Incest and Sexuality

Survivors and Partners Working Together

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The repercussions of incest can hinder the development and expression of intimacy in committed relationships. Often the incest is never identified as the source of a couple's current problems. It may surprise, and depress, survivors to discover that their sexual concerns do not magically disappear once they have found the right partner. In fact, sexual intimacy may become more difficult. The emotional closeness of a committed relationship can be frightening and uncomfortable for survivors, and they may experience feeling obligated to engage in sex.

It is not uncommon for a relationship between a survivor and her partner to become strained in areas of physical intimacy. As a result, both people may begin to emotionally distance and resent each other. This resentment can grow over a long period of time before it is recognized and acknowledged. Unless the couple identifies the problem, resolves negative feelings, and works together to address the real issues, this resentment may eventually destroy the relationship. Separation, divorce, and infidelity are some of the possible negative outcomes.

Often survivors and partners end up in an unfortunate cycle. For example, a

female survivor begins to withdraw sexually because of unresolved trust issues and sexual problems from the incest. Her male partner takes this as a personal rejection and stops expressing loving feelings; he may also become angry and sexually demanding. The partner's positive feelings for the survivor start to wane as a result of feeling ignored and alone. The survivor then feels guilty and pressured. She interprets the reactions of the partner as proof that he is unresponsive to her emotional needs. The survivor pulls back emotionally and physically even further. The cycle continues with emotional and physical distance increasing.

Relationships can be weakened by the problems incest brings, if they go unattended, or they can be strengthened in mutually beneficial ways, if the challenges presented by the incest are met by both the survivor and the partner. Both can understand how they have been affected by the incest. Each can find out what the other needs in order to become more emotionally responsive and can persist in moving forward to resolve sexual concerns. When couples work as a team to meet this relationship crisis, they are able to feel closer and more secure with each other. This chapter will focus on what the partner experiences, what each partner needs from the other, and how the couple can work together.

The Partner's Experience

When a survivor has a partner, that partner becomes a victim of incest, too.

The intimate relationship is colored by the survivor's early sexual victimization. The partner is powerless to change the past. He or she had nothing to do with the incest and yet must deal with its consequences on a daily basis. Incest becomes an integral part of the partner's life. A partner may easily feel secondary in importance and angry that the survivor has real obstacles to overcome.

Partners are often faced with a dilemma. Energy tends to be focused on the survivor, who needs support in the healing process, yet the partner often has intense feelings that are important to address as well.

Initial reactions to the incest may be shock and disbelief. Anger, frustration, sadness, and helplessness may soon follow. Partners may feel they are unable to assert their own sexual desires and preferences as they struggle to support the survivor. They are likely to have many questions. Some partners are relieved to find out that there is a specific reason for the sexual concerns in their relationship. Some may have difficulty believing the incest really happened, and others may wonder why the survivor didn't stop the incest. Survivors and partners need to allow time for the partner to really understand what happened and to resolve his or her feelings.

The confusion and conflicting feelings one partner was experiencing after five years in a relationship with an incest survivor are expressed here:

Sexuality and love have always gone hand in hand for me. In all my

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relationships, be they long- or short-term, there has had to be both. I simply cannot separate my heart from my pelvis, nor vice versa.

So when my partner hasn't wanted to be sexual with me, I have often felt a lack of love. This has led to feelings of abandonment, which in turn lead to hurt, resentment, and confusion. The end result has usually been my own withdrawal, emotionally and physically. This makes my partner feel unsafe, so she pulls back also. And round and round it goes.

Being a partner to a survivor has been a very difficult struggle. If there weren't as much love and commitment between us as there is, I doubt that the relationship would have survived.

Incest is ugly. It's painful to look at. It's like an old wound that keeps reinfecting. And it's hard not to take it out on the relationship. I recognize that, out of my own anger and frustration, I have pointed the finger at my partner and blamed her for not relating sexually to me. I have since learned that this only blames the victim and makes her feel worse about herself than she already does. So it behooves neither my partner, myself, nor our relationship.

And yet, I must admit, my frustration is still there. What about my needs, I ask? Why should her needs always take precedence? We were both victims in our childhoods—her of incest, myself of physical abuse. So I didn't have it so easy either. Who's to say whose pain is greater?

My frustration is fueled by feeling that sexuality is so out of my control in this relationship. If I have a partner who is unwilling to be sexual, I have no options whatsoever to share intimacy with her. So I have considered an affair, and we've discussed the idea, but I really don't want one. And I have considered leaving the relationship. But, as I said early on, there exists too much that is loving and good between us for me to leave.

It is common for intimate partners to feel rejected and angry and to be in emotional pain because of the survivor's dislike of sexual contact with them. One

man expressed his feelings this way:

I'm lost. I can't figure it out. I'm just hanging in there. I feel like I have to be distant. We're there, but we're not together. I want to talk about it, but I get rebuffed. I don't want to give up. Sometimes I lose my temper and kick toys. Sometimes I wonder what's wrong with me. I feel unattractive and unwanted sexually. Touching her is like touching an electric fence. When we do have sex I feel guilty now 'cause it doesn't feel like making love anymore. It feels worse now after we do it than if we didn't. I don't want to be the bad guy.

And a woman who is in a lesbian relationship shared the following:

When we first met, she was really into sex. I liked her but didn't fall in love with her till after we had been together six months. It seems once I fell in love with her the sex got less and less. We sleep naked in bed together—it seems like there is intimacy—we just don't make love. I don't feel allowed to express my sexual desires because of what it does to her. The few times we have had sex in the past several months, it was either before or after we'd been apart. She always initiates it and wants to have sex only after she's had some alcohol to drink—which I can't stand.

Partners may begin to feel inadequate and wonder whether their way of making love is lacking in some way. Male partners may begin to experience problems getting or maintaining an erection or may doubt their masculinity. Partners of either sex may become overwhelmed with feelings of pain caused by the emotional distance they feel during sex, sometimes without the survivor being aware of it. Resulting sexual problems, such as loss of sexual desire, impotence, and lack of sexual confidence, can become as difficult for the relationship as the sexual problems that originally resulted from the incest. Partners need to understand that the survivor's dislike of sex stems from the abuse and is not a personal comment on their own sexual attractiveness. From this position they can begin to talk about their desire for mutually agreeable sexual contact within the context of a loving relationship. Intimacy needs are best stated in a nonpressuring manner. For example, a partner might say, "I care for you. I respect you. I want to be physically intimate with you. I do not want you to engage in sex with me unless you really want to. Sex is important to me—it is an expression of my good feelings toward you and of my general satisfaction with being your partner."

Taking an active role in understanding incest helps partners recognize what is happening in their relationship. As one individual explained:

> As a partner I must work very, very hard at trying to get some handle on what incest is when I've had no exposure to it. It's very easy to just get angry at the perpetrator and say, "That bastard, I'd like to kill him. I'd just like to blow him away with a sawed-off shotgun." But you can only say that so many times, and that's not doing much in working with the incest and to help build a relationship. You need more than that. So you have to do some research. I think it's important to be involved, and not to be on the outside —like, she's doing the group and the therapy, like that's her problem. I think it's important for partners to really get involved in stretching our minds. We have to stretch our minds to understand how people could be that violent and abusive toward their daughter. It's very hard to work with. Her therapist has done a lot of good work with me so that I can get turned around. I really have to force myself to be able to see the dynamics and how they were played out as she was growing up, because hers is a very severe, violent case.

Since partners also feel victimized by the incest, they may find it hard to manage strong emotional reactions toward members of the survivor's family of origin. Occasionally, partners will feel so angry at the perpetrator or so protective of the survivor that they will move into the role of confronting the perpetrator or the family as a whole. While the desire to do so is understandable, it is not wise to act on it. Such action would take control away from the survivor once again. Whether any confrontation is to occur and how it will happen are decisions the survivor must make. Should she choose to confront her family, support from a partner and a therapist is invaluable.

Feelings also surface toward the nonoffending parent. In the following comment, a partner expresses her feelings about the survivor's mother:

My anger comes with her mother. Her mother is an accessory to the crime, as far as how I perceive it. Her father's a criminal and her mother also committed criminal acts, out of negligence, and there was physical abuse. And the fact that her mother knew when she was six months old that her father was sexually abusing her. And out of fear she chose to sacrifice her daughter—give in to him. That's what it comes down to. So I've had to work a lot in therapy, because we see her mother. We went out and had dinner with her mother last night. It can be so bizarre, because we're sitting there and we're enjoying having dinner together.... She's an intelligent woman, she's a marvelous storyteller, loves to laugh. And the three of us are sitting there, and we're having this pleasant conversation, and then it just goes through my head, and my heart, I start feeling those things, and I just want to get up and scream at this person: "Do you know what you did to your daughter by allowing this all those years, when you knew what was going on?!"

Partners of incest survivors may find that the issue of commitment to the relationship takes on major importance. They may hesitate to make long-term plans until they have a sense that the sexual issues can be resolved. The decision to make a commitment cannot be taken lightly, as one partner explained:

It's so easy to fall in love, but it's that daily working at being in love that really matters. It's difficult in the best of situations between two peopleit's a lot of work. But when incest is part of that relationship, and it's there all the time, you have to recognize that it exists. I have become a victim of the incest, too. I have to work at how it has victimized me and how it has victimized our relationship. I think that the partner of an incest survivor has to be very serious in deciding not to go into the relationship just to have a superficial relationship and see where it goes. That's never been my tendency to begin with, but I think it's very important when you're dealing with involvement with an incest survivor that you take some time and really say. "Is this something I can handle?" Because I am going to have to give time, energy, and feeling to incest. I'm going to have to be involved if our relationship is going to grow, if we're going to have a partnership. Can I deal with this? This is something serious: this is big. I feel very responsible when I enter a relationship, and I think it's a double edge when it's an incest survivor, because what I'm hearing so often from some of Amy's friends who come over to the house to visit, who are incest survivors, too, the thing I've seen, the common denominator, is, "I'm bad." So if you reject me, it reinforces that I'm a bad, evil person. Because good little girls don't have these things done to them. It would be irresponsible if I were to say, "Oh yeah, well, we'll have this relationship," kind of cavalier. ... I think it's damaging for anyone to be rejected, but I think for an incest survivor, it is devastating because it reinforces once again the feeling that "I'm no good, nobody could love me, and I've been betrayed." Like Amy will say to me. "I can't believe that you could love me and would want to touch me, that you don't think that I'm unclean, dirty, used." I notice things with Amy, like once in a while she may buy a new article of clothing, but most of the time she goes to used clothing stores. Everything is used. Everything was very black and somber. And very loose fitting, so you really couldn't see any form. I said, "You're not used material!" I came

into a little bit of money at the beginning of fall, and I said, "Come on," and we went shopping so she could get some new clothes. I said to her, "You're clean. You're not used. That's not how I perceive you." But that's one of the things that I've had to work out, being with an incest survivor. It's very important for the partner to realize that he or she will become a victim, too, and to denv it or not work with it I think would be the ultimate demise of that relationship. I don't think it can grow. I think eventually it would become so stalemated that you're going to see two people going in two different directions. I could never honestly say that I like incest. It happens to be a factor in our relationship. I mean, if someone said, "You can have a choice of your partner not having a right arm or being an incest survivor." I would rather my partner be without the arm, because it's a hell of a lot easier than to deal with this incest, because it is always there, in hidden ways. It's not going to dissolve overnight. Amy is going to be an incest survivor the rest of her life. We're hoping to grow old together, which means that it's going to be in my life the rest of my life, too. Because it's something that's so different, and you don't deal with, you're not exposed to in any personal way other than in a textbook maybe-and that is so limited, and a lot of that antiquated-that I didn't really know what to do.

What Partners Need from Survivors

Survivors need to develop an understanding of their partner's position, and they need to be responsive to it. They must realize that the partner's life has been touched dramatically by the incest. The partner must play a difficult role at times and it is helpful when the survivor acknowledges this. The survivor can strengthen the relationship by showing appreciation for the partner's support, concern, respect, and patience.

When survivors commit themselves to being in a relationship, it can be very important to recognize that their partner's view of physical intimacy may be substantially different from their own. It can be helpful to really understand the difference. The exchange of caring, sensual touch can give people who were not abused a wonderful feeling of closeness and satisfaction within a partnership. Intimate physical contact between them and their partner may strengthen their love and commitment. Some type of caring touch is an important part of any intimate relationship.

Partners have strong feelings about the incest which must be acknowledged. A survivor can help by really listening to her partner fully. She can help by answering the partner's questions as clearly as possible. A partner who feels truly listened to and heard is likely to find renewed patience for dealing with the incest. The survivor must separate herself enough from the incest to hear how her partner has been affected by it. She does not need to share the feelings her partner has, but she does need to try to understand her partner's experience fully. This will help her develop empathy toward the partner.

Survivors can also help their partners by making themselves available to discuss current concerns about intimacy in the relationship. It is no easy task for a survivor to open herself to hearing her partner's continual disappointment or resentment at the lack of enjoyable physical contact. A survivor has to fight any inclination to interpret her partner's feelings as judgments on her as a person. The feelings can be responded to more positively if they are seen within the context of frustration over what the incest caused. Ignoring or negatively judging the partner's sexual interest will only create distance in the relationship. While honoring her own limits, the survivor must seriously address her partner's sexual concerns. A partner who has sincerely supported a survivor over a period of time may understandably begin to lose interest if no attempt is made to meet his or her own needs. Initiating touch, sensitively stopping or redirecting touch, and suggesting alternative forms of sexual release that may be comfortable for a survivor are ways she can validate the partner's positive sexuality. A survivor can also support her partner's need and ability to take responsibility for his or her own sexual needs through masturbation. A survivor's communicating her own sexual preferences and needs as well as asking about those of her partner can be very helpful to the partner. This may be difficult for the survivor to do, but it can help avoid unwanted touching and make the touching that does occur as positive an experience as possible for both people.

Sexual expression is one form of intimacy. Alternative forms that a survivor enjoys can be explored and communicated to the partner. Romantic dinners, walks together, long talks, shared baths, foot massages, love letters, unexpected notes, flowers, and small favors are a few ways a survivor can be intimate with her partner without being sexual. Survivors can also express their appreciation to their partners for the support and patience they do receive. And partners often like to hear that they are still seen as sexually attractive and loving. It is the incest, not the people involved, which deserve the anger. Partners may need time alone, time with friends, or time with a therapist to deal with their sense of frustration. A survivor can help by encouraging the partner to find healthy ways to express his or her own feelings.

A frequent cause of resentment in partners is the perception that survivors are not really willing to actively overcome the sexual repercussions of the incest. This can feel like more of a rejection than the lack of sex itself. Survivors can provide partners with plenty of current information on how they are doing and can include partners in incest resolution therapy. Survivors need to reassure their partners that they are not denying or running away from intimacy issues. Initiating therapy and touch exercises can help accomplish this. When survivors demonstrate their commitment to resolving sexual issues, partners are encouraged to maintain their commitment to the relationship.

What Survivors Need from Partners

Partners can be most helpful to survivors when they validate the reality of the incest, keep the responsibility for the incest clearly on the perpetrator, and separate the survivor from the abuse she has experienced. When partners learn that their partner was a victim of incest, they may feel upset. They must be careful not to blame the survivor for the incest. Implying or stating that the survivor was responsible or must have asked for the incest can be extremely damaging to her. Such statements only reinforce her irrational feelings of guilt and sense of unworthiness. They may confirm the survivor's worst fears that she will never be believed and loved. It's important that intimate partners understand what the survivor has endured. This can be done by reading about incest, talking with other survivors and their partners, and talking to a therapist.

Becoming knowledgeable about incest enables partners to address concerns in the present relationship in a productive way. Survivors may experience emotional reactions such as crying spells, sleeping problems, nightmares, flashbacks, and painful recollection while resolving incest issues. Understanding that these reactions are normal enables partners to be supportive to survivors. A partner's compassion can alleviate fears, worries, and guilt about the incest. It is helpful for the partner to have at least basic information about what happened to the survivor. The partner can gently encourage the survivor to talk about what happened and how she felt. Calm, nonjudgmental listening is most helpful.

The partner can try to imagine the survivor's position as a child. It may help to recall times in the partner's own childhood when adults were disappointing and hurtful, or times of fear when an older child or adult physically trapped or hurt him or her. From an adult's perspective, the scary childhood event may seem quite minor. Really remembering how one felt as a child, how one depended on adults for survival, and how unequal relationships were in childhood can help. The partner can imagine being the victim of the incest. This exercise can help build empathy when confused feelings exist. Asking questions of the survivor can be beneficial; however, the partner must have the sensitivity to let the survivor share at her own pace. A partner who is overzealous may be seen as pushy, and this approach may remind the survivor of the offender. She might then shut down and reject the partner's well-meaning gestures.

If a partner continues to experience feelings of confusion or blame, he or she can find a counselor who knows about incest and can spend some time working out the feelings so that they don't color the relationship in hidden ways. It is important for the partner to keep talking to the survivor, keep listening, and keep remembering that the incest absolutely was not her fault.

In our study we asked survivors to imagine what a perfect partner would be like. One survivor, who was not currently in a relationship, gave the following response: "I really can't imagine a perfect partner— I'm so turned off to sex. I suppose the person would like nonsexual touch and very little sex. I need emotional support in a big way." Survivors said the most important characteristic for partners was being emotionally responsive and supportive. Table 10-1 shows survivors' responses to the partner characteristics we listed in our questionnaire as well as other traits they listed as desirable. It appears survivors generally want relationships in which sex assumes a low profile and emotional needs take priority.

Table 10-1Partner Characteristics Desired by Incest Survivors

| Characteristic | % Desiring Trait |
|---|------------------|
| Emotionally responsive and supportive | 81 |
| Lets woman know relationship is more important than sex | 65 |
| Holds and touches survivor when sex is not the goal | 58 |
| Gentle, nonpressuring | 35 |
| Supports survivor's freedom to say no to sex | 31 |
| Talks about feelings | 31 |
| Sensitive | 19 |

Other Traits Survivors Desired:

| Lets survivor control speed and degree of sexual encounter |
|--|
| Low sex drive |
| Romantic |
| Accepting |
| Doesn't always need to be strong |
| Loving |
| Warm |
| Expresses his/her own needs |
| Outgoing |
| Fun |
| Rich |
| |

Has sense of humor

Enjoys being sexual

Trusting

Stable

Likes to touch

Healthy

Respects women

Good parent

Committed to relationship

Sex is not main issue

High self-esteem

Intelligent

Honest

Affectionate

Strong

Thinks survivor is hot stuff

Understands incest

Sensuous

Works on own fears

Is a woman

Listens

Comfortable with male and female physiology Believes in God Responsible

A partner needs to be an ally to the survivor in making positive changes. So many times partners of survivors either withdraw and emotionally distance themselves from the survivor or pressure the survivor in ways that increase tensions and make problems worse. While resolving sexual problems requires that the survivor and partner work together as a team, partners can increase the relationship's chances of success when they are stable, faithful, and patient. One partner shared the following outlook:

> I think that partners have to be not real ego-oriented when it comes to sexual interplay with the survivor. I think that we have to get our antennae out and be very, very sensitive to that other individual. If we're going to grow and have a healthy, full sexual relationship, we're going to have to be patient and put a lot of sensitivity out there on the line for a long time, to allow this person to be nurtured, and to realize that this is a safe place, this is really safe. And that doesn't come in one, two, three, four times. This is over a period of time. A survivor has to build that trust with her partner.

One survivor responded with appreciation to her partner's involvement:

I feel like I'm real lucky. I feel like I'm really fortunate. I have someone who will work on the incest with me. My partner hasn't known anything like it, but has really made a commitment to be in there, be a part of working it out.

Addressing Sexual Concerns Together

Healthy sexual relationships require that both people feel equally powerful. Survivors and their partners can work together to create changes that will bring satisfaction to both of them. When adhered to by each person, the following guidelines can provide a beginning structure for such cooperation.

Guidelines for Healthy Sexuality

- 1. Develop general high self-esteem and self-reliance.
- 2. Discuss sexual concerns openly and honestly and communicate feelings without blaming your partner.
- 3. Acknowledge responsibility for sexual problems.
- 4. Develop respect and a sense of equality with partner.
- 5. Assert sexual needs and likes without demanding.
- 6. Get education and understand the influences of drugs, health, stress, and sexual abuse.
- 7. Establish a variety of comfortable sexual activities in addition to intercourse, such as self-stimulation, oral sex, and manual stimulation.'
- 8. Negotiate compromises with respect to your own needs and your partner's needs.
- 9. Approach sexual activity in a relaxed manner, with patience,

anticipating fun and excitement.

- 10. Accept the natural ebb and flow in sexual desire of yourself and your partner.
- 11. Establish that it's okay to say no at any time.

Lowered sexual desire or withdrawal from sex are concerns couples often experience. Initially, there is a challenge to the intimate partner to be willing to make compromises about his or her need for sex with the survivor. Partners can facilitate the survivor's sexual recovery by being willing to find acceptable alternatives to whatever forms of sexual activity are upsetting to the survivor. The couple can concentrate on developing mutually pleasurable, nonsexual touch experiences, for example, holding hands or massage. This can be very difficult at first.

A partner who is frustrated by too little sexual contact may become discouraged when asked to expect even less. Partners commonly express the fear that if they stop asking for sex, there will hardly ever be any. This fear, along with the partner's desire for sex, needs to be acknowledged. However, by not being pressured to engage in sexual activity, the survivor can begin to trust that the intimate partner desires to be with her for other reasons besides overt sexual contact. She can then challenge herself to express affection physically, and later sexually, based on her own desire. The eventual result can be a truly willing sexual partner who wants sexual contact rather than a woman who engages in sex because it is expected. Keeping this outcome in mind as a goal can be helpful to partners.

Because of past problems with initiating or engaging in sex, partners and survivors may be awkward and unintentionally insensitive when they make physical contact. The following hypothetical scenario illustrates an instance in which both the survivor and the partner are misunderstood during the initiation of intimate touch.

A male partner approaches a female survivor from behind and touches her breasts in a hugging caress. The survivor responds in a surprised and angry manner and immediately pulls away. The partner feels crushed and rejected. He thinks to himself, "Why doesn't she want me? She's so sexually up tight!" The survivor feels violated and thinks to herself, "That horny beast, if he really loved me he wouldn't be so insensitive!"

In reality, the partner's genuine intention was to be physically affectionate to the survivor—to express his love for her in a close, intimate way. Fearing she might rebuff him if he was more direct, he chose to approach her in an indirect, nonverbal manner. The survivor was caught off guard by his approach, which reminded her of feeling powerless and out of control during the abuse. She interpreted her partner's approach as pressure on her to fulfill his sexual needs. For her, recoiling was a necessary act of self-defense. This whole unfortunate exchange could have been avoided had the couple communicated their feelings and intentions more clearly. The partner would have been far more successful had he approached the survivor directly in a relaxed manner and said something like, "I want you to know I'm feeling very loving toward you now. I would like to have some physical contact. Sex would be nice, but if you're not into it, I'd like to hug and hold each other. What do you say?" The survivor could have improved the situation had she originally responded with, "I need to be approached verbally, directly, and more slowly. I appreciate your desire to make some contact. Perhaps we can talk and hold each other, or go for a walk. I'm not feeling sexual right now." Thus, by emphasizing a desire for mutually agreeable closeness and contact, partners can compensate for the survivor's tendency to experience them as sexually pressuring. By validating their partners' healthy needs for physical intimacy, survivors can compensate for the partner's tendency to feel personally rejected when the survivor is not interested in sex.

During sexual contact, partners can foster healthy resolution of sexual issues and be sensitive to the survivor's experience by maintaining communication, going slowly, stopping temporarily whenever necessary (such as during a flashback or anxiety attack), and being willing to shift from an intense sexual focus to a loving nonsexual focus if the survivor needs to stop the sexual activity altogether. Experiences such as these, in which the survivor comes to trust the partner's sexual expression, are invaluable in establishing a new orientation toward sexuality. In the following interchange, the issues of touch and sexual expression were dealt with in a way that built tremendous trust. A survivor, Amy, and her female partner, Sharon, talked about how they learned to resolve problems in creative ways on their own:

- SHARON: I'm a toucher. I'm very open. I dive in with my heart before I ever get my mind involved. Amy's very analytical, so we have a very nice balance. But I thought, jeez, how do we do this, you know? When Amy told me she was in love with me, it was a big surprise. It took me a few months to decide, because I'd come out of another relationship, and I really respected Amy and I didn't want it to be a rebound thing. I wanted to know we really wanted to be committed to it, but it was, like, can I touch her? Amy had started to say, about two months before she told me she was in love with me "I need to be touched." Up until that time it was always, "I'm always going to be celibate. I don't want anybody to touch me."
- AMY: Yeah, I didn't like people touching me. I still don't like people touching me. I went to the incest group, and we gave upper back massages one time, and I came home and was wiped out the whole night because even though it was someone I knew within my group, I couldn't handle it. I really just couldn't handle it.
- SHARON: And that's something I really have to work on. Because to me, before, my reaction would be, What's the big deal? I mean, this is touching, this is great stuff. Well, I'd never had anybody hurt me in a violent way like that. Out of respect for her I didn't let myself get carried away with my own sexual desires. I more or less wanted to do anything in our sexual life where Amy was going to be assertive, Amy would take the initial steps. So she felt that she was in control. She started with her touching me. And that was perfectly fine. She was exploring for the first time, enjoying touching someone else —with no violence and no one else having control, being in a very peaceful, safe place. I became quite aware of that, and that was fine. When I started to touch Amy, I became very aware that she was not feeling. She didn't feel anything for a long time. The first time I gave her a hug, I thought, oh my God —I mean, it was like ramrod straight steel. And I thought, well, you know, if I were in that situation, I would want someone to be really gentle, not bring it into focus a lot, and to be very patient. So that's how we started. And the first time she went to bed, she had nothing on the top, but she

had her jeans and her socks on, and the first night we slept together, she slept with her jeans and her socks on. And I used a little bit of humor, and told her it was perfectly all right, and we just took it day by day, and article of clothing by article of clothing, and we finally got down to where even the socks came off. We just did a lot of holding at the beginning.

AMY: Because she's a toucher, one of the things that happened at the beginning of the relationship was that she simply touched me all over without being assertively sexual at all. So what that actually does for me with her is that it makes me very grounded. So that when we moved from just touching, the foreplay is very grounding for me with her. Then we move into heated sexual contact. We did that just naturally, not knowing that that kind of thing would really help me.

Having good, clear communication is the key to resolving many of the problems that arise concerning sex in the relationship. Because the survivor first learned about sex from a sexual offender, she may automatically assume that her partner's thoughts and intentions are similar to those of the offender. She may react anxiously when her partner says such things as "I love you." The survivor may also imagine that the partner is out to satisfy his or her own sexual needs without any real concern for the survivor's emotional welfare.

By talking and working together when negative feelings surface, couples can overcome problems of dissociation, triggers, and flashbacks. In the following exchange a survivor and her partner discussed a technique they developed for resolving a problem they were experiencing with a verbal trigger.

PARTNER: While we would be sexual, particularly in those early stages, I would be very quiet verbally. I wanted to move slowly because she was taking so much in, and not add all the verbal in with it. But I would say to her, "I'm loving you." I would say that over and over again, "I am loving you. This is love." I said it softly and kept saying

it over and over, barely whispering it in her ear. She had to relearn the definition of love.

- SURVIVOR: During the abuse, my father didn't say, "I'm loving you." He just said, "I love you," or "You love me." It was always in a tone of voice that was very demanding. And when my present partner would first say, "I love you," I would just ...tighten up.
- PARTNER: I noticed her reaction. And that's why I changed it from "I love you" to "I'm loving you," and I kept saying it and saying it. I did it in a whole different way. Well, I thought, just do it very softly —I'm sure he didn't do that. And that's been a change.

SURVIVOR: And now I don't have any problem hearing it. It's one of my favorite things.

Other survivors have stated that degrading terms like "fuck," "cunt," "prick," "bitch," and so on, will automatically remind them of the abuse. Partners may need to refrain from using such language.

Sexual concerns in a relationship can often be lessened through professional therapy. It means a great deal to a survivor when her partner is willing to participate in a treatment program with her. By so doing, the partner reduces the survivor's feeling of being alone and demonstrates his or her own ability to share responsibility for the healing process. The survivor's trust in and respect for her partner increases as she witnesses his or her cooperation in learning new ways of becoming intimate. The partner is relieved to find that the sexual concerns they both share are treatable and that positive change can occur. The relief provided by working together with a therapist was noted by one partner:

Now that we're seeing a therapist who is trained in this area, we can both

recognize the symptoms and patterns of incest as they have manifested in our relationship. At last we know what it is that we're up against, and that is a great help.

Two partners working toward sexual intimacy can make profound changes that will positively strengthen their relationship as a couple. Each appreciates the other's situation, and they learn to balance their needs while still moving forward. Optimism and hope were expressed by this partner:

> Despite all the odds, though, I know we'll beat this thing. We have to, to survive. Rather than letting the incest victimize us both, we need to work towards being teammates together so we can conquer it. We're just starting out.

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Suggested Resources

Outgrowing the Pain, by Eliana Gil, 1983 (San Francisco: Launch Press).

A short, readable book for adult survivors of child abuse which clearly explains how early abuse affects self-esteem and relationships. Especially good for people who wonder whether they were actually abused.

Betrayal of Innocence, by Susan Forward and Craig Buck, 1978 (New York: Penguin Books).

Basic information on the history and dynamics of incest, including many

case examples. Sections on variations of incest, including motherdaughter, mother-son, father-son, and sibling.

Father-Daughter Incest, by Judith Herman, 1981 (Cambridge, Mass.: Harvard University Press).

A comprehensive book on how incest affects daughters, including a historical overview, research findings, and treatment concerns.

A good overview of sexual socialization and sexual pleasuring. Especially helpful for women resolving orgasmic difficulties.

For Each Other: Sharing Sexual Intimacy, by Lonnie Barbach, 1982 (New York, New York: New American Library).

Female perspective on healthy couples sexuality. Lots of exercises and suggestions for improving physical relationships. Contains basic sex therapy techniques.

Male Sexuality: A Guide to Sexual Fulfillment, by Bernie Zilbergeld, 1978 (Boston: Little Brown and Company).

Excellent section on male sexual socialization, harmful myths, and reasons for male sexual problems. Includes sex therapy techniques for treating common male dysfunctions.

Out of the Shadows: Understanding Sexual Addiction, by Patrick Carnes, 1983 (Minneapolis, Minn.: Comp-Care Publications).

Overview of common types of sexual addictions, including incest. Can help survivors understand why some perpetrators sexually molest.

Learning About Sex: The Contemporary Guide for Young Adults, by Gary F. Kelly, 1977 (Barron's Educational Series, Inc., 113 Crossways Park Drive, Woodbury, New York 11797).

For Yourself: The Fulfillment of Female Sexuality, by Lonnie Barbach, 1976 (Garden City, New York: Anchor Books).

A good book for teens over fifteen years old and their parents, in paperback. Straightforward sex education for older adolescents. Includes section on love, responsible sex, and decision making in relationships.

"Identifying and Treating the Sexual Repercussions of Incest: A Couples Therapy Approach," by Wendy Maltz, *Journal of Sex & Marital Therapy*, Vol. 14, No. 2, Summer 1988, pp. 142-170.

Primarily written for clinicians. Presents a model for assessing and treating the sexual effects of incest in couple relationships. Includes intervention strategies, techniques, and therapeutic considerations.

Partners in Healing: Couples Overcoming the Sexual Repercussions of Incest (VIDEO) produced by Wendy Maltz, Steve Christiansen and Gerald Joffe, 1988. (For information and to order, contact: Independent Video Services, 401 E. 10th St. Dept. L, Eugene, Oregon 97401, telephone 503-345-3455).

> Hosted by Wendy Maltz, this video program helps couples identify sexual problems caused by incest histories, and journey toward sexual healing and emotional intimacy. Symptoms of sexual concerns and specific steps in the healing process are discussed. Features three heterosexual couples (one with a male survivor). Helpful to incest survivors as well as a resource for therapy, education and training.

Two major self-help organizations for adult incest survivors are *VOICES* (Victims of Incest Can Emerge Survivors) in Action, Inc., P.O. Box 148309, Chicago, Illinois 60614, and *ISA* (Incest Survivors Anonymous), P.O. Box 5613, Long Beach, California 90805-0613.

About the Authors

Wendy Maltz LCSW, DST, is an internationally recognized sex therapist, author, and speaker, with more than thirty-five years of experience treating sex and intimacy concerns. She authored a number of highly acclaimed sexuality resources, including the recovery classic, *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*, as well as *Private Thoughts: Exploring the Power of Women's Sexual Fantasies*, and *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*. Wendy compiled and edited two best-selling poetry collections that celebrate healthy sexual intimacy, *Passionate Hearts: The Poetry of Sexual Love* and *Intimate Kisses: The Poetry of Sexual Pleasure*. Her popular educational website, <u>www.HealthySex.com</u>, provides free articles, podcast interviews, posters, <u>couples sexual healing videos</u>, and more to help people recover from sexual abuse, overcome sexual problems, and develop skills for lovebased sexual intimacy.

Beverly Holman holds an M.S. in counseling psychology from the University of Oregon, where her master's thesis was entitled "The Sexual Impact of Incest on Adult Women." She also holds an M.A. in human development from the University of Kansas. Beverly is currently in private practice in counseling and mediation, specializing in incest and couples counseling. She is also a family therapist at a local agency, where she works with children and adolescents and their families. Previously she counseled in a family-oriented agency, where she led incest groups for adult survivors and worked with abused children and their parents. She is a member of the Oregon Counseling Association, the American Association for Counseling and Development, the Academy of Family Mediators, and the Executive Board of the Family Mediation Association of Lane County, Oregon.