Abstract

This study looked at the emotional reaction, behaviour, appearance and trauma experienced by incest victims. Subjects were 10 female victims of incest. The data collected was based on semi-structured interviews and observations. The process of transcription and analysing the interviews was conducted using content analysis. Three category of emotions shown by the victims were sadness, stable and absence of grief. Behaviors shown were passive and stable. Victims appearance were properly dressed with hair neatly combed. Two victims were acted rough and masculin. A total of five victims suffered trauma due to repeated nightmares and three victims attempted suicide.

Keywords: Incest, Emotional Reactions, Behavior Reactions, Trauma

1. Introduction

Incest is defined as sexual relations between persons to whom marriage is prohibited by custom or law because of their close kinship (Columbia electronic encyclopedia, 2009). Incest had been condemned by legal sanctions and religious beliefs. Statistics on incest cases showed that the biggest number of perpetrators were the fathers followed by the uncles and the step-fathers (Criminal Investigation Department, 2003). Very often the victims felt betrayed because persons they trusted had abused the relationship.

The effects of sexual abuse differ from one victim to another (Horton & Cruise, 2001). According to Young (1992), although sexual abuse and trauma can bring about negative impact, the victims have the capacity to handle the situation later in life. Nevertheless, there are victims who showed affective symptoms such as depression and anxiety, behavior problems and interpersonal difficulties (Jones et al., 1998). According to Shalev (2000), traumatic events suffered by the victims will result in Post Traumatic Stress Disorders (PTSD). The symptoms shown are insomnia, nightmare, substance abuse, anxiety, anger, depression and fear (Matsakis, 1994). PTSD is commonly suffered by victims right after the sexual assault but the trauma will decrease over time (Briere, 1997; Foa & Rothbaum, 1998). This study aimed to identify firstly the incest victims family background, secondly the factors
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contributing to incest and lastly the emotional reaction, behavior, personal appearance and trauma experienced by incest victims.

2. Methodology

This is a qualitative study. Semi-structured interviews and observations were used to collect the data. This study involved 10 female incest victims whose age ranged between 12 to 17 years old. According to Balk (1995), female victims were found to suffer more trauma than the males. Pierce and Pierce (1985) reported that 80% to 90% victims of incest were female. Wolfe (1987) also stated that 85% of sexual abuse victims were female while only 15% were male. Although it is not a must for women researchers to be involved with female victims of rapes, the gender similarity is seen more appropriate in order to establish friendly relationship (Bogdan & Biklen, 1998). The respondents were selected by purposive sampling. Victims who experienced chronic emotional disturbance were not chosen to participate in this study due to their inability, difficulties or reluctance to communicate.

It is not uncommon that victims of rape experience intense emotions during interviews when asked to recall their experiences and share them with the interviewers. Thus, mental and psychological preparations need to be given special consideration. In terms of ethics, three aspects were emphasized: the respondents consent to participate in the study, confidentiality and the researcher’s responsibility in maintaining the emotional and physical comfort of the respondents (Fontana & Frey, 1998). This study did not involve any force on the respondents to answer the questions. The absence of the element of coercion is practiced for the benefit of respondents involved (Chadwick et al., 1984).

The research findings were analyzed by using content analysis. For easy analysis, all information gathered from the interviews was transcribed into texts (Clandinin & Connelly, 1998). In this study, notes for the interviews were made. The notes were made as frequent and as precise as possible as soon as the interviews were finished (Dooley, 1984). The three main themes in this study, emotional reaction, behavior and personal appearance of the respondents were identified through content analysis.

3. Results

3.1. The Family Background Factor

A total of 10 victims of incest were involved in this study. Two respondents were the eldest in the family while another two were the youngest. One victim did not know her position in the family because she had been put in the care of foster families at a very young age. This same victim’s foster mother suffered from mental problems. The findings from the interview showed that four victims came from incomplete families either they were brought up by single parents or by foster families. Their families were considered incomplete because either their fathers had died or the parents were divorced. Each of the victims came from low income families. Only two parents were government servants, while the others derived their income from working in their villages, driving taxis and having small businesses. One family’s income came from a mother who worked in an entertainment centre and at the same time was also a pimp in a brothel. One of the victims was molested and the other nine had sexual intercourse with the perpetrators. Four of nine victims who had sexual intercourse with the perpetrators resulted in pregnancies and had already given birth. Findings showed that a total of four victims were sexually abused by more than one person. Their abusers were the fathers, brothers, uncle and cousins. After the incidents eight victims were given counselling in school while the other two left school soon after the incident.

3.2 Factors Contributing to Incest

This study identified three main factors contributing to incest and sexual abuse. The first factor was hardship and financial difficulties faced by the families which forced the parents especially the mothers to spend a lot of time outside the home to earn money in order to support the families. As such, children were often neglected. Working mothers provide more opportunities for the abusers to take advantage of the situation to sexually abuse the victims, to be specific to rape, molest or entice the victims to be sexually involved with them. The second factor was the
close relationship and proximity between the victims and their fathers, giving the fathers more chances to take
advantage of the situation. The third factor was threats and violence. Threats and violence used by the abusers left
the victims with no other choice but to give in to the demands of the abusers. Some victims reported the incidents to
their mothers and teachers, but they were ignored and not taken seriously. While other victims chose not to inform
their mothers out of fear that their parents would end up in divorce. Some mothers used threats and persuasions on
the victims to make them withdraw charges against the perpetrators. There were also families who were quite
willing to use money to bribe the victims so that they would withdraw charges against their abusers. In this case, the
mothers were only concerned about the welfare and reputation of their husbands. When the cases started to surface,
there were family members who disappeared and moved away from home due to shame.

3.3 Emotional Reactions, Behavior, Personal Appearances and Trauma

The emotions shown by the victims were sad, shame, awry, restlessness, cheerfulness, heavy hearts and
disappointment. It could be categorized by three, firstly was sadness and crying, secondly was in stable condition,
thirdly was absence of grief accompanied by shame and frustration over the incident. Meanwhile the behavioral
reactions exhibited by the victims were reluctance to cooperate, crying, not talking, mumbling, heads bent low,
difficult to smile and a serious facial expression. It could be categorized as passive and stable. In stable condition
victims able to share their experiences without obstruction. Three victims who were passive were pregnant and had
subsequently given birth as a result of the rapes. In terms of appearance, majority of the victims were appropriately
dressed with hair neatly combed. There were two victims who were acted rough and their behavior were rather
masculin. In this study the trauma experienced by the victims were identified based on the descriptions of their
emotions, physiology and behaviors. It was found that the victims were sad, ashamed, fearful, angry and hateful
towards the abusers. They also having sleep disturbances due to strange dreams, consumed liquor, smoked and took
cough medicines to manage or overcome their trauma. A total of five victims suffered trauma due to repeated
nightmares and three tried to commit suicide.

4. Discussion

The victims showed three emotional reactions during the interview: sadness and crying, stable condition and
absence of grief accompanied by shame and frustration over the incident. The victims also showed passive and
stable behavior. Grief and passive behavior shown is consistent with the research findings by German et al. (1990)
and Crosson-Tower (2002). According to German et al., incest victims have a personality profile of withdrawal,
shame, guilt and aggression. Crosson-Tower suggested that the victims of sexual abuse would have low self-esteem,
anxiety and fear, shame and guilt, easily angry, depressed and having difficulties in social relationships. In such
cases, the victims would probably refuse to be cooperate with the outsiders and reluctant to share their stories.
Having to remember the incidents could bring back the memories that could lead to a repetition of victims’ trauma.
Research also found that some victims do not show any emotions (seemed numb or unable to feel), and as such it
was difficult for researchers to ascertain their feelings at that time. The freeze condition is due to the subject’s
attempt to prevent from remembering the incident (Resick, 2001). However, there were victims who showed stable
emotional reaction. In this context, the victims either can accept or had come to terms with the reality that had
happened to them or they are experiencing the sleepers effect. Young (1992) for example, does not deny the fact
that there are victims that do not experience trauma after the sexual abuse. This finding is similar to other findings,
such as Steele (1986) and Araji (1997). In this circumstance, there is a probability that the effects are delayed or not
shown immediately after the incident. The sexual abuse effects perhaps will be revealed by the victim in the future
and this condition according to Araji (1997) will make the rehabilitation process tougher.

The reaction and trauma are different between one victim and another. For incest case, the stress experienced is
more severe because, besides the trauma caused by being sexually abused; victims are also confused by the
treachery committed by their own family members (Draucker, 1989). However, this is different for victims who see
themselves as taking the role as their father’s wives. In this case they are asked to take care of their siblings, clean
the home and cook. The role acquisition is supported by Rosenfeld (1982) who states that the oldest daughter in the
family is given responsibility as a wife to cook, keep the house clean and take care of the siblings and at the same
time becoming sex objects for their fathers. According to Zasmani (2003), this situation occurs because the irregularity in terms of borders related to the role of children and parents. She said that children, who bear the responsibility of the mother in the family, may think that it is their responsibilities to indulge in sexual relations with their father and to fulfil the sexual needs of their fathers. In this case the victim may feel more loved and favoured by the father (perpetrator) because she can give him sexual satisfaction.

The differences in the intensity of the trauma experienced by the victims depend a lot on the various roles they play in the relationship with the perpetrators. The first role is the victim as a participant victim or collaborative victim and not a 'victim by chance' (accidental victim). According to Rosenfeld (1982), victim is categorized as involved and cooperative in the sexual abuse because the abuser is known by the individual and not an outsider. This situation differs from the sexual abuse that occurs by chance. Sexual abuse is usually done once to the victim. As participant victims, they are viewed to give indirect cooperation allowing sexual abuse to take place. This type of abuse usually occurs in a longer period with higher frequency. Abusers are usually individuals who are known to the victim and/or loved by them and at the same time are close with the victim. Frequent abuse where the victims are willing and cooperate with the abusers will not cause trauma and serious depression to the victims.

Majority of victims suffered trauma and there were victims who even tried to commit suicide, having sleep disturbances due to strange dreams, consumed liquor, smoked and took cough medicines to manage or overcome their trauma. According to Shalev (2000), PTSD is faced by the individuals who experienced traumatic events. A study conducted by Owen and Chard (2003) on victims who were between 18 and 56 years of age who experienced child sexual abuse showed that 89% of them still suffer from PTSD. The study also found that the intensity of PTSD had a significant relationship with depression suffered by the victims. Their findings are consistent with Shalev (2000) who found that depression suffered after traumatic incidents will lead to chronic PTSD. Besides sleep disorders, the victims also complained of psychosomatic problems like body ache, headache, urinating problems and bad bowel movement. This finding is quite consistent with Simon-Roper (1996) who states that besides ending up as prostitutes the victims of sexual abuse will have: difficulties forming interpersonal relationships either between or different gender, bowel problems, compulsive behaviour, lack of appetite and psychosomatic symptoms. Meanwhile, studies by Swanston et al. (2003) reported that the victims suffered health problems.

This study also found that there were victims who had suicidal thoughts or had attempted to commit suicide after the incident. In this case, the victims developed cognitive symptoms such as hopelessness, helplessness, guilt, thoughts of dying and wanting to kill themselves Rehm (1987). The individuals who continue to blame themselves also have the potential to harm themselves and commit suicide as a form of punishment (Trower et al., 1988; Oltmanns & Emery, 2001). Although a majority of victims were traumatised by the abuse/incest, there were still some who loved the abusers and were not willing to see the abusers being punished. This situation occurred because the victims received love, affection and attention from the abusers since they were very young. Furthermore, the sexual abuse that they experienced did not involve coercion and threats. Therefore, the victims tend to believe that what they did with the abusers could in fact strengthen the family relationship (Bittner & Newberger, 1982). In addition, the victims would also feel valued as they can offer sexual satisfaction to the individuals whom they love. Although the victims felt guilty and fearful, at the same time they were sexually aroused and enjoyed the sexual pleasure through this relationship (Rosenfeld, 1982). According to Ferrara (2002) the cycle of abuse and responsibility given by the abuser caused the victims to be confused. Hence, according to him, the feeling of pity and hate are interchangeable.

5. Conclusion

Incest is an act that is condemned by religion and society. The involvement of family members as abusers and individuals close to the victim would have more psychological trauma on the victims. The effects may last for a long time or forever. Hence, relevant authorities should take drastic measures preventing such cases from happening in the community. Appropriate action treatment should be taken to help the victims lead a normal life. Counselling should be given to the victims as one of the attempts to help them recover from the trauma. However, the counselling sessions must also be done continuously and the counsellors involved should be those who are specially trained to handle trauma cases.
References


