verbal and nonverbal actions, and negative feelings towards/with clients (Pope & Tabachnick, 1993).

Countertransference is identified and acknowledged as a significant variable in clinical supervision, (Glass, 1986; Goin and Kline, 1976; Lacovics, 1983; Salavendy, 1993), cross-cultural practice (Ryan & Hendricks, 1989; Sublette, 2000), gender biases (Alonso & Rutan, 1978), the suicidal (Richards, 2000) borderline patient (Boker, 1995; Book, 1981; Sadavoy, Silver, & Smith, 1994;) and eating disordered patient (DeLucia-Waack, 1999), domestic violence (Iliffe, 2000), rape victims (Fox, 1999) and peer supervision (Bonnivier, 1992). Countertransference is described as occurring towards the wealthy client (McKamy, 1976). Regarding homosexuality (Kwawer, 1980), working with lesbians (Gelso, et al., 1995), has been reported to result in the phenomena of vicarious traumatization resulting from the exposure of persons, other than the victim, to accounts or reenactments of traumatic experiences (Hartman, 1995), and is significant in the context of erotic feelings towards clients (Oakley, 2000). Googins (1984) cites a professional avoidance of the alcoholic client. Carr (1989), Thouvenin (1988), and Cooper and Cormier (1985) all believe this avoidance occurs when professionals intervene in cases of incest. Professional practice, however, demands that the emotions of the clinician serve the means and ends of the clinical encounter and is a significant consideration and obstacle when working with incestuous families.

Countertransference Regarding Incest

The literature reveals a variety of countertransference reactions inherent in confronting incest: mandatory reporting (Finkelhor, Gomez & Horowitz, 1984; James, Womack, & Strauss, 1978; Pollak & Levy, 1989), clinical work with both adult (Frenkel & Van Stolk, 1990; Krieger, Rosenfeld, Gordon & Bennett, 1980; McElroy & McElroy, 1991), and child victims (Faller, 1990; Frenkel & Van Stolk, 1990 ; Krieger et al., 1980; McBride & Markos, 1994; McElroy & McElroy, 1991), and the treatment of the offender (Cooper & Cormier 1985; Maisch, 1972; McElroy & McElroy, 1991; Mrazek, 1981; Pollak & Sheldon, 1989; Price, 1994; Roundy & Horton, 1990; Ryan, 1986;) are all acknowledged. Countertransference has been reported to compromise incest disclosure (Pollak, & Levy, 1989), and the treatment of incest offenders and their families (Carr, 1989; Cooper & Cormier, 1985; Thouvenin, 1988). Some suggest reactions can include victim blaming

(Carr, 1989), collusion (Ryan, 1986), feelings of professional inadequacy, anger (Cooper & Cormier, 1985), failing to confront the incest (Frenkel & Van Stolk, 1990), professional fear and avoidance (Cooper & Cormier, 1985; Fein & Bishop, 1987; Thouvenin, 1988), hostility toward the offending and non-offending parent, denial or trivialization (Thouvenin, 1988), feelings of impotence, a distortion of treatment objectives (Carr, 1989), and the preponderance to rely upon the criminal model of intervention (Finkelhor 1983; Li, et al., 1990). Countertransference manifestations may be expressed through either the direct expression of' anger, or, reaction formation (transforming itself into otherwise more socially acceptable and accommodating forms) within an inappropriately conceived treatment plan (Carr, 1989).

Countertransference management becomes even more critical in context in which the professionals are significantly challenged emotionally. A therapist's desire for success can lead to feelings of anxiety, feelings of frustration, aggression, and even anger in the therapist. Individuals with prominent passive-dependent and passive aggressive styles may enact countertransference as a result of general concerns regarding one's professional identity and the adequacy of one's judgment. It is asserted that therapists, who require approval, possess a need to nurture, have low or high levels of empathy, little awareness of countertransference experience, and greater levels of anxiety are considered more likely to enact countertransference behaviors. Individuals with a strong need for certainty and predictability, difficulties with decision-making, low self-esteem coupled with excessive narcissistic vulnerability are considered vulnerable to countertransference reaction. Countertransference can emerge to overcompensate for feelings of rage, anger, and hate that are denied only to represent themselves in an unfounded sympathy and understanding. The more difficult the emotions provoked as countertransference, the more important is the issue of containment so as to ensure the integrity of the treatment process.

Incest is taboo across modern industrialized societies and, as such, evokes emotions in all people. Adult-child sexual exploitation is a widespread social problem that justifiably evokes protectionist intervention. However, enormous variation exists in the social

treatment of incest. Incestuous contacts with children constitute an overlapping of criminal offences potentially complicating social and criminal intervention. Professionals are required to manage intense visceral personal emotions in the practice of their trade.

1.4. Structuralism, Knowledge and Social Control

Post-modern and structuralist/constructivist analyses have contributed to social work research and has taken its turn in reviewing child welfare practice. These analyses have posited child welfare practice in both social constructivist and structural schools of thought. The critiques offered by these analyses contribute significantly towards a critical review of child welfare practice with incestuous families.

Structuralism and Incest

As discussed earlier in this text, Foucault (1981) argues that sexuality is a phenomenon that occupies significance, within and to, both the family and society. For Foucault, the deployment of sexuality and the deployment of alliance both share a mutual space, the family. If, as Foucault purports, deployment of alliance sought to ensure its dominance over the deployment of sexuality through the controls enacted within the family. Addressing incest Foucault (1981) writes:

> The family, in its contemporary form, must not be understood as a social, economic, and political structure that of alliance that excludes or at least restrains sexuality, that diminishes it as much as possible, preserving only its useful functions. On the contrary its role is to anchor sexuality and provide it with permanent support.. it ensure the production of a sexuality that is not homogeneous with the privileges of alliance, while making it possible for the systems of alliance to be imbued with a new tactic of power which they would otherwise be impervious to. (p. 108)

Communal interests are dominant and through alliance individuals, and groups of individuals, attempt to ensure their survival. Sexuality constitutes a human behavior that necessarily requires regulation. Regulation is necessary, given the need for shared communal interests. Sexual behavior requires controls given the potential "dangers" or consequences associated with sexual activity, not only for its immediate actors, but also

for the impact within the wider society. The family is the interchange of sexuality and alliance: it conveys the law and the juridical dimension in the deployment of sexuality: and it conveys the economy of pleasure and the intensity of sensation in the regime of alliance. Foucault's perspective is one in which the family is simultaneously a mechanism for the deployment alliance and deployment of sexuality, the theatre in which incest is "constantly being solicited and refused". Effectively contexts in which competing interests or mutually repressive constructs meet, presume to be mutually complementary, and coexist. It is the contention that it is these skills that will eventually facilitate offspring's eventual integration into the wider social unit:

> This interpenetration of the deployment of alliance and that of sexuality in the form of the family that allows us to understand a number of facts; that since the eighteenth century the family has become an obligatory locus of affects, feelings, love; that sexuality has its privileged point of development in the family; that for this reason sexuality is "incestuous" from the start. It may be that in societies where mechanisms of alliance predominant, prohibition of incest is a functionally indispensible rule….If for more than a century the west has displayed such a strong interest in the prohibition of incest, if more or less by common accord it has been seen as a social universal and one of the points through which every society is obliged to pass on it way to becoming a culture….By asserting that all societies without exception, and consequently our own, were subject to this rule of rules, one guaranteed that this deployment of sexuality…would not be able to escape from the grand and ancient system of alliance. Thus the law would be secure, even in new mechanics of power. (pp. 108-109; Michel Foucault, History of Sexuality: An Introduction, Vol. 1)

Herein, the nuclear family operates as the primary forum in which responsibilities towards the wider social alliances are relegated. As such, the nuclear family is the place in which it is ultimately necessary that individual members learn, among other things, the capacity for self-regulation and role (identity) delineation.

Approved sexuality constitutes an organized abstract construct. Practically, this constitutes a "culture" that qualifies behaviors as appropriate or not and is impacted upon by external organizational features that over time may or may not initiate changes in how and what behaviors may be deemed appropriate and practiced within the "community". One can not necessarily dispute the enormous significance that religion has towards

regulating sexual behavior among any given social group; arguably, this influence is dependent upon the extent to which the group in question adheres, adopts or promotes those sexual proscriptions proffered. Punitive measures are determined and enacted to the extent that the behavior is deemed threatening and are enacted to the extent that the behavior is tolerated, tacitly or implicitly, by a given community. Overt prohibitions may condemn a specific behavior, however, if the members of that community do not enact punitive measures, the behavior is likely to persist, and may, in effect, reflect a certain inconsistency regarding the prohibited behavior, the participants or the consequences of castigation.

This is exemplified by the evolving attitudes among industrialized nations regarding homosexuality and homosexual relations. Homosexual behaviors have also had a long history of being discriminated against or prohibited, despite occurring among the general population. Despite its prohibition, homosexuality would have naturally occurred and, in exceptional social circumstances as well as under specific conditions, been tacitly tolerated. While it may have once been considered unheard of, the debate to extend the institution of marriage to same sex couples typifies inroads made in this area. Evolving social mores have contributed to the perception that homosexuality and homosexual unions are not a threat to the integrity of modern societies. In this sense, a society can undergo certain transformations, however, only in so far as the transition does not extend beyond the groups limited elasticity. Within this context, structures and hierarchies, exist to promote, legitimize and restrict the ongoing operations (i.e. self maintenance) of the social organism.

> It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organization; as a process through which ceaseless struggles and confrontations, transforms, strengthens, or reverses them; as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various power hegemonies……Power is everywhere; not because it embraces everything , but because it comes from

> everywhere. And "Power", insofar as it is permanent, repetitious, inert, and self-reproducing, is simply the overall effect that emerges from all of these mobilities, the concatenation that rests on each of them and seeks in turn to arrest their movement. One needs to be nominalistic, no doubt: power is not an institution and it is not a structure; neither is it a certain strength that we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society. (Michel Foucault, History of Sexuality: An Introduction, Vol. 1., pp. 92-93)

For Foucault (1972), power is always present; systems of power and knowledge (i.e. power-knowledge) are fundamentally connected, permeating modern society through state agents and agencies (social workers, police, and teachers) and woven into everyday life. Power and knowledge are inter-related and, therefore, every human relationship is a struggle and negotiation of power. Child welfare workers are imbued with authorized skills instructed upon them through the state approved curriculum so that they possess the minimum academic instruction required for their task. Authority is imparted upon them through their affiliation with their respective agency. This authority is not only the power of influence, given their education and affiliation, but also encompasses the authority that the state imparts upon child welfare, as well as the authority accessible from alliance/cooperation. Obviously, this authority is not unconditional. The agent is responsible to the requirements of the agency, the agency to the institution, and the institution to the state. Ultimately, the state is presumed to be responsible to the subjects of the state, however, that form of accountability may readily be perceived as untenable by most. Fortunately, this project limits itself to that penultimate tier described above, the institutions accountability to the state.

Inherent to the various levels of accountability, which are stretched out (tier by tier by tier within each level of each organization), there exists a formal hierarchical structure and protocols of practice, winding back down to the individual agent, whose primary responsibility is realizing the mandate of their respective agency. These individuals are responsible for the local realization, implementation, and delivery of services that represent the objectives mandated to agency through the institution by the state. Discourse is controlled by individuals and organizations, is organized and hierarchical, and imbued through ritual operating by rules of exclusion. Governance imparts and

imbues individuals with knowledge, power, and authority through the premise that the skills associated with the professional gaze are beyond that of a lay member of the society. It produces, legitimizes, and constrains power relations by constructing reality. For Foucault (1973), however, this "knowledge" is perhaps vulnerable:

> How can the free gaze that medicine, and, through it, the government, must turn upon the citizens be equipped and competent without being embroiled in the esotericism of knowledge and the rigidity of social privilege? (Birth of the Clinic, Michel Foucault, p. 45)

In summary, Child Welfare exercises a direct authority and power, a power enhanced by legislative authority affording their representatives recourse to judiciary authority and law enforcement in the realization of their mandate. Individuals lacking resources and lacking familiarity risk being disadvantaged. Client's subject to this authority do have recourse afforded them through legislation, and potential access to professional legal resources. Understandably, individuals and resources familiar with the legal/judicial process, capable of mobilizing authority, and investing energy towards legalistic processes are better positioned to mediate obstacles, but are still vulnerable to the authority of the state's discourse.

1.5. Practical Relevance and Summary

Given that incest horror exists as a result of primary socialization, it is natural to assume that all professionals including child welfare workers as well as police, legislators, and the lay population, experience negative emotional reactions towards incest. Emotions are inherent to clinical practice and the active elements that are associated with emotional reactions are mobilized in all interpersonal interactions, As a result, professionals including child welfare workers responsible for investigating and treating suspected cases of intrafamily child sexual abuse, experience emotions in the regular practice of their work. While some of the emotions that these professionals experience are considered necessary for effective intervention, some are not necessary and even detrimental, not only for effective practice but for the welfare of the practitioner.

Child sexual abuse is believed to affect nearly one third of all women and one sixth of all men in North America (Finkelhor, et al., 1990). Psychologists (Pope & Feldman-Summers, 1992), mental health professionals (Elliott & Guy, 1993; Nuttall & Jackson, 1994), and health care providers (Karol, Micka, & Kuskowski, 1992) all report statistics consistent with those identified in the general population (Finkelhor, et al., 1990; Salter, 1982). Briere (1992) hypothesizes that professionals with histories of victimization may experience abuse-related countertransference adversely affecting their capacity to provide appropriate services. Little and Hamby (1996) report that therapists with histories of abuse were more likely to subscribe to a feminist theoretical orientation, report more countertransference issues related to boundary problems, and use more coping strategies to deal with work stress than were therapists with no abuse history. Sexually abused therapists did report more countertransference which included crying with clients, boundary errors, and self-disclosure. Follette, Polusny, and Milbeck, (1994) sampled mental health and law enforcement professionals and found that 29.8% of therapists and 19.6% of officers reported histories of childhood trauma. Approximately 96% of the mental health professionals and 93% of the law enforcement officers reported that educating themselves about sexual abuse was an important way of coping with difficult sexual abuse cases. Regrettably, the literature base regarding incest is highly contradictory.

As observed above, countertransference is inherent to clinical practice. Originating with Freud, the client's identity is "transferred" onto the clinician through the analytic process. The clinician experiences the "other" which evokes emotions as a natural phenomenon. As phenomena that occur in reaction to the client, this represents the mobilized identity of the clinician. This is dubbed countertransference, a response to the transference. Ultimately outgrowing the exclusivity of the analytic forum, countertransference is now used widely to describe all emotional reactions that the client's presentation evokes in the therapist. Although potentially more complex, countertransference is the emotions of the professional experienced in the exercise of his/her discipline. It remains the general consensus that countertransference constitutes a

potential obstacle to treatment. It is an obstacle in any circumstance where the emotions experienced by the professional potentially compromise the treatment of the client. Impulses, natural to the person who is the professional, require containment in order to exercise practice. Countertransference is regarded as a serious issue when dealing with incest. Thus, it can be expected that in the case of child welfare professionals, countertransference is a potential obstacle to appropriate responses to incest families at the investigation stage as well as in treatment interventions.

1.6. Research Hypothesis

My objective throughout this project is to explore child welfare practice regarding clinical intervention with victims and families experiencing incest. Given the significance of the incest taboo, a phenomenon that elicits emotional reactions, child welfare workers will experience emotions as a consequence of their exposure to incest victims, families, and offenders. These emotions constitute countertransference and as such risk potentially impacting upon clinical intervention. Semi-structured interviews were employed to explore intervention practice and the affective experiences of child welfare workers. Through semi-structured qualitative interviews and the Montreal Mental States Rating Scale (MSRS) I have sought to explore common affective experiences among the subjects.

By consequence, I hope to demonstrate the potential utility of the MSRS in qualitative research. In addition to the objectives described immediately above I hypothesizes that:

1. Professionals in the field of child welfare experience countertransference in response to incest related research materials. By definition, these reactions occur outside the awareness of the professional and constitute defensive mental states as exhibited through the MSRS.

2. Professionals reporting clinical experience with the family treatment of incest will exhibit less defensive responses to incest treatment than their counterparts with no clinical treatment experience.

3. Professionals reporting higher scores on the Childhood Trauma Questionnaire (CTQ), indicative of severe subjective experiences of traumatic childhood histories, will exhibit lower mental states scores, indicative of primitive defensive functioning, in response to incest related research materials.

Shift of Focus

I originally sought to employ both quantitative and qualitative methods of data collection to identify countertransference manifestations in professional practice when dealing with incest. Regretfully, the use of vignettes as a sampling strategy was not successful in collecting data that allowed for subsequent coding. This problem is elaborated upon elsewhere in the text. This failure has resulted in the inability to fully exploit an analysis the MSRS would have otherwise provided and an inability to report on countertransference manifestations among the sample using this research tool. Data was available and coded from interview transcripts. Raw data scores from interview transcripts was used in conjunction with demographic data and the results are presented below.

By consequence, qualitative methods of analysis have become the primary research strategy employed here. I believed that MSRS coding of interview material supports the conclusions presented below and contributes significantly to analysis. Furthermore, considerable effort has been allotted to interpreting the practical reality communicated by the workers sampled in this study. This has lead to an extensive critical analysis employing a structuralist perspective. This model is particularly adaptable to the subject matter as all relevant topics have been addressed directly by the French Structuralist philosopher Michel Foucault. While data analysis provides results derived from

qualitative and quantitative analysis it is the interpretation of these result from this philosophical vantage that may be of greater interest to the reader.

As a result of this shift I have been obliged to change the title of this thesis from "Countertransference: Clinical obstacles in the treatment of incestuous families" to "A Critique of Child Welfare Responses to Suspected Cases of Incest".

Chapter 2 Literature Review

2.1 Introduction

This study samples the affective experiences of child welfare workers in the context of their clinical interventions with victims and families of incest. Ultimately a direct familiarity with the professional literature regarding the phenomena of incest, its participants, the consequence thereof, and the dilemmas and challenges inherent to child welfare intervention with incest families all constitute relevant and critical knowledge towards the performance of their functions. This section reviews the professional literature regarding incest theory as to the origins and nature of the taboo, potential sequelae from incestuous abuse, issues specific to the incest perpetrators and their treatment, and relevant considerations for the mother or non-offending parent. Also included is a review of the general sexual perpetrator treatment literature so as to illustrate the myriad considerations inherent to treatment. The subject matter is vast. This knowledge is relevant to child welfare intervention and constitutes the basis from which an individual professional operates and the professional knowledge base as it pertains to sexual offenses. Ultimately this material is relevant to understanding the context and the contradictions that may be inherent to the practice of child welfare.

The emotions an individual professional may experience have their root in the manner in which the various topics directly related to their work are understood. This is the premise of emotional content being mediated cognitively. These affective experiences managed or otherwise, constitute countertransference. Theoretical and methodological considerations regarding the study of countertransference are reviewed as well as a review and critique of existing research strategies. A review of the distinctions between countertransference and the other forms of emotional reactions a professional may experience is also included within this section.

Finally, professionals intervene with victims and family members, evaluate needs, exert direct and indirect control, with and through, diverse social mechanisms, and ultimately contribute significantly towards the establishment and direct application of a social intervention strategy conceptualized to meet the needs of families experiencing incest. In the context under review here, individual workers act in accordance with their personal and professional understanding of complex phenomena and systems. Finally, a theoretical discussion from a structuralist perspective reviews relevant features pertaining to institutional and social control.

It is unreasonable to assume that we will ever achieve a point in which further research into sexual offending will not be necessary. This, however, does not, and should not, discredit the advances that researchers have made.

2.2 Incest Theory

Incest is a complex subject that has sociological, anthropological, psychological, criminal, biological, and historical features (Arens, 1986; Masters, 1968). Numerous theorists cite incest as the single most important feature in the development of both the individual and civilization (Foucault, 1981; Twitchel, 1987). Incest is not a phenomenon that is new, nor, is it treated consistently cross-culturally[6]. It is a behavior that occurs cross-culturally, and is prohibited cross-culturally (Arens, 1986; Brasch, 1973; Eskapada, 1987; Justice & Justice, 1979; Masters, 1963; Parker, 1996; Scheidel, 1996). Some cultures appear to condone, and in some cases revere, incestuous contacts (Eskapada, 1987; Highwater, 1992; Holmes, 1991; Parker, 1996)). In 1963, Leslie White wrote:

> We find incestuous episodes in the mythologies of all peoples. And in advanced cultures, from Sophocles to Eugene O'Neill, incest is one of the most popular of all literary themes. Men seem never to tire of it but continue to find it fresh and absorbing. Incest must indeed be reckoned has one of man's major interests in life. (Masters, Patterns of Incest, p. 233)

6 Cross-cultural variations should never be used to condone or dismiss child sexual exploitation.

Social maxims dictate all sexually appropriate and inappropriate behaviors. As with social institutions, customs and mores, the emergence of the taboo on sex is intimately linked to a broader development of society (Hawkes, 1971; Li, et. al., 1990; Maisch, 1972). The incest taboo is one of the many social dictums regarding appropriate sexual conduct. These norms govern not only social interactions, but extend to condone or condemn sexual behavior as well (Highwater, 1992; Li, et al. 1990: Mrazek, 1981). The most consistent aspect of the taboo remains its prohibition of parent-child, or sibling incest, except under specific circumstances. While these members share the highest degree of similar genetic content, notable historical exceptions are available. Not unlike adult child sexual relations (Schultz, 1981), the widespread applicability of incest prohibitions has varied both historically and cross-culturally (Eskapada, 1987: Parker, 1996: Scheidel, 1996). These practices were, or are, customs serving as normalized unifying behaviors maintaining cultural homeostasis, and may, or may not, be determined by their respective cultures as incestuous.

While one might conclude that the incest prohibition is universal and hardwired into human nature in order to inhibit incest depression, that would actually be a fallacy. Research does appear to suggest an inherent propensity, "a subtle but protective chemistry" in nature, towards biological diversity as an evolutionary strategy towards fitness. However, if a biological imperative were sufficient to regulate incest depression, there is little reason to assume that other prohibitions would be necessary. Members of a horde would act in consequence of that imperative, and genetic proximity would be both identifiable and sufficient basis to inhibit inbreeding. Transfer patterns would be unnecessary in groups that could provide minimal genetic diversity. The inherent nature of this dilemma is summarized by Blum (1997) who writes

> Even broccoli avoid incest. But that we have an apparently unique ability to override biology, ignore predisposition, to choose to hunt down the worst possible genetic partner, often for the worst reasons. (p.13)

The widespread occurrence of incest, reinforces the premise that the imperative is not so significantly hardcoded that it supersedes other evolutionary strategies. Although reproduction favours fitness and fitness inherently favours diversity, reproduction is not dependent on diversity. The propensity towards diversity can not inherently surpass the imperative towards reproduction without compromising survival. In effect, incest avoidance is not absolute but disadvantageous in that biology, by preference, pursues diversity. That the incest prohibition is secondary to a reproductive imperative, but all the while intimately linked, is not so illogical. Reproduction cannot ignore fitness as a likely requirement towards survival in a long evolutionary chain. Hence, we find ourselves at an impasse. We exist in small (to smallish) social groups, as likely did our ancestors, brought together by mutual interest, all the while being motivated by a sexual/reproductive instinct and a propensity towards diversity- a contrast of purposes of sorts. The evolutionary process appears to have promoted the survival of species that exploit incest avoidance strategies without making genetic diversity, or a minimal degree of diversity, a requirement. In this optic, a biologically motivated avoidance may be reinforced through various requirements associated with paternal investment, sexual avoidance bioprogrammers (i.e. as in the Westermarck effect[7]), or transfer patterns that operate to ensure that biologically related members within the social group are distributed (within or without) the social community.

When offspring mature relatively rapidly and assume independence in a relatively short period of time, they are quickly pushed from the home, and disperse. Sexual maturity emerges in a context in which the immediacy of genetically related available partners is thwarted by this dispersal. Parental investment operates in a manner in which offspring requiring significant investment appear marked by bioprogrammers that operate to inhibit sexual relations. Parents providing considerable investment do so over longer periods of

7 Edward Alexander Westermarck, a Finnish sociologist, is credited for first a phenomenon which refers specifically to the inhibition of sexual attraction as a result of early developmental proximity. It is observed that infants raised together in close domestic proximity are desensitized from later mutual adult sexual attraction irrespective of an actual genetic association. This is now refereed to as the Westermarck effect.

time in which the lack of sexual maturity[8] and the bonding process mutually reinforce an asexual attachment. Maternal incest avoidance is considered one form that is bioprogrammed with evidence from the animal kingdom supporting this hypothesis. Asexual imprinting operates to inhibit sexual attraction among closely related pairs, inhibiting pair bonding and encouraging them to seek out potential mates that are removed from their immediate social group. This encourages a member to actively seek out potential mates from another community; this constitutes transfer. Transfer patterns appear to function in concert with a social group's organization; the structure of the group is subject to mechanisms that, by consequence, intrinsically inhibit incest. Within those communities in which one alpha male is dominant, regular competition is likely to ensure that males seldom enjoy a tenure that will see their own offspring reach sexual maturity. Further avoidance may be seen through female transfer and promiscuity. Transfer and migration should not be presumed as limited to females as males, unhappy with their lot within one social group, may actively seek out greener pastures elsewhere. While these strategies are much more likely to inhibit adult-child incest, they do operate to reduce the likelihood of sibling relations in that the transfer of one, either male or female, to another social group effectively inhibits sexual relations. Furthermore the constant exchange or migration of either females or males effectively ensures an adequate and diverse pool of potential mates.

While socio-biology remains fascinating and extremely illuminating regarding the sexual impulse, it assumes that genetic imprinting contributes to, or sustains, the prohibition. Through genetic imprinting, the social prohibition is subsequently reinforced, and transformed upon the genetic material over time and through evolution. Contradictions to this hypothesis emerge from incidence rates (Salter, 1988) and clinical research that cite, more specifically, neglect (Cole, 1992), and not childhood histories of abuse, as contributory to incestuous acting out.

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8 Although not addressed outright one can assume that sexual and physical maturity are to some extent bioprogrammers. Sexual relations with physically and sexually immature members of the species is somewhat uncommon in the animal kingdom and risks severe injury thereby constituting a counterintuitive reproductive strategy. That is not to suggest that other species or even our ancestors operated in a construct that formalized sexual maturity beyond physical maturity or receptivity.

As much as the risks associated with inbreeding are widely accepted, it is worth noting that the evolution of many of our domesticated animal breeds are the result of promoting the retransmission of specific traits. While genetic deficiencies can be promoted through inbreeding, the reverse is also true. Sedentary societies have consistently practiced breeding strategies that promote trait development in animals. Genetic deficiencies occur when inherent to both parties, and may be entirely absent despite successive generations of direct line breeding. If we take the example of dogs, many of our breeds were derived as the result of breeding in specific attributes. While it is acklnowledged that inbreeding depression is undesirable, the qualities and attributes ascribed to the various breeds we admire result from selective breeding of animals with like genetic attributes. Optimum genetic strategies invariably involve a certain degree of relatedness so as to facilitate the transmission of positive genetic material (Bittles, 2001; Smith, 1982). Both the strengths and weaknesses result from this selective breeding. The following webpage excerpt from is offered:

The most valuable breeding strategies are those that have been properly tested over time and have, indeed, shown to outperform their collective opportunities. One such method that has demonstrated a unique proficiency across the entire spectrum of Thoroughbred lines since the origin of the breed is female family inbreeding (FFI). This has all been documented in the book, Inbreeding to Superior Females, by Rommy Faversham and Leon. (Line breeding and Inbreeding, 2008)

Leavitt's (1990) critical review of sociobiological theory suggests that behaviors reflective of incest violations also occur in the animal kingdom, and acknowledgement has subsequently been repressed by researchers for a variety of reason. Providing a broad base review of the existing socio-biological literature, Bittles (2001) critiques methodologies and the subsequent assumptions drawn from otherwise widely accepted research data. He lists research inclusion to occur only if a child shows symptoms of physical and intellectual handicap, postnatal morbidity is reliant on the diagnostic criteria employed, the potential adverse effects of non-generic variables, and difficulties in

controlling for non-genetic variables. As results can vary widely, Bittles (2001) suggests that strong antagonistic, legal and social attitudes influenced the direct assessment of associated biological outcomes. Bittles writes that within contemporary society:

> Most commonly these reports have emanated from case studies conducted either on persons examined because of intellectual handicap or in psychiatric clinics, thus leading to the general conclusion that situates relationships as highly detrimental to those classified as victims. (p. 7256)

To date, efforts in genetic study are inconclusive, given research methodologies, comparable control populations, and potential research and structural bias. Bittles concludes: "In the interim, appropriate caution should be exercised in judging the biological outcomes of all categories of close-kin union" (p. 7258). Likewise, Aoki (2001) critiques research supporting Westermarck's theory of aversion which argues lower fertility among the Taiwanese Sim-pau who practice a contract of childhood adoption with eventual marriage. Aoki argues that lower fertility rates failed to control for other variables and ignored if these marriages were consummated.

Bittles (2001) relates that some major world religions may be indifferent, or even view close kin marriages favourably (Buddhism, Confucianism, Islam, and Judaism)[9]. Among the Zoroastrians of Persia, incestuous unions appeared "ordained" through specific religious beliefs in which "universally prohibited unions" were permitted on the basis of special religious merit with the practice, a means that expiates mortal sin. Alternatively, other cultures extend prohibitions across several generations to insure the avoidance of consanguinity.

9 Dynastic incest was practiced over multiple generations including the 18th and 19th dynasty is in the Ptolemaic and Roman periods in Egypt, Zoroastrian Iran, the Incas, and the Royal families of Hawaii, and in Pharaoh's Egypt brother-sister or half-sister unions were regarded as a potent means of maintaining and strengthening the Royal House and blood line. If taken at face value of the Old Testament also offers examples of incestuous unions (Abraham and Sarah, Amram and Jochebed). In Roman Egypt at the first to third centuries offers records that indicate the full brother sister unions accounted for 19.6 percent of the marriages and the city of Arsenio and further 3.9 percent between half siblings.

Recent history demonstrates that during the mid-nineteenth century, first cousin marriages were commonly contracted in many Western societies. The introduction of state legislation banning marriages between first cousins is suggested to have been based more on the emotion rather than factual nature. This legislation was subsequently rescinded in several states (Michigan, New Jersey, and Ohio), and "remain illegal in 22 states and are a criminal offence in eight others" (p. 7255). Bittles (2001) notes that in some contemporary societies, first cousin marriages remain preferred. Recognition of specific traditional constituents, as among the Jewish community of Rhode Island, "are tolerant of uncle-niece marriages (but not aunt-nephew) while the Native Americans of Colorado are free to marry their children" (p. 7255). First cousin marriages are not considered incestuous and are not prohibited within existing Canadian legislation. There appears to be no reason to assume any significant differences in sexual or reproductive health and satisfaction between first cousin and unrelated marriages.

In contrast to the popular perception of an innate prohibition based largely on biological or psychological features, anthropologists and sociologists argue an expanded understanding of incest. Social theories for the incest prohibition contend that the regulation of incest serves significant social purposes. Here, incest is neither a primitive, innate, or instinctual prohibition but is widely regarded as culturologically motivated maxim specific to the regulation of sexual behaviour and pair bonding. While social theories fail to account for the origin of the taboo, the main impetus of their assertion remains that the incest prohibition is primarily motivated by the need for exogamy. Here, the topic of incest is a significant sociological feature broaching themes in academic research to include comparative family structures (Smith, 1968), discussions of family dissolution (Kirkpatrick, 1968), marriage and preferential mating (Dumont, 1968), mate selection (Winch, 1968), marriage alliance (Marshal, 1968), and dissent alliance.

Social theories for the origins of the incest taboo contend that if cooperation is beneficial within families, why not between families? Social and intrafamilial cooperation cannot occur in the absence of exogamy. Parsons (1954) argues that the "cardinal uniformities of social structure" rest in the fact that nuclear families are never total societies. They

function, in effect, as cells to larger social groups. Limiting exogamy to mutual aid is not inconceivable when one acknowledges that mutual aid and mutual cooperation result in the establishment and exchange of a complex series of economies. From exogamy, evolves attachment and affiliation. Marriage is a pact of mutual cooperation, a suitable context for the promotion of self and mutual interests, and it socially legitimizes sexual behaviors. The mission of the nuclear family rests in that solidarity, a tempered solidarity, through which socialization to the wider cultural unit is dictated. Cooperation is considered one of the more intrinsic features facilitating survival of the species. The incest taboo obliges members to seek sexual partners for pair bonding outside the nuclear family. Incest is therefore a withdrawal from the obligation to contribute to the formation in maintenance of supra-familial bonds on which major economic, political, and religious functions of the society are dependent (Parsons, 1954).

For Parsons (1954), the incest prohibition is significant to exogamy in that it is a mechanism which "establishes direct ties of interpenetration of membership between different elements in the structural network" (p. 55) From the social vantage, this interpenetration is an exchange that is not exclusive to a financial economy[10]; it is more complex in that it is an exchange in which the economies (i.e. sexual, historical, financial, reproductive) inherent to the culture are bartered. White (1963) argues that limiting marriage solely to a formal union that permits sexual relations is naïve and draws upon the legal ramifications of separation and divorce as examples for the economic features associated with marriage. "No culture could afford to use such a fickle and ephemeral sentiment as love as the basis of an important institution" (p. 252). The assumption that exogamy is not somewhat rooted in economic exchange is naïve and ignores the consideration of those traits regarded as admirable or profitable between partners. The former practice of marrying the wife or wives of one's deceased brother, called liverate, and its counterpart, (sororate), when marrying the sisters of one's deceased wife, constitutes another example of the traditional contract associated with exogamy. The contract is a pact between families, not exclusively a bond between the married couple.

10 Also applicable when marriage involves an exchange of material goods.

Dowries also serve the same function in binding two families together by virtue of a contract for which both are accountable (White, 1963). Marriage thus is not based solely on attraction romantic love but a functional exchange and binding of skills, attributes, and resources to facilitate the successful continuance and promotion of social ties.

Feminist theories regard the incest prohibition as an extension of patriarchy through which both the prohibition and commission of incest reflect the subjugation of women to the interests of men. The prohibition is maintained through the male's propensity to regard women and their sexuality as a commodity. The transgression is purported to result from the male domination of the family unit in which the subjugation of members to autocratic or imperious desires promotes the occurrence of incest. As such, the incest prohibition is necessary to maintain the culturally accepted economies associated with lineage and wider affiliation in addition to sexuality. Features potentially associated with a sexual economy can include prior sexual experiences, reproductive fidelity and health, and the capacity to contribute to a family unit which promotes wider socialization both directly through affiliation and indirectly through later child rearing practice. The potential long-term consequences of incest may remain significant as:

- Sexual initiation prior to pair bonding was historically disapproved;
- Reproductive fidelity may be compromised through enduring familial attachments
- Reproductive health may be compromised through physical trauma potentially associated with adult-child sexual contacts
- There is the necessity to establish and promote new nuclear families.

It is not fantasy to assume that the commission of incest would negatively influence any of the aforementioned prerequisite features of pair bonding.

Not unlike feminist theory, economic theory purports that the incest prohibition is also motivated by economic means, but argues that cultural variance and privileged or reserved contacts are initiated largely by economic motives. While economic theories promote marrying out as a means of developing a wider circle of relationships, intrafamilial attachment through marriage has been associated with both the dispersion

and accumulation of wealth (Masters, 1963), in addition to preserving cultures in light of strong external infiltration (Parker, 1996). The opposite is postulated by Durant (In Masters, 1963), who alleges that the by extending the incest prohibition to the "fourth degree of kinship" the Church managed to disallow marriages between various noble houses, thereby impeding the strategic unions and the accumulation of wealth. It is significant to economic theory that the prohibition's greatest variance occurs amongst the ruling classes. A notable example of this is would be Pope Alexander VI, better known as Rodrigo Borga who is alleged to have engaged in a long-standing incestuous relationship with his daughter, Lucrecia (Masters, 1963).

Although running the risk of being in error for accommodating everyone, the theory that the incest impulse is conflictual, competing within a hierarchy of needs, offering a basis from which the prohibition might evolve, and contributes to the establishment and maintenance of social structures is not uncommon. The need to explain the paradox associated between the fascination and abhorrence, the commission of the prohibited, the eternal and mutable, requires theory that accommodates contradiction. White (1963) writes:

> [W]e have a neat example of a contrast between psychological explanations on the one hand and culturalogical explanations on the other. The problem simply does not yield to psychological solution. On the contrary, the evidence, both clinical and ethnographic, indicates that the desire to form sexual unions with an intimate associate as both powerful and widespread. Indeed, Freud opines that "the prohibition against incestuous object-choice [was] perhaps the most maiming wound ever inflicted… on the erotic life of men[11]. Psychology discloses him "incestuous wish" therefore, not a motive for its prevention. The problem yields very readily, however, to culturalogical interpretation. Man, as an animal species, lives in groups as well as individually. Relationships between individuals in the human species are determined by the culture of the group-that is, by the ideals, sentiments, tools, techniques, and behaviour patterns, that are dependent upon the use of symbols. These culture traits constitute a continuum, a stream of interacting elements. In this interacting process, new combinations and syntheses are formed, some trades become obsolete and drop out of the stream, some new ones enter. The stream of culture thus flows, changes, grows, and develops in accordance with laws

11 This quote is cited from the text Civilization and its Discontents by Sigmund Freud and is cited as- Freud, Sigmund (1930) Civilization and Its Discontents, New York, pp. 74.

> of its own. Human behaviour is but the reactions of the organism man to this stream of culture. Human behaviour -in the mass, or of a typical member of a group- is therefore culturally determined. A people has an aversion to drinking cow's milk, believes that exercise promotes health, practices divination or vaccination, eat roasted worms or grasshoppers, etc., because their culture contains trait stimuli that evoke such responses. These traits cannot be accounted for psychologically. (pp. 259-260)

These are functional theories that focus on social and familial disorganization; role theory notes formal models of social structure; dynamically oriented psychology cites impulses and defences against the expression of incestuous impulses; anthropology and sociology consider totemic or kin-based social systems, and physiologically are biologically based theory, suggesting the prohibition would be inherent and motivated by deleterious effects upon progeny. Mead (1968) suggests that previous discussions regarding incest failed to distinguish fully among the numerous themes and social contexts with which incest prohibitions and infractions have been associated. Mead (1968) argues that incest is a phenomenon made of a multiplicity of motives, and that previous debate frequently failed to incorporate the full range of prohibitions, opting in favour of a more restricted single theoretical model. Theory is segmented one from the other because behavioural and anthropological research provides us exceptions that defy a single explanation. Mead (1968) writes:

> The fragmentation and discontinuities that have characterized discussion of the incest complex have resulted in a vast proliferation of empty polemics. One source of the difficulties in the undifferentiated use of a single, ethnocentrically loaded word to refer to historically and cross-cultural diverse forms of behaviour (Goody 1956). But the development of an integrated theory based on the full consideration of available data has been hindered by the accidents of the division of labour among the social sciences and by the social scientists' peculiar preference for originality - rather than progression- as the criteria for a "new" theoretical formulation. (p. 118)

Mead (1968) argues in favour of broader comparative elements. Incest avoidance becomes a multidimensional method of regulating sexual behaviour. This accommodates our own ethnocentrism, incorporates cross-cultural variance, and synthesizes religious or social influences into a single framework. This position suggests that incest may serve

not one, but many functions within a given context (i.e. "sacred and holy" and "sacred and horrible"). Mead postulates an ultimate significance to incest and its prohibition within society. As a complex phenomenon with deep biological roots, the prohibition of incest is "a condition of human evolution" significant to the formation of the human character and fluid social systems. As such, the significance of the incest taboo earns "a sacred" status. The acceptance of the transgression by the wider social society would constitute a more significant "failure to observe incest regulations (and) an index of the disruption of the socio cultural system that may be even more significant than the more usual indexes of crime, suicide, and homicide" (p. 120 italics added). This hypothesis situates the regulation of marital and sexual behaviour within an anthropological, cultural, bio-historical, and functional framework. Reay Tannahill (1980) writes:

> The role and limits of behaviour, sexual or otherwise, are dictated by the state. We readily acknowledge the nuclear family's responsibility and primary obligation as the single most significant socializing agent. As Foucault argues, it is also the responsibility of the family, as a primary socializing agent, for the differentiation and control of erotic impulses. The extent to which sexuality is the primary theme in socialization may be argued within a hierarchy of needs, however, that sexuality occurs and requires regularization necessitates that we acknowledge these impulses as incestuous. In doing so, we must also acknowledge that this includes the regulation and socialization of sexual impulses as well. Sexuality requires regulation and that "overt erotic attraction and gratification should be given an institutionalized place in its structure… Eroticism is not only permitted but carefully regulated." (The History of Sexuality, p. 53)

Freud's (1946) contribution to the discussion of incest may rest in his description of the primal hoard, but its impact emerges from his concept of psychosexual development. The premise that individuals evolve through infancy experiencing autoerotic sensation is not easily ignored. The exact nature of this evolution is not as important as is the acknowledgment that erotic sensations occur, and/or are stimulated, within the context of family. Here, the family serves as the environment from which erotic impulses are manifested and regulated. The family is not an erotic environment in and of itself. It is an erotic environment because we are sexual creatures and are easily sexually stimulated. By default, the family is a primary socializing agent for the state, given the emphasis on mutual collaboration, survival, exogamy, patriarchy, and a fluid exchange or transfer of

economies demands limited sexual expression, role clarity, and hierarchy (as a reflection of the state or as in child-rearing), while preserving the interest of its members. Sexuality, not unlike other forms of behaviour or socially acceptable traits, is mediated, or requires mediation, by the family.

Foucault and the History of Sexuality

Consistent with psychoanalysis and social theory, Michel Foucault[12] (1981) maintains the premise that the family is the context from which sexuality is deployed. The family is ripe with sexual tension and opportunity. It is Foucault's assertion that sexuality is a medium requiring caution and control. As the individual exists in relation to the family, the family exists in relation to society. Social and sexual education occurs as incest regulation is subsumed within the daily functioning of the family, thus constituting lessons in practice. As such, these lessons are predominantly exercises in restraint. Sexuality is, thus, deployed through the family context. Pursuits of sexual pleasure are determined by need, timeliness, and status. It is those specific codes and "customary regularities and constraints of opinion" that determine the "division between licit and illicit". Here, the “state” or “community” imposes expectations upon the family and controls through culture and, more specifically, through legislation. Sexual roles and expectations are dictated by the prevailing cultural context and serve as mechanisms regulating sexual conduct. Behaviours contrary to theses codes are discreetly or overtly regulated through disapproval and legislation.

Social theory further argues that danger in violating the incest taboo rests not only in potential physical danger of adult child sexual contacts, but in the associated danger of the nuclear family, an individual cell of the society remaining a closed unit, functionally useless to the social organism. Incestuous contacts confuse social roles and obligations,

12 Michel Foucault's The History of Sexuality is a three volume text with three separate copyright dates. The ideas presented herein are drawn from these three texts and are summarized within this discussion.

impact upon specific relationships influenced by sexual contacts, deny otherwise exogamic affiliations, and have economic impact (either in barter, or monetary based societies). Hence societies need to, or have a vested interest in punishing those things that it perceives as being dangerous to itself. As observed "The greater the society perceives the threat to its structure, the greater the punishment" (Bell, 1971).

According to Foucault, the deployment of alliance demands social functionality. Sexuality and engaging in sexuality is contained today, as it was historically. Incest was prohibited due to the risk of associated harm, both physical and emotional, as well for its subversion of the social order. Proscriptions for sexual health are intimately entwined with sexual maturity. Reproduction, as a consequence of sexuality, demands social organization. Foucault's historical analysis classifies marriage within a context of social obligation; marriage, and the family unit as the basis from which the society and its operations depend, and the means from which social "instruction" or acculturation occur.

As a critique, White (1963) fails to acknowledge the inherent contradiction between competing impulses that are immediately associated with gratification and the security provided for by the controlled regularization of erotic impulses. Here, the prohibition of incest facilitates social order through the establishment of rules of religion that, in turn, established rules of exogamy, attachments and affiliations on an individual and societal level. In doing so, the drive to control sexual relations facilitates the social structure and, in Durkheim's (1963) view, was linked through the established organization of religious or spiritual structures. Religion evolves, therefore, from man's need to adequately structure or organize the external world in a manner that is discernable, explainable, and may be operable. The controlled practiced of delayed gratification, facilitated through socialization, ensures the security and survival inherent to the social structure. The primal hoard may be conceivable, but not for its historical accuracy. It may actually be, as Ellis (1963) asserts, more in the premise that the social structure provides security through organization. This would conform to a hierarchy of needs, a psychological motivation for the maintenance of the taboo, and accommodate a multiplicity of coherent

mutually accommodating and competitive motives for the prohibition and occurrence of incest.

Socio-biology Recast

In their text Incest: The Origins of the Taboo, Turner and Maryanski (2005), offer a socio-anthropological description of the emergence of the incest prohibition in hominid and human evolution that is seductively accommodating and almost bio-psycho-social in nature.

While accommodating natural selection and a propensity towards genetic diversity, Turner and Maryanski (2005) argue that the biological imperative for diversity is subordinate to sexual instinct, and requires contingencies that further support and sustain the prohibition. While these patterns operate to inhibit incest among our closest relatives in the animal kingdom how is it that homo-sapiens have successfully evolved, exploiting strategies that, by design, promote prolonged attachment and risk promoting inbreeding? In this optic, incest and its prohibition is not an aegis that gave rise to the origins of social groups or communities as much as a practice that facilitated fitness and survival:

> For the evolved ape, the nuclear family encroaches upon their propensities for individualism and mobility, and it confines close kin in way that can potentially lead to incest, especially if it disrupts the Westermarck effect and patterns of transfer typical of human apes' cousins. The potential for incest and inbreeding increased with the evolution of the nuclear family, and so there much have been intense selection pressures to create the family, even as it raised the bar for decreased fitness from inbreeding. (pg 52; Incest: Origins Of The Taboo)

While the emergence of close and prolonged attachment between adults and offspring risk promoting incest, and inbreeding depression, "much more drastic alterations of hominoids' neuro-anatomy would be necessary" (p. 138). That transformation would occur as a result of natural selection favoring enhanced sociality. Turner and Maryanski cite the ability to mobilize or channel positive emotions, the ability to read the emotions and gestures of others, enhanced mutual responsiveness, reciprocity, sanctioning (the

rewarding or reprimanding of behavior) and ultimately, moral coding in which symbols bear moral character as having promoted sociality. It is their premise that natural selection favored the advantages the development these attributes imparted upon early hominoids. Less cohesive social groups are suspected of having proved functionally ill-suited in the face of both external and internal pressures.

Here, the evolution towards early hunter-gatherer bands begins to rely on the nuclear attachments as primary building blocks for ensuring group survival and promoting tight cohesive attachment's among members. Natural selection is argued to have favored the inherent strengths of this type of organization over the inherent weakness of other methods of social association. This transition would have occurred over several million years fostering the gradual evolution of the brain to eventually accommodate significant emotional attachments and a culturally based prohibition. Under these circumstances prolonged dependency, the need for sustained parental investment, a marked division of labor, the consequent requirement of mutual reciprocity foster an evolution towards more intense emotional attachments. More intense emotional attachment and reciprocity risk reducing promiscuity in favor of more stable sustained attachments. This would complement egalitarism and the evolution of altruistic reciprocity solidifying mutually beneficial attachments and further ensuring survival. While this type of sustained proximity risks promoting incestuous relations, early and more primitive bio-programers remain operative so as to inhibit incestuous contacts. That these methods were sufficient to limit all incestuous relations remains doubtful, however, it is the confluence of these forces that is argued likely to have lead hominoids from loosely structured horde-like bands towards organizations in which nuclear units became the primary building blocks.

There is a gap of several million years between the time that hominoids' emotional capacities were developing (and producing cohesive group structures built around emotional dynamic) and the moment in history in which the brain was large enough to create a culturally based incest taboo. It may be that older transfer patterns persisted right up until the emergence of the incest taboo, late in hominoid evolution. It is possible that

inbreeding did occur thereby decreasing the fitness of some hominoid bands.

> Perhaps hominoids recognized the consequences of inbreeding and its source, and somehow developed ways to limit inbreeding. And maybe the Westermarck effect was sufficient to control inbreeding. We will never know for sure just what occurred as emotions were used to forge new bonds, while potentially increasing the possibility for incestuous sexual relations (Incest: Origins Of The Taboo; p. 158)

While any abbreviation fails to do justice to Turner and Maryanski's (2005) thesis, they synthesize information gathered from diverse scientific communities (biology, socio-biology, sociology, primitology, neurology) into a credible portrait of the diverse forces that pre-date the modern incest prohibition. Their argument begins with a biological "imperative" to suppress incest, describes how imperative influences social organization, but also detail the limits inherent to that imperative. Incest avoidance becomes recast in a forum in which intimate relationships and sustained proximity optimizes evolutionary survival. This theory is elegant in that while it situates the prohibition of incest as a primal maxim, it accommodates and underscores an inherent fragility of a taboo that is met at competing purposes. The biological imperative favoring genetic diversity emerges to find expression in the social fabric of an evolutionary development that inherently risks promoting inbreeding, the results being a confluence of mutually competitive strategies' that would discover functional methods of operationalizing their objectives, none single-handedly so significant to adequately thwart incest depression. Herein confluences of mutually coherent drives operate to sustain incest avoidance. Incest depression is regulated by complex disparate strategies that act on specific members in diverse fashions requiring diverse conditions to foster the prohibition. The most significant, the maternal–offspring bond, appears largely hardwired and most central to the hominoid condition, with transgression occurring only in exceptional circumstances. Sibling incest, as well as paternal incest, appear the result of bioprogrammers that, for the most part, act to form asexual attachments which, in turn, encourage transfer patterns that may be either matrilineal or patrilineal in nature:

> The nuclear family and the incest taboo are, as all the early theorist on the matter recognized, interwoven. The family, held together by love associated with sex and by strong emotional attachments, is made viable with an incest taboo. Yet, except for mother-son incest, where there is an ancient hardwired propensity for sexual avoidance, the taboo must overcome enhanced sexuality and emotionality to keep brothers and sisters' as well as fathers and daughters to say nothing of other closely related kin, apart. It should not be surprising that, without strong bioprogrammers save for the Westermarck effect, that the taboo proves inadequate to the task, especially in highly stressed and often dysfunctional families of the modern world. (Incest: Origins Of The Taboo; p. 161)

It is also in the inherent fragility of the taboo that the elegance of Turner and Maryanski's hypothesis rests. While writing "that the taboo proves inadequate to the task, especially in the modern world" they ignore incest's colorful history, intricately woven into the fabric and history of our societies and their development. It is from this vantage that Foucault's premise that incest as the deployment of sexuality in competition with the deployment of allegiance and the premise of power as a mutable essence strikes home. It is in the history and stories of human social development that biologically motivated objectives are ignored, reconstructed, or exalted. That incest becomes an act reserved for the divine or royalty, that it becomes a cure for the plague, or an economy bartered through sexuality for resources or monetary gain/consolidation, a recourse from social dissolution, a method of social control, a perversion of social order- in short, as any good collectivist would hope, "it is all those things". It is in this optic, a somewhat bio-psycho-sociologically driven context, that the taboo becomes malleable to the precociousness and precariousness of human social development. It becomes what each and every given society, whether micro or macro, will make or it: exalted or reviled, exposed or ignored. It remains a primitive prohibition that is equally as significant today as it was in its origins, not only for the biological impetus towards fitness, but, also, in that it remains a significant socializing factor to individual personal development.

Summary of Incest Theories

The perceived immutability of social standards ignores the growing acceptance of previously prohibited sexual and social institutions. The human propensity to perceive

existing standards in terms of "right and wrong" may contribute to the perception that transgressions are beyond comprehension pathologizing all involved (Mrazek, 1981). Cultural prohibitions once saw fit to punish adultery by stoning, prohibited pre-marital sex, as well as left-handedness. Numerous other socio-sexual standards/behaviors such as common law marriage, divorce, homosexuality, lesbianism, and oral-genital contacts still remain prohibited in certain jurisdictions, irrespective of wider social acceptance. One only has to recognize previous marrying ages as indices of evolving socio-cultural sexual standards. Social conventions continue to present confusing and repressive messages regarding the acceptability of female sexuality. Religious teachings strictly prohibit what is now recognized as normal sexual interests. To assume individual industrialized standards as cross-cultural ignores idiosyncratic sexual norms of our own culture and minimizes the enormous influence Judeo-Christian ideology has contributed globally (Highwater, 1992). That we recognize our prohibition as culturally based does not condone its transgression, but may help mediate the horror imparted upon victims and perpetrators.

It is the state's contract to reinforce the incest prohibition, as it is the family's contract to adequately socialize its members. This is significant when acknowledging cultural and historical variance, as societies could facilitate the violation or reinforcement of the prohibition as necessary. Reports of this variance are reflected in historical accounts in which the limits of the incest prohibition are either extended or contracted as deemed appropriate by "necessity".

Those who consider incest avoidance as innate frequently rely on religious and moral arguments, or refer to the cross-cultural prohibition as self-evident. Remarkably, and not to be confused with the socio-biological theory, this is most likely, or, until recently was, the widest held explanation for the incest prohibition among the lay population. These arguments ignore other alternatives also associated with cross-cultural comparison equally intrinsic to social development. White (1963) rejects the view of incest as instinctive, and cites the necessity to establish laws as indicative of this contradiction. Further contradiction surrounds the enormous variance regarding cross-cousin/parallel-

cousin contacts, the paradox of totemic relatedness (Durkhiem, 1963) and high incidence of incestuous contacts (Salter, 1988). In fact, the extent to which cultural variation dictates incestuous relationships is such that it may vary from state to state. Remarkably, variance to the incest prohibition may result in a pair bonding that is later deemed unacceptable in another as a result of geographic relocation. Effectively, some otherwise acceptable relationships may be culturally defined, legislated, and potentially punished as incestuous, solely on geographically established boundaries.

Incest constitutes a broad based social maxim and not an innate unnatural taboo. Social maxims exist within societies, and serve important regulatory functions. Incest prohibitions would, thereby, serve an important regulatory function impacting both social and sexual behavior (Highwater, 1992; Li, et al. 1990; Mrazek, 1951). It is a sexual behavior that is regulated by maxims much like other sexual or social behaviors; it is subject to social customs, regulations and mores (Hawkes, 1971; Li, et al., 1990; Maisch, 1972). The nature and basis for these maxims may or may not be universal, and may enact themselves differently in different societies. While incest is a common cross-cultural prohibition, it is not an exclusive maxim. The prohibition of murder is widely accepted, and constitutes a universal maxim, however, do its rules apply universally and do they not serve a specific function within each society? Much like murder, incest is a behavior that occurs despite prohibitions, and has historically been subject to considerable variation.

2.3 Incest Perpetrator[13]

While further research is necessary, there already does exist a body of work that clearly illustrates the heterogeneity of the offending population. While no universal characteristics or single profiles of an incest perpetrator exist, characteristics hypothesized include passive personalities, dependent personalities, physical and

13 Effort has been taken to exploit distinctions between the use of term offender, specific to offenders with convictions, and perpetrators, as individuals who commit sexual transgressions. Studies employing incarcerated populations employ the term offender. Some overlap between these terms may have occurred.

emotional maltreatment during childhood, marital dissatisfaction, sexual dissatisfaction, and disturbances in empathy and attachment.

Traditionally conceptualized as a distinct form of perpetrator, there does exist research supporting the premise that incest perpetrators demonstrate less sexually deviant arousal patterns (Firestone, Bradford, Greenberg, & Serran, 2000). While other studies fail to support this premise, these findings are not conclusive.

It has been proposed that incest perpetrators have moralistic attitudes towards sex. This precept has not been supported by the literature. Hanson, Gizzarelli and Scott (1994) illustrate how incest perpetrators maintain a sexualized view of children characteristic of deviant attitudes: perceiving children as sexually attractive, sexually motivated, minimized the harm caused by abuse, and endorsing concepts associated with male sexual privilege.

It has been suggested that incest perpetrators may be inhibited, and motivated to offend in response to a negative attitude towards extrafamilial relationships. While individual perpetrators may view their offenses as an affair, these attitudes do not appear to generalize (Hansen, et al., 1994). In their study, a comparison between incest perpetrators, conjugal batterers, and a control group, Hanson et al (1994) reveal that "men who had negative attitudes towards affairs were less likely to sexualize children or minimize the harm caused by sexual abuse" (p. 198), traits currently attributable to incest perpetrators.

In this study (Hansen et al., 1994), incest perpetrators showed deviant attitudes in three domains; (a) endorsing attitudes supporting male sexual privilege (sexual entitlement), (b) perceiving children to be sexually attractive and sexually motivated, and (c) minimizing the harm caused by sexual abuse of children. Hansen et al. (1994) identified no differences between perpetrators and controls regarding extra martial affairs, sexual frustration, or a confusion between sex and affection. They describe how these traits are more consistent with the narcissist and anti-social personalities and different from the

concept of the inhibited men who turn to their children out of sexual frustration" (P 198). In this study, incest perpetrators were apparently identified to suffer a particular distortion of sexual entitlement through which offending is "supported" by the world view of male sexual entitlement and privilege. This form of distortion is a common mobilization of one's defences, and researchers have discovered that sex perpetrators are more likely to hold views consistent with a "rape mythology" than a non-offending population. Their study actually identified incest perpetrators as narcissistic, uninhibited and "entitled", the latter a distinct cognitive feature that endorses an abuser gratifying their needs. Here again however, incest perpetrators, although reported to distinguish themselves from normal control groups, have demonstrated fewer distorted cognitions than extrafamilial perpetrators (Horley, 2000).

These results are contrasted by other researchers who portend heterogeneity and Smith and Saunders (1995) who used canonical correlations and multiple regression analyses in a study involving 65 mothers and 94 perpetrators. Their results "reinforce previous findings that no prototypic personality profile exists for incest perpetrators" (p. 615).

While a personal history of victimization and the replication of childhood victimization offer an apparent logic between reports of childhood victimization offending behavior, "the proportions of sex perpetrators against children who reported being sexually abused themselves were similar to those found in other sexual and nonsexual perpetrator groups" (p. 229; Firestone, Dixon, Nunes, & Bradford, 2005).

There does exist some support for the premise that all incest perpetrators demonstrate difficulties with sexual functioning as well as substance abuse (Firestone et al., 2005) however, these results do not appear to be interpreted as central to a perpetrator's etiology.

Although denial has recently been associated with recidivism among sexual perpetrators, related to their victims (i.e. incestuous) (Nunes, Hanson, Firestone, Moulden, Greenberg & M. Bradford, 2007), this data should not be immediately associated with the general

incest perpetrator population. Principally the study appears to have involved recidivism rates among convicted perpetrators who maintained the denial of their offenses.

This should not be presumed to invalidate previous research as the study focuses specifically on risks associated with post conviction denial. Given the treatment practice of excluding deniers from incest rehabilitation programs, the sample represented in this study is distinct from post-treatment studies. It is significant, however, when evaluating possible risk of recidivism.

2.4 Mothers

The mother, or non-offending parent of incest victims have long been identified as objects of cultural disapproval. Countertransference towards mothers is either identified directly or absorbed within a discussion of "mother-blaming". Discussions of countertransference are couched in cultural concepts of gender, role-expectation, sexuality, and by virtue of intervention, possible incriminations of complicity. In addition to suddenly remitting responsibility for the management of a family in crisis, child welfare interventions, are identified to contribute to the feminization of poverty through rigid state protocols with few social safety-nets. This is alleged to result in families in need of material and service support who, by consequence become families identified as in need of protection (Sharland, 1999). While efforts have been undertaken so as to support mothers receiving child and family support services, mothers are fundamentally evaluated as competent by virtue of their willingness to comply with Child welfare services; comply or face welfare sanctions. Alexander (1992), identifies maternal variables impact upon short- and long-term behavior problems among children following incest disclosure. Although maternal support was considered significant towards mediating child distress throughout disclosure securing that support has remained a significant consideration. Ultimately considerable research has emerged to identify factors that may facilitate beneficial reactions among non-offending mothers.

Everson, Hunter, Runyon, Edelsohn, and Coulter (1989) identified maternal support as related to perpetrator characteristics whereas the lack of maternal support was significantly associated with foster placement and higher psychopathology scores in a clinical interview.

Associated negative perceptions of incestuous families are considered to adversely influence treatment. Feigenbaum (1997) describes three typologies that include the mother as colluder, as helpless dependant, or as victim. These constructs are believed to result from personal histories of victimization through which mothers are passive participants believed to fear disclosure or the consequent economic insecurity perpetrator removal provokes. In these circumstances mothers are believed to collude with the abuse and discredits disclosure. In light of the significance of incestuous disclosure a parent may be unable to accommodate the significant demands associated with acknowledging the abuse and the significant demands associated with intervention. Stigma, fear of condemnation, and public disclosure constitute immediate realities for non-offending parents. Feigenbaum (1997) contends that an insensitivity or negative view of the non-offending parent is counterproductive. Negative judgments and a lack of support for non-offending parents, as well as immediate family members, personal and emotional needs risk inhibiting disclosure.

> Work with CSA often centers around the victim and the perpetrator, ignoring the needs of other family members. Acknowledging the needs of the mother can improve the mother-child relationship and so aid recovery. Psychological support for the mother should be offered early to help her to cope with the aftermath of abuse, including responding to the needs of the victim and/or her siblings, and organizing the reconstruction of their lives. (p. 479).

Paredes, Leifer, and Kilbane, (2001) explored maternal developmental history for its impact upon and effect on functioning effects sexual abuse disclosure. Mothers experiencing more current trauma symptomotology at the time of the study, reporting substance abuse, and/or were less able to provide support to their children, had children with more behavior problems and poorer functioning. Their findings suggested maternal developmental history and actual level of functioning negatively impacted upon their sexually abused children. Features significant to developmental history included "discontinuity of childhood care, a history of childhood sexual abuse, and/or had more problems during childhood in their family of origin showed poorer functioning and more behavioral symptomotology" (p.1159). Discontinuity of care referred specifically to interruptions in a subject having lived with their parents prior to the age of 16.

> This form of childhood instability is hypothesized to negatively influence parental attachment ultimately impacting upon the quality of care giving. Mothers who as children did not receive continuity of care from their own parents may not be able to provide that protection to their children and this may leave them more vulnerable to greater symptomatology….Parents who developed an insecure attachment as a result of inconsistent parenting or a loss of a caregiver are more likely to have children who also develop an insecure attachment. (p. 1171)

Estes and Tidwell (2002) contend incestuous families "suffer a multitude of problems" including intergeneration substance abuse and physical abuse. Maternal childhood sexual abuse, difficulties regarding parenting, feeling of inadequacy, potential unresolved histories of abuse, substance abuse and domestic violence (and its potential acculturation) constitute potential elements active following disclosure. Cyr, Wright, Toupin, Oxman-Martinez, McDuff and Theriault (2003) revealed that disclosure, maternal, victim, and abuse variables were significant predictors of maternal support. Maternal support was further associated with the context in which initial disclosure was made to the mother, perpetrators admitting guilt, and maternal domestic and occupational status. As such maternal and the victim perceptions constitute significant considerations towards securing support. It is entirely feasible that in a context in which families suffer complex histories, dysfunctional and emotionally dissatisfying interpersonal relationships,

histories of abuse, substance ab/use (as well as any number other personal circumstances), in addition to the highly stigmatizing circumstances associated with incest disclosure the immediate emphasis on child safety issues by risks marginalizing non-abusive caregivers (Lovett, 2004).

2.5 Sequelae of Incest Behavior

Research into sexual victimization posited causal links between abuse and adult psychopathology detailing virtually a number of symptoms as consequences of child sexual abuse. While an enormous body of research promote causal links between child sexual abuse and adult psychopathology and/or psychiatric symptomology (Ellenson, 1986; German, Habenicth & Futcher. 1990; Westerlund, 1992; Wheeler & Walton's, 1987; Scott & Stone, 1986) many contend that this is a misrepresentation of the phenomena (Bagley, 1996; Kilpatrick, 1992; Maisch, 1972). The use of clinical samples is one practice that unnecessarily associates child sexual abuse with adult dysfunction. Among non-clinical populations little to no significant trauma has been noted. Authors assert that the enormous variability in incest research results from an absence of well-controlled methodology including the lack of control groups (Constantine, 1981; Li, et al., 1990, Rind, Bauserman, & Tromovich., 1998; 2000) writing "it is not surprising that opinions vary considerably about the impact of incest upon the child" (Weitzel, Powell. & Penick, 1978).

Researchers have long noted that the prolonged exposure to dysfunctional family systems may be a significant contributor to individual psychopathology rather than the sexual contact itself (Hawkes, 1971; Maisch, 1972; Nelson, 1981). Psychopathology or Sequelae to child sexual abuse may be better accounted for through family dysfunction, a more pervasive and consistent repetition of dysfunction (Christianson & Blake, 1990; Kilpatrick, 1992; Maddock & Larson, 1995; Bagley & Thurston, 1996b; Li, et al., 1990; Rind, Bauserman, & Tromovich, 1997; 1998; 2000). Behavioural problems among sexual abuse victims have shown no significant difference when compared with like with non-sexual abuse clinical populations (Pelletier & Handy, 1999). It is believed that the

process of staying and adapting to a dysfunctional system brings rise to the development of psychopathology. Liles and Childs (1986) offer a descriptive account of how family dysfunction is remarkable similar between incest and alcoholism. Bagley (1996a) contends that sexual abuse seldom occurs independent of other kinds of abuse and neglect, and that long term psychological trauma results in families in which other extensive forms of physical and emotional abuse and neglect occur. Some suggest that negative effects result from disclosure and criminal intervention, (Constantine, 1981). It is suggested that incest "can" be completely free of conflict for the victim without Sequelae (Maisch, 1972; Nelson, 1981; Symonds, Mendoza, and Harrell, 1981), public revulsion promotes myths about long-term psychopathology (Kilpatrick, 1992), and, long-term trauma is mediated in family sub-types (Christianson & Blake, 1990; Kilpatrick, 1992; Maddock & Larson, 1995; Bagley, 1996a, 1996b).

> [A]lthough sexual abuse is often an important factor underlying later adjustment, its impact is often enfolded within the negative emotional climate of a household. While acts of sexual exploitation can take on a profoundly negative symbolic importance for an individual, sexual abuse is very unlikely to occur in households with relatively normal types of socialization and social interaction. (Bagley, Young, & Mallick, 1999; p.124)

Trauma specifically related to child sexual abuse is reported to be a consequence of ignorance of sexuality, negative attitudes towards sex, situations involving force, coercion or brutality, age discrepancies (Nelson, 1981), uncommunicative or judgmental adult reactions (Constantine, 1981; Goldstein et. al., 1979), misconceptions attribution of blame, socio-cultural norms regarding sexuality (Kilpatrick, 1992).

2.6 Recidivism

The incest perpetrator

Incest perpetrators have demonstrated the lower rates for sexual, violent, and general recidivism when compared to pedophiles or rapists (Firestone, Bradford, McCoy,

Greenberg, Larose, & Curry, 1999). In their study, sexual recidivism, was delineated from non-recidivist on measures associated with alcohol abuse, psychopathology and previous incarceration (discriminated through the MAST[14], PCL-R[15] total score, and the number of previous sexual charges/convictions). Firestone et al. (1999) offered a sample of incestuous perpetrators with longitudinal recidivism rates occurring over a 12-year period as 6.4%, 12.4%, and 26.7% for sexual, violent, or criminal offence respectively. The most significant portion of sexual, violent, or criminal recidivism occurred within the first 5 years (4.8%, 9.2%, and 22.3%). When contrasted with the rates of rapists (16%, 26%, and 53%) and extrafamilial child molesters (15.1%, 20.3%, and 41.6%) over the same 12 year period, these rates are significant (Firestone et al. 1999).

Recidivism rates in the 1998 meta-analyses offered by Hanson and Bussière (13.4% for sexual offenses, 12.2% for nonsexual violent offenses and 36.3% for any recidivism) were also reflected in Hanson and Morton-Bourgon (2004) which employed 95 different studies and more than 31,000 sexual perpetrators, yielding a recidivism rate of 13.7% after approximately 5 years.

Methodological Problems

It is commonly accepted that official records are underestimations of actual recidivism (Finkelhor, 1994; Hanson & Bussière, 1998). Underreporting occurs in virtually all areas of crime, however, it is considered particularly elevated regarding sexual victimization. It has also been identified that the methodologies used to quantify the extent of underreporting among sexual offenses may inadvertently increase some current incidence estimations. While all incidents of child sexual exploitation merit reporting, methodological considerations have required scrutiny, and have contributed significantly towards a better understanding of the general sexual perpetrator population and its respective variance. Understandably, redressing sexual violence should be a social priority, however, broad definitions of sexual assault that include sexual touching,

14 Michigan Alcohol Screening Test
15 Psychopathology Checklist-Revised

grabbing, kissing, fondling, as well as threats of sexual assault "do not conform to the popular image of a sexual offence" (Harris & Hanson, 2004; p. 2). Statistics generated on the basis of broad definitions lead to inflating statistics of sexual offenses in which respondents initially stated the "incident was not important enough" to report (Harris & Hanson, 2004; p. 2).

Some methodologies are only as valuable as the quality of the information they exploit (criminal records, file notes, victim statements or court records). Conclusions dependant upon representative data and incomplete information threaten validity. Inconsistencies between the various definitions employed across studies fail to assure an inherent consistency. Harris and Hanson (2004) write "the estimated recidivism rate should increase with each expansion of the definition; the broader the definition, the larger the recidivism estimate should appear" (p. 1). As such, recidivism rates based on judicial processes constitute the most reliable measures available for the study of offending populations and their respective risk for reoffending. While recidivism rates are and should be considered under representations of actual reoffense, it is also reasonable to presume "that a significant proportion of child molesters do not reoffend and that the persistent perpetrators are identified during follow-up" (Hanson, Steffy, & Gauthier, 1993; p. 650); both recidivism as well as non-offending are demonstrable through critical professional studies available in the literature base.

Previous incarceration appears significant when predicting recidivism in the study of offending populations (Firestone et. al, 2000; Hanson & Bussière, 1998). Recidivism among incarcerated perpetrators is presumed to bias samples. This is demonstrated by Firestone et. al. (2000) who revealed that 41.9% of a sample drawn from an Ontario maximum-security provincial correctional institution exploited child molesters who had previously been incarcerated for sexual convictions.

Furthermore, recidivism has been associated with psychopathic and anti-social profiles[16]. Failure to control for these variables creates risks of higher patterns of recidivism as a result of this form of sampling bias. As incest perpetrators have consistently been identified as less antisocial than previously studied groups of extrafamilial child molesters or those with mixed offences histories (offences against adults and children), sampling that fails to control for significant variables risks being potentially misrepresentative. The failure to address these distinctions skews sexual recidivism incidence (Harris & Hanson, 2004).

Using a large, diverse sample (4,724) from multiple jurisdictions, Harris and Hanson, (2004) observed recidivism rates over 5, 10, and 15 years among subgroups of sexual perpetrators. Rapists (14% after 5 years, 21% after 10 years and 24% after 15 years) and the combined group of child molesters (13%, 18%, and 23%) remained virtually indistinguishable from overall recidivism (14%, 20% and 24%). Significant differences were observed between subgroups of child molesters, with the lowest recidivism occurring among incest perpetrators (13% after 15 years), and the highest rates observed among the extrafamilial boy-victim child molesters (35% after 15 years). Despite an observable increase in recidivism, with the passage of time, reoffending effectively decreases as the actual incidence decreases. This study further demonstrates the significance of the longitudinal variable. Studies employing shorter time frames risk higher incidence than evinced through longitudinal studies.

Phalometric Assessments

Phalometric testing discerns penile response to visual stimuli, and is used to identify sexual deviant interests (i.e. violent behavior, sexual response to children etc.). Historically, phalometric testing studies employed inconsistent strategies and failed to discriminate among the populations of perpetrators examined (Marshall, Marshall,

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16 Discussed in greater detail later in this text.

Serran, & Fernandez, 2006). Even more significant, as "normal" control populations can demonstrate deviant sexual interests' phalometric testing does not invariably discriminate between non-perpetrator and perpetrator populations (Barbaree, Baxter, & Marshall, 1989). Although phalometric testing remains a common practice when trying to assess risk for recidivism, critical research has exposed several limitations to this practice. While useful in assessing sexual interest in child related stimuli, it is argued to they have limited practical utility (Marshall, 2006a; Marshall, 2006b). While testing was largely cited as a measure for evaluating risk when discriminating between rapists, child molesters, and incest perpetrators, significant differences emerge. Rapists, child molesters, and incest perpetrators constitute very different populations of perpetrators. In light of this, "it would be unreasonable to expect phallometry to accurately identify all such perpetrators" (p. 2, Marshall, 2006a). Early studies presumed a premise of conditioned arousal, as such they ignore discreet offense specific characteristics that may risk confounding results. As such, potentially unknown variables may make it difficult to adequately discern offending from normal populations. Factors inherent to offending may be impacted by emotional states that promote offending behavior. Furthermore, the reliability of phalometric testing has been challenged by both sexual perpetrator and control sample's "ability to fake sexual response patterns" through which subjects "inhibit arousal to preferred stimuli and generate arousal to nonpreferred stimuli" (p.4; Marshall, 2006a).

Marshall's (2006) review notes how the majority of studies have found that non-perpetrators and incestuous perpetrators respond in similar ways to adult and child stimuli. Studies reporting greater arousal to children than to adults among incest perpetrators involved audio taped stimuli, as in, Barsetti, Earls, Lalumiere, and Belanger (1998), however deviant arousal discrepancies may result from the mediums employed, suggesting that audiotapes afford incestuous perpetrators opportunities for fantasies involving familiar victims. Fernandez and Marshall (2004) confirmed this hypothesis, that almost 70% of incest perpetrators sampled demonstrated significant arousal to audio taped stimuli as opposed to visual content. This has lead to a hypothesis of incestuous perpetrators as being specifically attracted to certain victims, their own.

Perhaps the generally accepted notion that incest perpetrators are opportunistic perpetrators rather than being motivated by a sexual attraction to children may be in error. It is possible that incest perpetrators do not have a broadly generalized sexual attraction to children, but instead are specifically sexually attracted to their own victims. (Fernandez & Marshall, 2004, p. 11)

Despite these criticisms, Marshall, (2006a) maintain that studies exploiting phalometric assessments can confirm sexual preference and these preferences can constitute features that are dynamic contributors towards recidivism risk. Although deviant arousal constitutes the largest single predictor of sexual recidivism for child molesters, phalometric measures predict recidivism among extrafamilial perpetrators as related to measures through the pedophile assault index, and not the pedophile index "that discriminated sexual, violent, and criminal recidivists from those that did not offend" (Firestone et al., 1999; p. 526). This is a subscale of the phalometric assessment, specific to pedophilic assault, and not the generalized interest in children that predicts risk for recidivism. A perpetrator's sexual preference for children is not, in itself, related to recidivism, thus, the predictive reliability of deviant arousal in recidivism is limited.

Psychopathy and Sexual Recidivism

Various categories of sexual perpetrators appear to recidivate at statistically different rates, further supporting the premise of heterogeneity among the sexual offending population. Studies examining for psychopathology have shown that different sexual perpetrators demonstrate different levels of psychopathy among these subgroups. Support for the premise of a relationship between psychopathy and sexual recidivism is mixed. While some studies have demonstrated the relationship (Motiuk & Brown, 1996; Firestone et al., 1999; Hanson & Bussière, 1998; Harris & Hanson, 2000; Hildebrand, de Ruiter, & de Vogel, 2004), others failed to support this premise (Sjöstedt & Långström, 2002). Demonstrating the inherent complexity of the problem at hand, in 1992, Williams

and Finkelhor ultimately concluded that incestuous perpetrators constitute "heterogeneous and impossible to classify on the basis of one or even several personality traits" (in Smith & Saunders, 1995).

Olver and Wong (2006) report a higher incidence of psychopathy among rapist/mixed perpetrators than among child molesters and incest perpetrators. Standardized tests revealed that rapists scored higher overall as psychopathic (12 and 8%, respectively), recidivating non-sexually at significantly higher rates (74% vs. 32%) consistent with a more antisocial and criminalized lifestyle when compared to child molesters and incest perpetrators. Static risk factors identified psychopathic rapists to have more past nonsexual offences. While discussing extrafamilial violent recidivists, Firestone, Bradford, McCoy, Greenberg, Curry and Larose (2000) report higher incidence of psychopathology than among sexual recidivist.

Porter, Fairweather, Drugge, Herve, Birt, and Boer, (2000) sampled 329 sex perpetrators, using the Hare Psychopathology Checklist (revised) at a cut-off of 30, revealing 64 % of mixed perpetrators, 35.9% of rapists, 9.4% of extrafamilial child molesters and 6.3% of incest perpetrators met the criteria for psychopathy. Their findings indicated that while psychopathology was significant among mixed perpetrators, it was uncommon among child molesters and "may add little to the prediction of their sexual reoffending except to reinforce a sense of elevated dangerousness" (p. 227).

Among newly released sex perpetrators (n=570; 329 already under community supervision), the highest rates of general, violent, and sexual recidivism occurred among rapists, the lowest among incest perpetrators as compared to pedophiles and rapists (Motiuk & Brown, 1996). Computing effect size for psychopathy, Hanson and Morton-Bourgon's (2004) meta-analyses revealed a significant overall effect for sexual recidivism, nonsexual violent recidivism, any violent recidivism, as well as any recidivism among sexual perpetrators. Psychopathology appears to have predictive reliability in circumstances in which recidivism is not limited to sexual offenses in which violent nonsexual offenses (47%) occur at higher rates than new sexual offenses (34% in

Hildebrand et al., 2004; and 25% in Sjöstedt and Långström, 2002). Not only were perpetrators identified as psychopathic more likely than non-psychopathic perpetrators to reoffend following release (Hildebrand et al, 2004), but violent (including sexual) offenses occurred significantly earlier for psychopaths when compared to non-psychopaths. Higher psychopathology scores among rapists and mixed perpetrators can be reflective of core psychopathic personality characteristics or significant social deviance and criminality (i.e. antisocial personality). The antisocial personality profile appears to be an important predictor of sexual, violent, and general recidivism. Hanson and Morton-Bourgon (2004) illustrate the significance of the antisocial profile to both offending and recidivism by writing:

> [I]ndicators of antisocial orientation were also among the largest predictors of sexual recidivism (e.g., non-compliance with supervision, violation of conditional release). Lack of self-control may directly lead to a wide range of criminal behavior, and it could also be specifically linked to recidivism because high levels of self-regulation are required to change dysfunctional habits. (p.15)

While antisociality was identified clearly as a significant feature contributing toward recidivism (Hanson & Morton-Bourgon, 2004) it is generally agreed to be more amenable to modification than core psychopathy. It is quite feasible that the dynamic nature of personality contributes to individual function in such a way in that intimacy deficits contribute to persistent sexual offending. These factors appear to offer a theoretical consistency with a generalized lack of self-control "specific problems controlling sexual impulses, and a tendency to overvalue sex in the pursuit of happiness" (p.15) to which there is an internal coherence with recidivism being predicted by an "unstable, antisocial lifestyle, characterized by rule violations, poor employment history and reckless, impulsive behaviour" (p. 15; Hanson & Morton-Bourgon, 2004).

Examining age as a predictor, Hanson (2006) identified low recidivism rates among intrafamilial child molesters with the exception of "the 18- to 24-year-old age group, whose recidivism risk was comparable to that of rapists and extrafamilial child molesters" (p. 1046) leading him to suggest that this population is distinct from typical father-daughter incest perpetrators (p. 1058). Like findings were revealed in a recent

study published by Kingston, Firestone, Wexler and Bradford, (2008). Here sexual and violent recidivism was distinguished by higher psychopathy scores, and violent recidivists were more hostile, suffering more problems with alcoholism, with greater incidence of criminal behavior than non-recidivist. Criminal recidivists followed these trends with "more previous violent and criminal charges and/or convictions than non-recidivists" (p. 3).

Deviance

Like psychopathology, deviant sexual preferences also appear related to an increased risk of recidivism; occurring earlier than in those without deviant sexual preferences (Serin, Mailloux, & Malcolm, 2001). It is argued that the presence of psychopathy and a predilection for deviant sexual stimuli (e.g. violence and children) may be synergistic, augmenting a perpetrator's risk for sexual recidivism. Research has demonstrated that deviant-psychopathic perpetrators appear at higher risk for sexual recidivism than psychopathic and non-psychopathic deviant perpetrators (Hildebrand et al., 2004). Psychopathic deviance is significantly less prevalent in child molesters than in rapists and non–sex perpetrators in prison (Porter et al., 2000). The literature base shows that rapists have higher scores of psychopathic deviancy than incestuous perpetrators. Furthermore, perpetrators who victimize both adults and children indiscriminately have the highest rates of psychopathic deviancy (e.g., Porter, Fairweather, Drugge, Herve, Birt, & Boer, 2000). Hanson and Morton-Bourgon (2004) confirmed "deviant sexual interests and antisocial orientation as important recidivism predictors for sexual perpetrators" exposing "new empirically established risk factors amenable to change and providing strong evidence for the validity of actuarial risk assessment instruments for the prediction of sexual, violent and general recidivism" (p. 15).

In fact, sexual deviance constitutes a stronger predictor of sexual recidivism than psychopathy[17]. Distinguishing itself from psychopathology, sexual deviance is a better indicator of sexual recidivism, whereas psychopathology, although also significant, acts as a better predictor of nonsexual violent recidivism and general recidivism:

> [O]ur findings suggest that a combination of deviant sexual preferences and psychopathy puts sex perpetrators at particularly high risk for committing further sexual offenses. (p. 18; Hildebrand et al., 2004)

Child molesters can be attracted to adult women and do not invariably suffer a primary interest to children. However, it has been argued that recidivist perpetrators exhibit their sexual preferences through the offenses they commit, as well as the age, gender and victims they choose (Hanson et al., 1993). Although some perpetrators appear to offend indiscriminately, it is considered that perpetrators who select boys and suffer an enduring sexual preference for children represent an increased risk for recidivism. Both age and the object specific interest are associated with increased recidivism, and in boys, apparently represent an increased risk with those perpetrators who offend exclusively against boys recidivating at a faster rate than perpetrators against girls and incest perpetrators respectively. Hanson, et al. (1993) write:

> With the exception of the undifferentiated pedophiles, who may be expected to show deviant sexual preferences, the recidivism rates were consistent with the expected degree of sexual interest in children. (p. 650)

It is considered that sexual deviance is dynamic, orienting an perpetrator's lifestyle. Prior sexual or nonsexual offenses, deviant sexual interests, and never having being married have all been identified as related to sexual recidivism.

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17 Psychopathy, Sexual Deviance, and Recidivism Among Sex Perpetrators
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Substance Abuse/Dependence

While substance abuse/dependence is frequently cited by perpetrators to explain or rationalize their behaviors, alcohol abuse is often associated with criminality, and is "the only significant predictor for violent nonsexual reoffending, after controlling for psychopathy" (p. 17; Hidebrand et al, 2004). Allnutt, Bradford, Greenberg, and Curry (1996) identified alcoholism as significant when examining paraphilias (sexual sadists, transvestites, rapists, pedophiles, and incest perpetrators). Other than occurring among sexual sadists (Allnutt et al., 1996) and criminal or antisocial profiles (Hanson et al., 1998) the documented direct evidence for alcohol abuse in sexual recidivism is limited (Motiuk & Brown, 1996) or not supported (Hanson, et al., 1993). Firestone et al. (1999) note significant histories of alcohol consumption as scored by the MAST. Employing 7 or higher as an indicator of alcohol abuse, they scored sexual recidivists' mean at 25.8 and the non-recidivists' mean score of 9.6, indicating that alcohol is a major problem for almost all incest perpetrators, particularly for the recidivists.

Although not addressing incestuous perpetrators, alcohol consumption can be predictive of aggressive behavior "especially true for situations involving unpleasant internal states, situations involving rejection, and situations involving conflict with family and friends" (p. 555, MacCormick & Smith, 1995). Alcohol is a recognized contributor to violent recidivism (Haggård-Grann, Johan Hallqvist, Niklas Långström & Jette Möller, 2005). In a like manner, alcohol can disinhibit and/or facilitate emotional states favorable toward offending (Hanson, 2006). Abracen, Looman & Langton (2008) write:

> [W]hen particular patterns of substance abuse are investigated, using well validated measures of substance abuse, alcohol abuse emerges as a significant predictor of recidivism for sexual perpetrators, even when compared to high-risk groups of violent nonsexual perpetrators. Drug abuse, however, appears to be a significant risk factor for the majority of perpetrator populations, with sex perpetrators being no exception. (p. 155)

Drugs or alcohol can, either intentionally or unintentionally, impair judgment, distort perception, and lower inhibitions (Firestone, et. al., 2005), possibly leading to a "diminished capacity to control behavior, which may increase the propensity to act on sexual arousal to children" (p. 70; Faller, 1991). These effects can be significant to sexual perpetrators who suffer a deviant attraction to children. Furthermore, perpetrators self-report that treatment benefits from incest treatment include successfully modified patterns of alcohol abuse (Myer & Dyer, 1990).

Risk Assessment

Psychometric tools are questionnaires or tests that promise the ability to predict outcomes. All of psychometric tests have an error factor compromising their use in isolation. This error factor is an acknowledgement that the tests operate as indicators. Understandably, risk prediction has not been perfected. Risk assessment constitutes an assessment strategy that is mutable, and requires on going review to circumvent recidivism. At present, we do currently possess some predictive reliability allowing for determining individual risk for recidivism. By exploiting different clinical tools that allow for the analysis of the both dynamic and static variables, variables identified in the research based constitute factors used in determining recidivism risk. While debates persist in the professional literature base as to optimum methods for evaluating risk, the validity of the accumulated knowledge constitutes a solid foundation from which risk assessment can occur and further research can continue. Writing on this theme, Hanson & Thornton (2000) state:

> [T]he current results are a serious challenge to sceptics who claim that sexual recidivism cannot be predicted with sufficient accuracy to be worthy of consideration in applied contexts…. sufficient evidence to indicate that empirically based risk assessments can meaningfully predict the risk for sexual offence recidivism. (p. 133)

Predictive validity of the PCL-R for recidivism outcomes is largely supported by the literature. The PLC-R is a 22 item Psychopathy Checklist (Revised) and is considered

one of the most valid and respected tests in the field. Questions address two factors: attitudes and feelings of the individual and the socially deviant behavior of the individual and are used to generate a numerical measurement of the degree of psychopathy in an individual. Psychopathy, as measured by the PCL-R total score, is considered to be a reliable predictor of criminal behavior. Perpetrators identified as psychopathic are reported at higher risk for recidivism, reoffending significantly earlier when compared to their non-psychopathic counterparts (Olver & Wong, 2006).

High PCL-R (26) and static 99[18] score (a brief actuarial instrument) identify sexual deviance, a factor often associated with reconvicted perpetrators. "Psychopathic sex perpetrators with sexual deviant preferences are at substantially greater risk of committing new sexual offenses than psychopathic perpetrators without deviant preferences or non-psychopathic perpetrators with or without sexual deviance." (p. 1; Hildebrande, et al., 2004)

Meta-analyses associated risk factors reliable to sex offense recidivism include static variables, historical variables related to sexual deviance (e.g., prior sex offenses, stranger victims), general criminality (e.g., prior non-sexual offenses, antisocial personality disorder), and prior conviction (Hanson & Bussière, 1998). Hanson and Morton-Bourgon (2004) assert that risk assessments were most likely to be accurate when they were constrained by empirical evidence.

Dynamic Risk Factors

Actuarial scales constitute the most accurate approach to risk assessment, relying on important factors identified in the existing literature base. Static historical variables contribute towards predicting long term recidivism risks among offending populations. The presence of psychopathology appears to be a significant predictor of offense recidivism, and constitutes a static risk factor. Sexual deviance constitutes a second

18 The STATIC-99 utilizes static factors identified in the literature that correlate with sexual reconviction in adult males.

significant risk indicator, and appears to have a synergistic effect, increasing recidivism risk when coupled with psychopathology. Previous incarceration remains a significant variable in predicting recidivism among all sex perpetrators (Hanson & Bussière, 1998). When combined, these three factors appear as significant indicators of recidivism risk. Again, the psychosocial features associated with "a chronically unstable, socially deviant lifestyle" (Hildebrand et al., p. 17) appear more significant when predicting nonsexual recidivism. As discussed elsewhere in this text, additional risk factors can include marital status, alcoholism, assaults against strangers, intra vs. extrafamilial offending, onset age of offending behavior, victim gender preference, or generalized criminality.

Unable to measure changes in risk levels, dynamic risk variables have been incorporated into actuarial risk assessment, and are considered to offer as much predictive accuracy as static risk factors. Dynamic risk factors constitute identifiable variables that are, themselves, subject to variance. These characteristics, subject to alterations, transform an existing risk indicator, either increasing or decreasing the potential for recidivism. Consistent with a model of psychopathology or social deviance, a juvenile history, unemployment, unstable living arrangement, and substance abuse (alcohol and/or drugs) appear significant to general recidivism. More significantly, dynamic risk factors can constitute both acute and stable variables, the former possesses an immediate and active volatility, while the latter changing only gradually over an extended period of time (Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Both acute and stable risk indicators appear to contribute significantly towards predicting recidivism risk.

Age at release (young) and marital status (single) were both identified as demographic variables related to general, violent, and sexual offense recidivism. By contrast, apparently, the extent of the sexual assault, injury to victims, or force used do not constitute significant predictors of sexual offense recidivism (Brown & Forth, 1997). Adult drug abuse also proved to be a significant variable to sexual recidivism (Motiuk & Brown, 1996). While younger perpetrators are at increased risk (26%) for recidivism after 15 years, older perpetrators (50+ upon release) appear 50% (12%) less likely to recidivate. While there does exist support for these findings (Motiuk & Brown, 1996) it

has not yet been confirmed whether these variables generalize across offending populations.

All of the items above, constitute risk, variables that are supported by the existing literature base which when evaluated together provide for risk assessments that are active and evolving, but demand ongoing revision.

Predictive Reliability

Risk assessment can not rely exclusively on any single factor when predicting recidivism. Certain variables do represent higher predictive validity for recidivism among child molesters (Firestone, Bradford, McCoy, Greenberg, Curry, & Larose, 2000; Hanson & Brussiére, 1998). Both static (e.g. criminal history) and dynamic (e.g. employment, substance abuse, etc.) variables have been identified to constitute predictive factors in determining risk for recidivism. Hanson and Thorton (2000) write:

> [T]he current results are a serious challenge to skeptics who claim that sexual recidivism can not be predicted with sufficient accuracy to be worthy of consideration in applied contexts. The value of unstructured clinical opinion can be questioned, but there is sufficient evidence to indicate that empirically based evidenced based risk assessment can meaningfully predict the risk for sexual offence recidivism. (p. 133)

Risk assessment remains critical, however, can never eliminate risks for recidivism. It is considered ideal that risk assessment be considered a dynamic feature evolving specific to the perpetrator and related profile (Hanson, 2006).

Relationship to victim

Greenberg, Bradford, Firestone and Curry (2000) conducted a longitudinal study examining recidivism rates among child molesters, employing the relatedness (relationship) between the perpetrator and their victim. Examining the sexual, violent, and general criminal recidivism rates, subjects were organized in categories relative to the relationship perpetrators shared with their victims. Cohorts included stranger, extended family members, and biological or stepfather categories.

This study revealed that the extended family group distinguished themselves from the biological or stepfather category by recidivating at rates more representative of the stranger group.

Sixty-five percent (65%) of the stranger category had a prior criminal record, with criminal recidivism occurring among 45.2% of the sample subset, which may reflect a greater tendency towards antisocial behavior in this group. Not unlike sexual recidivism, 40% of the acquaintance category and almost 36% of the extended family members recidivated criminally suggesting "a greater degree of antisocial behavior is evident in acquaintances, extended family members and strangers who commit child molestation." (p. 15; Greenberg et al. 2000)

Here, as in other studies, the best predictor of sexual recidivism is a previous sex offense. The acquaintances and stranger category had "significantly more prior sexual convictions" (20%) than the sample of stepparents and biological fathers (5.1% & 3.6% respectively). Here, the acquaintance group (i.e. extrafamilial or removed family member) had a more significant history of prior sexual offenses, and had the highest proportion of a sexual reoffense (16.2%) compared to extended family (10.8%), strangers (9.7%), biological (4.8%) and stepfathers (5.1%) after a mean follow up period of 7.16 years. When compared with other categories of perpetrators, stepfather and biological father categories demonstrated "the best survival curves" (Greenberg et al., 2000). It is

worthwhile noting that the results of this study remain consistent with other research, and further highlight the significance of core psychological disturbance (i.e. psychopathic and personality disorders) as significant variables for recidivism.

Victim Gender

Members of the sample cited the potential for direct access to their own children as motivation for incestuous perpetrators.

Firestone et al (2005) examined features relevant to the relationship between the victim's age and perpetrator characteristics. While no significant difference on deviant arousal indices was observed, and both groups exhibited clinically significant deviant sexual arousal to child stimuli, these groups did distinguish themselves in other ways. Their study showed "sexual aggressors against infants and toddlers to be more likely to have had multiple victims" (p. 230), and were more likely to have offended against extended family. Extrafamilial child molesters often target boys, while incestuous sex perpetrators predominantly offend against females. Despite the premise of offending behavior being facilitated by direct access, fathers or stepfathers were not more significantly represented among perpetrators of younger victims. Incestuous perpetrators were identified to infrequently offend against sons, and are largely known to offend against daughters and stepdaughters. Firestone et al. (2005) postulate that perpetrators of younger victims may be less selective in their choice of victims, possibly suffer a stronger urge to offend, have a more generalized arousal in response to young children, and/or exhibit a persistent pattern of behavior.

Victim Age

The literature base supports the premise that child molesters who assault prepubescent children generally exhibit greater psychopathology and emotional disturbance than do perpetrators of older victims (Kalichman, 1991). Firestone et al. (2005) applied this premise to the incest perpetrators, sampling 119 perpetrators with respect to victim and

offense characteristics. Specifically interested in victim typology, they distinguished cohorts from their sample on the basis of offense histories that included assaults committed against younger (YV- >9) and older (OV-12<) victims. Furthermore, their study sampled sexual perpetrators convicted of offenses against children prior to sentencing, offering a cohort representative of the general offending population processed by the courts. This is argued as a more representative sample than one might find with an incarcerated population.

Classified on the basis of the ages of their victims, perpetrators with histories of offences against younger victims, who also offended against older victims, were classified on the basis of their offenses against younger victims (i.e. these subjects were consistently classified on the basis of their offense against pre-pubescents). This inherently resulted in a homogenous population of perpetrators with no offence history against prepubescent children. While this research identified not only similarities between these subsets, notable differences were also identified.

Among the commonalities, both subsets exhibited deviant sexual arousal, reported poorer sexual functioning, and demonstrated "clinically significant difficulty with normal sexual functioning" (p. 223). While no differences between the two groups regarding psychopathy (as measured with the PCL-R) were noted, these subsets did, however, distinguish themselves in other ways. Subjects who offended against younger victims were more likely to have denied their offense(s), demonstrated greater "emotional disturbance and pathology,…had a greater history of substance abuse and more current problems with alcohol… and were significantly more psychiatrically disturbed" (p. 223). This group was more apt to abuse alcohol, reported more serious problems in their families, and rated themselves as having significantly more problems than perpetrators of older child victims.

Their results supported the assertion that perpetrators with younger victims generally demonstrate more disorder personalities. Effectively, this study supports the premise that within the incest offending population, there heterogeneity exists based on offense

characteristics, and that a failure to attend to the heterogeneity among the offending population risks misrepresentation.

2.7 Treatment

Treatment of the perpetrator

By contrast, the sexual perpetrators' treatment literature has demonstrated evidence supporting positive treatment outcomes within the broad offending population. The existing literature does support the premise that recidivism rates among treated sex perpetrators were lower than the recidivism rates of untreated sex perpetrators. Furthermore, sexual perpetrators who complete treatment programs demonstrate reduced rates of recidivism when compared with subjects who attend treatment and drop out. These results come from various replicated studies and meta-analyses employing a significant sample (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto, 2002). Its authors write:

> Given the large numbers in the current study (more than 9,000 perpetrators in 43 studies), this pattern of results cannot be seriously disputed. What can be disputed are the reasons for the group differences. Did the treatment reduce the perpetrators' recidivism rates, or were the observed differences produced by unintended consequences of the research designs? We believe that the balance of available evidence suggests that current treatments reduce recidivism, but that firm conclusions await more and better research. (p. 186)

It is possible that current treatment strategies may be perpetrator/profile specific, reducing recidivism among some offending populations without translating to other members of an otherwise heterogeneous population. Statistics resulting from programs oriented to specific treatment populations are not always replicable, and/or have yet to be generalized to other offending populations. The benefit of cognitive skills training is currently maintained by a well established research base, and appears to generalize across offending populations. Currently, there does appear to be support for elements of what might be a comprehensive treatment model (i.e. cognitive skills training, empathy

training, anger management etc). This should not suggest that a single treatment model exists. Researchers and clinicians remain invested in identifying strategies that continue to improve overall treatment success.

Meta-analyses confirm that sexual perpetrators who failed to attend, or who dropped out of treatment, were at higher risk than those who successfully completed treatment, irrespective of treatment provided, even when controlling for treated and untreated groups. It is proposed that dropouts who suffer individual and interpersonal features are also associated with an elevated risk for recidivism (e.g., youth, impulsivity, and unstable lifestyles). As such, individual personality features would continue to contribute to recidivism, given the pervasive impact they would have upon all social and personal interactions. Ultimately, a failure to complete, or the withdrawal from, sexual perpetrator treatment constitutes a "reliable and robust predictor of recidivism" (p. 187).

Surprisingly, treatment refusal does not invariably represent a higher risk for sexual recidivism. Hanson et al., (2002) write that subjects who refused treatment "may realistically conclude that they do not require treatment" and that their refusal may be the result of "a generally non-cooperative, antisocial lifestyle" (p. 187).

While the general trend supports the premise that treatment for sexual perpetrators can be effective (Hanson et al., 2002; Lösel & Schmucker, 2005), treatment failure remains a significant concern. Denial and resistance to treatment are described as frequent among sexual perpetrators. It is postulated that treatment refusal, dropout, and failure to achieve target objectives may result from an perpetrator's lack of motivation. Subject motivation is, however, not a fixed variable, and may result from factors indiscernible to external agents. Citing a 2002 article by Mann and Webster in Marshall, Marshall, Fernandez, Malcolm, and Moulden (2008) they documented refusal rates ranging from 8% to 76%, across HM prisons in England and Wales. Conducting in depth interviews, Mann and Webster identified perpetrator based apprehensions that treatment "would focus only on the details" of their offenses, cited a lack of trust for treatment professionals, and expressed a fear of treatment related distress. Perpetrators are also reported to have cited

an expectation of poor treatment efficacy as motivating treatment refusal. Regarding the issue of perpetrator denial, Hanson and Morton-Bourgon (2004) write:

> [C]linical presentation variables (e.g., denial, low victim empathy, low motivation for treatment) had little or no relationship with sexual or non-sexual recidivism. As with pro-offending attitudes, it may be difficult to assess sincere remorse in criminal justice settings. It is also possible that evaluators looking for risk factors have little to gain from listening to perpetrators' attempt to justify their transgressions. Psychotherapists often consider full disclosure desirable, and courts are lenient towards those who show remorse; few of us, however, are inclined to completely reveal our faults and transgressions. Research has also suggested that full disclosure of negative personal characteristics is associated with negative social outcomes, including poor progress in psychotherapy (Kelly, 2000). Consequently, resistance to being labelled a sexual perpetrator may not be associated with increased recidivism risk, even though it does create barriers to engagement in treatment. Perpetrators who minimize their crimes are at least indicating that sexual offending is wrong. (p.17)

Targeting sexual perpetrators who do not profit from treatment (i.e., refusers, dropouts, and those who fail to achieve the goals), Marshall et al. (2008) developed a pre-treatment program that purposely aims to mediate resistances as well as enhance readiness and engagement towards treatment. The pre-treatment program is described as cognitive behavioural, influenced by Motivational Interviewing (and Prochaska and DiClemente's concept of change) in addition to a variety of other therapeutic principles[19]. In addition to lower re-offense rates, post-release preparatory participants are reported to have rapidly engaged in the treatment processes and display effective participation.

While research continues to examine program based variables that can promote treatment efficacy, it has been postulated that effectiveness outcomes, as with other treatment populations, may be influenced by therapist-based attributes. Research does support the premise that sexual perpetrators are also influenced by therapist style. Warmth and empathy are identified as essential features of effective intervention. These features invariably incorporate supportiveness, genuineness, respectfulness, and confidence. Marshall (2005) describes empathy, warmth, rewardingness, and directiveness as

19 For a detailed description of the program please consult Marshall, L. E.; Marshall, W. L.; Fernandez, Y. M.; Malcolm, P. B.; Moulden, H. M. (2008). The Rockwood Preparatory Program for Sexual Perpetrators: Description and Preliminary Appraisal, Sexual Abuse: A Journal of Research and Treatment Volume 20 Number 1, March p. 25-42.

positively influencing treatment of sexual perpetrators. The latter features are believed to be beneficial when used with discretion, to provide support, but not undermine the client's accountability or autonomy. Marshall (2005) writes:

> [S]exual perpetrator therapists will maximize their influence, and increase the chances their clients will overcome their offending propensities, if they display empathy and warmth in a context where they provide encouragement and some degree of directiveness ….. the general literature on therapist characteristics indicates quite clearly that flexibility is an essential feature of effective therapists….Flexibility refers to the need for the therapist to adapt what he is doing to each client's particular way of approaching treatment and to adjust this in turn to how the client is feeling in each session. (p. 114)

Research has not only identified characteristics of effective therapists, but has confirmed that these characteristics appear transferable. These findings have lead to the development of a training program that has been implemented throughout both HM Prison Service and Correctional Service of Canada to promote clinician-based skills that foster humanistic/client centered intervention. Marshall describes that "results have been encouraging[20]". Marshall and Serran (2004) contends that programs employing detailed manuals reduce treatment to a psycho-educational process impeding the therapist's ability to beneficially influence treatment.

The significance of a positive client therapist psycho-therapeutic relationship has served as a cornerstone in the education of mental health professionals. The Rogerian model, the pre-eminent advocate of this approach, identifies the therapist's capacity to communicate empathy, unconditional positive regard, and genuineness (Rogers, 1957) as traits essential to the establishment and maintenance of a positive therapeutic alliance. High levels of empathy, respect, and collaboration as well as clear expectations and a

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20 Different theories to explain child sexual offending include intimacy deficits and generalized psychological problems are currently being researched. Research is now positing how, irrespective of etiology, critical considerations may be less concerned with the origins of offending behaviors " but the attempted solution that is the problem. It is also possible that the factors associated with becoming a sexual perpetrator are different from the factors associated with persistence." (p. 16)

collaborative style have been identified to positively affect the client-worker relationship. Halstead, Wagner, Vivero, and Ferkol (2002) describe that an acceptance of the client enhanced the counseling relationship and client outcomes. The ability to establish and maintain a good relationship with clients has been identified as a significant variable contributing to improved outcomes.

Treatment Programs- Perpetrators, Victims, and Families

Legitimate concerns exist regarding the risk for recidivism among incestuous perpetrators. Even today, several studies sit as seminal works contributing significantly to current research base. One of these works is that of Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, and Murphy (1987), who are frequently cited for their study that identified multiple paraphilia and extrafamilial offending among 49% of their sample of incestuous perpetrators. This evidence challenges the notion that incestuous perpetrators are invariably distinct from extrafamilial perpetrators or inadequately try to meet non-sexual needs.

It is suggested that intrafamilial perpetrators are at lower risk for recidivism than (Abel et al., 1987) extrafamilial abusers (Quinsey, 1986). Although criminal justice professionals and researchers believe that incest perpetrators are at a lower risk to reoffend than other sex perpetrators, some research suggests that these perpetrators are likely to be repeat perpetrators (Abel et al., 1987; Studer, Clelland, Aylwin, Reddon, & Monro, 2000). However, in an anonymous survey, 159 incest perpetrators reported committing 12,927 sexual abuse acts against 286 girls (Abel et al., 1987). These findings suggest that criminal justice professionals should carefully evaluate the risk and treatment needs of all sex perpetrators, including incest perpetrators (Stalans, 2004).

Research has demonstrated that incarcerated extrafamilial perpetrators who commit incest (Weinrott, & Saylor 1991) and incestuous perpetrator samples can include multiple intrafamilial victims (41% in Herman, 1981). It is presumed that methodological considerations and etiological factors associated with the development of deviant sexual

interest may contribute significantly towards these discrepancies. By contrast, Marshall, and Barbaree, (1991) reveal co-occurring paraphilia identified only in 129 of pedophiles and 7.9% among incest perpetrators sampled.

It is, however, worthwhile noting that within Abel et al. (1988), not only had 49% of the incest perpetrators sampled offended outside the family, but 19% were also rapists, indicating a diverse type of perpetrator. While it is commonly acknowledged that perpetrators are generally known to their victim, it is erroneous to presume that, in this sample, what is characterized as incestuous offending is actually a primary family member, and not an extended family member. Incidence rates that fail to distinguish incestuous victims according to this type of intrafamilial proximity risk attributing perpetrator characteristic more consistent with extrafamilial perpetrators to incestuous perpetrators (Greenberg, et. al., 2000). Sampling may also contribute significantly to these results. Seldom noted in any of these quotes is the fact that while Abel et al. (1987) exploited a community based non-incarcerated population, the 561 respondents were solicited through informal discussions with health care professional, formal presentations at mental health, parole, probation, forensic, and criminal justice meetings, and through ads in the local media. Of the total sample, one third were believed to come through legal or forensic services, one third through therapist or mental health services, and one third identified as other resources. This latter group appears to have included self referral (5.2%), family members or friends (8.3%), media advertisements (5.2%), hospital and mental health centers (6.1%) and other sources (2.9%). The overwhelming majority of this sample constitutes a clinical population actively involved with probation or parole agencies (16.6%), lawyers and legal aide societies (15.6%), therapists, physicians, or social workers (31.2%), or child welfare agencies (2.9%)[21]. Histories of previous incarceration among this sample were not identified. Ultimately, these studies preceded, failed to, or could not control for relevant perpetrator and offense specific characteristics identified since their original publication.

21 Also seldom notes is Abel et al's report "nearly two-thirds (65.6% of the subjects participated in this study because of slight or no pressure from others, suggesting that more paraphiliacs might voluntarily seek treatment if treatment were available" (p. 14)

It is well worth noting that concerns are none the less legitimate in that the risks represented by an individual perpetrator are not automatically attributable to a generalized population. Identifying risk is a complex task requiring adequate assessment to distinguish appropriate programs for the needs of the perpetrator.

It is usually accepted that the majority of incestuous fathers are typically "regressed" child molesters who molest only their own children, do not collect chid pornography, and are best dealt with in noncriminal treatment programs. This is not true all the time. There are cases in which the incestuous father is a seduction or introverted preferential-type child molester (i.e. pedophilic) who "married" simply to gain access to children. In these cases he has molested children outside the marriage of children in previous "marriages" (Cooper, Estes, Giardino, Kellogg, & Vieth , 2005, p. 554). These types of perpetrators are believed to initiate and maintain intimate relationships so as to provide access to children, objects of their preferential sexual interest.

Despite low recidivism rates, service providers are habitually advised to accurately assess perpetrators to ensure treatment efficacy. Remarkably, this is not a new practice, and has been identified in the incest rehabilitation literature for many years. Not all perpetrators can be treated in a counselling agency environment. Treatment programs operating in the United States well back in the 1980's already discriminated through perpetrator inclusion criteria. Incest perpetrators identified as psychopaths, pedophiles, aggressive pedophiles, sexual sadists, or perpetrators "who totally denies any possibility of incestuous involvement" (Fowler, Burns, & Roehl, 1983 p. 92) are typically excluded from treatment.

While the perpetrator is the primary target of treatment, incest rehabilitation is appropriately a mulit-model intervention strategy that provides intervention to all family members. Both individual therapy and group therapy have been shown to have some success in treatment of victims (Finkelhor & Berliner 1995; Lanktree & Briere 1995). Maternal support of the victim throughout treatment is considered crucial to the child's

well-being (Bagley, 1996). Lipovsky, Swenson, Ralston, and Saunders (1998) assert that for therapy to have its fullest impact, perpetrators need to assume responsibility for the abuse to alleviate the guilt that a child victim often endures. These findings support therapeutic systems that address all family members involved in incestuous abuse. Remarkably, close to 20 years earlier, incest rehabilitation was pioneered by Frank Giaretto through the Giaretto's institutes Childs Sexual Abuse treatment Program (CSATP). It remains one of the best-known family treatment programs for child sexual abuse (Giarretto, 1982). Initiated in San Jose, California, it was adapted to services across the USA, Canada (Bagley & King 1990), and Britain (Hyde, Bentovin, & Monck, 1995). Bagley and LaChance (1995) describe how the Giarretto program requires that staff attend diligently to internal processes.

> Retribution meted by a community upon a perpetrator must inevitably visit punishment on the victim. Therapists working in punitive communities are caught in a dilemma: should they reflect community standards, or should they attempt to demonstrate to the community a humanist growth model for the victim, her family and the perpetrator? (p. 211)

The program provides counselling for mother and daughter and incorporates individual and group counselling for victims, mothers, and perpetrators. In situations involving reunification, counselling for mothers and fathers, as well as family therapy is exercised. Similar models (Maddock & Larson, 1995) require a clear onus of guilt upon the father-abuser incorporating public consequences. Public prosecution, perpetrator removal from family residence, and full cooperation in therapy earns penitent perpetrators probation or a suspended sentence. The Giarretto program reports extremely low recidivism among fathers reunited with the families (Kroth, 1979). Bagley & King (1990) detail Giarretto's model as humanistic in nature, involving a high level of cooperation between professionals, and requiring extensive amounts of community work. Quoting Giarretto & Einfeld-Giarretto contribution to the 1990 book "The Incest Perpetrator: A Family Member no one wants to Treat" work Bagley and LaChance (2000) writes:

> This model can often work smoothly, especially in communities where criminal justice authorities are allied to the humanistic goals of the CSATP. However, in a community in which the criminal justice system is extremely punitive, the parents are often fearful of the consequences if they support the victim's allegations. Thus, they resort to denial and will urge the victim to recant her story. They will paint a foreboding picture of what will happen if she sticks to her allegations. She will be forced to live with strangers and her father will be sent to prison for many years where he will be beaten severely and possibly murdered. Her father promises to never abuse her again, and it will be far better if she will allow the family to deal with the problem privately. (pp. 222-223)

The Giarrettos' program operated out of San Jose California, and has reported low recidivism rates for over 20 years (Kroth's 1979). Despite offering remarkably low recidivism rates and " a rich source of research material…little evaluative research" has been undertaken looking at outcomes CSATP:

> [E]valuation studies of the kind reported here would strengthen the political argument for retaining a humanistic approach to child sexual abuse which, ultimately, is in the best interests of the child victim. (Bagley & LaChance, 2000; p. 211).

Bagley and LaChance (2000) studied the psychological and behavioural outcomes from treatment for child victims of sexual abuse. The program studied was based on principles established by Giarretto in his Child Sexual Abuse Treatment Program (CSATP) and was operated in Canada.

In this study, it was noted that social workers "were more concerned to refer families in which a biological father was the assailant, rather than a stepfather of the cohabite". Families demonstrated no significant differences in terms of years of education, job qualifications, or sibling group size. Victims were female, usually aged between 9 and 13 years, and the only known victim of sexual abuse within the family. Results were evaluated two years after beginning therapy. Treated adolescents demonstrated improved levels of self-esteem obtained in normative samples, and markedly diminished depressive affect. Untreated adolescents retained low levels of self-esteem, and high levels of depression:

> Given the various limitations of the study design, overall the CSATP was apparently successful. Despite the fact that two (5%) of the treated victims were revictimized within their family, in general terms the CSATP must be viewed in rather favorable terms in the light of these results, although recidivism is higher than the zero proportion found by Kroth (1979) in his California study of 34 families. Reoffending among non-referred families was 30% with an overlapping 33% extrafamilial (i.e. 50% in total). The apparent proof positive of the efficacy of the CSATP comes from the comparison with the largely similar, untreated group of abused girls who overall had very poor outcomes. Recidivism by fathers in the comparison group was perpetrated by non-prosecuted fathers. In the comparison group in which this was not done, there was a clear risk of reabuse of the young adolescent victim. The evidence from our own study suggests that if the CSATP is to work effectively, there is a need to invoke the clear threat of legal sanctions against the perpetrator. (p. 211)

Irrespective of the apparent success, the program was subsequently abandoned. Difficulties were also identified as the humanistic nature of a program that favors short or suspended sentences for perpetrators. A lack of public support for a successful treatment program resulted in social service managers opting to fund a more limited therapy program. The CSATP trained therapists "felt unable to compromise in this manner". Bagley and LaChance (2000) write:

> One result of this is that father-perpetrators, now facing punitive jail terms, plead not guilty, forcing the victim to forego therapy until after the trial process (often a traumatic event, in which the alleged victim may be aggressively cross-examined, with no guarantee of his or her testimony being accepted). Our final conclusion is that the CSATP can work well when it is fully funded and supported by a programme of community work which aims to integrate a variety of external agencies with the goals of a humanistic model of family treatment. Unfortunately such resources were not available in this Canadian city. (p. 212)

Families in which incest occurs are considered to exhibit various kinds of family dysfunction, have "multiple family problems which both precede sexual abuse, and exacerbate its negative effects" (p. 205) (Bagley & LaChance, 2000). As a result, victims of intrafamilial sexual abuse are believed to suffer poorer mental health as the result of either emotional or physical abuse (Bagley et al. 1999; Ney, Fung, & Wickett 1994) and/or neglect even prior to incestuous abuse. Remarkably, as much as fifty percent

(50%) of victims identified to suffer long-term intrafamilial abuse exhibit behavioral or emotional problems.

Despite the successes of the humanistic treatment model, cuts in financing, social service programming, and fierce lobbying (Bagley 1999) have compromised the availability of effective like services. Badgley reports family centres treating sexual abuse have "all but disappeared". Political interests and lobby groups have "tended to undermine the basis of CSATPs" in favor of longer prison terms (Giarretto & Einfeld-Giarretto 1990). Effective treatment programs that adhere to best practice strategies of incorporating family members into treatment, provide statistically significant benefits for child victims of incestuous abuse, and demonstrate remarkably low recidivism rates, are sacrificed in favour of political expedience and financial restraint. Incestuous families constitute environments in which family dysfunction, dysfunction contributing directly to emotional and behavioural distress among victims is present prior to the emergence of incest; treatment that focuses on trauma independent of family functioning is invariably conceptually flawed. Treatment that fails to effectively incorporate the victim's ambivalence towards his/her aggressor and the aggressor's responsibility for the abuse ignores a victim's significant emotional needs. Political lobbies promote personal political agendas and not the best practice methods independent of the research based literature. Cost-analysis, not identified in the literature base, should invariably compare and contrast expenditures that incorporate incarceration and existing treatment strategies that enact social consequences for all family members as well as the failure to provide effective relevant treatment. While discussing the limitations of their treatment outcome study, Badgley & LaChance (2000) highlight a particularly disconcerting factor:

> It addresses only a small proportion of the more than 300 children and adolescents known to have been sexually abused in this city in any one year. Most of these victims receive no treatment or family support. It is well established that the family disorganization in which incestuous abuse often takes place is a compounding or even a primary causal factor in adjustment following this abuse (p. 210).

This is further contrasted as policies recently initiated at the federal, state, and local levels in the United States "are directed toward preserving families and reunifying parents and children in cases of maltreatment" (p. 1). The question to which these initiatives would be extended to families in which incestuous abuse would occur remains almost implausible.

It is asserted that the impetus for family reunification should promote "the ongoing emotional and physical well being of the victims" (Center for the Management of Sexual Perpetrators, 2005; p. 2). Essential criteria should assure that family members (perpetrator, the non-offending parent or other responsible caregivers) prioritize the security of identified victims as well as other family members.

Common stages of the reunification process would begin with perpetrator removal. Subsequent necessary treatment steps require perpetrator acknowledgement, perpetrator treatment, victim treatment, family treatment, a re-assessment of family readiness, supervised contact in clinical settings, the clarification process, supervised community visits, and, ultimately, progressive potential perpetrator reintegration.

The logic inherent to the reunification processes operates to facilitate the responsibilization of the perpetrator, the security of the victim and other family members, and a clinical process that optimizes effective intervention. Reunification optimizes outcome;

> [R]ather than attempting to completely and unrealistically prevent sex perpetrators from having any contacts with children. The approach is designed to prevent further trauma to the victim and other family members while cautiously offering opportunities for the perpetrator and family to progress in the treatment process. (p.12; Center for Sex Offender Management).

Reunification requires collaborative efforts from public service agencies, victim advocates, supervision agencies, and treatment providers. Ultimately "treatment services can be delivered to sex perpetrators, victims, and families in a manner that promotes safe and responsible reunification" (Badgley & LaChance, 2000; p.13), but requires program

endorsement and implementation. Incest resolution therapy requires the engagement of all family members. While the approach anticipates potential family reunification, this outcome is not essentially the objective. Mediating and redressing incest trauma and the difficulties associated with disclosure is the ultimate objective. In those circumstances in which eventual family cohabitation is not amenable treatment serves the objective of ensuring that family reconstruction occurs through a process that addresses the needs of victim and family members.

A predominant preoccupation in incest treatment is the victim's sense of guilt or self blame for disclosure. Solutions require that perpetrators assume responsibility for the abuse, hereby absolving victims of any self-recrimination. Within the family reunification process, this phase has been described in various ways by various professionals. Herein, the clarification process assures the abuser assumes responsibility for the abuse. This is conceived to serve additional functions for the victim, perpetrator and family. Clarification constitutes a process that can take many sessions to complete addressing the therapeutic needs of the victim, perpetrator and family members. As described by Lipovsky, et al. (1998) the "clarification process is not a substitute for perpetrator treatment" but strives to address important issues relevant to future risk.

> The process communicates to both the victim and perpetrator that the issues to be worked on are serious, complex and not easily resolved. The abuse clarification process has the potential to effect significant change in the thought processes and affective experiences of the victim. Furthermore, it can be a powerful therapeutic tool in organizing perpetrators' thinking about their responsibility for the child victim. (Lipovsky, et al.; p.738)

While DeMaio, Davis and Smith (2006) reveal inconsistencies' in clinical practice, they do demonstrate a significant consensus (90%) with respect to strategies identified as "essential" to framing the clarification process. Objectives include addressing distorted cognitions, realigning parental structure towards appropriate protective members, establishing treatment focus on the needs of the child victim, emphasizing perpetrator responsibility, and developing relapse prevention strategies (Saunders & Meinig 1995 in DeMaio, et al., 2006).

2.8 Countertransference

Countertransference Theory

At present, it remains difficult to operationalize all potential features of countertransference. The origins of countertransference still remain unclear and difficult to define. The research base employs various methodologies, sampling methods, and means of data collection.

The study of countertransference is beset with methodological obstacles that largely continue to thwart investigation. Research is hampered by the fact that countertransference remains abstract, is not largely elaborated upon, and lacks specific identifiable or measurable features. The research base is largely unrelated or disjointed, employing diverse clinical tools to assess different phenomena. Casual conclusions are drawn and contribute to an emerging theoretical paradigm. Regarding this lack of clarity Norcross (2001) writes;

> In recent years, the term "countertransference" has been used generically and, at times, indiscriminately. It can refer to any therapist reaction or feeling, desirable or undesirable. The term is inconsistently employed to refer to the therapist's customary ways of behaving with patients, to the therapist's reciprocal reactions to patients' habitual ways of evoking reactions, to the therapist's unique feelings toward a certain patient, or to all three phenomena. (Norcross, p. 981)

and

> In either case, practitioners and students alike are confused.…most theoretical orientations place considerable emphasis on the inner work of the therapist—how to constructively harness the intense, conflictual, and often painful reactions of working with difficult people—even if they do not invoke the term. All theoretical traditions, moreover, recognize the therapist's contribution to the treatment process and the need for therapist self-care when experiencing the looming despair, sudden rage, or boundary confusion that is all part of countertransference. (p. 981)

The research base employs various methodologies, sampling methods, and means of data collection. I offer the salient themes and theoretical paradigm that have grown as a result

of the research practice. The paradigm summarizes significant features of countertransference into the following categories: origins, triggers, manifestations, effects, and management factors (Hayes & Gelso, 2001; Hayes et al., 1998).

- Origins- Unresolved conflicts within the therapist that influence treatment. This refers to therapists' areas of unresolved intrapsychic conflict and can result in emotional reactions that are defensively stimulated by the therapeutic process (family issues, identification, etc.).

- Triggers- Elicit the therapist's unresolved issues. Triggers are those traits or events that may elicit countertransference (presenting problems, clients' styles and behaviors, etc.).

- Manifestations- Behaviors, thoughts, or feelings that emerge into the therapeutic space. These may be overt or covert and/or conscious or unconscious. Manifestations result from the provocation of the therapist's unresolved conflicts or triggers described above. Manifestations are described to be internal to the therapist resulting in emotional reactions (anxiety, misperceptions of events within the therapeutic space, and feelings towards the client) or behaviourally (approach/avoidance).

- Effects- The impact upon the therapeutic process. The greatest concern is that these manifestations influence process and outcome. Countertransference may influence therapeutic technique, one's capacity to adequately reflect upon the client's situation, and, ultimately, the therapeutic relationship (approach-avoidance).

- Management- This refers specifically to one's ability to regulate and productively use his/her countertransference reactions. Characteristics considered useful include self-insight, anxiety management, conceptual skills, self-integration, and empathy.

It is significant that the origins, triggers, manifestations, effects, and countertransference management (or lack of management) occur as a fluid phenomenon. Defence mechanisms may be mobilized as the result of interplay between triggers and origins, directly or indirectly related to the therapeutic space, however, the actual effects and management of these processes remain evasive. For example, origins are latent features inherent to the therapist that, when triggered, would manifest in session, the effects of which influence the therapeutic process and otherwise require management. This conceptualization addresses various aspects associated with countertransference in therapeutic practice as identified by the existing research base. While this structure presents a potential for understanding the occurrence of countertransference within a process, this remains a theoretical construct and lacks empirical validation. Studies appear capable of identifying features of the aforementioned theoretical concepts, but fail to address their occurrence in their entirety. Despite an evolution in our ability to organize countertransference reactions, Hayes et al. (1998) write:

> Whereas laboratory analogue research has been helpful, and perhaps necessary, to advancing the measurement of countertransference, the current body of analogue research consists of a disparate set of studies examining largely unrelated hypotheses. The findings from these studies are difficult to integrate in any meaningful way, and they fall short of generating a clinically valuable theory of countertransference. (p. 468)

Existing Tools and Research Strategies

Inventory of Countertransference Behaviour (ICB)

The Inventory of Countertransference Behaviour (ICB) is a measure that was developed to assess supervisor-perceived countertransference behavior during counselling sessions. Freidman and Gelso (2000) conceptualize countertransference as the manifestation of unresolved conflicts in the therapist resulting in the therapist's inability to remain therapeutically involved with the client. This contends that countertransference is observable through the therapeutic distance manifested during treatment. Here, countertransference is identified and described through approach and avoidance

behaviour. Friedman and Gelso (2000) describe how both behaviors are consistent with countertransference manifestations:

> Inexperience may be a factor that triggers unresolved feelings of inadequacy or a desire to please. Thus, befriending a client, talking too much, or providing too much structure in a session indeed may reflect underlying therapist conflicts. It seems likely that therapists may differentially possess the ability to manage certain feelings (such as anxiety) so that they do not spill over into inappropriate behavior. (p.1231)

The ICB improves upon other established research tools in that no measure of therapist over-involvement previously existed. Although originally conceived to measure under and over-involvement, factor analysis of 126 counselling supervisors revealed the inventory better reflected factors suggestive of what the authors describe as "Negative Countertransference" and "Positive Countertransference". Friedman and Gelso (2000) write:

> Transference may be viewed as reflecting a "one-person psychology," where emphasis is placed on the client's intrapsychic world and transference reactions are viewed as distortions. Alternatively, transference may be seen in terms of a "two-person psychology," where transference is not viewed as a distortion but rather a client schema or template that becomes stimulated by, and enacted within, the client–therapist relationship. Each type of transference reaction toward the therapist may be seen as positive or negative. Like positive transference, positive countertransference behavior may reflect a therapist's need to be liked or perceived as competent, or may be viewed as enacting schemas related to missing or unfulfilled relationships in the therapist's past. And similar to negative transference, negative countertransference behavior may reflect a negative conflicted relationship theme that becomes re-enacted in the therapy relationship or may reflect a distortion on the therapist's part. (p. 1231)

The ICB uses a five-point Likert-type format on which specific behaviors assumed as indicative of over or under involvement are indicated. Higher scores indicated greater levels of countertransference behavior. Scale Construction relied on the investigators' theory of two dimensions of countertransference behavior, generating 23 items reflecting therapist involvement. Evaluators assigned items to respective categories with feedback generating 9 additional items producing a 32-item scale. Eleven experts contributed to

providing face validity with general agreement that the inventory's items represented an expression of countertransference.

The ICB apparently correlates in "theoretically meaningful ways" (p. 1230) with other existing countertransference measures. Construct validity was provided by correlations between the ICB (and its subscales) and the Countertransference Index, an existing one-item measure of countertransference behavior (Hayes, Riker, & Ingram, 1997). Both the ICB total scale and the two subscales correlated negatively with a measure of countertransference management ability. Validity is suggested by the inverse relationship between countertransference behavior and counselling outcome in less successful cases. Freidman and Gelso (2000) report high internal consistency, and assert the ICB related positively the one-item index of countertransference behavior (CT) and negatively with an existing measure of countertransference management ability. They contend the ICB to be potentially applicable to hypothesis testing, to test a theory of positive and negative countertransference behaviour, and in examining relationships between countertransference behavior and other variables.

Freidman and Gelso (2000) acknowledge that the ICB is incapable of capturing "the entire domain of countertransference", but believe the ICB taps "a significant domain within a very global construct" (p. 1223). They purport that the ICB was developed largely with a conception of countertransference that was "closer to the classical definition… than a totalistic definition in that countertransference is seen as stemming from the therapist's unresolved issues" (p. 1232). However, given the inability to identify internal processes, these comments appear to reflect a totalistic model in that all behaviour is interpreted by the observer. Both positive and negative countertransference is inferred from a supervisor's evaluation independent of the processes being enacted in the therapeutic space. Friedman and Gelso (2000) suggest that the two ICB subscales demonstrate a potential ambivalence inherent to countertransference reactions as well.

Regrettably, the ICB measures an observer's -most often supervisor's- perceptions of counsellor-trainee's countertransference behavior in a given session. Despite acknowledging unspecified problems associated with supervisor-trainee rating, they purport this to be an "effective blend of objectivity and involvement" (p. 1223). Supervisor observations are considered valid in that they are not directly implicated in therapeutic issues, and possess an awareness of the existing therapeutic dynamics. While there is no direct reason to assume that supervisors would be inherently biased, properly standardized methods would invariably be preferable.

Countertransference Factor Inventory (CFI)

A good working therapeutic alliance is supposed to positively impact upon therapy outcome. The therapist's capacity to contain or manage countertransference reactions is postulated to contribute towards the promotion of a positive therapeutic alliance. Research and theory (Gelso et al., 1995; Van Wagoner, et al., 1991) support the premise that personal attributes are significant to countertransference management. It is from this reasoning that the Countertransference Factor Inventory (CFI) was developed. This concept asserts that therapist-trainees possessing these specific attributes contribute to countertransference management.

The CFI purports content validity in that it contains items considered important to countertransference management by "experts in the field". Construct validity is derived from results of studies that apparently differentiate "excellent therapists" from those viewed as average (Van Wagoner et al., 1991). The CFI is reported to correlate negatively with countertransference behavior in session (Friedman & Gelso, 2000; Gelso et al., 1995; Hayes et al., 1997) and the literature reports the CFI "possesses high internal consistency" (Van Wagoner et al., 1991).

The CFI consists of 50 items on which evaluators (generally supervisors) assess subjects regarding five subscales. These subscales measure Therapist Self-Insight, Therapist Self-Integration, Anxiety Management, Empathy, Conceptualizing Skills. The CFI employs a likert-like scale measuring a level of agreement to questions addressing traits specific to the individual subscales (1= strongly disagree to 5= strongly agree). Since its inception, the authors have examined the relationship between countertransference management and therapy outcome, hypothesizing a positive relationship between the CFI total score, as well as its five subscales.

Several studies suggest that supervisor ratings on the CFI have been predictive. Because the CFI is a measure of therapists' overall countertransference management ability, traits are rated globally by therapists' supervisors rather than in the context of a specific client or session. The CFI is reported to measure attributes expressed through a therapists' global behavior in addition to during client work. As such, it does not necessarily reflect countertransference management ability as much as positive therapist abilities that benefit the clinical process.

As there does not appear to exist a standard coding method for CFI criteria, this remains problematic. Inter-supervisor agreement has not been attempted when rating trainees, and, to my knowledge, remains unexplored. Given researchers frequent use of therapist-trainees rather than experienced therapists, it remains difficult to generalize, and findings have not been extensively validated.

Study limitations have historically included small sample sizes, further rendering our ability to generalize findings suspect. Furthermore, the CFI evaluates specific traits potentially significant to the management of countertransference, reactions as features assumed inherent to the therapist. While it is acknowledged that "reputably excellent therapists" will continue to experience countertransference, triggers are therapist specific. This approach ignores that countertransference management must be active, regardless of the personality characteristics of the therapist. Triggers constitute unresolved conflicts that not even the "reputably excellent" can inherently overcome.

Post-Session Distortion

It is widely accepted that countertransference provokes defensive reactions that emerge in the therapeutic space. Countertransference is considered to affect a therapist's ability to reflect thoughtfully on clients' material or to take a detached, observing stance with clients (Lecours, Bouchard, & Normandin, 1995; Normandin & Bouchard, 1993). These manifestations may otherwise distort a therapist's impressions/perception of the client. Certain studies have employed post session interviews to assess therapist distortion (Gelso, et al., 1995; McClure, & Hodge, 1987). Researchers conduct semi-structured post-session interviews, with therapists asking about in session material (e.g., commenting on a particular therapist behavior and inquiring about its roots or intended effects). This strategy quantifies in session phenomena in contrast to therapist reports. Therapists' reports that exaggerate or minimize the frequency of verbatim material is conceived as representative of a distortion of clinical material. This distortion is perceived as representative of countertransference.

Remarkably, memory is inevitably subject to variation, and remains mutable (Loftus, 2003, 2004). Is distortion a direct result of countertransference, or poor recall? Interviews following sessions may benefit from the relevant immediacy of the encounter, however, may also compromise or be compromised by internal processing. It would be erroneous to suggest that the fallibility of recall is inherently indicative of countertransference, however, "distortions in recall" are employed to measure manifestations.

Surveys

Pope and Tabachnick (1993) document that therapists experience a number of emotions in their work settings. Fear, anger, and sexual arousal and attraction apparently occurred in 80 % of the 600 professionals surveyed. Therapists in this study were faced with 16

client events or behaviors that reportedly included such diverse behaviors as client orgasm, clients disrobing, client suicide, client assault on therapist or third party. Professionals reported having engaged in avoidant behaviors, kissing clients, massaging clients, using weapons or summoning police for protection from clients. Pope and Tabachnick (1993) describe that two thirds (66.8%) of the participants reported sexual attraction to female clients, about one half (53.3%) to male clients. Sexual attraction, itself, refers largely to a biological response to stimuli. These responses may be external or internal, and incidences are not particularly indicative of countertransference or professional impropriety. That is not to say that professional improprieties should be minimized, but is it unrealistic to assume that therapists should somehow be without sexual instincts when practicing their profession. Again, it is not the feeling but their effect that determines professionally appropriate acts. The suggestion that therapists who succumb to a flirtatious client are, at least, in part, motivated by personal needs would suggest that countertransference dynamics occur; however, it would be inappropriate to suggest that countertransference motivates sexual impropriety. That we experience emotion does not mean we enact countertransference.

Diverse Tools

It is necessary to note that countertransference research is not limited to those tools described above. Research projects have employed different clinical tools in hopes of identifying countertransference reactions among their sample population. Strategies are not unlike those employed by Hayes and Gelso (1993), who sought to identify therapist based triggers in response to a specific population. They (1993) examined male counsellors' reactions to gay and human immunodeficiency virus (HIV) - infected clients. These included the 16-item Homophobia Scale, developed by Daly (1990), Templer's (1970) Death Anxiety Scale (DAS), and client actors on videotape in 1 of 4 conditions. While counsellors experienced greater discomfort with HIV-infected vs. HIV-negative clients, and counsellors' homophobia predicted their discomfort with gay male clients, these findings are not inherently remarkable. Homophobia exists and will score significantly when present. HIV infection, particularly in the earlier days of research,

included numerous ramifications to the potential treatment process that are, in and of themselves, challenging and not specifically indicative of countertransference.

Essentially, each clinical research tool bears specific weakness, as they were not developed with the objective of evaluating countertransference reactions. For example, Hayes et al. acknowledge that "Daly's (1990) Homophobia Scale was designed to measure people's prejudicial attitudes toward and biased beliefs about gay men; it does not, however, assess the extent of one's internalized homophobia (e.g., fears that oneself may be gay), which certainly may affect counsellors' discomfort" (p. 90).

In addition to studies that have sought to incorporate clinical research tools originally conceived for reasons other than the study of countertransference, several researchers have generated their own methods of evaluation:

- Gelso et al., (1995) employed what they referred to as the Approach-Avoidance Countertransference Measure to assess countertransference reactions to lesbian clients.

- Hayes et al., (1998) developed the Countertransference (CT) Index. This is a five-point Likert scale (1= strongly disagree and 5 = strongly agree) single-item measure where observers/supervisors rate the extent to which a subjects behaviour appears influenced by countertransference.

- Shachner and Farber (1997) sought to examine if a child's diagnosis constituted a variable in countertransferential responses to child in psychotherapy. This method employed vignettes to generate data.

- Ladany, Constantine, Miller, Erickson, and Muse-Burke (2000) developed the Supervisor Countertransference Interview Schedule. This questionnaire probes 14 separate areas relative of the supervision for countertransference manifestations in the supervisor/trainee relationship.

These studies were largely limited in their application, and, with the exception of the countertransference index, to my knowledge, are not currently considered particularly relevant.

Child Sexual Abuse Specific Research Projects

Not unlike those projects described above, limited research has been conducted regarding countertransference in the area of child welfare. Waring (1998) assumed countertransference as a function of the therapist's tolerance of ambiguity, feelings of anger, anger suppression, and a childhood history of parental physical abuse. Behavioural, affective, and cognitive components were considered indicative of countertransference. Behavioural reactions were computed after measurement of the percentage of avoidance responses through videotape therapy simulation. Affective reactions with the state anxiety inventory and cognitive reactions were measured by distortions in recall. A low tolerance of ambiguity, intense angry feelings, and a history of childhood abuse were judged positively associated with countertransference reactions. Waring (1998) employs methodologies not uncommon to countertransference research, and strategies not dissimilar to professional practice; however, it falls into a trap of recording observed behaviour and not internal processes, the manifestation of anxiety but not its effects on the treatment process, and cognitive distortion but not its effects in a patient's evaluation of the conceptualization of a treatment plan.

Rogentine (1997) examined various features potentially influencing child protection workers' affective lives through semi-structured interviews and the Maslach Burnout Inventory. Content analysis identified from interviews revealed strong feelings of sadness, grieving, guilt, anger and fear. These emotions were apparently managed through over-involvement or depersonalization, a distancing behaviour with anger towards the client population. Better coping skills result from personal and professional boundaries, personal interests, a strong network, and personal spirituality. Regrettably,

although conceptually associated, these findings are positively related to compassion fatigue and worker burn-out and not specifically to countertransference.

The Mental States Rating Scale (MSRS)

The final and most complex of the clinical research tools designed to assess countertransference is illustrated through a historic body of work leading to the current incarnation- the Mental States Rating Scale (MSRS). This tool has borne different names, and has evolved into its current format from the earlier Countertransference Rating Scale (CRS) and the Montreal Transference Countertransference Measure (MTCM). The MSRS is an assessment tool designed to identify mental states reflective of, and consistent with, emerging mental processes within the clinical forum. The technique of evaluating countertransference manifestations is based on the premise that respondents' reactions to interviews or vignettes are reflective of mental processes. This approach assumes a totalistic perspective regarding all of a respondent's reactions to clinical stimuli as triggered semi-projectively through psychic determinism. Subjects, presented with a vignette, are instructed to write down their spontaneous subjective experience, which is then evaluated by trained evaluators.

The Mental States Rating Scale (MSRS) is essentially a codification strategy for verbatim generated in response to a clinical scenario. Subjects receive instructions to write down their spontaneous reactions to what was said and done in response to a clinical scenario. Material may be generated in direct response to an invivo session, direct observation of third parties, responses to vignettes, or the most recently developed method of journal or non-professional record keeping. Verbalized mental activity, the associated impulse with verbalizations, and other manifestations of mental activity can be observed, assessed and codified. Results constitute the expression of discrete mental processes reflective of the internalized mental processes of respondents. It is understood that these states are fluid, and evolve throughout the clinical process. Coding was developed to differentiate mental processes as they occur. These processes can be identified and situated within a theoretical body of literature addressing countertransference. Linguistic and

paralinguistic material generated by the vignettes provide a description of evolving themes during analysis. Through codification, the MSRS permits an evaluation of the quality of object relatedness and the degree and intensity in the affective urgency described by the respondents.

Concepts generated by psychoanalytic theorists serve as the basis for the theoretical analysis that drives the MSRS. The theoretical premise employed by the MSRS is consistent with broad psychoanalytic literature addressing countertransference, and results in classifications indicative of a continuum of avoidance and attachment. It is by these means that this instrument identifies "verbalized mental activity and covers phenomena that are conscious and preconscious, as well as taking into account unconscious derivatives through the recognition of impulsive verbalizations and other manifestations of mental activity that unwittingly express conflicts" (p. 263; Lecours et al., 1995). This methodology is consistent with earlier research projects (Normandin et al, 1993; Bouchard, Normandin, & Séguin, 1995; Lecours et al., 1995; Séguin & Bouchard, 1996). Greater defensive reactions on the part of the therapists are consistent with countertransference reactions as discussed within the greater body of literature.

Four mental states have been identified. The first three mental states are characterized by their defensive nature and the clinical “distance” they establish in the clinical forum. These include concrete, objective rational, and defensive (Low, Medium, and High) mental states. As such, the first three mental states are characterized as lower mental states, in that they reflect the manifestation or mobilization of the respondents’ defences. The fourth mental state, reflexive, is characteristically a state of engagement and active reflection in which the therapist would be demonstrating reflexivity in the clinical forum. This mental state is classified as such in that the therapist is demonstrating an active engagement in the therapeutic content without an observable manifestation of his/her defence mechanisms, and is actively accompanying the client in the clinical process.

The objective-rational (OBR) is a mental state, in which intrapsychic material are characterized by modest relational activity. Organized with, as a subset of the OBR

mental state, a lower level is the concrete mental state (CONC). Concrete constitutes a mental state marked the paucity of mental activity and the "absence of an other" when describing relatedness, marked by little emotionality and is representative of more primitive "edopsychic deficits"; this in contrast to the objective- rational mental state which, although emotionally frugal, does not exclude the potential for higher abstraction. As such the concrete mental state is a markedly different example of mental processes, considerably lower, and, typically categorized with low defensive functioning. The objective rational is a complex state as illustrated by the potential for higher mentalization but categorization associates it with concrete functioning; a state marked by deficit.

The second category of mental states is the defensive mental states, and, as one might presume, is interpreted as being unconscious reactions to conflict. Defensive processes include three subsets which include a low (DEFLO), medium, or intermediate (DEFINT), and (DEFHI) high, each level indicative of different defensive processes. They are regarded as defensive, in response to external stimuli, mobilized through unconscious processes. This is a defensive manifestation that strives to satisfy immediate desires or to defend against a perceived threat.

- The high-level defensive, DEFHI, mode is represented by an actual distortion or inhibition of internal representations through defense mechanism like repression, displacement or intellectualization.

- The intermediary level, DEFINT, is exhibited through a desire that is gratified while exhibiting no other defensive processes.

- The lower defensive, DEFLO state, is characterized by primitive defenses that are observable through projective identification, splitting, or acting out.

The reflexive (REF) mental state is illustrated by psychic activity (or interpersonal relationships), exhibiting internal processing and content indicative of self-other observation, and reflexive analysis. Reflexive mental states permit the subject to

incorporate the experience of the other, and in doing so attempt to interpret and experience the self of the other effectively creating an experience of self-self from a self other context. Reflexive states include two subsets which progressively illustrate processes that are not so inhibited by lower mental states that the subject is unable to integrate concepts of the other's experience. These states are emergent (EMER) and immersion (IMM) and reflect a progressive, liberation of sorts from the intrusive, and sometimes, possessive hold of lower defensive functioning.

As these states are fluid, respondents may flow between one state and another throughout the course of a clinical session, and this would be reflected through the varying material provided through the vignettes. As such, analysis includes both the evaluation of immediate (micro) and global (macro) material.

The scoring of the MSRS involves independent judges. Judging constitutes the codification of subjects verbatim as indicative of mental processes. Publications employing these methods describe the use of two judges who have completed a 25 hour training session in the MSRS assessment process (Normandin et al., 1993; Bouchard, et al., 1995; Lecours, et al., 1995; Séguin & Bouchard, 1996).

Preliminary rating results in the identification of significant units (SU). Significant units involved no predetermined length and could be as simple as a "turn of the conversation or as involved as to include several pages of transcript." The identification of significant units employed specific criteria and reference points including: manifest linguistic and paralinguistic signs, manifest change in theme, manifest change in affect, a shift in posture and/or therapeutic intervention. Written material was subjected to three levels of analysis: a microscopic level (Mic) corresponding to the sentences, a macroscopic level (Mac) corresponding to the relationships depicted, and the overall level (V) relating globally to the content of each vignette. Given the existence of an established coding, criteria raters have clear criteria from which to resolve interrater disagreement.

Countertransference, in this context, is interpreted from a totalistic perspective, and responses are garnered from a respondent's reaction to stimuli. Supervision, an objective case review, remains the forum for identifying obstacles to treatment. Therefore, the analysis of responses to clinical vignettes/scenarios is consistent with theoretical strategies for assessing countertransference. Moreover, construct validity for MSRS appears good, as operational definitions for the codification of respondents' mental states reflect an in-depth review and integration of the literature and an actual case-specific context for the manifestation of countertransference (Bouchard et al., 1995; Séguin et al., 1996).

Methods ensuring the reliability of this format have involved a progressive development and elaboration of this tool to ensure an integration of the existing theoretical paradigm regarding countertransference (Bouchard et al., 1995). Reliability with a modified Holt's manual for scoring primary process manifestations in Rorschach responses (DE, DD) confirmed neutral, poor, and moderate defensive functioning with object-relational, reactive, and reflective states respectively (Séguin & Bouchard, 1996). The study confirmed its authors' expectations of correlations with defensive quality (DE; $r(32) = .43, p < .05$; DEV; $r(32) = -.42, p < .05$) and supports the theoretical perspective that reactive countertransference would be a "maladaptive use of defences. Consistent with the theoretical paradigm, reflexive countertransference is related to a good use of defensive organization" (p. 436).

Test-to-test reliability was obtained across studies, confirming that subjects with greater experience demonstrate fewer reflexive mental states than their more inexperienced counterparts. Researchers (Lecours et al., 1995) suggest that less experienced therapists demonstrate greater openness to the clinical vignette as compared to more experienced therapists who, by contrast, engage in greater descriptive aggressivity- possibly reflecting the psychoanalytic concept of drive fulfillment. Gender differences in cognitive functioning have also been recognized. Female subjects are reported more empathetic, exhibiting greater reflexivity than their male counterparts who score higher object relational classifications. Female therapists are characterized by relational thinking

involving effect of processes in contrast to the instrumental or objective individualist of reasoning of their male counterparts. Female psychologists were shown to be "more reflexive and less object distancing than their male counterparts" (p. 273).
This instrument is an improvement over previous tools offering strong construct reliability, the in-session evaluation of countertransference manifestations, and a comprehensive coding system. The MSRS is a tool that has proven reliable to other existing evaluative tools (Holtz manual for the scoring primary process manifestations, Wisconsin mental state) in confirming content and criterion validity. The evaluation of theoretical orientations has observed a greater propensity for reflexive mental states among humanistic and psychodynamic oriented therapists in contrast to a predominantly objective, rational activity exemplified by their behavioural counterparts. The MSRS is an objective evaluative tool based on fixed criteria requiring interrater reliability that reports a generally high level of agreement after training in its use. A 25-hour intensive training in the categories of the MSRS is required and obtainable through Dr. Bouchard[22] of the University of Montreal. Evaluators report good agreement (±.80) after having completed the aforementioned training program and comparable mastery would be required to assure inter-rater reliability.

The most remarkable feature of the MSRS is that it accommodates further secondary analysis. The data generated from the MSRS reveals emerging mental states. Defences emerge through the course of a scenario or interview in which the subject is not static. For example, with Hayes and Gelso (1993) study regarding homophobia and HIV infection, the MSRS could possibly identify those moments during an interview in which a subject's defences are mobilized. Identifying those moments within a context of time/stimuli, allows one to identify and postulate triggers that provoke defensive functioning. Not only is the MSRS a well constructed reliable tool with a clear

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methodology and coding practice, it also provides specific relevant data that may be built upon within the structure of other research projects.

Summary of Countertransference Research Tools

Surveys typically employ a systematic sampling of professionals united through professional associations and disciplines. Survey results which identify that therapists may be fearful of their clients ignore that this emotion may be justified. Fears of client suicide and/or violence towards self and others are legitimate concerns in practice with very real consequences. Violence in professional practice is a legitimate area of concern. In these cases, is therapist fear a manifestation of countertransference, or a reality based reaction to existing stimuli? Essentially surveys offer no means to objectively established emotion occurring in response to realistic threat from those resulting from "unrealistic" projections on the part of the clinician.

Studies have addressed therapist based traits, in session behavior, and distortions in therapist perception. Therapist traits do not constitute defensive reactions as a result of intra-psychic conflict that intrude into practice.

Behavior in session is not necessarily a defensive distortion that thwarts adequate objectivity as a result of an inability to manage intrapsychic distress. A therapist's perception is not inherently a result of unresolved intra-psychic conflict generated by stimuli. Ambivalence may occur during, or throughout, the clinical exchange- an ebb and flow of establishing a relationship, creating a holding area, and challenging/influencing the client's experience of self or other. To what extent is approach-avoidance behavior, or the manifestation of defensive functioning, not inherent to all human interaction?

Qualitative research projects that engage in a micro and macro analysis of verbatim obtain interrater consensus through cross analysis and auditing (Hayes, et al., 1998) require communicable, coding strategies that demonstrate replicability. Many of these

projects lack the clear and communicable strategies necessary for coding which are ideal for content analysis and facilitating consensus and replication. As such, coding constitutes a significant problem to both the CFI and the CBI. With the exception of the MSRS, no tool identifies internal processes. Although conceptually representative, providing good face validity in addition to a communicable coding strategy, it is difficult to assure that defensive manifestations, observable through the MSRS constitute countertransference and not "managed stimuli". Countertransference is only regarded as dangerous as a consequence of the effects it might impart on treatment. Studies have yet to adequately reflect the latent influence countertransference would have on treatment and treatment planning.

It has also been illustrated that the study of countertransference is also hampered by conceptual obstacles as well. Hayes et. al., (1998) assert that resulting theory from qualitative studies should be credible. Studies appear to lack testimonial validity. Credibility would require an interviewee's conscious awareness of, in this case, countertransference, a phenomenon that would occur largely outside the awareness of the subject. This might be resolved through subject feedback; however, in situations in which the desired data would be "unconscious" defensiveness, testimonial validity is only of moderate reliability.

Another final feature associated with potential countertransference reactions that appears absent from the literature is the potential variable of education. One would consider that in addition to specific technique, professional knowledge influences practical intervention. Survey literature describes fears and concerns when dealing with specific populations, however, fails to assess to what extent our professional education contributes to performance anxiety. With the emergence of HIV and AIDS, public hysteria was strong and considerable misinformation existed. To what extent do professionals' reactions reflect a limited, ignorant, or socially constructed understanding of their clients' problems? As such, are these reactions inherently countertransference, or the result of the professional's limited understanding of a phenomenon? Is education a variable when evaluating countertransference? No one has addressed the extent to which

education (and adequate information) as a variable may facilitate countertransference reactions among professional populations. Given the potential for a large knowledge base, and resistance to theoretical or research studies that may challenge traditional or personal ideologies, and varying models of professional practice, where do professionals derive their understanding and is it reflective of the whole literature base? Although a dramatic example of error, individuals seeking to understand homosexuality from Kraft-Ebbings' Psychopathis Sexualis would invariably be no better off following their studies. Education could constitute a significant variable to those areas of practice mired by myth, public misinformation, or prejudice.

Most tools fail to identify those internal processes that could suggest that those behaviours observed, surveyed, or interpreted are actually a result of an intrapsychic process that distorts treatment. Countertransference is largely conceived as the effects of stimuli (either external or internal) that are internally processed and reflected back in the clinical space. Surveys can report frequency, among a sample, but offer no greater depth or insight. Behavioural or emotional descriptions by third party observers, are removed, dependent on external factors and are not necessarily representative of countertransference. Discreet professional traits, or behavior, have not been identified as significant in facilitating treatment. This would require that behavior be situated within a context of internal and external processes over time to be legitimately conceived as countertransference. As such, these tools are flawed in their capacity to adequately assess internal processes. As such these research tools fail to identify those internal processes relevant to countertransference. The majority of studies, and research methodologies, involve an observation of clinical sessions either through simulated scenarios, transcripts, vignettes, self-report, and survey samples. Coding strategies, by and large, follow acceptable qualitative research methods but lack formal standardization that are communicable facilitating study replication. Many, if not most, tools for evaluating countertransference fail to employ a standardized and communicable coding strategy.

Countertransference, Secondary Traumatic Stress (STS), and Burnout

Countertransference, secondary traumatic stress (STS), and burnout are considered to contribute towards distorted cognitive schemas. Stamm (1999) describe potential forms work of related stress, their respective dynamics, and orientations are distinctive from one another.

The empathy used by the workers to build relationships with the children is the conduit for the stress suffered by the workers. Social work education is presumed to exploit empathy as a tool of practice. This requires that the emotion hazards of professional practice are integrated into academic curriculum. This gap is particularly unfortunate given that the circumstances of child welfare work make those professionals likely candidates for STS. Through empathetic engagement, the professional contributes to the therapeutic encounter, promoting the establishment of a therapeutic alliance. In doing so, the clinician can be emotionally exposed to the victim's history of trauma, risking secondary exposure and secondary traumatic stress.

Secondary traumatic stress (STS), aka- vicarious traumatization, also referred to as compassion fatigue, results from being exposed to traumas experienced by others during the clinical process. STS is an outcome related to traumatic material (Stamm, 1999). Symptoms paralleling those of the primary trauma victims have lead to the proposition of a diagnosis of STSD (Stamm, 1999). Similar to PTSD, it is, however, secondary, resulting, through contact, with a primary trauma victim. Professionals suffering STS may experience increased fatigue or illness, emotional numbing, social withdrawal, reduced productivity, and feelings of hopelessness and despair (Stamm, 1999). It is asserted that personal features inherent to the therapist may mediate, or influence the emergence of STS (Pearlman & Saakvitne, 1995).

Professionals risk experiencing countertransference, secondary traumatic stress (STS), and burnout. All clinical encounters invariably produce countertransference. Countertransference is a feature of every psychotherapeutic relationship, and reactions

occurring as a result of countertransference have the potential to enhance or impede the therapeutic process (Pearlman & Saakvitne, 1995). While both STS and countertransference result from individual's reaction to client based material in the clinical encounter, STS is concerned with the issue of trauma experienced by the therapist as witness to the experiences of the client; countertransference is concerned with any and all emotions the clinician experiences vis-à-vis the client. STS, by definition, does not necessarily contribute to the clinical exchange. In principle, countertransference does not produce symtomotology, however, circumstances that significantly impact upon clinicians risk influencing treatment planning and orientation. When acknowledged, countertransference informs treatment, but risks to negatively impact treatment when unacknowledged, and influences the therapeutic process. The personal needs of the therapist are excluded from any discussion of countertransference, as satisfying those needs are antithetical to the clinical process. Secondary traumatic stress concerns itself with the victim of secondary trauma, whereas countertransference retains the client as its primary object of interest by remaining preoccupied with the impact and significance that the therapist's emotional experiences may have on the therapeutic encounter. In circumstances in which clinicians are so significantly impacted that they suffer work related symtomotology, there exists an increased likelihood of countertransference manifestations in clinical practice.

Secondary traumatic stress theory forecasts that professionals affected by secondary traumatic stress are at a higher risk of making poor professional judgements than those professionals who are not affected. Conversely, secondary traumatic stress theory predicts that personal, professional and organizational support may provide protective factors to mediate against some of the risks relating to the development of secondary traumatic stress. (Collins S. & Long A., 2003)

Finally, burnout is also a concept that is frequently associated with STS and countertransference. Burnout is a systemic problem related to the organizational features and not the clinical forum. Burnout is considered to result from the organizational environment whereas STS and countertransference are the direct result of being exposed

to trauma in the clinical encounter. The key factor that differentiates STS and burnout lies in their respective etiology. All three are significant in the potential consequence they have on individual professionals and risk impacting negatively upon the personal and the professional spheres of one's life.

Burnout and STS share similar symptoms, the effects of which are cumulative resulting in symptoms which include physical, emotional and mental exhaustion, irritability, apathy, and compromise work performance. The deleterious effects of exposure to trauma include over-intellectualizing, loss of confidence, suppressing emotions, exhibiting rigid thinking, and using limited decision making. Symptoms that include emotional numbing, social withdrawal, hopelessness, irritability, apathy, despair, and physical, emotional and mental exhaustion ultimately compromise work performance.

2.9 Social Control and State Institutions

Control is the ability for one subject to exert its will over another. For Foucault, with the close of the eighteenth century, incarceration became the main form of punishment. Jeremy Bentham's "panopticon", a model through which prisoners are subject to constant supervision, is used as an analogy by Foucault, to illustrate not only the state control through incarceration, but also wider public control through state institutions (Foucault, 1977). The panopticon is the ever observant control and discipline of the state through which the demands and regulation of behavior are mediated. It is through our social institutions (social, educational, and professional), and discourse that social expectations are ultimately dictated. The common framework to which I make reference is to the simple principle the state endorses knowledge, imbues institutions with power, and formalizes methods of control[23].

23 It is worth mentioning that this can and invariably does create forms of opposition that operate in a like manner. This is discussed elsewhere in this text.

It is, however, a knowledge that is rooted in hierarchies that identifies and promotes, cultural knowledge- cultural discourses. While an analysis of discourse may include analyzing texts, language, policies and practices, Foucault has extended the definition of discourse as "systems of thoughts composed of ideas, attitudes, courses of action, beliefs and practices that systematically construct the subjects and the worlds of which they speak." Although discourse is associated with theories of power, and state discourse is argued that it is used to construct reality, itself. The first tenet for this discussion is that the state endorses knowledge, institutions that transmit that knowledge, and accredits individuals for having completed requirements in that they have demonstrated a proficiency in a field of study. Using the example of veterinary medicine, criteria for the qualification of veterinary medicine is set forth. It is instructed and proficiency is verified, earning an individual the title as a veterinary; an individual who exerts an expertise regarding the health of animals. The state's "endorsed" knowledge would be that knowledge that preoccupies itself with animal sickness (and health). The study of botany would be inappropriate for an accreditation in veterinary medicine and vice-versa. The state operationalize institutions that in this case teach and subsequently endorse subjects who demonstrate proficiency suggestive of an assimilation of this aforementioned knowledge; in turn allowing the subject to practice with the title of a veterinarian.

Foucault's Birth of the Clinic (1973) alludes to the knowledge and authority of the medical profession as rooted in what he refers to as the notion of a "gaze". Foucault's critique of the authority imbued in medical practitioners in his Birth of the Clinic can be easily extended across disciplines. For Foucault this "clinical gaze" is the professional's application of his/her knowledge and authority to diagnose the underlying realities of their subjects.

Invariably, the gaze that all professionals impart is invariably rooted in the various knowledge and authorities of respective governing agencies, and the veracity with which practice adheres to that authority. Individual professionals appropriate and invariably adhere to the knowledge espoused by their respective governing bodies. The second

tenet holds that knowledge, and skills endorsed by the state are exercised in various "spaces of enclosure" in which "accredited" subjects exercise their expertise. These spaces are also endorsed in that the authority of the subject (expert) over the object (field of knowledge) is acknowledged and, to varying degrees, afford a forum over which said expertise is practiced. In the context of the veterinarian, the immediate space of enclosure may be limited to a consultation in which a "client" exerts his/her own decision with respect to an animal's health (and sickness) as well as it may be a veterinary who exercises an authority imbued to him/her through the authority of the state. The former may be an individual's decision to spade or neuter a family pet, while the latter may be the "professional" insisting on terminating the life of an animal as the result of an infection due to a dangerous contagion. This is not to suggest that a veterinarian is imbued with sufficient authority to intrude upon an individual's home and impose his/her will over the family pet. It does become more feasible to imagine that a veterinarian, through the authority of the state, may undertake these actions through other "spaces of control" (i.e. the scientific community, judicial system, and the police) over an individual who has seriously compromised one or more animals' health in so far as the state prioritizes animal health over individual rights in certain circumstances. That is to say that while the state endorses the knowledge required to exercise a role as authority, the control that an authority can exercise is limited and may require alliances/cooperation between experts and "spaces of control".

Further illustrating the point, a veterinarian has an expertise in the area of animal health and exercises his/her own space of control. A veterinarian may endorse an important surgical intervention so as to save the life of an animal. This exercise is dependant on the consent of the animal's owner. It is unlikely that any state would permit a veterinarian to pursue a court order to oblige an animal owner to submit his/her pet to a surgical intervention. By contrast, a doctor may recommend to a child's parents an important surgical intervention to save the life of a child. In the case of a child, a doctor may exercise that option. This is not to suggest that this is easily obtained, however, through alliances/cooperation, authorities can and do exercise degrees of control in so far as the participants (both individual and institutional) fulfill necessary criteria.

It is, however, suspect if the premises from which the professional gaze is cast is no more informed than that of the layperson. Foucualt (1973) contends that armed with the clinical "gaze" doctor earn almost mythical status and reverence for their insights. The discipline establishes authority and worthy reverence as unassailable truth.

Herein, discourse, an institutionalized way of thinking, defines not only the character of a subject, but exposes its authority, and the limits through which the subject may be examined. This is extendable to the authority of Foucault's premise of disciplinary punishment (1977). Authorities, identified by the state exert power elicited largely through professional judgment (power-knowledge), appropriated through internal mechanism over the subject. Professional discourse, inherently legitimized through the authority of the state, presumes the authority of the institution. The third tenent here accepts that the state imbues "spaces" with varying degrees of authority so as to fulfill its identity and objective. The state exerts its will over its citizenry through an infrastructure which endorsed that "authorities" exercise varied degrees of control. Examples of varying degrees of control are illustrated through the power directly wielded by the state through the justice system, the police, doctors, and finally, veterinarians. The identity and objective of an authoritarian or autocratic regime operates so as to enforce and fulfill the objectives of its autocrat with little, if not any, concessions, to another's personal authority or identity. A less authoritarian society would, hypothetically, require more alliances and restrict conditions in which the direct methods of control or oppression could be exercised. Finally, a context in which no controls would exist would likely be inconceivable, given that even the most subtle forms of influence would constitute alliances/cooperation.

Alliances or cooperation may permit an authority or expert to exercise considerable influence through association. Returning to the example of the veterinarian, a professional may be able to mobilize other state-approved agencies to result in the termination of livestock in circumstances that risk contagion. In sum, agents represent approved authority, exercise authority, and enact inherent authority through alliances

(cooperation) with other agencies. This occurs in all social forums involving both formal and informal authority agents, and agencies. Foucault's analysis illustrates the emergence and negotiation of "powers" within culture, creating substructures that inter-phase within the new regulation of power, crime, and/or illegalities. The state emerges as a fluid observant culture, benefiting the ruling class, dominating the lower class, accepting and mediating those illegalities that it perceives to be in the interest of its membership. Subject to and subjecting the whole, the state initiates and maintains control through government programs- the panopticon rendered functional as panopticism. Foucault writes:

> Penalty becomes the way of handling illegalities, of laying down the limits of tolerance, of giving free rein to some, of putting pressure upon others, of excluding a particular section, of making others useful, of neutralizing certain individuals and of profiting from others. In short, penalty does not simply 'check' illegalities; it 'differentiates' them, it provides them with a general 'economy'. And, if one can speak of justice, it is not because the law itself, or the way of applying it serves the interests of a class, it is also because the differential administration of illegalities through the mediation of penalty forms part of those mechanisms of domination. Legal punishments are to be resituated in an overall strategy of illegalities. (Discipline and Punish: the Birth of Prisons, p. 272)

Here, a distinction between delinquency and illegality is differentiated by those actions considered tolerable. By tolerable, one requires that delinquency is "enclosed" and does not constitute a threat to the greater order or services of members of society who practice occasional illegality[24]. Enclosed refers largely to behaviors that do not adversely affect the society. Delinquency and illegality remain those behaviors that, although observed by the panopticon, constitute economies unto themselves and, do not demand control. Foucault describes the assumed project of conflict between legality and illegality as a strategic opposition between illegality and delinquency. Here, the state introduces those

24 Notable examples of 'enclosed' delinquency would be illustrated through prostitution, controlled substance distribution, and minor trafficking- all potentially useful delinquency'. The perpetrators of these delinquencies remain socially and economically marginalized and are tolerated only in that their transgressions remain useful or exploitable by non-perpetrators. Within communities of limited resources, marginalized, and socialized to delinquency, as within the prison, behaviors flourish.

principles to differential sentencing which organizes penalties (sentencing) as a manner of handling illegalities. Those principles argue concepts and objectives associated with sentencing as a means of promoting the interests of the society. Through this control of illegality, the state maintains discretion in the treatment of a given illegality. Discretion is organized largely through the opinions of those "well informed" or knowledgeable individuals, possessing an authority to influence the court (p 2; Goldinger, 1974). In this circumstance, the handling of the illegality is mediated by the opinions of those "well informed individuals" presenting an authority to influence the court. Thus, the state expresses its intent, interest, and objective through its handling of an illegality.

Within the framework, a culture of regulation, described immediately above, Child Welfare serves the function as a regulatory force, empowered through the state, with a mandate to act in the interest of the social body. As a "bureau-professional" organization, its legitimacy is maintained by ensuring a "quality of care" that compliments the authority already acquired through state-sponsored education and accreditation. Bureaucratic accountability results from specific mandates, strict systems of accountability, formalities, procedures and hierarchical structures. Within this structure, a child's welfare is relegated to "individual persons" or parents. The role of parents is described as follows:

> [T]he best way to analyze the present description of their rights as between parent and child is to treat parents as trustees of their "duties" which must be exercised for the children's benefits. Failure in their proper use calls for scrutiny. The public agencies therefore, can be viewed as acting on the mandate to exercise that scrutiny and, in doing so, to be the indicating the rights of children and the trust invested in the parents is properly exercised. (p. 43; Dingwall, Eekelaar, & Murray, Care or Control?: Decision-making in the Care of Children Thought to Have Been Abused or Neglected, 1981).

State intervention is justified as parental "obligation is strengthened by its conceptualization as a fact of nature." (p. 43). Here, Child welfare constitutes the regulatory force when these responsibilities are not assumed, are neglected, or otherwise transgressed. Intervention is deemed warranted, as parental inadequacy is "safely reprehensible". Dingwall et al. (1981) contend two features justify social/legal

intervention. The first, “parental incorrigibility”, occurs when parents ignore the "legitimacy of concerns about parenting practices" (p. 31). Measures, whether quasi-legal or otherwise, are enforced to inspire cooperation until such time as transgressions are accounted for:

> The eventual perception of parents as "incorrigible" exposes the regulatory aspect of social source services mandate. If the parents will not cooperate voluntarily, they may perhaps do so under pressure. Hence it is often (though not, of course, always) the case where the care proceedings are initiated primarily for the purpose of gaining control of the family and not remove the children from the home. (p.31)

Fundamentally, the control of illegalities remains a reflection of the interests of the society. This is consistent with Foucault in that the state maintains social expectations and exercises control through its agencies. Child Welfare is a vehicle for the state’s (or culture’s) intent regarding incest. Ultimately intent should find expression through the organization of services. Authority, legitimacy, and control are the expression of the states intent through the organization and delivery of services.

Chapter 3 Method

3.1 Design

This is a descriptive study that examines and reports upon the emotional experiences of 28 child welfare workers regarding their experiences dealing with incest and incestuous family members.

Countertransference, is essentially the emotional experience of a clinician. To investigate possible countertransference in the clinical treatment of incest I interviewed child protection workers regarding their emotional experiences specific to their work with incestuous families. To investigate this I proposed interviewing child welfare professionals to identify countertransference in the treatment of incest and to determine if clinical knowledge influences the manifestation of countertransference in the treatment. Inclusion criteria required professionals having been engaged in actively providing child welfare services, be it evaluation and orientation (incest specific or otherwise), as well as long term care. Interviews with professionals drawn from established child welfare agencies would be considered representative of child welfare professionals likely to intervene with reports of incest histories. When countertransference is unacknowledged or unrecognized, it is commonly believed to have negatively impact upon the clinical process serving the emotional needs of the clinician and not necessarily the clinical process. The experiences espoused by the sample represent emotional, or countertransferential, manifestations.

3.2 Ethical Approval

Ethical approval for this project was sought through the REBII (for human subject experiments) ethics committee of McGill University. All documents used in this study are available for review in the appendices. As the project solicited subjects regarding

their affective experiences when working with incestuous families, but sought to identify emotional processes beyond those immediately identifiable by the individual subject, this was treated as a deception.

3.3 Sampling

Direct access to professionals required me to contact child welfare agencies to solicit project participation. The subjects' need for strict confidentiality within, and from, their respective agencies was another significant ethical consideration. This required that subjects had the opportunity to contact, and meet with me in complete anonymity from their respective employers. An email account was created; introductory letters (appendix 1), questionnaires, vignettes, and a debriefing were reviewed and amended as required. Once ethical approval was obtained, government agency web sites for the provinces of New Brunswick, Quebec, and Ontario were used to generate mailing lists for their respective provincial child welfare services excluding only those agencies identified as offering services to remote indigenous communities[25]. Agencies were contacted by telephone to identify individual representatives within their respective agencies that could approve and circulate a solicitation for participation in the research project among agency staff. Attrition occurred when agency representatives refused to disseminate the invitation for participation in the study amongst their staff. In some circumstances, agency representatives sought additional information regarding the nature of the project. The exact nature and objective of the study was discussed. As the project did involve an element of deception, agencies that could not ensure the integrity of the project's deception were excluded from sampling.

Agency representatives favorable to the research proposal were forwarded those documents, documents approved by the REBII McGill University ethics committee, and were instructed to circulate the invitation for participation to individual child welfare workers within their respective agencies. Individuals interested in participating in the

25 As this study is not specific to indigenous populations these agencies were excluded.

project contacted me through an email address as instructed in the solicitation. Interviews were subsequently scheduled according to the subject's convenience and the researcher's opportunity to travel to each subject's respective location. In almost all circumstances, subjects contacted me directly via email. One agency employed a human resources representative to facilitate interviews with their staff. To the best of my knowledge this arrangement did not compromise the integrity of the project.

Client participation was self-initiated from within child welfare agencies that were willing to transmit the projects sample solicitation to the various employees within their service.

3.4 Research Instruments

Demographic Questionaire

Demographic data (age, level of education, years of experience, etc.) were collected through paper and pencil questionnaires (see appendix 2). This questionnaire included questions regarding the impact of stress in the personal lives of the sample, support seeking behaviors, impressions of the appreciation and value accorded child welfare by the community, and their level of confidence if they were personally subject to child welfare investigation and/or child removal.

Vignettes

Vignettes (see appendix 3), requiring written responses, also simulated clinical encounters and were derived from interview excerpts from the professional literature base. Ultimately, vignettes provoke projective responses which in turn were expected to contribute towards data analysis.

Semi-Structured Interview

Semi-structured interviews and vignettes were designed to investigate each subject's personal understanding of incest, child welfare services, and their "in-session" experiences and emotions regarding incest and the families they encounter. As emotions are mediated cognitively, topics relevant to incest, incest intervention, and professional practice were identified and incorporated into a semi-structured interview (see appendix 4). These questions dealt with the general framework from which each subject conceptualized the many facets considered relevant to incest, intervention with families dealing with incest and countertransference. General questions regarding incest, sexual offending, incest rehabilitation and child welfare practice were combined with questions designed to simulate and/or stimulate clinical encounters (questions 15-18 see appendix 4). As such the questionnaire was designed to survey theoretical knowledge, personal perceptions, and work experience amongst families dealing with incest.

Childhood Trauma Questionnaire (C. T. Q.)

All respondents completed the Childhood Trauma Questionnaire (CTQ) (see appendix 5). The questionnaire was collected at the time subjects were interviewed. The CTQ is a self-report scale indicating subjective experiences of abuse in childhood. The coding manual provides cut-offs for various levels of severity that are indicated as low, moderate and severe[26]. The childhood trauma questionnaire is a comprehensive and validated trauma questionnaire that surveys an individual's self-report of childhood experiences of emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect (Bernstein & Fink, 1998). The CTQ is validated, and is a reliable, self-administered

26 The cut-offs employed in this study are Emotional abuse (9, 13,16); Emotional neglect (10, 15, 18); Sexual abuse (7, 11, 14); Physical abuse (11, 15, 18); and Physical neglect (8, 11, 13).

Likert-like scale designed to assess the extent of childhood abuse. For each of these five categories, five questions are asked in order to survey a respondent's personal account of childhood trauma. While no specific indication of the onset or nature of the abuse experienced is detailed, all questions are situated to have occurred "While growing up in my family...". For example, question 13 reads "While growing up in my family people looked after each other" and respondents choose from never true, rarely true, sometime true, often true, and very often true. With five questions in each category, respondents indicate scores from 1 to 5, a graduated accordance to the validity of each statement. Coding combines' scores from 5 questions for each form of abuse identified above. Minimum and maximum categorical scores are 5 to 25 points respectively. Higher score are indicative of higher subjective experiences of early childhood abuse. By extension, a global trauma score is obtained when each of the five categories is combined from which a respondent may score 25 to 125. An additional component assessing the occurrence of subject denial, incorporates a maximum score of 3, resulting in a potential maximum global score of 128. Questionnaires were coded according to the CTQ coding manual by me. No specific training is required for coding. This is an accepted and validated research tool and factor analysis indicates construct coherence and viability across diverse clinical and non-referred populations (Bernstein & Fink, 1998). The inter-item reliability coefficients computed with Cronbach's alpha rate satisfactory to excellent. Factor analyses tests on the five-factor CTQ model showed structural invariance suggesting good validity. Reported coefficients for the subscales for Sexual Abuse, Emotional Neglect, Emotional Abuse, Physical Abuse are .93-.95, .88-92, .84-.89, and Physical Neglect (81-.86), respectively. The test-retest coefficient is reported close to 0.80 over a 3 ½ month period.

While the CTQ is a widely used clinical research tool, inconsistent methodological practice impede generalization across the literature base. While the CTQ suggests cut off values for indicating severity of abuse many studies modified these values to accommodate their research project. In other situations cut-offs are not presented or referred to other studies that may or may not have employed the same values. This obstacle for generalization already discussed in the existing literature base. Despite these

obstacles the CTQ is widely considered "a leader in the field of measurement of adult recall of childhood abuse of all types" (Baker & Majorino, 2010). Greater consistency for cross data comparison is acknowledged in the literature (Baker & Majorino, 2010).

Mental State Rating Scale- (MSRS)

MSRS coding was conducted by an independent judge trained in the use of the MSRS. Coding requires a 25-hour training and inter-rater reliability to confirm competence. MSRS scores are the result of the codification of available expressed content (i.e. verbatim or written content) as prescribed by the MSRS coding manual[27]. Coding is accomplished through a process that identifies the manifestation, and mobilization, of defensive processes and results in a numeric scores. Defensive processes may be transitory (micro) or more enduring (macro). As mental processes are considered to be active, coding ascribes a numerical value, a score, indicative of the subject's overall mental processes mobilized during an individual interview excerpt.

The data employed in this study exploits raw mental state score calculated from individual subject's responses to specific questions during the interview process. Questions 15 through 18 surveyed a subject's emotional experiences towards incest victims, offenders, mothers (i.e. non-offending parent), as well as towards other family members. These questions were specifically designed to facilitate affective processes towards members of incestuous families. As described in the literature review, coding constitutes the codification of subjects verbatim as indicative of mental processes and includes both the evaluation of immediate (micro) and global (macro) material (Bouchard, et al., 1995; Lecours, et al., 1995; Normandin et al., 1993; Séguin & Bouchard, 1996). Preliminary rating results in the identification of significant units

27 A copy of a coding manual would be available through Marc-Andre Bouchard, Department de Psychologie, Universite de Montreal, C.P. Montreal. (Quebec), Canada, H3C #J7. Email: marc.andre.bouchard@umontreal.ca ; Phone 1-514-273-7192; 1-514343-6562; FAX: 1-514-343-2285

(SU). Significant units involved no predetermined length and could be as simple as a "turn of the conversation or as involved as to include several pages of transcript." The identification of significant units employed specific criteria and reference points including: manifest linguistic and paralinguistic signs, manifest change in theme, manifest change in affect, a shift in posture and/or therapeutic intervention. Written material was subjected to three levels of analysis: a microscopic level (Mic) corresponding to the sentences, a macroscopic level (Mac) corresponding to the relationships depicted, and the overall score for the content of each transcript and vignette. This coding process produces individual scores, ranging from 0-100, from each subject which are indicative of the subject's overall defensive processes, towards victims, offenders, mothers, and other family members. Through this process scores are determined for each individual question (emotions towards victims, offenders, mothers and other family members). From these individual scores, employing the same coding strategy, a global score was calculated for each subject's combined scores. Effectively, coding seeks to provide quantifiable observations, again ranging from 0-100, of the manifestation of defensive mental processes in response to the stimuli provided through the interviews with this sample.

Subject scores identify mental states as indicative defensive functioning. These mental states are labeled concrete (CONC), object-relative (OBR) scores, lower defensive (DEFLO), intermediate defensive (DEFINT), higher defensive (DEFHI), and emergent (EMER) and immersive (IMM), these latter two representative of reflexive mental states and occur along a continuum and are scored from 0-100. A simplified description of these mental states is included in the appendices section of this document (appendix 7). Lower numerical scores indicate more primitive defensive processes and are suggestive of clinical encounters consistent with countertransference manifestations. Higher numerical scores illustrate more sophisticated mental states suggestive of clinical encounters that would preclude countertransference manifestations.

A global MSRS score is determined from the subject's level of overall defensiveness to those questions regarding victims, offenders, mothers, and other family members.

Ultimately, lower scores are indicative of more primitive, defensive functioning, whereas higher scores indicate mental processes that are fundamentally less defensive in nature. Lower scores reflect a subject's propensity to distance oneself from material perceived as threatening, whereas higher scores would be more indicative of the clinician's ability to assume and tolerate potentially threatening intra-psychic content. Functionally, the former actively distances the therapist from the client, whereas the later reflects the therapist attempt to understand the client through one's own internal processes. Higher mental states would be considered essential to clinical practice in that it is that internal process that permits the clinician to perceive of, and conceptualize, the client as an emotional object- a process necessary to understanding the client. Not only is defensiveness theoretically consistent with the manifestation of countertransference but higher mental processes (i.e. reflexive mental states) are indicative of the clinician's ability to actually engage and conceive of the client's emotional experience.

Publications employing these methods describe the use of two judges who completed a 25 hour training session in the MSRS assessment process (Bouchard, et al., 1995; Lecours, et al., 1995; Normandin & Bouchard, 1993; Séguin & Bouchard, 1996). At this time, interrater reliability is not available as only one rater was involved in coding here. Given the specialized nature of the skill and limited availability of qualified coders, it was not possible to engage a second coder for this project.

3.5 Procedures

This study dealt with the experience of 28 professionals actively involved with child welfare. The sample was solicited from across three provinces; Ontario, Quebec, and New Brunswick. Agencies were identified through government. Telephone contacts were undertaken to identify the individuals in each agency capable or necessary to

promote or advance the project in their respective point of service. The project was discussed and when accepted an introductory letter was forwarded for dissemination (appendix 7). Favouring the principle of confidential participation, agencies' representatives were asked to disseminate the invitation for participation to individual child welfare workers in their respective agencies. Contained in the introductory letter is an email permitting interested professionals the opportunity to contact me directly and confidentially. Subjects were promised monetary remuneration of seventy-five ($75) for their participation.

As the project sought to identify countertransference in professional practice, it was marketed as a survey of the affective experiences of child welfare workers and treated as deception. In some circumstances, agency representatives sought additional information regarding the nature of the project. As the project did involve an element of deception, agencies that could not ensure the integrity of the project were excluded from sampling. In almost all circumstances, subjects contacted the researcher directly via email. All arrangements for individual interviews were coordinated directly with each individual subject. One agency employed a human resources representative to facilitate interviews with their staff. This arrangement did not compromise the integrity of the project. Subjects were all forwarded copies of the Childhood Trauma Questionaire as an attachment to an email for completion prior to the actual interview. Subjects were all met at their respective workplaces as scheduled. All subjects were encouraged to complete the CTQ prior to the actual interview and it was estimated to require 15-30 minutes. All subjects were interviewed individually by me and assigned an identification number. Subjects were instructed to complete a consent form (appendix 8) and then the demographic questionnaire (appendix 2). In certain situations internet security protocols prohibited subjects from opening the attachment file. These subjects completed the CTQ during the interview. Subjects were subsequently instructed to read each vignette individually and write their immediate emotional response to the written material. Each document was collected following completion and preserved in an individual marked envelop. Despite clear and explicit instructions to each subject the vignettes ultimately failed to yield data for analysis. This is discussed later in the findings section of this text.

Following completion of all documents, the semi-structured interview was undertaken (appendix 5). Interviews were recorded and transcribed by me and data were generated from qualitative interviews and demographic questionnaires. Transcriptions were employed for qualitative data analysis. Specific sections of transcriptions, questions 15-18, were employed for MSRS data analysis.

Completion of the questionnaire, vignettes and interviews required approximately 60-90 minutes. As discussed previously, this project was perceived to include an element of deception so a debriefing was required with all subjects. The debriefing disclosed the specific interest in the topic of countertransference. At the end of each interview each subject received a copy of the debriefing and was paid $75 (seventy-five) dollars for their participation. This sum was calculated on the basis of expected hourly wages, inconvenience, and time required completing data collection. A copy of the debriefing is included in the appendix of this text (see appendix 9).

3.6 Quantitative Data Analysis

MSRS Data coding was conducted by a graduate student trained in MSRS coding. Quantitative data analysis was conducted by an external research agency.

Data derived from the CTQ, raw MSRS score, and demographic questionnaire constitute the quantitative data collected in this project. Correlations was undertaken so as to identify possible relationships between, demographic data (i.e. academic training, years of experience etc), reports of a previous history of childhood sexual abuse, and raw MSRS scores within the sample. Multiple linear regressions was used to identify possible connections between the manifestation of countertransference and a subject's reported history of childhood abuse.

Data analysis employed SPSS version 12. Analysis included frequency distributions of categorical values, descriptive statistics from scale variables, the calculation of scores

from the CTQ, and inter-correlations between scores and sub-scores. Multiple regression served to examine any relationship between CTQ and MRSR scores.

3.7 Qualitative Content Analysis

This project probes individual professionals' knowledge of incest. It was hypothesized that respondents possess knowledge, opinion, or experience regarding incest. As such, respondents are perceived as active agents with an understanding of a complex phenomenon, communicable to others through guided conversation (Rossman and Rallis, 1988). This project advocates that a respondents' understanding reflects meaning and incorporates values, language, and perceptions of those affected by incest. That an individual maintains an understanding and communicates that understanding through the interview constitutes an exploration of their understanding, and is a faithful representation of a participant's ideology in so far as the research process demonstrates reliability and validity. This strategy anticipates that, when questioned, individuals will honestly recount their opinions. These opinions would be reflective of the respondent's personal knowledge. This knowledge could either be the result of direct education, personal experience, or indirect education. This said, I summarize that each account is representative of ideas held by each individual, and therefore, constitutes a knowledge base from which he/she understands incest. It is anticipated that each individual's understanding of incest would have a place within the broad professional literature base. Although questioned regarding incest specific education, respondents are not accountable for their knowledge, and all commentary is treated as each subject's understanding. This goal is consistent with strategies favouring interviewing as a research methodology.

Respondents participated in semi-structured qualitative interviews that would elaborate upon their understanding of incest and their interpretation of structured vignettes. This method is consistent with other studies employing the MSRS. Qualitative interviews and structured vignettes were used to determine the existing knowledge base and mental processes of the samples. Variables relating to personal and professional experience,

previous training, areas of practice, and issues of professional identity would provide for detailed specific analysis and possible future areas of study. It is believed that these questionnaires would suffice to identify and document the manifestation of countertransference within the sample populations, and accommodate a parametric analysis with continuous variables offering significant results.

Interviews were initially transcribed by the primary researcher. Interviews were read and reread. Data were organized with the use of Nvivo7. No other assets of the software were exploited beyond the organization of the data. There were two separate strategies for the organization of the qualitative data. One strategy organized each interview question into individual documents for immediate analysis and comparison (i.e. question 1 for all respondents was collected and combined into one individual document, etc…). The second strategy organized interview content around various themes identified during the various readings of individual interviews. Interviews were each reread and organized into separate individual categories around topics or themes that emerged during the course of the interview. Thematic topics were identified during the various reviews of the individual interviews. Twenty-two separate themes were identified. Thematic material may have included elements specific to one or more questions, but would have been elaborated upon in sections other than in the context of a specific question. The size and significance of each of them ranged from 15 references drawn from seven sources to as many as 160 citations from 26 subjects. The analysis of each group, either interview questions or thematic material, involved grouping respondents' answers to each question together for comparison. Each citation was subsequently edited so as to demonstrate not only the commonality between the various respondents, but also the potential diversity within each subset. Citations were edited so as to remove non-essential content. Non essential content was determined to be any content that did not contribute directly to the significance of the topic being addressed. An example is provided below to demonstrate the process.

> [B]ut the one that I did was um we got to um do the training with police officers. Um We got we got to, I guess for myself, we got more information regarding the grooming of children. Um Pedophiles um how they you know stalk people not

> necessarily stalk but pick out their areas and how they're going to lure their victims and that. I thought that training to do with direct contact with police officers you kinda got a little more inside information than you would in a book.

Salient themes to the purpose of the project were interpreted to be the subjects' identification of their training as having occurred with the police. Both the content that included the grooming process employed by pedophiles and the confidence that the individual subject reported in their training were also identified as meaningful to this citation:

> [W]e got…training with police officers….information regarding the grooming of children…. Pedophiles… how they're going to lure their victims….you kinda got a little more inside information than you would in a book.

Extraneous content is removed, resulting in a final citation that would retain the principle concepts salient to the projects' subject matter. In a larger context, citations organized around a similar theme undergo a similar process:

> No it's not as purposeful, and it's not as ingrained in you as an abuser, because I can be a parent, and I can have a bad day of or bad training is a parent. I grew up with parents who hit me but if you give me different training, I won't do that. It is not a choice that make to purposefully try and hurt my children. I react in anger but if somebody if there's incest or sexual abuse, that's a choice that they make, that's more ingrained in them. It's it's It's kids like your sexual preference.

> [S]o pedophiles are similar if not the same as incestuous and and I guess I must see them the same. And from what I've read, there isn't much success rate with pedophiles in therapy.

Material is reduced to primary concepts that are believed to summarize the opinions subjects expressed.

> [I]f there's incest or sexual abuse…that's more ingrained in them. It's…your sexual preference.

> [S]o pedophiles are similar if not the same as incestuous…there isn't much success rate with pedophiles in therapy.

Further editing would remove repeated content so as to try to minimize redundancy. Redundancy is however, relevant, when considering the breadth to which an idea may be supported within the sample. This can include the elimination of an entire citation in circumstances in which the content is markedly similar:

> [S]o pedophiles are similar if not the same as incestuous…there isn't much success rate with pedophiles in therapy.

The use of actual citations was favoured throughout the course of this project. Citations provide direct access to research content and constitute the basis from which opinions and analysis occur. Citations were drawn from interviews and constituted the actual commentary of child welfare workers. While tone and inflection is absent with written content, it is hoped that the emotion and significance of the actual experiences and opinions of the sample remain accessible. Citations give voice to the sample. Citations allow for the direct expression of the sample, and provide for a direct link between raw data and the conclusions drawn.

3.8 Ethical Considerations

This project is preoccupied with the affective experiences of child welfare professionals when dealing with the subject of incest. Subjects are cautioned that the interview (data collection) is specifically concerned with the professionals' thoughts, emotions, and understanding of incest in professional practice. Given the sensitive nature of the research topic, vigilance was paid to participants' possible emotional reactions that might emerge during the interview process. It is anticipated that some subjects may have experienced childhood sexual abuse. Sexual abuse, childhood or otherwise, among professional populations is not the focus of this research project. Personal histories of child sexual abuse are considered relevant to research and are reviewed through the Childhood Trauma Questionnaire and interview data.

Given the potentially intense nature of the discussion, a number of relevant professional and community resources were identified for the subjects' convenience.

3.9 Analysis

This project posits that countertransference occurs outside the awareness of the sample. This is explored through the identification of mental state scores. Lower mental state scores are indicative of greater defensive functioning. Lower scores indicate more primitive defensive processes. Lower scores reflect various intra-psychic strategies that distort or disavow subject content. This process inherently occurs outside a subject's awareness whereas higher mental state scores illustrate both a higher awareness of, and tolerance to, the material in question.

Hypothesis 1 is observable through the raw MSRS scores. Collectively raw MSRS scores offer a general distribution of observed defensive functioning, countertransference manifestions, regarding incest among this sample

Hypothesis 2 posits that child welfare workers experienced in incest rehabilitation will exhibit less countertransference than those professionals unfamiliar with incest treatment. This hypothesis requires that a subject's experience with incest rehabilitation and familiarity with the existing literature base is identified. This hypothesis will be examined through the use of qualitative data garnered from the semi-structured interview and raw MSRS scores. Qualitative data identifies those subjects experienced in, or familiar with, incest rehabilitation. A comparison, within the general sample, of raw MSRS scores is used here to illustrate the potential effect of this experience and knowledge on countertransference manifestations.

Hypothesis 3 posits histories of abuse as a significant variable towards the manifestation of countertransference. This is explored through linear regression employing raw MSRS and CTQ scores. Other variables collected with the CTQ and demographic questionnaire that may potentially contribute to countertransference will also be explored through linear regression.

Chapter 4 Findings

4.1 Sample Summary

Demographic Profile

Complete data were obtained from 25 (89.3%) of the 28 (100%) subjects. Table 1 and 2 show a summary of the sample demographics. Demographic results for one subject were lost, while other missing values result from the inability to code specific response provided by respondents. Some subjects skipped questions, or chose not to answer certain questions posited in the demographic questionnaire.

The sample of 28 (100%) child welfare workers included only one subject who was interviewed in French. Twenty-six (92.95) subjects were female and two (7.1%) subjects were male.

Table 1:Sample Demographics

Variable		*N*	*%*
Age (years)	24-35	12	42.9
	36-45	7	25.0
	46-60	9	32.1
Level of Education	Undergraduate	13	46.4
	More than One Undergraduate Degree	7	25.0
	Graduate	4	14.3
	Missing	4	14.3
Child Welfare Experience (years)	0-5	11	39.3
	6-10	11	39.3
	11-15	1	3.6
	16-26	1	3.6
	Missing	4	14.3
Previous Areas of Practice	Legal System	1	3.6
	Psychiatry	3	10.7
	Community Practice	7	25.0
	Criminal Justice	2	7.1
	Medical Care	2	7.1
	Academia	3	10.7
	Research	3	10.7
	Other Work Experience	16	57.1
	Missing	3	10.7

Table 2: Work Experience and Age

Variable	N	Min	Max	M	SD
Years of Work Experience	27	1	25	7.6	5.8
Years of Age	26	25	56	38.6	8.5

Twenty-two subjects (78.6%) had less than 10 years experience. Eighteen (64.3%) subjects reported experience in other areas of practice, with the largest number, 25% (n=7), coming from community practice.

Table 3 shows responses to the demographic questionnaire.

Table 3: Worker Experience and beliefs

Variable			N	%
Professional Activities	Reports of Related Training	Incest Law	11	39.3
		Strategic Interviewing	17	60.7
		Child Interviewing	24	85.7
		Therapeutic Intervention	18	64.3
	Involvement with…	Police	24	85.7
		Families	24	85.7
		Children	24	85.7
		Siblings	24	85.7
		Offenders	21	75.0
Emotional Impact	Report Job Stress….	Impacting upon Work	22	78.6
		Impacting upon Personal Life	23	82.1
		Impacting upon Family Life	20	71.5
	Sources of Emotional Support	Informal Resources	27	96.4
		Administrator	15	53.6
		Formal Resources	10	35.8
Public and Personal Perceptions	Is Child Welfare Appreciated by Society?	Work	16	57.1
		Expertise	16	57.1
		Experience	21	75.0
	Perception of Child Welfare	Child Welfare as a Social Priority?	6	21.4
		Confidence if subject to Child Welfare intervention?	13	46.1
		Confidence if subject to child removal?	4	14.3

In summary the sample had an average of 38 years old, possessed previous work experience (75%), and the majority of the respondents possessed an undergraduate level education with 0-10 years of experience (71%). Subjects report extensive training and an active involvement with the individual members of incestuous families. Most subjects reported feeling supported in their work and feel appreciated by the wider Canadian society. By contrast, they do not feel that child welfare is appreciated by the wider Canadian society, are less enthusiastic as subjects of child welfare intervention, and overwhelmingly uncomfortable if they would be subject to child removal in their lives.

Childhood Trauma Questionnaire (CTQ) Scores

Table 4 shows scores on the CTQ scale (n=28).

Table 4: Childhood Trauma Questionnaire (CTQ) Scores

Abuse Category	Min	Max	M	SD
Sexual Abuse	5	25	9.25	6.43
Emotional Abuse	5	25	9.39	4.73
Physical Abuse	5	23	7.04	3.81
Emotional Neglect	5	22	9.79	3.92
Physical Neglect	5	15	7.11	2.92

Note. N = 28

Table 5 presents the distribution of severity for childhood trauma scores from the CTQ subscales Sexual Abuse, Physical Abuse, Emotional Abuse, Emotional Neglect and Physical Neglect for the 28 subjects included in the analyses.

Table 5: Reported Histories of Childhood Abuse

Abuse Category	Low		Moderate		Severe		Total	
	N	%	N	%	N	%	N	%
Sexual Abuse	5	17.9	2	7.1	7	25.0	14	50.0
Emotional Abuse	6	21.4	2	7.1	3	10.7	11	39.3
Physical Abuse	2	7.1	2	7.1	1	3.6	5	17.9
Emotional Neglect	10	35.8	2	7.1	1	3.6	13	46.4
Physical Neglect	5	17.9	1	3.6	3	10.7	9	32.1

Note. Percentages reflect the number of the total sample.

Sexual abuse was the most common form of abuse reported. This category had not only the highest number of victims, but, also the highest number of victims that experience the subset of severe victimization when compared to other forms of abuse. This was followed closely by reported histories of emotional neglect. Here however, lower scores of emotional neglect are the most frequent form and level of abuse described by the total sample.

While denial is significant to the clinical utility of the CTQ, only one subject scored as "high" (3/3) on denial. This score is considered indicative of underreporting of a previous history of child abuse or neglect.

4.2 Qualitative Interview Findings

Q01.- How comfortable do you feel taking about incest in general?

Subjects were first asked about their level of comfort discussing incest. Nine (32.1%) subjects stated categorically they were comfortable discussing the topic of incest. This absence of discomfort was described as the result of their extended training, the common-place nature of incest as a topic in their work, or an emotional process that had liberated

them from the emotional difficulties one might otherwise experience when discussing incest.

The second cohort also included 9 subjects who acknowledged a mediated level of difficulty with the subject matter. This group was identified through comments specific to a process in which their personal discomfort decreased over time. These subjects openly acknowledged a discomfort with the subject matter, and described the experiences, or the process, in which that discomfort evolved. These subjects acknowledged an emotional discomfort that was, or had been, in part, mediated by either experience or personal interest in the subject matter. Herein, greater facility emerged with time, most often as a result of personal study. Some subjects reported having invested themselves in the study of incest as a social problem, others a process of self actualization, and some familiarity with incest among personal or familial associations. One (3.6%) subject reported a personal familiarity with two siblings who maintained an intimate relationship as adults.

The third cohort (n=7) qualified a comfort level, most often specific to their workplace and among colleagues. One (3.6%) subject specifically distinguished greater comfort with non-incestuous child sexual abuse than with incest. All subjects acknowledged emotional discomfort discussing incest and cited greater comfort with "clinical" or "abstract" discussions limited to the workplace. These discussions were limited to the workplace and among coworkers. This was often contrasted with the emotional discomfort or reactionary responses that would result when the topic would be generally public. Given the taboo nature of the topic, this experience is also likely to generalize to the other groups.

A small group of subjects (n=3) described the subject matter as difficult. They overtly acknowledged their discomfort with the subject matter. These subjects made direct reference to emotional discomfort during interviews with families during the discovery process.

Q02.- How do you understand the concept of an incest prohibition?

Ten (35.8%) subjects offered no explanation for the origins of the incest prohibition. "I do not know" and society "establishing" a prohibition characterize this cohort. Two (7.1%) subjects included in this group offered an explanation of how incest is sustained, but offered no explanation for the origin of the taboo.

Four (14.3%) subjects made specific reference to the incest prohibition as having its origins rooted in a Judeo-Christian heritage. One (3.6%) subject rooted the taboo to "religious beliefs" but described it as a prohibition design to facilitate social organization.

Three (10.7%) subjects made specific mention to the family structure in which familial roles and child protection are compromised.

Six (21.4%) subjects restricted their comments to a biological origin for the taboo. They made direct reference to the taboo as an imperative to limit genetic deficiencies, mutations, defects, or abnormalities.

Five (17.9%) subjects described more than one explanation for the origins of the taboo. All 5 included potential deleterious genetic effects to offspring. One (3.6%) subject referred to social theories of organization, with four (14.3%) referring to an associated failure to protect, foster, or promote child development.

Q03.- Has your education ever addressed incest, medically, sociologically, historically, in psychiatry?

When asked whether subjects received an incest specific education during their academic studies 16 (57.1%) subjects provided answers of no, or an equivalent. Of the 16, two (7.1%) made specific reference to an academic course on child sexual abuse;

> No. Sexual abuse was addressed…but I don't remember…specifically incest.

Or

> I had a course on sexual abuse. So it was from a social work perspective…really more of probably a family therapy perspective. …Maybe they did and I just don't remember.

The following quote is offered;

> Probably, minimally.…I can't say that by the time that I graduated with my BSW that I felt ready and well able to deal with families where incest as been an issue…nothing even comes to mind.

Nine (32.1%) subjects reported having taken courses during their academic training that broached the topic of incest. When asked to elaborate on the nature of the education they received, certain diversity was illustrated. Two (7.1%) of the 9 (32.1%) described having taken courses in which components included etiology, profiles and the concept of rehabilitation with a heterogeneous population. Four (14%) of the nine referred specifically to an education that addressed incest in a context of discussions of mental or emotional health

> [I]n terms of the consequences of it.

Or how:

> [I]t contributes to mental health.

Two (7.1%) subjects described their education as sociological in nature, with the final two describing having broached the topic in courses that addressed:

> Child behavior.

Or:

> Child development issues.

Finally, three subjects (10.7%) provided answers inconsistent with the question referring specifically to additional professional training that they may have received through their employers, or from within the professional community. These responses included training programs in which, as professionals, they were involved in:

> [E]xploring attitudes around incest.

issues of

> [T]he ownership of the child as opposed to the child who's an extension of your family.

with 1 describing his/her training as:

> [P]ictures of what it can look like.

It is important to remember that the question was limited specifically to formal academic education as limited to courses or course content. This does not include private personal studies, or interest in the subject matter in which the topic of incest was addressed in other classes at the initiation of the subject.

Q04.- Have you ever received any training in regarding intervention practice (other than protocol) when dealing with incest?

Question 4 sought to identify incest specific training that might have been given in the context of the work place. Twenty-two (78.6%) subjects were categorized as not having had training specific to incest. Inclusion in this group resulted from comments that allowed one to interpret that the professional training programs offered to child welfare professionals specifically addressed the topic of incest. When subjects responded in the affirmative, elaboration was sought and the descriptions offered helped determine how one would be coded. Eight (28.6%) of the 22 subjects provided answers consistent with:

> Not incest specifically.

Or simply:

> No.

Fourteen (50%) subjects reported having received training that specifically addressed investigative interviewing in cases of child sexual abuse. Seven (25%) subjects referred to formal professional training that addressed child sexual abuse in which the topic of incest was subsumed:

> I've had courses on sexual abuse. I have had some like training around that. It was child interviewing.

When questioned specifically regarding the content of the training, course descriptions commonly included the following phrases:

> [D]oing an investigation, assisting criminal investigations, forensic interviewing, Investigating sexual offenses against children training, how to interview children, following stepwise interview.

The following excerpts are offered as descriptive:

> I would have to say "very little" to "no discussion" on the impact of incest.
>
> It's more of a getting the facts as opposed to sort of therapeutic aspect of it.
>
> You know how to elicit information you need but not so much how to treat it.
>
> So all the training kind of led up…developing a comfort level…speaking with a child.

Two (7.1%) of the 22 subjects described having had training in "working with victims" or "doing groups with children who were sexually abused" and "the attitudes that we had, dealing with the attitudes so that we can move beyond that".

Four (14.3%) subjects reported receiving professional training specific to incest. Of the four, two subjects would have received this training in the context of their professional experiences as child welfare workers. The other two reported having received training in areas other than child welfare. In three of these four cases subjects all reported incest

specific education and an exposure to rehabilitation as a potential outcome subsequent to incest intervention. The 4th subject described her training in the following terms:

> I guess it was in the 80's when it was really was a force in child welfare.…..Not just in investigating cause it wasn't even that good at that point. But just in terms of understanding the dynamics and the feelings that kids go through and sort of the trap that they are in and how they progress in becoming an adult dealing with those issues.

Finally, two (7.1%) subjects reported having experienced "informal training" or familiarity with incest specific subject matter through experiences or contacts with associations or other professionals.

Q05.- Was your training consistent with your personal or professional beliefs regarding incest?

Only 26 (92.9%) of the 28 (100%) subjects were asked if their education had been consistent with their own personal beliefs regarding incest. The omission of the subject in question was not intentional and resulted purely from a lack of interviewer vigilance. Twenty-four (85.7%) of the 26 (92.9%) respondents stated that the training they received was consistent with their personal beliefs regarding incest.

Sixteen (57.1%) of these subjects answered simply, yes, the material provided in their training programs had been consistent with their previously held personal views. Two (7.1%) subjects qualified their statements with comments of the nature that had not given the topic much reflection prior to undertaking their academic and professional training. Two (7.1%) subjects referred specifically to the need for professional vigilance in professional practice and the deontological obligation to reserve judgment and treat all clients respectfully:

> [Y]ou're not passing judgment on the child, there hasn't been I wouldn't say there has been a lot of training around dealing with the alleged offender, but also that there's a vast differences from one offender to the other.

Three (10.7%) subjects referred specifically to their training as having confirmed a need for immediate intervention and the protocol as an appropriate measure. Two (7.1%) subjects referred to having felt that their training accurately reflected their view of victims and associated trauma, however, only 1 (3.6%) distinguished the phenomena of incest as considerably more complex:

> [I]t was definitely consistent with what I thought about abuse, sexual abuse, incest and victims, but it didn't specifically address that topic- if that makes any sense. It didn't set out to say, you know, let's explore incest.

This subject described an evolution in her thinking regarding incest throughout her professional career, characterizing her earliest opinions in the following terms:

> I had probably had black-and-white thinking before that around all abusers are bad.

Two (7.1%) subjects identified overt inconsistencies with the education they received and the personal opinions they would have held regarding incest. One (3.6%) subject referred to her academic and professional education as having been personally liberating. Having earlier acknowledged a history of abuse, she described her education in the following terms:

> [T]hrough communication through education…through just understanding that it is a societal issue…Then there is, you know, the view that it is something that can be dealt with. That there can be positive change, there can be a positive outcome to it and that depends on how the person deals with it or the quality of the help that they get.

The final subject described incoherence between the personal views she held as a lay person and the informal education she received, stating:

> [A]s I got to…understanding the concept more it makes sense when…you don't vilify it so much and try understand where it's coming from, but I found it more interesting, really than surprising...as a layperson, I guess I just didn't understand, you know? I just had these kind of images of what happened and just couldn't possibly understand.

Q.- 06 Given the power of the incest taboo, how do you explain its transgression?

Multiple Causes

Eight (28.6%) subjects described incest as a problem that is both complex and multi-factored. This perspective defines incest as a complex combination of features that contribute to intrafamilial abuse. This position largely communicated a confluence of factors that promote an element of risk for incestuous abuses, factors which include a previous exposure to incest through one's family of origin, perpetrator specific attributes, psycho-social factors, and situational features:

> [A] range of factors that contribute to it…social isolation, substance abuse, mental health, depression….that result in them seeking you know, pleasures or needs being met in places that are inappropriate…when someone's…endured a lot of tragedy.

> [T]here's so many reasons…you can't say it's just alcoholism, or it's just….Very much a heterogeneous thing…there's never any one reason for it, the one thing …we see or that I see is…it's generational.

> [A]ttachment …may predispose them…opportunity…immaturity … some rationalization…denial …ongoing unwavering support of his wife…family dynamics, some individual dynamics…its…complex and … individualized….they don't understand the boundaries and the roles that we have in our society among peoples.

> [I]f you have the right dynamics…prior abuse…any number of factors…..the right dynamics it can still occur.

Power of the Taboo/Social Taboo

Two (7.1%) subjects reported the fact that as incest is taboo, the very nature of social silence, prohibition, and discomfort with the behavior, promote or sustain incestuous abuse. This position did not specifically reference intergenerational offending:

> [B]ecause it's a taboo it keeps on happening…

> [I]t's probably a taboo because it's something that people aren't comfortable with.

Intergenerational

Six (21.4%) subjects made specific reference to the intergenerational transmission and perpetuation of incest as a learned behavior that is later replicated. In this context, reference is made to a pattern of behavior that is experienced in childhood, perceived as normal (or normalized) and repeated later in life. The perception that incest is an intergenerational behavior subsequently requires social intervention to circumvent later perpetuation of a learned behavior:

> [P]erhaps isn't and even a taboo in those families because it has been a way of life.
>
> I think it becomes normalized without intervention…and I think it's perpetuated by the values and attitudes of extended family… quite isolated socially isolated.
>
> It continues because cycles need to be broken like domestic violence, like drug use, like poverty cycles, any cycle….this continues because it's still secretive in a lot of families.

Offender Specific Attributes

Ten (35.8%) subjects identified offenders' specific attributes as an explanation for the transgression of the incest taboo. These attributes are described specifically as poor impulse control, narcissism, child specific sexual interest, and predatory characteristics. More generalized explanations refer to offenders as "deviates" lacking "moral character" or suffering a digression in their personality. Explanations cite an offender's sexual self interest motivated by the proximity of vulnerable victim/child upon whom they may maintain a sense of power and control. Access, opportunity, conveniences, and availability characterize this explanation.

It is difficult to distinguish whether this explanation differentiates incest perpetrators from other intrafamilial abusers, or even extrafamilial offenders, in that sexual interest, child vulnerability, proximity and vulnerability motivate offending.

> [P]ower or control…and they think that they can get away with it.

> Lack of self-esteem…Lack of moral character.
>
> [T]hey're deviates basically…they're not the norm…sort of that crime of convenience… It's just easier because it's it's there.
>
> [S]exual orientation…easier than to trying to elicit interaction with other children...more influence over your own children having exposure to them consistently and being that authority figure.

Do Not Know

One (3.6%) subject denied any understanding of what motivates incestuous behaviors.

> I don't know. I really don't know (laughing) I don't know how to answer that one.

Q07.- Does incest differ from other forms of sexual behavior or sexual offenses?

No Difference

Three (10.7%) subjects reported no difference between intra and extra familial abusers; the child as the sexual object and grooming process is cited as confirmation of their argument:

> [W]hen it is done to children, yes…I don't think that there is a major difference
>
> [T]hrough a process of grooming children…pedophiles…use that same process, to keep everything secret…I don't think parents are much different…that person uses the same techniques.

Do Not know

Two (7.1%) subjects reported a failure to understand the difference between intra and extra familial abuses. One (3.6%) subject questioned the absence of protective parental

instincts, while the other distinguished a difference between the two without offering an explanation:

> [W]hen the child becomes hits puberty … there's a normal physical kind of response…I don't get where that protection go?
>
> [T]here is a difference. I am not or what that difference would be…I am not sure I can answer.

A third subject confirmed a difference between both forms of behaviors without offering an explanation as to why:

> I don't see … the incest perpetrators as being the same as…a pedophile…I see it as different.

Differences as Offence Specific.

Two (7.1%) of these subjects referred to the incestuous relationship as involving an affective component that is absent from extrafamilial abuses. A third subject (10.7%) described intrafamilial sexual abuse as an offense that occurs in a context that supports or sustains incestuous behavior within a broader dynamic. It is not overtly acknowledged, but sustained by a confluence of skewed behaviors, roles and levels of intrafamilial investment. This explanation is characteristically referred to a family dynamic model or classic incest.

A fourth (14.3%) subject referred to the inherent ambivalence a child may feel towards his/her offender as the difference between intra and extrafamilial abuse. This subject did not differentiate perpetrator specific characteristic, but cited the child's dilemma of reconciling the negative experience of sexual victimization with whatever positive aspects that may exist within child attachment to his/her abuser/parent:

> [I]t happens in the context of the family within a relationship that does have some fairly defined roles and norms…roles need to be unclear or skewed for it to begin with in order for it to occur right….disengagement among the marital couple…there is a context and there is some family dynamic that supports this happening...The mother has been sexually abused and my….that's the supportive

> environment where things are happening...all those kind of dynamics …. maybe at some unconscious level, that mom mom won't get it…no idea of what has happening…non- offending parents inability to recognize the symptoms and perhaps unwillingness…they are accustomed to living their lives. So they may have had their own experiences of sexual abuse and that is how they dealt with it. That's how families deal with it. We put a lid on it. "This is what I know this is how I deal with things". Same thing, I think we see in alcoholic families so that dynamic continues to play itself out, I don't think it's a real conscious decision. I don't think it is at all actually.
>
> [I]ssues around control ….control and power…that's an awful piece that's happening, but there's lots of good things happening in that its someone that they love it is someone that they trust who has breached that trust, but it doesn't mean that there aren't still good experiences for that that child.

Intergenerational

Intergenerational victimization is offered to explain differences between intra and extra familial abuse by two (7.1%) subjects. In these explanations, previous exposure and/or victimization is offered as an origin for later transgression whether motivated by acculturation, entitlement, or situational stressors:

> [V]ictims or the offenders- don't always recognize that what they're doing is wrong as the grown up in the environment that this is normal.
>
> You get the offenders who were abused as children, and carried forward and might even have a sense of entitlement then you get the offender's who almost are acting out from a sense of, you know, overwhelming stress or overwhelming.

Rehabilitation

Two (7.1%) subjects distinguished intrafamilial abuse as having a better potential for rehabilitation than extrafamilial perpetrators:

> I've heard that when a person has committed incest…and they get rehabilitated for they have the less a higher chance of not recidivism than other offenders do, but I don't know why that is.
>
> Is complicated in terms of of why they do that…the pedophile, that's more simpler to understand…there is a wide continuum.

Victim Traumatization

Thirteen (46.4%) subjects cited intrafamilial abuse as more traumatic for the victim than extrafamilial abuse. Level of trauma, the betrayal of parental role, an abuse of power and trust, the taboo nature of the transgression, the loss of the parental object and the psychological and actual impact disclosure has upon the family are all cited as explanations for their position. Victims are characterized as "more traumatized" and incest is "even worse" than extrafamilial victimization. Extrafamilial abuse affords family members the opportunity to experience and direct anger towards an external object, something less readily available with intrafamilial offenses:

> Children…are much more traumatized. It affects their trust relationships it effects other family relationships.
>
> [T]betrayal is a far worse.
>
> [T]psychological impact...the ramifications of of a victim coming forward…can completely destroy their family...their support system is devastated and their psychological, the psychological impact is probably worse.

Q8.- What obstacles have you identified when dealing with incest?

Disclosure

The very process of eliciting disclosure was identified as an obstacle for 10 subjects who cited the victims proximity to the perpetrator and personal discomfort with victimization where highlighted. One (3.6%) subject identified his/her own personal discomfort with the interview process and the emotional effect it has on the members of the family with whom she would intervene. Families' personal resistance to disclosure was identified as significant by four (14.3%) subjects. These subjects collectively described the reluctance to acknowledge the allegations being made by the victim and precarious emotional position these obstacles pose for victims:

> It's very hard to understand and to accept in that it happened in your family.
>
> [T]he mother is usually the hardest one to convince…I think the immediate response is "how does affect me…what will I tell the neighbour".
>
> [T]he child has already taken this huge step admitting …. they already feel their losing one parent and to have the other parent not believe them so that again is such a profound trauma …. it's easier to to say no it didn't happen.
>
> [T]he mother didn't believe the child and was resentful…required the child be removed their home…buying into sort of the secret…some resistance in the child disclosing information.

Subsequent to disclosure, its immediate effects for both victims and families were also identified by three (10.7%) as an obstacle when dealing with incest. The significant turmoil from the exposure of the incest was described as motivating victims to recant disclosure:

> [C]hildren recanting is a barrier…once they've disclosed….their entire life begins to shift and change…Fear of loss, actual loss…Financial loss, loss of family, loss of home, loss of the love, of the parent loss …. I don't think that you see the reality of it until you actually see it happen with some kids.
>
> A lot of times, I don't think the family ever heals, because this has become such such a turmoil for the entire family… I think it's very difficult for that one.

Intervention Related

Eleven (39.3%) subjects reported procedural or intervention specific difficulties as obstacles when dealing with incest. The obstacles, including irregularity in protocols, training, and child sexual abuse, related experience between agencies and systems (child welfare, law enforcement professionals, the justice system), and the lack of available resources were all identified:

> [T]reatment issues… can't be resolved until the legal piece is resolved...we have these two systems there is a criminal justice system and there's child welfare system… we have to put forth our child protection case …. we have to move forward in our system and …that could affect the criminal case….everything is litigious.

> Lack of resources in community to assist the family …. the amount of inconsistency in the…delivery of service.
>
> I had one case that lasted like four years in court, and the kid was four when it started, eight when it ended … four years later, that little kid, whose statement was really valid then is now, you know. I don't remember four years ago.
>
> Treatment is either not there for the perpetrator and for the victims and for the family… Services is it huge gap.

Social Silence

Four (14.3%) subjects described the social avoidance of incest, the desire to deny its perpetration in our society and the associated shame, as significant obstacles to intervention:

> Nobody puts money and treatment the kids. So I think we're really hypocritical.
>
> [A]s much as the family doesn't want to talk about it neither does society.
>
> [I]n a couple of instances where men have committed suicide after disclosure…we know how society reacts to someone with the stigma of sexual abuse.

Rehabilitation

Three (10.7%) subjects described difficulties around rehabilitation services, planning and offender investment:

> [I]f it's been substantiated or not… do the families get back …. how do you work on getting these families back together….I always have trouble with that part …..how do we work on getting the families back together.
>
> I think I was frustrated at times with criminal system…I found that to be a difficulty because the therapeutic path and the criminal path didn't sort of balance… like at times the lack of services… the folks that need the service the most … were the most difficult to access ….it was as important to make referrals and make sure the offender receive services.
>
> [T]hey won't go to any programs or any thing like that … might have happened 2 or 3 times in my experience that they wouldn't go for any kind of help.

Q09.- What social strategies are necessary to deal with incest?

Social Education

Eleven (39.3%) subjects referred to the need for more social education regarding incest. Social education in this context refers to "better preventive education" for children families and professionals to facilitate identification, disclosure, and intervention. These subjects identify a need for the professional community and educational system to develop and promote incest awareness, demanding incest education among the professional (educators, police, health professionals) community in order to foster community education and intervention. Wider community education that promotes and/or facilitates disclosure was favored:

> [T]hat people just acknowledge that yes it does occur…

System/procedural factors

Sixteen (57.1%) subjects made statements that directly related to procedural aspects or features viewed as absent from, lacking in, and necessary to improving incest intervention. This also involves, to some extent better social education but was followed by the features that related to the practical considerations associated with disclosure

These comments also included a willingness on the part of the community to recognize incest as a real social phenomenon but focused somewhat on "practical consideration".

Child Welfare intervention was critiqued. Several subjects referred directly to the role that Child Welfare plays in incest intervention, stating a need for evidence based practice and better training. Ensuring intervention focuses on the need of the victim throughout the process. Some respondents referred to government policy that has created an emphasis on the investigation of conjugal violence, almost to the detriment of incestuous

abuse investigations. Some comments questioned the efficacy, sensitivity, and direction of interventions that risk inhibiting disclosure and further traumatizing children.

A reluctance to investigate (or sustain a complaint) and irregular expertise among the police was also cited. The court system was criticized for its lack of responsiveness, insensitivity to victims, and its failure to incarcerate offenders. Longer sentences were cited.

Waiting lists among professional health and support services was identified as problematic. The need for accessible services that possess the required expertise for all members of the family was identified as important immediately following disclosure.

While rehabilitation was not described as particularly effective it was identified as largely accessible only through the criminal justice system. A political lack of investment in services that can adequately assess and/or treat perpetrators or support primary prevention was mentioned:

> A lot of times, we do more harm than we do good.
>
> [I]f there is a way to work cooperatively with the family then I think that needs to be sought….I think it can be made practical.

Shame

> Finally, three (10.7%) subjects made direct reference to the sense of shame and stigmatization incest carries with it, affecting disclosure and public perception/recognition of incest as a social problem. Here, the concept of "deconstructing incest" was offered.

Q10.- What type of consequences might occur from incestuous contacts?

Primary Trauma

Fifteen (53.6%) subjects described incestuous abuse as resulting in significant personal and psychological trauma. Incestuous abuse is described to result in "emotional trauma and ongoing emotional trauma", affecting a child's emotional development, resulting in behavioral problems such as truancy. Mental health issues were identified to include substance abuse, suicidal ideation, impulsivity disorder, depression, bipolar disorder, schizophrenia, anxiety, and self mutilation. Incestuous abuse is reported to evoke attachment disorders, sexual dysfunction, and difficulties in sexual relationships:

> It impacts their- you know how they view themselves how they view their family how they view the world it very much is of a before and after they are not going to ever be the same.

Systemic Features

Eleven (39.3%) subjects described the consequence associated with incest as intervention related to, or secondary to, intervention. Subjects also described a sense of anxiety and insecurity that affects the whole family immediately following disclosure. The social impact of intervention was associated with loss. These losses include:

- Liberty for the abuser, anonymity of the victim and family.
- Familial attachments may suffer or be severed secondary to restrictions, incarceration, or child placement.
- The victim is subject to a loss of control and intimacy within a judicial process that requires the exposure of the sexual abuse to enforce due process.
- The loss of autonomy when subject to the directives of professional services
- The premise of a sense of shame and stigmatization from the community.
- Financial hardships and potential associated loses that may occur as a result of the family losing a revenue were also described.
- Potential familial dissolution.

> [F]or some of those children…they regret disclosing it and we see them recant … because this far worse…but still having their family and still going to the park on Saturdays with mom and dad right.

Q11.- What do you think more precisely provokes the consequences that you describe?

Iatrogenic Trauma

Eight (28.6%) subjects identified intervention specific features that contribute specifically to provoking incest-related trauma. The explanations for this position varied considerably between subjects, despite the common underlying principle. For several, these features include the victim's separation from his/her family, and the risk for family dissolution. Paradoxically, one (3.6%) subject described a victim's concern regarding the ramifications of disclosure upon his/her family and the alleged offender, all the while promoting longer periods of incarceration:

> Longer sentences, in my opinion so….the child then gets that message...we have to build in some reassurances… someone is going to be in trouble, but it's not you.

One (3.6%) respondent's position was:

> [I]t's not like I can return your kids…monitor…with sexual abuse or incest…You can't take the risk…incest or sexual abuse, that's a choice…that's more ingrained in them…. like your sexual preference.

This suggests that social intervention family dissolution by virtue of the inherent nature of the offense.

One (3.6%) subject identified the negative impact of disclosure as a sort of "necessary evil" in which the immediate consequences of addressing the incest exists as an alternative to the long-term sequela of failing to expose the behavior:

> I think the trauma that you have at disclosing is worth all that because it brings it to the forefront… you have to go through it and then you let the people know that that

> is not acceptable behavior and maybe they learn from it - …deal with it now or you deal with it later…and what is worse to think…a lot of them want to retract…the family just has to deal with at that point in time … and maybe they're not be strong enough- some of them will be strong enough and come out healthier…some of them won't be able to- encouraging them to know that the system is there are people there that are hopefully going to help them through it and come to that healthier place hopefully.

For another subject, disclosure is "just more pain…a ripple effect…to get through" requiring the "family as a system…go through a lot of processing…"

Child Welfare's explicit mandate, protocol, and limitations were identified as significant hurdles towards mediating iatrogenic trauma:

> [W]e get trained in forensic interviewing, but you don't get trained here … there is the basic social work education and principles but I don't know to what extent someone is trained specifically around the dynamics of a sexually abusive family and then how you work with them and go forward. It is very difficult work and it's a specialty. We don't have specialists…. we have people who are trying to apply their social work principles…very limited time available to them and resources and the role of the child protection worker is not really to do therapy…. It is to assess safety and protection of the child, hopefully move the family along to be able to do that for the child.

Child removal was identified a result of the failure of non-offending parents to ensure the protection of the victim:

> [W]here a mother is blaming and choosing a partner over the child as we see…more far-reaching consequences.

While the significant impact intervention has for the non-offending parent is acknowledged, the need to find additional supports was highlighted. Maternal support for the victim at the time of disclosure was identified by two subjects as a specific feature that mediates intervention related stress and potential victim trauma. This is identified as an affirmation of the child's disclosure, confirmation of the offender's responsibility for the abuse, and facilitates the resulting criminal and social intervention. Understandably, maternal support would provide a sense of stability, despite the significant personal impact intervention evokes.

Several subjects referred to an inherent absence of safety nets which could mediate the overwhelming impact incest disclosure may have on a family. The quality or character of the intervention was identified by three (10.7%) subjects as significant mediators of iatrogenic trauma. One (3.6%) subject described a need to identify and address incestuous abuse in a manner that acknowledges incest as a phenomenon that "happens in human life not to minimize, but not to blow it up."

Four (14.3%) subjects described intervention as something that occurs to victims and families, and seldom incorporates or empowers them during the process:

> How it's handled by the police, by CAS (Children's Aid Society)… with their agenda, without respecting where the family's at or where the child is at…. I think the focus becomes on getting evidence, getting the good disclosure so…the offender to serve time….you want to get a good investigation to…get the offender… all of that can still happen but while just respecting the family, what's going on for them, and the victim. And if I think we can slow down the pace of it, making sure that the child is safe, but maybe explore….what the other options are for keeping him safe and being open to those things.
>
> I think that if you start to empower the child to have some say and some control over their life. I think that kind of mitigates loss and sort of the nightmare that we put their family though and you know it is really not us- the father has…helping that child maintains some of control I think helps- especially with the access.

Victimization

Twelve (42.9%) subjects identified the phenomenon of victimization as specifically provoking the negative consequences associated with incest. While this would appear self-evident, the implicit features remain variable.

Two (7.1%) subjects identified the need to expose, redress, and reassure the victim regarding the perpetrator's responsibility for the abuse. Four (14.3%) subjects highlighted the betrayal of the parent-child relationship and the subsequent insecurity that betrayal imposes on the child's attachments. One (3.6%) of these four (14.3%) respondents appears to have situated incestuous abuse within a family dynamic that was already strained:

> [T]he…sudden ending of any sort of sense of stability, security, the betrayal…there may have already been a lot of other issues going on, and we've just added incest as another one. So the child may have already really been struggling…and you've added another layer...is the total betrayal and suddenly in the sense that they are not worth as much as maybe they were before.

Social Shame

Eight (28.6%) subjects identified social discomfort, stigma, and a resulting shame as provoking victim related trauma. These subjects identify society's unwillingness to acknowledge incest victimization, the tendency to blame victims for their abuse, or treat them as if they were 'taboo' for inciting victim trauma:

> [I]ncest is not viewed as OK or acceptable by society ….It's a stigma which I think is really worse for the victim ….there will always be people that are judgmental…the nature of incest and the rules around that…it's bigger.

Q12.- In your opinion what exists, what opportunities for rehabilitation exist in those families in which incest occurs?

Acknowledgement

First and foremost, those subjects who expressed the opinion that opportunities for incest rehabilitation exist cited the need for offenders and families to acknowledge the occurrence of incest, assume their respective responsibilities and engage in services.

Yes for Rehabilitation

Twelve (42.9%) subjects described opportunities for incest rehabilitation. One (3.6%) subject simply supported evidenced-based incest rehabilitation on principle, but denied any familiarity with the literature. For others, incest rehabilitation was conditional. In these circumstances, professional risk assessments, external structures, and specialized services supporting minimal risk for future offending were described. These subjects expressed clear concerns regarding the responsibilities of supporting renewed offender-

family contacts, citing concerns for re-victimization. In one circumstance, the subject (3.6%) referred to successful rehabilitation as a possibility for family members to maintain their relationships or familial attachments (including the offender) despite the offender's removal from the familial residence. For many subjects, the potential for rehabilitation was largely mediated by a number of factors beyond state-imposed, structured supervision and assurances through professional risk assessments.

Among a host of variables that theses subjects identified, the availability of services, again, proved significant. The existence of, and access to, services was identified as problematic:

> The whole family can relearn sort of- the roles and um appropriate boundaries cause a lot of it's the whole boundary problems … a sort of individual therapy …..I think that would be about the only shot at making the victim feel understood and the perpetrator understanding what they've done.

> [Y]ou can't just say yes or no about that question…if you live in … 2 hundred miles from the nearest place that can offer that your not to get a whole lot of help at all.

One (3.6%) subject's answer specified that the accessibility of services is largely dependent upon successful criminal prosecution. This topic is also explored elsewhere in this text:

> A lot of them are connected to a successful prosecution through the justice system… connected to…terms of incarceration or….offered within a facility…even if someone wanted to access them they couldn't….We've had limited success outside the judicial system other then sibling incest.

Two (7.1%) subjects specified the opinion that this type of intervention required highly specialized professional assessments and services that do not appear readily available through public services:

> I think there's some hope…you can re-establish that trust… realistically, it's available to ….people who can get…private counseling…a psychologist…or psychiatrist involved… mental health…does a great job but…they're overwhelmed. They…can't necessarily specialize…their…intentions are good but….these families…need…serious intervention.

This position was echoed by another respondent who repeated that simply accessing appropriate services was facilitated by the latitude that an offender's finances accommodate. This position was punctuated by the opinion that services that may have once existed in the community have become extinct or vanished by attrition and an evolving social mandate[28]:

> I don't think those are the worst kinds of offenders … I think that there are lots of treatment programs but… I think they've kind of shrivelled.

The Child Welfare Machine

In addition to the inherent capacities of abusers and families to assume responsibility for incest, 5 subjects identified that the opportunity for incest rehabilitation was, in part, mediated (and hindered) by child and family services, protocol, the criminal justice system, and the availability of appropriate rehabilitation services:

> [I]t depends on the capacity of the parents…If they just don't have the ability to take that responsibility; they just don't have it… We may not have the services.… incest is such a multifaceted, profoundly complex issue…I have to make a decision on this family in 30 days- 60 at most….it's up to, what are the services are out there…..we do a lot more than people think … with what we have… in the end, a lot of the obstacles is we just don't have the services for these people.

> [T]here are so many other things play…. so many other systems … I think …you need to have a little bit of weight behind these things.... I think in terms of leverage they, if our courts, judges, and probation officers have that understanding and awareness about the dynamics of sexual abuse, and the impact on victims, and what barriers offenders have to overcome to take some responsibility for their behaviour- I think they could provide that leverage ….case coordination is really critical.

> I don't think there is a lot of support in place or recognition of the value of the perpetrator, apologizing and taking acceptance.… I think the only circumstances where it can be facilitated is if there have been no charges for whatever reason.

> I think it is very traumatic….I'm sure there has to be alternatives a better process…we don't have a lot of control over those things….We can support them through it but we can't change it we can't take that away.

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28 This specific feature is discussed elsewhere in this text.

No Opportunity

Eleven (39.3%) subjects rebuke opportunities for rehabilitation for families in which incest occurs. These opinions were largely described to result from the high risk for reoffending (relapse) and limited success reported among pedophiles. This position was reported both by individual respondents and supported in their respective agencies by managerial staff. Poor treatment outcomes and high risk for reoffending are cited as arguments against the opportunity for incest rehabilitation:

> I don't know if there is.…there's such a fear... there isn't much success rate with pedophiles in therapy...Doesn't appear like there's anything that's working yet.
>
> [I]f as adults people choose to go back and spend time with their offenders…that is their choice...I can't see ever placing a child back at home.
>
> [R]ehabilitation for sexual offenses is from what I hear is not the most successful…I don't know many services even around this area who even provide rehabilitation…. does the victim even want that.
>
> Relapsing is high so…without appropriate supervision the likelihood of future of abuse occurring would be high.

Six (21.4%) subjects offered responses that simply excluded the perpetrator from the rehabilitation process:

> The abuser's not considered part of the family…..once you transpassed that boundary. I don't think you can go back.

In these circumstances, intervention was geared towards supporting the victim and non-offending parent in the aftermath of Child Welfare intervention through counseling and interventions that promote the non-offending parent's personal autonomy.

> [W]here Dad has been charged-really there's no contact, so we're not really involving. Like this is someone who is going to go to jail so let the justice system to deal with them.

Q13.- Have you ever had any experience in your professional life where incest was involved?

Yes= 28

All 28 (100%) subjects reported experience dealing with clients in which incest was alleged, investigated or have been confirmed.

Q14.- Some professionals report having suffered through incest themselves and their experiences seem very important in helping us understand how this may have facilitated or hindered their professional activities, particularly with victims of incest. Have you had any experience in your own family situation, or friends and relatives perhaps where there have been cases of incest?

Yes

Twelve (42.9%) subjects reported a personal familiarity with incest; 5 acknowledged a personal history of victimization. Seven (25%) subjects indicated experience with incest within their personal friends or their extended family. One (3.6%) subject indicated experience with members of their extended family members who maintained an intimate incestuous relationship as adults. In a second similar context, unrelated siblings familiar to family members would have maintained an incestuous union leading to progeny with no genetic anomalies.

No

Fifteen (53.6%) subjects indicated no previous experience or familiarity with incest prior to beginning their professional careers.

One (3.6%) subject abstained from answering the question.

Q15.- Have you ever tried to put yourself in place of the victim by trying to feel, sense, imagine, or try to understand what it might have been like dealing with incest?

This question tries to identify the level of affective availability that subjects experience when involved with victims of incest.

Try But Cannot Relate

Five (17.9%) subjects described the experience of trying to relate to the victim's experience dealing with incest, yet cited that they were unsuccessful in this attempt. Among these subjects, the foreignness of the victim's experience and the anger towards offenders appear to have dominated their experience:

> You know, you can try, you don't succeed.... cause its very foreign.
>
> I tried to put myself in their place but it was too hard…I have no idea what they live… but me I experience frustration…and hate.
>
> I just couldn't imagine…that trust being broken....looking at my father and thinking if he ever did that to me.....that would just freak me right out (laughing).... it was very disgusted at that time.

Did – But it is Too Much

Four (14.3%) subjects described having attempted to practice affective availability with victims of incest. Collectively, all described the practice as beneficial in understanding the experience victims endure, but also cited the practice as too emotionally difficult to continue enacting without experiencing consequences in their personal lives:

> I need some kind of emotional distance ... I think when I was first doing this work.....that allowed me to gain a better understanding.
>
> I guess if you don't think too much about it you do not have to carry it home.

No

Nine (32.1%) subjects denied attempting to put themselves in the place of the victim. Among these subjects, the experience of sexual abuse appears largely overwhelming, dominating their clinical encounters with victims.

> [T]he idea just grosses me out....I don't like to think about things like that.
>
> I wouldn't put myself in that position...I think it would be too traumatizing to put myself in their position.
>
> I don't want to understand what is going on here because it's too painful. I mean, that's not helpful.
>
> Absolutely not...I don't think I could stay in this job if I did.

Yes

Seven (25%) subjects confirmed the process of trying to immerse themselves in the experience of the victim. While the element/risk for vicarious traumatization was still present, these subjects described the process as helpful to their practice:

> [Y]ou can't make it about your own therapy or your own needs met...trying to make them feel heard is huge.
>
> You can't help but have that happen.... it's funny because it's not necessarily the incest that I struggle with the most it's emotional abuse…that's just overwhelming …. that mirrors my upbringing a bit…once you're aware that you're being triggered you can deal…it's OK.
>
> To a degree...I do shut myself off from it because I think it intrudes me and its uncomfortable….so it doesn't invade my life.

Investigative Tool

Two (7.1%) subjects described the practice as serving a specific function, a clinical tool to be used sparingly in the practice of conducting a investigative interview:

> [I]n a limited way perhaps....making sure that I'm getting the information....I don't see the therapeutic benefit to the child- it's a tool it's an investigative tool.

No Answer

One (3.6%) subject failed to provide a coherent response to the question when posed.

Q16.- Have you ever tried to put yourself in the place of an offender by trying to feel, sense, imagine, or try to understand what it might have been like dealing with incest?

This question tries to identify the level of affective availability that subjects experience when involved with perpetrators of incest.

No – It is too Difficult

Sixteen (57.1%) subjects described the process of trying to understand the abuser's experience of dealing with incest as too difficult. Subjects in this category largely identified their own emotional response to sexual offending too significant. In some cases, the responses to this question were rather emotionally charged:

> I have never tried to put myself in the mind of an offender.....this person is not… going to be a part of this family system.
>
> I think it's impossible to control one's disgust.
>
> I try to be very neutral…but….I'm sure the message comes across very clear.
>
> I don't really care why they did it...I feel disturbed because my experience with offenders they really do present, just the same as everybody else…. It's scary for me to think that anybody is really a potential…I feel disgusted.
>
> I'd listen, but…really I wouldn't really care (laughing).

Despite confirming not being involved with perpetrators during the investigative process one (3.6%) subject described interest in their affective processes.

> I...have often…wondered, you know, how shameful this might be and how awful that might feel about themselves for having done this to their own child and the lack of control and what comes from feeling the loss of control at all that sort of stuff.

Coded as conditional investment, five (17.9%) subjects described attempts to rationalize offending without necessarily engaging the perpetrator.

> I'd be more inclined to think of other rationales.... I look at other reasons.... to rationalize why it happened.

Yes

Seven (25%) subjects described, sometimes rather conditionally, a practice of attempting to better understand the experiences of the offender. This practice does not condoning or minimizing an offender's behaviors, but is described as a necessary to professional practice. In some circumstance, it was described as a clinical tool towards better understanding an abuser's experience and clinical needs during the course of disclosure process:

> There is no other way to help there is no way to help to get at where they're coming from...I don't think there's anything that none of us is capable of...and it can be an uncomfortable place to be but there's no other way to…even understand what needs to be done from here if you can't get all the details...I still sort of see it as my obligation to try to assist somehow.
>
> I think we have a responsibility to engage that person. If we don't there will be no change.

Q17.- Have you ever tried to put yourself in the place of a mother by trying to feel sense and imagine, and try to understand what it might have been like dealing with incest?

This question tries to identify the level of affective availability that subjects experience when involved with mothers, or non-offending parents, of incest families.

Only 27 (96.4%) of the 28 subjects interviewed were asked this question. The topic was not pursued with the missing subject, as it was perceived to be too emotionally difficult for the subject to continue with this line of inquiry.

No

Fifteen (53.6%) subjects described significant difficulties trying to put themselves in the place of a mother by trying to feel, sense, imagine, and understand what it might have been like dealing with incest:

> I haven't haven't been able to connect the at all from the mother's perspective.
>
> [P]rofessionally it's not my responsibility to put myself in their shoes.
>
> [I]t's a job and you're doing your job... I can't afford to, you know, break down in the middle of the situation and cry you know what I mean?

Conditional affective availability

For several subjects (25%) the practice of trying to understand a mother appeared to be a significant challenge that juxtaposes the trauma of disclosure and the immediate need for protection. Subjects report an affective experience of what challenges the mothers, but the primacy of the immediate situation and needs of the subject appear to dominate the encounter:

> I empathize a little bit more, ... I've done some intervening with mums who have been having trouble reconciling.

> I do appreciate that the mothers' often bears the brunt….It can be just tremendous responsibility.... I feel very devastated for them, because I know that it is going to be very difficult for a lot of reasons.
>
> I struggle with that one I struggle with that one, I would think… I think in there is probably a little bit of residual anger in there.

Yes

Four (14.3%) of the 27 (96.4%)subjects questioned described answers consistent with the experience of trying to effectively understand the experience of mothers in light of disclosure. These responses did not preclude the emotional experience of the subject, but demonstrated a greater willingness to identify with the experience of the other:

> [T]hat feeling of helplessness and loss...on some level, I understand the…reaction to wanting to keep it hidden...they don't want anybody to know about it ...I just I get a little angry.
>
> I kind of sat back and thought what if … you, you really had no idea… and the person you loved and married and been with for 20 years has now done this … would I be able to just turn my back and shut off… all those feelings.
>
> I certainly end up often taking a defensive role with the mothers because lots of people are very blaming of the mothers...I've always felt to the- of a bit of understanding or empathy for their position- their loyalties to their husbands who they still love and child... I can see how she would not be able to entertain the fathom the possibility…I could see how she would rationalize that to yourself ... that's not to absolve her.

Q18.- Have you ever try to put yourself in the position of other family members by trying to feel, sense, imagine, and try to understand what it might have been like dealing with incest?

This question tries to identify the level of affective availability that subjects experience when involved with other members of incestuous families.

Yes

Eleven (39.3%) subjects described immediate and extended family reactions subsequent to the disclosure of incestuous abuse. These subjects described the personal reactions and needs of the family members independent of the needs of the intervention plan:

> [T]he siblings who haven't been victimized and really lose a lot and don't understand it the frustration and the anger...the powerful feelings that siblings must have if they don't believe it happened and what they lose in terms of their family.
>
> [I]f they're part of it or they knew about it.....it affects everybody so you need to be able to look at each person.
>
> I tried to put myself in her shoes....Otherwise you can tend to be less sensitive.
>
> [E]motions are real funny … so there is the anger….but there still is love right so you figure them all out.

One (3.6%) subject offered a response that described the effects of intervention on a victim and her family. Although having received the support of the family, the financial consequences resulted in significant lifestyle changes. This was the only moment in which a subject described conflict or guilt a victim experienced towards their family subsequent to intervention:

> [I]f there were resources to go in and help the family to deal with the issue than the kid wouldn't need to feel re-victimized all the time.

No

Fifteen (53.6%) subjects offered responses that did not describe the potential personal experiences of family members. These subjects either reported being uninterested in the affective experiences of the family members they encountered, described their own emotional experience, or focused on specific aspects associated with intervention:

[S]eeing if there's been any abuse to themselves.

I think (it) often gets forgotten…the siblings ....they need to be told.

[T]he other family members to refuse to believe that it happens and… I just feel angry.....I just see it as ignorance and selfishness, and I don't really think about it. I see them as, you know, being self-centered.

Probably much less likely... If we have a good protective parent....we will want to end our involvement so they can move on with their life.

Q19.- How do you characterize the emotions experienced by families following incest disclosure?

The overwhelming majority of subjects referred to the effects of disclosure as completely overwhelming for families and their members. Syntheses of the comments are offered below:

Overwhelmed...Complete upheaval. Total chaos….completely chaotic….feeling shock shame anger, betrayal, resentments…Denial shock outrage fear shame-disbelief sadness …. I've really seen people just really absolutely blown out of the water sometimes a helplessness….Upheaval, complete upheaval. An inability to-its crisis any kind of interaction is…emotionally charged…It's traumatizing…or it's completely the opposite where you minimize it deny it and pretended it didn't happen… let's sort of almost sort of shuffle this away and pretend it didn't happen….It kind of all depends upon where the family is at…all the stages of grief.

I there's so many dynamics that play...it's surreal almost to some degree...they are overwhelmed with all the services in place- and realizing the lack of services we have.

One (3.6%) subject's response concentrated on her own internal affective experience in reaction to that of families, perhaps, more appropriately, a family with whom she had previously worked:

I am frustrated, I feel enraged…I have difficulty understanding…it really is frustration I experience.

Despite the compilation above, one statement offered by a clinical manager is provided below:

> I don't even think workers understand the degree that I think that families the horror they must go through just the conflicting feelings...the complexity I don't think people even think can fathom that. I think its really…it's extreme.…it could be raw for a few days and all the doors shut and there is this everyone takes care of themselves.

Q20.- When you reflect back on having to deal with difficult clinical situations what do you do?

Twenty-seven (96.4%) subjects provided responses to this question.

Emotional Self-Regulation

Eight (28.6%) subjects described a process of emotional self regulation beyond the act of controlling their emotions during the interview process. While it is not likely that these subjects do not engage in mutual support through their agency, their responses to this question highlighted emotional self-regulation regarding difficult clinical situations. These subjects described a need to contain their emotions, create affective distancing of themselves from the circumstances, and engage in a critical self-reflection that allowed them to feel more confident in their interventions. These practices are either intentionally operationalized, or unintentionally the consequence of time:

> I did the best that I could do and that's all that's expected of me. I can't do anymore than that.
>
> It's not about me.
>
> I had to learn how to balance…When I got home I would just cry….I feel helpless sometimes …I have to let go...I do what I can when I'm there…..you have for your own sense of soul….I still tend to but I catch myself …. There is no formal supports.

> I think it's important to be analytical about your intervention … you're pretty much on your own.
>
> It's hard to detach yourself when you see such horror. I can't say how or why or when I learned to manage that better but I did and I wonder even now if that in some way was beneficial in terms of my interaction with the clients or limited or in some way was to my interaction with them- in terms of being less supportive or…you know. The benefits of being less emotionally connected compared to the cons of being less emotionally connected.…..it just sort of became…it became normal ….as bizarre as it sounds.

Mutual Support

Sixteen (57.1%) subjects specifically identified approaching co-workers for support when dealing with difficult clinical situations: the process of clinical consultation, critical case review, the review of videotapes or other case materials, the opportunity to vent emotions, as well as on-going case planning:

> The burnout rate in the field is a phenomenal. If you're going to be successful, your strength is your ability to express where you're vulnerable or when you're being overwhelmed, because this stuff will trigger you in your own life. There's no doubt about it.

Two (7.1%) subjects described strategies that involved becoming very invested and detailed in their work. Both described approaching their work in a meticulous fashion in order to ensure the validity of the investigative process, however, one described the desire to ensure prosecution:

> [I]t makes me that much more conscientious about wanting to make sure that I'd do my job, properly so that the right things happened.

The other subject sought to assure an affective objectivity:

> It is very important to me to keep- to remove that feeling part…It is almost like you've got a let that go a little bit…to get really detailed in terms of the information "What is it that we really know"…..That's just a really important process to go through….I think for the less experienced worker it is "I want to help this child, I want to save them something terrible is happening" and it doesn't matter what it is- this child is in distress and there's that feeling of wanting to make it better for that child.

Varia

One (3.6%) subject offered a response that excluded inclusion in either of the categories mentioned above, and focused on the formal protocol. It is possible to surmise that protocol can serve as external support to which the subject feels relieved of personal accountability or conflict as protocol "directs" practice. The individual operates in adherence to the mandate or directives of the state. Again, this does not prohibit that this subject would not have employed those strategies in the categories outlined above.

Q21.- How do theses difficulties influence treatment planning for the child or family?

Otherwise Mediated

Twelve (42.9%) subjects described that although difficulties can manifest in treatment planning, these difficulties are 1) manageable, 2) require management, or 3) direct treatment considerations for the professional involved. Subjects cited the internal operations, protocol, and the authority child welfare can wield as mediators to the potential negative impacts described. The practice of internal consultation, both formal and informal, was also identified as significant in mediating those difficulties impacting upon treatment planning:

> [Y]ou have that opportunity to debrief and get back to what you have to do regardless of how you feel about something…having that sounding board keeps you on track.
>
> [I]f I'm having any difficulty about a case I am not going to go to my manager for support. I'll go do other people…I know can provide me the support I need…It is just more personal its more "safe"…you'll do the professional consultation and supervision boom boom boom boom boom.
>
> As long as I feel like I have done everything that I can that would be the biggest piece for me.

Five (17.9%) subjects regarded treatment planning as positively influenced by the difficulties they identified. These respondents viewed the emotional reactions they have as motivating them to better fulfill their responsibilities either in the practice of the forensic interview, or practicing due diligence in advocating for rehabilitation services for the victim, perpetrator, or other family members:

> [S]ome of my frustrations will be trying to access for that services and dealing with the different systems in working with the family.
>
> It probably gives me more of an urgency...urgency that no we have to do something we have to do something now for this kid and probably I would put more time in that….towards the case....I get so angry and frustrated and hurt..... similar to incest- would be neglect....neglect it's hard to get judges to see neglect. It doesn't matter, like the copious amount of affidavits you write they just don't seem to get it and then if a baby shows up dead or a child shows up dead it's on my plate.
>
> You may really insist and push that they get certain services or you know.

Four (14.3%) subjects described that treatment planning is not impacted in the practice of their profession. These subjects either regarded their interventions with incest families as not significant to treatment and treatment planning, or denied involvement in treatment:

> I mean as intake worker sometimes you're not getting as involved in treatment planning at a longer-term....I am not even involved when they are starting their treatment....I just work 30-60 days with a family. Very often, people aren't even at first appointments....This is what you know would need to have to happen for them to be somehow back together on some level as a family so it is it is kind of just routine.

The fourth (14.3%) subject denied that difficulties negatively impact upon treatment planning as she perceived that treatment offers little outcome that can be affected:

> I really don't know if treatment planning is impacted cause I don't know if it's very effective...even in our own community as far as providing any treatment for any form of abuse- it's so minimal. It's ridiculous, but yet people are supposed to make changes.

Negatively

Seven (25%) subjects described the administrative and emotional stressors as directly impacting upon their work with families in which incest occurs. These subjects identified the intensity of the subject matter, the time constraints in which they work, the inherent biases towards incestuous families (and the choices they make), and victim traumatization as emotionally significant and potentially influential towards treatment planning:

> [W]e try to fix everything everybody has to do A-B-C-D-E-F and they have to do it right now…there's...not an understanding of the process and the healing that families have to go through...they need to have a little bit of the control over when it happens....the guy's not just in gonna run down there and go get an assessment. It's going to be a process to get him through to accepting responsibility or they're in denial…Well they are only admitting to this much…I look at that and that's pretty good- he's admitted to this much. To me that's a positive. Whereas they want everything right now....I think it has to be a partnership. It can't be us going in there and telling them what's going to happen.
>
> [I]t's hard to work with offenders when you have no empathy for them….I've been grossed out sitting with a client because of their actions.
>
> I had no idea when I started working child welfare I would go home at the end of today and be absolutely exhausted. I couldn't give any more. I couldn't do anything I couldn't.

Q22.- Do you believe emotional support or clinical supervision is, or, would be helpful, even necessary?

All subjects confirmed the need for emotional support or clinical supervision when working in child welfare. Discrepancies existed solely with respect to the types of support required and sources of support available to each worker in each respective agency.

Eleven (39.3%) subjects identified informal supports as more significant to their practice. In various circumstances, clinical supervision was described as lacking:

I have a huge family, they are very supportive...professionally there's nothing.

[D]epends on the leadership…in theory it is a good idea but it doesn't always happen.

[C]linical supervision is not a strength at least at this agency…there's a higher risk of stress burnout and those kinds of transference issues…it needs to be part of the organization and it's not in this…particular organization…I think, in child welfare it's the demand of the business... and (it) puts people much more at risk of burnout.

Shared liability is greatest reason why we have supervision, so we have shared liability shared decision-making…. That is the way as it works…If we are operating in isolation then we are responsible for what happens.

Seventeen (60.7%) subjects identified clinical supervision as a necessity to working in child welfare:

I have clinical supervision on a regular basis, and I find it helpful….because it allows me to kind of use my supervisor …critique of the interviews…and that is helpful…in terms of my learning process…It also allows me sometimes to get the frustrations…and to deal with them in a healthy way …so that's helpful.

Definitely. I think in…any situation…particularly when we are talking about incest. When you come out of a big interview you know it is almost like you can't breathe until you debriefed, … cause it's…overwhelming.

You never do any of this kind of work in isolation. I think that's dangerous.

Q23.- Do you have personal emotional support or clinical supervision when dealing with incest?

Thirteen (46.4%) subjects identified informal and personal support through peers and loved ones as preferable to clinical supervision. The immediate availability of informal support through colleagues and support staff was highlighted. Actual managerial supervision was critiqued by various members of this group as either being nonexistent, irregular, or predominantly bureaucratic, serving an administrative function. Individual

managers' supervisory skills were cited as obstacles to some workers willingness to avail themselves of formal clinical supervision:

> I don't think it's good…as in as a system….you have your supervision one hour….but the reality is you're dealing with all these cases….It meets the formal requirements of case management and signing off on papers you know….they're more far more focused on meeting the…bureaucratic and systemic needs of the agency as opposed to meeting the needs of the workers.

Ten (35.8%) subjects identified having clinical supervision as emotional support when dealing with cases of incest. Of the 9 subjects, 3 were identified as managers in their workplace setting:

> I find it helpful to do that when I am struggling with something. Because these situations are so emotionally charged it's easy to become emotional, and when you have clinical supervision it brings you back- it pulls you away from being emotional and back to being practical and rational and what is in the best interest of the child rather than your emotional reaction.

Finally, five (17.9%) subjects made specific reference to support services available to them through employment assistance programs

Q24.- There's a clinical concept called countertransference, are you familiar with it?

Limited familiarity.

Thirteen (46.4%) subjects indicated some type of familiarity with the concept of countertransference as a manifestation of emotional processes that can negatively distort or influence intervention practice:

> I can remember a lot of courses on transference-countertransference in the sense of counseling relationship…child welfare is such a different beast…it's so visceral….the professor's standing up there and talking about it you know to be non-judgmental and all that stuff in it all seemed to make sense at the time….but….in this job in your face to face with someone who has…raped his six-year-old daughter- I mean how do you not have a visceral reaction and on some sense you know not be judgmental….it's going to happen.

No

Nine (32.1%) subjects indicated no prior knowledge of the concept of countertransference.

Integrated Awareness of Countertransference

Only 6 (21%) subjects acknowledged and demonstrated an understanding of countertransference as a dynamic feature that posed risks to intervention and treatment planning. Five (17.9%) of the six (21.4%) subjects acknowledged the influence of countertransference in their work, providing examples of countertransference manifestations. During the course of the interview, two (7.1%) subjects acknowledged an active understanding of the need to contain their emotional reactions towards offenders, one of whom acknowledged a deliberate project of attempting to reconcile her anger towards the abuser. Two of these subjects demonstrated countertransference manifestations in their work which had previously been unacknowledged.

> I think it's really helpful that a supervisor say tell me what kind issues of countertransference you dealing with the sometimes if you are not forced to…take a look at it…it is a somewhat subconscious process right so you need somebody to elicit that for you, in order to work with you around helping you identified that…I am aware of it at this point my practice I am probably don't really consciously identify it as nearly as much as I ought to.

Q25.- Having had or had not experienced received specialized training regarding incest, what factors influenced the various responses you provided me today?

All 28 (100%) subjects indicated that their personal and professional experiences and individual interest in child welfare were the dominant influences in the content of the answers they provided during their interviews.

4.3 Summary of Findings from Qualitative Interviews (Thematic Material)

What is Incest?

A nineteenth century poem by John Godfrey Saxe tells how a group of blind men try to better understand what an elephant is. Touching a different part of the large creature, each man obtains a different impression. The parable illustrates that reality is dependent upon one's perspective, and that absolute truth may be relative. The story is cited here from a collectivist perspective in that all the descriptions are appropriately attributable to the phenomenon observed, all offering some insight into the reality subjects disclosed during the interview process. Subjects' various descriptions of incest were collected and organized to demonstrate their interpretations of the phenomena they encountered. This should not suggest that the knowledge of each respective agent is limited to the citation described below. The objective of this section is simply to illustrate the various depictions offered during the course of the interview process. Seventy-two citations were drawn from 24 (85.7%) subjects.

For many subjects, incest appeared manifold:

> [I]t's just so involved and complicated...
>
> [I]t's not just a person who sexual offends against a child. It's not that simple. You have to understand the nature of each offending you have to understand… the nature of each kind of offense … it's a really complicated… kind of field.

Some explanations of incest occurred using terms that are offender specific:

> [I]ncest (is)…a choice …ingrained in them...like your sexual preference.
>
> [I]t satisfies some kind of need for power or control or you know it's satisfying some kind of need and they think that they can get away with it.
>
> [T]hey … have serious issues with impulse control…emotionally damaged…or extremely narcissistic, (offenders) don't understand the impact on children…They're thinking more of themselves.
>
> [Incest] has to do with abuse of alcohol…drug use is something… different reasons.

> [I]t is related to 2 things…. environment exposure ….. a biological inherent sort of drive. …sexual orientation… having access to your own children…it probably does make it a little creepier.

For others, their descriptions characterize incest as a phenomenon that is not restricted to an offender:

> [T]here has to be some ability for this to happen in the family…some family dynamic that supports this happening….the mother has been sexually … these moms…have blinders …in my experience and even siblings who have no idea of what has happening and even after the abuse has been disclosed there is a trial and conviction, they continue not to know that it's… happened… there is sort of that secrecy among family members that keeps it under wraps ….that allows it to continue…. perhaps that's the way they are accustomed to living their lives..… "We put a lid on it"….Same thing…in alcoholic families … I don't think it's a real conscious decision. I don't think it is at all actually.

> [T]hey've kind of placed the daughter into the role of the wife- not only in just sexually, but in going in talking to them and in divulging information that normally you'd do with your spouse… almost seems like they're replacing their spouse….(the) abuser had been at some point in his life been sexually abused, probably, by a family member, which helps kind of and bleeds those rules.

One (3.6%) subject distinguished intrafamilial offender from extrafamilial offender on the basis that incest directly involves the manipulations of the emotional ties inherent to familial attachment:

> The incestuous relationship is not an issue of power and control. Its manipulation of … an emotional relationship psychological…rapes and assaults … that is an issue of power and control.

This is echoed in the complexity that results from the fundamental attachment to a primary caretaker who is the abuser and the primacy of the family system.

> [C]hildren can and have horrific abuse but they are still going to love their parents… They all said the same thing. "I just wanted to stop. … I just want that to end …I don't want Mom and Dad mad at me".

> I think people would be more apt to one forgive…because you to have that connection to- it's your dad or it's your mum- or its sibling as opposed to.

One (3.6%) subject, acknowledging a personal history of abuse, described her experience with incest longitudinally:

> [I]incest was … secret.. a very dirty thing, something that really isolated a person and….stunted their emotional growth… a life altering thing… an awful, awful horrible thing to go through… it's all those things, but it doesn't have to be that…

On several occasions, incest was described in terms of a cycle of violence, a context in which childhood victimization increases the likelihood of replicating future abuse:

> [P]arents who are sexually abused …. go from one end of the spectrum…so hyper vigilant that, you know, that no man would change their child's diaper to… 27 father figures in 6 years.

The context of previous victimization was of even greater significance among those workers that identified incest among remote isolated families. In these contexts, the perpetuation of incest was described as intergenerational and even institutional:

> [I]n the backwoods …they have…mom and dad, three sisters, three brothers- the likely occurrence is going to be a reality for that family ….leave that area …. 20 miles on the road …. when they're found out and discovered...they don't see that there's something abnormal about them.

> [T]he grown up in the environment…is normal … it falls back to the same idea as battered women…people say well just walk away… its not that easy..… the… person feels caught in a cycle that they can't get away from….We do have several families that are incestuous …. totally intergenerational…clan so to speak.

Arguably, many of our current theories about incest may have had some of their origins in the analysis of these types of incestuous families. Social isolation, patriarchal authoritarianism, and acculturation rapidly come to mind as salient accelerants for the occurrence of incest. These families may pose particular challenges to a child welfare worker's ability to assure the ongoing security of those victims:

> [T]he offender was the father…the only one who worked …who drove… primary provider for everything in the family…you have a … non-offending parent with … very few skills … suddenly responsible for … trying to hold that family together.

> I think it becomes normalized without intervention….and I think it's perpetuated by the values and attitudes of extended family. … the people involved would be quite isolated living in their own little communities and not… being part of the greater community….. quite isolated socially.

Education/Training

Although this subject is addressed and documented elsewhere 20 subjects (71%) offered fifty references that were coded as related to training/education. Consistent with citations reviewed elsewhere, subjects sampled described their incest-specific personal training as limited or largely subsumed within a broader context of sexual abuse. Several subjects offered their training in forensic interviewing as having incorporated instruction regarding sexual abuse:

> Never had a chapter in a book on it, I've never had a class on it….we don't have academic journals through work.
>
> All the training…has been about sexual abuse in general.
>
> [F]orensic interviewing in investigating sexual abuse course.

Despite the lack of incest specific education, these citations reflect certain generalization drawn from the general offending subjects received as transposed to incestuous offending:

> Sexual abuse was addressed and often that's a family member but I don't remember…specifically incest.
>
> [M]ostly about the impact sexual abuse…treatments…but not specifically in incest.
>
> [T]he formal investigating sexual offenses training…. focusing on the risk…more focusing on criminal piece…incest was briefly discussed.
>
> [W]e…do the training with police officers…information regarding the grooming of children….Pedophiles….how they're going to lure their victims ….you kinda got a little more inside information than you would in a book.

As public agency funding and partnerships appear significant variables towards child welfare training, several workers made specific reference to training received over the course of their career, programs described as still relevant to current practice:

> [I]n the 80s …institutions started to offer a lot more formalized training…investigating.
>
> [A] one-week training, and it really explored the attitudes that we had …this was in the early- early to mid-80s when sexual abuse was just becoming a more "in vogue" child protection issue.
>
> [O]ur budgets are so limited for training now.

Attrition is also illustrated in one citation referring directly to what appears to have been one of Child Welfare is primary training programs. This citation also alludes to the complex relationships Child Welfare maintains with other public agencies regarding their respective mandates:

> We had training …it was like four days long….the training is now one day …. I was shocked…It had been reduced down to one day. Very simple and it terrified me because I'm thinking.…we might be one of the very first contacts with this child and if we screw it up…if we mishandle it that child may not reach out again…it wasn't…child welfare's fault that we no longer had the four-day training with the police. That was more a police decision…suddenly only (to) have one day forensic interviewing…there is an example of "Makes no sense" …it's not like we do forensic interviews for incest everyday so you don't necessarily keep your skills up.
>
> I think the initial program was much more helpful.

Many subjects denied instruction in the area of child sexual abuse, let alone incest, during their academic education. Beyond the specific subject matter, academic institutions provide a forum in which principles of practice and skills are expounded upon. The extent to which these skills adequately reflect or translate to the intense realities of child welfare are suspect. Comments relative to academic training/education are included immediately below:

> [I]n child welfare…its grit, it really truly is …you come out of school with really this place of wanting to help people and change the world and ….that's a really harsh reality…they don't teach it in any training…
>
> [O]nly sort of a foundation… it certainly didn't prepare me for work in child welfare.
>
> [I]t is easy to learn in school that it is traumatic… that doesn't really mean anything… if you have a personal experience with it…you bring a whole lot of extra stuff to the table- there is no doubt about it…that experience can either be very helpful or it could be very harmful.
>
> Theoretically, yeah it's all peaches and cream, but when you're actually in the work at doing it is a lot harder to keep those emotions in check.
>
> [I]t all seemed to make sense at the time but from an academic point of view… when your face to face with someone who has…raped his six-year-old daughter… how do you not have of a visceral reaction ….It's going to happen… that's why not everyone should be in child welfare.

Social Silence

The principle of incest as a taboo inherently includes discomfort with its discussion. This discomfort was described to affect all aspects of public disclosure. Incest can be met with an ardent desire to root it out and ensure that the transgression is properly admonished, however, the alternative is a generalized reluctance to acknowledge the transgression.

This section collected and reviews 38 citations from 18 subjects (64%) and is offered to illustrate subjects' perspectives regarding the social silence inherent to the problem of incest. This social silence is a common and pervasive factor within the broader social community:

> You can go out and shoot someone you have an argument with, or you can, sexually assault your child, and I mean, people are going to look at you a lot worse with the child...it is such a serious taboo.

> There is there is an incest taboo...when it happens in a family there's a tendency for society to think this is this is disdainful and unthinkable and...It becomes very difficult to forgive to move ahead to not tarnish that person forever. It becomes difficult to believe that that there is treatment or the treatment is ever effective.

The significance of the social silence and taboo is considered to significantly impact upon the disclosure process. Researchers have document reductions in the disclosures and investigation of child sexual abuse (Trocmé & Chamberland, 2003), something confirmed among the sample:

> There is significant decrease now in the number of disclosures. We don't investigate sexual abuse like we did 20 years ago. We don't have same number of referrals and search their certainly lots of discussion as to the why and wherefores...we still need to be out there.

> If we are not seeing it as much, we're not going to be as in-tuned...there's the whole issue of pornography, which is a whole different world, which is the kind of sexual offending...so maybe that will always keep a sort of evolving in terms of our understanding of the whole incest and pornography...when it runs its course in the community...it reinforces to the community that those horrific things that most of the people in our community still don't believe...Maybe they won't believe...but...it keeps the issue at the forefront and then people will remember...which I think is important because my concern is that sexual abuse will become buried again.

Despite sizeable incidence among the general population, disclosure implicates families, if only by association, in one of the most sacrosanct transgressions:

> The taboo makes it difficult to believe...families like to protect their reputations and protect their own family members. So some people will try and protect the victim, but it also brings a lot of shame to family so they may want to hide that.

> There is such a shame and we know how society reacts to someone with the stigma of sexual abuse so it is...because of the...secrecy...it causes such a major change...It effect's everybody within the family system.

The sense of stigma associated with the transgression of incest is an active variable inherent to the disclosure process. Family members are required to acknowledge both a potential complicity, and that a loved one may be capable of offending:

> [S]he...arranged the babysitting...so that was the sense of guilt on her part, I think, coming out that she didn't want to have that part....there was guilt aspect of it of the fact...he's not that type, he's not that person. So, yeah you put yourself in that sense...just didn't want to hear it couldn't be her brother, couldn't be this couldn't have happened.

Disclosure initiates a process in which, suddenly, there is a responsibility to openly acknowledge and discuss violating the social taboo, the sanctity of the family, and sexually abuses against your child:

> [I]f you're not willing to talk about, how are you going to get past it.
>
> [I]t's very hard for anyone to admit to it...there is no gray area in touching child...with incest it's been very rare that someone...says, I absolutely did it.

Some respondents acknowledged the inherent difficulties associated with this dilemma as a natural response to the public nature of the process:

> [T]he family doesn't want to talk about it neither does society...I think...our sensitivity to the shame, that it's a private matter, and for those people who've experienced it...it's not a very public occurrence...because of that naturally private nature I think those are obstacles.
>
> [W]e all more or less did some blame and some stigma on families where that happen right and that's something that we need to think.

The associated shame and discomfort of confirming incestuous disclosures is not lost on child welfare practitioners. In highly sensitive circumstances involving a public figure, one (3.6%) subject described a personal sense of reluctance at confirming allegations of abuse:

> [T]here was a real hope inside the agency that it wasn't true...it had me kind of second guessing...you're watching the video with someone else just to make sure that you're seeing and hearing what you believe...like is it possible...It was...seen as very out of character.
>
> I think there needs to be almost generic screening....that kind of screening might work...you'd also increase the sensitivity on the part of professionals involved if

> they do get a disclosure in terms of how to handle it and increase their comfort level dealing with the material and increase their awareness.

While it is presumed that child welfare workers actively engage in critical reflection when faced with disclosure, one (3.6%) subject also questioned the desire to critique disclosure:

> I still find it very hard to convince people that it's actually going on...I've had this disclosure from this child. It's believable to me...It's almost like everybody starts to play devil's advocate in terms of trying to discount the disclosure...it's interesting how other people around it don't assume and everybody wants to pick it apart.

It is described that the discomfort associated with child abuse results in a public denial of the problem. It is perhaps this denial that gives rise and fuel to the tragedies that invariably characterize discussions of child welfare in the public forum:

> No one wants to talk about it unless somebody dies. If a child dies, then we put all sorts of money...otherwise nobody cares, nobody...Nobody puts money and treatment of the kids. So I think we're really hypocritical.

"Hot Topic"

Of the 28 respondents, 25% (n=7) offered a total of fifteen comments to the extent that public interest in intrafamilial abuse, as well as Child Welfare involvement, has waned and is evidenced through reduced disclosure, investigation, and the availability of related services. Comments described incest as having been a "hot topic" or "new fad", more recently replaced by a public interest in domestic violence. Comments suggest that Child Welfare practice is driven by public agenda and public funding. Public attention results in public investment, professional development, and the development of professional expertise and services. Restructuring to meet newly identified priorities is described to have resulted in a reallocation of public resources. Subjects referred to a reduction in available public attention, public disclosure, education, public resources, public outrage, and a concomitant reduction in child welfare education and investigation:

> It was really big in the 80s and stuff.

> [P]eople were becoming aware and at that time, certainly doing a lot of research attending training and becoming comfortable with that.
>
> We don't investigate sexual abuse like we did 20 years ago.
>
> It's kind of gone from being sort of the hot topic of the day- which it was at the time ….you know, I'm not even aware of every anybody that provides groups for kids anymore….It was a fad and everybody was around this big table, and this is how we were going to address it.
>
> [T]he news is more these child porn, people on internet … and I think again it's may be easier for the public to acknowledge those things …those predators in the park… people don't think of it as the father two doors down or the teacher who everybody loves. … I don't know that the general public is aware or is willing to go there…. It just seems that …..that (incest)….is an issue here.
>
> [D]omestic violence is part of the one that we I'm getting all the information on all the support around and all the education.
>
> [P]eople were starting to accept that it happened, reporting happened…and then institutions…offered a lot more formalized training….if we are not seeing it as much we're not going to be as in-tuned then maybe it's happening more than we think…..I am going…on (training) ….I'll see if there's anything new that I don't think so.….I think that there are lots of treatment programs but …I think they've kind of shrivelled.

Remarkably, the phenomenon of reduced reporting has been documented with many of the same preoccupations (Trocmé & Chamberland, 2003).

Police

Police intervention appears to be the starting point from which criminal action may be undertaken. Fifteen (53.6%) subjects offered 23 references that were coded to relate to contacts with the police. These references related directly to the formal and procedural aspects of child welfare intervention when working with cases of incest. The difficulties that subjects described related directly to practical considerations resulting from this interface. Comments identified a disparity in training, the availability of trained professionals, as well as criteria for carrying a disclosure forward. Although elaborated elsewhere, some comments are extended to the judicial process. Referral for the initial

interview appears problematic, in that the availability of skilled law enforcement professionals is not guaranteed:

> A lot of what we do is directly connected to them.
>
> [W]e have great challenges even getting the police to respond in a timely manner ….the police response is one thing.
>
> I'm not going to trust the police investigator …. they don't necessarily…have a sexual abuse…detective …that deals with sexual abuse of allegations ….she's really busy or he's really busy- you're getting a plainclothes or sorry you're going to get a uniformed officer.
>
> The police hate to go with us…. They're not comfortable with it…it is the luck of the draw…. they are not always trained… some will co-lead the interview…some will not let Children's Aid interview until they have completed and sometimes if they are not skilled that will really prevent they a good closure…I have had some very positive experiences with some police officers and some very unpleasant experiences with others… The training, the sensitivity….not just fact-finding.
>
> [P]eople quite frankly, are afraid to do sexual abuse interview.
>
> Decisions as to how an individual case might be carried forward are largely dependent upon this initial interview:
>
> The police, after interviewing the child make the decision…they have their own criminal rules and regulations…If the police aren't able to carry forward and lay any charges or it gets dropped or it gets to the crown level.
>
> [G]etting a conviction is that big thing with the police…

In a context in which conviction criteria constitute legitimacy of a victim's allegation, the results of this initial interview are reported to have significant impact upon future proceedings. Admittedly, both child welfare and the police operate with different mandates, expertise, and outcome criterion. Results that summarily dismiss allegations can be erroneously presumed to exonerate an alleged offender complicating future civil options available to Child Welfare.

> [T]he police did their interview with him and it came out, the polygraph came out that he, he didn't do it, but we still really felt that something did happen …she knew that if she didn't actually protect the kids that we might have to apprehend right… in her mind if the police said it didn't happen.

In some circumstances, the basis for these decisions may be perceived as rooted in historical biases and may not inherently reflect an informed perspective of offending populations:

> [S]he had real mental health stuff, big-big mental health stuff but the police blew me off ….I think it was because she was a woman- that they didn't take it seriously. I never had an incest case charged….we see the women as passive…so they don't see them in a threatening positions therefore they don't believe them that they could be the perpetrators…DNA evidence….That's what it takes….in today's system.

Protocol

Seventeen (60.7%) subjects were identified referencing 48 citations that were perceived as relevant to a discussion of protocol.

Protocols, or procedures, are central to social organization. Protocols constitute the correct or appropriate behavior of a group, organization, or profession applied to specific circumstances. Protocols exist to ensure that fixed procedures are undertaken and realized in accordance with desired outcomes. Empowered, child welfare workers act as agents of the state objective- here, child welfare:

> [I]f you explain the process..."This is the process" - most parents will calm down...I've got this law or this protocol...here is what I have for an authority...I always carry a copy of different sections of the Family Services Act.

Procedures are largely constructed to accommodate aggregate demands and to realize outcomes. Inherent to the discussion is a question of power. In a society needing to accommodate the sanctity of the family unit, the significance of parental rights, and the inherent vulnerability of children protocols may serve to mediate the potential legal ramifications associated with child abuse. Protocols exist to ensure that protocols delineate the limits of the state's power and achieve the desired outcome. Equally significant is their ability to contain intervention from perceived contaminants. Protocols can operate to ensure that procedures, practices, and professionalism are maintained

during the intervention process. Protocols are myriad. In child welfare, as with any social organization, protocols exist to ensure individual accountability:

> [J]ust checking to see if my own thinking and my own...what I've done is right...just making sure everything is OK.

> [B]ecause we have policy and we have procedures that we have to go through...one of biggest dangers is going in with an already preconceived idea of what's going on.

> [T]he paperwork is so comprehensive that (bias) that's going to come out and then it can get addressed.

One (3.6%) subject reported a precarious vulnerability, perhaps reflected by the principle of shared liability:

> You have serious powers...you walk that fine line between the helper and...your role's not clear...you have to really be careful...because you will become the target...by all systems.

Sexual abuse protocols inherently result in procedures that appear to direct intervention and potentially complicate therapeutic processes:

> [I]t's not really our role to mediate with the offender. If the offender is charged there's a condition of no contact.

> [I] just need balance of probability so the minute you know "By the way I'm registering you (sexual abuse registry). They (offenders) get defensive cause that's a big thing...on some level you're trying to deal with the person and give them that dignity and...in the next breath you're also saying you're a child abuser and you're on the child abuse registry.

Protocols in cases of child sexual abuse are compounded by the inherent sensitivity of the subject matter and the inclusion of external agencies. Despite protocols, inconsistencies apparently exist between different points of service:

> [W]e have a protocol with our police station...Not every agency has it with their police station.

Given the legalistic and sensitive nature of child sexual victimization, protocols were developed to ensure that investigative procedures adhered to legalistic standards, ascertain abuse without contaminants, and facilitate judicial process. Investigative practices constitute protocols that serve identifiable objectives:

> If you do a good forensic interview...you can support a charge.
>
> [T]he forensic interview is not designed to help the family...except to identify what has happened...understand what happened or the child. It's an information gathering.

While the inherent logic of a given practice may appear sound:

> I still think you can see therapeutic work following that, and child welfare still has room to work with families. But I think that initial work has to be done right...that we're able to really determine which allegations are true...that sexual abuse is verified in this case...it should go to the court system.

Protocols are not inherently effective and do not invariably realize outcomes:

> [W]e'll kind of put in external controls...stuff is checked off the list then we kind of pull out...and...really intervention hasn't occurred.
>
> I think the offender at some point, face-to-face in a clinical setting, (needs to) take full responsibility apologize to the child...stating that it wasn't their (the child's) fault that they; they as the offender was wrong. And I think that is a key piece. And I don't ever see that happening...partially because of the lack of...coordination between services and it's not people's comfort level to sit in a room with an offender and the victim and facilitate that process...It can be a long process...We've attended court we've gotten conditions to reinforce the no contact and have given mothers' clear messages. "You either have to end the relationship like you have to make some decisions"...what I don't see is a lot of support in place or recognition of the value of the perpetrator apologizing and taking acceptance...there are guidelines...it's legislated...you're still using your own judgment...really it can vary from supervisor to supervisor.

Shame

The incest taboo is described as a primary organizational and evolutionary maxim. Taboos are characteristically steeply rooted in cultural myth, and constitute behaviors that are invariably highly stigmatized within respective societies. Despite the universal and historical maintenance of the incest prohibition, incidences can be believed to have persisted throughout human evolution. Violations of social taboos are customarily met with social reproach and admonishments. Typically, the more significant the transgression, or taboo, the more significant the social admonishment.

While periods of incarceration suggest that the transgression of the incest taboo does not appear severely sanctioned in North American society, incestuous child sexual abuse clearly remains an offense that is met publically with widespread disapproval. This section reviews comments significant to the concept of shame/stigma associated with incest. Content was derived from 12 subjects (43%) who offered thirty citations.

Incest disclosure not only exposes the suffering of the child, but identifies an offender and a family (possibly even extended family members) through association. Subjects described social attitudes as contributing to the sense of stigma and public denial associated with incest:

> [T]here's a tendency for society to think this is this is disdainful and unthinkable and……. they think that it's disgusting that they … want to be as far away from it as they possibly can.
>
> [I]t is a huge taboo, it is one of biggest…even if rumor got out that you are getting sexually aroused while you were wrestling with your child. People are going look at that a lot worse than if you went out sometimes, depending on the situation, seriously hurt some, beat them up or something.
>
> [I]t's very hard for anyone to admit to it….Its kind of OK in society to say, yeah, yeah I smacked my kid, you know, I'm in trouble, but there is no gray area in touching child …The family doesn't want to talk about it neither does society. I think there still is a strong sense that this is. "This is a disgusting thing that could happen and frankly we don't want to hear about it."

Victims are potentially marked by a sense of shame, confusion, and isolation:

> You get a sense of…being … marked or dirty in some respects….incest just carries on that stigma.
>
> I guess for the person who's being of the victim and does not want to believe it's happening can then be able to maybe just outside of the home try to pretend that life goes on ….not wanting to believe is happening in your family because of being afraid of the consequences.
>
> The victim… often does feel a sense of shame or guilt…as though they at some point bought into or willingly engaged in the interaction.

While disclosure likely occurs as a result of the needs for the victim, it results in significant upheaval for all those involved. Family members may, despite a possible awareness of the incest, share the inherent repulsion. Incest disclosure brings the abuse to the forefront as well as endangering familial integrity in light of public exposure and intervention:

> I think the shock of someone you … you've married this man you had children with …then to find out he has betrayed everyone's trust in such a profound manner… sometimes you know the mum's mind just doesn't want to accept. It's easier to say no it didn't happen.
>
> [F]amily loses their respect; it's a label, you carry for the rest of your life…. you can be 80 and people will you'll always have that…it's just more pain once the victim comes forward…the family struggles to get through it…People… disassociate themselves from it.
>
> [J]ust having CAS involved …not only are you dealing with, you know incest or that kind of family dysfunction…and that's very scary for people.

The overwhelming sense of stigma is acknowledged to constitute an immediate obstacle to intervention:

> [B]ig challenge to get the adults and the family to understand that the child doesn't need to be further victimized.
>
> [P]eople aren't comfortable with. .. if we don't talk about then it doesn't exist….some of the mom's who hadn't offended…did not want any intervention, just wanted to pretty much "Ok, it stopped now, let's move on."

The potential overwhelming stigma associated with offending is also described to inhibit disclosure:

> [Y]ou can more commonly get a disclosure of physical abuse …whereas with sexual, and incest.
>
> [I]t's one of the things that you never really talk about or tell anybody, cause it is it's just horribly embarrassing.
>
> [W]ith incest it's been very rare that someone comes and says, I absolutely did it…. no one is going to look at you favorably if you admit to us or the world or anyone that you have sexually encroached on a child.
>
> [I]n a couple of instances where men have committed suicide … there is such a shame.
>
> I had one investigation…that involved someone…well known within the community...there was a real hope inside the agency that it wasn't true…he committed suicide… It was very out of character. It would be seen as very out of character.

The sense of social revulsion is not limited to the general public, but extended to other professionals who may, in the course of their work, come into contact with situations involving incest. Child welfare workers also describe the challenges they face as a part of their professional responsibilities:

> [W]e have to examine our own values to be able to intervene. It becomes very difficult to forgive to move ahead to not tarnish that person forever. It becomes difficult to believe that that there is treatment or the treatment is ever effective. … the professionals involved were really disgusted by it… didn't want to child in the school…..it was difficult to get them to see the little child is also a victim…. take it away where we can't see it.
>
> [Y]ou have to form relationships with to get the information to protect children. That's very difficult…you…use whatever skills you have, the balance of the therapeutic relationship and authority.

The Judicial System and Child Welfare

Eighty-one citations drawn from 19 subjects (68%) were combined to contribute to the description of child welfare workers experiences when working with the judicial system.

Subjects expressed opinions citing the justice system as cumbersome and unresponsive when dealing with cases of incest. Obstacles appear myriad and include virtually all aspects of pursuing criminal prosecution. Several subjects referred to difficulties advancing incest investigations to criminal courts:

> In all my years of child welfare six years and only once in six years have I ever had a criminal conviction...there was DNA evidence to prove that he sexually molested a child.
>
> Unless a child can say what happened to them in very clear words then there's no point in going to trial because they can't prove it...the guy gets off.

Failure to secure conviction is described as the culmination of intervention strategies that not only adversely effect child victims, but promote conditions perceived to inhibit disclosure:

> The victim feels that nobody believed them...When you see that the kids been ripped out of their home get put in care, the parents get divorced, everything falls apart, then who wants that. It's better for the kid to stay quiet, like they've been told to stay quiet, rather than all hell to break loose.

Time delays inherent to the adversarial nature of the judicial process figure predominantly. Victims, families, offenders, as well as child welfare agencies are described as subject to protracted delays that surface when interfacing with the judicial system and the optional legalistic protocols. This situation results in delays that may have confusing effects for the victim:

> I just had one it took a year and a half I mean the child is having a difficult time recalling...she was 14...She is 16 so now...she's not a child in need of protection according to our ministry guidelines because she is 16.

Despite some apparent changes initiated to facilitate aspects of the judicial process, these are cited as ineffective:

> We still have kids being held up by the court system up to three years, or we get a crownwardship order...there's an appeal on the access and that takes a year and then finally we go...the judge reserves to give his judgment .. six months before we get the paperwork...kids...coming into care...at one and not being available for an adoption until their five.

Many of these dilemmas are not easily resolved, as the root of some of these obstacles rests in the very principle of judicial due process, the rights of the defendant, the need to prove criminal responsibility, the adversarial nature of prosecution, and judicial protocol. The criminal prosecution of incest investigations becomes protracted through dependents that invoke their civil rights:

> I had one case that lasted like four years in court, and the kid was four when it started, eight when it ended and was fact that the criminal system...if Mom or Dad...get a lawyer and it goes through and then four years later...that makes it hard for a kid who discloses to feel on a level sometimes it was worth it...it would be nice the systems worked better together.

Again, this is another context that favours economically advantaged defendants capable of engaging in their defence individuals holding professional authority:

> When it comes to going to court...in order for any weight be given to it there has to be a Ph.D. after your name...if mom gets a really good lawyer...She could quite possibly get Children's Aid put out-of-the-way.

During this time, legalistic priorities are dominant, inhibiting treatment objectives and contributing to stress suffered by victims and families:

> The court system can be slow...the situation just hangs for a long time...rehabilitation... would depend on...whether there...was a conviction.

> It's not uncommon for…it to take well over a year...we've been working with the family...and it's all limited by the fact that the criminal piece is still outstanding.

Inconsistencies between child welfare protocols and judicial process appear, in some circumstances, poorly reconcilable:

> [E]verything is litigious...done through a legal thing and…I'm...checking in with them, just...assuring...conditions...(there) is no treatment piece.

Despite these obstacles, criminal prosecution is regarded as the only appropriate strategy. Problems subsequent to prosecution are identified to result from discomfort with the topic of incest offending, the availability of appropriate resources, the attrition of public resources, as well as difficulties coordinating services:

> Coordination between services...it's not people's comfort level to sit in a room with an offender and the victim and facilitate that process.

> You need...to have somebody to say you have to do this...for some offenders or families...I think in terms of leverage...case coordination is really critical.

> We've had limited success outside the judicial system.

> Waiting lists...private resources...if the family...(can't)...pay for the therapy...there used to be a really good program...they closed that jail...treatment is better in federal facilities.

> The therapeutic path and the criminal path didn't sort of balance...systems just step in with...with their agenda.

Independent of this process, Child Welfare retains powers they can enact in circumstances in which a child is perceived at risk:

> Consequences...appear very small...even though the police can't lay charges and it gets dropped out of court, it gets thrown out for lack of evidence...we still verify...we still put that person on the child abuse registry. We still continue to work with that family to put the restrictions in place.

Criticisms of the existing system include:

> We are very reactive, and...we need to a work in solutions...before the problem occurs.

> There are not enough resources...It's the very paper oriented system...you need to...punish certain things but I don't think they the criminal model is...working that well.

Rehabilitation

Questions regarding the treatment for incestuous families evoked diverse opinions and reveal different obstacles child welfare agents experience during the course of their work. One hundred and eighteen references were drawn from 23 (82%). For many subjects, the rehabilitation of incestuous families was largely hampered by the belief that intrafamilial offenders are pedophiles, if not clinically similar to pedophiles:

> [T]here's…no cure for pedophilia...there's management...mitigate the risk of future offense.
>
> [T]he deviance is...in the family…there isn't much success...with pedophile.
>
> I believe there can't be rehabilitation for incest especially.
>
> The underlying principle is that pedophiles, and sexual perpetrators in general, do not respond to treatment:
>
> [C]an sexual offenders be rehabilitated?
>
> I don't hold a lot of hope for rehabilitation.
>
> In my mind…the success of rehabilitation would be very…slim in the…respect that…continued exposure to situations…available to them…family members.

For several subjects, rehabilitation is described as any possible series of interventions that may empower remaining family members. This perspective, however, appears to have always excluded the offender:

> [I]t depends on what you call rehabilitation…rehabilitation could be…all sorts of things …you can be really creative if you have the means to do it and the will to do it and the resources.

Failure to benefit from treatment increases likelihood of reoffending, and a child being re-victimized:

> [N]obody wants to be liable for a victim being re-victimize...and being part of that decision to make that mistake.

The premise that perpetrators represent a significant risk for reoffending undermines the justification for rehabilitation, or continued contact among family members who have experienced incest.

For some subjects, rehabilitation constitutes strategies through which family members exercise an opportunity for maintaining some form of familial integrity, contacts despite controls that are designed to eliminate any future risk or recidivism:

> I don't actually know what there is for offenders now I really don't know …when I think about rehabilitation, I think about some ability...to have options for ongoing relationships that are clearly defined with different boundaries….an option for maintaining a family tie… for reparation.

Some subjects did describe the existence of services in their area:

> I mean there are sexual abuse treatment programs out there.

> [W]e have individual counseling, we have sexual assault Center, who can help the adult members of the family … we really rely on places like … the family counseling center …I know that when we need it we search out for whatever services are available.

> [T]here was a group…for men.

By contrast, several subjects identified difficulties accessing necessary services for their clients. This may include delays for appropriate services or an absence of appropriate services for victims, perpetrators, or other family members:

> I think there is a lack of resources, and whether it's to work with the victim, the siblings, the mother, the alleged offender, the father/stepfather.

> Treatment is either not there for the perpetrator and for the victims and for the family and is very often victim focused to suppose the family focused and limited…it's now how are we get help you. As opposed to how are we going to support the family.

> [T]here just seems to be a lack of top-notch services.

> [W]e do not have um one place where everyone's needs can get met with the same degree of expertise. As it were. There isn't 1…agency.

Although it would appear that the victim is prioritized in the intervention process, several subjects described difficulties accessing necessary services for victims:

> [A]nother obstacle would be getting immediate counselling for a victim but usually that can be that as a matter of, of the relationship that the protection worker has with the mental health services.

Access is described as facilitated by the inherent vulnerability of the victim:

> [F]or kids that he's been really badly traumatized and you're lucky cause you get in faster.
>
> Huge waiting lists… they have to be suicidal.

In circumstances in which subjects demonstrated little to no familiarity with incest resolution/rehabilitation programs, they did identify necessary components critical to that type of program:

> [T]he offender needs to acknowledge their responsibility in order to increase likelihood of rehabilitation and needs take the blame upon themselves as opposed putting any part of it on the child or on the non-offending parent or on the other siblings or whatever.
>
> [I]t would be a sort of individual therapy and family therapy...everybody would have to get involved and be willing to examine it honestly...I...wonder at the success of reunification.
>
> [T]he child needs to be clearly told that they're believed and obviously…the perpetrator needs … take full responsibility....

For one (3.6%) subject who felt that incest-specific treatment services were lacking or absent in their respective communities, criticism was more pervasive. The therapeutic objective of intervention, a process that should provide for the needs of the victim, were described as lost within the broader criminal process:

> I think the only circumstances where it can be facilitated is if there have been no charges …we as an agency… determined that the victim's statement is credible; However the allegations aren't…enough…to charge…it certainly gives us more leeway and liberty and control over the situation.

Several subjects described having been involved in community based treatment programs that strived to meet those ends. In these circumstances, interagency cooperation is necessary to facilitate the therapeutic process:

> [W]e took on the role of working with the victims the child victims…another agency…took on the role of working with the mothers and…John Howard worked with the offenders... it was like a community approach...the agencies kind of divide up the response... that was probably...how we viewed the problem at the time…there wasn't one agency that could take on the whole thing.

> [T]here was also a component around the offender...for of the purpose of reunification...it didn't…lead to that quite often.

Despite the apparent availability of incest rehabilitation programs, insight into some of the obstacles to realizing treatment objectives was offered during the course of the interviews:

> [A] lot of them are connected to…the justice system…a person's probation order…terms of incarceration or…are offered within a facility.

> [T]he offender gets disengaged and doesn't have the motivation to make reparations and the system might say "you can't go anywhere near this family"…you need to have...somebody to say you have to do this...offenders ....they don't voluntarily come back to the victim and say here's what I did to you ... you need leverage...case coordination is really critical...I have yet to see it translate into practice in a successful way…there are so many other systems at play and so many pressures of the family.

In addition to the systemic obstacles described above, select subjects offered criticism that fell directly under the ownership of child welfare:

> [W]e get trained and forensic interviewing…but I don't know to what extent someone is trained specifically around the dynamics of a sexually abusive family and then how you work with them…it's a specialty and we don't have specialists…we have people who are trying to apply their social work principles.

> [W]e should have programs to treat…we have to make an effort…we have a responsibility to engage that person. If we don't there will be no change. …I think it takes a very special person to do that kind of work.…I think it takes a special skill set.

Many of these problems are illustrated in a final quote from a subject who reported direct involvement with a Child Welfare based rehabilitation:

> [T]aught me...how to help things along, like beyond just protocol, things like working with the family….trying to develop a case plan as oppose as to just going right for a court order…more along a therapeutic road… some rules to keep the kids safe but…bottom line is at the end of the day…we need to work with them…really providing the therapeutic piece of it…when I was new worker…I didn't see family reunification as a viable option.

In this circumstance, Child Welfare, the agency responsible for the immediate needs of the child, was capable of coordinating appropriately to facilitate a process in which offenders were held accountable, and, in turn, brought to assume accountability to their victims, a process that is viewed to address a critical component for the victim's therapeutic process.

Financial Considerations

Ten (35.8%) subjects made 19 references that were coded under a subheading that identified financial issues related to incest disclosure. While the majority of those comments relate to the financial impact associated with parental removal, several of these comments extend beyond immediate fiscal needs:

> [P]eople don't leave domestic violence relationships because of all losses...people are very very isolated...there are those repercussions as well.

The support of the non-offending parent is tremendous.

> [M]others' often bears the brunt of the...pressures...it can be a financial blow...just a tremendous responsibility.

> [I]t causes such a major change within the family and...It could be the financial piece that results. It affect's everybody within the family system.

> [W]e don't have a lot of control over those things. We can support them through it but we can't change it we can't take that away...
>
> [S]ometimes...material works...can't sustain the family to the same level...there's all kinds of economic considerations.

Comments also related to those resources available to client populations. These comments referred directly to the availability of specialized services, the limits facing overwhelmed public services, and the potential advantages inherently afforded economically advantaged families:

> [H]e is in private practice and as far as the public system; I can't think of anybody.
>
> [A]vailability...waiting lists...it's costly...private resources...if the family doesn't have um the means...it's not something you can get under Medicare...you go to a mental health clinic.
>
> For the most part, realistically, it's available to our sort of upper-class better off people who can get serious help in there...
>
> [G]etting a…private counseling, getting private, you know, a psychologist involved, that sort of thing, or psychiatrist involved...I think it's most places the mental health that we have with the publicly funded, does a great job. But like all public services they're overwhelmed. They can't necessarily specialize in one or the other, and their intentions are good, but some of these families, they need to have serious intervention. They need to have someone who is very well-trained.
>
> If dad and mum, got a real good lawyer, and they're going to be able to go to court. "We want them to stop harassing our client and it makes it more difficult...It's also fortunate in the sense that...many of our clients don't have the resources to go out and get a lawyer. So we can legally get our way in there without them getting a lawyer to get us out but you're right...but it's really tough to come up with another solution so.
>
> [W]ould we be treating this guy in differently if he had money.
>
> [W]e have had a few...high-risk offenders...who actually some had money and could afford to go down to get an assessment themselves...

Comments of this nature are not alien to analyses that examine practical outcomes of public policy.

The Role of Child Welfare

During the course of the interviews, subjects discussed their work. Twenty-six (a%) subjects provided 160 citations that were coded as being personal descriptions of the practice of child welfare when dealing with incest. These discussions frequently involve characterization of the tasks and objectives of their job. These opinions reflect the diversity of the sample and the diverse approaches they bring to their work. The opinions collected are combined to illustrate these opinions throughout the investigative process.

All investigations do not inherently yield disclosure. Child welfare maintains the objective of accessing and maintaining access to potential children at risk:

> [D]on't close the file…too quickly…you have concerns…go back…get the information.
>
> If that child is not at a point where they are ready to disclose you want to make sure that there's…supports in place …part of that is encouraging that family to always call-back, call-back, call-back, call-back, you know.

In circumstances in which allegations of incest are identified, protocols appear to impact if not dictate, intervention practice:

> Our intervention is very investigative…we do have a joint protocol with the police so we work with police … we are a protection agency.
>
> Investigations of incestuous abuse allegations prioritize the immediate security of the alleged victim and dictate conditions from which an ongoing investigation may proceed:
>
> You kind of like deal with immediate safety…then we refer out.

Subjects identify the goal and objectives associated with intervention as promoting positive outcomes:

> Our job is to intervene and make some positive changes… our goal is to go from here to here and whatever needs to be done in between to make things right.

Within this context, subjects described the challenges associated with facilitating the disclosure process with various family members:

> The parents are always more difficult to deal with than the children.

Challenges inherent to the investigatory process include mediating the impact of disclosure upon various family members:

> Initially Mom didn't believe it, but then after having a little bit of time has come around has really sided with the child. You know, and I think that take a little bit of social work intervention, helping the parent to understand.

Subjects expressed the perception that perpetrators remain inaccessible to intervention even beyond protocols that exclude child welfare from contacts with accused parents.

> I do not think that we always get the opportunity to do that kind of mediating so it is not realistic to expect that we will always do it or that we will be effective…. I don't know it's not really our role to mediate that in the beginning especially if there's charges laid. It's more…I think we would more mediate services for the child and maybe the relationship with non-offending parent… it's not really our role to mediate with the offender…If the offender is charged there's a condition no contact….We would ensure that the offender was not having access if that were the conditions in the court, and we would be verifying that.

Remarkably, however, individual intervention practices demonstrate an inherent flexibility to protocols. Subjects from within the same agency risk responding differently to various family members, including abusers:

> If you can walk in and say dad you've got to leave the house…that makes it a lot easier than trying to deal with emotional part of it…we still need to make sure that we do it…that's the biggest part of what we do…the emotional side of things…I think that if you're not prepared to do it then…you're really not doing your job.

Protocols, or practices, afford practical flexibility within the process, as some subjects appear to have described involvement with perpetrators as part of the investigation process:

> Hopefully you can get them to the place where they can understand kind of what this has done to the daughter… as opposed to the what it's doing to them…dealing with the perpetrators …It was trying to get through to him … I feel like… I can recognize what people are dealing with or…. trying to make them feel heard …I always tried to make the client feel heard … I want them to tell me what it was like for them …how they justify it…it can be an uncomfortable place to be but there's no other way to (sigh)…to try to help the problem or try to even understand what needs to be done …you may not agree with what they did, I still…see it as my obligation to try to assist somehow.

Arguably, this may suggest that intervention promoting process risks occurring irregularly, in part, influenced by factors that may include protocol:

> I do not talk to offenders, the police will talk to offenders …I don't deal with treatment planning at all.

Additional factors impacting upon intervention may include the facility in which family members engage during the disclosure process:

> [J]ust being supportive to people who want to be proactive. Giving them resources.

Challenges also are apparent in the direct availability of appropriate incest specific services:

> [T]hey had a whole sexually abuse treatment program…here there's nothing.

Irrespective of disparity in the approach taken towards abusers, intervention is dominated by legalistic considerations:

> [W]hen we are talking about incest it has to be forensic…. probably we can get a lot more done a lot more from children if we can come in and be much more therapeutic and that emotional connection but …you know lawyers can eat that up.

The need to assure the ongoing protection of the victim, independent of successful prosecution, results in the mobilization of protective measures:

> [W]e can ensure for this particular victim that (sexual abuse) doesn't happen again with this particular offender…we still put that person on the child abuse registry…put the restrictions in place and keep that child safe.

In circumstances involving incest, treatment appears dependent upon the availability of, or accessibility to, appropriate services through external agencies. Treatment is mandated predominantly through services external to child welfare:

> [W]e have a lot of programs we don't have any family counselling, any family therapy.
>
> [W]e do the best we can…sometimes…it's up to what are the services are out there.

Many subjects described the investigative process as one in which, after assuring immediate safety, referrals to external services were necessary to fulfill treatment objectives:

> What happens is there's referrals to the other services and there is an assurance that the families have connected with those services before we close.

While this description is ascetic in nature, interview subjects described various personal challenges they experienced in their practice. During the interview process, individual professionals described specific practice related difficulties inherent to child welfare:

> You're often the first contact for a child….whether a child feels comfortable enough to make a disclosure…and then how it's dealt with afterwards.
>
> Not enough time…you're going from one case to another.
>
> I had a really hard time at times when …it's a gray area.
>
> Your role's not clear… you're wearing two hats…you have to…be careful about how you manage...sometimes the business of the job…can just turn into a blur.
>
> You have a crazy caseload.
>
> You don't come out of the degree knowing every sexual issue…working in child welfare you are gonna have to deal with it at some point- every sexual issue.
>
> …you wake up one day and you find yourself sitting in a house full of garbage and children who can't talk and there is beer in the fridge and no food, and you know, you realize the reality of what your job is really all about.

> A lot of professionals…don't have a good sense of CAS... if they really…feel a child is been sexually abused by a parent, they will certainly contact us…it's almost like...this is kind of icky we'll let the CAS deal with.

Despite the apparent diversity represented above, it is presumed that the majority of the subjects interviewed would very likely identify themselves in the comments immediately below:

> I'm here for the kid's right. And that's kind of what it what it all boils down to.

> It's a social commitment. I'm not paid enough to…read the things I read about child welfare workers…walking into a building people and people go "baby snatcher"…in the end we have a duty to protect the most vulnerable in society.

Child Welfare and Authority

> I don't have a lot of power …everybody thinks Children Aid has so much power but how can I help this family?

Child Welfare is known for its potential to impose limits upon individuals' families:

> I think, at the wider societal level there is a primal fear of CAS…that someone can come in and take your children, and it's as simple as that.

Child Welfare is armed by provincial legislation that allows its representatives to remove a child from the family home:

> [D]on't shoot the messenger. ….here's the protocol here's the process…we have…the Family Services Act … 50-50 you're getting an angry response…somebody screaming and yelling in your face …I've been known to say, "I can go get the police and come back"….most parents will calm down.

Unlike other forms of child abuse or neglect, incest has been identified to mobilize social agencies so as to restrict the potential for continued victimization:

> In incest if you say somebody is messing around with somebody's kid then unless you have a judge who's "got some problems"…they'll say "okay, let's not send them home so soon". So at least you get that support.

Incest investigations invoke immediate measures to terminate potential abuse, eliminate the possibility of continued sexual assault, and ensure the investigation process from potential contagion:

> [T]hey're willing to have our involvement, then, there is much more of a, you sort of ramp the level down.

Several workers described the reaction of parents to the investigation process as critical to the amount of leverage necessary throughout the investigative process:

> When I show up you know I am knocking on the door, you know, if there is an allegation dad is out of the house or the child is out of the house. They have to take a pick- make a choice- who's going… I'm looking to see the parents understand…if they're struggling to make the changes why what's going on.

> In some families if you have a super strong protective other parent, and there is an admission …that's different than the family where mom says "I don't believe you"; dads like "I didn't do it" … in those families it's really…protection…it's more segregated…I have had some cases where something's happened and because of those dynamics the response is so different, like less intrusive…more cooperative.

Legalistic considerations dominate the investigation process:

> [T]he forensic interview is ….an information gathering process design to …get information for a charge to be laid.

> On some level you're trying to deal with the person and give them that dignity, and you know respect but in the next breath, you're also saying you're a child abuser.

In the context of the legal and moral ramifications surrounding disclosure, some allowances may be made to accommodate an alleged offender's immediate denial. Sustained opposition impacts upon the ongoing evaluation of families accused of incest:

> The kids…are removed, which is always a horrible experience …for everybody, and then okay so…the kids are safe… they (parents) will initially be freaked out and resistant…if six months down the road … he is still insisting that he did nothing wrong or that nothing happens then it is more of an issue for me because…it doesn't bode well for helping or for fixing a problem or anything else.

> We are…not… bound to the same standards as the police so if someone pleads …pleads down or gets a suspended … whatever the case is…. we can still we hold them …on the balance of probabilities.

Independent of successful prosecution, child welfare is empowered with legislative measures so as to enforce continued child protection:

> In the absence of a criminal charge we take protective measures…it's mom "You choose between dad or child" and if she chooses dad, we remove child…it is a huge consequence for a child who has disclosed.
>
> Are there times when we've been wrong?…we may have made the wrong call…it's part of what we have to do almost every day- not only with sexual abuse.

Despite the formality of the process, the potential for variability is purported inherent to the individual structures and the evaluation process. Ultimately, it appears that the intervention process and the exercise of child welfare authority, are directly dependent upon professional knowledge and the availability of essential professional expertise and resources:

> Peoples' approaches are different and obviously….some will view one incident to the extreme and then others will have a different response…the amount of inconsistency in the…delivery of service… there are guidelines… it's legislated … there's the eligibility spectrum….you're still using your own judgment on how you're managing these files… it can vary from supervisor…all of those factors come into play.
>
> Arguably, the criteria upon which many of these decisions can be based may be self-evident. It is, however, not unreasonable to assume that the criteria for the basis of these decisions should represent the current literature base. Regrettably, there does exist precedence in which child welfare worked independent of these constraints.

Perpetrators

Comments referencing offenders came from 24 respondents (86%). Citations are included to demonstrate individual worker's opinions regarding incest, its etiology, treatment potential, and concomitant difficulties. These comments are organized, here, to illustrate the diverse considerations active in child welfare regarding perpetrators. For many workers, incest is an offense that is similar to pedophilia, a fixed object choice and resistant to treatment. Several subjects provide comparison to the fixated pedophile, illustrating the basis for rationales characterizing incest abusers:

> [S]exual orientation...having access to your own children...rehabilitation would be very very slim...Relapsing is high.
>
> With neglect and physical abuse...you don't purposely set out to hit your kids...it's not as ingrained...if there's incest...that's more ingrained...like your sexual preference....pedophiles are similar if not the same as incestuous...from what I've read, I there isn't much success rate with pedophiles in therapy.
>
> With incest (it's a) grooming process...a lot of pedophiles who use that same process...whether they're in Boy Scouts whether or they volunteer somewhere...they use that grooming process...they have figured out and perfected to the point where it's years until they get caught...I don't think it's all that much different...in theory, everybody...can change...those people (pedophiles) I don't necessarily believe there is...a likelihood of change.

Several subjects offer a more complex basis for abusive behavior. These explanations argue a combination of individual and historical features that contribute towards the commission of sexual abuse:

> [T]here's something that's come up...developed to whether a mental illness...something that they have experienced as a child, something that was missing...whether or not they would actually go out and purposely offend again...they may never go that far, but it's there and it's sort of enticing.
>
> I can think of different circumstances in which in you have to look at their life...their own upbringing...were they sexually abused...issues around addictions, emotional development...trauma...these are all things...that has affected this person.

> [T]here is always human frailty, human weakness...probably a range of factors...a lack of inhibitions...social isolation, substance abuse, mental health, depression you know, a range of problems...weakness in people.

Although the tenacity of these characteristics may not always appear evident, many of these views also reflect an expectation of limited treatment success:

> A lot of people will use addiction as a scapegoat...there's a lot...of...that from the offender...if the connection can be made...you need to address the addiction before you can look at whether or not the behavior is going continue.
>
> They just don't get that it's wrong...or that they don't think about it or they just don't care.
>
> Lack of moral character.....they wouldn't go for any kind of help....a lot of the times they can't be rehabilitated from my understanding...I believe they can't be rehabilitation for incest especially. At least I've never seen any kind of intervention that's worked...if there is an intervention out there and let me know.
>
> I can understand if they were victims themselves when they were kids, but ah still...It's just hard to relate with sympathy.

By contrast, other subjects reported a familiarity with a literature base that favorably distinguished incest perpetrators within the sexual offending population:

> You need to obviously have a good assessment.
>
> It's...more complicated.... a pedophile and the incest offender...there's more hope for the incest offender than...somebody who is...predisposed to boys...it's not just a person who sexual offends against a child...It's not that simple.
>
> I saw an offender who was willing to do the work and get help and almost relieved to talk openly about it...make changes...deal with their own victimization....the offender is sometimes easier to work with then some of the moms.

Some perspectives illustrate an inherent desperation that results subsequent to victimization and the existing limitations of those services available to both the perpetrator as well as the victim:

> More treatable and more hope for treatment....for the victim it does not change...I don't think there is an understanding of why people do sexually what they do...I think it's just lacking all the way around...even for the victims...I really don't know if treatment planning is impacted cause I don't know if it's very effective.

Paramount is the need to identify and mediate obstacles that risk complicating and undermining incest intervention. Irrespective of etiology, perpetrator denial constitutes a significant obstacle in incest intervention impacting directly upon the family:

> [T]he barriers that get put up and the explanations and the excuses and all of that is hard to deal with...when you're also seeing the consequences for the victim and the rest of the family...there is no excuse.....how did you give yourself permission you know to offend.

> You get the offenders who were abused as children...even have a sense of entitlement then you get the offender's who almost are acting out from a sense of...overwhelming stress...they don't...express the same sense of entitlement...If he's in denial, he doesn't return to the family, and that's a Band-Aid solution, but that's the best we can do...there are some people who, whether it's because of some psychopathology...they just don't have it...if their own personal hurt and trauma is so great they may not be able to make the change that they need to make...the damage might be so great...we may not have the services...if I see some remorse...if they can take some responsibility.

> It's very difficult to change...and it's not going to occur...if the perpetrator is not acknowledging his offence than you can send him for all the services in the world...it's not going to help because he doesn't think he's going to acknowledge problem...If they're not going to change and they're not going to participate in services then my responsibility lies with the rest of the family.

Implicitly, perpetrators' denial risk beginning an adversarial process in which intervention demands the non-offending parents unwavering. Irrespective of maternal support, offending denial invariably complicates intervention and risks outcomes that can increase negative outcomes for victims and families:

> [D]epends upon whether the offender is willing to take ownership....you do more damage the longer it takes...that child is going to need a lot of help and this (intervention) needs to be about focusing on the child.

Some subjects openly acknowledged the anger and disgust intrafamilial offenders evoke as a result of their sexual offenses and unwillingness to assume responsibility for their actions:

> I feel disgusted.

> I don't have any sympathy for them. I try to separate the person from the situation, but...I think it's impossible to control oneself disgust...you're not going to show it.
>
> When you know that someone has done this something so terrible...you wanna see them face the justice system....the idea just grosses me out...the person is not...going to be a part of this family system.

Whereas other subjects identified the precarious and difficult position perpetrators risk either seeking out support or acknowledging their offenses:

> I have difficulty interacting with offenders...I try to be conscious of...the feelings of shame and guilt and all the reasons why they're denying it or what in them has made them...I know that's something that I have to be conscious of.
>
> What would it take for that person to come forward...They have everything to lose right, and really what you have to gain...I have seen situations like that where, maybe they do come forward...they commit suicide...or they destroy themselves in some way because its so overwhelming...if I feel...they are less human that is not going to move us forward...I have really struggled with it.
>
> I can imagine, just the absolute horror in their mind that other people would know that they did...it makes it hard for them...to ever admit...let alone incest.

Mothers

Ten (35.8%) subjects making 19 references to mothers were coded in this section. Female offending was regularly acknowledged, however, mothers as non-offending parents were accepted as statistically representative. Undoubtedly some overlap may exist with other sections described in this text; however, this subset was developed to elucidate some of the challenges and difficulties subjects described regarding their work with mothers (non-offending parents) of incest families.

Clinical generalities and personal challenges with non-offending mothers were highlighted. The position non-offending parents assume regarding the need to protect is critical to the intervention process. A non-offending parent's resolve to protect child victims is associated with improved intervention outcomes and assures the child support

and stability throughout the intervention process. Different subjects offer different glimpses into their varied experiences working with non-offending mothers:

> The mother is usually the hardest one to convince and that might be guilt...eventually you can get them to sort of open up, but that's the interesting part.
>
> My biggest challenge would be our actively supporting the moms, the non-offending parent...at times more of a challenge...the offender's sometimes easier to work with then some of the moms who hadn't offended...more rigid.
>
> Sometime when mothers say they don't believe their child...maybe that's guilt...I feel very devastated for them, because I know that it is going to be very difficult for a lot of reasons.
>
> I have found that a lot of times, the mother, will let the abuser come back...they haven't dealt with their own issues yet. They can't do it...they won't go to the resources they don't want to do the work it takes. They just want their partner. They need that...they just want to do what they want to do and they don't care.
>
> We see so many wonderful, wonderful parents, who can't do it...where were they stripped of the ability to…be successful and so many times it goes back to what they experienced as children.

Consistent with the concept that incest in a cycle of violence, etiological explanations for the decisions mothers make are proposed as rooted in histories of abuse. In light of the ongoing "failure to protect", state intervention risks promoting family dissolution, dissolution in which circumstances where significant attachment arguably may or may not have existed. Workers, elaborating upon their experiences describe these circumstances as both professionally and personally challenging:

> The one I struggle with it if a kid is being emotionally abused that triggers me more than the physical incest...the child is already feeling you know dirty and used...so if there are other parents is emotionally abusive...putting it all on the child, you know, that's when I really have to...put your professional mask...go into that mode...I mean I am always trying to connect with…the um the people I work with. Um sometimes it's very difficult.
>
> If the mother is still failing to protect. It's really hard to keep your anger, in fact, in your emotions, objective...I would act differently, and I would protect, and so it's, it's a difficult role the place myself in especially...ongoing failure to protect.

> I think we're pretty angry...I just think the fundamental thing about mothering is protecting your kid, and being with your kid and taking care of your kid...when you're pushing to shove people so they can continue a reasonable relationship with their child.

Reactions to Disclosure

Thirty-four references from 11 subjects (39.3%) were coded to a thematic set titled disclosure. The intent of this section was to review some of the immediate challenges associated with disclosure from the perspectives shared by the subject interviewed.

Victims of incest live a secret that may be often maintained by direct threats, indirect threats, and emotional coercion. Victims disclose from a context in which they already have little to no control over their bodies and their lives. Previous attempts at disclosure may have already been dismissed:

> [T]he victim, there's the fear of being not believed or the consequences of you know disclosing information and what will happen next,…there is a lot of that fear...there's a lot of shame and embarrassment.

While the child's motivation may not be to initiate a criminal investigation, incest disclosure initiates specific protocols associated with sexual abuse investigations:

> They all said the same thing… "I just want that to end …I don't want Mom and Dad mad at me". So I think it's very much just end this as opposed to wanting that person punished or wanting that person to disappear from their life.

The actual interview constitutes probably the single most significant aspect of the investigation, and is wrought with protocol to contribute positively to the investigative process and legal prosecution. It is the context from which child welfare worker are able to appropriately identify abuse and establish social controls that are designed to ensure a victim's security from future sexual molestation. It is also the context from which that child's life will be significantly impacted:

> I know that if that child discloses it is going to destroy the family I am not going to tell the child no-no every thing is going to be okay, because it's not....Everything

> that they knew is going to be gone. And it's never ever going to be the same ...I don't say everything is can be okay but if they say what's going to happen next. I say, I don't know.
>
> If you lie to a 13 year old, 14-year-old, 15-year-old can never again to tell you anything...but even if they are pissed off at you cause they don't like what decision you've made…(if) you are honest with from the start…they know where you stand…with ...it's just reassuring that they are not in trouble or ...you can't make promises. Or that, you know…you're there to help them… avoiding lying or misleading people but making sure that you sort of describe it age appropriately and try to reassure them that ultimately that's what's best for them.

The immediacy of criminal protocols on case planning is evident. Subsequent to suspected disclosure, or as a result of disclosure, criminal protocols are necessarily enforced:

> If we believe that the child is going to make a sexual abuse allegation we are going to start with the police …it could be less intrusive.
>
> There was disclosure made the CAS shut down the interview then the disclosure came into the police and they...didn't find disclosure. There wasn't enough information to…make a charge.

Subjects' described the effect incest disclosure has on families as incredibly profound:

> Upheaval, complete upheaval. An inability to- its crisis any kind of interaction is sensitive and emotionally charged....Complete upheaval.
>
> I've really seen people just really absolutely blown out of the water, you see mom is really shocked, you see offenders really shocked that...I think that they really believed that this would never come out.

Immediate reactions to allegations of incestuous abuse are argued to inspire denial and shock.

> I don't even think workers' understand...the horror they (families) must go through just the…conflicting feelings. The mother's feelings about "did it happen or not", you know or losing her husband… the complexity I don't think people even think can fathom that. I think it's really… extreme… it could be raw for a few days and all the doors shut and ...everyone takes care of themselves and you don't see what I think they may be experiencing …we think it's because they are protective of each other.

Disclosure of sexual abuse results in the immediate mobilization of child welfare staff to ensure the immediate safety and security of the child victim:

> You can get the same disclosure but you can have so many different dynamics... there is an admission and an immediate decision to start working on it. That's different than the family where mom says "I don't believe you"; dads like "I didn't do it"...you're sort of trying to protect a kid in the middle...those dynamics ...still intrusive.
>
> [T]he father has to leave the home okay so the kids. And then the mother has to do him repercussions of suffering from not only financial stress about so dealing with this child has been abuse.

In the majority of circumstances, perpetrator denial is cited as a primary obstacle towards initiating treatment measures:

> The priority in the least intrusive way yes, but you know it's not really our role to mediate with the offender. If the offender is charged there's a condition no contact.
>
> I can certainly think of instances where, where the offender has within the first or second interview, said yes. ...it is probably how the interview occurs ...if each feeling respected and supported because the offender, isn't this awful person who's sitting there - so they need to know that they're being respected that they need to- the concern is for the child.

Clear maternal support is necessary for ensuring continued child safety, and is not inherently the common or natural response resulting from disclosures of intrafamilial abuse:

> After the interview has occurred after the charges have been laid they need have all those supports in place so that (their) dealing with it appropriately...it causes such a major change within the family and…It affect's everybody within the family system.
>
> Maybe financial stress…a lot of social stressors, um loneliness, that she does seem to protect her child ...they sneak them back in… they don't recognize it as an abuse …they haven't dealt with their own issues yet.

> While the immediate priority is to terminate the sexual abuse, intervention threatens the immediate integrity of the family and provoke considerable upheaval for the victim:
>
> We can't change the fact that you had a two-family household and that you have only one parent, …we don't have a lot of control over those things...we can't change it we can't take that away.

Some subjects describe that the consequences of disclosure provoke significant distress and can contribute toward a victim recanting:

> When a child is finally able to disclose and reach that point,...it's kind of this revelation and then God help that poor kid, because NOW (laughing) all these systems are going to step in and overtake… and I think that often they now lost the father..…. that they loved. They can't have contact...hum...Now for some children dealing with a mom or a step mother or another parent who is blaming them or siblings who blame them and have anger towards them and the same lost of respect for their privacy you know it's within the family, within the community, at school, Ah...I've seen some kids for sure go through some of that. ...hum...And potentially, you know, going...having to go into foster care, having to leave their family… being isolated that way if...ah...that's the case. The abuse stops, most of the time I think but...hum...I think...you know...for some of those children...they regret disclosing it and we see them recant...because this far worst dealing with all this and all these strangers that I've been just dealing with the abuser, but still having their family and still going to the park on Saturdays with mom and dad right.

Irrespective of the various challenges inherent to the disclosure process, the reality of child victimization demands intervention. Intervention is a social strategy that attempts to fulfill the social mandate of protecting children and enforcing social prohibitions. It is also conceptualized as a strategy to help families mediate these challenges:

> A lot of them my god this is too hard I can't do it and a lot of them want to retract. .... the family just has to deal with it at that point in time...there is going to be difficulties and maybe they're not strong enough- some of them will be strong enough…some of them won't be able to...the system is there, people are there that are hopefully going to help them through it and come to that healthier place…still I think it's the best thing- I do…if there was something else that could help the family. I wouldn't necessarily say that.

Emotional Interdependence

Fourteen (50%) subjects of the sample population offered 39 subsequently coded to a topic titled "interdependence". This category was used to unify comments that specifically highlighted the significance of the emotional support provided between co-workers. It should be noted that subjects did identify alternative strategies for emotional self-management, however, these supports largely appeared secondary to the immediate and common support available through peer support:

> I have a really good support network with my coworkers and with my friends and family.
>
> I do not tend to discuss...cases outside of work...its inappropriate...its nice to have to have someone with whom you can share any concerns or thoughts or debrief with.
>
> [N]ot breaching confidentiality to start with, but they aren't going to be shocked about what you're saying...to be able to make sure that you're looking at things fairly and your being neutral.
>
> I can't go and tell other people...all we see is the bad stuff...you can't do that anywhere else other than with coworkers who understand that.
>
> [C]oworkers...they know what it's like to work in child protection right.
>
> [P]eer support it's more informal...you can talk about just about anything.
>
> It's part of basic survival for critical incident stress debriefing...That's why we've had a team structure for years.

Issues on confidentiality limit a worker's ability to rely on intimate personal support through family members, issues of confidentiality, a deontological imperative, and, particularly significant, in smaller or isolated communities, constrict self-expression beyond the immediate workplace. This is punctuated by the nature of the subject matter (child victimization), an emotionally provocative topic. The final comment included above underlines how one agency reports incorporating a team structure to facilitate interdependence.

Emotions in Context

This section addresses the emotions child welfare workers risk experiencing towards their clients in the course of their work. Twenty-six (92.9%) subjects were cited in the original subset involving 131 references. It is unreasonable to assume that any clinician does not experience emotions towards their clients in the course of their work. The challenge of remaining clinically objective is, in some way, an unrealistic objective that is mimicked through artifice.

> I really make a lot of effort not to do show any kind of any kind of emotion at work…by minimizing my facial expressions, reflections of tone.

> Undoubtedly, child welfare workers are obliged to identify unspeakable acts perpetuated upon young victims:

> For me personally reading some of the graphic sexual things certainly I know affects me more then reading a graphic disclosure of physical abuse.

The acts perpetrated upon young children are morally and socially reprehensible and invariably evoke emotional responses:

> I think it's impossible to control oneself disgust ...you're not going to show it.

> I hated that man. He was… one of the worst liars I ever met.

> I will get angry internally…that doesn't come out…I get angry…I don't think that you see the reality of it until you actually see it happen with some kids.

Reactions like these can be normal emotional responses to the material child welfare workers are obliged to witness. The predominant opinion is that these emotions, unfettered, would negatively impact upon the investigative process:

> It's not going to help the child or the family if I fall apart… Rage isn't going to help.

The dominant concept is that clinical professionals are required to keep these emotions from directly impacting upon their work:

> It's hard to work with offenders when you have no empathy for them.
>
> I don't know that I've ever put myself … in the place where I could be really empathetic, I don't recall that.

Several workers identified these experiences as possible hindrances to practice, and were capable of identifying experiences during the course of their work:

> She was attempting to justify and protect and be defensive of him I tried to put myself in her shoes …otherwise you can tend to be less sensitive.
>
> It's not necessarily the incest that I struggle with the most it's emotional abuse- that's the one I struggle with … that mirrors my upbringing, a bit. That triggers me a little bit… you need to keep an eye on it because you don't want "arghhh" on a mom.
>
> The way you respond…can be very harmful. I can see that in some cases.

Admittedly, though, the challenge facing workers confronted with intrafamilial child sexual victimization is believed to be compounded by the vulnerabilities of the victims and the transgression of deeply rooted social prohibitions:

> It's too upsetting- it's too disturbing. … I don't think about, what um what they may be feeling or thinking. I don't really care… I don't get the sexual abuse. ...I know it's wrong and I don't really care why they did it ...a parent who becomes frustrated and you know hits their child with a belt I seem to be able to get inside or feel like I can understand where that type of behavior comes from.

These emotions can be impractical when required to work with individuals whose behaviours challenge clinicians emotionally:

> I feel disturbed…and it's scary…and um...I feel disgusted... I just feel angry.
>
> I don't really think about it. I see them as, you know, being self-centered.

Emotions constitute powerful motivators, and unquestionably influence behavior in the daily lives of all individuals. The emotions evoked in the clinical context have the

potential to negatively impact upon the work one may be required to do with victims and families:

> I was very disgusted at that time… I wasn't abusive to them.
>
> I have difficulty interacting with offenders…I think my initial reaction to offenders is judgment and I know that's something that I have to be conscious of.
>
> It becomes very difficult to forgive to move ahead…difficult to believe that that there is treatment or the treatment is ever effective....It's really hard to keep …your emotions, objective.

Given the intensity of the circumstance, they risk influencing intervention practice:

> It probably gives me more of an urgency … we have to do something …I would put more time in that...towards the case.
>
> I know that I have a physical reaction to very difficult clinical situations… I tend to get kind of a feeling of anxiety, warm, like I feel warm, but I usually, I am very calm I stay calm and focused, and there's a certain amount of fear in…making sure that you asked all the right questions and do things properly.
>
> I've actually had less emotional response to sexual abuse that I've had to, probably because I'm defended… I'm probably very clinical … it's so sensitive. … it makes me that much more conscientious about wanting to make sure that I'd do my job properly so that the right things happened...I just feel more parental.

While the desire to see interventions properly and judiciously conducted is generally considered a desirable outcome, these powerful experiences also risk influencing treatment considerations:

> It's just being supportive to people who want to be proactive.

One child welfare field supervisor describes these challenges in terms not unlike those shared by some of the subjects cited above:

> I think that workers often come with simplest look at it…they are out there feeling and experiences…- part of our work has to be "you have to deal with that"...the emotions and anger towards the family and the mom … the less experienced worker its "I want to help this child, I want to save them something terrible is happening", and it doesn't matter what it is- this child is in distress, and there's that feeling of wanting to make it better for that child, um. …a worker…can become

> ...word rigid...demanding in terms of what has to happen… we to fix everything…and they have to do it right now. ...there's this image of where we have to go from here and not an understanding of the process and the healing that families have to go through...they (families) need to have a little bit of the control over when it happens...whereas the person who is a little bit less- more clearheaded ...has more realistic expectations and not so rigid in what they want...The workers going to have a lot of emotions...you've got to work together so that you can, keep the emotions in check, acknowledge them, work with them… workers can't get stuck on feeling horrible about what's just happened.

A final citation comes from one (3.6%) subject who described her attention to her emotions as having contributed to her learning process towards understanding some of the emotional complexity associated with intrafamilial victimization:

> I think I have gone through certain maybe stages or developments...sex offenders primarily have a relationship with the person they have abused and that it's not all abusive...I don't think I understood it…until I became more educated...my anger towards these offenders would get in the way of trying feel empathic...sort of feeling this person has done an injustice and sort of, what do we owe him…it's a way to say that some possible explanation for this. … I can treat them as a person...as long as I have some justification… if they come in the door I feel like I should be treating them poorly and they are less human that is not going to move us forward at all and services, working with this person and with the family...I know I have really struggled with it myself but I haven't really heard my coworkers say anything to the same degree...I know I am going to be angry, and I'm going to be upset, and I'm going to be disgusted and all of those the things about what this person has done. So I consciously and purposefully made some attempts to do that, because I think that's the best thing for kids.

Supervision

Nineteen (67.9%) subjects offered 62 quotes that were coded in a second category addressing supervision. As identified elsewhere, individual workers described different perspectives regarding the purposes, availability, and benefits of supervision during their careers in Child Welfare. Several subjects directly credited their supervisors for their longevity working in Child Welfare citing the support they received as new workers integrating into Child Welfare:

> I had really great supervisors. I wasn't one of those poor workers that was dumped with a caseload of 30- either sink or swim...I felt that I had lots of support at the beginning.
>
> I had (an) extremely good manager...she really paid a lot of attention to...why was I reacting with...anger...I have had amazing managers...they give you a piece of themselves in the sense of they can bring things down to a little bit.

Supervision was described by some in terms consistent with its traditional role, an objective support and critique of the clinical process.

> It allows me to kind of use my supervisor as a sounding board...my learning process...my own development...to get the frustrations...to deal with them in a healthy way.
>
> There's stuff I can miss...I'm going to react to and not even maybe be aware of the fact that I'm reacting or not be aware of I'm missing it.

However, the means in which supervision is realized in practice hints at the inherent complexity and fragility in which a clinical principle is realized through individual structures, policy, protocols and interpersonal relationships. In some circumstances, supervision was described as absent:

> A lot of (new workers) don't have any experience and when they come in they are cold and there's no support and they are thrown a caseload of 20 and say go...there is no formal supports.

Difficulties inherent to the supervisory role and the interpersonal relationship were also identified:

> You don't always connect or click with a manager...there is a lot of turnover...in theory it is a good idea, but it doesn't always happen.
>
> If you don't even have that sounding board of people who can understand the situation...in safe environment...help you re-focus...with the peer support its more informal...you can talk about just about anything...with a manager...its more clinical and more formal.

Supervision is characterized as an administrative function:

> It meets the formal requirements of case management...bureaucratic and systemic needs of the agency as opposed to the meeting the needs of the workers.
>
> Shared liability is...why we have supervision, so we have...shared decision making...that is the way as it works...if we are operating in isolation then we are responsible for what happens...from what I know...it is more let's get the liability here and decide what we have to do.
>
> Whether it's incest with its physical abuse or emotional or whatever the case is, every case- all the decisions to be sort of reviewed by our manager.
>
> I want someone else to really own this with me. "We are going to watch the video together- not just me."...the more gray ones...I have no problem...on the black or white case but it's the gray...someone is always available.
>
> It's administrative...checks it off to make sure I am meeting with the standards and guidelines...my supervisor has less experience than I do, but...an MSW so.

By these accounts, supervision operates a clinical principle submerged in a system in which the individual, the professional, and the administrative combine in potentially very personal and contrasting ways for each individual worker:

> Clinical supervision is...administrative in terms of case management...I suppose some of that is what the individual brings to supervision...I think it needs to be part of the organization and it's not in this in this particular organization...in child welfare its the demand of the business...we have timelines...I think it is much more stressful...and puts people much more at risk of burnout...there's a higher demand to look at how is this work impacting on you as an individual...countertransference...is a somewhat subconscious process right so you need somebody to elicit that for you...helping you identified that...I am aware of it at this point my practice that I probably don't really consciously identify it nearly as much as I ought to.

Difficult Emotions Among Workers

Throughout the course of the interviews, it became apparent that the emotional difficulties subjects described warranted expression. Twenty (71.5%) subjects provided 98 citations that were referenced to describe the emotional difficulties experienced by child welfare workers regarding their work. These are distinct from the emotions subjects described towards their clients and restricted to their own personal experiences regarding their work:

> The burnout rate in the field is a phenomenal… society…is...ambivalent is best word I can figure it out right now… we're not loved by society we're looked upon. ...child welfare is such a different beast.
>
> This is my second go around in child welfare...the first time, I found I burnt out...it is a very isolating feeling...you cannot talk to your family about what you have experienced.

Emotional self-management in light of the difficult nature of child welfare is identified as necessary:

> It's not nice hear horrible things...I have been here almost 12 years...people get into this job and can't…and choose not to stay with it- No it is not the right thing for them… I'll take a sick day. Would I die by coming to work, no, but when you have to come in and you have to deal with people, if can't even deal yourself...You take care of yourself...if you don't I think the cost increases.
>
> It is said it takes a village to raise a child; however our tragedies are laid at the feet of child and family services. Society demands that public agencies attempt to ensure the principle that children are protected from abuse and neglect. The tools left to their advantage are limited. Their clients are among the most vulnerable members of our society and their actions are invariably called into question almost exclusively in the forum of public tragedy. They occupy a precarious position in a society that can be described as indifferent. Child welfare intervention is seldom appreciated or welcomed.
>
> The... client who screams and yells and berates and…lots of threats…I know what they're all about…this is not my situation.
>
> Child protection can be emotionally draining and physically draining and...it's part of basic survival.

Child welfare workers act as witnesses to child abuse; their role is an imperative towards resolution:

> You're often the first contact for a child, and that interview certainly can make or break in terms of whether a child feels comfortable enough to make a disclosure…and then how it's dealt with afterwards.

The incredible significance of being able to access vital information to enforce social sanctions and measures that can assure the security of vulnerable children can be critical:

> There was a two-year-old that died in under very suspicious circumstances…they all made the papers...I think I had them three or four investigations over three or four years on the family and got nothing. The kids were so well coached...one died, and the rest of the kids all came into the foster home and the kids were in the foster home maybe one-month. They felt safe, they'll started talking.

Many workers describe the emotional demands of child welfare as potentially overwhelming. Several described having developed vulnerabilities with specific populations and job related stress as having the potential to intrude upon their functioning and personal lives:

> I no longer interview kids under the age of five …it is a form of burnout… …I found I was taking it home....there would be nights, where I didn't go to sleep,...little ones seem to get to me more...I get angry.

> This is the kind of work that is very unpredictable… sometimes I find I have a really hard time letting go...sometimes when it gets the point where I really can't let it go. It starts getting to home and personal life...I have a hard time...letting the work go. …I have to be careful if that I have to learn to say stop at 4:30 you know.

Experiences consistent with vicarious traumatization are reported:

> When I was first doing this work.....I would go home, and I would think about what must it be like...for …certain victims …because I do this work regularly (it) becomes really to emotionally draining and in some ways almost traumatizes me personally.

> Several subjects describe having assumed affective distance so as to manage the various challenges of their work. For some it is the immediate imperatives of the job.

> I don't want to say that you become desensitized but…I can't afford to...break down in the middle of the situation …that's …what it all boils down to.

> I am so used to my own emotional response is irrelevant. ... I don't know what my first responses anymore (laughing)...I got very good at compartmentalizing…the father daughter stuff… physical abuse, that bothers me …it almost automatically brings back that fear…then I push that aside and do what I've gotta do with it.

Others describe having learned to invest themselves in their personal lives to counterbalance the challenges of child welfare:

> If you don't think too much about it you do not have to carry it home…I've gotten better its been 9 and ½ years.....just getting interests outside of that are separate from work and …I think I can enjoy it because I can also leave it for the most part.
>
> I feel helpless …we don't have the...resources …I have to let...I do what I can when I'm there… then I need to let it go when I go home...you have for your own sense of soul... You're going to end up…not giving a shit…I want to be able to give a shit.
>
> It's hard to detach yourself when you see such horror. I can't say how or why or when I learned to manage that better, but I did, and I wonder even now if that in some way was beneficial in terms of my interaction with the clients or limited or in some way was to my interaction with them- in terms of being less supportive or…you know… less emotionally connected compared to the cons of being less emotionally connected...(you) come to...respond...almost instinctually…the crisis…became normal, as bizarre as it sounds...I think that if you have a relatively stable personal and home life that you can function relatively well.

Taken as a sum, many of the subjects' descriptions offer a content in which subjects appear not unlike Hans Brinker, the Dutch child, each, trying to hold holding back a flood, with their fingers in the crack in the dykes gates. In these cases, the leaks represented the myriad difficulties each face in the course of their work. Subjects illustrate difficulties not limited to the tasks of working with child abuse and family dysfunction, but, in some ways, deeply rooted in the contradictions of their desire to redress child maltreatment, and social ambivalence through social agencies, public funding, and good intentions, a tangible parallel being the redress of human rights violations through the United Nations:

> There's more failures, than there are successes. But there are successes. There are successes.
>
> Workers are constantly burning...in child welfare...when you're …working in child welfare…you see the kids…you bring in to care and they do worst in the system then they were with their parents, you really start to wonder, why am I here am I being effective at all… who are the homeless kids and who are the kids who drop out of school, who are the kids who are abusing drugs- the foster children…you have a child and a worker who has 22 or 24 kids on their caseload. How can you possibly be a legal guardian to 24 children...kids and care move every 22 months...they have no understanding of permanency they have you no ability to attach...it just seems that we keep failing them over and over again…We are under staffed…putting out fires all the time- that's all we do.…Policies…need to change, our laws and change, and the judicial system needs to change...its across-the-board,

> it's effected by every system...something is terribly terribly wrong, and it needs to be fixed…ultimately I'll be another person who leaves...Because I'm frustrated, and I've spent years and years of my career trying to figure out what's going wrong and I am busted and I don't think that at the end of the day… God forgive me. I don't want to be accountable...we take their kids away and then we take their kids away…If a hundred years of caseworker care can't fix it and how am I going to.

Long Term Involvement

Comments relating specifically to a longitudinal view associated with child welfare involvement were collected from 17 (61%) subjects and incorporated 34 references. These comments were collected from citations that allude to challenges inherent to child welfare practice that are situated over time. It does not include the success child welfare achieves.

Child welfare operates in a precarious position in that allegations of child abuse result in investigations that are not immediately conclusive. By consequence, involvement is mediated by discernable risk independent of the ability to implicate supplementary social agencies or restraints.

> You may not get any disclosure of the first interview we can't give up...because he didn't get the disclosure of the first time it does mean that nothing happened, so don't close the file down too quickly, if you have concerns, and there's some flags or go back to try and get the information.
>
> The kids were ordered home by the courts, and I was quite upset by that that...we stayed involved...to protect her further.

Continued investment is complicated by the inherent complexity of the work, desired outcomes, and methods for realizing the objectives:

> I think it's done the very best way it can be done. There's an awful lot of introspection...the issues...are so complex at the same time that some of our approaches, although they're necessary, are going to cause a lot of problems before they make a situation better.

Despite the practice of establishing fixed goals and identifiable assessment criteria, several subjects described outcomes as resulting from fulfilling administrative criteria:

> It's unfortunate because our role is for, as far as Children's Aid as you know we'll step in and we'll kind of put an external controls...hum...you know until mom is able to protect her...or until dad goes and does 10 sessions with a psychiatrist...that stuff is checked off the list then we kind of pull out...my fear would be that as soon we leave families been hanging...and...really intervention hasn't occurred.

Not only are outcomes but also timelines are considered critical as well:

> We are working with lots of families...some of them are open on our caseloads-with not a lot of progress...how long do you allow that to go on...we are trying to work more cooperatively with the family but we are erring on the side of that really not delivering a service to children...we want to work cooperatively with parents...but at what level do we say that they are not doing that.

> They can't do it...So we have to step in and maybe help out with that...so we ended up taking their child and putting them in the system, a lot of the time...Its boom they're a month and then I transfer the files so I have to figure everything out.

The availability of, and access to, required services constitutes a significant dilemma:

> We need more counseling for kids, more long-term treatment facilities for the kids and the family...what we have (is) waiting lists. How can we wait...the system doesn't look long-term we just try in see the problem now.

Considerable reflection has been brought to realizing and operationalizing the child welfare mandate. Difficulties are inherent to the premise that the state can fulfill all necessary objectives:

> We are a huge county we have foster homes all over...we're not going to have 5-6 hours contacts a week between family members, because our caseloads would permit having five or six hours of access a week...especially with that kind of scenario because we would be concerned about the verbal um the verbal repercussions to the child...we're concerned about might be said or the emotional impact on the situation...bringing a kid into care for any reason, you know, attachment is horribly affected.

Among the difficult challenges inherent to child welfare is that it deals with vulnerable populations:

> I have been working in this field long enough to see cases long-term...where there was a child...in the department care that committed suicide...resilience levels are different.

Although not all populations endure tragic consequences before involvement with Child Welfare, independent of Child Welfare, tragic circumstances occur in our society. The perception that Child Welfare can resolve suffering constitutes a necessary but unreasonable objective; it is inevitable that tragic circumstance occur within Child Welfare.

> Society doesn't always appreciate that or understand it. In the nature of the job in the confidentiality of the job don't always allow you to be able to defend your position or your actions.

It is a public drama that in any other circumstance would be a private tragedy.

Thematic Data Findings

Although this project is exploratory in nature it was not anticipated that styles associated with narratives, and narrative research would figure prominently in the conclusions. This is perhaps a result of an original lack of familiarity with narrative research and methodologies.

At its inception, it was posited that the knowledge base from which the sample operated would be significant towards understanding how incestuous offending and incestuous families are perceived; the underlining principle being that affective experiences (emotions) are mediated cognitively. Although this is contested, these arguments are uncommon, so the principal is considered appriori.

Child Welfare- Its Role and Authority

Workers described the role of Child Welfare as a complex interplay of therapeutic outreach and state-sponsored authority. It is a role imbued by legislative authority, operationalized through formal protocols and partnerships with public agencies. This

includes facilitating disclosure for the victim and non-offending family members as part of ensuring immediate security from continued abuse. While protocols appear to dictate how intervention is enacted, services are delivered through community or public agency partners; the inherent authority ascribed to child welfare demands cooperation.

Collaboration from family membership is necessary to mediate state imposed sanctions. The severity of state sanctions is identified as proportional to the level of cooperation afforded by family membership, despite the premise that cooperation does little to ensure the integrity of the family. While support for the criminal investigative process promotes legislative leverage, this influence does not appear operationalized. Professionals imbued with a sense of expertise and authority are directed to "protect the most vulnerable members of our society". Child Welfare suffers a precarious position of having to access, identify, and redress child maltreatment, while respecting bureaucratic and legalistic considerations. Ultimately, a negotiation between various social mandates and services directs intervention process, be it sustaining the protective guard of Child Welfare involvement, checklists that presume clinical intervention and process, or even child removal. Members of this sample appear to be lacking in services, mandates and mechanisms beyond the state sponsored authority to oversee incest treatment services in their respective communities.

Subjects not only elaborated upon a public and social reluctance to address incest but referred to a reduction of disclosures and investigations within child welfare agencies. As many as 25 % of the sample documented reduced emphasis on incest, citing domestic violence as the "hot new topic" or "fad" in child welfare. This opinion is echoed by national samples Trocmé and Chamberland (2003). Equally significant are reports that, in addition to shifting priorities, funding for training is described as increasingly sparse.

Disclosure

Virtually all subjects acknowledged the emotional impact of incest disclosure as incredibly significant and overwhelming for family members. Subjects (64%)

acknowledged the individual reflex to either deny or dissociate from incidence. These comments elaborated upon not only the significance of the taboo as a stigmatizing force, but also the significant shame associated with incest, identifying the social taboo as contributing to inhibit disclosure, denying incidence, stigmatize victims, even contributing to suicide among alleged offenders (Bagley & Pritchard, 1999). Remarkably, offender denial is regarded almost as confirmation of the innate pathology and hopelessness of incest rehabilitation. In this adversarial context, it is surprising how shame and fear of incarceration are not more readily acknowledged. Not only is offender rehabilitation perceived as implausible, but the absence of appropriate treatment programs, and reliance on judicial process seem unlikely stimulants to disclosure.

Subjects invariably acknowledged the impact of disclosure as bringing about considerable distress for all family members; victim, mother, perpetrator, and extended family members. Disclosure constitutes an immediate threat to family integrity not only through the impact of offender removal, but also the as a consequence of the loss of associated resources and support. The financial hardship experienced by incestuous families was described by members of the sample. These descriptions included consideration for the non-offending mothers, victims, and other family members. Given the absence of coordinated public service agencies providing incest rehabilitation services, treatment appears available exclusively through private agencies, thereby limiting access to perpetrators with available means. Monetary assets also afford abusers access to other potential resources (i.e. expertise, legal aide) not available to less advantaged members of society.

Clinical considerations appear to focus upon the integrity of disclosure and assuring maternal support. Subjects demonstrated emotional challenges when working with mothers. This may result from the significance of maternal support both through the acknowledgement of abuse, but also to assure the ongoing security of the victim and other children in the family. This particular element is critical to mediating subsequent emotional consequences for concerned children, circumstances specifically the result of the child being drawn into care. It is generally acknowledged that these threats motivate

other family members to promote recanting. Additional victim stressors are reported as the mobilization of public agencies involved in the criminal process and intent on fulfilling these objectives. Some subjects acknowledge experiences of offender disclosure as facilitated by respectful clinical intervention that would otherwise not be possible with police driven criminal protocols.

Emotions

Significant emphasis is placed upon all professionals to exhibit overt neutrality to facilitate intervention; however, personal experiences, demonstrative of countertransference (i.e. hostility, disgust, avoidance) in professional practice, were expressed. As expected, the entire sample demonstrated difficult emotions indicative of countertransference in their practice. Some subjects acknowledged being personally stimulated by experiences or events that mirrored events in their own lives. Subjects reported difficulties specific to the nature of incestuous and child sexual offending. Subjects merit consideration for the obvious difficulties they endure while trying to ensure child welfare; however the significance of the social prohibition against incest and child sexual offending is a reality for all involved. What appeared most significant to this topic was the presumption that overt emotional containment, in some way, equated to maintaining emotional objectivity.

Emotional interdependence among the sample is attributable to the common nature of the experience shared by child welfare workers. Issues of confidentiality, peer support, and emotional processing were identified as justifying this emotional alliance. This close identification with peers is also consistent with descriptions of the sample exploited in Maynard-Moody and Musheno's (2003) study.

When asked about their emotional process during difficult clinical situations, subjects identified diverse strategies as the most common (57.1%) including seeking out support from colleagues. This type of consultation exploits mutual aid, potentially mobilizing both formal and informal mechanism immediately available. Alternative strategies include emotional self-regulation, or self containment (28.6%), or a meticulous adherence

to protocol (10.7%). Subjects overwhelmingly denied (75%) the impact that these emotions may have on treatment planning, citing protocols and internal processes as effective in mediating potential negative influences. Several subjects (17.9%) suggested that these emotional responses benefit practice while others (14.3%) contended that poor treatment outcomes are not significantly impacted by the emotions of workers during an investigative process. By contrast, 25% of the sample acknowledged that administrative and emotional stressors are significant variables, potentially influencing treatment planning.

Seventeen (60.7%) subjects described clinical supervision as necessary while working in child welfare. Eleven (39.3%) subjects described supervision as secondary to the mutual support shared mutually among workers. When asked about personal emotional supports 13 subjects (46%) reiterated the significance of personal informal supports. Ten (35.8%) subjects, 3 (11%) identified as managers, described clinical supervision as emotional support when dealing with cases of incest with 5 (18%) subjects making reference to employment assistance programs.

Seventy-one percent (n=20) of the total sample acknowledged experiences consistent with personal emotional difficulties regarding their work. These experiences included burnout and vicarious traumatization. Subjects described the need for self protective strategies to manage and prevent the intrusion of work related stress on their daily lives, potentially compromising their work and personal well being.

Supervision

Supervision was described in various ways, demonstrating the complexity and significance inherent to the role and its functions. Several subjects identified their own personal longevity in a field known for its employee turnover. Simultaneously, the clinical objective of supervision, stimulating clinical reflection, was also evinced by select members of the sample. These descriptions were also contrasted by subjects who

reported supervision as absent. This form of administrative failure to appropriately manage workloads among new employees creates conditions optimal for worker burnout. Other subjects characterized supervision in their workplace as marred by difficult interpersonal relationships, or limited to fulfilling administrative demands.

Within this sample only 6 subjects (21%) demonstrated an explicit understanding of countertransference and its impact on clinical practice and service delivery. Thirteen (46.4%) subjects demonstrated limited knowledge of countertransference acknowledging the potential to negatively influencing practice. Nine (32.1%) subjects demonstrated no familiarity with countertransference.

When combined this suggests that 67.9% of the sample (n=19) confirm the potential detrimental effects of worker based emotions during intervention. This was a direct contrast to the 75% of the sample (n=21) that proffered worker based emotions as insignificant to intervention process. Admittedly, only 12 subjects (42.9%) insist that these emotions are managed through internal protocols, however, a reliance on internal process requires that these protocols (protocols that include supervision) are readily available and accessible to workers, something only identified by 35.8% (n=10) of the sample. More significantly, the experiences of supervision described by the sample suggest that individual experiences of supervision are invariably more complex than unaffected protocols, a premise demonstrated in the professional literature.

Incest Related Training

The study of incest is intimately attached to the discomfort that the subject matter engenders. Among the sample studied here, as many as 67.9% (n=19) acknowledged discomfort with the topic of incest. As anticipated, the incest taboo provokes emotional reactions and/or discomfort. In contrast, 32.1% (n=9) of the sample denied emotional discomfort when discussing incest. Discomfort may vary, mediated in part, by

experience, the context in which the subject is broached, or habituation and familiarity of the subject sampled.

The subjects involved in this review described incest as an offense that is orchestrated by a perpetrator who is motivated by deviant sexual propensities. Incest is characterized as a behavior that can occur independent of the complicity of the non-offending parent, as a result of a passive ignorance, denial, through deliberate secrecy on the part of the non-offending family members, or as part of an institutionalized sexualization of the family. It is a sexual offense that is complicated by the intimacy inherent to familial relationships. It is a sexual offense that risks becoming a normalized dysfunction, recreating similar dynamics, and offense behavior through successive generations institutionalized. While 35.8% (n=10) of the sample denied any understanding for the origins of the incest taboo, the remaining sample demonstrated diverse explanations for the origins of the prohibition. Social theories were expressed by 25% (n=7) of the population, while 21.4% (n=6) supported biological theories. The remaining 17.9% (n=5) described the incest prohibition as multifactoral. While incidence reveals widespread transgression, the behavior is largely conceived as abnormal and unnatural, constituting an interesting contrast.

Explanations for the incestuous transgressions are myriad, including a combination of multifactoral influence 29%, a result of intergenerational transmission 21%, or 7% as a result of the incestuous taboo. The largest percentile (36 %) identified incest as a result of perpetrator specific characteristics. Incestuous abuse was distinguished from extrafamilial offending for all but 3 (10.7%) of the sample. Twenty-four (85.7%) members of the sample cited differences as unknown (10.7%), complicated by the familial context (14.3%), or related to intergenerational repetition (7.1%), or offering greater potential for rehabilitation (7.1%). The most significant consensus was shared by 13 subjects (46.4%) who suggested that the intrafamilial nature of incest provokes more significant trauma than might be incurred by extrafamilial abuse. While contributing little towards understanding opinions regarding the etiology of offending, it does speak significantly to beliefs regarding associated trauma.

While 53.6% of the sample (n=15) identified the detrimental consequences of incestuous contacts as primary trauma from abuse, as many as 39% of the sample (n=11) identified intervention as negatively impacting upon incestuous families. These negative consequences are identified as a direct result of victimization (42.9%), social stigma (28.6%), and iatrogenic trauma (28.6%). Strategies that empower victims and families are proposed so as to mediate iatrogenic trauma.

Public strategies necessary to redress incest were identified to include broader social education (39.3%), efforts to destigmatize incest (10.7%), and modifications to existing service delivery (57.1%). The latter of these two concepts demands service delivery be organized around evidence based practice that prioritizes beneficial victim outcomes. Respondents described the judicial system as cumbersome and unresponsive to incest intervention. While the formal investigative process is perceived as critical in assuring the basis from which intervention can precede, considerable interagency difficulties were illustrated.

These comments acknowledged the common interest of securing disclosure for judicial prosecution, but identified practical problems regarding the availability of trained personnel. While each profession must invariably respect their own mandate, the failure to ultimately secure conviction was identified as complicating child welfare intervention. Obstacles identified highlighted a lack of flexibility and the availability of services. Despite the premise that judicial leverage can facilitate treatment adherence, this is not overtly evinced through respondents who describe lengthy delays, poor interagency coordination, as well as difficulties accessing critical services. In this context, protocols, particularly surrounding perpetrators, do little to facilitate therapeutic process.

Twenty-one (75%) subjects were coded as not having received incest specific instruction. This was identified through the greater content of the interviews in which subjects reported training in incest rehabilitation, two subjects (themselves victims) reported having educated themselves extensively as part of a personal process, three subjects

participated in training for incest rehabilitation, one subject described informal contacts during the course of an internship in a penal setting, and finally, one subject described extensive incest specific training during the early 1980's. The reader is cautioned to not interpret this statement as suggesting that the sample has not received extensive training in the area of child sexual abuse or interview practices. This would be a gross error as all subjects report training in either of these domains. This statement refers exclusively to incest specific training. Given the heterogeneity of offending populations and the specific mandate of child welfare this is perceived as significant. It was also indicated that some training (Forensic Interviewing) was offered through the local police. This is also significant as police are by consequent involved with offenders and recidivists otherwise having no contact, familiarity, or involvement with rehabilitation among incestuous offenders or otherwise. As child welfare is preoccupied with incestuous offences among primary and secondary family members this absence of incest-specific training would appear significant. Subject may have been involved in adult survivor groups however valuable these experiences may be, they do not invariably provide breadth to an understanding of the greater phenomena or qualify as an incest-specific education.

Sixteen (57.1%) subjects denied any academic education specific to incest; 32% (n=9) of the sample described having received an academic education that addressed sexual abuse. The nature of this education varied but largely appeared subsumed within a largely body of course content. Subjects describe reviews of etiology, typologies, and concepts of rehabilitation, in addition to child development, and sociological aspects of the incest prohibition. Two (7.1%) subjects reported informal training or familiarity with incest specific literature; a result of direct personal interest in the topic. In total 3 subjects (11%) reported their education as having directly affected their professional development contributing positively to their understanding of incest.

Four (14.3%) subjects described receiving incest specific training; two (7.1%) related to their responsibilities in child welfare services and, two (7.1%), prior to becoming involved in child welfare. Among the 26 subjects (92.9%) identified, the overwhelming

majority did not experience any incest specific education through their employer. Subjects did receive training through their employers, however, the content was either directly related to forensic interviewing, interview process, or generalized sexual offending. While the training was described as generalized to sexual offending, concepts of this broader precept were attributed to incest. While there is no specific method of verifying the content of these training programs it is worth while noting that sexual offenders constitute heterogeneous populations. Sexual offenders distinguish themselves from one another in significant ways, including risk for recidivism. As such, academic educations or professional training that generalizes sexual offending populations oversimplify and misrepresent complex phenomena. Training that fails to distinguish these differences generalizing sexual offenders risks misrepresenting offending populations directly relevant to child welfare services. It is easily conceivable that police training regarding sexual offending concerns itself with offending and recidivism, with little consideration for relevant clinical considerations. Training programs oriented through police agencies promote effective interviewing, addressing general sexual offending and recidivism with no specific mandate to redress incest. As such, the suitability of this education can be questioned. Support for this premise is evident through frequent reference to recidivist pedophiles as comparable with incestuous offenders, something not supported by the existing literature base.

This should not suggest that this training was completely without merit, be confused with a lack of professionalism, or suggest an absence of skill. It proposes that the lack of incest specific education constitutes a significant feature impacting upon intervention practice. Understandably, professional knowledge can not compensate for deficiencies in public services, however it does reflect a significant shortfall in existing service delivery.

When asked about incest rehabilitation, the absence of direct experience of, or access to, incest rehabilitation programs was significant to this sample. Opportunities for incest rehabilitation were supported by 12 subjects (42.9%) despite limited overt familiarity with the literature and, more often than not, treated as exceptional. Five (17.9%) subjects described rehabilitation as mediated (and hindered) through service delivery. As many

as 11 subjects (39%) denied opportunities for rehabilitation citing recidivism among pedophiles as confirmation, and the absence of available programs as evidence. While the sample population made reference to concepts of the fixated and regressed pedophile subjects' descriptions of offenders borrowed considerable on theory attributable to the former rather than the later. References to the personality of offenders and specific explanations for offending describe aberrant characteristics inherent to the offender to explain offending behavior and deviant interest. Despite this dominant discourse, some subjects appeared familiar with lower incidence of recidivism among incestuous offenders. Three (10.7%) subjects described histories working with incest rehabilitation programs. Two of these programs were described as segregated or disjointed, with various agencies managing different family members in which case coordination was identified as a weakness in these programs. The third described his/her experience with treatment as beneficial. Coordination appears to have been centralized or directed through a child welfare agency, and would have contributed positively to her belief in incest rehabilitation.

Of the 28 subjects in the study 26, or 92.9%, described the training they did receive as consistent with their personal views regarding incest. Admittedly, several subjects received incest specific training yet denied any dysphoria or incoherence associated with this education (n=4). In review, these subjects received their respective educations as part of specific personal interests and professionals directives distinct from standard child welfare training. As subjects overwhelmingly report their training to be consistent with their personal and professional opinions regarding incest, what constituted the foundation from which these original opinions were based? If the majority of the sample did not receive incest specific training and this training did not contradict their personal opinions regarding sexual offending, those opinions were consistent with views held prior to their respective professionalization. Significant to this analysis is the possibility that in the absence of research based training regarding incest, perceptions of sexual offending are consistent with dominant social narratives, or social discourse regarding sexual offenders. While this sample invariably better understands the principles associated with regressed offenders, the qualities associated with regression remained absent from all but a few

subjects' contributions. As such, the knowledge base generalizes to sexual offending, while opinions towards incestuous offenders differ little from that of the general non-professional population regarding significant themes. Examples of this include the premise of offenders as clinically similar to pedophiles, treatment as ineffective involving high rates of recidivism, support for custodial treatment, and inherent trauma attributable to victimization. This suggests that in the information instructed to and adopted by members of the sample, although perhaps more sophisticated in its nature, differs little from the dominant social discourse regarding sexual offenders. This possibility has been investigated and is supported in the professional literature.

4.4 Mobilization of Mental States and the use of the Vignette with this Sample

Review of the Vignette Content

Although typically an effective strategy for identifying mental states in subjects the use of vignettes was ineffective in this study. While the vignettes failed to provide workable data among these subjects this has not been the case in other studies that have employed vignettes.

4.5 MSRS and Qualitative Data Content

As with non-clinical encounters, the clinical exchange is a context in which subjects both experience and mobilize defences as an active response to the immediate situation. The content involved in the immediate situation can be private intra-psychic material, materials generated during the exchange, or a combination of both. Material perceived as menacing mobilizes personal defences to mediate intra-psychic stress, as much for the client as for the clinician. The level of stress experienced by the clinician results in the mobilization of his/her own defence mechanisms, in order so as to defend against the material experienced in the encounter. The role of the professional is to contain his/her private experience during the clinical exchange. Self-containment operates so as to ensure the exchange functions, in order to serve the interest of the other, the client. Self-

containment is also necessary so that the clinician is better able to engage the other. Engagement is considered to facilitate the clinician's understanding of the experience of the client. In a context in which materials generated during the exchange mobilize the defences of the clinician, those defences create affective distance. The more significant the stressors, the greater the mobilization of the defence mechanism, and, very possibly, the more primitive the defence being mobilized to ward intra-psychic threat. The more primitive the defences being mobilized, the greater affective distance becomes manifest in the clinical encounter. Affective availability is demonstrated by the degree of relatedness the clinician is prepared to experience when engaged with another individual. This being said, the clinician's ability to experience the other is largely dependent upon his/her capacity to tolerate stress resulting from the material generated during the clinical exchange.

In the circumstances investigated, a subject's capacity to experience the other, is affected not only by the clients' involvement with incest, but also the inherent challenge the clinician faces with subject matter widely acknowledged as taboo. Subjects' experience of these circumstances provokes defensive reactions that were evaluated for the level of defensiveness exhibited in response to questions posited. These questions broached their respective experiences regarding victims, offenders, mothers, and other family members. Subjects' responses to each question were assessed by a graduate student training in identifying mental states, as directed by the Mental State Rating Scale. Possible mental states ranging from lower to higher include: concrete, defensive low, defensive intermediate, defensive high/objective rational, emergent, and finally, immersive. Typically, defensive low and concrete mental states are categorized together and demonstrate primitive defensive functioning. Emergent and immersive mental states are also categorized together, demonstrating what is described as reflexive functioning. During lower mental states the subjects experience of the other are mobilized to defend against what is experienced as threatening material. These defences maintain the object at an emotional distance. In lower mental states the subject may not even perceive the object as an emotional entity. Progressing to higher mental states, subjects gradually demonstrate the ability to appropriate, on an emotional level, the experiences of the other.

Reflexive mental states demonstrate higher functioning, in which a subject experiences and tolerates interpretations of the other both objectively and even can interpret that experience as if one's own.

Subjects' responses towards victims, offenders, mothers, and other family members' respective mental states were identified. Scale scores are attributed as global mental states, resulting from the combined individual scores towards victims, offenders, mothers, and other family members. In the course of this study, both global mental states and individual defensive functioning towards victims, offenders, mothers, and other family members are examined as pertinent. As global mental states scores are the result of the combined individual mental states towards victims, offenders, mothers, and other family members, they indicate a generalized capacity to tolerate perceived threatening material resulting from a clinical exchange involving members of incestuous families. It is worthwhile noting that individual mental states towards individual family members are not inherently indicative of generalized defensive functioning. Subjects risk experiencing a greater capacity to tolerate perceived threatening material from one object, while incapable and highly defensive in response to another. A second subject may demonstrate emotional responses that directly contradict those of the former. Individual defensive responses are unpredictable and subject-specific, while global mental state scores invariably reveal generalized functioning in response to incestuous family members.

Individual subjects demonstrate their own capacity to not only emphasize with the experiences of the child, but also to conceptualize the circumstances in which the child lives. This capacity gives the breadth to simply identifying a child's experience as a victim:

> [T]he child is already feeling you know dirty and used at all that stuff. And you know, if you and has this huge secret so if there are other parents is emotionally abusive…that mirrors my upbringing, a bit. That triggers me a little bit…once you're aware that you're being triggered you can deal…you know it's there and you need to keep an eye on it…Sometimes you can really engage a little bit better, because …you can feel it. That's OK too… its more of an art you know.

In this situation, a subject identifies not only the experience of the other but how that experience directly impacts upon his/her own emotions. These emotions do not dominate the subjects' experience, but are indicators potentially beneficial to the therapeutic process.

A subject's willingness or capacity to exploit his/her emotions is not a constant any more than a worker is a constant:

> I think that's something I did more at the beginning of my career, and more when I was initially starting to do that work….I try not to do that now unless I am finding myself in a particular difficult time understanding something.

In this situation, the subject identifies the reason for maintaining some emotional distance from the victims with which he/she works as part of a defensive coping strategy. This strategy restricts the worker's understanding of the victim, but also mediates the risk of associated secondary trauma, indicated by the intrusive nature in which the victim's story has intruded upon the life of the subject:

I need some kind of emotional distance having the intellectual understanding of it allows me to continue to be supportive without having that emotional tie in myself……when I was first doing this work I would take these individual situations home…if I was interviewing…a 10 year old who told me that her 15-year-old brother was coming into a room at night…I would go home and I would think about what must it be like to think about what it is to be a 10-year-old girl who every night her brother comes into her room… this work…becomes really to emotionally draining and in some ways almost traumatizes me personally.

Both these experiences are markedly different from the more defensive mental states exhibited in the following excerpts:

> I tried once…I was working with a child…I tried to put myself in her place but it was really difficult for me because I never experienced that…but I was angry towards the offender…I wanted to scream…but the victim did not want to speak at all…ultimately I couldn't understand because all I felt was anger…and hate.

> I haven't tried to do that but I went I went to the training done by the…police…they show you… pictures…So I think by seeing those pictures I'm able to have an idea of what….happens…it's just horrific.

In both these situations, the emotional experience of the subjects may appear reasonable however, do little to facilitate an understanding of the victim, his/her situation, and the clinical complexity of what may be occurring in an incestuous family.

As many as 22 (79%) of the 28 subjects acknowledged direct contact with offenders In these cases, the immediate emotional reaction to child victimization and the transgression of the incest taboo invariably evokes emotions. These emotions may be intense, and risk intruding upon the clinical process:

> I don't have any sympathy for them…I think it's impossible to control oneself disgust…you're not going to show it… I just try to be as professional as I can.

Intense emotions are supported by an intrapsychic need to create affective distance from the sample subject and the object/offender. In doing, so the affective distance facilitates subject based sentiment, as there is more restricted, or even no capacity for identification.

> A parent who becomes frustrated and…hits their child with a belt …I can understand…I don't get the sexual abuse….it might be interesting and it might be helpful to me to have some kind of understanding of what they're thinking, but…I know it's wrong and I don't really care why they did it.

This type of affective distancing defends the subject from threatening content that is manifested as a result of interaction with the object/offender. In the event of more primitive defences, the object/offender is constructed as something apart from the subject, potentially alien, through which identification is impossible:

> [D]ealing with offender…I feel disturbed because my experience with offenders they really do present, just the same as everybody else. Because they don't have three heads, they don't look strange, and it's scary for me to think that anybody is really a potential offender and…I feel disgusted.

These defensive or more primitive strategies sit in direct contrast to higher mental states that neither condone nor excuse offending behavior, but are capable of acknowledging the object/offender as a separate entity with a similar or like constitution. These defences sit in direct contrast to higher mental states not only maintaining the object as one in which identification is possible, but are considered intervention strategies that demonstrate greater efficacy in clinical practice:

> I always tried to make…the person that I dealing with feel heard and I do I hear them…I want them to tell me what it was like for them and what they felt like and how kind of how they justify it…understanding that it's different…I don't understand but I do understand it…intellectually but condone it is completely different thing…I guess I do try to understand it for sure cause there is no other way to help is no way to help to get at, where they're coming from…I don't think there's anything that none of us is capable of… it can be an uncomfortable place to be but there's no other way to (sigh) to try to help the problem or try to even understand what needs to be done from here is you can't get all the details…you may not agree what they did but you still, I still sort of see it as my obligation to try to assist somehow.

With respect to mothers, these higher mental states demonstrate greater understanding of the ambivalence or conflict non-offending parents may experience in light of disclosure:

> I certainly end up often taking a defensive role with the mothers… and I've always felt to the- of a bit of understanding or empathy for their position- their loyalties to their husbands who they still love and child….I can see how she would not be able to entertain the fathom the possibility that her husband had done that I could see how she would rationalize that to yourself cause I would be the queen of that. I would convince myself of anything I would want to believe … that's not to absolve.

One (3.6%) subject, exhibiting higher mental states regarding mothers, demonstrated not only the ability to understand their defensive processes in response to disclosure, but also acknowledged the emotional difficulties these reactions provoked in her as well:

> [O]n some level, I understand the…reaction to wanting to keep it hidden, I mean it is something that's is shameful that they don't want anybody to know about it and they're probably so uncomfortable with it, they don't know what to do, um but on the other hand, I just I get a little angry.

She was additionally capable of acknowledging other experiences mothers exhibited during the course of her practice:

> [T]he mother obviously just felt "How Why didn't I know", she thought about all these things that her daughter said at the time that she interpreted one way… just that feeling of helplessness and loss…that she should've known she should've known …She was blaming …you could feel that from her.

These reactions are, again, contrasted by lower mental states in which the subject restricts one's understanding of the other, sometimes rather punitively:

> [T]he experiences that I have had they have not been the most forthcoming…it took the the child to disclose…how can you not know…was it not wanting to believe this happening in your family because of being afraid of the consequences …the fear of the unknown and what to do and what would happen?

Or, in other circumstances, presume that logical discourse is sufficient to mediate the enormous impact all subjects acknowledged that resulted from the disclosure of incest:

> [T]he Mum…said "No he would never do that"…It's frustrating dealing with those parents, because you are trying to lay out logically…trying to make understand "Okay, you don't have to choose here. You have to support her through this" … it's frustrating, but it's part of what we have to do almost every day…I would say maybe 80% of cases where it involves incest its the immediate. "Oh no not that it…never" ….there are the occasional exceptions who people will say "It doesn't matter to me that it happens, she said it happens"…those people I give credit to.

Not only do these lower mental states impede a subject's ability to connect with the emotional reactions of the other, it influences the manner in which the other is construed:

> [T]he mother chose to believe her husband and not her daughter…I was really frustrated. I really could not understand… I told myself it was financial…it was for the stability that she chose her husband…it was the only reason I could see.

In doing so, subjects risk over-simplifying the complex realities that non-offending parents may experience and have to overcome, as a result of disclosure. Mental states are not only significant in demonstrating qualities of how a subject constructs the other, they also indicate the actual reflexivity, the active engagement in which the subject is

mobilized with respect to the other. While mental states fluctuate and may vary in light of evolving stimuli, reflexive states indicate an active engagement, an active reflexivity, a process in which the subject is engaged. This is illustrated through the following citations:

> [T]here was a couple of cases… it would just come back in my mind … it's when I'm not 100% confident with what we done and I'm questioning a decision that we've made. So, then I have to go back and kind of process it with my supervisor…I find it really helpful and sometimes it has lead to changes in what I'm doing.

On a continuum, lower mental states increasingly maintain fixed static evaluations of the other that may include emotionally imbued declaratives that are attributed to the other object:

> [T]he other family members…refuse to believe that it happens…I just feel angry…I just see it as ignorance and selfishness and I don't really think about it…I see them as…being self-centered.

> [M]y mind goes back the one where you think, they said it hadn't happened, but I am certain they knew.

The premise that countertransference, unmanaged, negatively impacts upon treatment is available through research that identifies those therapist-based behaviours that positively influence treatment and treatment outcomes. Ultimately, the ability to engage an object in treatment promotes positive outcomes, but cannot be accomplished without engaging that object directly.

As to the use of the MSRS in qualitative research, I believe it has contributed significantly to the content of this project and has demonstrated potential external objectivity and utility with sensitive emotionally laden subject matter. Regarding the use of vignettes, alternative strategies, such as, written post-session recording of thoughts, feelings, and reactions, immediately following a clinical intervention exist. It is not clear whether this would have had a different result with this sample. It is useful however, to stipulate that the MSRS has potential utility for future qualitative research that may seek to incorporate external objective criteria into data analysis. It should not be assumed that this project is truly representative of how the MSRS may best be exploited in qualitative

data analysis as its primary function was to contribute towards quantitative data. The strength and utility of the MSRS will ultimately be demonstrated through future research that can elaborate upon its limited use here.

A Bridge with the Qualitative Content?

When questioned as to their propensity to put themselves in the place of victims nine (32.1%) subjects confirmed doing so in the course of their work, largely so as to benefit practice. Eighteen (64.3%) subjects reported not engaging in that clinical exercise either finding the experience incomprehensible or overwhelming. Fifteen (54%) of the sample insisted this exercise was not possible with offenders, while five subjects (17.9%) described "conditional efforts" at trying to understand the experiences of offenders during the investigative process. As many as seven (25%) subjects reports efforts to engage offenders during the investigative process. When asked regarding mothers, or non-offending parents 15 subjects (53.6%) described significant difficulties trying to understand their experiences during disclosure. Five respondents (17.9%) described actively practicing reflexivity when involved with mothers or non offending parents while seven subjects (25%) described limited or conditional affective availability. Fifteen (53.6%) subjects demonstrated trying to understand the emotional experiences of extended family members regarding incest. Twelve (42.9%) subjects reported alternate priorities during the investigative process (see Table 6).

Table 6: Clinical Engagement with Incestuous Families

MSRS reactions to…	No		Conditional		Yes	
	N	%	N	%	N	%
Victims	18	64.3	0	0.0	9	32.1
Offenders	15	53.6	5	17.9	7	25.0
Mothers	15	53.6	7	25.0	5	17.9
Family Members	12	42.9	0	0.0	15	53.6

Subjects acknowledged significant defensiveness (43%-64%) when engaging incestuous family members, however greater defensive functioning, is demonstrated through MSRS coding than through qualitative reporting or analysis. While this may be accountable as a qualitative recording error another explanation may include defensiveness that consequently stimulated socially desirable responses. Another potential explanation can include the hypothesis that the influence of interviewer mediates the immediate threat associated with intervention specific content.

4.6 Mental States Scores

Global MSRS Scores from the Sample

Global mental state scores for the total sample (n=28) revealed a minimum score of 10 and a maximum of 80, providing a median of 43.21 with a standard deviation of 21.44. Typically a score of 45 would constitute an intermediate state; as such I have chosen to describe this score as a low intermediate mental state and indicative of a high defensive intrapsychic functioning as described above. MSRS training materials reveal that this score would typically be representative of a predominance of high-defensive and/or objective-rational but can exhibit "a lot of behavioural type moments indicative of intermediate or low defensive", as well as, concrete reactions or the presence of intermediate and high-defensive reactions accompanied by with little" or no reflexivity.

The former of the two possible interpretations for this mental state is believed to be characteristic of objective rational manifestations, mobilized for defensive purposes, blocked emergent activity characteristics, or high defensive functioning. Intermediate defences include denial, rationalization and minimization, involving a "refusal of external perceptions." The latter possible coding interpretation of would include the mobilization of defensive processes that might include denial, narcissistic, or the more primitive "borderline" and regressive defenses. These lower mental states employ two style what

is characterized as narcissistic (grandiose, omnipotent, idealization) or the more primitive counterpart; borderline type marked by projective identification, splitting, acting out.

Markedly apparent in the sample is the limited number of reflexive global mental state scores. Reflexive scores would require a global MSRS score of 70 or more and occurred in only 17.9% (n=5) of the sample. Although coding does afford the possibility of scores as high as 100, the sample here did not surpass 80; a global score obtained by 1 subject. Scores ranging between 70 and 100 are considered indicative of reflexive mental states. Scores increase incrementally through which the subject characteristically exhibit a willingness to actively engage the "other". This engagement may still be inhibited by the lower mental states described above although their manifestation is regarded as episodic.

These lower defenses may still manifest in higher scores (i.e. 80). Here a predominance of reflexivity is exhibited with episodic examples of immersion, a state in which the subject's experience of the other affords greater engagement, for lack of a better word "within" the mental processes of the subject. Reflective and immersive states are typified by the ability to attempt to try and conceptualize the emotions and experiences of the "other", though separate, but experienced, and shared, through the reflexive process. It has been described as the capacity of the subject, to assume the experience of the other within their own personal emotional experience.

It is worth retaining that mental states constitute dynamic processes in which defensive protocols are almost always being mobilized. Individuals respond differently to different stimuli and the perceived sense of threat that said stimuli evokes. Within this sample it is exhibited by the diverse scores, reflecting different levels of intrapsychic functioning to various themes investigated.

While lower response rates may have been consistent with lower global MSRS scores, some subjects did consistently demonstrate lower defensive functioning, however, marked higher mental state scores related to one of the subsets examined. That is, some individuals did score irregularly when asked about victims, offenders, mothers, and other

family members. In some cases these inconsistencies involved sustained low defensive and concrete mental states regarding to as many as three family members, suddenly exhibiting an immersive mental state towards the fourth. While these circumstances were the exception, it is conceivable that they may be representative of individual/personal processes as opposed to generalized positions towards incestuous family members. This constitutes an interesting theoretical dilemma as subjects risk responding irregularly to stimuli, mobilized on the basis of their own internal associations.

Table 7- shows the combined mental states of the total sample towards material addressing the samples experience with victims, offenders, mothers, and other family members[29]. Higher defensiveness combines groups of lower mental states (concrete, defensive Low, defensive intermediate, and objective rational) indicated by numerical scores of 0 to 30. Moderate Defensiveness illustrates numerical scores of 35-65. Low defensive scores combine the reflexive and immersive mental states and indicate a global mental state score of 70-100[30]. Both high and moderate defensiveness are potentially indicative of countertransference manifestations whereas low defensiveness is consistent with reflexive clinical encounters. These results indicate significant defensive functioning. Given a sample size of 28, each offering 4 scores derived from questions related to victims, offenders, mothers and other family members, this provides for a total of 112 individual scores. Of these 112 "situations" only 24 demonstrate reflexivity (REF) or lower defensiveness in response to the incestuous family and it members. Of 112 possible individual scores only 21.4% indicate reflexive functioning, the mental state indicative of a clinical engagement.

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29 As described earlier in the text, one subject began exhibiting what was perceived as emotional distress during the interview process. The specific line of question regarding a subject's thoughts, feelings and perceptions of the experiences of incestuous families was subsequently abandoned. At the instruction of Dr. Bouchard this subject was summarily provided as DEFHI score.

30 While mental states are fluid, a summary description of their nature and the organization of the categories of mental states scores used here is available in the appendix section of this text (Appendix 7).

Table 7: Defensive Processes with Incestuous Families: Coded Values

MSRS reactions to…	Higher Defensiveness		Moderate Defensiveness		Low Defensiveness	
	N	%	N	%	N	%
Victims	17	60.7	6	21.4	5	17.9
Offenders	15	53.6	12	42.9	5	17.9
Mothers	13	46.4	13	46.4	7	25.0
Family Members	17	60.7	7	25.0	7	25.0
Total # of Mental States	62	55.4	26	23.2	24	21.4

The engagement offered by subjects bears some consistency with the mental state scores offered through self-report exhibited earlier (see Table 7) with respect to the significant defensiveness acknowledged by the sample. Self report, however, does not appear entirely consistent as qualitative analysis yielded higher self reports of clinical engagement, most notably among other family members, than is supported by the MSRS scores. It is important to note that these results only represent the metal states scores attributed to material derived from subject interviews. More powerful analyses, typical of most MSRS studies, were not possible with this sample.

4.7 Quantitative Data Analysis[31]

Prediction of Mental States

Quantitative data analysis was undertaken so as to identify possible relationships between reports of a previous history of childhood sexual abuse and MSRS scores within the sample. Regretfully, there was not a normal distribution within the various subscales of the CTQ. Outliers consistently reported higher personal histories of abuse across the different subscales of the CTQ. While denial is identified as a potential variable to clinical intervention within the CTQ, significant denial scores were not identified to occur among those members of the sample reporting histories of abuse, but, did occur with 1 subject reporting no history of abuse. Her removal from the sample showed no impact upon subsequent tests for normality. Alternatively, recoding for normality was rejected given a possible distortion to outcomes. As exclusion would have likely resulted in the removal of close to 21.4% (n=6) it was determined that normality would not be pursued in favor of a representation reflecting the unadulterated self-report of childhood abuse of the sample. Consequently this research question is potentially compromised by the limited sample size as well as difficulties assuring normality within the sample distribution.

Descriptive statistics

Correlations were done for the six CTQ subscales representing histories of childhood abuse and neglect, with the variables mental states, job stress, support seeking behaviours, opinions regarding social appreciation of child welfare, confidence if the sample was subject to child welfare intervention, and if they had their parental rights withdrawn. Because the normality assumption was not met for the different CTQ subscales, the non-parametric statistic Spearman Rho was preferred over the Pearson

31 Quantitative Data Analysis was provided by external resources. The results presented above are the direct result of their analysis of the original data set.

correlation. The only significant correlation was between Job Stress at Work and Physical Abuse ($p = .02$; rho= -.45); the negative correlation indicates that as a history of Physical Abuse increases, reports of Job Stress impacting upon work decreases.

Prediction of Mental States

All analyses were done using multiple linear regressions, with an a priori α-level set a .05. The dependent variables for the analyses were: Mental Sates Scores; Victim MSRS, Offender MSRS, Mother MSRS and Family MSRS. The independent variables were the subscales of the CTQ, namely Sexual Abuse, Physical Abuse, Emotional Abuse, Emotional Neglect and Physical Neglect, as well as Denial.

After each analysis, the residual plots were investigated to make sure the assumptions of linear regression were met. First, by plotting the residuals vs. the predicted values, and verifying that the data points were distributed around a horizontal line, we verified that our data met the assumption of linearity. Secondly, by looking at the same plots, and verifying that the residuals were evenly distributed, we verified that our data met the assumption of homoscedasticity - namely, the homogeneity of the variance. Lastly, by looking at the normal probability plots of the residuals, we verified that our data met the assumption for normality, or that no extreme data points exerted a disproportionate influence on the parameters estimated. For all models, the normality assumption was not met, effectively increasing the chance of making a Type 1 error, or stating that a result is significant when it is not. All the other assumptions, for all models, were met. It should be noted that due to the exploratory nature of this study, and the relatively small sample sizes, caution should be taken while interpreting the results.

For each dependent variable, we produced a model by forcing the independent variables in the equation. In all models, a positive Beta coefficient for Sexual Abuse, Physical Abuse, Emotional Abuse, Emotional Neglect, Physical Neglect and Denial indicates a positive correlation with the dependent variable.

Multiple regression was employed to test any relationship between histories of childhood abuse (CTQ scores) and individual and global MSRS scores. Only one model was found to be significant. This involved the prediction of Victim MSRS scores (Table 8). This model was significant, F(6.27)=3.72, p= .01, adjusted R2 =.38. The only significant individual predictor was physical abuse; a higher level of reported physical abuse was associated with lower victim MSRS scores.

Table 8: Victim MSRS Scores by Denial and CTQ Subscales

Variable	B	Std. Error	Beta
Constant	2.61	0.60	
Denial	0.19	0.22	.15
Sexual Abuse	0.04	0.05	.20
Emotional Abuse	0.15	0.08	.60
Physical Abuse	-0.18	0.08	-.58*
Emotional Neglect	0.15	0.11	.50
Physical Neglect	-0.31	0.11	-.77

N=28, *p< .05

The limited number of significant findings reflects the very small sample size. The significance found in the first analysis is primarily based on correlations between a large number of variables and a small sample size. As some of the subjects did not complete all the questions contained on the demographic questionnaire this did produce missing values in some of the responses contained in the analysis. As mentioned previously the sample size and lack of normality are necessary considerations when interpreting these results.

The significance identified in the linear regressions– Predicting Victim MSRS requires the same caution described above when interpreting the results, however, affords a certain intuitive coherence. These results reveal that in this sample lower scores of physical abuse, as reported by the sample, correlate with higher mental states as identified through MSRS coding, and higher reported history of childhood physical abuse and neglect are negatively associated with MSRS scores. This finding supports a premise

that personal histories of physical abuse and neglect can impact upon the clinical forum by inducing greater intrapsychic defensive functioning in response to child victims. Understandably, it should be interpreted with caution until such time as further research can support, or repudiate this result.

4.8 Original Hypotheses

This project originally posited the hypotheses that:

1) Professionals in the field of child welfare experience countertransference in response to incest related research materials. These reactions are believed to occur outside the awareness of the profession and constitute greater defensive mental states as exhibited by through the MSRS.

When examined through the results of the coded MSRS interview excerpts, members of the sample demonstrated significant defensive functioning in response to incest specific questions. As only 18% of the current sample demonstrated a generalized capacity for reflexive functioning throughout the coded sections, one can presume that defensive intrapsychic mechanism are mobilized as a result of interview material specific to the treatment of incestuous families. Only 21% (n=24) of a total of 112 individual excerpts evaluated demonstrated in-session reflexive functioning. Ultimately this can suggest the significant mobilization of lower mental states in response to incest-specific interview content. Further analysis was not possible as the use of vignettes was not effective in this study. Possible explanations for this result have been offered earlier in this text.

Alternatively, this sample demonstrated limited, to no, familiarity with the general treatment literature. Regular comparisons of incestuous offenders with pedophilia, poor treatment outcomes, a pervasive lack of services, and the absence of a treatment mandate with incestuous families were unexpected. It was equally unexpected that this knowledge base would be comparable with that of the general population or “Dominant Social

Discourse[32]" as identified in the professional literature. With respect to the concept of countertransference this poses certain conceptual problems. As described earlier, legitimate fears, do not constitute countertransference. Strictly speaking, countertransference occurs as the result of intrapsychic and/or interpersonal conflicts that interfere in the therapeutic process. Popular definitions have yet to include bias based upon misrepresentative generalizations. While the mobilization of defensive processes is observable, and this is characteristic of countertransference as conceptualized in the professional literature base, is it countertransference if your beliefs are supported by the paradigms in which you work?

2) That those professionals reporting clinical experience in the family treatment of incest would exhibit less defensive responses to incest treatment than their counterparts with no clinical treatment experience.

Although prone to suggesting this hypothesis appears only partially supported, there is some support for the premise that education and/training might facilitate or mediate the manifestation of countertransference in professional practice. Given the small sample size, and, limited exposure to rehabilitation programs among the sample, no firm conclusions are demonstrated however, subjects directly exposed to, or trained in, incest rehabilitation were the exception. Within this sample four subjects reported exposure to incest treatment programs. These subjects revealed scores raw MSRS score of 55, 65, 70, and 75 respectively and situated all within the ten highest mental state scores of the sample. Of these four subjects identified, two questioned the effectiveness of their respective programs, both, citing interagency coordination as problematic. The third and fourth subjects' scores were 70, and 75, respectively, and both actively supported the incest rehabilitation. The latter was directly critical of criminal intervention strategies and reported minimal denial and a proactive interest in treatment among offenders she worked. While this is hardly conclusive, no subject identified to have been exposed to incest rehabilitation program, offered a raw MSRS score below 55. Among the other

32 This comment is discussed at greater length later in this chapter of the text.

subjects offering scores within that upper 36th percentile, two subjects were managers with extensive child welfare training, both cited directly in the text as supportive of successful therapeutic intervention with incestuous families. Also included within this group were two subjects who reported personal histories of victimization. Both described having studied the subject informally during their respective educations, one of whom described successful clinical interventions with offenders irrespective of her own discomfort with the offender.

In contrast, two subjects with no exposure to incest-specific training or the literature described above both reflected views consistent with that of the "dominant social discourse", but, demonstrated MSRS scores comparable to colleagues trained in incest intervention, and even indicative of reflexive mental processes. Respectfully these subjects did illustrate a commitment towards clinical intervention that they did extend to incestuous offenders.

3) Finally, it was hypothesized that professionals reporting higher scores on the CTQ, indicative of severe subjective experiences of traumatic childhood histories, will exhibit greater defensive mental states in response to incest related research materials. It is assumed that parametric variables will be pertinent to research findings, however, the exact nature of these relationships constitute broader exploratory functions of this project.

This hypothesis does appear to have been supported however as described, these results should be interpreted cautiously. Future testing, preferably more formalized, involving a larger normalized sample, could contribute towards helping identify correlations, which may exist, between personal attributes and features that impact upon intervention practice.

Chapter 5

5.1 Discussion

The Citizen-State Agent

Herein lies the citizen-state agent and the emergence of what is to eventually be identified as street bureaucracy, a concept coined the Michael Lipsky in 1980. Street-level bureaucrats are regular citizens who, through their profession, provide services on behalf of the state. Lipsky's premise gives rise to an analysis of procedure translated to practice in which actual implementation of public policy is, in effect, an exercise of power by "street-level bureaucrats". Fundamentally it argues that state employees act as part of the make policy through their choices thereby by exercising political power, they create policy because they deliver services. For Lipsky this reframes state-agents as part of the policy-making community. Problems associated with street-level bureaucracy result from conflicts in practice that emerge from the need to negotiate the distribution of limited resources, distribution effectuated through policy exercised by social agents (i.e. street level bureaucrats). Street-level bureaucrats adopt patterns of practice that both interpret and negotiate between the institutional and the pragmatic throughout service delivery. This is inherent to the individual agent's personal responsibility as both an instrument and servant of the state. Self interest promotes professional discretion as advantageous; however, Lipsky's premise suggests that street bureaucrats risk enacting political decisions that afford opportunity for professional abuse of power. Personal autonomy and discretion are in many ways important; professional discretion and autonomy complement expertise and proficiency, as well as the individual profession. It both communicates value to the professional and allows for professional expertise to complement service delivery. It is alleged however, that discretionary actions are influenced largely by identity. However, is this invariably, a reliable precept when discussing impartiality and objectivity in the delivery of public services?

Maynard-Moody and Musheno's (2003) Cops, Teachers, Counselors: Stories from the Front Lines of Public Service supports the basic premise that citizen-workers occupy a dual identity as "state-agent", with culturally-specific judgments based from within a policy narrative, operating in a context of tension between procedural demands, clients and the respective state-agents.

Comparisons to Maynard-Moody and Musheno (2003) appear justifiable as interview content exposes occupational identities, shared mutual interdependence, and personal ambivalence within organizational structures. Within this sample, as with theirs, professional identity, common belonging related to occupational identity, and a close identification among peers figure prominent. Subjects identify, personal moral campaigns regarding their agency mandate. These accounts reflect both, acts of resistance to, and the exercise of, agency powers. Rife with qualitative judgments, self assured interpretations, and the pursuit of moral retribution, these interviews explore the professional practice of the subjects in their respective roles with incestuous families. By "being there for the children" nearly the entire sample defined "themselves as advocates on a mission rather than bureaucrats implementing policy" (Maynard-Moody & Musheno, 2003; p.62). Although unintended it is encouraging that the interviews conducted here were sufficiently effective to expose these intimacies.

Maynard-Moody and Musheno (2003) identify dominant cultural judgments as an inevitable consequence of citizen-state agents among their sample these judgments constitutes "pragmatic expressions about acts and identities and assertions of dominant yet jumbled societal views of good and bad behavior and worthy and unworthy individuals" (p. 25). These are otherwise "ambiguous and multi-layered" referencing "both rules and morality to defend decisions" whereas those within this sample emerge from a dominant discourse marked most often by stark simplicity or a sense of futility. Even down to rigidly adhering to the rules to get "the bad guy", something also echoed amongst this sample as well.

It is possible that the narrative illustrated by to Maynard-Moody and Musheno (2003) can be generalized across any sample bound by affiliation and public authority. Perhaps this is a natural and inevitable consequence of that affiliation, independent of the function (2003). It is conceivable as an inevitable reality that citizen-state agents fuse "the performance of the state with the construction of the social order" (p.106). This situates the actions of this sample within a literature base that exposes the significance of the individual (citizen-agent), within the role exercised by the state-agent. Effectively what can be drawn from this comparison is the impact of "the personal", and the knowledge base from which the person operates.

Woven into the interview are questions that inquire about the subject's academic education and professional training. While there is no method of evaluating the actual content of this training, descriptions provide some indication of what subjects currently retain regarding their these experiences. Question 5 posits any contradictions between the course content and what the subjects' appriori understanding of incest and incestuous families. In doing so, it attempts to distinguish if the education/training received fundamentally differed from the opinions a subject retained prior to professionalization. In effect, to what extent did said training differ from the opinions a subject held as a layperson. Although an inference, subjects overwhelmingly characterized their education or training as consistent with their previously held views- suggesting it did not contribute information that differed significantly from their previous understanding of incestuous families; an understanding that should, by principle, have resulted from their position as citizenry. Subjects overwhelmingly considered their training as consistent with their previously held views.

Dominant Social Disourse

Gavin (2005) describes the dominant narrative as "embedded" within social culture, shaping not only how offending and offenders are identified within society, but also how these constructs lead to its repression. While women are typically constructed as caring, protective, and unlikely aggressors, female offenders are reconstructed as "seductresses

or lesbians". Kemshall and Maguire (2001) illustrate how dominant narratives infiltrate the professional practice of police and probation agents who believe that sex offenders cannot be rehabilitated, opting for behaviours that enforce control. Gavin's subjects consistently failed to differentiate between sex offenders subgroups and even opposed the notion that offenders merit treatment. Media stereotyping promoting the view of high recidivism reinforces impressions that treatment is ineffective, reinforcing public demands for containment and retribution through harsher punitive measures. Gavin reports the common statement that sex offenders are irredeemable and "it is not possible to cure them". Media coverage induces impressions of higher incidence than statistical analysis would suggest, influencing perceptions of vulnerability and risk. When discussing community reinsertion, Gavin's subjects perceived recidivism as high and expressed a readiness to employ vigilante tactics to remove the offender from the community. Not only does the dominant construction of the stranger offender feature numerous victims and repeated convictions, but it serves to sustain the caricature as a member of an "out-group."

> Dominant narratives which fail to endorse treatment in the community could effectively become self perpetuating because whilst the public does not allow treatment, even as a follow up to prison treatment, sex offenders have less chance of rehabilitating. (p. 408)

Gavin's study contributes to an existing body of research illustrating how the media both reflect and reinforce the dominant stereotypical narrative. This reaffirms the views of society preventing any shift in perceptions. Efforts to develop a social discourse that can contribute towards a narrative that more appropriately reflects the phenomena of child sexual abuse would require an active partnership between concerned public agencies and the media. Collings (2002) encourages the appointment of "a dedicated 'Child Abuse Reporter'" who will have the time and capacity to go beyond superficial/sensational coverage of the problem" (p. 1145).

Public opinion is alleged to endorse treatment as long as it is accompanied by some form of custodial punishment (Brown, 1999). Regretfully, this results in limited service delivery and eliminates continuity of care. Treatment uniquely attached to successful

prosecution requires incarceration in facilities capable of delivering appropriate and time specific services. Brown (1999) describes respondents as much less supportive of offender reintegration and treatment in their respective communities. Opposition towards community based treatment services is believed to be based on the premise "that have little to do with reality", an increased risk of victimization, and decreased property values (Brown, 1999, p 249). Opponents were identified as likely to participate in social action against identified community-based treatment initiatives.

Remarkably, much of the dominant discourse identified among these subjects, as well as the likely content of their task-based professional training, has likely contributed to sustaining these ideologies. Despite the significance of incidence, the dominant narrative of the family as a safe haven was sustained by constructs that maintained aggressors as extrafamilial in nature. Although the stranger remained the dominant construction for offenders, alternative profiles failed "to construct a family member or close friend as an offender unless further prompted", supporting the premise that people "still do not readily perceive this to be the case." Subjects constructed those offenders who occupied a position of trust by establishing an affective distance from the aggressor, further sustaining familial security and integrity. Subjects promoted a construct that attributed offending behaviors to malady, or denied the accusations (Collings, 2002).
Arguably, in this context, sample subjects illustrate an adherence to the dominant social discourse of offenders as chronic and irredeemable. Offenses, regressed or otherwise, occur predominantly as a result of a hidden or concealed agenda, as opposed to inappropriate adaptive strategies that involve sexual acting out. This type of affective distancing is typical of countertransference reactions. The failure to acknowledge incidence or the potential that members of one's intimate circle can potentially offend, is as much a rejection of the offender as a rejection of the overwhelming prevalence of sexual victimization. In doing so, there is a failure to acknowledge offending as a social problem innate to the species by excluding concepts that appropriate offending into society irrespective of longstanding historical evidence of prevalence. Gavin argues that dominant narratives persist in shaping public perception of sex offenders. These narratives remain "relatively unchanged and unchallenged" and political lobbies and

public media sustain the dominant discourse while ignoring the inherent but real complexities of sexual offending and existing public strategies. Openness towards public discourse is necessary to challenge the various level of the dominant narrative. Failure to influence public perception invariably assures "little movement and acceptance from the public of…" alternative public strategies, even if those strategies demonstrate realizable and effective methodology:

> If we all hold perceptions that are erroneous or at least not supported by full and openly received evidence, then who knows what misperceptions are causing difficulties in our homes, communities, and countries? (Gavin, 2005; p. 412)

The content derived from interviews with the 28 child welfare workers in this sample do support Lipsky's (1980) assertion of state-agents as street-level bureaucrats. In this case street-level workers implement procedure through decisions that reflect beliefs and prejudices in their understanding of incest, an understanding fostered in a dominant social discourse that is inconsistent with the professional literature base. Admittedly, all subjects exhibited countertransference reactions, however, the challenge facing each individual was how the dominant social construct and discourse were mediated individually. This juxtaposes individuals with like educations, in like circumstances, resulting in very different reactions. Although not evidenced uniquely through the qualitative analysis provided above, these differences are reflected in the contrasting styles exhibited when comparing subjects for relative scores on mental states. In their defence, it is also a "reality" that is reflected back to them everyday through an enduring public failure to adequately address incest. While these agents likely react to clients from within the confines of their respective understandings of incestuous offending, they do not direct public policy, they do not shape the internal organization of public services, and they are not accountable for the attrition of their public service mandate or the failure to provide appropriate treatments for Canadian families who have suffered incest. They are skilled Canadian citizenry subsumed within a dominant discourse mediating the very challenging emotions they experience in a context in which there is limited beneficial outcome following incest disclosure. Inevitably, in a context in which no favourable outcome can be anticipated, we can accept the tragedy of it all. Retribution is justifiable,

almost mandated, as alternative outcomes are impossible, unlikely, or impractical, even if evinced in ignored literature.

> People see what they want to see, despite evidence to the contrary. The shared illusion becomes a perceived reality and even those who may question what they see become afraid to articulate observations that are politically and socially undesirable….Misinformation leads to poorly developed social policies that are unlikely to enhance public safety, and the passage of ineffective laws results in a truly inefficient use of resources. Reshaping public opinion through the widespread dissemination of factual information is a first step in advocating evidence-based social policies that will be more successful in protecting children. Current strategies are unlikely to achieve their goal of facilitating community safety. (Levenson & D'Amora, 2007; p.192;)

It can be anticipated that citizens also internalize experiences of impartiality from their contacts with the citizen-state bureaucrats (Rothstein and Stolle, 2001). Contacts risk favourably accommodating subjects whose experiences with public services reinforce their social value or worth and disadvantage those for whom impartiality and objectivity is not anticipated. In these circumstances, how can clients' who internalize limited experiences of impartiality be motivated to engage with people and services that may already be perceived as prejudicial towards them? How can citizens request services when doing so reconstructs their sense of self-worth and identities to the archetype actively promoted within society? How can these citizens be motivated to engage when they perceive their identity as socially undesirable, or, when they have transgressed the social taboo of incest? However, a dominant social principle is the premise of an equitable and egalitarian treatment of its membership. Citizen members of democratic societies presume political institutions exercise principles of equality. This expectation is fundamental to institutional trust and the development of a broader generalized trust (Rothstein & Stolle, 2001). Through rule of law, principles of impartiality and objectivity are upheld. This is frequently established or maintained through criteria written directly into social doctrine, constituting a social maxim that, in principle, assure the rights of membership and do not overtly disadvantage one member in favour of another. This doctrine operates as an overriding principle that ensures that public policies are unbiased and objective, and that rules of law dominate civics, thereby

operating to contain the corruption of the individual and government institutions. Both public and private sector services and agencies are obliged to observe these principles throughout service delivery, and can be, albeit infrequently, challenged regarding potential inequity. They describe that the success or failure to realize impartiality requires analysis that focuses not only on equity through procedural means, but also objectivity demonstrated through outcome. Procedural justice demands that policy and protocols neither discriminate nor favour individuals or groups. Outcomes demonstrate the efficacy through which procedural justice is realized in practice.

The topic of pay equity exemplifies the above discussion in that the principle that prohibits discrimination exists in law. It is argued that traditional patriarchal beliefs sustained gender inequality in the marketplace. Traditionally, the contribution made by women to the work place, and society at large, is undervalued. It is alleged that despite the unconstitutionality of gender based salary discrimination, women continue to "earn less than men regardless of their occupation, age or education"[33]. Pay equity is the right to equal pay for work of equal value. This example illustrates how, despite anti-discrimination laws, fundamental challenges to work-place inequity was necessary to promote salary equity. It became necessary to illustrate how pay inequity reflects systemic discrimination, and contributes to the feminization of poverty and economic dependence. These arguments employed outcome (i.e. salary) to challenge process (the monetary value attributed to work done by women) on the basis of principles of equality, presumed cornerstones of social doctrine. This challenge ultimately led to equity legislation. Pay equity is currently protected by the Canadian Human Rights Act, and is constitutionally protected by provisions of the Canadian Charter of Rights and Freedoms".

While pay equity represents a successful initiative that challenged outcome it remains that outcome inequality is a sensitive public issue in which despite anti-discrimination laws, groups, and individuals representing those groups, are systemically disadvantaged.

33 http://canadianlabour.ca/index.php/Pay_Equity

Minorities face systemic discrimination in other areas as well despite the presumption of procedural equality:

> African-Americans and Hispanics….are widely known that these groups on average earn lower salaries, on average live in lower income neighbourhoods, face more poverty, and experience direct unfair treatment from the police and the legal system than other citizens." (Rothstein & Stolle, 2001; p.15)

This is also exemplified by the regularity in which minorities are over represented through the attribution of the death penalty during sentencing in the United States. Herein, the judicial process is supposed to be impartial and arbitrary, constituting the application of the rule of law to the citizenry. However, outcome studies repeatedly demonstrate significantly higher attribution of the death penalty among African Americans[34]; constituting an over-representation, despite the highly formalized and technical judicial process. During one appeal, Justice Harry A. Blackmun (Callins v. Collins, Feb. 22, 1994) wrote;

> Twenty years have passed since this Court declared that the death penalty must be imposed fairly, and with reasonable consistency, or not at all, and, despite the effort of the states and courts to devise legal formulas and procedural rules to meet this daunting challenge, the death penalty remains fraught with arbitrariness, discrimination, caprice, and mistake.

Despite a dominant civil principle of equality, both examples, described above, illustrate how procedure and outcome are necessary to, but do not guarantee, procedural justice, impartiality, and objectivity. These examples represent circumstances in which the ideal of equality remains overtly impacted by influences intangible (i.e. racism and sexism) to procedure. Admittedly, while these examples represent dramatic circumstances in which individual citizens experience the practical application of procedure in their lives, they do exemplify the precariousness with which impartiality is inherently assured. Expectations of impartiality will vary, as individuals have different experiences throughout their contacts with social agencies. Borrowing from Rothstein & Stolle (2001), the individual

34 http://www.deathpenaltyinfo.org/article.php?scid=45&did=528#fn0

expectation of impartiality is learned from one's parents and sustained or dissuaded through the media, the behavior of other citizens, one's intimate experiences with public and legal services, and generalized from the character of government. Citing a 2001 article by Tyler 2001, (In Rothstein & Stolle, 2001) they extend the individual experience of impartiality to one in which the "quality of treatment by authorities shapes one's sense of social identity and self-worth" (p. 10). Here, impartiality is an evaluation of one's personal value, value reiterated through patterns of social interaction, and a demonstration of one's social status. Experiences of impartiality communicate the individual's position among the citizenry signifying respective value. Remarkably, though the project of impartiality is realized through a citizenry co-opted as state representatives, citizens who interpret and enact policy and procedure and are fundamentally responsible for delivering impartiality despite also having "learned from one's parents…through the media, the behavior of other citizens, one's intimate experiences with public and legal services, and…from the character of government; forces that ultimately also served to "…shapes one's sense of social identity and self-worth." (p.8). In the current context not is the samples knowledge representative of the dominant public discourse but it is that discourse instructed to them by the state. It is the discourse of the citizen-agent, empowered, like the veterinarian, through formal social institutions, legislation, and the direct exercise of methods of control. It is a discourse that by its exploits the professional's application of his/her knowledge and authority to diagnose the underlying realities of their subjects; it is the authoritarian "clinical gaze" rooted in the various knowledge and authorities of respective veracity of their governing agencies. It is knowledge that is "accredited" with expertise exercised in "spaces of enclosure", endorsed through the authority of the state. Inevitably authorities, identified by the state, exert power elicited largely through professional judgment (power-knowledge), appropriated through internal mechanism over the subject. Professional discourse, presumes the authority of the institution. The state exerts its will over its citizenry through state institutions representing approved authority, however, this "knowledge" is vulnerable. It is however, suspect, if the premises from which the professional gaze is cast is no more informed than that of the layperson.

> [W]ith a clinical gaze the doctor could diagnose problems, design solutions, and speak about all things wisely. There was no way for anyone to challenge the doctor's experience. It just was. The doctor could only tell us the truth and what to do about it. With such powerful wisdom, it was not possible to be wrong. (Shawver, L., Notes on reading the Birth of the Clinic; 1998).

Discrepancies between the knowledge of the state and its authoritarian exercise of control strike at the root of an equitable and equalitarian treatment of its members. The two are ultimately intertwined, either as the premise of "expertise", or, as an inequitable treatment of its membership. The structural analysis Foucault brings to sexuality, knowledge, and social institutions provides our discussion coherence between relevant themes. As the prisons grew out of a period of political unrest or conflict, so did the majority of social welfare services. Child welfare is essentially a service requested by the membership, as are police, hospitals, universities, etc., reflecting the interests, power, and culture of the state. When addressing incest, child welfare acknowledges that incest cannot be eliminated. Child welfare acts as a functional extension of the state, and controls those illegalities that address the successful socialization of future generations. The paradox rests in the realization that state does not demand "No Incest"- culture does. Incest is inherent to the family. Here, the transgression must not be dealt with lightly. The obligation of child welfare is its control. As an illegality, incest is tolerable as long as its consequences do not threaten society's future members sufficiently so as to call attention to them. The state comfortably assumes the interests of its members in the interest of ensuring, using the analogy, there is no riot against the executioner. The state employs its means in such a manner to ensure that incest remains a tolerable illegality or delinquency. The control of incest while, by and large, a functional success, is offset by its transgression. The state demands only that incest remains "enclosed" that it does not come to the attention of others. Punishment, whether historically through excommunication, death, banishment, or, now, state intervention is not a deterrent to the occurrence of incest, but a deterrent to its public exposure. With current strategies the transgression is not treated as much as a problem as long as the incest is, in essence, "contained" or as Foucault would say "enclosed". As long as its prohibition is maintained by the majority of societies members, the consequences of its occurrence are

not such that they cannot be otherwise ignored, repressed, alienated, or exiled incest is controlled.

Manseau (1988), providing a constructivist analysis, describes professional intervention through the institutionalized ideologies surrounding child welfare's social mandate. Laws of protection, taking a child "into care" and "threats to their development" characterize public ideologies that state care is absolutely necessary, and legitimizes intervention. Manseau (1988) argues that the clinical literature differs and can contradict social practice. Social mandates are enacted through child protection agencies expressing the ideology of the state. That these ideologies contradict existing professional literature, in addition to those recommendations drawn by state commissioned studies, compound contradictions. Intervention, as a social construction, thereby ignores or denies the interests of children in favor of social ideology. That criminal and punitive strategies regarding incest continues to demonstrate the disparity between the professional literature and social disgust and misinformation surrounding incest as a phenomenon. Those structural obstacles create and maintain the preponderance for adversarial interventions inhibit the rapid referral and treatment of incest. Social and criminal intervention constitutes action perpetrated, although fully cognizant of its effects, against the offender, family, and child victim. That we persist in strategies potentially harmful to children suggests that our goals are inconsistent with the knowledge of "well-informed individuals" and suggest we pursue alternative objectives that are achieved through these practices. That we fail to provide incest specific therapy further constitutes a disinterest in the prevention of incest and re-assumes, despite all evidence, that punishment offers a sufficient barrier to the violation of the incest prohibition.

That our practices ignore rehabilitation as a realistic strategy would suggest that discipline and punishment serve an alternative objective regarding incest. The consequences of inflexible criminal intervention strategies inhibit disclosure, potentially traumatize children, precipitate family dissolution, and fail to prevent or treat incest in society. That these are the consequences of social policy and institutional practice renders

the objective of child welfare suspect, and resembles the abandoned practice of assaults upon the body as now enacted upon the family:

> We know enough to declare that a child is harmed even by a parent's non-violent sexual abuse, but not enough to know that state intervention can offer something less detrimental (Goldstein et al., Before the best Interests of the Child, 1979; p. 65).

Remarkably, irrespective of the cause, we have created and sustained conditions in which the very people capable of and entrusted with the task of mediating one of society's most visceral offenses are largely unaware of intervention strategies beyond institutional practice. We are cognizant of the emotional challenges they face, and confine them to a context in which we "presume" we can adequately contain their personal propensities through protocol.

If the material presented in this study, derived as a result of the qualitative interviews conducted with this sample of child welfare workers is generalizable to the emotional experiences inherent to child welfare practice:

- Countertransference and incest specific training is grossly under represented in both academic and professional training programs.
- The premise of emotional containment is equated with emotional management.
- Child welfare workers experience countertransference.
- Child welfare workers operate in environments that ideologically sustain countertransference reactions, and function, with bureaucratic systems that irregularly meet the professional needs of its employee base in order to mediate burnout and countertransference reactions.
- Child welfare workers operate within structures that offer supervision that is irregular, inadequate, or administrative, only, on the rare exception serving in an actual critical clinical function.

If the material presented in this study, derived as a result of the qualitative interviews conducted with this sample of child welfare workers, is generalizable, child welfare operates:

- From a knowledge base that is functionally consistent with that of the dominant social discourse regarding offenders.
- From a knowledge base that is functionally inconsistent with that of the professional literature base regarding incestuous offenders.
- Within a paradigm that grossly misrepresents the therapeutic opportunities available through evidence based practice with incestuous families.
- With protocols that are inconsistent and ineffective as a result of their inherent vulnerability to bureaucratic and inter-systemic process.
- With inadequate access to appropriate services necessary to facilitate effective evidenced based intervention with incestuous families.
- Within a gross systemic lack of investment, and/or incentive, for incest specific rehabilitation services.

There exist serious discrepancies between intervention strategies espoused in the critical incest-specific literature base and that of the sample population. If generalizable, child welfare workers, and, by extension their agencies, receive training that prioritizes investigative and the judicial process, and are, consequently subservient:

- To involvement with police protocols, staffing and expertise, and rules of evidence, that only precariously complements clinical intervention.
- To a judicial system that invariably results in long delays that are antithetical to victim-centered process.
- To criminal intervention strategies that have come to be regarded as unnecessary towards the resolution of incest.
- To a judicial process that, by nature, incorporates sentencing considerations that, objectively, and practically, appear to infrequently result in incarceration.

Many of these difficulties are representative of problems inherent to the coordination of social institutions that:

- Operate within their own relevant mandates.
- Demand bureaucratic, administrative, and legal protocol.
- Have yet to operationalize protocols that facilitate intervention.

It is important to remember that it is the professional literature base that has promoted the premise that iatrogenic trauma, resulting from criminal intervention strategies, is mediated through protocols that ensure swift and sensitive intervention in the treatment of incest. If the context illustrated in the current sample is representative of areas of child welfare practice, those protocols necessary to mediate child services subsequent to incest intervention are only as effective as an overwhelmed, under-funded, bureaucratic, public agency embroiled in judicial process can offer. The action of any child welfare worker is going to reflect the climate and culture through acculturation, hegemony, or the limited acts of resistance tolerable. Individual agents are not responsible for limited training, inexistent, inaccessible or inappropriate treatment programs, judicial process, irregular interagency coordination, and a lack of social safety-nets. While individuals espouse dominant discourse as described by Gavin (2005) and reflect actions or propensities comparable to those described in the works of Maynard-Moody and Musheno (2003) these tendencies are perhaps attributable to behaviours inherent to affiliation and reflect the complex manifestation of power espoused by Foucault representing acculturation, hegemony, or limited acts of tolerable resistance.

> I don't want to feel empathy towards these (offenders) people (laughing). That is very blunt, but it's true and it's honest or I didn't want to….That is probably what that development has been…to look at who is who is this whole person?....How was it that they could be so hurt or damaged or having some difficulty in life to would go on to something so hurtful to somebody else?...I've worked really hard to do that and I don't think it comes naturally. I know it doesn't….So I consciously

> and purposefully made some attempts to do that, because I think that's the best thing for kids. That's why I did that….I can't say I'm so altruistic that I am interested in offenders for their own sake….It's back to the child….I do think that some individuals should remain bars for ever- they are few and far between and that is not a solution…so how are we going to ensure the safety of a society as a whole…I think that's kind of where it comes. I think if you, if there's any hope for a person to decide and make any changes they need to feel that people are seeing them for their possible value. If they are treated like crap…?

Remarkably, despite close to 30 years of professional investigation, our society sustains and strenuously supports positions and policies that fail to promote communication, treatment, and family integrity when research and practice demonstrate their feasibility. Laws of protection, taking a child "into care" and "threats to their development" characterize public ideologies that state care is absolutely necessary and legitimizes intervention ignoring practices in favour of social ideology. Although written almost 25 years ago, it is perhaps still statistically relevant today:

> They are receiving different kinds of therapy. About three quarters of them have been removed from their families, and less than half the families of those children are being given social therapy. This means that the remaining half have no hope of returning to their home. Almost all the placements (82%) were considered adequate by the social worker responsible for the case. (Marois, Messier, & Perreault, 1984; pp. 53-54)

Psychosocial treatment is unlikely and "far from guaranteed". Problems associated with intervention include: assessment and orientation, numerous changes in personnel, lengthy delays in social and criminal procedures, the stigmatization of the victim, inadequate training of agency personnel, in addition to a shortage of resources. Simpson's text (1986), commissioned over twenty years ago for the government of Quebec writes:

> L'inceste provoque une grande repugnance pour la majorité de la société, et plus particulièrement lorsqu'il s'agit d'une relation incestueuse entre un adulte et un enfant. Nous devons chercher à être de plus en plus conscients de cette réaction afin d'en déceler les manifestations. Et ce, pour qu'elles ne continuent pas un handicap à une meilleur compréhension du phénomène de l'inceste, et à 1' établissement de mesures sociales plus adéquates. (p. 47)

The demands of the society regarding child sexual abuse have not favoured clinical intervention, whether in the interest of children or not. The demands of society remain the containment of incest. If the state wanted intervention to facilitate disclosure and treatment it would invest sufficiently in its institutions to achieve that goal. Disclosure and treatment would require that we acknowledge incest, incestuous impulses, and our abhorrence. It would require that we treat incest in a manner that reduces stigmatization, acknowledges ambivalence, and child sexuality. Moreover, it requires that we as a society acknowledge the possibility that incest is not comfortably removed from our membership by virtue of sexual or psychiatric psychopathology.

5.2 Study Limitations

This study is limited in several ways. Objectives originally intended for this study were fundamentally undermined by the fact that many of the hypotheses simply could not be tested. Quantitative results are based on a small sample size, whereas qualitative data exploits too many. Consequently, quantitative data can not objectively afford generalization and qualitative data risks have been poorly managed and being diffuse.

The measurement of countertransference through the MSRS typically employs additional methods of data analysis that have not been exploited here. Although the hypothesis presented in the conclusion section of this text appears to have some conceptual validity, the inability to code the vignettes from this sample, compromised its use towards advance data analysis. Although a portion of the findings section illustrates potential strengths for further use of the MSRS in qualitative work, extensive qualitative analysis- coding uniquely to MSRS scores, was discounted as MSRS coding is limited to sections of the interviews, and mental states constitute dynamic processes. While the MSRS does appear to offer the potential for additional objectivity to the analytic process it is not typically used in this fashion.

Although external sources were employed for coding raw MSRS scores and quantitative data analysis this can not guarantee the absence of researcher bias. As this study was conducted by a single author who was responsible for the organization of the material present herein, the absence of inter-rater coherence risks the influence of personal bias. Methodologically, strategies consistent with other qualitative works were employed; direct involvement for transcription, multiple readings, organizing, reorganizing, synthesizing (etc).

Although this project sought as much to expose, as well as give voice to the experiences of child welfare practitioners, it is the parallels between the interviews conducted in this study and existing constructivist and narrative literature to which attention is being called. While Maynard-Moody and Musheno (2003) may have been more preoccupied with the intersections and interphases of the state-agent and citizen agent duality, that sphere had not been the objective of this project. While a secondary analysis, with specific attention to conflicts between the citizen/state-agent may be a viable area of inquiry, this project sought, primarily, to illustrate the dominant discourse regarding incestuous families among child welfare workers in this sample. Parallels or comparison to constructivist and narrative research occur as accidental observations resulting from prolonged exposure to the interviews examined. Support for these comparisons is believed to rest in the immediacy with which the narratives available from the research literature are identified within the interviews conducted with this sample.

Concerns regarding a potential illegitimacy of the presumptions contained herein, may, have contributed directly to the extent to which demands were made upon the reader, through both, the direct inclusion of interview content and research citation. This strategy also serves a secondary gain of attempting to represent the challenges and emotional hardships child welfare workers experience as a result of their role as citizen-agents. Ultimately, this has lead to a desire to represent them, objectively, however, with respectful consideration for the positions they occupy within large public agencies. Self-disclosure, as a part of identifying, author bias, situates the writer in a curious dilemma.

Despite no direct history of involvement with Child Welfare services a certain affinity for the sample population was experienced.

5.3 Future Recommendations

Among the more significant limitations associated with this study is that the sample is neither random nor demonstrates normality. As such any conclusions one may draw from this study require caution in their interpretation. Sampling constituted a significant problem in the development of this study despite having solicited widely across three provinces. Future research projects are encouraged to pay particular attention to these problems.

Other obstacles involved in this type of study is the very real problem of operationalizing and testing for what might legitimately be identified as countertransference reactions among professionals. If we acknowledge a totalistic perspective then all emotional experiences, described or observed, constitute countertransference. As such, tools like the MSRS, provide for both qualitative and quantitative strategies for identifying countertransference manifestations. This is the perspective used in this study. This study regretfully is limited to the expression of emotional content and was not able to quantitatively identify if the countertransference manifestations occur outside the awareness of the subject's sampled here, or if those manifestations negatively impact upon treatment. By consequence all expressed emotional content constitutes countertransference but without greater reliability few conclusions may be drawn.

Although the value of any research project is its ability to generalize from a smaller sample to that of the general population, and that is suspect in this project, there are significant questions that we can ask that are derived directly from this study.

This study does appear to offer insight into the emotional experience and potential realities of child protection work if the experiences of the subjects' reviewed here is generalizable to a wider Canadian reality. While this form of narrative is invaluable, without wider validation our understanding of the day to day experience of child welfare is limited. If as posited above the conclusions from this study are generalizable then child welfare workers risk operating from within a structure that does not provide adequate training, support, and services for incestuous families. In this context it is impossible to conceive that workers will be able to provide more than the dominant discourse espoused by their respective agency. This study suggests an inconsistency between the evidence based professional literature and the ideas expressed by the subjects. This would largely be a structural obstacle that clearly merits investigation and confirmation if we are to assume the responsibilities of providing adequate care to incestuous victims, families, and perpetrators. It also suggests that workers operate from within a restricted mandate that favours judicial protocol that fails to acknowledge the crucial value and expertise an intake worker may have on the intervention, orientation, and treatment. Furthermore, the lack of professional support, for both the agent and agency impedes greater therapeutic outcomes and burdens child welfare professionals every day. The conclusions drawn here suggest that the general organization of Canadian Social Services empower and structure professionals in a manner that the Canadian population risks receiving limited intervention for such a significant social problem.

Ultimately, further study would be necessary to validate some of the observations here and systematic efforts would be necessary to ensure that professional best practice methods are elaborated to ensure support, training, and service delivery for both families and professionals. Some of the problems discussed by the subjects in this sample are already well identified in the professional literature. Fortunately, solutions have also been demonstrated effective. Principally, training that facilitates the identification of feasible treatment candidates creates opportunities for effective clinical intervention. For a mandate that promotes options in the management of incest disclosures service delivery needs to be feasible. The establishment of treatment programs that work conjointly with Child Welfare can provide avenues for effective intervention and minimize iatrogenic

trauma. These programs have already worked successfully and require initiative and support for replication. Furthermore social support services for families in the crisis of disclosure are necessary to mediating the very real trauma they experience. Public education and intervention that facilitates disclosure requires strategies that allow for the victim centered intervention. Finally, further research needs to validate and promote outcomes unencumbered by moralistic recrimination.

While the MSRS proved capable to providing additional insight into the interview data and likely could prove interesting to qualitative research methods the use of the vignettes in this study was unsuccessful. Exploiting both, the MSRS and the ICB, Goldfeld et al. (2008) sampled 92 volunteer psychoanalytically oriented psychotherapists, comparing reactions to vignettes addressing, grief (mourning) and sexual assault (rape). This study demonstrated "that the mourning vignette led to more reflective responses (MSRS) and the rape case was associated with more negative countertransference reactions (ICB)" (p.1). In light of the results demonstrated by Goldfeld et al. (2008) it is feasible that sexual assault, irrespective of the form, significantly impacts upon the individual invariably mobilizing greater defensive responses. Regretfully, this may be an explanation for the lack of success with vignettes in this study. Ultimately, future research would need to resolve these obstacles to ultimately determine if this line of inquiry is feasible.

Appendices

Appendix 1

re: Social Work Research Project

To whom it may concern,

My name is Jean de Rochemont, and I am a Ph.D. candidate through the joint McGill-Université de Montréal doctoral program. I am currently pursuing subjects for my dissertation research thesis. My thesis is an exploratory examination of the affective/subjective experience of youth protection/child welfare workers when confronted with intrafamilial sexual abuse. I am writing in hope that your agency may distribute the attached introductory letter soliciting the voluntary participation of your staff. It is my intention to solicit multiple agencies for a minimum of 30 subjects currently providing services in Canada. Both English and French professionals are being sought and interviews will be conducted in the language of their choice. Multiple services are to be solicited and no single agency will be identified.

The sole criteria I require for participation is that subjects work in child welfare, possess a university level education, and currently work in a professional capacity for a child welfare agency evaluating children in potential situations of risk. Direct experience with incest intervention is not necessary. Interested subjects will be asked to complete a general information sheet detailing basic demographic material, pen-and-paper questionnaires, and assist in a semi-structured interview. Demographic and quantitative data will be generated from these sources. Those subjects (7 max.) demonstrating the greatest facility with the subject matter will be solicited for a second open-ended qualitative interview to review in greater detail their respective challenges when confronting intrafamilial sexual abuse. These final interviews will be analysed employed grounded theory as a complement to the tests described above. Subjects will be compensated the sum of $75 (seventy-five dollars) per interview.
Please rest assured that the confidentiality of both the individual and their respective agency is assured. In the event that your office should have any question or concerns regarding this request please do not hesitate to contact me;

Jean de Rochemont
514- 761-6131 ext. 3814
swrkresearch@yahoo.ca

or my thesis supervisor;

Ingrid Thompson PhD.
514-398-8156
ingrid.thompson@
mcgill.ca

I would be only too pleased to address your concerns. This project would have met the standards of ethics established by the Research Ethics Board-II of McGill University.

_____
Jean de Rochemont T.S.

Objet : Projet de recherche en travail social

Madame, Monsieur,

Je m'appelle Jean de Rochemont et je suis présentement en phase de recherche pour l'obtention d'un doctorat accordé dans le cadre d'un programme conjoint établi entre l'Université de Montréal et l'Université McGill. Je vous écris car je suis à la recherche de sujets à interviewer pour ma dissertation. Ma thèse de doctorat porte sur l'exploration du vécu subjectif/affectif d'intervenants en services d'aide sociale à l'enfance/de la protection de la jeunesse lorsqu'ils sont confrontés à des situations d'abus sexuel en milieu intra-familial. Je vous écris dans le but de solliciter votre aide dans ma recherche de candidats potentiels en vous demandant de faire circuler la lettre d'introduction ci-jointe au sein de votre institution. J'ai l'intention de m'adresser aux diverses institutions et agences canadiennes oeuvrant dans le domaine en vue de recruter un minimum de 30 sujets. Des candidats francophones et anglophones seront pressentis et les entrevues se dérouleront dans la langue de choix du participant. Diverses agences seront sollicitées et aucune agence en particulier ne sera identifiée.

Les critères de sélection sont les suivants: les sujets doivent œuvrer dans le domaine de l'aide sociale à l'enfance, avoir fait des études universitaires et être actuellement employé dans une agence d'aide sociale à l'enfance où ils évaluent des enfants qui sont dans des situations potentiellement à risque. Il n'est pas nécessaire d'avoir vécu personnellement l'intervention dans des cas d'inceste. Les participants à cette étude auront à compléter une fiche d'informations démographiques et deux questionnaires écrits, et à participer à une entrevue semi-structurée. Ceci nous permettra d'établir des données quantitatives et qualitatives. De ce groupe, sept (7) candidats qui manifestent une facilité à s'exprimer sur le sujet seront sélectionnés pour participer à une deuxième entrevue qualitative non-directive en vue d'explorer plus en profondeur leurs expériences de travail respectives lorsqu'ils sont confrontés à l'abus sexuel intra-familial. Ces dernières entrevues serviront de complément aux autres tests et feront partie d'une analyse qualitative. Les participants recevront une compensation d'une somme de 75,00 $ (soixante-quinze dollars) pour chacune des entrevues.

Soyez assuré que l'identité des participants et de leur agences respectives demeurera confidentielle. N'hésitez pas à communiquer avec moi pour tout renseignement supplémentaire. En espérant pourvoir compter sur votre collaboration, veuillez agréer, Madame, Monsieur, mes salutations distinguées.

Jean de Rochemont		Ingrid Thompson PhD.
514- 761-6131 ext. 3814	ou ma superviseure de thèse	514-398-8156
swrkresearch@yahoo.ca		ingrid.thompson@mcgill.ca

Je tiens à vous assurer de mon entière collaboration concernant tout renseignement que vous jugerez pertinente. Ce projet respecte les normes éthiques établies par le Comité d'éthique en recherche-II de l'Université McGill.

Jean-François de Rochemont

Appendix 2

Subject _____
Date _____

Level of Social Work Education	BSW	MSW	PhD
Do you have other diploma's/degrees	Y	N	
Which?	_____		
Age:_____			
Gender	F	M	
Have you worked outside child welfare services?	Y	N	
Psychiatry?	Y	N	
Community Practice?	Y	N	
Criminal Justice?	Y	N	
Private Practice?	Y	N	
Medical Care?	Y	N	
Academia?	Y	N	
Researcher?	Y	N	
Years of child welfare service?	_____		
Do you enjoy your work?	Y	N	
Have you had any special training regarding incest law?	Y	N	
Strategic Interviewing?	Y	N	
Child Interviewing?	Y	N	
Therapeutic intervention	Y	N	
Do you participate in interviews with the Police?	Y	N	
Throughout the criminal process are you involved…			
The Families?	Y	N	
The Child	Y	N	
The Offender	Y	N	
Siblings	Y	N	
Is rehabilitation with incest families possible?	Y	N	
Is rehabilitation with incest families feasible?	Y	N	

Do you have experience working with incest?	Y	N
Do you feel support in your work from your employer?	Y	N
Your colleagues?	Y	N
Your family?	Y	N
Has job related stress ever affected your work?	Y	N
Personal life?	Y	N
Home life?	Y	N
Have you sought support for work related stress?	Y	N
Formally (professional support)	Y	N
Informally (personal network)	Y	N
Administratively (managers)	Y	N
Has support been helpful to you?	Y	N
In feeling understood?	Y	N
In understanding yourself?	Y	N
In understanding your emotions?	Y	N
Is your work is appreciated by society?	Y	N
Expertise?	Y	N
Experience?	Y	N
Do you have children?	Y	N

What age is/are your child(ren)? _____
_____
_____
_____

Would you have confidence in child welfare services if…

Intervened with your family?	Y	N
Withdrew your parental rights?	Y	N
Is Child Welfare really treated as a priority in our society?	Y	N

Are any of the subjects indicated above…

Regular or persistent concerns for you?	Y	N
Issues that you discuss with others?	Y	N

If so which?_____
_____
_____

Have you felt comfortable completing this questionnaire	Y	N

If not, why?_____
_____

Participant_____
Date _____

Niveau de Scolarité en services sociaux Bac en SS Maîtrise en SS Doctorat

Êtes-vous détenteur d'autres diplômes? Oui Non

Lesquels?_____
Age:_____
Sexe : F____M_____

Avez-vous été appelé à travailler en dehors de l'aide sociale à l'enfance? Oui Non
En :
psychiatrie? Oui Non
pratique communautaire? Oui Non
milieu judiciaire? Oui Non
pratique privée? Oui Non
soins médicaux? Oui Non
milieu académique? Oui Non
recherche? Oui Non

Années d'expérience en aide sociale à l'enfance? _____

Aimez-vous votre travail? Oui Non

Avez-vous eu une formation spécialisée
en matière de droit et d'inceste? Oui Non
en stratégie d'entrevue? Oui Non
en stratégie d'entrevue auprès des enfants? Oui Non
en intervention thérapeutique? Oui Non

Avez-vous fait des entrevues en présence de la police? Oui Non

Au cours d'enquêtes criminelles, êtes-vous intervenu auprès de :
la famille? Oui Non
l'enfant (la victime)? Oui Non
les frères et sœurs? Oui Non

Croyez-vous possible la réhabilitation d'une famille aux prises avec
l'inceste? Oui Non

Avez-vous appelé à travailler en situation d'inceste? Oui Non

Vous sentez-vous épaulé (e) par :

vos supérieurs?	Oui	Non
vos collègues?	Oui	Non
votre famille?	Oui	Non

Les situations de stress au travail ont-elles eu un effet sur :

votre travail?	Oui	Non
votre vie personnelle?	Oui	Non
votre vie familliale?	Oui	Non

Avez-vous eu à demander de l'aide pour excès de stress :

au travail?	Oui	Non
de façon officielle (soutien professionnel)	Oui	Non
de façon informelle (réseau personnel)	Oui	Non
par voie administrative (supérieur immédiat)	Oui	Non

Cette aide vous a-t-elle permis de :

vous sentir compris(e)?	Oui	Non
vous comprendre vous-même?	Oui	Non
comprendre vos émotions?	Oui	Non

Croyez-vous être apprécié(e)

de la société?	Oui	Non
pour votre expertise?	Oui	Non
pour votre expérience?	Oui	Non

Avez-vous des enfants? Oui Non

Quel âge a-t-il ou ont-ils? _____

_____

Auriez-vous confiance si la DPJ :

intervenait auprès de votre famille?	Oui	Non
vous retirait vos droits parentaux?	Oui	Non

Notre société traite t-elle la protection de la jeunesse comme une priorité? Oui Non

Les sujets mentionnés ci-dessus sont-ils:
des préoccupations persistantes et/ou constantes? Oui Non
Si oui pourquoi?_____
_____
_____

Vous êtes vous senti à l'aise en remplissant ce questionnaire? Oui Non

Appendix 3

Vignette Number 1

Responding to a referral motivated by the mother (Jane Adams) of two adolescent children (Chris(tine) age 13 and Robbie age 15) you meet with two parents in their home. Phil is a local truck driver and Jane does shift work as a nurse's assistant. Both complain that their children who are 18 months apart in age, are "out of control" and not responding to limit setting. During the course of the discussion the tension between both parents (Phil and Jane) is palpable. The two are curt and hostile with each other while they intermittingly recount how their children have been "rebelling". After detailing both children's poor school attendance, poor grades, staying out late together, fights at school, and general disregard for authority Jane discloses that after hearing noises she recently discovered the two adolescents naked and in bed with each other engaged in what looked to her to be "sexual stuff". Phillip insists that his wife is "mistaken" if not it would be "harmless exploration." Jane insists that her children are "sick and need help".

How would the situation be different if;

Chris was 15 and Robbie 13.

The family was reconstituted and the children were step-siblings.

Both were Female

Both were Male

Vignette Number 2

Section 1-

Interviewer: "Kathy, I'm here to request of Mrs. Brown the nurse who called me to speak to you after you would've told her that your father touches your private parts."

Kathy remains silent.

Interviewer: "You know who Mrs. Brown is?"

Kathy nods.

Interviewer: "Good. She wants me to talk to about it to see if I think it happens. To understand what I'm saying?"

No response.

Interviewer: "Can you tell me why you're here? Tell me what I just said, so I know you understand."
Kathy: "So I can tell you about what I told her."
Interviewer: "Right. She wants you to talk to me. I talked to kids about things that bother them. To understand that?"
Kathy: "Yeah,"
Interviewer: "Lots of kids of things that bother them and they think about it. And they wish they could talk to someone about it."

Kathy nods.

Interviewer: "That's what I'm here for. You can talk about it with me."
Kathy: "About my dad. He abuses me..."
Interviewer: "You can tell me all about it, but for someone to make sure you understand everything so far. We can figure timing go slow. Okay?"
Kathy: "Yeah, okay, but can I tell you everything?"
Interviewer: "Everything you want to. If you don't tell me something, just say to me. You don't want to talk about. Okay? Just say, "I don't want to talk." Understand? Now, just tell it what it said. So I know you understand?"

Silence. Kathy nods.

Section 2

Kathy: "He tells me he loves me very much. That he is alone…without me….that mom is cold and does not love him anymore."

Interviewer: "What you think, he says that."

Kathy: "It makes it all right in his head, like somehow it's OK, like I'm supposed to be good with it. He's my dad. This isn't supposed to happen. He's not supposed to fuck me."

Interviewer: "It doesn't seem to me that you're... Okay with it."

Kathy: "Just wish he would stop. He tells me he would never hurt me, that he loves me?"

Interviewer: "That doesn't make sense to you, does it?"

Kathy: "Not now. Now I'm scared more than ever."

Interviewer: "What are you scared about?"

Kathy: "Everything. Telling you...Him getting into trouble, maybe worse…it going on.... (water wells in her eyes). What is going to happen?"

Interviewer: "Regretfully, that depends. But together we can try and make the abuse stop."

Section 3

Interviewer: "Kathy, you did a good job telling me about what he did, and now I want to ask you a different kind of question. OK?"
Kathy: "Okay."
Interviewer: "Had you feel about what he did? What are your thoughts about it all?"
Kathy: "About what? You mean, I him fucking me?"
Interviewer: "Yeah," I said. "How did it make you feel?"
Kathy: "I hated it. That's how I felt."
Interviewer: "What else?"
Kathy: "Scared."
Interviewer: "Of what?"
Kathy: "Scared of him. And because I knew it was wrong. It was weird. Like a scary movie."
Interviewer: "Are you still scared?"
Kathy: "A little, but not so much anymore."
Interviewer: "When you think about it, what are your thoughts?"
Kathy: "I don't know, but I think about it all the time."
Interviewer: "What you think about? What goes through your mind? What kind of pictures to see in your mind when you think about it?"
Kathy: "What he was doing. This thing going in me. Putting it in my mouth. All that stuff."
Interviewer: "Does anything else with your mind?"
Kathy: "No. Just as things. Everything I just told you about. Isn't that enough?"
Interviewer: "Sure, it is. It sounds like there's a lot on your mind. When you think about the all this? All the time or only sometimes?"
Kathy: "Just sometimes. Like at night."
Interviewer: "When you're in bed?"
Kathy: "Yeah, it's hard to stop thinking about it when I'm trying to get to sleep."
Interviewer: "When else do you think about it?"
Kathy: "At school."
Interviewer: "Like when?"
Kathy: "When I'm supposed to be paying attention. It's hard to pay attention to the blackboard. When seeing all that in my mind."
Interviewer: "That probably feels really weird, to have sex in your mind, like when you must be paying attention with the blackboard."
Kathy: "I know. I can't concentrate at all sometimes. That's why I'm falling behind."
Interviewer: "How often do you think about all this? Everyday? Once a month? Once a week? How much do you think about it?
Kathy: "It bothers me all the time every day."
Interviewer: "Every night and every day in school? In all your classes?"
Kathy: "Sometimes school, but not always. May be once every day. Not every class, but I think about it every day. Sometimes in math. Sometimes in English. It's always different. But every night for sure."

Vignette #3

Anne is a 7 year old child from a single parent home. She is being raised by her father and is the eldest of two children with a younger brother who is 4 and ½ years old. She was identified as being tired in school and reacted fearfully when woken in class after nap. The teacher insists that *Anne* disclosed sexually inappropriate behaviors when questioned.

Interviewer: Help me understand what happens when he asks you to sit on his lap.
Anne: It's yucky…
Interviewer: What's yucky? Sitting on someone's lap?
Anne: No..not everyone…just him.
Interviewer: Just your dad?
Anne: Yup. (starting to cry)
Interviewer: I need to understand why it's yucky…what makes it different?
Anne: He smells bad…he's prickly...he breaths hard…then he moans.
Interviewer: What? That's a little too fast for me. Can you tell me from the beginning- when he brings you out to watch TV with him late at night?
Anne: (Angry) It's yucky…. he's prickly then he moans. I do not want to talk to you anymore. You're stupid.
Interviewer: I'm sorry, I really am but I think what you're saying is important and I need to understand. I am worried that if I don't then I am gong to have trouble understanding it all. That's why I have to ask questions. Can we start again? I really am sorry I am slow.
Anne: (still angry) He comes and wakes me up at night.
Interviewer: Your Father.
Anne: Yup
Interviewer: Do you know what time?
Anne: Late, it's late and I want to sleep. He smells of beer.
Interviewer: Does he always smell of beer or only when he wakes you?
Anne: Only when he wakes me.
Interviewer: Okay I understand then what happens?
Anne: He brings me to the TV and we sit on the couch. That's when it's yucky?
Interviewer: So it is not always yucky?
Anne: No. But I am afraid now…
Interviewer: Afraid…of what?
Anne: …that he always smell bad.

Vignette numéro 1

À la demande de madame Jane Adams, mère de deux adolescents (Christine, 13 ans et Robbie, 15 ans), vous vous rendez au domicile de madame Adams et de son conjoint Phil. Phil est camionneur et Jane fait du travail par quarts comme aide-préposée aux soins. Les deux parents se plaignent que leurs enfants, qui ont 18 mois d'écart, sont « hors de contrôle » et ne respectent aucune limite établie pour eux. Au cours de la discussion, la tension entre les deux parents (Phil et Jane) est palpable. Les deux sont brusques et hostiles l'un envers l'autre alors qu'ils racontent par intermittence comment leurs enfants se « rebellent ». Après avoir raconté les problèmes d'assiduité scolaire des enfants, leurs mauvais résultats à l'école, leurs sorties tardives le soir, leurs bagarres à l'école et leur manque de respect envers toute forme d'autorité, Jane avoue qu'après avoir entendu des bruits, elle a récemment surpris les deux adolescents nus au lit ensemble en train de faire, selon elle, des « affaires sexuelles ». Phil insiste que son épouse se « trompe » et sinon, que ce n'est que de « l'exploration innocente ». Jane insiste que ses enfants sont « malades et ont besoin d'aide ».

Comment la situation serait-elle différente si :

- Chris avait 15 ans et Robbie 13.

- la famille était reconstituée et les enfants étaient demi-frère et demi-sœur par alliance.

- c’était deux filles.

- c’était deux garçons.

Vignette numéro 2

Intervieweur: « Kathy, l'infirmière Mme Brown m'a demandé de venir te voir pour te parler après que tu lui ais dit que ton père touche tes parties intimes ».

Kathy demeure silencieuse.

Intervieweur: « Tu sais qui est Mme Brown ? »

Kathy fait signe de tête.

Intervieweur: « C'est bien. Elle veut que je t'en parle pour voir si je pense que ça se produit. Comprends-tu ce que je dis? »

Pas de réponse

Intervieweur: « Peux-tu me dire pourquoi tu es ici? Dis-moi ce que je viens de te dire pour que je sache si tu comprends. »

Kathy: « Pour que je puisse te dire ce que j'ai dit à Mme Brown. »

Intervieweur: « Oui. Elle veut que tu m'en parles. Je parle à des jeunes à propos de choses qui les dérangent. Comprends-tu? »

Kathy: « Oui »

Intervieweur: « Beaucoup de jeunes ont des choses qui les dérangent et auxquelles ils pensent. Et ils aimeraient pouvoir en parler à quelqu'un. »

Kathy fait signe de tête.

Intervieweur: « C'est pour cela que je suis ici. Tu peux m'en parler. »
Kathy : « À propos de mon père. Il m'abuse… »
Intervieweur: « Tu peux m'en parler, pour s'assurer que tu comprends tout jusqu'à présent. On peut prendre notre temps. D'accord? »
Kathy: « Oui, d'accord, mais est-ce que je peux tout te dire? »
Intervieweur: « Tout ce que tu veux. Si tu ne veux pas me dire quelque chose, dis-moi simplement que tu ne veux pas en parler. D'accord? Dis « Je ne veux pas en parler » Tu comprends? Maintenant, dis-moi ce que je viens de dire pour que je sache que tu comprends. »

Silence. Kathy fait signe de tête.

Section 2

Kathy: « Il dit qu'il m'aime beaucoup. Qu'il est seul…sans moi…que Maman est froide et ne l'aime plus. »

Intervieweur: « Qu'est-ce que t'en penses quand il dit ça? »

Kathy: « Ça rend ça correct dans sa tête à lui, comme si c'est correct, comme si je suis supposée d'être bien avec ça. Il est mon père. Ce n'est pas censé se passer. Il n'est pas censé me fourrer. »

Intervieweur: « Tu ne sembles pas être… bien avec ça. »

Kathy: « Je veux juste qu'il arrête. Il dit qu'il ne me ferait jamais de mal, qu'il m'aime. »

Intervieweur: « Ça ne semble pas avoir de sens pour toi, n'est-ce pas? »

Kathy: « Pas maintenant. Maintenant j'ai peur plus que jamais. »

Intervieweur: « De quoi as-tu peur? »

Kathy : « De tout. Te le dire…qu'il ait des ennuis, peut-être pire…que ça arrive…(les larmes aux yeux). Qu'est-ce qui va se passer? »

Intervieweur: « Malheureusement, ça dépend. Mais ensemble nous pouvons essayer de mettre fin à l'abus. »

Section 3

Intervieweur: « Kathy, tu m'as bien expliqué ce que ton père t'a fait et maintenant je veux te demander un autre genre de question. D'accord? »

Kathy : « D'accord. »

Intervieweur: « Comment tu te sens par rapport à ce qu'il t'a fait? Qu'est-ce que tu penses de tout ça ? »

Kathy : « À propos de quoi? Tu veux dire, qu'il me fourre? »

Intervieweur: « Oui » J'ai dit. « Tu t'es sentie comment? »

Kathy: « Je détestais ça. C'est comme ça que je me sentais. »

Intervieweur: « Quoi d'autre? »

Kathy: « J'avais peur. »

Intervieweur: « De quoi? »

Kathy: « De lui. Et parce que je savais que c'était pas correct. C'était bizarre. Comme un film d'horreur. »

Intervieweur: « As-tu encore peur? »

Kathy: « Un peu, mais pas autant. »

Intervieweur: « Lorsque tu y penses, à quoi penses-tu? »

Kathy: « Je ne sais pas, mais j'y pense tout le temps. »

Intervieweur: « À quoi penses-tu? Qu'est-ce qui se passe dans ta tête? Quelles images vois-tu dans ta tête lorsque tu y penses? »

Kathy: « Ce qu'il faisait. Cette chose qui entrait en moi. Qu'il mettait dans ma bouche. Tout ça. »

Intervieweur: « Est-ce que d'autres choses te viennent à l'esprit? »

Kathy: « Non. Seulement ces choses. Tout ce que je viens de te raconter. Ce n'est pas assez? »

Intervieweur: « Bien sûr que c'est assez. J'ai l'impression que tu as plein de choses dans ta tête. À quel moment penses-tu à tout ça? Tout le temps ou parfois? »

Kathy: « Non parfois. Comme la nuit par exemple. »

Intervieweur: « Quand tu es au lit? »

Kathy: « Oui, c'est difficile d'arrêter d'y penser quand j'essaie de m'endormir. »

Intervieweur: «À quels autres moments y penses-tu? »

Kathy: « À l'école »

Intervieweur: « Quand, par exemple? »

Kathy: « Quand je suis censée écouter. C'est difficile de me concentrer sur le tableau avec toutes ces images dans ma tête. »

Intervieweur: « Ça doit être bizarre, d'avoir des relations sexuelles dans ta tête, quand tu dois prêter attention au tableau. »

Kathy: « Je ne sais pas. Parfois, je n'arrive pas à me concentrer du tout. C'est pour ça que j'ai du retard. »

Intervieweur: « À quelle fréquence penses-tu à tout ça? Tous les jours? Une fois pas mois? Une fois par semaine? Combien de fois y penses-tu? »

Kathy: « Ça me dérange tout le temps, tous les jours. »

Intervieweur: « Tous les soirs et tous les jours à l'école? »

Kathy: « Parfois à l'école, mais pas toujours. Peut-être une fois par jour. Pas dans chaque cours, mais j'y pense tous les jours. Parfois pendant le cours de maths. Parfois pendant le cours d'anglais. C'est toujours différent. Mais c'est sûr tous les soirs. »

Vignette numéro 3

Anne est une enfant de 7 ans, de famille monoparentale. C'est son père qui l'élève, et elle est l'aînée de deux enfants, avec un frère plus jeune qui a quatre ans et demi. À l'école, elle a été identifiée comme étant fatiguée et elle a eu des réactions de crainte lorsqu'on la réveille en classe après la sieste. Le professeur soutient qu'Anne a démontré des comportements inappropriés sur le plan sexuel lorsqu'on la questionne.

Intervieweur: Aide-moi à comprendre ce qui se passe lorsqu'il te demande de t'asseoir sur ses genoux.
Anne: C'est dégueu…
Intervieweur: Qu'est ce qui est dégueu? T'asseoir sur les genoux de quelqu'un?
Anne: Non. Pas tout le monde…juste lui.
Intervieweur: Juste ton père?
Anne: Ouais. (elle se met à pleurer)
Intervieweur: J'ai besoin de savoir pourquoi c'est dégueu…qu'est-ce qui est différent?
Anne: Il sent pas bon…il pique...il respire fort…ensuite, il gémit.
Intervieweur: Quoi? Çà va un peu trop vite pour moi. Peux-tu me le raconter depuis le début, quand il va te chercher pour regarder la télé avec lui tard le soir?
Anne: (Fâchée) C'est dégueu…. Il pique, ensuite il gémit. Je veux plus te parler. Tu es stupide.
Intervieweur: Je suis désolé, tu as raison, mais je pense que ce que tu me dis là est important, et il faut que je comprenne. Je crains sinon d'avoir de la difficulté à tout comprendre. C'est pourquoi il faut que je pose des questions. Est-ce qu'on peut recommencer? Je suis désolé, je ne suis pas très vite.
Anne: (encore fâchée) Il vient me réveiller la nuit.
Intervieweur: Ton père…
Anne: Ouais.
Intervieweur: Sais-tu à quelle heure?
Anne: Tard, il est tard et j'ai envie de dormir. Il sent la bière.
Intervieweur: Est-ce qu'il sent toujours la bière, ou juste quand il vient te réveiller?
Anne: Juste quand il me réveille.
Intervieweur: D'accord, je comprends. Après çà, qu'est-ce qui se passe?
Anne: Il m'amène à la TV et puis nous nous assoyons sur le sofa. C'est là où c'est dégueu…
Intervieweur: Donc ce n'est pas tout le temps?
Anne: Non. Mais maintenant, j'ai peur…
Intervieweur: Peur… de quoi?
Anne: …qu'il sente toujours mauvais.

Appendix 4

Questions

Education

I would like to ask you a series of questions concerning your own beliefs, opinions and attitudes concerning incest.

1- How comfortable do you feel taking about incest in general?

2- How do you understand the concept of an incest prohibition?

3- Has your education ever addressed incest, medically, sociologically, historically, in psychiatry?

4- Have you ever received any training in regarding intervention practice (other than protocol) when dealing with incest?

5- Was your training consistent with your personal or professional beliefs regarding incest?

6- Given the power of the incest taboo, how do you explain its transgression?

7- Does incest differ from other forms of sexual behavior or sexual offenses?

8- What obstacles have you identified when dealing with incest? Please elaborate?

9- What social strategies are necessary to deal with incest?

10- What type of consequences might occur from incestuous contacts?

11- What do you think more precisely provokes the consequences that you describe?

12- In your opinion what options might exist for rehabilitation within those families in which incest occurs?

Direct Experience.

13- Have you had any experience or any situation in your professional life, where incest was involved? Either as one of your own patients, or perhaps of a colleague?

14- Some professionals report having suffered through incest themselves, and their experience seems very important in helping us understand how this may facilitate or hinder their professional activities, particularly with victims of incest. *Have you had any experience in your own family situation, or friends and relatives perhaps where there had been cases of incest. What was your role, or involvement?*

Clinical Orientation

15- Have you ever tried to put yourself in the place of the victim by trying to feel, sense, imagine, and trying to understand what it might have been like dealing with incest? Do you have any example of this? (This question, designed to elicit a specific, concrete situation, I would use as much as possible, without burdening the subject.) IF NOT SEE Alternate Question

16- Have you ever tried to put yourself in the place of the offender by trying to feel, sense, imagine, and trying to understand what it might have been like dealing with incest? If not why?. Do you have any example of this? (This question, designed to elicit a specific, concrete situation, I would use as much as possible, without burdening the subject.) IF NOT SEE Alternate Question

17- Have you ever tried to put yourself in the place of the mother by trying to feel, sense, imagine, and trying to understand what it might have been like dealing with incest? Do you have any example of this? (This question, designed to elicit a specific, concrete situation, I would use as much as possible, without burdening the subject.) IF NOT SEE Alternate Question

18- Have you ever tried to put yourself in the place of the other family members by trying to feel, sense, imagine, and trying to understand what it might have been like dealing with incest? Do you have any example of this? (This question, designed to elicit a specific, concrete situation, I would use as much as possible, without burdening the subject.)

Alternate Question

If not, what did you do? Do you have any example, etc. Do you have any idea why you did not try to put yourself? What do you make of the fact that you did not?

19- How would you characterize the emotions experienced by families following incest disclosure?

Countertransference

20- When you reflect back on having to deal with difficult clinical situations, what do you do? What happens? Let us take one circumstance, one case, one situation. Preferably of incest…If not, then the closest to it, and difficult.

21- How did these difficulties influence treatment planning with the child or family?

22- Do you believe emotional support or clinical supervision would be helpful, even necessary?

23- Do you have personal/emotional support or clinical supervision when dealing with incest?

24- There is a clinical concept called countertransference. Are you familiar with it? Do you make any use of it in your clinical work?

25- Having had/had not received specialized training regarding incest what factors influenced the various responses you provided me today.

Éducation

J'aimerais vous poser quelques questions à propos de vos croyances, vos opinions et votre attitude face à l'inceste.

1- À quel point êtes-vous à l'aise de parler de l'inceste en général?

2- Quelle est votre compréhension du concept de l'interdiction de l'inceste?

3- Avez-vous déjà abordé le problème de l'inceste pendant vos études, dans un cadre médical, social, historique ou psychiatrique?

4- Avez-vous reçu une formation axée sur l'intervention dans des cas d'inceste (autre que votre protocole)?

5- Votre formation était-elle conforme à vos opinions personnelles et professionnelles?

6- Compte tenu des tabous associés à l'inceste, comment expliquez-vous ces transgressions?

7- Considérez-vous que l'inceste diffère des autres formes de comportement et de transgression sexuels?

8- Lorsque vous vous êtes trouvé à intervenir dans des cas d'inceste, quels sont les obstacles auxquels vous avez dû faire face? Pouvez-vous préciser?

9- Quelles stratégies sociales doit-on adopter pour s'attaquer au problème de l'inceste?

10 - Quelles sont les conséquences des relations incestueuses?

11- Plus précisément, qu'est-ce qui provoque les conséquences que vous décrivez?

12- Une fois qu'une famille a connu une situation d'inceste, quelles solutions existent selon vous pour rendre la réhabilitation possible au sein du noyau familial?

<u>Expérience pratique?</u>

13- Avez-vous déjà été confronté à des situations impliquant l'inceste dans le cadre de votre profession, soit avec un de vos patients ou celui d'un collègue?

14- Certains professionnels ont avoué avoir <u>été eux-mêmes victimes d'inceste</u> et leur expérience peut nous permettre de mieux comprendre comment cela peut faciliter ou entraver leurs activités professionnelles, surtout auprès de victimes d'inceste. Dans votre

famille immédiate ou élargie ou par l'entremise d'amis, avez-vous déjà été confronté à des cas d'inceste? Quel rôle avez-vous été appelé à jouer? Quelle a été votre implication?

Orientation Clinique.

15- Avez-vous déjà tenté de vous mettre à la place de la victime, pour ressentir, imaginer ou comprendre ce que peut représenter une situation d'inceste ? Avez-vous un exemple à citer? (Cette question est conçue dans le but d'obtenir un exemple ou une situation concrète. Elle serait utilisée aussi souvent que possible sans exercer de pressions indues sur l'interviewé.)

Si non, passez à la prochaine question.

16- Avez-vous déjà tenté de vous mettre à la place de l'agresseur, pour ressentir, imaginer ou comprendre ce que peut représenter une situation d'inceste ? Sinon, pourquoi ? Avez-vous un exemple à citer? (Cette question est conçue dans le but d'obtenir un exemple ou une situation concrète. Elle serait utilisée aussi souvent que possible sans exercer de pressions indues sur l'interviewé.)

Si non, passez à la prochaine question.

17- Avez-vous déjà tenté de vous mettre à la place de la mère, pour ressentir, imaginer ou comprendre ce que peut représenter une situation d'inceste ? Avez-vous un exemple à citer? (Cette question est conçue dans le but d'obtenir un exemple ou une situation concrète. Elle serait utilisée aussi souvent que possible sans exercer de pressions indues sur l'interviewé.)

Si non, passez à la prochaine question.

18- Avez-vous déjà tenté de vous mettre à la place d'un membre de la famille, pour ressentir, imaginer ou comprendre ce que peut représenter une situation d'inceste ? Avez-vous un exemple à citer?
(Cette question est conçue dans le but d'obtenir un exemple ou une situation concrète. Elle serait utilisée aussi souvent que possible sans exercer de pressions indues sur l'interviewé.)

Question de remplacement

Sinon, qu'avez-vous fait? Avez-vous un exemple à citer ? Savez-vous pourquoi vous n'avez pas tenté de vous mettre à la place de cette personne? Comment expliqueriez-vous le pourquoi?

19- Suite à la divulgation d'une situation d'inceste, comment décririez-vous les émotions vécues par la famille? (Cette question sera utilisée au début, car elle est plus générale,

ou comme introduction à la phase finale de l'entrevue où les choses sont discutées à nouveau de façon générale, abstraite, plus détachée, par opposition aux questions plus concrètes.

Contre-transfert

20- Lorsque vous repensez à certaines situations cliniques difficiles que vous avez vécu, que faites-vous? Que se passe-t-il? Prenons, si vous le voulez-bien, une situation, soit d'inceste soit d'un autre type, que vous avez trouvée difficile.

21- Comment ces difficultés ont-elles influencé l'élaboration du plan de traitement avec l'enfant ou la famille?

22- Croyez-vous qu'un soutien émotionnel ou de la supervision clinique seraient utiles, voire même nécessaires?

23- Avez-vous accès à un soutien personnel, émotionnel ou à de la supervision clinique lorsque vous êtes appelé à intervenir en situation d'inceste?

24- Il existe un concept clinique appelé le contre-transfert. Êtes-vous familier(ère) avec ce dernier. Est-ce que vous en tenez compte dans vos interventions cliniques?

25- Ayant eu/ n'ayant pas eu une formation portant spécifiquement sur l'inceste, quels sont les facteurs qui ont pu influencer les réponses que vous m'avez fournies aujourd'hui?

Appendix 5

CTQ

Age: _____ Code _____

Gender: _____ Date: _____

These questions ask about some of your experiences growing up as a child and a teenager. For each question, circle the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Your answers will be kept confidential.

When I was growing up,	**Never True**	**Rarely True**	**Sometimes True**	**Often True**	**Very Often True**
1. I didn't have enough to eat					
2. I knew that there was someone to take care of me and protect me					
3. People in my family called me things like "stupid" or "lazy" or "ugly"					
4. My parents were too drunk or high to take care of the family					
5. There was someone in my family who helped me feel that I was important or special					
6. I had to wear dirty clothes.					
7. I felt that I was loved					
8. I thought that my parents wished I had never been born					
9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital					

When I was growing up,	**Never true**	Rarely True	Sometimes true	Often True	Very Often True
10. There was nothing I wanted to change about my family					
11. People in my family hit me so hard that it left me with bruises or marks.					
12. I was punished with a belt, a board, or a cord (or some other hard object).					
13. People in my family looked out for each other					
14. People in my family said hurtful or insulting things to me					
15. I believe that I was physically abused					
16. J'ai grandi dans un entourage idéal/ I had the best family in the world/ I had the perfect childhood					
17. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.					
18. I felt that someone in my family hated me.					
19. People in my family felt close to each other.					
20. Someone tried to touch me in a sexual way, or tried to make me touch them.					
21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them.					
22. I had the best family in the world.					

When I was growing up,	**Never true**	Rarely True	Sometimes true	Often True	Very Often True
23. Someone tried to make me do sexual things or watch sexual things.					
24**.** J'ai été maltraité(e)/ I believe that I was physically abused/Someone in my family hit me or beat me					
25. I believe that I was emotionally abused.					
26. There was someone to take me to the doctor if I needed it.					
27. I believe that I was sexually abused.					
28. My family was a source of strength and support.					

CTQ

Âge: _____ Code _____

Sexe: _____ Date: _____

Les énoncés suivants portent sur vos expériences comme enfant dans votre propre famille.

Répondez aux énoncés en vous servant de la feuille suivante.

Durant mon enfance…	Jamais vrai	Rare-ment vrai	Quelque fois vrai	Souvent vrai	Très souvent vrai
1. J'ai manqué de nourriture.					
2. Je savais qu'il y avait quelqu'un pour prendre soin de moi et me protéger.					
3. Les gens de ma famille me traitaient de « stupide », « paresseux(se) » ou « laid(e) ».					
4. Mes parents étaient trop ivres ou drogués pour prendre soin des enfants.					
5. Il y a eu un membre de ma famille qui m'a aidé(e) à avoir une bonne estime de moi.					
6. J'ai dû porter des vêtements sales.					
7. Je me sentais aimé(e).					
8. J'ai eu le sentiment que mes parents n'avaient pas désiré ma naissance.					
9. J'ai été frappé(e) par quelqu'un de ma famille à un tel point que j'ai dû voir un médecin ou aller à l'hôpital.					
Durant mon enfance…	Jamais vrai	Rare-ment	Quelque fois vrai	Souvent vrai	Très souvent

		vrai			vrai
10. Il n'y avait rien que j'aurais voulu changer dans ma famille.					
11. Les membres de ma famille m'ont battu(e) au point d'en avoir des bleus ou des marques.					
12. On m'a puni(e) en me frappant avec une ceinture, un bâton ou une corde (ou tout autre objet dur).					
13. Il y avait beaucoup d'entraide entre les membres de ma famille.					
14. Les gens de ma famille me disaient des choses blessantes et/ou insultantes.					
15. Je crois avoir été abusé(e) physiquement.					
16. J'ai grandi dans un entourage idéal.					
17. J'ai été battu(e) suffisamment pour qu'un professeur, un voisin ou un médecin s'en soit aperçu.					
18. Je sentais qu'il y avait quelqu'un dans ma famille qui me haïssait.					
19. Les membres de ma famille étaient proches les uns des autres.					
20. Quelqu'un a tenté de me faire des attouchements sexuels ou tenté de m'amener à poser de tels gestes.					
21. Quelqu'un me menaçait de me frapper ou de mentir sur mon compte afin que j'aie des contacts sexuels avec lui/elle.					
22. J'avais la meilleure famille au monde.					

Durant mon enfance…	Jamais vrai	Rare-ment vrai	Quelque fois vrai	Souvent vrai	Très souvent vrai
23. Quelqu'un a essayé de me faire poser des gestes sexuels ou de me faire voir des choses sexuelles.					
24. J'ai été maltraité(e).					
25. Je crois avoir été abusé(e) émotionnellement.					
26. Il y avait quelqu'un pour m'amener consulter un médecin lorsque nécessaire.					
27. Je crois avoir été abusé(e) sexuellement.					
28. Ma famille était source de force et de soutien.					

Appendix 6

Higher Mental Reflexive

100- Sustained exceptional and continuous reflexive state

95- Non-exceptional continuous reflexive

90- Reflexivity but not sustained

85- Intermediate situation-position

80- Predominant reflexive reaction to levels of immersion. May contain moments of defensiveness despite an generalized immersive reflexivity

75- Intermediate Position

70- Predominance of reflexivity while simultaneously demonstrating moments of other mental states (principally Def-Hi or OBR etc.).

Moderate Defensive Fucntioning

65- Predominant OBR and/or DEF-HI (including blocked emergence). Superior to level

60- Predominance of the superior defensive activity [DEF-HI] but can include reflexive moments.

55- Intermediate position (estimated between 60 and 50)

50- Predominance of DEF-HI and/or OBR. The overall behaviour is clearly more "evolved" than the category DEF-IN, DEF-LO or CONC.

45- Intermediate position (either between 50 and 40).

40- Predominance of DEF-HI OR DEF-IN with little or no reflexivity.

35- Marginal type of protocol in the lower end of the intermediate. Little or no reflexivity but with some DEF-LO and/or CONC without a clear predominance of either mental states.

Low Defensive Fucntioning

30- High level DEF-LO. Presence of DEF-LO and/or CONC mental states.

25- Intermediate position (estimated between 30 and 20)

20- Predominance of DEF-LO or CONC.

15- Intermediate position

10- Predominance of the "CONC" type behavior.

05- A more deteriorate version of a level 10.

Appendix 7

re: Social Work Research Project

To whom it may concern,

My name is Jean de Rochemont, and I am a Ph.D. candidate through the joint McGill- Université de Montréal doctoral program. I am currently pursuing subjects for my dissertation research thesis. My thesis is an exploratory examination of the affective/subjective experience of youth protection/child welfare workers when confronted with intrafamilial sexual abuse. I am writing in hope that your agency may distribute the attached introductory letter soliciting the voluntary participation of your staff. It is my intention to solicit multiple agencies for a minimum of 30 subjects currently providing services in Canada. Both English and French professionals are being sought and interviews will be conducted in the language of their choice. Multiple services are to be solicited and no single agency will be identified.

The sole criteria I require for participation is that subjects work in child welfare, possess a university level education, and currently work in a professional capacity for a child welfare agency evaluating children in potential situations of risk. Direct experience with incest intervention is not necessary. Interested subjects will be asked to complete a general information sheet detailing basic demographic material, pen-and-paper questionnaires, and assist in a semi-structured interview. Demographic and quantitative data will be generated from these sources. Those subjects (7 max.) demonstrating the greatest facility with the subject matter will be solicited for a second open-ended qualitative interview to review in greater detail their respective challenges when confronting intrafamilial sexual abuse. These final interviews will be analysed employed grounded theory as a complement to the tests described above. Subjects will be compensated the sum of $75 (seventy-five dollars) per interview.

Please rest assured that the confidentiality of both the individual and their respective agency is assured. In the event that your office should have any question or concerns regarding this request please do not hesitate to contact me;

Jean de Rochemont
514- 761-6131 ext. 3814
swrkresearch@yahoo.ca

or my thesis supervisor;

Ingrid Thompson PhD.
514-398-8156
ingrid.thompso@mcgill.ca

I would be only too pleased to address your concerns. This project would have met the standards of ethics established by the Research Ethics Board-II of McGill University.

_____
Jean de Rochemont T.S.

Objet : Projet de recherche en travail social

Madame, Monsieur,

Je m'appelle Jean de Rochemont et je suis présentement en phase de recherche pour l'obtention d'un doctorat accordé dans le cadre d'un programme conjoint établi entre l'Université de Montréal et l'Université McGill. Je vous écris car je suis à la recherche de sujets à interviewer pour ma dissertation. Ma thèse de doctorat porte sur l'exploration du vécu subjectif/affectif d'intervenants en services d'aide sociale à l'enfance/de la protection de la jeunesse lorsqu'ils sont confrontés à des situations d'abus sexuel en milieu intra-familial. Je vous écris dans le but de solliciter votre aide dans ma recherche de candidats potentiels en vous demandant de faire circuler la lettre d'introduction ci-jointe au sein de votre institution. J'ai l'intention de m'adresser aux diverses institutions et agences canadiennes oeuvrant dans le domaine en vue de recruter un minimum de 30 sujets. Des candidats francophones et anglophones seront pressentis et les entrevues se dérouleront dans la langue de choix du participant. Diverses agences seront sollicitées et aucune agence en particulier ne sera identifiée.

Les critères de sélection sont les suivants: les sujets doivent œuvrer dans le domaine de l'aide sociale à l'enfance, avoir fait des études universitaires et être actuellement employé dans une agence d'aide sociale à l'enfance où ils évaluent des enfants qui sont dans des situations potentiellement à risque. Il n'est pas nécessaire d'avoir vécu personnellement l'intervention dans des cas d'inceste. Les participants à cette étude auront à compléter une fiche d'informations démographiques et deux questionnaires écrits, et à participer à une entrevue semi-structurée. Ceci nous permettra d'établir des données quantitatives et qualitatives. De ce groupe, sept (7) candidats qui manifestent une facilité à s'exprimer sur le sujet seront sélectionnés pour participer à une deuxième entrevue qualitative non-directive en vue d'explorer plus en profondeur leurs expériences de travail respectives lorsqu'ils sont confrontés à l'abus sexuel intra-familial. Ces dernières entrevues serviront de complément aux autres tests et feront partie d'une analyse qualitative. Les participants recevront une compensation d'une somme de 75,00 $ (soixante-quinze dollars) pour chacune des entrevues.

Soyez assuré que l'identité des participants et de leur agences respectives demeurera confidentielle. N'hésitez pas à communiquer avec moi pour tout renseignement supplémentaire. En espérant pourvoir compter sur votre collaboration, veuillez agréer, Madame, Monsieur, mes salutations distinguées.

Jean de Rochemont	ou ma superviseure de thèse	Ingrid Thompson PhD.
514- 761-6131 ext. 3814		514-398-8156
swrkresearch@yahoo.ca		ingrid.thompson@mcgill.ca

Je tiens à vous assurer de mon entière collaboration concernant tout renseignement que vous jugerez pertinente. Ce projet respecte les normes éthiques établies par le Comité d'éthique en recherche-II de l'Université McGill.

Jean-François de Rochemont

Appendix 8

Information and Consent Form

Affective experiences of Child Welfare Professionals in the treatment of incest.

Researcher: Jean de Rochemont PhD (L) Tel : (514) 761-6131, ext 3814.
Email : swrkresearch@yahoo.ca

Supervisor: Ingrid Thompson PhD Tel: (514) 398-8156

The prohibition of incest exists as a broad based social taboo that is widely associated with feelings of revulsion and horror. Remarkably, the subject of incest is complex. The occurrence of incestuous wishes is considered a normal and widespread developmental phenomenon. It is argued that the incest prohibition is among the most significant social proscription with significant ramifications on child development, family functioning, parental attachment, socialization, and long-term social adjustment.

Child welfare professionals are faced with the challenge of addressing reports of incest and incestuous contacts with the goal of ensuring the health and safety of children are not compromised by behaviors identified as harmful to children and minors.

I am soliciting your participation as part of this exploratory project to better understand affective experiences associated with child welfare work. The difficult nature of providing humanitarian services to vulnerable populations, potentially oppositional, within the constraints of a bureaucratic socio-legalist framework is acknowledged. The objective of this study is to provide a direct forum to describe the experience of child welfare workers thoughts and emotions associated with incest and child protection. Your participation is greatly appreciated as your practice and experience can significantly contribute to a broader understanding of the potential experiences, and emotions inherent to working in child welfare work with this population.

This study collects various forms of data. You will find a form requesting demographic material which may be provided in the spaces provided. You will be asked to responds to three short vignettes and are encouraged to write down your immediate emotional responses to the scenario. A standardized questionnaire has been provided to supplement available data. This questionnaire is specific to your development and family of origin. Finally a semi-structured interview with an anticipated duration of 60 minutes will be used to generate both qualitative and quantitative data. Exploratory questions have been developed to facilitate a broad based discussion of your personal and professional opinions and beliefs regarding incest and child welfare work. In circumstances where the interviewer might seek greater detail you might be asked to elaborate upon the answer, or details, you have provided. Although it is impossible to predict the exact duration of all interviews, the total data collection phase is anticipated to last a total of ninety (90) minutes. You will be remunerated $75 (seventy-five dollars) per interview.

Ideally, all interviews will be videotaped. In the event of technical difficulties audio tape will also be used. Subjects may refuse one method in favor of another however recording is essential so as to ensure the reliability and accuracy of the transcriptions to be used in data analysis. If you do not want to be video-taped, you may choose to be audio-taped. A smaller sample of those subjects demonstrating greater facility with the subject of incest will be solicited for a second interview. You are free to refuse to participate in subsequent interviews. These interviews will be conducted to generate additional qualitative data for analysis using grounded theory. Please be aware that I understand your time is valuable and there is no interest in taking advantage of your consent to participate.

Confidentiality

All subjects are ensured the anonymity of your responses throughout the research process. In the event that you have chosen to schedule this interview in your workplace please ensure your privacy and confidentiality from your co-workers and employer.

Demographic data will be managed by the interviewer and will not be submitted to coders in its original format. Coders are specialized external researchers, graduate students trained in this model of analysis hired for this research project and will have no access to demographic or original audio/video material. Interviews will be transcribed by the primary researcher, numbered, and submitted to independent coders for analysis. These individuals are not directly invested in this project and have no involvement in the interview process. No individual subjects will be identifiable by virtue of demographic details or interview specific content. You are required to respect the anonymity of your clients and family members.

Ethical Considerations

This project is preoccupied with the affective experiences of Child Welfare professionals when dealing with the subject of incest. Subjects are cautioned that the interview (data collection) is specifically concerned with the professionals thoughts, emotions, and understanding of incest in professional practice. Given the sensitive nature of the research topic it would be negligent not to caution participants regarding possible emotional reactions that might emerge during the interview process. Prevalence of childhood sexual abuse among mental health professionals has been illustrated through numerous studies (Pope & Feldman-Summers, 1992, Nuttall & Jackson, 1994, Elliott and Guy, 1993, Karol, Micka, & Kuskowski, 1992) reporting statistics consistent with those identified in the general population (Salter, 1982; Finkelhor, et al., 1990). It is anticipated that some subjects may have experienced childhood sexual abuse. Sexual abuse (SA), childhood or otherwise, among professional populations this not the focus of this research project. A standardized questionnaire has been provided to elicit required relevant data. In the event that you do not which to elaborate further upon a given subject, you may indicate you that wish and it shall be respected by the interviewer. Your participation is voluntary. You do not have to answer any question you do not want to and you may withdraw at any time during or after the interview.

Given the potentially intense nature of the discussion a number of relevant professional and community resources have been identified for your convenience. If in the event that the interview is experienced as emotionally difficult please review the attached documents. This list of resources identifies independent and EAP services obtained through your agency. You will be aided to contact these services if at all necessary. If in the event that the interview is experienced as difficult please do not hesitate to indicate your discomfort to the interviewer and arrangements will be made to ensure for your security (personal and/or emergency contacts). You may withdraw from the study at any time during, or after, the interview. Should you which to withdraw from this research project you may do so by contacting swrkresearch@yahoo.ca This address is accessed exclusively by Jean de Rochemont.

Please rest assured that your participation is not as significant as your welfare.

Consent Statement

I agree to take part in this project. I know what I will have to do and that I can stop at any time.

I consent to the use of audio recording.	Yes	No
I consent to the use of video recording.	Yes	No
I consent to being contacted for a second interview.	Yes	No

Subject_____

Date_____

Witness_____

Formulaire d'information et de consentement

Le vécu affectif des intervenants dans le traitement de l'inceste.

Chercheur: Jean de Rochemont PhD (L) Tel : (514) 761-6131, poste 3814.
Courriel : swrkresearch@yahoo.ca

Superviseure: Ingrid Thompson PhD Tel: (514) 398-8156

L'interdiction de l'inceste est un tabou universel qui suscite généralement des sentiments d'horreur et de dégoût. Étonnamment, l'inceste est un sujet complexe. L'existence de désirs incestueux est considérée comme un phénomène de croissance normal et courant. Certains considèrent l'interdiction de l'inceste comme la plus significative des proscriptions sociales qui influence significativement le développement de l'enfant, le fonctionnement de la cellule familiale, la formation des liens parentaux, la socialisation et l'adaptation sociale à long terme. Les professionnels oeuvrant dans le milieu des services d'aide sociale à l'enfance sont confrontés au défi de prendre en charge les déclarations d'inceste et de contacts incestueux dans le but d'assurer que la santé et la sécurité des enfants ne sont pas compromis par des actes connus comme étant nuisibles aux enfants et aux mineurs.

Je sollicite votre collaboration dans le cadre d'un projet exploratoire dont le but est de mieux comprendre les expériences affectives vécues par les professionnels(es) oeuvrant dans le domaine de l'aide sociale à l'enfance. Nous reconnaissons qu'il est difficile de fournir des services humanitaires à des populations vulnérables et potentiellement résistantes aux interventions, tout en étant soumis aux contraintes d'un cadre bureaucratique socio-légal. L'objectif de cette étude est de servir de tribune dans laquelle les intervenants en services d'aide sociale à l'enfance peuvent exprimer leurs pensées et leurs émotions associées à l'inceste et à la protection de la jeunesse. Votre participation est d'une grande importance car vos témoignages peuvent contribuer de façon significative à approfondir la compréhension du vécu des personnes travaillant avec cette population dans le domaine de l'aide sociale à l'enfance.

Cette étude recueille une variété de données. Vous trouverez ci-joint un formulaire portant sur des questions d'ordre démographique auxquelles vous êtes prié de répondre dans les espaces appropriés. Par la suite, vous aurez à lire trois courtes vignettes et vous serez encouragés à noter vos impressions immédiates vis-à-vis des scénarios. Vous trouverez également ci-joint un questionnaire normalisé conçu pour effectuer la collecte de renseignements supplémentaires ayant trait à votre développement et à votre famille d'origine. Pour terminer, une entrevue de type semi-structuré d'une durée approximative de soixante minutes est prévue afin de recueillir des données quantitatives et qualitatives. Des questions exploratoires ont été conçues de façon à faciliter la discussion à propos de vos opinions et de vos croyances personnelles et professionnelles au sujet de l'inceste et de l'intervention en aide sociale à l'enfance. Dans le but d'aller chercher plus de détails, l'intervieweur pourrait vous demander de développer davantage vos réponses. Bien qu'il

soit impossible de prédire la durée exacte des entrevues, nous prévoyons quatre-vingt-dix (90) minutes pour l'ensemble de la phase de collecte de données. Vous recevrez une compensation d'une somme de 75,00 $ (soixante-quinze dollars) pour chacune des entrevues.

Toutes les entrevues seront idéalement enregistrées sur vidéo. Dans l'éventualité où nous aurions des problèmes techniques, elles seront alors enregistrées sur bandes sonores. Les participants peuvent choisir un mode d'enregistrement plutôt que l'autre. Par contre, l'enregistrement des entrevues est essentiel pour assurer la fiabilité et l'exactitude des données qui seront analysées par la suite. Si vous ne voulez pas être enregistré sur vidéo, vous pouvez l'être sur bande sonore. Un plus petit échantillon de sujets ayant manifesté une plus grande facilité à s'exprimer sur le sujet de l'inceste seront sollicités pour une deuxième entrevue. Vous êtes libre de refuser de participer à des entrevues additionnelles. Ces entrevues seront menées en vue de recueillir des données qualitatives supplémentaires pour faire des analyses en utilisant une théorie à base empirique. Soyez assuré que je suis conscient que votre temps est précieux et que je n'ai nullement l'intention d'abuser de votre consentement à participer à mon étude.

Confidentialité

Je désire vous assurer que la confidentialité et l'anonymat gouverneront ces entrevues. C'est dans cet esprit que les entrevues seront menées. Si vous acceptez de participer et que vous choisissez que l'entrevue se déroule à votre lieu de travail, nous vous demandons donc de vous assurer que pour la durée de l'entrevue vos collègues de travail et votre employeur respectent votre intimité.

Dans le but de préserver l'anonymat, de respecter votre clientèle, celles des familles concernées et de vous protéger, vous et votre clientèle, les données démographiques ne seront soumises aux analystes qu'après traitement par l' intervieweur. De plus, ce dernier sera le seul à visionner les rubans vidéo et à écouter les bandes sonores, le seul à numéroter les réponses fournies et le seul à sélectionner les renseignements qui seront par la suite soumis à des spécialistes de l'encodage. Ces analystes appelés à codifier l'information sont des spécialistes dans le traitement de données. Ils viennent de firmes extérieures ou sont des gradués récents de programmes d'études dans le domaine. Grâce à cette méthode, personne, je vous l'assure, ne pourra être identifié.

Considérations d'ordre déontologique

La préoccupation première de cette étude est l'expérience affective vécue par ceux et celles qui, de par leur profession, sont soumis a des situations d'inceste. C'est pourquoi nous attachons une importance particulière aux expériences vécues, aux pensées et émotions reliées à l'exercice de leur profession dans de telles situations. Compte tenu du sujet abordé et des réactions émotionnelles qu'il suscite, il serait imprudent de ne pas vous prévenir des réactions émotionnelles que l'entrevue peut provoquer. Des études préalables démontrent d'ailleurs qu'un certain nombre de professionnels en santé mentale ont eux-mêmes été victimes d'abus sexuel. (Pope & Feldman-Summers, 1992, Elliott and

Guy, 1993, Karol, Micka, & Kuskowski, 1992) Ceci a été relevé dans d'autres études et présente des statistiques comparables à celles relevées dans la population générale. (Salter, 1982; Finkelhor, et al., 1990). La situation d'abus sexuel infantile ou autre pouvant se retrouver au sein de la population professionnelle, il est tout a fait justifié de tenir compte des données de ces études. C'est pourquoi le recherchiste tient à vous informer que le but de cette étude n'est pas de mettre l'accent sur cette situation. Ainsi, si dans le questionnaire soumis, une personne, pour quelque raison que ce soit, préfère ne pas aborder certains sujets, sa décision sera respectée. L'interviewé pourra en tout temps se soustraire à l'entrevue si tel est son désir.

Compte tenu de la nature du sujet abordé et de l'intensité des émotions qu'il suscite, plusieurs agences et ressources communautaires ont été identifiées. Dans l'éventualité ou le sujet interviewé en éprouve le besoin, il pourra consulter la liste de ressources disponibles, autant des indépendants que les programmes d'aide au personnel offerts par son agence. De plus, s'il le désire, une aide lui sera fournie pour le faire. Dans cette éventualité, le sujet pourra se retirer en tout temps en prévenant le recherchiste à l'adresse suivante. swrkresearch@yahoo.ca . Il est à noter que cette adresse courriel est exclusive à Jean de Rochemont et qu'aucune autre personne ne peut y accéder.

Soyez assuré (e) que nous apprécions votre participation à cette étude tout autant que nous nous soucions de votre bien-être.

Formulaire de consentement.

Je comprends le but de cette entrevue et consens à y participer en sachant que je peux y mettre terme en tout temps.

J'accepte qu'on enregistre mon entrevue. Oui_____ Non_____

J'accepte qu'on enregistre mon entrevue sur vidéo. Oui_____ Non_____

J'accepte de participer a une deuxième entrevue. Oui_____ Non_____

Participant :_____ Date :_____

Témoin :_____ Date :_____

Appendix 9

Debriefing

Thank you for your participation in this research project. Your participation is greatly appreciated. During this study you were asked to complete two questionnaires, respond to vignettes, and participate in the interview we just completed. This project is an exploratory and seeks to identify the emotional experiences and affective awareness of professionals working in the field of child welfare. Throughout the course of the interview we have discussed your personal experiences, your emotional experience as a child welfare worker, and your familiarity with the concept of countertransference. Professional literature refers to the emotional experiences of clinicians in practice as countertransference. This research project is specifically interested in the manifestation of countertransference in professional practice when dealing with cases of incest. To date no research project has detailed the experiences, emotional process, hardships or concerns when dealing with this emotionally difficult population with empirical methods.

This project posits the hypothesis that;

1) Professionals in the field of child welfare experience countertransference in response to incest related research materials. By definition these reactions occur outside the awareness of the profession and constitute greater defensive mental states as exhibited by through the MSRS.

2) Consistent with the theory of countertransference those professionals exhibiting greater affective awareness and minimal thematic and affective contradiction will exhibit reflexive and object relational mental states (consistent with less defensive reactions) and lower countertransference regarding incest related research materials.

3) It is hypothesized that those professionals reporting clinical experience in the family treatment of incest will exhibit less defensive responses to incest treatment than their counterparts with no clinical treatment experience.

4) Finally, it is hypothesized that professionals reporting higher scores on the CTQ, indicative of severe subjective experiences of traumatic childhood histories, will exhibit greater defensive mental states in response to incest related research materials.

It is hoped that the results of this exploratory study will contribute to child welfare and social work practice and education. The specific goal of this project was not disclosed to you as it is possible that this knowledge might distort the interview process. This detail was withheld from you and may be experienced as a form of deception. This deception was conceived as not harmful to you. Your comments regarding this deception are welcome. Should you have any questions or comments regarding this project you may contact Jean de Rochemont at (514) 76I-6131, extension 3814, at swrkresearch@yahoo.ca or research supervisor Ingrid Thompson PhD at (514) 398-5186. These contacts are accessed exclusively by the individuals mentioned above.

If you would like to know more about countertransference in direct practice you may be interested in the following resources;

Hayes, J.A, & Gelso, C.J. (2001). Clinical implications of research on countertransference: science informing practice. JCLP/in Session: Psychotherapy in Practice, 57, 8, 1041-1051.

Hayes, J.A., Gelso, C.J., Van Wagoner, S.L., & Diemer, R.A. (1991). Managing countertransference: What the experts think. Psychological Reports, 69, 139-148.

Hayes, J.A., McCracken, J.E., McClanahan, M.K., Hill, C.E., Harp, J.S., & Carozzoni, P. (1998). Therapist perspectives on countertransference: Qualitative data in search of a theory. Journal of Counseling Psychology, 45, 468- 482.

McElroy, Linda Provus & McElroy Jr., Ross A. (1991). Countertransference issues in the treatment of incest families. Psychotherapy, Vo1.28, Number l, Spring, pg. 46-54.

Pope, K. S., & Tabachnick, B. G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapists' responses, client characteristics, critical events, formal complaints, and training. Professional Psychology: Research and Practice, 24, 142152.

Price, Michelle (1994) Incest: Transference and countertransference implications. The Journal of the American Academy of Psychoanalysis 22(2), 211-229.

Van Wagoner, Steven L.; Gelso Charles J.; Hayes, Jeffery A.; Diemer, Roberta A. (1991). Countertransference and the reputedably excellent therapist. Psychotherapy Volume 28 Fall Number 3, pp. 411-421.

Your participation is confidential. You have the right to withdraw from this research project at any time by contacting either Jean de Rochemont or Ingrid Thompson PhD at the numbers indicated above.

Subject:_____ Date:_____

Witness:_____ Date:_____

Compte-rendu

Merci de votre collaboration à ce projet de recherche. Soyez assuré (e) qu'elle est fort appréciée. Au cours de cette recherche, nous vous avons demandé de compléter deux questionnaires, de réagir à des vignettes et de participer à une entrevue que nous venons de réaliser. Ce projet exploratoire auquel vous avez participé a pour but de faire la lumière sur l'ensemble des expériences de nature émotionnelle ou affective vécues par les professionnel(le)s du milieu de l'enfance. Au cours de cette entrevue, nous avons également discuté de votre expérience personnelle, de votre perception des problèmes inhérents au milieu ainsi que de votre familiarité avec le concept du contre-transfert.

La présente recherche s'intéresse à ce concept et plus particulièrement à ceux et celles qui, en expérience clinique, sont appelés à traiter de cas d'inceste. Aucun projet jusqu'à ce jour n'a tenu compte de leurs expériences, de leurs épreuves, de leurs troubles et/ou de leurs contraintes émotionnelles. Dans certains ouvrages littéraires, on traite toutefois de situations de contre-transfert uniquement constaté auprès de professionnels(les) oeuvrant en milieu clinique.

Cette recherche soutient les hypothèses suivantes :

1) Les professionnels (les) qui font face à la problématique de l'inceste se retrouvent souvent à répondre à cette situation par le contre-transfert. Cette réaction se produit sans même que le professionnel ou la professionnelle en soit conscient(e). Ce phénomène serait en quelque sorte un mécanisme de défense mentale. Cette théorie a été élaborée dans l'étude effectuée par le MSRS.

2) De façon cohérente avec la théorie du contre-transfert, les professionnels(les) qui démontrent une plus grande acuité affective et un minimum de contradictions thématiques vont démontrer des états mentaux autoréférentiels et de relation d'objet (en accord avec des réactions moins défensives) et un degré inférieur de contre-transfert lorsqu'ils ou elles sont appelé(e)s à traiter de cas d'inceste.

3) Les professionnels oeuvrant en milieu clinique et traitant de cas d'inceste ont de par leurs expériences démontré une plus grande flexibilité à utiliser les méthodes de traitement préconisées.

4) Les professionnel(le)s qui, dans leur enfance, ont été victimes d' expériences traumatisantes, obtiennent les notes les plus élevées lors de l'évaluation du CTQ et démontrent par ailleurs une plus grande résistance à utiliser le matériel de recherche prôné pour le traitement de l'inceste.

Nous espérons que les résultats de cette étude sauront être bénéfiques à la profession et à la formation de ses membres autant qu'au bien-être du milieu de l'enfance. Si nous n'avions pas dévoilé cette donnée au départ, c'est uniquement par souci de ne pas influencer vos réponses. Ceci ne se voulait en aucune façon pas une forme de tromperie. Si toutefois vous le percevez ainsi, nous apprécierions que vous nous en fassiez part. Vos questions et commentaires sont appréciés; vous pouvez les communiquer en toute confidentialité à Jean de Rochemont au (514) 76I-6131, poste 3814, ou par courriel à : swrkresearch@yahoo.ca

Vous pouvez également communiquer avec la superviseure de cette recherche, Mme Ingrid Thompson, PhD au (514) 398-5186. Il s'agit là des deux seules personnes pouvant avoir accès à cette information.

Si vous souhaitez en apprendre davantage sur la théorie du contre-transfert, voici quelques

publications sur le sujet:

Hayes, J.A, & Gelso, C.J. (2001). Clinical implications of research on countertransference: Science informing practice. JCLP/in Session: Psychotherapy in Practice, 57, 8, 1041-1051.

Hayes, J.A., Gelso, C.J., Van Wagoner, S.L., & Diemer, R.A. (1991). Managing countertransference: What the experts think. Psychological Reports, 69, 139-148.

Hayes, J.A., McCracken, J.E., McClanahan, M.K., Hill, C.E., Harp, J.S., & Carozzoni, P. (1998). Therapist perspectives on countertransference: Qualitative data in search of a theory. Journal of Counseling Psychology, 45, 468- 482.

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Van Wagoner, Steven L.; Gelso Charles J.; Hayes, Jeffery A.; Diemer, Roberta A. (1991). Countertransference and the reputedably excellent therapist. Psychotherapy Volume 28 Fall Number 3, pp. 411-421.

Votre collaboration à ce projet est strictement confidentielle. Il est à noter que si vous le désirez, vous pouvez vous en retirer en tout temps. Vous n'avez qu'à faire connaître votre décision en prévenant les personnes suivantes :

Jean de Rochemont ou Ingrid Thompson PhD aux numéros indiqués ci-dessus.

Participant :_____ Date :_____

Témoin :_____ Date:_____

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