



31st Annual Conference ISSTD 2014 EXPLORING & LEARNING TOGETHER:

WHAT WE NOW KNOW ABOUT
TRAUMA & DISSOCIATION

Westin Long Beach

Registration Open
May 1st

Pre-Conference | October 23-24, 2014

Conference | October 25-27, 2014

Welcome!

Your ISSTD webinar will begin shortly.

(Please note this webinar will be recorded and made available via the ISSTD Website, Members' Only Corner)

We are currently still accepting poster submissions for our 2014 Annual Conference.

www.isst-d.org



International Society for the
Study of Trauma and Dissociation

TRAUMA AND DISSOCIATION. IT HEALS HERE.

**Ongoing Incestuous Abuse
During Adulthood** Presented by:
**Professor Warwick Middleton,
MB BS, FRANZCP, MD**

May 9, 2014 • 3:30- 5:00 PM Eastern Time



**Professor Warwick Middleton,
MB BS, FRANZCP, MD**

Today's Presenter

Continuing Education (CE) credit information

To receive continuing education for this Webinar an evaluation and exam must be completed.

The Course Page can be accessed by going to: <https://secure.ce-credit.com/aff/40919/?go=/courses/102070>

To take the exam, please click "Take Exam" on the right hand side of the page. You will be prompted to create an account and pay for the course. Upon completion of the exam, you will be allowed to print or save your certificate as a PDF. CE certificates will also be saved under your account and can be accessed at any time by going to "Your Exam History" from the Member Home page.

Please note that the only way to access this exam is by using the link provided above. This information will be emailed to you at the completion of the program.

Next Webinar:

**Plan to Join Us for Our Next Webinar
Free for ISSTD members!**

Friday, June 13, 2014
11:30 am- 1:00 pm (EDT)

Topic:

**Crisis Management for Clients
with Complex Trauma**

Instructor: Victor Welzant, PhD

Visit www.isst-d.org for details posted soon!

Webinar Abstract:

Whilst the subject of ongoing incestuous abuse during adulthood has never been addressed in a systematic way by the professional literature, accounts of such cases have been appearing long term. The Josef Fritzl case added a new impetus to reporting such abuses in the lay literature. Fifty one such cases from 25 countries that have been identified in English language press accounts of the six years commencing January 2007 are discussed in the light of minimal coverage of such issues in the professional literature. Cases of enduring incest are not rare and typically incorporate decades of sexual abuse, frequently result in pregnancies, and commonly incorporate ongoing violence and death threats.²

Approximately 13% of patients with Dissociative Identity Disorder at the time of presentation as adults report incestuous abuse continuing into the adult years and for many, the abuse is current and ongoing. A series of 10 such incestuously abused women is presented. Typically these patients report being sexually abused from under age three. The manipulation of their sexual response assists in conditioning an enduring sexualised attachment, while shame and fear are used as key components in maintaining compliance and silence. Most describe the induction by their paternal abuser of orgasm at around the age of six. Such women have high indices of self-harm and suicidality and are prone to place themselves in dangerous reenactment scenarios.

The average duration of incestuous abuse for this group of women was 31 years and the average estimate of episodes of sexual abuse in their lives, 3,320. Most such women experience being "fused" to their father and do not feel that they have ownership of their own body. Generally their mother was reported as an active participant in the sexual abuse or at least as having done nothing to protect their daughter. The fathers, despite a propensity to use or threaten violence to their daughters are generally outwardly productively employed, financially comfortable, stably married and half have had close involvement with a church. Suicide and murder occur within the first or second degree relatives of these women at a high frequency. All 10 women had been sexually abused by various groupings of individuals connected to their fathers.

There have been ongoing reports of such cases in isolation for the past one and a half centuries and these reports are summarised in this presentation. The marked increase in the press reporting of such abuse in the wake of the documented abuses of Josef Fritzl, has allowed for the comparison of contemporary cases in the press to be compared with those encountered clinically and has confirmed many congruent similarities in both populations.

This form of extreme abuse has until recently not attracted any form of systematic scientific study and there has been little offered by way of published management guidelines.

References:

Middleton, W. (2012). Boundaries and Boundary Violations. In: Figley, C. (Ed). Encyclopaedia of Trauma. Sage: USA. 55-58.

Middleton, W. (2013). Ongoing incestuous abuse during adulthood. Journal of Trauma and Dissociation, 14:3, 251-272.

Middleton, W. (2013). Response to Commentary by Adah Sachs on “Parent-child incest that extends into adulthood: A survey of international press reports”, and, “Ongoing incestuous abuse during adulthood”. Journal of Trauma and Dissociation, 14:5, 580-583.

Middleton, W. (2013). Ongoing incestuous abuse during adulthood. European Society for Trauma and Dissociation Newsletter. Volume 3, Number 3, June, 9-12.

Middleton, W. (2014). Parent-child incest that extends into adulthood: a survey of international press reports, 2007-2012. In: Sar, V. Middleton, W. & Dorahy, M. (Eds). Global Perspectives on Dissociative Disorders: Individual and Societal Oppression. London: Routledge (Taylor and Francis), 45-64.

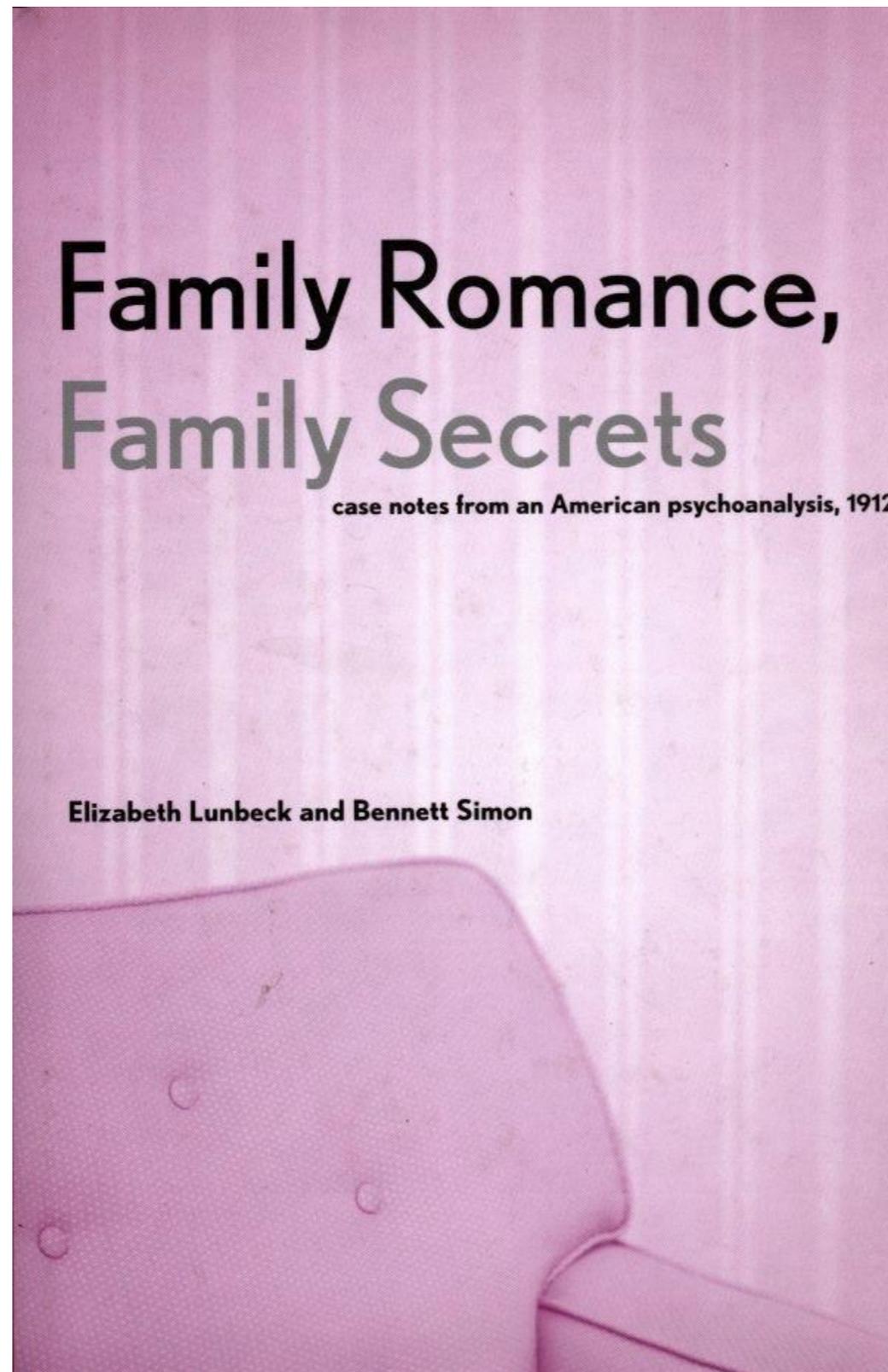
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Joel W. Perkins, Connecticut, 1871

“Joel W. Perkins, of Cornwall, Connecticut, has been on trial for incest with his six daughters and murder of some of their offspring, the eldest having five children by him. The girls stated that they submitted to him upon threat of death for refusal or divulgement. He says that his daughters invited him and his wife encouraged him, and that he did not know there was any law against such practices.”

**The Latter-Day Saints' Millennial Star, Volume 33, Tuesday
May 16 1871. Pg. 319**

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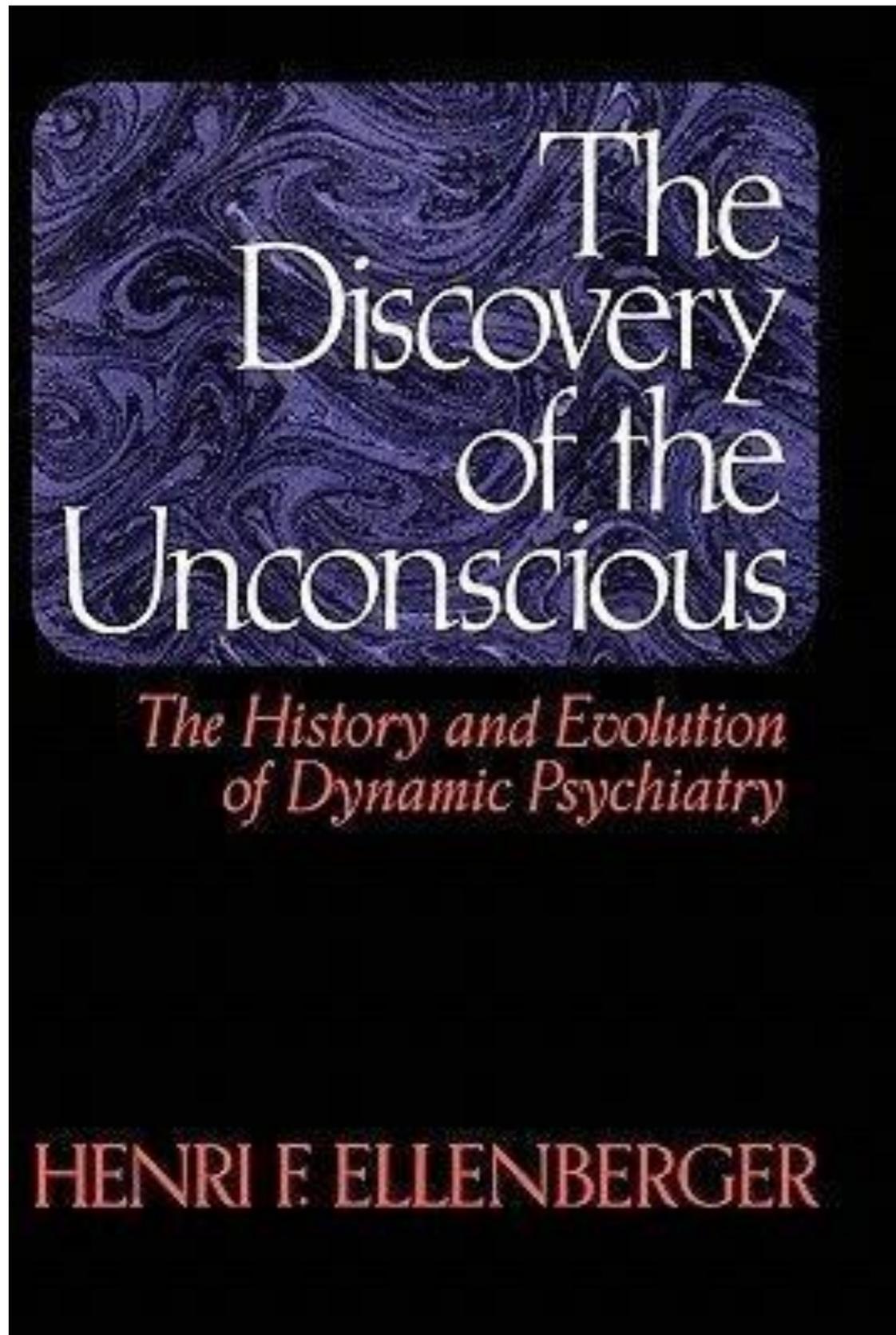


Elizabeth Lunbeck

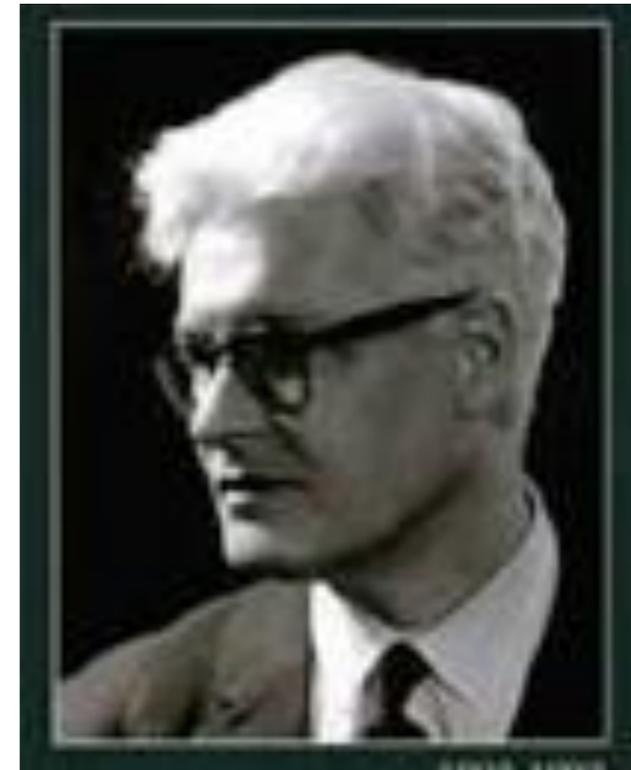


Bennett Simon

FAMILY ROMANCE, FAMILY SECRETS: CASE NOTES FROM AN AMERICAN PSYCHOANALYSIS, 1912. By Elizabeth Lunbeck and Bennett Simon. New Haven: Yale University Press, 2003 (Concerning Louville E. Eugene Emerson).



“The Discovery Of The Unconscious: The History And Evolution Of Dynamic Psychiatry”
by [Henri F. Ellenberger](#) 1970



[Henri-Frédéric Ellenberger](#)



Enrico **Morselli** 1852-1929

EMERGING AWARENESS: ABUSE, NEGLECT & VICTIMIZATION



- 1897 - Freud renounces his “seduction theory”
- 1911 - Bleuler’s construct of “schizophrenia” effectively subsumes DID, “hysterical psychosis” etc.
- 1940 - Study of 295 female middle-class hospital patients, 23.7% sexually abused before puberty (12.5% by a family member) (C. Landis)
- 1948 - United Nations Universal Declaration of Human Rights
- 1953 - Kinsey Report on 4,441 white middle-class females - 24% sexually abused before puberty (5.5% abused by family member, 1% by father/stepfather)
- 1962 - “Battered - Child Syndrome” (Kempe, Silverman, Steele, Droegemueller & Silver)
- 1969 - Stonewall Inn riot, Greenwich Village, New York launches gay liberation
- 1969 - “Attachment and Loss: Attachment” published (John Bowlby)
- 1971 - Publication of MK Bowers et al. “Therapy of multiple personality.” Int J Clin Exp Hypn 19;57-65.
- 1972 - “Shaken - Baby Syndrome” (Caffey)
- 1977 - Feminist analysis, “The Freudian Cover-up” published (F. Rush)
- 1978 - First questionnaire to screen for dissociation (C. Wilbur & D. Caul)
- 1978 - Introduction of the use of the diagnostic entity, Post Traumatic Stress Disorder (PTSD)
- 1979 - “Children of Chowchilla: Study of Psychic Trauma” by Lenore Terr
- 1980 - Publication of DSM - III, including PTSD, Borderline Personality Disorder & Dissociative Disorders
- 1980 - Publication of “Minds in Many Pieces” by Ralph Allison
- 1981 - Publication of “Father - Daughter Incest” by Judith Herman
- 1983 - Chowchilla revisited; 4-year follow-up, Lenore Terr
- 1983 - Founding of the International Society for the Study of Multiple Personality and Dissociation (in New York)
- 1984 - Publication of “The Assault on Truth” by Jeffrey Masson
- 1986 - Publication of “The Secret Trauma: Incest in the Lives of Girls & Women”(D. Russell)
- 1988 - Publication of a journal dedicated to dissociative disorders (“Dissociation”)
- 1988 - John Bowlby begins using the diagnosis of DID
- 1989 - United Nations Convention on the Rights of the Child
- 1989 - Association between childhood trauma and BPD (Herman, Perry & van der Kolk)
- 1989 - First comprehensive texts on the diagnosis and treatment of multiple personality disorder (F. Putnam, C. Ross)
- 1992 - “Trauma and Recovery: The Aftermath of Violence: From Domestic Abuse to Political Terror” (Judith Herman)

(Continued)

1994 - Suicide of Dr Jules Massermann 89, psychiatrist and psychoanalyst, APA President in 1978-1979 & author of 16 books & 410 articles, in context of deregistration and multiple legal actions involving sexual abuse of female patients.

1996 - 300,000 Belgian citizens march in protest at perceived cover-ups by police and compromised politicians concerning the serial killer and paedophile, Marc Dutroux, and his accomplices.

2000 - Initiation of Royal Commission into sexual abuse of children by members of Irish Catholic clergy.

2002 - World-wide attention focussed on Boston Archdiocese and sexual abuse of children by >10% of its priests.

2008 - The case of Josef Fritzl who imprisoned his daughter Elisabeth in an underground cellar for 24 years while treating her as a sex-slave who bore him 7 children, attracts world-wide attention.

2009 - Publication of "The Franklin Scandal" by Nick Bryant which documents the cover-up by law enforcement agencies, the judiciary, elements of the press, and of the Republican Party, of a high level US paedophile ring.

2010 - Pope Benedict XVI takes control of the Legionaries of Christ in the wake of proven child sexual abuses, gross impropriety and embezzlement by the order's charismatic founder, Rev Marcial Maciel Degollado.

2011 - "Operation Rescue" revealed - international police operation destroyed largest online paedophile network in world history which had in excess of 70,000 members.

2011 - Third (revised) edition of the ISSTD Guidelines for the Treatment of Dissociative Identity Disorder (DID). 2012 - Jailing for life of prominent football coach, and charity principal, Jerry Sandusky of Penn State University for the serial sexual abuse of boys.

2012 - ASCA Guidelines for Complex Trauma and Trauma Informed Care published, the world's first such guidelines.

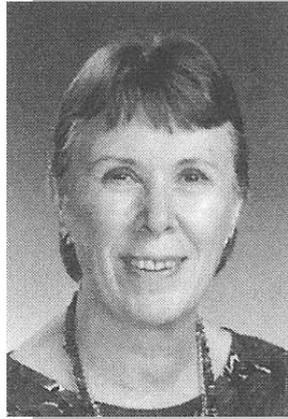
2012 - Prime minister J. Gillard announces Australian Royal Commission into institutional aspects of CSA.

2012 - Global exposure of the child sex abuses perpetrated by prominent TV personality, charity supporter and friend of Prince Charles, Jimmy Savile, against 450+ victims over a period of at least 54 years.

2013 - First scientific publications identifying the widespread and endemic nature of ongoing incestuous abuse during adulthood (W. Middleton).

2014 - United Nations demand that the Vatican 'immediately remove' all clergy who are known or suspected child abusers and turn them over to authorities.

CLINICIANS / RESEARCHERS IN THE TRAUMA AND DISSOCIATION FIELD



Marlene Hunter



Giovanni Liotti



Laurie Perlman



Bessel van der Kolk



Eli Sommer



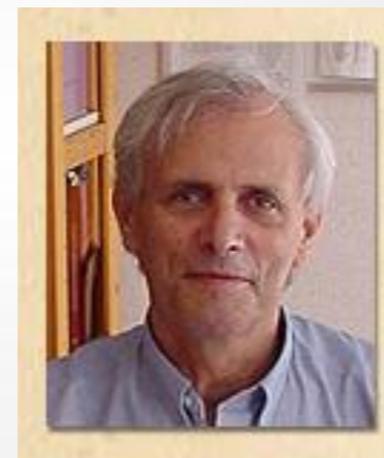
Vedat Sar



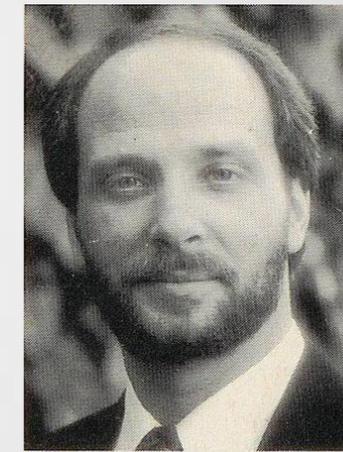
Marlene
Steinberg



Colin A.
Ross



Onno van der Hart



David
Calof



John
Briere



Jennifer
Freyd



Ellert
Nijenhuis



Frank W.
Putnam



Richard P.
Kluff



Christine Courtois

“In my experience, many incestuous children are uncommonly erotic. They are easily aroused, highly motivated and readily orgasmic. The degree of eroticization seems closely related to the intensity and duration of the incestuous union. The original mode e.g., heterosexual or homosexual, oral genital, extragenital) remains highly cathected. These observations are consistent with the observation that sexual responsiveness is learned behaviour. The process of eroticization can occur at any age.”

Yates A. Children eroticized by incest. *American Journal of Psychiatry* 1982; 139: 482-485

MEAN OR MEDIAN DES SCORES ACROSS POPULATIONS OF PATIENTS D.I.D.(M.P.D.), D.D.N.O.S., P.T.S.D. OR GENERAL POPULATION ADULTS

STUDY NUMBER

	1*	2*	3	4	5	6	7	8	9*	10
D.I.D. (M.P.D.)	57.1 (20)	40.7 (17)	55 (33)	42.8 (228)	45.2 (20)					51.0 (62)
D.D.N.O.S.			40.8 (29)	29.8 (99)	38.3 (6)					35.0 (30)
P.T.S.D.	31.3 (10)			30.0 (116)	26.1 (26)	41.1 (35)	27 (53)			
GENERAL POPULATION(A DULTS)	4.4 (34)	4.9 (28)		7.8 (415)				6.4 (30)	3.7 (25)	

* DENOTES MEDIAN SCORES SHOWN: STUDIES NUMBERED AS FOLLOWS:

1 - Bernstein & Putman, 1986; 2 - Ross, Norton & Anderson, 1988; 3 - Frischolz et al., 1990; 4 - Carlson et al., unpublished data; 5 - Coons et al., 1989; 6 - Branscomb, 1991; 7 - Bremner, Southwick, Brett, Fontana, Rosenbeck & Charney, 1992; 8 - Demitrack et al., 1990; 9 - Goldner et al 1991; **10 - Middleton & Butler, 1998.** (Adapted from Bernstein, Carlson & Putnam 1993)

PATIENTS WITH DISSOCIATIVE IDENTITY DISORDER (M.P.D.) CHILDHOOD /ADOLESCENT PHYSICAL AND SEXUAL ABUSE REPORTED

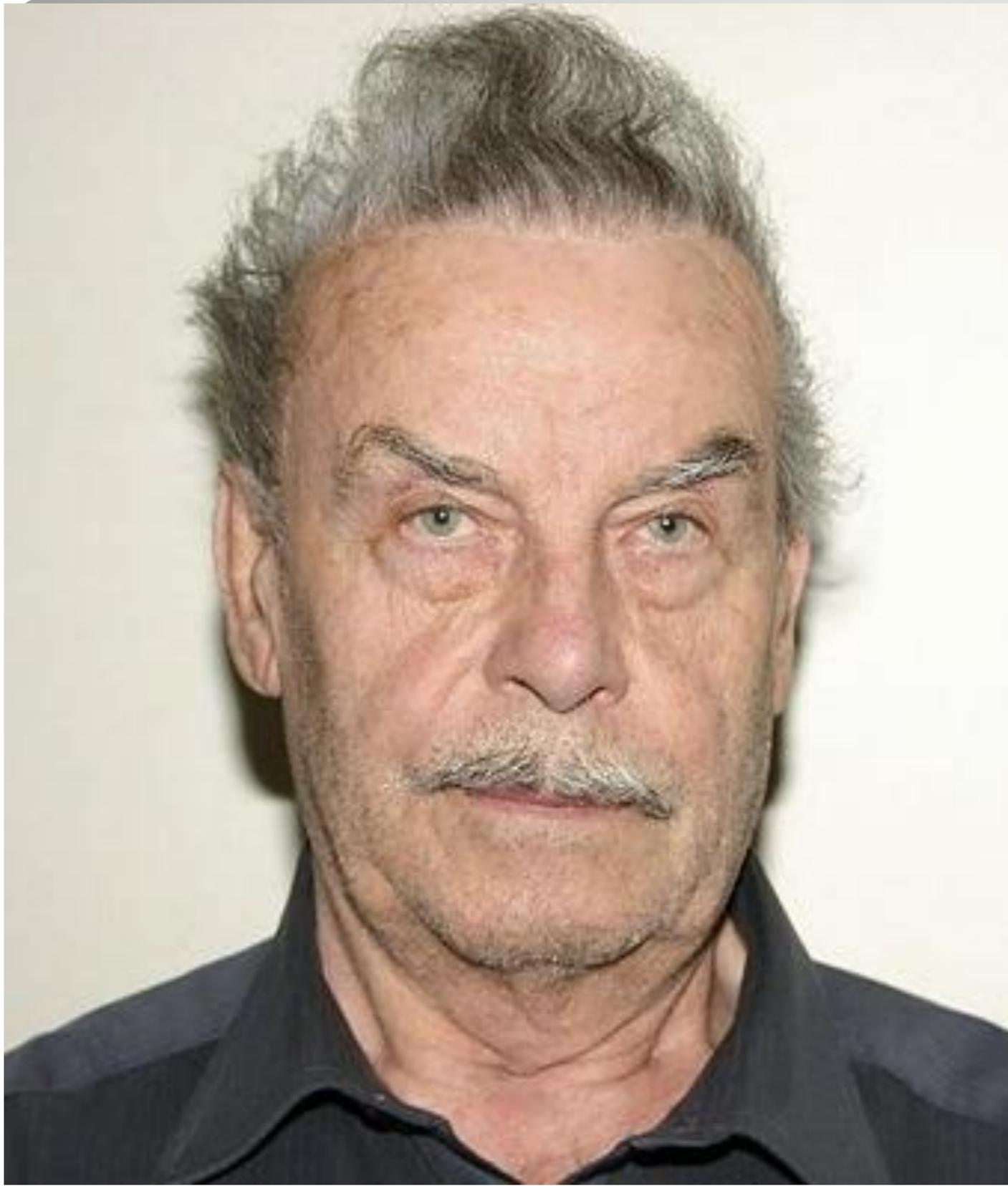
(N = 62: F54/M9)

Sexual abuse involving father and/or stepfather	53%*
Sexual abuse involving mother and/or stepmother	11%
Childhood sexual abuse involving vaginal intercourse (Females) (N = 54)	67%*
Childhood sexual abuse involving anal intercourse (Males) (N = 8)	37%*
Sexual abuse by a health professional, religious minister or other therapist as adolescent or adult	35%**
Continuation of incestuous sexual/physical abuse beyond time of presentation (as an “adult”)	13%***
Physical abuse involving father/stepfather	65%
Physical abuse involving mother/stepmother	47%*

* These percentages are likely to be underestimates

** Includes one case of attempted sexual abuse

*** In two instances involving police sexual offences branch



Josef Fritzl



Josef Fritzl covers his face prior to the start of his trial for incest on Monday, [March 16, 2009](#), at the provincial courthouse in St. Poelten, Austria.

ONGOING INCESTUOUS ABUSE DURING ADULTHOOD: BRITISH/SCOTTISH/IRISH EXAMPLES 2007-2009

ASSOCIATED WITH INCESTUOUSLY FATHERED CHILDREN

CASES INVOLVING THE BIRTH OF LIVING CHILDREN	NO. INCESTUOUSLY FATHERED CHILDREN	DURATION OF SEXUAL ABUSE	EXTREME VIOLENCE	USE OF FIRE, GUNS &/OR KNIVES
JOHN MC MILLAN (SCOTLAND) 2007	6 PREGNANCIES: 4 MISCARRIAGES, 1 STILLBIRTH, 1 DEATH	16 YEARS *	THREATS TO CUT UP MO.,	BOW & ARROWS, RAMBO STYLE KNIVES, AXES & REPLICA GUNS
SHEFFIELD CASE (ENGLAND) 2008	7 SURVIVING CHILDREN, 2 DEATHS, 19 PREGNANCIES	30 YEARS	SEVERE BEATINGS/TORTURE WITH FIRE/ BROKEN BONES	DEATH THREATS, HEAD HELD NEAR FLAME
BETH CARPENTER'S FA (SCOTLAND) 2009	2 SURVIVING CHILDREN, 3 DAUGHTERS ABUSED	16 YEARS	SEVERE BEATINGS FROM EARLY AGES	HUNTING RIFLE HELD TO HEAD, KNIFE TO THROAT
CHELMSFORD CASE (ENGLAND) 2009	2 SURVIVING CHILDREN,	33 YEARS	THREATS TO CHILDREN	?
IRISH FRITZL (IRELAND) 2009	5 SURVIVING CHILDREN (1 MISCARRIAGE)	10+ YEARS	BEATINGS, RAPE IN FRONT OF CHILD	?

* FORCED TO WATCH HARD CORE PORN, PRIOR TO BEING RAPED

ONGOING INCESTUOUS ABUSE DURING ADULTHOOD: CENTRAL/SOUTH AMERICAN EXAMPLES 2008-2010

ASSOCIATED WITH INCESTUOUSLY FATHERED CHILDREN

CASES INVOLVING THE BIRTH OF LIVING CHILDREN	NO. INCESTUOUSLY FATHERED CHILDREN	DURATION OF SEXUAL ABUSE	EXTREME VIOLENCE	USE OF FIRE, GUNS &/OR KNIVES
Eleuterio Soria, Argentina 2008	2 SURVIVING CHILDREN,	11 YEARS	?	USED CHILDREN AS HOSTAGES - HELD AT GUNPOINT
Armando Lucero, Argentina 2009	7 SURVIVING CHILDREN, ABUSING 3 DAUGHTERS, THREAT TO GRAND DAUGHTER	27 YEARS	BEATINGS AND THREATS	THREATENED DAUGHTERS WITH FIREARM
Arcebio Alvarez, Columbia 2009	8 SURVIVING CHILDREN, 14 PREGNANCIES, 11 BIRTHS	24 YEARS	?	THREATENED BOYFRIEND WITH HANDGUN
Jose Agostina Pereira, Brazil 2010	8 SURVIVING CHILDREN, TO TWO DAUGHTERS	16 YEARS	CHILDREN FOUND NAKED, WITH INJURIES. DEATH THREATS MADE TO THEM	WOUNDS ON BODIES OF CHILDREN
Armando Gomez, Argentina 2010	10 SURVIVING CHILDREN, (ONE SUICIDED)	30 YEARS	FREQUENT BEATINGS FOR NO APPARENT REASON	ALWAYS HAD A LOADED GUN. KEPT DAUGHTER A PRISONER.

ONGOING INCESTUOUS ABUSE DURING ADULTHOOD: CONTINENTAL EUROPEAN EXAMPLES 2007-2011

ASSOCIATED WITH INCESTUOUSLY FATHERED CHILDREN

CASES INVOLVING THE BIRTH OF LIVING CHILDREN	NO. INCESTUOUSLY FATHERED CHILDREN	DURATION OF SEXUAL ABUSE	EXTREME VIOLENCE	USE OF FIRE, GUNS &/OR KNIVES
Raymond Gouardo, France 2007	6 SURVIVING CHILDREN,	28 YEARS	TORTURED, BURNT WITH ACID, BEATEN, TIED UP	?
Josef Fritzl, Austria 2008	6 SURVIVING CHILDREN, PLUS 1 DIED AFTER BIRTH	31 YEARS*	BEATINGS, CHAINED UP, PREV CONVICTION FOR RAPE, MURDER CONVICTION	USE OF GUNS, THREATS OF GASSING & ELECTROCUTION
Krzysztof Bartoszek, Poland 2010	2 SURVIVING CHILDREN,	11 YEARS	RAPE, BEATINGS, BEING KEPT AS A SLAVE LOCKED IN ROOM	FORCED TO GIVE UP CHILDREN FOR ADOPTION
Detlef Spies, Germany 2010	8 SURVIVING CHILDREN,	23 YEARS	BEATINGS OF WIFE & CHILDREN WITH HANDMADE WHIP	BEATINGS WITH BELT
Josef Sablatura, Czech Republic 2011	2 SURVIVING CHILDREN,	2 SURVIVING CHILDREN,	TYRANNICAL TREATMENT	UNSOLVED MURDER OF SABLATURA'S WIFE

* FORCED TO WATCH HARD CORE PORN, PRIOR TO BEING RAPED

AUSTRALIAN, NORTH AMERICAN & RUSSIAN EXAMPLES 2008-

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CASES INVOLVING THE BIRTH OF LIVING CHILDREN	NO. INCESTUOUSLY FATHERED CHILDREN	DURATION OF SEXUAL ABUSE	EXTREME VIOLENCE	USE OF FIRE, GUNS &/OR KNIVES
John Ernest Deaves, Australia 2008	2 SURVIVING CHILDREN,	7 YEARS	---	---
Moe, Victoria case, Australia 2009	4 SURVIVING CHILDREN,	30 YEARS	THREATS OF VIOLENCE TO ENSURE SILENCE	THREATS TO CHILDREN
Melbourne Dr case, Australia 2009	1 SURVIVING CHILD	4 YEARS	---	---
Daniel Rhinehart, USA 2009	4 SURVIVING CHILDREN, 3 OF WHOM DIED	13+ YEARS	FAILURE TO GET MEDICAL ATTENTION FOR SERIOUSLY ILL CHILDREN	DEATH THREATS, 2ND DEGREE MURDER CONVICTION FOR CHILD
Nikolay Kirkov, Russia 2009	3 SURVIVING CHILDREN,	10 YEARS	?	KEPT LOADED HUNTING RIFLE TO SUBJUGATE DAUGHTER. SHE SHOT HIM WITH IT.
Lindolfo Thibes, USA 2009	3 SURVIVING CHILDREN,	20 YEARS	EXTREME VIOLENCE, MARTIAL ARTS INSTRUCTOR	STABBED DAUGHTER WITH KNIFE, DEATH THREATS, SURVEILLANCE CAMERAS
Aswad Ayinde, USA 2010	6 SURVIVING CHILDREN, FROM 5 DAUGHTERS	11 YEARS	BEATINGS WITH BOARDS, KICKS WITH STEEL CAPPED BOOTS	"PURE FAMILY BLOODLINE", VIOLENT
Jorge Iniestra, Mexico 2011	5 INCESTUOUSLY FATHERED CHILDREN, (1 MURDERED)	7 YEARS	MURDER OF ONE STEP DAUGHTER & HER BABY	2 STEP DAUGHTERS IMPRISONED, EXTREME VIOLENCE/MURDERS



DEMOGRAPHICS



Marital Status	Div/Sep 40%, Married 30%, Single 30%
Average Age, (At Mid-2010)	40 (Range 25-56)
Has Worked In Health	60%
Father Alive	70%
Mother Alive	80%
Aver No Siblings (Official)	2.8 (Range 1-8)
Aver No Children (Official)	1.6 (Range 0-4)
Parents Remained Married	90%
Current Welfare Benefit	70%
Father Fulltime Worker	100%

ONGOING INCESTUOUS ABUSE IN ADULTHOOD,

N=10

DEMOGRAPHIC

S



Percentage With Children	60%
% With Female Sibling(s)	70%
% With Male Sibling(s)	70%
% Involving Police In Aspects Of Past &/Or Current Abuse	90%
% Going Ahead With Charges Against Father	0%
% Experienced Mo Stating Brief Belief That Fa Abused Them	20%
% Taking Out Domestic Violence Order Against Fa/Sibling	20%
% Experiencing Mo Taking Enduring Stand On Their behalf	0%
% Enacting Enduring Situation Of No Parental Contact	30%
% With Long Term Current Relationship With Male Partner	50%

ONGOING INCESTUOUS ABUSE IN ADULTHOOD, N=10

INDICES OF ABUSE



Sexually Abused By Father	100%
Sexually Abused By Mother	70%
Sexual Abuse By A Grandparent *	70% *
Sexual Abuse By Sibling	40%
Sexually Abused By An Uncle	60%
Average Age At Time Of Initial Child Sexual Abuse	2.7 years
Incestuously Fathered Children	60%
Mult Gen Sexual Involvement (G Fa, G Mo, Fa, Br, Uncle)	70%
Average Duration Of Incestuous Sexual Abuse	31 Years
Abortion Of Incest Pregnancy	80%
Average Number Of Sexual Abuse Episodes	3,320+

* In one case there was sexual abuse by both grandfathers

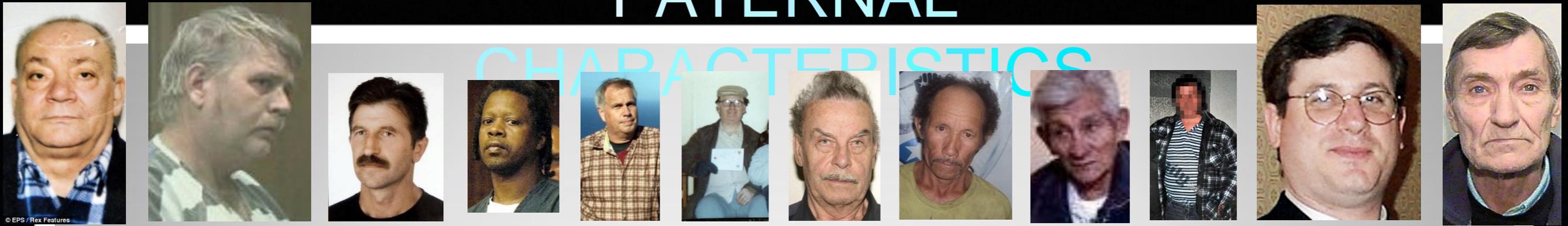
INDICES OF ABUSE



Mother Witnessed Sexual Abuse	100%
Ongoing Post-Marriage Paternal Incest, (N=7)	100%
Average Age At Initial Sexual Intercourse, (N=9)	3.8 years
Witnessing Fa Sexually Involved - Other Children	90%
Mo On Occas Directing Fa To Have Sex With Pt	30%
Death Threats From Father	90%
Fa &/or G Fa Encouraging Pt To Kill Herself	70%
Attempted Killing By Father	30%
Internal Genital Injuries From Abuse	70%
Abuse Injuries Requiring Surgery	70%
Tied Up During Abuse	70%

PATERNAL

CHARACTERISTICS



Fulltime Employment During Working Life	100%
W.M. - Contact With One/Both Parents	50%
Fa - Prominent Involvement With Pornography	80%+
Father Collecting Child Prostitution Payments	80%
Patient Sent Out To Child Abuse Network	100%
Fa/Gr Fa/Mo Wanted Incestuously Fathered Children	70%
Patient Witnessed Gr Father Having Sex With Father	30%
Father Thought/Known To Have DID/DDNOS	40%
Father Having Sex With Pt's Mother In Front Of Patient	60%
Father Known To Be Incestuously Abused Himself	50%+

PATERNAL

CHARACTERISTICS



Father Closely Associated With A Church

60%

Father &/Or Brother Taking Pornographic Pictures Of Pt

100%

Fa - History Of Heavy Drinking

60%

Fa Sexually Abusing Daughter's Child/Children N=6

67%+

Father - Extremely Dysfunctional Upbringing

90%

Parental Sibling/Sibling's Spouse Having An Incest Child

60%

Father Told Pt That Sexually She Was Better Than Mother

70%+

Father Used Threats Of Pt Going To Hell

90%

Father Observed Being Cruel To Animals

80%

ASPECTS OF FATHER-DAUGHTER

INCEST

Average Age At Which Orgasm First Experienced, N=9	6 years
Wearing Father's Ring/Bracelet	30%
Paternal Sexual Abuse Reported To Police/Child Safety	60%
Sexual Reenactments Based Around Father	80%
Setting Up Scenarios To Have Sex With Father	60%
Father Taking Active Role In Creating Named Alters	80%
Patient Feeling Her Body Does Not Belong To Her	90%
Encountering Seductive/Propositioning States In Patient	60%
Feels "Fused" With Father	80%
Introjected Father Alter	100%



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ASPECTS OF FATHER-DAUGHTER INCEST

Aware Of Father Actively Inducing Switching	70%+
Father Told Daughter To Ask For Sex	100%
Patient Aware Of Being Viewed As The “Favoured Child”	70%
Arousal Linked To Abuse/Fantasies Of Abuse	60%
Control By Father Of Sexual Feelings Allowed To Have	80%
Father Actively Undermined Relationships With Boyfriends	100%
Father Would Walk Around House Naked	70%
Questioning By Father Regarding Sexual Partners	90%
Sense Of Father Controlling Orgasm	80%
Father’s Semen Seen As Part Of Introjected Controlling Fa	70%



ASPECTS OF FATHER-DAUGHTER INCEST

Aware Of Current Sexual Abuse Of A Sister By Father	20%
Occasions Where Father Encouraged Daughter To Suicide	70%
Death Threats From Father	90%
Attempted Murder By Fa Not Incl Suicide Inducement (70%)	30%
Use Of Guns In Abuse Or As Threat By Fa/Br/ Gr Fa	80%
Use Of Dogs In Sexual Abuse	90%
Negative/Sarcastic Comments By Fa Regarding WM, N=7	100%
Financial Theft From Pt By Father &/Or Mother	50%+
Arousal Closely Linked To Abuse/Fantasies Of Abuse	60%



SPECTRUM OF

TRAUMA



Substantial Suicidal Ideation	100%
Serious Suicide Attempts	80%
Severe Scarring From Self Harm	50%
Sexual Abuse By A Past Therapist	40%
Murder &/Or Suicide Of A Close Relative	60%
Severe Physical Abuse	90%
Abuse Injuries Requiring Surgery	70%
Anorexia/Eating Disorder	90%
Observed Father Being Cruel To Animals	80%
Dissociate Experiences Scale - Average Score	62 (Range 20-90)

SPECTRUM OF TRAUMA

Awareness Of Previous Rx For “Schizophrenia”	40%
Internal Genital Injuries From Abuse	70%
Serious Contemplation Of Killing Fa &/Or Brother Abuser	90%
Fa Taking Active Role In Creation Of Named Alters	80%+
Dreams Of Father Lead To Arousal/Orgasm During Sleep	70%+
Locked in Rooms/Kennels For long Periods As A Child	70%+
Suicide Attempts Necessitating ICU Treatment	70%
Average Age At Time Of First Pregnancy	15.8yrs
Pets murdered By Father In Front Of Them	60%

ADDITIONAL ISSUES

Mother Known/Believed To Have been Sexually Believed	60%
Mother Thought To Have DID/DDNOS	20%
Additional Mothers Suspected Of Having DID/DDNOS	30%
Allowed To Sleepover With Friends As A Child	0%
Allowed Friends On Occasion To Sleep Over	10%
Mental Health Centre Admissions	90%

INDICES OF DISSOCIATION

Hears Father's Voice Internally	100%
Hears Father's Voice &/Or Footsteps Externally	80%
Sees Father When He Is Not Physically Present	60%
Feels Being Touched When No One There	90%
Olfactory "Hallucinations"	90%
Gustatory "Hallucinations"	80%
"Voices" Frequently Louder Than Normal Conversation	80%
Head Never Silent	80%
Finding That Pt's Answered Voices When People Present	90%
Experiences Sensations Of Vaginal Intercourse Alone	90%
Has Introjected "Father" Alter	100%
Presence Of Seductive &/Or Sexualised Alter	100%
Substantial Periods Spent "Not In Present Time"	80%

SELECTED KEY OBSERVATIONS: ONGOING INCEST IN ADULTHOOD

Sexual abuse begins at a very young age and not long after progresses to full intercourse.

The incest victim becomes orgasmic at a young age, typically around five-six and the manipulation of orgasm becomes central to the ongoing sexual abuse.

Invariably the father is part of, or forms a network, that also sexually abuse his daughter.

All of the mothers know of the ongoing sexual abuse and a majority (70%) take an active role in the sexual abuse.

The majority of the fathers actively want their daughters to become pregnant to them.

Almost all daughters have been pregnant due to incest and the majority have a child/children thought/known to have been the product of incest.

SELECTED KEY OBSERVATIONS: ONGOING INCEST IN ADULTHOOD (Continued)

Most of the daughters have also been sexually abused by a grandfather and/or brother.

The total number of sexual abuse episodes experienced, based on individual estimates, is on average in excess of 3,320.

The mean duration of ongoing incestuous abuse is in the order of 31 years. There is no instance where an incestuous father stopped sexually abusing his daughter of his own accord.

Outwardly the fathers, in spite of a hidden focus on pornography, in almost all cases, seemed stably married, stably employed, financially comfortable and law abiding.

The abused daughter feels that she does not own her body and does not exist separate to the father, and indeed, invariably experiences her father as an introjected identity.

Severe physical abuse, frequently associated with death threats is the norm for the abused daughter and 70%, have survived murder attempts/inducement to suicide.

All fathers extremely controlling/owning and all directed daughters to “ask” for sex.

ONGOING INCEST DURING ADULTHOOD; PROFILE DERIVED FROM INTERNATIONAL PRESS REPORTING

Subjecting a daughter to thousands of acts of sexual abuse, usually extending over decades.

Father seemingly deliberately having an ongoing number of children.

Father's active avoidance of contraceptives.

Father outwardly appearing a good neighbor/citizen.

Death threats to daughter and/or daughter's children to ensure compliance.

Forcing daughters to deny the abuse to any enquiring authorities.

Extending sexual abuse to daughter's siblings and offspring.

Keeping the incestuously abused daughter in the family home long-term.

Years of concern by child safety authorities without definitive intervention.

Threatening daughter with loaded guns/knives/axes etc.

Father perpetuating acts of severe physical violence.

Psychological domination of daughter by father.

ONGOING INCEST DURING ADULTHOOD; PROFILE DERIVED FROM INTERNATIONAL PRESS REPORTING (Continued)

Daughter(s) having a very isolated existence at best, and being a prisoner at worst.
Fathers never spontaneously calling a halt to the abuse or admitting guilt.
Father telling daughter that it was his right to have sex with her.
Daughter used as a “sex slave” with whom to enact sexual/sadistic fantasies.
Daughter left for periods with father or abandoned to him entirely.
Daughter being forced to reenact scenes from hardcore pornography.
Incestuous pregnancies resulting in stillbirths, deaths or congenital illnesses.
Suicide/attempted suicide of offspring of incestuous abuser.
Use of “home schooling” to limit daughter’s contact with the outside world.
Limited or no formal education provided for incestuously fathered children.
Father sexually abusing daughter in front of her children.
Father frequently changing address to thwart authorities.
Father threatening or warning off potential boyfriends.
Father not registering births of incestuously fathered children.
Mother abandoning daughter, remaining silent, or defending husband.
Mother claiming to be unaware of incestuous abuse spanning decades.
Assaults by father to produce termination of a pregnancy.
Despite DNA proved paternity father forcing daughter to testify in court.

ADDITIONAL PROFILE DERIVED FROM CLINICAL OBSERVATION

Father's background - dysfunctional family, sexually abused, likely to be dissociative himself.

Mother's background - dysfunctional family, sexually abused, likely to be dissociative herself.

Father - polymorphous sexual perversions, frequently outright sadism.

Father - frequently involved with a religion.

Father extremely controlling - resulting in little access to friends in childhood and to boyfriends.

Mother - non-protection of daughter(s) merging with active role as co-abuser.

Parents - outwardly stable with enduring marriage.

Father's sexual abuse invariably is part of some sort of grouping involving other sexual abusers.

The use of dogs featured very frequently in the sexual abuse.

Father frequently formally or informally prostituting daughter.

Daughter - high incidence of severe physical injury associated with her abuse.

High incidence of murder and/or suicide within the family and immediate social network. on their life and or pressure to suicide.

ADDITIONAL PROFILE DERIVED FROM CLINICAL OBSERVATION (Continued)

Very limited likelihood of any particular abused daughter perusing charges against father. Sexual abuse by father invariably continues even when daughter marries. Conditioning of sexual arousal is a prominent feature of father's abuse of daughter. All aspects of daughter's upbringing virtually boundaryless. Daughter reaches adulthood with very little selfhood - feels her body is not her own and that she is fused with her father. Most daughters experienced some form of multi-generational sexual abuse. Daughter has very high indices of self-harm, suicidality and dissociation. Father never spontaneously ceases the abuse. Nearly all daughters become pregnant to father and/or other associated abusers and most produce offspring believed to be fathered by family members. Most fathers actually want their daughter to become pregnant to them. Death threats are the norm, with many experiencing attempts

SOME GENERAL TREATMENT CONSIDERATIONS

- One needs to be mindful that one is encountering a deeply traumatized individual with marked shame and intense self-directed anger, and who is attached to one or more individuals who subject her to essentially unending abuse.
- One needs to be attuned to the likely reality of ongoing incestuous abuse as it is generally not going to be simply volunteered.
- Such individuals think they are uniquely bad, dirty, shameful and have little idea that others have been similarly abused with similar psychological effects.
- Treatment invariably means attempting a reshaping of the life landscape, effecting separation from father and other abusers, as well as dealing with the multiple issues that such abuse has caused to marital relationships, paternity of children or which is associated with issues that are likely to be in time investigated by police.

SOME GENERAL TREATMENT CONSIDERATIONS

- Establishing basic safety, is frequently a two steps forward, one step back routine.
- It is entirely unhelpful, when it becomes apparent that one's adult patient is still being abused, to simply insist that as a condition of ongoing treatment that the abuse cease forthwith.
- Such patients have an enormous need for acceptance and empathic connection, but many have been conditioned to subdue emotional responses and to not trust anyone, particularly when so many have been sexually abused by a previous therapist.
- It is axiomatic, that initially such individuals are not likely to have very developed boundaries at all and that an understanding of boundaries and the progressive erecting of safe boundaries are important treatment considerations.
- As such individuals have spent decades in situations where sexual boundaries were frequently non-existent, they are particularly requiring their therapist to explain and to demonstrate sound sexual and other boundaries.

SOME GENERAL TREATMENT CONSIDERATIONS

- There can logically be no short term resolution of the effects of severe abuse that has frequently already spanned half a lifetime, and filled all an individual's formative years.
- Generally speaking, such individuals have to do the work to reappraise for themselves the reality of what sort of person their father and mother were/are without their therapist offering repeated spontaneous denigrations (that are invariably counter-productive as they minimize the reality of the strength of the attachments and also imply that the individual is incompetent).
- Despite massive abuse, at times severe self-harm (including reenactments), marked PTSD, marked dissociation, long-term struggles with suicidality, internal physical injuries, and little or no support from family of origin members, the therapist needs to be mindful, that somehow or other this individual has thus far stayed alive for decades, and have thus survived what has killed others (i.e. they have strengths).
- Therapists need to be able to genuinely convey a sense that they are comfortable with discussing things that the patient frequently has thus far never disclosed in any detail with any human being, particularly the way in which sexual arousal, orgasm, sexual contact with other young children etc. was conditioned from an early age while their abuser shamed them for the very responses that they had themselves orchestrated.

SOME GENERAL TREATMENT CONSIDERATIONS

- Generally speaking such abuse victims respond positively to precise information that demonstrates that responses they had which they had believed were immensely shameful are in fact pretty well identical to the responses of others brought up in similar abuse environments.

The therapist needs to be particularly mindful of being real but at the same time when confronted with a block occasioned by shame, or guilt, being prepared to speak of the ‘hypothetical’ cases of many others who have experienced similar things.

- Many such patients do need the backup of supportive inpatient care, given the fragility of their emotional state (particularly in the earlier stages), as they try to effect separation, which on occasions may require applying for a court aggravated violence order or similar.

- Therapy very much incorporates a strong, appropriately boundaried relational element, for these are individuals who have frequently pushed people away, who received little or no positive feedback in their family of origin where bizarre family “rules” dictated behaviors and responses, and who never experienced any apology, thus, if one were waiting for all their issues to spontaneously pour out in a transference laden therapy, hell would probably freeze over first.

SOME GENERAL TREATMENT CONSIDERATIONS

- The therapist really needs to be informed about and experienced in dealing with the sorts of environments that these individuals come from, thus therapy should not be a personal voyage of discovery on the part of the therapist. Particularly in this sort of therapy environment, the patient needs to sense that their therapist has been through this sort of material and has dealt with these sorts of issues before.
- The therapist needs to be mindful that for individuals abused for as long as these individuals have been, that for many trust is something that they don't invest readily. The fact that one, with some such patients weathers various tests, various declarations about ending therapy, various attempts to push one away and can establish a workable level of trust is sufficient. Others establish in time, very trusting therapeutic relationships, associated with enduring positive transference.
- Most individuals in this spectrum will read with particular interest detailed material describing the general findings with similarly abused individuals. Most find having tangible, authentic, printed material extremely validating as it reinforces for them that they are very much not alone.

SOME GENERAL TREATMENT CONSIDERATIONS

- No one gets well by therapy alone, and as better safety is achieved, attention needs to be focused on having good relationships (and distancing from those that are not likely to facilitate growth) and on working with innate talents and abilities to gain training and thus achieve employment that is safe, validating and enjoyable as well as beginning to do nice things for themselves (rather than solely for others).
- Such individuals do respond to the genuine positive regard of their therapist, appropriate encouragement and appropriate congratulations as they engage with the tasks of making the best fist of the enormously difficult hand that they have been dealt.
- For some individuals some repeated symbolic gesture that they are acceptable is important, e.g. shaking hands at the end of therapy sessions, finding a place for small items or artistic creations that they bring.
- All such patients have one or more alters that are based around aspects of the introjected father. They represent the compartmentalization of the various utterances and behaviors that characterized the father and they incorporate various memories of trauma involving the father. Despite superficial resemblances they are not the father; in fact, they are parts that carry particularly difficult loads, and need to be afforded the respect that comes with fully appreciating their burdens.
- There is substantial variability in whether patients in this category can reach “escape velocity” and progressively build sufficient selfhood for a safe alternative life or whether they will remain at long term risk of re-abuse and the self harm and suicidality that accompanies this.

“Harriet”, One of the 10

Dear Dr Middleton

In reply to your last email and our last discussion. The big question what I really want for myself?

Without too much thought and rearranging and most likely not listed in any particular order but here's a start:

To matter to someone enough for them to recognize how I feel rather than have to use words

To be held without asking

To be told how much I am loved without having to ask

To have had the opportunity to give birth, parent and unconditionally love and protect a child of my own

To not be fearful of being open and vulnerable when appropriate

To have had the opportunity to grieve both my mothers and my sisters death

To have been able to work out that nothing lasts forever before they both passed away

Be intimate and affectionate and be able to function sexually without the voices destroying the moment

Make a difference in peoples lives

Find a cure for depression

Continue therapy

Continue to practice self reflection

Cry openly and without guilt or shame (especially in front of males)

Move beyond shame and it's crippling effects

Learn to live with myself and within myself (can't say love myself but to be able to live with myself and my body)

Enjoy work what ever it be

Continue with study

SMILE

“Harriet”, One of the 10

Step outside what normal should be and celebrate this (mindfulness and thinking outside the box)

Stop worrying about being criticized and put down for who I am to others

Have a voice and speak my truth

Have had the opportunity to have immediate family in my present life,

I already acknowledge the regret that this will cause as we age etc

Have my GIRLS around forever and ever (pretty selfish hey, at least let them pass away without pain and in my arms)

I would secretly like to become a public speaker - particularly something I am passionate about (with the world in such a bad shape what a lot of options there are)

Finish writing my book before I die

Be remembered by those that care about me when I am gone

Keep on meeting inspirational people

Better stop there before you nap off. The list had some edits cannot lie about that. Having needs and wants frightens me and having them rejected or minimised prevents me from being open and putting them out there. I know they are there within me and have always been, there are many things internally and externally that hold me back from bringing them to fruition.

Kind regards

Harriet

“Harriet”, One of the 10

“I am going to destroy you Alice you are the weakest link, just a fucking cry baby relying on the fucking doctor to understand your shit and help you. He is not interested in helping you he'll just fuck you over like the rest of them have. Or maybe he thinks your so filthy and dirty he wouldn't touch you anyway. Well he is against you and wants to get rid of you, you know that. We wants to get rid of you cause all you do is cry about your daddy the one you fucked nearly every night. He would yell out from his bed and you would come running doing everything he wanted you to do. And you are afraid of Joe. He is here to help you. It's funny that you got fucked the other day did you you think you were pleasing your daddy by fucking him instead. I am glad you got what was coming, he is the only person who can protect you and cares about you, don't fucking listen to that doctor, what fucking idea does he have about things, don't fucking tell him nothing. If you don't side with us your out, and yer tell him how afraid you are you haven't got daddy to protect you - he's dead. How short is your memory those doctors cant be trusted they just get you to trust them and then fuck you too. Remember what happened in Rocky.

And he said that he knew just how to treat you right. Ha ha even Sarah and Chrissy tell me that so they are no fools, they want you gone too. You think your daddy loved you, well that's a fucking fairytale, did he ever do anything to care for you like John did, well fuck no. Stop whinging to that fuck head of a doctor who just says shit to keep you coming back, well its soon over little fuckhead. The others will do what I say, they got my trust.”



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