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Similarities and Differences Between Incestuous and Nonincestuous Rape in a French Follow-Up Study

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Clinicians are familiar with the life and psychological difficulties of incest victims, but their observations often are refuted as being retrospective and unsystematic. We aimed to ascertain similarities and differences between incestuous rape and nonincestuous rape. One hundred and two victims consulting a French forensic center were interviewed in a systematic follow-up study over 6 months using structured interview schedules. Stepwise logistic regression analysis adjusted for age, gender, and characteristics of the trauma showed that posttraumatic stress disorder, dissociative disorders, agoraphobia, and low self-esteem were overrepresented in the incest-rape group compared to the nonincest-rape group.

KEY WORDS: incest; rape; posttraumatic stress disorder; dissociative disorders; agoraphobia.

Even though 19th century French medical figures such as Briquet, Moreau de Tours, Charcot, and Janet had put forward the traumatic etiology of certain disorders, above all traumatic hysteria, a regressive countermovement took place in France at the beginning of the 20th century under the influence of several authors, among them Babinski, who considered these disorders mainly as simulation and pithiatism. This regression still influences health specialists in France today. Although the consequences of rape are becoming known in France, many social workers and health professionals attending to abused children are not convinced for instance that incest leads to disorders requiring psychiatric care as early as possible. Our study was undertaken for these reasons (Darves-Bornoz, 1996).

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Rape and incest are both traumatic experiences that have similarities as well as differences. Burgess and Holmstrom (1974) noted self-blame, desire for revenge, and feelings of humiliation early after rape, and later nightmares and phobias, which are symptoms observed today by all clinicians in both rape and incest victims. Following Kilpatrick, Veronen, and Best (1985, p. 117) who stated that "many rape victims could be diagnosed as experiencing PTSD," Foa and Riggs (1993, p. 274) underlined that "rape victims constitute the largest group of people with PTSD." At the same time, other authors noted that there existed posttraumatic symptoms in incest victims, and that they "resembled those found acutely in rape victims" including fears, sleep disturbances, guilt, irritability, decreased functioning, and sexual problems (Goodwin, 1985, p. 161). Janet (1904) showed long ago in Irene, a sexually assaulted girl, that the striking fact in her disorder was the co-occurrence of amnesic and hypermnesic phenomena, which now are considered as a core track to understand the etiology of disorders in both rape and incest victims. However, despite the similarities between incest and rape, in incest the sexual assault is perceived by the victim as more traumatic than if an extrafamilial subject had committed the act (Epstein, Saunders, & Kilpatrick, 1997). Furthermore, authors have reported in incest victims syndromic or symptomatic peculiarities such as the occurrence of major dissociative disorders (Putnam, Guroff, Silberman, Barban, & Post, 1986) and negative effects on development, especially in the sphere of personality and social functioning (Cole & Putnam, 1992).

Clinicians who specialize in trauma, and who are therefore familiar with the lives and psychological difficulties of incest victims, unfortunately often have their observations refuted as being retrospective and unsystematic. Through a systematic follow-up study of rape victims, the purpose of this article was to establish differences and similarities between incestuous rape and nonincestuous rape by comparing the characteristics of the trauma, type of mental disorders, and posttrauma psychobehavioral features impairing usual personality. The article had four objectives:

1. To assess the sociodemographics of victims. We hypothesized that all socioprofessional categories are affected by the trauma of incestuous and nonincestuous rape.
2. To confirm the characteristics of incestuous rape trauma as an early, repeated, and poorly assisted trauma.
3. To compare the frequencies after rape of chronic mental disorders and posttrauma psychobehavioral features impairing usual personality in incestuous versus nonincestuous rape victims.
4. To determine through stepwise logistic regression techniques, the specific impact of incest in rape victims, the age, gender, and characteristics of trauma (especially repetition, physical violence, and posttrauma environment) being equal. We hypothesized that posttraumatic stress disorder (PTSD), dissociative disorders, and posttrauma borderline-like

psychobehavioral features impairing usual personality were more prevalent in incest victims.

Method

Participants

Participants were all rape victims attending the Center for Victims of Sexual Assault located in the Department of Gynecology at the University Hospital in Tours, France. The Center provides forensic gynecological assessment, social counseling, and information on psychiatric care appropriate for victims of trauma. Any victim lodging a complaint with the police was referred to the Center. Other victims were self-referred. Victims were all 13 years of age or older and were consecutively admitted to the Center after having undergone sexual penetration following a sexual assault characterized by one of the following: violence, the use of force, or being attacked by surprise. Participants raped by a family member not allowed by law to marry the victim were included in the incestuous group; those raped by a nonfamilial member possibly allowed by law to marry the victim were included in the nonincestuous group. During the period of inclusion, 112 rape victims came to the Center. Ten of these (9%) were not given an examination. Six victims arrived at night or on public holidays and could not be seen at a later date; three were seen at the Center but two could not take part in the study because of cognitive disorders and the third refused. The last victim did not participate because he was under arrest. One hundred and two participants therefore were included in the study, which constituted 91% of potential participants. Seven victims (7%) dropped out after 1 month; four victims (4%) dropped out after 3 months, and two victims (2%) dropped out after 6 months.

Procedure

Clinical assessments were conducted upon arrival of the victim at the Center and were repeated with the same questions at 1 month, 3 months, and 6 months after the initial assessment. These assessments allowed us to determine frequencies of mental disorders during the 6 months following rape (Table 1), and posttrauma incidences of psychobehavioral features impairing usual personality (Table 2). The same psychiatrist interviewed all of the patients, using structured interview schedules. The interviewer's only source of information regarding the subjects' assault history was the victims' account of it, frequently presented in their recurrent flashbacks and nightmares.

After providing a complete description of the study to the participants, informed written consent was obtained. Participants were told that identifying

Table 1. Frequency of Mental Disorders During the 6 Months Following Rape

	Incestuous Rape ($n = 39$)[a]		Nonincestuous Rape ($n = 63$)[a]			Logistic Regression	
	%	*n*	%	*n*	$\chi^2(1)$	OR[b]	95% CI
PTSD	84	32	61	31	5.78*	3.44	1.22, 9.71
Dissociative disorder	84	31	60	34	6.13*	3.17	1.11, 9.12
Somatoform disorder	68	25	65	35	0.07		*ns*
Agoraphobia	70	26	52	28	3.09	3.20	1.22, 8.58
Specific phobia	54	20	40	22	1.76		*ns*
Social phobia	62	23	38	21	5.09*		*ns*
Depressive disorder	49	18	31	17	2.73		*ns*
Gender identity disorder	39	15	28	16	1.48		*ns*
Alcohol abuse	24	9	23	13	0.00		*ns*
Drug use	13	5	14	8	0.02		*ns*
Eating disorder	21	8	21	12	0.00		*ns*
Panic disorder	14	5	17	9	0.17		*ns*
Obsessive-compulsive disorder	14	5	7	4	*ns*[c]		*ns*
Generalized anxiety	8	3	11	6	*ns*[c]		*ns*
Psychotic or bipolar disorder	3	1	16	9	$p = .045$[c]		*ns*

[a] Some participants could not be properly assessed for one disorder or dropped out at some point during follow-up.
[b] Covariates entered in stepwise regression were two dichotomously coded trauma characteristics (added physical violence and teenage).
[c] Fisher's exact test.
* $p < .05$.

information would not be communicated to anyone, and that if any court case was pending, the information collected from this project could not be used as evidence. An ethical committee (Comité Consultatif de Protection des Personnes dans la Recherche Biomedicale) was consulted and approved this research. The interviews helped the victims to verbalize their trauma in a way similar to a debriefing session.

Instruments

The clinical interviews that we used had been translated into French (with forward and backward translations) during the DSM-IV Mixed Anxiety-Depression Field Trial in which two of the authors (JPL and JMDB) had participated at the Paris site of this study in the Hôpital Bichat. The Anxiety Disorder Interview Schedule (ADIS), developed by the Center for Stress and Anxiety Disorders at the State University of New York at Albany, was used to assess anxiety, somatoform, mood, and substance abuse disorders (Di Nardo, Moras, Barlow, Rapee, & Brown, 1993); excellent to good or fair reliability had been found with this instrument with kappa values, e.g., .65 in panic disorder, .85 in agoraphobia, .90 in social phobia,

Table 2. Occurrence, Following Rape, of Psychobehavioral Features Impairing Usual Personality

	Incestuous Rape ($n = 39$)[a]		Nonincestuous Rape ($n = 63$)[a]			Logistic Regressions	
Psychobehavioral Features	%	*n*	%	*n*	$\chi^2(1)$	OR[b]	95% CI
Frequent fear of being abandoned	64	25	57	34	0.54		*ns*
Idealization of friends	28	10	44	26	2.52		*ns*
Low self-esteem	68	26	37	22	8.96**	3.32	1.36–8.10
Running-away impulsive behavior	33	13	21	12	1.68		*ns*
Suicide attempts	33	13	26	15	0.552		*ns*
Affective disorder of the depressive type	49	18	31	17	2.73		*ns*
Chronic feelings of emptiness	76	29	56	33	4.16*		*ns*
Anger leading to aggressive behavior	54	21	42	25	1.24		*ns*
Episodes of dissociative disorders	84	31	60	34	6.13*	3.17	1.11–9.12

[a] Some participants could not be assessed properly for one item or dropped out at some point during follow-up.

[b] Covariates entered in stepwise regression were two dichotomously coded trauma characteristics (added physical violence and physical assault outside rape).

*$p < .05$. **$p < .001$.

.56 in simple phobia, .57 in generalized anxiety, and .82 in obsessive-compulsive disorder. The Structured Interview for Posttraumatic Stress Disorder was used to assess PTSD symptomatology (Davidson, Smith, & Kudler, 1989); this interview had demonstrated good test–retest reliability and excellent diagnostic validity with respect to an independent interview by the Structured Clinical Interview for DSM-IV (SCID; kappa = .79), as well as interrater reliability since overall intraclass coefficients of agreement had been shown to be greater than .90 for all comparisons.

The SCID for Dissociative Disorders (SCID-D) was used to assess dissociative disorders (Steinberg, 1993); with this instrument a good interexaminer reliability had been found since there was 96% agreement between two raters (kappa = .92); a good discriminant validity ($p < .001$) also had been found to identify as positive those patients previously diagnosed by clinicians as having dissociative disorders. A clinical questionnaire designed for sexual abuse victims and used in an earlier study (Darves-Bornoz, Lemperiere, Degiovanni, & Gaillard, 1995) also was administered. The items from this last questionnaire enabled us to assess two points. The first point regarded frequency for the variables listed in Table 3, including environment following rape. For this variable the question asked was: "What was the quality of the social support and environment like after rape?" The answers ranged as follows: very good, good, average, poor, very poor. These answers then were divided into two groups: *not poor* and *poor*, where *not poor* = very

Table 3. Characteristics of the Trauma

Characteristics of Trauma	Incestuous Rape ($n = 39$)[a]		Nonincestuous Rape ($n = 63$)[a]		
	%	*n*	%	*n*	$\chi^2(1)$
Repeated rape[b]	85	33	39	24	20.5*
Repeated rape over at least several months[c]	64	25	13	8	29.1*
Several sequences of sexual abuse[d]	23	9	24	15	0.0
Added physical violence during rape[e]	46	18	63	39	2.7
Age at first rape < 15 years	87	34	27	17	34.2*
Physical assault (outside rape)	49	19	35	22	1.7
No complaint lodged immediately	90	35	43	27	22.2*
Victim of male gender	8	3	11	7	*ns*[f]
Poor environment following rape	97	38	52	33	23.1*

[a] Some participants could not be assessed properly for one item or dropped out at some point during follow-up.
[b] By a single or several different perpetrators.
[c] By one of the perpetrators.
[d] With or without rape but with different perpetrators.
[e] Violence used, a weapon used, or assault threatened.
[f] Fisher's Exact Test.
* $p < .001$.

good + good + average, and *poor* = poor + very poor. The second point assessed by this questionnaire regarded the variables in Table 2. After assessing whether these features had occurred prior to rape, we determined their incidence after rape. Seven questions, allowing yes/no answers, were asked: "Were you often afraid of being abandoned or left alone? Did you often have a poor opinion of yourself? Did you often feel empty? Do you think you were idealizing your friends? Did you ever feel so angry that you fought or destroyed things? Did you make a suicide attempt? Did you run away?" Two other features in Table 2 regarding episodes of dissociative and depressive disorders were assessed by the SCID-D and the ADIS.

Results

Sample Description

Ten percent of participants were men, 18% were married or cohabitating, 61% were students, 27% had a father who worked in an executive capacity, with the socioeconomic status of the other fathers being lesser. The mean age was 20.5 years ($SD = 7.7$). In the incest rape group ($n = 39$), the perpetrator was the father in 33% of the cases, the stepfather in 28% of the cases, an uncle in 21% of the cases, a brother in 13% of the cases, a grandfather in 3% of the cases, and a great-grandfather in 3% of the cases. In the nonincest rape group, the perpetrator was somebody known to the victim in 63% of the cases (either somebody very close,

or just familiar to the victim, or a vague acquaintance), and somebody unknown to the victim in 37% of the cases (either someone unknown but with whom the victim had briefly conversed, or someone unknown with whom no conversation had taken place).

Characteristics of the Trauma

Following other authors who endeavored to determine the specific characteristics of traumatic experiences (Pynoos, 1993), we studied several specific features of the trauma (Table 3). Incest and rape victims' answers were first compared using the χ^2 test (or Fisher's exact test). Since 10 χ^2 tests were calculated, we wondered whether a Bonferroni adjustment would change the significance of the results of these tests regarding the characteristics of the trauma. The characteristics found to be significant before the Bonferroni adjustment (with a critical level at .05) remained so afterward (with a critical level at .005). The analysis was completed by stepwise logistic regressions in order to calculate the odds ratio (OR) of the clinical characteristics that best differentiated the two groups; 95% confidence intervals (CIs) also were calculated. A stepwise logistic regression, using incestuous rape as the dependent variable, and proposing the variables in Table 3 as dichotomous covariates, showed that the characteristics that best distinguished incestuous and nonincestuous rape groups were: age at first rape <15 years, OR = 10.4, 95% CI = 3.07, 35.1; repeated rape over at least several months, OR = 4.58, 95% CI = 1.40, 15.0; and poor environment following rape, OR = 10.4, 95% CI = 1.17, 92.7. The other covariates, including no complaint lodged immediately, which was a variable linked to poor posttrauma environment, were not added to the model during the logistic regression because of their nonsignificant link to the dependent variable after adjustment on the three above-mentioned variables.

Mental Disorders Following Incest and Rape

Only disorders that lasted the full 6 months were taken into account in Table 3. Fifteen χ^2 tests were calculated to compare mental disorders between the incest-rape group and the nonincest-rape group. The frequencies of dissociative disorders following incestuous rape were as follows: 27% had depersonalization; 11% had dissociative fugue; 43% had dissociative amnesia; 14% had dissociative identity; and 24% had dissociative disorders not otherwise specified. The incest and nonincest groups differed on four categories at $p < .05$, although none of the differences exceeded a Bonferroni-adjusted p-level of .003. Further studies may be required to determine whether the Bonferroni adjustment was too limiting in this particular case. Stepwise logistic regression was used to estimate the effect of incest on occurrence of each disorder; covariates included the two trauma characteristics found to be associated with the occurrence of a disorder (added

physical violence and teenage). Table 1 shows that PTSD, dissociative disorders, and agoraphobia were overrepresented, covariates being equal, in the incestuous-rape group. After adjustment, social phobia and psychotic/bipolar disorder were not associated with the incest-rape group, mainly due to the effects of age. Social phobics as well as the incest victims were generally younger, and psychotics were older.

Posttrauma Psychobehavioral Features Impairing Usual Personality

We assessed nine psychobehavioral features appearing following rape in the incestuous versus nonincestuous rape (Table 2) regardless of whether the features were the first signs of a posttrauma change in personality (i.e., traits) or still the consequences of current mental states such as those listed in Table 1. The psychological features were taken into account if they persisted continuously during the period following rape. The nine features of Table 2 were chosen because of their similarity to the symptoms of borderline personality disorder. The features were frequent, given that 38% of the nonincest and 58% of the incest victims presented with at least five of these nine features. They were present more often in incest victims ($t(93) = 2.11$, $p < .05$), that is, 4.8 features were present ($SD = 2.7$) in the incestuous-rape group versus 3.7 in the nonincestuous-rape group ($SD = 2.4$). Nine χ^2 tests were calculated in this section, and so, it was thought that a Bonferroni adjustment might be necessary. This adjustment only found a significant difference in the χ^2 test for low self-esteem ($p = .003$ for a critical level at .006). A stepwise logistic regression adjusted for age, gender, and characteristics of trauma from Table 3, showed that low self-esteem and episodes of dissociative disorders were more prevalent, covariates being equal, in the incest-rape group than in the nonincest-rape group (Table 2).

Discussion

This study used a short-term longitudinal design to investigate the similarities and differences between an incest-rape group and a nonincest-rape group. The sample was not drawn from the general population; but from a smaller pool of individuals who were involved in litigation or who were seeking social assistance. This population restriction, present in the incest group as well as the rape group, often leads to higher frequency of disorders. However, this recruitment feature also may underestimate the differences between the incest-rape group and the nonincest-rape group when comparing frequency of disorders, because incest more often remains undisclosed and because this secrecy may affect outcome. Another possible limitation of the study could exist in the collection of data through a nonblind interview regarding the subjects' assault history. However,

in this matter, it is difficult to be blind concerning an assault history because victims frequently present this history in their reports of flashbacks and nightmares.

The study confirmed that incest, the sexual assault of an individual easily accessible to a perpetrator within the family, often happened to young adolescents and lasted for a long period without the victim being able to find any outside help. This finding was congruent with what clinicians observe daily in incest victims, in particular in the posttrauma support often characterized by its poor quality because of the secrecy or covert knowledge of abuse, and the lack of protection by nonabusing family members.

Among incest victims who have been abused by those they trusted or needed, it is possible to relate the higher frequencies of disorders to their greater feeling of betrayal, especially involving a breakdown in attachment bonds (Cicchetti, 1989). Indeed, other possible explanatory variables (age, repetition of trauma, lack of posttrauma support including lack of protection and secrecy) were taken into account when comparing the incest-rape group and the nonincest-rape group by adjustment on these variables. PTSD and dissociative disorders have been described as classic disorders in incest victims (Braun, 1990; Darves-Bornoz, Degiovanni, & Gaillard, 1995; Goodwin, 1990). Agoraphobia without a history of panic disorder has been more rarely mentioned. In our study, many disorders showed a similar frequency in incest-rape victims and nonincest-rape victims, but dissociative disorders, as well as PTSD and agoraphobia, were the disorders that discriminated between these two groups.

As for posttrauma psychobehavioral features that impair usual personality, low self-esteem was found to discriminate between the incest-rape and the nonincest-rape groups. This result, congruent with many publications describing shame, self-blame, and guilt, all quite prevalent in incest victims, may be related to a negative self-schema in which the victim's attitudes are somehow thought to be inappropriate either because of encouraging the perpetrator or failing to prevent the abuse (Katz & Burt, 1987). Following other studies (Gunderson & Sabo, 1993; Paris, Zweig-Frank, & Guzder, 1994; Perry & Herman, 1993), borderline personality features could be considered mainly as a posttraumatic disorder. Actually, the ICD-10 classification (World Health Organization, 1992) as well as American psychotraumatologists (Herman, 1993) demarcate a posttraumatic personality modification category. In our study, a borderline-like pattern was also shown to be a frequent consequence of incest. However, the follow-up was not long enough to allow us to state that this was the first sign of a posttrauma personality change process. A future long-run follow-up study may focus on whether posttrauma psychobehavioral features impairing usual personality are enduring or not.

The nature of mental disorders observed in incest victims suggested at the least that they should justify no less immediate care than rape victims (Glaser, 1991). However, it would be necessary to clarify whether these two populations

respond similarly or differently to available treatments, and whether the therapeutic programs should be specific for incestuous rape.

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