

*THE INCEST PERPETRATOR* is a clear, concise book, which is well written, organized, and very readable. The book is an excellent resource for professionals who are considering treatment of incest offenders or are new to the field of sex offender treatment and desire a basic understanding of the issues. This book is also an excellent resource for professionals and paraprofessionals who will find themselves working with victims and/or family members of incest cases such as probation/parole officers, the clergy, child protection workers, law enforcement officers, those in the judicial system, and others.

*The Incest Perpetrator* is divided into three sections. Part I, "Defining the Problem," offers an overview of incest, reviews related issues in the literature, addresses conflicts pertaining to the literature, and presents some of the challenges of treatment. This section also addresses some of the legal issues and dilemmas in working with the incest problem.

Part II, "Profiles and Identification," presents a well-thought-out description of who the offender is, background characteristics, and specific concerns as they relate to incest offenders. This section also addresses special concerns about the incest problem including victim grooming, adolescent and sibling incest, and women perpetrators. This section is the weakest link of the book due to its limited focus on incest perpetrators. Other paraphilias and multiple paraphiliac behaviors are not addressed adequately.

Part III, "Treatment," provides a basic overview of treatment issues, resources, and modalities. Three chapters address treatment issues for clinicians, guidelines for treatment, and an extensive survey of current treatment providers' practice of and views about sex offender treatment. The book does not address how to treat, however, and will need to be supplemented with other readings. Two models for incest treatment, a community model and a model within a military community, are described, and the section finishes with an overview of confidentiality issues.

While the *Incest Perpetrator* should be considered as a good resource for the treatment provider's library, the reader should accept the material as limited in scope and application: The book presents a narrow view of incest as a separate and distinct behavior from other types of sexual abuse. The material is limited in its application to incest offenders with no history of other paraphiliac behaviors, rape, and/or child sexual abuse outside of the family. Other theories pertaining to the etiology and treatment of sexually aberrant behavior should be read to supplement the material in this book.

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**Systemic Treatment of Incest: A Therapeutic Handbook.** Terry S. Trepper and Mary Jo Barrett. Brunner/Mazel, New York, 1989. 250 pp. \$30.00.

THE AUTHORS have produced a manual for practitioners treating incestuous families in which females are victims and father figures are offenders. Both the causes and cures for incest are derived from a systemic perspective. That is, the authors posit that sexual abuse results because an individual family suffers from "vulnerability to incest" to be found at multiple levels, conceptualized as systems—socioenvironmental, family of origin, family, and individual (offender, mother, and victim). Apparently the authors believe problems at all four designated levels are equally important. As well, a precipitating event, such as alcohol consumption or job loss, must be present. Some families have excellent coping mechanisms that prevent the occurrence of incest, despite the existence of systemic vulnerabilities and a precipitator.

Logically to ameliorate the family's vulnerability, the practitioner must intervene at all four levels. The model breaks down somewhat, in that some of the socioenvironmental causes (for example, a culture that tolerates child maltreatment and sex role definitions supporting male dominance) are not the focus of socioenvironmental intervention. Rather intervention at this level involves service coordination and collaborating with agencies, such as protective services and the courts. However, the rest of the model is logically quite consistent.

Further, the authors propose three stages of therapy and describe treatment strategies for individual, dyadic, family, and group treatment. The strengths of this volume are its methodical presentation of the

orchestration of treatment and its many useful and practical suggestions for intervention. Especially nicely developed is the material on apology sessions and the discussion of the therapist's role in a context of coercive intervention.

The model developed by the authors relies less on group modalities and more on family therapy than most sexual abuse treatment models. The authors borrow heavily from structural and strategic family therapy and advocate the use of "indirect" techniques (that is, strategies aimed at outmanipulating highly manipulative and resistant families).

A fundamental weakness of this multiple systems approach is that it does not take into account recent research of incest offenders. Important findings are that half begin their sexual abuse as adolescents and a substantial proportion have a history of sexual fantasies involving children. As well, many incestuous fathers sexually abuse children outside their families. These findings suggest that the primary emphasis should be on changing the offender, rather than on others in the incestuous triad or the family system.

Despite this weakness in the authors' approach, they report (in a random survey of 30 families who successfully completed treatment) a success rate of 90% and note only 1% were rereferred to child protective services over a 10-year period. They do not state what proportion of families successfully completed treatment, nor do they give clear criteria for acceptance of families into their program.

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**Sexual Trauma in Children and Adolescents: Dynamics and Treatment.** Diana Sullivan Everstine and Louis Everstine. Brunner/Mazel, New York, 1989. 206 pp. \$59.00, hardcover.

THE WRITERS of this book are well known for the development of their emergency treatment center, reported in their previous book, *People and Crises* (Brunner/Mazel, New York, 1983), and in this publication they have applied their thinking to sexual trauma as an aspect of the major concerns they have with management and treatment of violence in general. The book is at its best in considering acute situations and their management. Their chapters on the treatment of child victims and adolescent victims are helpful, while their chapter on the assessment of trauma and on incest is rather less immediate; indeed, a good deal of the chapter on incest is taken up with their description of an investigation of a sexual abuse allegation in a separated couple.

They also present a chapter on boy victims and adults who were traumatized as children. The clinical vignettes they give are interesting and lively, but we did not find a set of original views, conceptualizations, and innovative therapeutic approaches. However the approach is sound: They give good advice about trying to separate the assessment and the treatment process, and they give some useful guidelines for therapists working with traumatized children, adolescents, and adults who have been abused in childhood.

There is a chapter on the legal context, but it is exclusively North American; and although the book may be helpful to staff of crises centers, the limitation of the context of work described here do not make it particularly helpful in an international context. Although they advocate group work as being helpful, they give no particular guidance as to its practice. Where the book is strongest is in the description of individual therapeutic work. Although there is some reference to the need to work with parents and the family system in general, again this is not a strongly emphasized aspect of this particular book. It does fulfil some of the promise of its powerful title by describing ways of working with sexual trauma in children and adolescents, but it does not fulfil as much as it promises in the title. The book is a useful addition for clinicians working in this field.

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