

*The Person and the Challenges*  
Volume 10 (2020) Number 1, p. 177-191  
DOI: <http://dx.doi.org/10.15633/pch.3616>

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## When the Family becomes the Most Dangerous Place: Relations, Roles and Dynamics within Incestuous Families\*

### Abstract

The family is supposed to give the child a sense of security, belonging, acceptance and love.<sup>1</sup> If, however, instead of these pleasant experiences, the most prevalent atmosphere is that of, abuse, trauma, violence, horror and fear, the child will not feel safe, accepted and loved. Even worse, later in life, he will unconsciously search for situations that will awaken in him, and re-create that primary atmosphere and underlying affects, because in his intrapsychic world, they equal belonging and familiarity.<sup>2</sup> Clinical experience and research show that incest is one of the severest traumas caused to the human psyche and body. In the paper, we will first present the definition, prevalence and discuss factors such as the duration of the incest and the age of victims and perpetrators. Then, we will describe the relations, roles and dynamics within incestuous families, where the child finds himself with his own pain among people who should be trustworthy, who should give safety and a sense of being loved, but instead they abuse the child, violating all the boundaries, taking away one's dignity and killing the soul.

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\* The author acknowledges partial financial support from the Slovenian Research Agency (project No. J5-9349).

<sup>1</sup> C. Gostečnik, *Relational family therapy: the systemic, interpersonal, and intrapsychic experience*, New York; London 2017, Abingdon: Routledge.

<sup>2</sup> C. Gostečnik, *Zakaj se te bojim? [Why am I afraid of you?]*, Ljubljana 2016, Brat Frančišek: Teološka fakulteta: Frančiškanski družinski inštitut.

**Keywords**

Incest, trauma, family, relationships, roles, dynamics.

**1. The definition of incest**

There are several different definitions of incest, but Marsh<sup>3</sup> believes that it is necessary to provide a definition which is most acceptable to those who are most affected, i.e. the victims of incest. Incest is any obvious sexual contact between people who are either close relatives (father, mother, brother, sister, grandfather, grandmother, etc.) or are perceived and feel close (e.g. stepfather, stepmother, half-brother and half-sister, parent's lovers etc.). Sexual contact does not only mean touching but also penetration with fingers or objects, mutual masturbation, oral-genital, anal-genital and vaginal-genital contact.

For Courtois<sup>4</sup>, on the other hand, incest can be either abusive or non-abusive, depending on the form in which it occurs and with whom. The author argues that there is no doubt that incest which is intergenerational (grandfather, grandmother, grandfather, uncle etc.) is always abusive, since the two persons involved are the adult, who can use his/her power and coercion, and the child whose position in comparison to the adult's is weaker and dependent. In this respect, we cannot talk about the child's consent to any sexual activity – also because of their immaturity. The question of when the incest is non-abusive, however, does not have such a clear answer. Courtois considers incest non-abusive if it occurs among the relatives of similar age (e.g. brothers, sisters, cousins etc.) with a mutual desire, without any coercion. She also talks about non-abuse when it concerns two related adults who freely and reciprocally, without coercion, consent to sexual activity. Even though, in this case, incest is non-abusive, it does not mean that it will not cause distress later on, especially when the taboo about sexual contacts between relatives is revealed.

Last but not least, it is worth mentioning same-sex incest (the victim and the perpetrator are of the same sex), which is rarely mentioned in studies, not because it would appear less often, but mainly because it involves a double taboo:

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<sup>3</sup> L. Marsh, *Incest: Family profiles and psychological implications* (2004). <http://www.geocities.com/Wellesley/Gazebo/2530/fam-prof.html> (23.01.2007).

<sup>4</sup> C. A. Courtois, *Healing the incest wound: Adult survivors in therapy*, London 2010, W. W. Norton & Company.

incest and homosexuality. Clinical experience and some long-term studies<sup>5</sup> show that same-sex incest is more common among boys than among girls, since boys are more often sexually abused by men than by women, and women are generally less likely to be perpetrators than men. In general, less violence is used and abuse takes a shorter time when females are perpetrators, in comparison to male perpetrators.

## 2. Prevalence, duration of incest and the age of victims and perpetrators

Different sources report different data about incest. Sexual abuse, including sexual assault or rape, of children and adolescents, is a major global public health problem, a violation of human rights, and has many health consequences in the short and long term. A 2011 systematic review and meta-analysis of the prevalence of child sexual abuse around the world places the prevalence among girls at around 20% and among boys at around 8%.<sup>6</sup> Another 2013 meta-analysis of the current prevalence of child (< 18 years of age) sexual abuse worldwide suggest that around 9% of girls and 3% of boys experienced attempted or completed forced intercourse (oral, vaginal or anal) and 13% of girls and 6% of boys experience some form of contact sexual abuse.<sup>7</sup> Data from surveys of violence against children in nine low- and middle-income countries\* (in which children and youths aged 13–24 years were interviewed, showed that for respondents aged 18–24 years, the prevalence of any form of sexual violence in childhood (0–17 years) ranged from 4.4% to 37.6% among girls in Cambodia and Swaziland respectively.<sup>8</sup> The prevalence was over 25% for most of nine countries. For

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<sup>5</sup> D. Finkelhor, *A sourcebook on child sexual abuse*, Thousand Oaks 1986, CA: Sage Publications, Inc.

<sup>6</sup> Geneva: World Health Organization, *Gender mainstreaming for health managers: a practical approach* (2011) [http://www.who.int/gender-equity-rights/knowledge/health\\_managers\\_guide/en/](http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/) (13.09.2017).

<sup>7</sup> J. Barth, L. Bermetz, E. Heim, S. Trelle, T. Tonia, *The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis*, "International Journal of Public Health" 58 (2013) 3, pp. 469–83.

<sup>8</sup> Vientiane: Lao Statistics Bureau, *Violence against children survey in Lao PDR: preliminary report*, (2016) [https://www.unicef.org/laos/VAC\\_preliminary\\_report\\_ENG\\_FINAL\\_-\\_30\\_May\\_2016.pdf](https://www.unicef.org/laos/VAC_preliminary_report_ENG_FINAL_-_30_May_2016.pdf) (13.09.2017).

boys, the prevalence of any form of sexual violence in childhood (0–18 years) ranged from 5.6% in Cambodia to 8.9% in Zimbabwe and 21.2% in Haiti. The lifetime prevalence of physically forced or pressured/coerced sexual intercourse among girls (0 to 18 years) ranged from a low of 1.5% in Cambodia to a high of 17.5% in Swaziland. For boys, this figure ranged from 0.2% in Cambodia to 7.6% in Haiti. A 2014 study based on three national telephone surveys of youths (aged 15–17 years) from the United States of America (USA) found that 26.6% of girls and 5.1% of boys had experienced sexual abuse and sexual assault by the time they were 17 years old.<sup>9</sup>

The data on the age difference (in years) between perpetrators and their victims show that 16% of perpetrators are 40 years older than their victims, 39% are 20–39 years older, 30% are 5–19 years older, 13% are less than 5 years older, and 2% of the perpetrators are of the same age as their victims.

Research suggests that many cases of incest include multiple (many) violent sexual acts ranging from several months to several years. Usually, there is an escalation of some sexual activity. Most incestuous relationships do not begin with coercion and physical violence but rather under the guise of affection, love, teaching, or as something entertaining and special. The coercion is most often very subtle, especially at the beginning. Gradually, however, both violence and threats usually build up, particularly with the aim that the abuse can continue and remain a secret. Although neither a raped woman nor the victim of incest “consent” to sexual activity, the traumatic experience of the latter is different because of the significant role that the perpetrator has in the child’s life (e.g. father, mother, uncle, grandfather, etc.) and the authority this adult represents. With some children, it seems as if they are passively subordinate to the wishes of the adult; they may even be looking for sexual contact with the aim that this significant adult will “grant” them attention, a favour, or material goods. Nevertheless, it is important to strongly emphasize that the child never agrees/consents? and never provokes abuse; they may only quietly abide, give in, or accept abuse in some way. Because of the child’s immaturity, dependency and helplessness, they can NEVER agree or consent to any sexual activity with an adult. Both rape

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\* Cambodia, Haiti, Lao People’s Democratic Republic, Kenya, Malawi, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

<sup>9</sup> D. Finkelhor, A. Shattuck, H.A. Turner, S.L. Hamby, *The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence*, “Journal of Adolescent Health” 55 (2014) 3, pp. 329–333.

and incest are not only an attack on the body, but also, and above all, an attack and abuse of the victim's psyche.

#### **4. The characteristics of incestuous families, their dynamics and relations**

In families<sup>10</sup> where trauma (including sexual abuse) occurs, the dynamics may vary. The victim of abuse can become a scapegoat who is responsible for all family problems. In other families, members can support and protect victims, which sometimes requires them to ignore their own needs and goals, as well as the needs and goals of other family members. Subsystems of family members can form which oppose each other, and that often leads to jealousy among children, particularly if their needs are not heard.

Trepper and Barrett<sup>11</sup> talk about risk factors which increase the possibility that incest will occur in a family. The more factors found in the family, the higher the likelihood of incest. In their view, these factors are as follows:

1. Families that are relatively isolated from others.
2. Families living in an environment that tolerates male dominance over women and children, albeit only silently and covertly.
3. Families who strictly stick to rigid sexual roles.
4. Families whose members sexualize their interactions.
5. Families that do not deviate from the rules, extremely strictly stick to rigid patterns and do not accept changes nor differences between family members.
6. Families that support and tolerate secrets.
7. Families where the father has weak impulse control, assumes the right to know all children's private things, while also cultivating sexual fantasies about complete sexual power and control of others.
8. Families where the mother is prone to the passive-dependent personality style and will always take care of her needs and protect herself before taking care of her children's safety.

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<sup>10</sup> T. Repič Slavič, C. Gostečnik, *Relational family therapy as an aid toward resolving the trauma of sexual abuse in childhood in the process of separation in the couple relationship*, "Journal of marital and family therapy" 43 (2017) 3, pp. 422–434.

<sup>11</sup> T. S. Trepperr, M. J. Barrett, *Systemic treatment of incest; a therapeutic handbook*, New York; London 2014, Abingdon: Routledge.

9. Families with a daughter who has a great need for attention, is in a conflicting relationship with her mother, emotionally very tightly “tied” to her father, and distant from her brothers and sisters.

10. Families where the father was emotionally abused and neglected as a child, and the mother was sexually abused and/or emotionally neglected as a child.

According to Butler<sup>12</sup>, the very fact that none of the adults hear the victim’s pain and distress, can lead to “second injuries,” which, in individuals who were sexually abused within their family, are shown, among other things, as the four types or levels of betrayal:

1. Betrayal by the perpetrator (parent or relative) who is the sexual abuser.

2. Betrayal by other family members or relatives who do not respond to abuse and do not protect the victim.

3. Betrayal by professionals, teachers, counsellors, doctors, social workers, who encounter the child outside his home and do not respond to his distress, crying for help and signs of abuse in the past.

4. Self-betrayal when the child denies his reality in order to survive better and to cope with the cruel facts of sexual abuse. At the fourth level, the child will blame himself for causing and provoking sexual abuse; it would be too dangerous to think, let alone speak about the guilt of the perpetrator (parent, relative). Repeated abuse, self-accusation, lack of help and support from others lead to the development of a personality based on shame and disgust.

The problem of sexual abuse within family is that there is no-one the victim can rely on, since she was betrayed by the very persons who should most understand, protect and respect her. What is worse, the whole family system begins to “collaborate” with the perpetrator in a way, which, among other things, is reflected in the roles of family members. If, for example, the father is the perpetrator and a daughter is the victim, the wife/mother will often remain silent and close her eyes to the abuse, since confrontation with pain and the disclosure of abuse would be too difficult. This of course, is not a good excuse. Even if the child does not tell her mother that the father sexually abuses her, every mother intuitively feels that something is wrong in the relationship between the victim and the perpetrator. Often, in such cases, the mother herself was a victim of sexual abuse in the past, and when she sees the suffering daughter’s face, is afraid to take steps against it since it would mean that she will also have

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<sup>12</sup> S. Butler, *Conspiracy of silence: The trauma of incest*, San Francisco 1996, Volcano Press.

to face the pain of her own sexual abuse and unresolved affects.<sup>13</sup> The most cruel thing that her mother does to the abused child is that she even advocates for the perpetrator (husband), blames the child, or forces the child into frequent contact with her father (for example, she goes to a party in the evening and leaves the children to be taken care of by the husband, she lets him shower the children, read fairy tales to them in bed, etc.). She suppresses her daughter's every hint that she is in distress and would not want to be alone with her father; and she lets the child know that she is the one who cannot behave properly, that she is annoying, overly sensitive, and complains too much: she has to understand Dad, even when he is unkind, because he is tired and has a demanding job. Other children often "pretend," at least outwardly, that nothing has happened, and the atmosphere in the family is packed with distress, shame, disgust and anger.<sup>14</sup> Clinical experience suggests that it is rare that "only" one child is the victim of incest by the same perpetrator. When the daughter who is abused by her father grows up and may even leave home (sometimes it is enough that she starts puberty), he continues the abuse with his younger daughter, his son or grandchildren. A mother who has not experienced sexual abuse, physical abuse or similar violence in her past, or did have such an experience, but has processed it emotionally, will never stay silent and will definitely protect the child and leave her husband.

## 5. The roles in an incestuous family

Psychologists and sociologists often try to find out why incest occurs in some families. They have focused on researching families, family members and their problems. Their findings are reflected in the general personality profiles of individual family members, as well as in the characteristics of the entire family system.<sup>15</sup>

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<sup>13</sup> T. Repič Slavič, *Nemi krika spolne zlorabe in novo upanje* [Silent screams of sexual abuse and a new hope], Celje: Celjska Mohorjeva družba 2015, Društvo Mohorjeva družba.

<sup>14</sup> C. Gostečnik, *Relacijska paradigma in travma* [Relational paradigm and trauma], Ljubljana 2009, Brat Frančišek in Frančiškanski družinski inštitut.

<sup>15</sup> J. Barth, L. Bermetz, E. Heim, S. Trelle, T. Tonia, *The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis*, "International Journal of Public Health" 58 (2013) 3, pp. 469–83; S. Butler, *Conspiracy of silence: The trauma of incest*, San Francisco 1996, Volcano Press; M. Dorais, *Don't tell: The sexual abuse of boys*, Quebec 2002, McGill-Queen's

### 5.1. The father in the incestuous family

Contrary to popular opinion, most of the fathers who sexually abuse their daughters do not initially seek sexuality in the relationship – in the sense that they would look for sexual satisfaction with their daughter because they did not get it from their wife. Usually, these fathers are emotionally “cut off” from their wife, the mother in the family, and therefore turn to their daughter, who at first may be very eager for her father’s emotional attention. This father has no boundaries and may soon lose control of his sexual desires, which drive him to approach his daughter in an inappropriate, abusive manner. Sometimes incest can become a place where the father exerts power and control which he lacks in other areas of life. His daughter is the victim, of this power, who “accommodates” his requests, which then turn into demands. The father is fully responsible for the sexual abuse. A father (or, rather, a miserable man) who is capable of sexually abusing his own children totally lacks the contact with the feelings of shame, disgust and contempt. He is not capable of compassion, although he can be very successful in his career. He sees only himself and calms his body by torturing and abusing the body of his helpless, guiltless children. Although apparently he can function entirely normally with his wife, he experiences most adrenaline, sexual arousal, and pleasure with the child whom he sexually abuses.<sup>16</sup>

### 5.2. The mother in the incestuous family

Some argue that in a family where the father abuses his daughter, the mother shares the responsibility for incest. They believe that mothers who know that their husbands sexually abuse their daughters, are in some way “relieved” that they do not have to offer sexual services to their husbands. Other mothers are involved in the incest at the unconscious level when they ignore the signs in the daughter, which clearly show that something is happening and that it is very wrong. On the other hand, these mothers are also afraid of the consequences

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University Press; D. Finkelhor, *A sourcebook on child sexual abuse*, Thousand Oaks 1986, CA: Sage Publications, Inc.; T.S. Trepperr, M.J. Barrett, *Systemic treatment of incest; a therapeutic handbook*, New York; London 2014, Abingdon: Routledge.

<sup>16</sup> N. Garnefski, E. Arends, *Sexual abuse and adolescent maladjustment: Differences between male and female victims*, “Journal of Adolescence” 21 (1998) 1, pp. 99–107; S. Forward, C. Buck, *Betrayal of innocence: Incest and its devastation*, New York 1983, Penguin Books; C. Gostečnik, *Zakaj se tebojim? [Why am I afraid of you?]*, Ljubljana 2016, Brat Frančišek: Teološka fakulteta: Frančiškanski družinski inštitut.



and the answer they would get, and they act according to the belief that “what you don’t know won’t hurt you.” Both types of mothers are the so-called “silent partners.” According to Forward and Buck<sup>17</sup>, the “silent partner” is not able to maintain an emotional, loving relationship with either her spouse or the child who is the victim of incest. This emotional abandonment in the family often causes the husband and daughter to seek an emotional refuge in each other. What separates the “silent partner” from the actual perpetrator is the tendency to “deal with” her problems by sacrificing the daughter. As soon as the mother shifts all the responsibility for her problems on her daughter, their roles are exchanged; and from there on, the mother is not far away from giving up all responsibility and shifting it – together with sexual activities – to her daughter.

### 5.3. The daughter as a victim in the incestuous family

Many people wonder why a daughter “participates” in a sexual relationship with her father if she does not like it. However, these people forget that a daughter is not a woman who has the opportunity to decide for herself and say “no” to an abusive relationship. She is a young girl (too young and in some cases too small to even talk about, much less understand what is happening). Her father is her “guardian” and is supposed to be trustworthy. Her father is the one who is supposed to protect her from danger. He is supposed to provide food, clothes and safe shelter. It is assumed that he guides her and helps her, cares for her and loves her. She is totally dependent on him and entrusts her young life to him. In this context, it is most natural for a little girl to obey her father. And this can go on until she begins to understand “their games” (i.e. that what the father does is not right and that he abuses her), until she is old enough to become fully aware that this is wrong, or until she suffers physical injuries; but even then she remains helpless. If she does resist, her father can begin to threaten her, her mother is already distant anyway, and all her fears force her to keep silent; and the abuse continues.

There are many coping strategies which help the victim deal with this severe trauma resulting from the victim’s inability to stop the incest, so that abuse continues, and there are also many psychological disorders. In one of her studies, Marsh found the most frequent effects in girls who were sexually abused

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<sup>17</sup> S. Forward, C. Buck, *Betrayal of innocence: Incest and its devastation*, New York 1983, Penguin Books.

by their fathers: suicidal behaviour and attempts, chronic psychoses, induced obedience, anorexia, self-injury, repeated cycles of abuse, hysterical attacks, aggressive personality disorders and chronic delinquency, prostitution or sexual sadism/masochism, self-exacerbation, introversion, emotional coldness, frigidity or a lack of trust in emotionally intimate sexual relationships, long-term personal problems, including guilt, anxiety, fears, depression and permanently damaged self-image, and the abuse of drugs and alcohol.<sup>18</sup>

#### 5.4. The son as the victim in the incestuous family

Young boys often tell that abuse has begun as a game, caressing, hide-and-seek, etc. with a family member whom they trusted.<sup>19</sup> For some children, this was also the only positive memory of this family member. When abuse began for the first time, these victims say, it seemed more like a “stupid joke,” where the perpetrator was no longer concerned about how this child felt, and the child could not understand why someone whom they appreciated and respected did such things to them.<sup>20</sup> Sexual abuse included stroking, titillating with hands, as well as touching genitals and even violent penetration into the anus. Research shows that in 10% to 25% of cases sexual abuse was accompanied by physical violence. Typically, sexual abuse ended with the perpetrator’s manipulative demand that the child remain silent, and he was either rewarded for his silence or the perpetrator threatened him in various ways.

The family situation in which men who were sexually abused grew up were mostly permeated with violence or affected by other problems. Lisak states that 42% of these men lived in a family where the parents separated or one of the parents died, 46% were physically abused, 35% witnessed violence between their parents, and in 50% at least one parent was an alcoholic or a drug addict.

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<sup>18</sup> L. Marsh, *Incest: Family profiles and psychological implications* (2004) <http://www.geocities.com/Wellesley/Gazebo/2530/fam-prof.html> (23.01.2007); R. Cvetek, *Bolečina preteklosti: Travma, medosebni odnosi, družina, terapija* [Pain of the past: Trauma, interpersonal relationships, family, therapy], Celje 2010, Društvo Mohorjeva družba, Celjska Mohorjeva družba; D. Lisak, J. Hopper, P. Song, *Factors in the cycle of violence: Gender rigidity and emotional constriction*, “Journal of Traumatic Stress” 9 (1996) 4, pp. 721–743.

<sup>19</sup> M. Dorais, *Don't tell: The sexual abuse of boys*, Quebec 2002, McGill-Queen's University Press.

<sup>20</sup> N. Garnefski, E. Arends, *Sexual abuse and adolescent maladjustment: Differences between male and female victims*, “Journal of Adolescence” 21 (1998) 1, pp. 99–107.

As a consequence of disordered family circumstances, the personal history of male victims is often more marked by several violent acts. They find that 31% of sexually abused men sexually abused children, raped an adult woman, beat up their wives, or even sadistically and physically attacked a man.<sup>21</sup>

Men who were sexually abused by their mothers often experience deep sorrow, shame, guilt and self-disgust. They were betrayed by the woman who was supposed to take care of them and protect them from the horrors of the world. Instead of love, they only feel emptiness and infinite sadness; that is why abuse by the mother is the worst and most harmful trauma that a child can experience.<sup>22</sup> Clinical experience also suggests that in families where the mother abuses her son, this son is often forced to take on the role of the husband, be the partner to his own mother, whom he starts to take care and satisfy her needs. He can protect her from the violent husband, and thus becomes the victim of his own father's physical violence. The disclosure of abuse when the perpetrator is the mother is very difficult because, among other things, the son (victim) feels loyalty to his mother, which is a traumatic bond.<sup>23</sup>

Although many authors speak of a typical incestuous family as a rigid one, the chaotic and "outwardly normal" family can be incestuous, too. It is not unusual in a chaotic family if there are no boundaries between family members and they have sexual intercourse with each other, which can lead to the pregnancy of one of the family members and shared child-rearing. The concealment of the fatherhood of this child in the face of the outside world and the disregard for generational differences are only two main characteristics of this lack of boundaries. Such families will even be able to persuade the neighbourhood that their daughter has become pregnant with a boy who used her for one night, although in reality she became pregnant with her father or an elderly brother. Children in this family are left to themselves, without supervision of adults, and therefore they are all the more vulnerable to all kinds of abuse outside and within the family. Consequently, some of these children will become caregivers, others will be "lost" children or rebels, etc. The "outwardly normal family" will be seen

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<sup>21</sup> D. Lisak, *The psychological impact of sexual abuse: Content analysis of interviews with male survivors*, "Journal of Traumatic Stress" 7 (1994) 4, pp. 525–548.

<sup>22</sup> J. T. Johnson, *Mothers of incest survivors: Another side of story*, 1992, Indiana University Press.

<sup>23</sup> K. Munro, *Male sexual abuse victims of female perpetrators: Society's betrayal of boys*, (2002), [http://www.kalimunro.com/article\\_mother\\_son\\_sexual\\_abuse.html](http://www.kalimunro.com/article_mother_son_sexual_abuse.html) (2.08.2006).

by others as well-functioning and solid. Usually, parents have been married for many years, socially and financially stable, and well-integrated into their community. They seem to function according to the traditional model, with the father as the “head” of the family and the cooperative mother. Inwardly, however, this family is not as stable as it seems from the outside. The parents often lack emotional energy to properly raise their children. Both of them need attention, as a result of their emotional impoverishment and/or abusive childhood experiences. Over time, they become alienated from each other, both emotionally and sexually. In addition to their jobs, they find other occupations and activities, thus avoiding mutual cooperation and being together. Alcohol addiction or similar shame-based problems often contribute their share to the family atmosphere. Children are left to themselves and sooner or later they start to care for day-to-day chores instead of their parents. The mother turns to her daughter to help her with household tasks, and her father expects her to take care of his emotional and sexual “maintenance.” The children seek the fulfilment of their emotional needs with one another, and this can lead to satisfying other needs – including sexual ones. Another possibility is that the elder brother begins to turn to his younger sister, and following his father’s model, he commits incestuous acts on her. When/if it is revealed that sexual abuse is committed in this family, people do not believe that this is possible, and are horrified by such accusations of the father by his children. They start defending their father as a diligent worker who is able to do so many things, as somebody who has been helpful and cooperative in so many cases, has been successful in all areas, etc., while his daughter, who has risked everything and told the truth, is labelled as the “headstrong teenager” or “unbalanced” girl. Even at court, such perpetrators are hard to prove guilty and are most often recognized as innocent, which means they return home to their family, where they can continue to abuse. In such cases, the consequences for the child who is a victim are even more catastrophic and lifelong.<sup>24</sup>

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<sup>24</sup> C. Gostečnik, *Relacijska družinska terapija [Relational family therapy]*, Ljubljana 2004, Brat Frančišek: Frančiškanski družinski inštitut; C. Gostečnik, *Zakaj se tebojim? [Why am I afraid of you?]*, Ljubljana 2016, Brat Frančišek: Teološka fakulteta: Frančiškanski družinski inštitut; C. Gostečnik, *Relacijska paradigma in travma [Relational paradigm and trauma]*, Ljubljana 2009, Brat Frančišek in Frančiškanski družinski inštitut; J.T. Johnson, *Mothers of incest survivors: Another side of story*, 1992, Indiana University Press; S. Knauer, *Recovering from sexual abuse, addictions, and compulsive behaviors: “Numb” survivors*, New York NY 2002, Haworth Press; D. Lisak, *The psychological impact of sexual abuse: Content analysis of interviews with male survivors*, “Journal of Traumatic Stress” 7 (1994) 4, pp. 525–548.

## 6. Conclusion

In view of the described features of the incestuous family, one can realise that the child's needs were not heard or seen long before the incest occurred. It can also be concluded that the incestuous family has the characteristics of an "unhealthy" family.

In a healthy family system, there is no unpredictability and family members feel safe. They respect each other and do not need to pretend: they can be authentic. In an unhealthy family system, the atmosphere is very unpredictable and often chaotic. Parents are not able to satisfy their children's emotional and psychological needs (e.g. for safety, affection, acceptance etc.), but often quite the opposite – children are those who satisfy and care for the emotional needs of their parents. In such families, children are very likely neglected and deprived, while the parents are usually addicted to substances (alcohol, drugs etc.) and compulsive behaviour, which further disables parents' accessibility to their children. In a healthy family, children can speak freely about what they feel and think. Whatever is happening, they do not need to hide it. Family members encourage one another in personal growth and mutual care. No one is expected to sacrifice his own development, growth or security for the benefit of the other. In unhealthy families, the opposite is true. They will be more concerned about their behaviour in front of others and what others will think about them, than how they behave within the family – to one another. Family members will not be allowed to develop into independent individuals; they may even get punished if they begin to differentiate themselves from the family or if they do something new, different from what the family has been used to. In this family, any change, albeit positive, is perceived as dangerous, because it is a threat to the system. An individual in this family is allowed to be only as "healthy" as the weakest family member<sup>3</sup>. Family members will do everything it takes to keep the family together. This often means that individuals are not allowed to develop their own identity, nor are they allowed their privacy. They all carry dark secrets that strengthen their mutual bonds even more and commit them to staying together. Children most often become their parents' emotional partners or/and parents, emotionally or even physically taking care of their mother or/and father, giving them what the father and mother should have received as children from their parents. In a healthy family, there are no dark secrets and healthy boundaries are established; each member is respected as an individual and given the right to feel what he feels and think what he thinks. Parents do not include children

in resolving their conflicts, nor do they expect children to care for them emotionally or physically; rather, they are those who care for their children, because they are parents, being aware of that role. In unhealthy families, including incestuous families, parents are allowed to take and do whatever they want – at the child's expense, which haunts and marks the child for the rest of his life.<sup>25</sup>

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