FATHER-DAUGHTER INCEST OFFENDERS:
A COMPARATIVE STUDY OF COMMUNICATION PATTERNS
OF FATHER-DAUGHTER INCEST OFFENDERS AT
ATASCADERO STATE HOSPITAL,
ATASCADERO, CALIFORNIA

by

Ingle Marie Luster

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submitted in partial
fulfillment of the requirements for the degree of
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My final thanks and profound gratitude are extended to Mother, and to my brother, Shelley, for the consideration which they have shown throughout this endeavor.
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CHAPTER I

INTRODUCTION

For centuries communication has been a basic human activity. As early as 3000 B.C., the Egyptians developed a method of communication--picture language called hieroglyphics. Although the conveyance of thoughts from one individual to another is primarily accomplished by direct speech, communication is not necessarily conscious or purposeful. Communication techniques which people use, including all those symbols and clues used by individuals in giving and receiving meaning, can be seen as reliable indicators of interpersonal functioning. Family homeostasis is revealed by the family's repetitious, circular, predictable communication patterns.

Theoretical Formulation

Paul Watzlawick reports that the study of human communication--of the way people affect each other by nonverbal as well as verbal behavior, of ways they confirm or invalidate--is a relatively

3 Ibid., p. 1.
new science. He relates three basic premises of the theory of human communication: 1) It is impossible not to communicate. Whatever you do in response to another, you are communicating, even if you are silent; 2) Human communication is a multilevel phenomenon and becomes meaningless if reduced to one level divested of context. Communication has information value, and it defines both what the message is about and how its sender conceives of his relationship with the receiver; 3) Messages sent are not necessarily messages received. A person usually relates to another under the implied but not actually expressed assumption that the other shares his own view of reality—that there is only one reality—the world as he himself sees it.

Disagreements arise over either the content or the relationship aspects of communication, or over both of these aspects. It is relatively easy to come to an agreement if content is the sole issue, but disagreement often infringes on the sphere of two people's relationship. When one is shown to be wrong, he may feel inferior and try to gain an advantage over the other person on the next occasion.

Thomas Hora was cognizant of these difficulties when he observed

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2 Ibid., pp. 2-4.

3 Ibid., pp. 5-6.
that "To understand himself man needs to be understood by another. To be understood by another he needs to understand the other."¹

In situations in which agreement cannot be reached and disagreement cannot be tolerated a technique is developed which enables one to say something without really saying it, to deny without really saying "no," and to disagree without really disagreeing—thus enabling one to avoid taking a stand for which one is not prepared to accept responsibility.² When we are not able to say what we mean and to understand what others mean, understanding between people is impossible and one's understanding of oneself becomes mutilated.³

Virginia Satir asserts that the more indirectly people communicate the more dysfunctional they are likely to be.⁴ A dysfunctional person will not be able to verify his perceptions to see whether they tally with the intended meaning of another or with the situation as it really is. Therefore, when two married people are unable to verify their meanings with each other, the result may be tragic.⁵

²Ibid., p. 18.
³Ibid., p. 38.
⁴Satir, pp. 92-94.
⁵Ibid., p. 94.
In order to help the incest offender and his family to improve their communication patterns, social workers must look with particular care at the interaction between the patient and his wife.

The treatment program of patients should include not only initiating change within the patient while he is in the hospital, but also initiating change in the patient's home environment. There is a continuation of the treatment process beyond the confines of the hospital. The social worker, as a member of a multidisciplinary treatment team, is the patient's chief liaison with his family and the community.

Purpose

The primary purpose of this study was to examine a selected category of patients—the father-daughter incest offenders—in order to determine whether there is a significant difference in the degree of ability to communicate with their wives, between those who plan to re-establish their families and those who do not plan to re-establish their families.

Problem

Since the specific focus of this study was upon communication between patients and their wives and the patients' plans to re-establish or not re-establish their families, the hypotheses formulated were as follows:

Positive: There is a significant difference in the degree of ability to communicate with their wives, between those
father-daughter incest offenders who plan to re-establish their families and those who do not plan to re-establish their families.

Null: There is no significant difference in the degree of ability to communicate with their wives, between those father-daughter incest offenders who plan to re-establish their families and those who do not plan to re-establish their families.

Statistical: Among father-daughter incest offenders those who can communicate with their wives represents a larger proportion of those who plan to re-establish their families than of those who do not plan to re-establish their families.

The rejection of the null hypothesis would indicate that the assumption that those father-daughter incest offenders who plan to re-establish their families are better able to communicate with their wives is sustained. If one can isolate constant factors that consistently appear with an incest offender who has difficulty communicating with his wife, then there is a possibility that this study might apply to other social work settings in which other mentally disordered sex offenders are treated. One might be able to predict those patients who are not likely to re-establish their families. In the event the null hypothesis cannot be rejected, the following question beyond that of the validity and reliability of the questionnaire may be raised: does the instrument, the communication index, discriminate adequately in measuring those who plan to re-establish their families and those who do not?

To gain more understanding of the differences between those father-daughter incest offenders who plan to re-establish their families and those who do not plan to re-establish their families,
four basic questions were formulated:

1) To what extent did the literature discuss the differences between those father-daughter incest offenders who plan to re-establish their families, and those who do not plan to re-establish their families?

2) What were the baseline (descriptive) characteristics of the two groups of patients? Did any of these characteristics differentiate the father-daughter incest offenders who plan to re-establish their families from those who do not plan to re-establish their families?

3) Did the questionnaire items designed to measure communication factors significantly differentiate 24 father-daughter incest offenders who plan to re-establish their families from 18 father-daughter incest offenders who do not plan to re-establish their families, or who are uncertain about their plans?

4) Did the analysis of the data sustain or reject the null hypothesis?

Methods and Procedures

The study sample was composed of a total population of father-daughter incest offenders—indeterminate, confined at Atascadero State Hospital between September 5, 1967, and January 10, 1968, who had not committed any other sexual offenses and whose marriages had not been dissolved by divorce or annulment. The sample was drawn from 400 cases of mentally disordered sex offenders who had been committed to Atascadero for an indeterminate period. Mentally Disordered Sex Offender, indeterminate, MDSOI, is the classification given to a sex offender after he has been observed at the hospital for ninety days and is considered to be
amenable to treatment at the hospital.  

Interviews were held with 42 patients, and schedules of 15 items (Appendix B) were devised to procure information from them regarding personal, social and institutional characteristics. The only item in the schedule that does not appear in the study is the date of admission to the hospital. It was not possible to correlate the length of hospitalization and the patients' plans to re-establish their families, because their discharge dates were unknown; this item was therefore deleted. Also, questionnaires of 31 items (Appendix C) were mailed to the wives of the patients. The questionnaire items provided for the possibility of responding at least four ways to each item except those regarding personal characteristics.

The study sample was then dichotomized according to those who plan to re-establish their families and those who do not plan to re-establish their families. Twenty-four plan to re-establish and eighteen do not, or are uncertain about their plans. The unit of analysis for the study was the patients' replies about their ability to communicate with their wives, and the wives' replies about their ability to communicate with their spouses. The unit was dichotomized by the patients' plan to re-establish or not re-establish their families.

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The data are shown on tabular presentation tables to illustrate characteristics of the patients and to add to the clarity of the discussion.

Recapitulation tables are used for presentation of data. The data were analyzed by Chi Square test for the significance of the difference between the observed and expected frequencies. The formula is as follows: \( \chi^2 = \sum \frac{(O - E)^2}{E} \). ¹ Data were also analyzed by the "t" test to determine the significance of difference between the means of the dichotomized data. ² The formula is as follows:

\[
t = \frac{M_1 - M_2}{\sqrt{\left(\frac{\sum x^2 + \sum y^2}{N_1 + N_2 - 2}\right) \left(\frac{N_1 N_2}{N_1 N_2}\right)}}
\]

In summary, father-daughter incest offenders and their wives were selected for this study. In the first chapter the theoretical formulation, the purpose of the study, the problem, and the methods and procedures utilized in the completion of the study were delineated. A review of pertinent research and literature are discussed in Chapter II. In addition a description of the hospital and


a description of the study sample are presented. In Chapter III, the analysis of the questionnaire responses is presented. The findings and inferences derived from this study are discussed in Chapter IV.
CHAPTER II

BACKGROUND OF THE STUDY

Research has been undertaken by many authors to learn about communication and family interaction. It is indicated and implied in the literature that the presented problems in mental illness include fundamental disturbance in social interaction. However, the sex offender is considered to be a special type of patient and it has been found that not all of the data on mentally ill patients apply to the incest offender.¹

Review of the Literature

Weinberg was cognizant of the difficulties that incest causes when he observed that incest behavior disrupts the social closeness and sexual distance upon which family unity depends.² Accordingly, Gagnon, Pomeroy and Christenson assert that the necessity for a father-daughter taboo is obvious as such incest would threaten the

¹Atascadero State Hospital, History and Statistics of Atascadero State Hospital (Atascadero, California, April 24, 1954). (Mimeoographed.)

continued existence of family unity. 1 Despite its stringent proscription, however, incest does occur. Material presented by Dr. Weiner suggests that overt incest has been reported in every civilized country; its reported occurrence is approximately one case yearly per million persons; it accounts for three to four per cent of all reported sex offenses. 2

Dr. Weiner was aware that incest has certain situational factors when he observed that father-daughter incest usually occurs in an unbroken home and begins following sexual estrangement between husband and wife. 3 In addition, Weinberg suggests that social relations between the incestuous father and his wife are usually conflicting, and that the father easily becomes upset by the spouse's implied or spoken disapproval of his irresponsible life pattern. 4 In this regard, Hollis declares that an important aspect of interaction is communication—the extent to which two people are able to convey their feelings and opinions to each other, either verbally or


2Survey on Incest by Irving B. Weiner, Ph.D., prepared by Atascadero State Hospital Research Department, Atascadero, California, p. 18. (Mimeographed.)

3Ibid.

4Weinberg, 105.
nonverbally. She asserts that defenses such as repression, suppression and inhibition may interfere with communication. \(^1\) Jurgen Ruesch, M.D. thinks the most important criterion of successful communication is the gratification received from an exchange of messages. He asserts that being understood is a pleasure; reaching an agreement is expedient and pleasant; and being understood and reaching agreements is extremely gratifying. \(^2\) However, no studies have been found that show communication as a factor in the father-daughter incest offender's decision to re-establish his family.

The Agency Setting

Atascadero State Hospital was officially opened June 30, 1954, as a maximum security hospital. This hospital, located on the central California coast, was designated by the California Department of Mental Hygiene for the care and treatment of mentally ill sex offenders. \(^3\) It is one of fourteen hospitals operated by the Department of Mental Hygiene and is unique among these institutions as it

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\(^3\)Letter from Dr. R. S. Rood, Assistant Superintendent, Napa State Hospital (former Superintendent of Atascadero State Hospital), Imola, California, December 24, 1965. (On file in Atascadero State Hospital library.)
treats only male patients. Its population of 1,600 males consists of patients having a vast array of social and psychiatric problems. 1

Approximately fifty per cent of the hospital population are Mentally Disordered Sex Offender patients, referred to as the MDSO. The patients committed as "criminally insane" comprise the other fifty per cent of the population. 2

The MDSO is legally defined as a person (1) who has a mental defect, disease or disorder; (2) whose defect, disease, or disorder predisposes him to commit sexual offenses; (3) whose predisposition to commit sexual offenses makes him dangerous to the health and safety of others. 3

The MDSO patient is admitted to the hospital under a ninety day commitment for observation. During this period the staff must determine whether or not the patient is a mentally disordered sex offender. If he is considered to be a MDSO, the staff must then determine whether or not he is amenable to treatment. Patients who are considered not amenable to treatment are returned to the court for disposition, which usually results in a criminal charge and subsequent sentencing. If a MDSO is considered to be amenable to

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2Ibid.

treatment, he is recommitted for an indeterminate period. ¹

The patient is usually active in group therapy, industrial therapy, activity therapy, and some individual therapy. Since there are only a limited number of qualified therapists available, this does not permit extensive use of individual therapy. The development of a group approach to treatment grew out of administrative planning. ²

The treatment team which helps the patients ready themselves for a successful return to society consists of a psychiatrist, a psychologist, a social worker, a rehabilitation therapist and nursing service personnel. The emphasis in the treatment program is on the therapeutic community.

The hospital staff is constantly seeking better methods to treat the patients and to help them to utilize appropriate resources which contribute to their recovery.

Description of the Study Sample

The sample was composed of forty-two incest offenders and thirty-two of their wives. The data in Table 1 shows the majority of the male sample were between twenty-five and forty-five years of age, were Caucasian, had less than a tenth grade education, were

¹Ibid., Section 5517, p. 194.

TABLE 1
BASELINE CHARACTERISTICS OF FORTY-TWO
FATHER-DAUGHTER INCEST OFFENDERS

<table>
<thead>
<tr>
<th>Baseline Characteristics</th>
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<th>Proportion</th>
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<td>7 - 9 years</td>
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<td>10 - 12 years</td>
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<td>.0952</td>
</tr>
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<td>Over 11 years</td>
<td>18</td>
<td>.5625</td>
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</table>

\(^a\)One patient was not included in this category as he molested both his daughter and his step-daughter.
Protestant, and had been married over eleven years. In addition, the majority molested their natural daughters rather than their step-daughters, and they were involved with only one victim.

Nearly eighty-four per cent of the men were forty-five years of age or younger. Approximately thirty-six per cent were in the twenty-five to thirty-five year age group and almost forty-eight per cent were in the thirty-six to forty-five year group. Slightly less than seventeen per cent were over forty-six years of age.

It was observed that seventy-nine per cent of the group were Caucasian; five per cent were Negro; nine per cent were Mexican and seven per cent were members of other ethnic groups.

The item on education shows the largest single group to have been in junior high school when their formal education terminated. The number having less than seven years of education (23.8%) is more than double the number of those having some college (9.5%).

The item on religion reflects that seventy-four per cent of the men were Protestant, seventeen per cent were Catholic and nine per cent were of other religions.

It was observed that eighty per cent of the men molested their natural daughters, and twenty per cent of the men molested their step-daughters. Approximately seventy-one per cent molested one victim, nineteen per cent molested two victims, and ten per cent molested more than two victims.
It was observed that fifty-six per cent of the group had been married eleven years or longer.

When the sample was dichotomized, the baseline characteristics did not discriminate significantly between the groups (Table 2). Although there were no significant items, interesting trends were noted. In education, for example, the data from Table 2 indicates that seventy-five per cent of the group who plan to re-establish their families have less than a tenth grade education. However, only slight differences were noted in the other educational intervals.

The victims classification reflects that natural daughters were the victims of eighty-three per cent of the group who do not plan to re-establish their families; and they were the victims of seventy-eight per cent of those who plan to re-establish their families. Step-daughters were the victims of only seventeen per cent of the group who do not plan to re-establish their families, and they were the victims of twenty-two per cent of those who plan to re-establish their families.

The number of victims category reflects that eighty-eight per cent of those patients planning to return to their families had molested fewer than three victims. However, ninety-five per cent of those patients who do not plan to re-establish their families had molested fewer than three victims.
<table>
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<td>.5384</td>
<td></td>
</tr>
<tr>
<td>Over 11 years</td>
<td>12</td>
<td>.6315</td>
<td>6</td>
<td>.4615</td>
<td>.906</td>
</tr>
</tbody>
</table>

\(^a,b^\text{Data collapsed for statistical analysis.}\)
The religious categories reflect that seventy-five per cent of the group who plan to return to their families are Protestant, as contrasted to seventy-two per cent of the group who do not plan to re-establish their families. Seventeen per cent of both groups, those who plan to re-establish their families and those who do not plan to re-establish their families, are Catholic. The religious categories were not items which discriminated between the groups or suggested trends.

The marriage category reflects that sixty-three per cent of those who plan to re-establish their families have been married over eleven years. Only forty-six per cent of those who do not plan to re-establish their families have been married over eleven years.

The item on age shows that twenty-one per cent of the patients who plan to re-establish their families are over forty-six years of age, while only eleven per cent of the patients who do not plan to re-establish their families are over forty-six years of age.

As shown by the data in Table 3, the majority of the patients' wives were Caucasian, were Protestant, were in high school when their education terminated and were not employed at the time of the study.

In summary, Chapter II includes a review of the research, and that review revealed a lack of information about the incest offenders' ability to communicate with their wives. However, many
TABLE 3

WIVES OF FATHER-DAUGHTER INCEST OFFENDERS BY IDENTIFYING ITEMS: 
CHI SQUARE, PROBABILITY, AND PROPORTION

<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Scores</th>
<th></th>
<th></th>
<th>Chi Square</th>
<th>d.f.</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wives of Patients</td>
<td>Wives of Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Who Plan To Re-establish</td>
<td>Who Do Not Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Families</td>
<td>Families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 19</td>
<td>Proportion</td>
<td>N = 13</td>
<td>Proportion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>17</td>
<td>.8947</td>
<td>10</td>
<td>.7692</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-white</td>
<td>2</td>
<td>.1052</td>
<td>3</td>
<td>.2307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negro</td>
<td>1</td>
<td>.1052</td>
<td>3</td>
<td>.2307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican-American</td>
<td>1</td>
<td>.1052</td>
<td>3</td>
<td>.2307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oriental</td>
<td>0</td>
<td>.1052</td>
<td>3</td>
<td>.2307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>.1052</td>
<td>3</td>
<td>.2307</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>17</td>
<td>.8947</td>
<td>12</td>
<td>.9230</td>
<td></td>
<td>.50 &gt; P &gt; .30</td>
</tr>
<tr>
<td>Catholic</td>
<td>2</td>
<td>.1052</td>
<td>1</td>
<td>.0769</td>
<td>.072</td>
<td>.80 &gt; P &gt; .70</td>
</tr>
</tbody>
</table>

Note: a indicates a correction factor for small expected frequencies.
<table>
<thead>
<tr>
<th>Education</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 6</td>
<td>3</td>
<td>1.1666</td>
<td>3</td>
<td>2.500</td>
<td></td>
</tr>
<tr>
<td>7 - 9</td>
<td>5</td>
<td>2.777</td>
<td>4</td>
<td>3.333</td>
<td></td>
</tr>
<tr>
<td>10 - 12</td>
<td>8</td>
<td>4.4444</td>
<td>3</td>
<td>2.500</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>2</td>
<td>1.1111</td>
<td>2</td>
<td>1.666</td>
<td>1.233</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly</td>
<td>1</td>
<td>0.0555</td>
<td>4</td>
<td>0.3076</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
<td>3.3333</td>
<td>1</td>
<td>0.0769</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>11</td>
<td>6.1111</td>
<td>8</td>
<td>6.153</td>
<td>5.173</td>
</tr>
</tbody>
</table>

aData collapsed for statistical analysis.
authors discussed communication and family interaction. Other authors observed that incest threatens the continued existence of the family.

The setting for the study was Atascadero State Hospital. The hospital was officially opened June 30, 1954, as a maximum security institution for the care and treatment of the sex offender and other mental patients. The principal treatment focus has been on groups and the emphasis in the treatment program is on the use of the therapeutic community.

The study sample was composed of forty-two incest offenders and thirty-two of their wives. The patients were confined at Atascadero State Hospital between September 5, 1967, and January 10, 1968. They had not committed any other sexual offenses, and their marriages had not been dissolved by divorce or annulment. As shown in Table 1, the majority of the male sample were between twenty-five and forty-five years of age, were Caucasian, had less than a tenth grade education, were Protestant, and had been married over eleven years. The descriptive items did not differentiate significantly the patients who plan to re-establish their families from those who do not plan to re-establish their families. Also, the descriptive items showed no significant difference between the wives of the patients of the dichotomized study sample.
In Chapter III, the analysis of the questionnaire responses will be presented. The findings and conclusions are discussed in Chapter IV.
CHAPTER III

ANALYSIS OF THE DATA

In this chapter, data on the responses to schedule items are presented and analyzed. The data collected for this study indicate certain significant distributions, and other data indicate trends. It is hoped that the data collected for this study can be used in planning a more effective treatment program for the incest offender patients and to offer additional services to them and to their wives.

Responses to Questionnaire Items

Many incest offender patients frequently claim to have difficulties communicating with their wives. Therefore, the patients' and their wives' responses to items regarding communication with each other were reviewed. The patients who plan to re-establish their families outnumber the patients not planning to re-establish their families (.666 to .222) in stating that disagreements with their wives were handled by mutual give and take. The women in "Group

1See Table 4 for patients' responses and Table 5 for wives' responses.

2For the sake of convenience, those patients and their wives who plan to re-establish their families will be classified as "Group A." Those patients and their wives who are not planning to re-establish their families will be classified as "Group B."
### TABLE 4

**PATIENTS' RESPONSES TO TWO SCHEDULE ITEMS--#12 & #13--BY:**
**CHI SQUARE, PROBABILITY AND PROPORTION**

<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Plan To Re-establish Family</th>
<th>Do Not Plan To Re-establish Family</th>
<th>Chi Square</th>
<th>d.f.</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=24</td>
<td>N=18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion</td>
<td>Proportion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When disagreements arise they are generally handled by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself giving in</td>
<td>5</td>
<td>5</td>
<td>.2083</td>
<td>.2777</td>
<td></td>
</tr>
<tr>
<td>Your wife giving in</td>
<td>2</td>
<td>4</td>
<td>.0833</td>
<td>.2222</td>
<td></td>
</tr>
<tr>
<td>Neither giving in</td>
<td>1</td>
<td>5</td>
<td>.0416</td>
<td>.2777</td>
<td></td>
</tr>
<tr>
<td>Agreement by mutual give and take</td>
<td>16</td>
<td>4</td>
<td>.6666</td>
<td>.2222</td>
<td>9.877 3</td>
</tr>
<tr>
<td>Do you and your wife generally talk things over together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>.0416</td>
<td>.1111</td>
<td></td>
</tr>
<tr>
<td>Now and then</td>
<td>2</td>
<td>15</td>
<td>.0833</td>
<td>.8333</td>
<td></td>
</tr>
<tr>
<td>Almost always</td>
<td>12</td>
<td>1</td>
<td>.0833</td>
<td>.8333</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>9</td>
<td>0</td>
<td>.8750</td>
<td>.0555</td>
<td>28.174 2</td>
</tr>
</tbody>
</table>

aData collapsed for statistical analysis.
<table>
<thead>
<tr>
<th>Schedule Items</th>
<th>Wives of Patients</th>
<th>Wives of Patients</th>
<th>Chi Square</th>
<th>d.f.</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who Plan To Re-</td>
<td>Who Do Not Plan To</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>establish Families</td>
<td>Re-establish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=19 Proportion</td>
<td>Families Chi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When disagreements arise they are generally handled by:</td>
<td>Wives of Patients</td>
<td>Wives of Patients</td>
<td>Chi Square</td>
<td>d.f.</td>
<td>Probability</td>
</tr>
<tr>
<td>Your husband giving in</td>
<td>4</td>
<td>0</td>
<td>9.6842</td>
<td>8</td>
<td>.6153</td>
</tr>
<tr>
<td>Yourself giving in</td>
<td>9</td>
<td>.6842</td>
<td>8</td>
<td>.6153</td>
<td></td>
</tr>
<tr>
<td>Neither giving in</td>
<td>1</td>
<td>.0526</td>
<td>2</td>
<td>.1538</td>
<td></td>
</tr>
<tr>
<td>Agreement by mutual</td>
<td>5</td>
<td>.2631</td>
<td>3</td>
<td>.2307</td>
<td></td>
</tr>
<tr>
<td>give and take</td>
<td>= 2</td>
<td>.2631</td>
<td>3</td>
<td>.2307</td>
<td></td>
</tr>
<tr>
<td>Do you and your husband generally talk things over together?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>2</td>
<td>.1052</td>
<td>4</td>
<td>.3076</td>
<td></td>
</tr>
<tr>
<td>Now and then</td>
<td>9</td>
<td>.4736</td>
<td>7</td>
<td>.5384</td>
<td></td>
</tr>
<tr>
<td>Almost always</td>
<td>6</td>
<td>.4736</td>
<td>7</td>
<td>.5384</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>2</td>
<td>.4210</td>
<td>0</td>
<td>.1538</td>
<td></td>
</tr>
</tbody>
</table>

a, b Data collapsed for statistical analysis.
B" outnumber the women in "Group A" by three to one, (.153 to .052) in relating that neither they nor their husbands "give in" when disagreements arise. The point regarding communication is enforced by the fact that an even more striking contrast is revealed in the responses concerning joint discussions of family problems. Of twenty-four patients in "Group A," twenty-one indicated that they "almost always" talk things over with their wives. In "Group B" only one gave a similar answer—revealing a significant seventeen-to-one ratio. Once again the wives gave a similar response. In stating that they "almost always" talk things over with their husbands, the women in "Group A" outnumber the women in "Group B" by two to one, (.421 to .153). Another significant finding is manifested concerning joint discussions. Of eighteen patients in "Group B," fifteen related that they only talk things over with their wives "now and then." In contrast to this, of twenty-four patients in "Group A," two patients indicated that they only talk things over with their wives "now and then"—revealing a significant fifteen-to-two ratio. In addition, a larger number of women in "Group B" talk things over only "now and then" than do the women in "Group A." Similarly, in stating that they "never" talk things over with their husbands, the women in "Group B" outnumber the women in "Group A" by three to one, (.307 to .105). A larger number of the patients in "Group B" than in "Group A" "never" talk things over with their wives.
The above factors merit concern in the analysis of the data. They suggest that patients in "Group A" communicate to a greater extent with their wives than do the patients in "Group B."

The most pertinent facts uncovered in this study were the results of the "t" test which significantly differentiates between the communication scores of the dichotomized groups. As shown in Table 6, there is a significant difference between the mean\(^1\) scores

### TABLE 6

<table>
<thead>
<tr>
<th>Factor</th>
<th>No.</th>
<th>Mean Scores</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who plan to re-establish their families</td>
<td>24</td>
<td>13.00</td>
<td>2.32</td>
</tr>
<tr>
<td>Patients who do not plan to re-establish their families</td>
<td>18</td>
<td>9.27</td>
<td>1.81</td>
</tr>
</tbody>
</table>

\(t = 5.4829, 40 \text{ d.f., } P < .001\)

\(^1\)The mean refers to the arithmetic mean or average. It is a measure of central tendency. Harris K. Goldstein, D.S.W., Research Standards and Methods for Social Workers (New Orleans: The Hauser Press, 1963), p. 207.
on communication of the patients in "Group A" and of the patients in "Group B." Another striking contrast is revealed in Table 7 which shows the significant difference between the wives in "Group A" and those in "Group B," in the mean scores on communication. These scores suggest that the communication patterns of "Group A" and "Group B" are diametrically opposed.

### TABLE 7

<table>
<thead>
<tr>
<th>Factor</th>
<th>No.</th>
<th>Mean Scores</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wives of patients who plan to re-establish their families</td>
<td>19</td>
<td>127.94</td>
<td>20.99</td>
</tr>
<tr>
<td>Wives of patients who do not plan to re-establish their families</td>
<td>13</td>
<td>111.30</td>
<td>12.46</td>
</tr>
</tbody>
</table>

\[ t = 2.4831, 30 \text{ d.f., } .20 > P > .01 \]

Interviews with Patients

To gain more understanding of the communication patterns of the patients of the dichotomized groups, two open-ended questions were formulated.
1) If your wife wanted to purchase a lamp for $700, how would this be handled?

2) What is the most difficult subject for you to discuss with your wife?

In remarking that a decision would be made by mutual discussion, the patients in "Group A" outnumber the patients in "Group B.

A larger number of the patients in "Group B" than in "Group A" stated that they would make a decision without considering their wives' request. Another striking contrast was revealed concerning a lack of joint discussions. In relating that their wives would purchase the lamp even though they disapproved, "Group B" outnumbered "Group A."

The second question differentiated the patients in "Group A" from the patients in "Group B." Almost unanimously, the patients in "Group A" stated that it was difficult for them to discuss their feelings of inadequacy with their wives prior to their hospitalization. It was the consensus that they are now able to discuss these subjects with their wives. In comparison, the majority of the patients in "Group B" indicated that it is difficult for them to discuss their feelings on sex-relations or their feelings in general with their wives. They did not mention any change in their ability to communicate with their wives since their hospitalization.

In summary, the facts uncovered in this study significantly differentiate the communication scores of the dichotomized groups.
These scores suggest that there is a significant difference in the
degree of ability to communicate with their wives between those
father-daughter incest offenders who plan to re-establish their
families and those who do not have such plans.

The findings and inferences derived from this study are
discussed in Chapter IV. In addition, the implications for social
work are delineated.
CHAPTER IV

FINDINGS AND INTERPRETATIONS

This study of the father-daughter incest offender at Atascadero State Hospital was undertaken in the fall of 1967. The sample was drawn from 400 cases of mentally disordered sex offenders who had been committed to the hospital for an indeterminate period. The purpose was to examine a selected category of patients—the father-daughter incest offenders—in order to determine whether there is a significant difference in the degree of ability to communicate with their wives, between those who plan to re-establish their families and those who do not plan to re-establish their families.

The primary focus of this study was upon communication between patients and their wives. Communication patterns were studied because the patients' emotional distance from their wives was marked by a breakdown in communication. This breakdown in communication appeared to be caused by overwhelming anxiety resulting from the patients' feelings of inadequacy. Some patients sought minimal security by reducing their contact with their wives. Other patients wished to avoid future contacts with their wives because they had lost all trust in their ability to relate to them.
It was expected that there would be a significant difference, beyond that attributable to chance, in the degree of ability to communicate with their wives between those patients who plan to re-establish their families and those who do not plan to re-establish their families.

To facilitate a systematic approach to the study and to gain more understanding of the patients' plans after discharge, four basic questions were formulated. To what extent did the literature discuss the differences between those father-daughter incest offenders who plan to re-establish their families, and those who do not plan to re-establish their families? The second question formulated was concerned with the descriptive characteristics of patient groups: Did any of these characteristics differentiate the two patient groups? The third question was concerned with the questionnaire items designed to measure communication factors: Did the questionnaire items significantly differentiate the twenty-four incest offenders who plan to re-establish their families from the eighteen incest offenders who do not plan to re-establish their families? The last question deals with the analysis of the data: Did the analysis of the data sustain or reject the null hypothesis?

A review of previous research revealed a lack of information about the incest offenders' ability to communicate with their wives. However, many authors discussed communication and family interaction. Other authors observed that incest threatens the continued
existence of the family. This material was important in evaluating the incest offenders.

The setting for the study was Atascadero State Hospital. The hospital was officially opened June 30, 1954, as a maximum security institution for the care and treatment of the sex offender and other mental patients.

The study sample was composed for forty-two incest offenders and thirty-two of their wives. The patients were confined at Atascadero State Hospital between September 5, 1967, and January 10, 1968. The majority of the male sample were between twenty-five and forty-five years of age—average age 38; they were Caucasian, had less than a tenth grade education, were Protestant and had been married over eleven years.

The study sample was dichotomized by those patients who plan to re-establish their families and those patients who do not plan to re-establish their families or who are uncertain about their plans. Although the descriptive items did not discriminate significantly between the patient groups, interesting trends were noted. The educational levels achieved by the patients suggest some trends. It was observed that seventy-five per cent of the group who plan to re-establish their families have less than a tenth grade education. Approximately sixty-one per cent of the group who do not plan to re-establish their families have less than a tenth grade education.
The findings suggest that the chances are slightly greater for a patient to return to his family if he has less than a tenth grade education. This could mean he is more secure within his own family environment. It could also indicate that he is less capable of becoming involved in new or foreign experiences. The data reveals that sixty-three per cent of those patients who plan to re-establish their families have been married over eleven years. Conversely, only forty-six per cent of those who do not plan to re-establish their families have been married over eleven years. This could suggest that the length of a marriage could be indicative of its stability.

The item on age shows that twenty-one per cent of the patients who plan to re-establish their families are over forty-six years of age as contrasted to eleven per cent in this age group of the patients who do not plan to re-establish their families. This item might be associated with the length of time married—the older man usually has been married for a longer period of time.

The educational classification of the wives indicated that fifty-five per cent of the wives of patients who plan to re-establish their families have over a tenth grade education. Twenty per cent of these wives have a higher education than their husbands. The educational category of the wives also indicated that forty-one per cent of the wives of patients who do not plan to re-establish their families have over a tenth grade education. Only three per cent of these wives
have a higher education than their husbands. Therefore, this group is in contrast to the group of wives of the patients who plan to re-establish their families.

The data demonstrate that of the patients who plan to re-establish their families, only five per cent of their wives work regularly. In contrast to this, thirty-one per cent of the wives of the patients who do not plan to re-establish their families work regularly. There is the possibility that the wives of those who do not plan to re-establish their families are more independent than the wives of those who plan to re-establish their families.

From this information a profile of both patient groups can be drawn. Generally, the patients who do not plan to re-establish their families have been married ten years or less; they tend to have achieved a higher educational level than those who do plan to re-establish their families; more of their wives tend to work regularly than do the wives of the other patient group.

Contrasted to these patients are the patients who plan to re-establish their families. The patients of this group have generally been married over eleven years; they tend to have reached a somewhat lower educational level than those who do not plan to re-establish their families; and a smaller number of their wives tend to work regularly than do the wives of the other patient group.
The data clearly demonstrate a strong trend which indicated that there is a significant difference in the degree of ability to communicate with their wives between those who plan to re-establish their families and those who do not have such plans. Based upon the analysis of the data the null hypothesis was rejected and the positive hypothesis was sustained.

The most significant facts uncovered in this study were the results of the "t" test and of the Chi Square scores on certain schedule items which differentiated the communication scores of the dichotomized groups. The patients who plan to re-establish their families greatly outnumbered those who do not have such plans in handling disagreements by mutual give and take and in being able to discuss things with their wives.

There were some limits of this study. The study was restricted to a small population because of a limited number of hospitalized incest offenders and because of a shrinkage of cases due to study requirements. The conviction rates of the incest offender, as for those who commit other personal crimes, are higher among the lower social and economic groups than among the middle and upper social and economic groups. A more accurate picture of the incest offender could have been gained by procuring a sample over a longer period of time. In addition, a more accurate measure of this population might have been obtained if the patients who had been at
the hospital less than ninety days had been included in this study.
The wives, furthermore, should have been asked whether they
planned to re-unite with their husbands, their plans might differ from
those of their husbands. Also, a questionnaire designed to measure
communication would have been more valid. For purposes of this
study, communication is operationally defined to mean 1) the patient's
ability to express himself fully; 2) his ability to reach consensus with
his wife by transmitting and receiving messages and 3) his ability to
demonstrate affection.

Future research studies would do well to compare the incest
offenders who have been in the hospital less than ninety days with
those who have been there more than ninety days. The modes of
treatment of the patients would be another factor to explore. Are
some patients better able to communicate with their wives because of
a particular treatment modality--group therapy, individual therapy
or a combination of both group and individual therapy? Those
patients who plan to re-establish their families almost unanimously
stated that they are able to discuss more things with their wives
since being hospitalized. What changed the patients in one group and
not those in the other? Is there a relationship between visits of
wives or receipt of mail from wives and the patients' ability to
communicate with their wives?
What are the implications for social work? Is the social worker serving the patients most effectively in the hospital milieu? Is serving the patient in group psychotherapy or individual therapy enough? Would not treatment of both the patient and his wife be more beneficial? Father-daughter incest usually occurs in an unbroken home following sexual estrangement between husband and wife. Social workers should use the technique—effecting change in immediate environmental forces when working with patients having mental disorders. In order to assure the patient's continued improvement after discharge it is necessary to modify his home environment in order to change his emotional reaction to it. Treatment aimed at only one member of the family unit might be ineffective if the patient continues to be exposed to pressures in his home environment. Social workers have a responsibility to provide ways in which obstacles to family equilibrium can be overcome. However, institutions are doing little work with families. Social workers should visit with the patients' wives or families in their home environment at least once during the patients' hospitalization, regardless of distance within the State of California. Appointments should be made to see wives and other family members whenever they visit, and visiting should be encouraged. The couples group for incest offenders and their wives and conjoint family therapy should be encouraged. This participation should enhance the ability of the patients and their
wives to express themselves fully. Social workers have the responsibility to strengthen the maximum potential in each patient or client. An attempt should be made to improve interpersonal relationships and to lessen pressures in a family. However, the social worker should keep in mind the fact that a patient may get along better in the community if he is away from his particular family.
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BIBLIOGRAPHY

Books


**Articles**


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Atascadero State Hospital, **Patient Government in Hospitals for the Mentally Ill**. Atascadero, California. (Mimeoographed.)


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APPENDIX
December 29, 1967

Dear Mrs.

Enclosed you will find a questionnaire which we would like to have you complete and return in the self-addressed envelope. As we are always striving to find more efficient ways to assist our patient population and speed their return to society, research studies are conducted with hopes that the results will be beneficial to many patients in our therapeutic program. Your husband is one of many in this study and he, also, is completing a similar questionnaire. Studies of this nature are only as valid as the information received and with the cooperation of both you and your husband the results will be much more meaningful than having response from just one of you.

All information is strickly confidential and will be treated in a professional way. Please complete the enclosed questionnaire and return in the self-addressed envelope by January 10, 1968. We remind you that all information will be treated in a confidential manner and we sincerely thank you for your time and cooperation.

Sincerely yours,

[Signature]
Ingle M. Luster
Social Services

IML:jc

Enclosures 2
APPENDIX B

QUESTIONNAIRE

Confidential Material

1. Name ____________________________.

2. I am ___ years old.

3. My wife is ___ years old.

4. We have ___ children. Place a ( ) by victim and indicate if she is daughter or step-daughter.

<table>
<thead>
<tr>
<th>Children</th>
<th>Age</th>
<th>Sex</th>
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<td>10.</td>
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</tbody>
</table>

Check ( ) which is correct:

5. Myself:
   ___ Caucasian
   ___ Negro
   ___ Mexican-American
   ___ Oriental
   ___ Other
   ___ (American Indian, etc.)

6. My Wife:
   ___ Caucasian
   ___ Negro
   ___ Mexican-American
   ___ Oriental
   ___ Other
   ___ (American Indian, etc.)

7. Myself:
   ___ Protestant
   ___ Catholic
   ___ Jewish
   ___ Other

8. My Wife:
   ___ Protestant
   ___ Catholic
   ___ Jewish
   ___ Other
9. Date admitted to Atascadero State Hospital: ____________________

10. After discharge, I plan

1. to return to my family ______
2. to return to my original community and
to eventually move back home ______
3. uncertain ______
4. I definitely do not plan to return to my family ______

11. Education:

Grade completed ______

12. Do you and your wife generally talk things over together?

Check one
a. Never ( ) 31*
b. Now and then ( ) 40
c. Almost always ( ) 33
d. Always ( ) 16

13. When disagreements arise they are generally handled by:

Check one
a. You giving in ( ) 50
b. Your wife giving in ( ) 31
c. Neither giving in ( ) 22
d. Agreement by mutual
give and take ( ) 53

14. If your wife wanted to purchase a table lamp for $700, how
would this be handled?

15. What is the most difficult subject to discuss with your wife?

*See wives' questionnaire for method to compute score.
APPENDIX C

QUESTIONNAIRE

Confidential Material

Identifying Information

1. I am ___ years old.
2. My husband is ___ years old.
3. My husband and I have been married ___ years.

Check ( ) which is correct:

4. Myself:
   ___ Caucasian
   ___ Negro
   ___ Mexican-American
   ___ Oriental
   ___ Other
       (American Indian, etc.)

5. My husband:
   ___ Caucasian
   ___ Negro
   ___ Mexican-American
   ___ Oriental
   ___ Other
       (American Indian, etc.)

6. We have ___ children.

   Children
   Age   Sex
   1.    ___   ___
   2.    ___   ___
   3.    ___   ___
   4.    ___   ___
   5.    ___   ___
   6.    ___   ___
   7.    ___   ___
   8.    ___   ___
   9.    ___   ___
  10.    ___   ___

7. Education completed _____________.

8. Religion _________________.

9. I work outside the home to earn money for our family
   ___ regularly; ___ sometimes; ___ not at all.
There are no "right or wrong" answers. The following points are to be observed in taking the test: (1) Be sure to answer all questions. Do not leave any blanks to signify "no" reply. (2) For each question, place a check after the most appropriate answer.\(^{a}\)

Companionship Factor

10. When disagreements arise they generally are handled by:
   a. Husband giving in ( ) 50
   b. Yourself giving in ( ) 31
   c. Neither giving in ( ) 22
   d. Agreement by mutual give-and-take ( ) 53

11. Do you and your husband agree on right, good, and proper behavior?
   a. Always agree ( ) 61
   b. Almost always agree ( ) 51
   c. Sometimes disagree ( ) 40
   d. Frequently disagree ( ) 40
   e. Almost always disagree ( ) 13
   f. Always disagree ( ) 22

12. Did you and your husband engage in outside activities together?
   a. All of them ( ) 34
   b. Some of them ( ) 24
   c. Few of them ( ) 13
   d. None of them ( ) 40

13. In leisure time, which did you and your husband prefer?
   a. Both to stay at home ( ) 44
   b. Both to be on the go ( ) 51
   c. One to be on the go and the other to stay home ( ) 31

\(^{a}\) Ernest W. Burgess, Harvey J. Locke, and Margaret Thomas, The Family: From Institution to Companionship. 3rd edition (New York: American Book Company, 1960), pp. 301-304. To compute score for each item add the digits of the number following each answer. These scores were not on the questionnaires sent to the patients' wives.
Consensus or Agreement

14. Do you and your husband agree on aims, goals, and things believed important in life?
   a. Always agree ( ) 26
   b. Almost always agree ( ) 15
   c. Sometimes disagree ( ) 40
   d. Frequently disagree ( ) 22
   e. Almost always disagree ( ) 31
   f. Always disagree ( ) 13

15. Do you and your husband agree on friends?
   a. Always agree ( ) 25
   b. Almost always agree ( ) 70
   c. Sometimes disagree ( ) 40
   d. Frequently disagree ( ) 13
   e. Almost always disagree ( ) 31
   f. Always disagree ( ) 40

16. Do you and your husband agree on ways of dealing with in-laws?
   a. Always agree ( ) 43
   b. Almost always agree ( ) 52
   c. Sometimes disagree ( ) 23
   d. Frequently disagree ( ) 23
   e. Almost always disagree ( ) 32
   f. Always disagree ( ) 50

17. Do you and your husband agree on handling family finances?
   a. Always agree ( ) 25
   b. Almost always agree ( ) 16
   c. Sometimes disagree ( ) 22
   d. Frequently disagree ( ) 22
   e. Almost always disagree ( ) 13
   f. Always disagree ( ) 40

18. Did you and your husband agree on amount of time spent together?
   a. Always agreed ( ) 16
   b. Almost always agreed ( ) 60
   c. Sometimes disagreed ( ) 41
   d. Frequently disagreed ( ) 40
   e. Almost always disagreed ( ) 31
   f. Always disagreed ( ) 13
Affectional Intimacy

19. How often did you kiss your husband?
   a. Every day ( ) 25
   b. Now and then ( ) 23
   c. Almost never ( ) 50

20. How frequently did you and your husband get on each other's nerves around the house?
   a. Never ( ) 52
   b. Almost never ( ) 60
   c. Sometimes ( ) 50
   d. Frequently ( ) 23

21. Do you and your husband agree on demonstration of affection?
   a. Always agree ( ) 16
   b. Almost always agree ( ) 33
   c. Sometimes disagree ( ) 41
   d. Frequently disagree ( ) 14
   e. Almost always disagree ( ) 23
   f. Always disagree ( ) 32

22. Check any of the following items which you think have caused serious difficulties in your marriage:
   Difficulties over money ___
   Lack of mutual friends ___
   Constant bickering ___
   Interference of in-laws ___
   Lack of mutual affection (no longer in love) ___
   Unsatisfying sex relations ___
   Selfishness and lack of cooperation ___
   Adultery ___
   Husband paid attention to (became familiar with) another person ___
   Drunkenness or alcoholism ___
   Other reasons ___
   Nothing ___

   a. Nothing checked 44
   b. One checked 80
   c. Two checked 61
   d. Three checked 24
   e. Four or five checked 23
   f. Six or more checked 22
Satisfaction with the Marriage and the Mate

23. Have you ever wished you had not married?
   a. Frequently ( ) 31
   b. Occasionally ( ) 22
   c. Rarely ( ) 34
   d. Never ( ) 26

24. Do you and your husband generally talk things over together?
   a. Never ( ) 31
   b. Now and then ( ) 40
   c. Almost always ( ) 33
   d. Always ( ) 16

25. How happy would you rate your marriage?
   a. Very happy ( ) 17
   b. Happy ( ) 43
   c. Average ( ) 40
   d. Unhappy ( ) 22
   e. Very unhappy ( ) 13

26. If you had your life to live again would you?
   a. Marry the same person ( ) 27
   b. Marry a different person ( ) 12
   c. Not marry at all ( ) 21

27. What is the total number of times you left your husband or your husband left you because of conflict?
   a. No times ( ) 54
   b. One time ( ) 13
   c. Two or more times ( ) 22

Sexual Behavior

28. What are your feelings on sex-relations with your husband?
   a. Very enjoyable ( ) 43
   b. Enjoyable ( ) 52
   c. Tolerable ( ) 13
   d. A little enjoyable ( ) 22
   e. Not at all enjoyable ( ) 31
29. Do you and your husband agree on sex relations?
   a. Always agree ( ) 43
   b. Almost always agree ( ) 33
   c. Sometimes disagree ( ) 23
   d. Frequently disagree ( ) 50
   e. Almost always disagree ( ) 41
   f. Always disagree ( ) 14

30. During sexual intercourse are your physical reactions satisfactory?
   a. Very ( ) 34
   b. Somewhat ( ) 25
   c. A little ( ) 23
   d. Not at all ( ) 14

31. Is sexual intercourse between you and your husband an expression of love and affection?
   a. Always ( ) 52
   b. Almost always ( ) 34
   c. Sometimes ( ) 42
   d. Almost never ( ) 22
DEFINITIONS OF TERMS FOR THE PURPOSES OF THIS STUDY

**Father-daughter incest offender** refers to a father having a sexual intercourse, orally copulating or fondling his daughter or step-daughter.

**Communication** is operationally defined to mean 1) the patient's ability to express himself fully; 2) his ability to reach consensus with his wife by transmitting and receiving messages; and 3) his ability to demonstrate affection.

**Re-establish family** refers to the patient's plans to re-unite with his wife and children after discharge.