



Voices of adolescent incest victims: A qualitative study on feelings about trauma and expectations of recovery^{☆, ☆ ☆}

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ABSTRACT

Background: Incest, is a serious social problem facing society and children/adolescents themselves. The purpose of this study is to explore the ways adolescents talk about and give meaning to their experiences of incest concerning cultural, ethnic factors relevant to southeastern of Turkey.

Method: We focused on in-depth interviews of five incest victims (14–16 years girls, from low socioeconomic status in southeastern of Turkey).

Results: Four key themes were constructed from the qualitative analysis:

1. *Unable to understand/Delayed meaning-making:* Adolescents provided definitive information about the first abuse memory but they were also unable to understand what they had experienced so they delayed meaning making.

2. *Dysfunctional coping style with the incest:* Adolescents told that they threatened the perpetrators in various phases of incest.

3. *Avoidance of eye contact by the perpetrator:* We recognized that perpetrators avoided social contact with the victim. This theme evokes dehumanizing of women during incest.

4. *The urge to destroy happy memories:* This theme presents data on the adolescents' expectations about recovery.

Conclusion: According to the themes, two fundamental therapeutic precepts could guide the treatment process for adolescent girl incest survivors: 1. Exploration of the delayed meaning making: Therapist could address dysfunctional family functioning and explain that it is normal for a child to be delayed in meaning making. 2. Recovery of the adolescent's lost self after semantic dehumanization in abuses: Therapist should help her to dispute irrational beliefs about worthlessness and to gain control of her body.

Introduction

Incest, the sexual contact between close family members (Normann, 1993), is a serious social problem facing society and children/adolescents themselves (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Based on the meta-analysis, it was found that up to one-third of child sexual abuse (CSA) is perpetrated by family members and of these incest cases fathers and step-fathers are the most common relatives with the incidence of 0.5% (Rice & Harris, 2002; Richards, 2011; Stoltenborgh et al., 2011).

CSA is associated with a range of mental and physical health

problems (Beitchman et al., 1992). Incest victims experience greater negative consequences including poorer psychological well-being, feeling damaged and having depression, estranged from one or both parents, increased rates of teenage pregnancy feeling sexual dissatisfaction in adulthood, and also having a tendency toward in females as sexual partners lower socioeconomic status in adulthood than the other CSA victims (Roberts, O'Connor, Dunn, Golding, & Team, 2004; Widom, Czaja, & Dutton, 2008; Stroebel et al., 2012). The most effective way of preventing incest seems to understand risk factors and the factors of sexual offence against a relative child.

Motivation-Facilitation Theory of sexual offending against children

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falls broadly into two dimensions (Seto, 2008; Seto, 2010; Seto, 2013): 1. If a person have atypical sexual interests including paraphilias, this could be a motivation for sexual behavior involving children. And 2. If a person have antisocial tendencies including impulsivity, callousness, risk-taking, this could elucidate the sexual motivations toward a child (Seto, Babchishin, Pullman, & McPhail, 2015). This theory was supported by studies and meta analyses conducted on CSA (Hawes, Boccaccini, & Murrie, 2013; Seto et al., 2015) but on the other hand, intrafamilial sexual offending is still a scientific and clinical enigma because neither atypical sexual interests nor antisocial tendencies are more common among incest offenders than others (Chaplin, Rice, & Harris, 1995; Frenzel & Lang, 1989; Rice & Harris, 2002; Seto & Barbaree, 1999; Stuart, 1981). So the question of what other factors explain incest is important for psychological theories, effective prevention and intervention.

Based on the four factor model of Finkelhor the key motivators of sexual offenses against children are: emotional congruence with children, interpersonal deficits and disinhibition. According to this model having high scores on one or more of these risk factors increases the risk of offending against a related child (Finkelhor, 1984). Hypotheses about incestuous families which focus on family structures and family member dynamics are notably different (Maddock & Larson, 1995; Seto, 2007). Clinicians and investigators have also suggested that some other attitudes, beliefs and dynamics are important factors in explaining incest. The most important ones are: the beliefs that children are not harmed or can even benefit from sex with an adult; an adult should have sex when needed (Finkelhor, 1984; Hanson, Harris, Scott, & Helmus, 2007), emotional congruence that being more comfortable with children than adults in the sex, (McPhail, Hermann, & Nunes, 2013) intergenerational pattern of incest (being an incest victim perpetrated by own parents or other relatives) (Jespersen, Lalumière, & Seto, 2009), poor parent-child attachment like low mother-daughter closeness (Lu, 2012), low marital satisfaction and problematic relationship of parents, intrafamilial violence against mother, higher family tolerated father-daughter nudity, low income, being single parent or a new intimate partner of parent in the home, and psychopathologies of perpetrators like substance abuse (Firestone, Dixon, Nunes, & Bradford, 2005).

On the other hand, we know that incest victims are not a homogeneous group, and when attempting to shed light on incest, we could not find enough evidence about individual life journeys to understand the dynamics and complexities of experiences in adolescents and families. Besides, few studies have examined the role of race and culture in incest and there is a critique weakness on the delineation of cultural subgroup differences between east and west parts of our countries, like in ours. Eastern Turkey continues many contradictions including social, structural and economic challenges that are a long way from the major cities in the west. The major problem is that girls are much less likely to be sent to school and so women are rarely in a position to demand their legal rights in work, education, inheritance or marriages (Cárdenas & Richiedei, 2000; Sev'er & Mazhar, 2006). Although most women work in family farms or factories in the cotton or rug-making industries or else, they often could not access the money they make. Locked up in traditions inherited from fathers to husbands, women have no or very little say in family decisions or management of family property (Sev'er & Mazhar, 2006). According to studies, labor force participation in recent years was 44.9% for women, and of working women, 35.2% are also called “family workers without any payment” (Gürkan & Coşar, 2009; Kardam & Bademci, 2013; Müdürlüğü, 2009). Despite the modernized Turkish civil laws, marriages are another disadvantage for women in the eastern part of the country. Religious marriages are common, in which an imam who is a chaplain and have no permission to marry the couples, marries them without any legal documents. Thus women in religious marriages have no legal protection in case of divorce. Religious marriages are also polygynous so they could be the 2nd or 3rd wife of an old man or anyone who paid the bride-price, which is

money, property or other forms of wealth paid by a groom or his family to the parents of the woman he is just about to marry. Another common marriage type is arranged marriages. In this type, bride and groom would not meet each other before, they meet for a brief conversation when their parents decided that the match is suitable. Even worse barter that is referred as “berdel (‘bride exchange’)” is a cultural entity in which a man and a woman (usually a brother and sister) in one family marries a man and a woman in the other family, or levirate/sororate marriages that means men/women are encouraged to marry their sisters/brothers-in-law when their spouses die (Ilkkaracan, 1998; Sev'er & Bagli, 2006). As could be predicted, these types of marriages are risk factors for many marital and mental health problems of the couples that leads father-daughter incest in course of time.

The other important issue is about the definition: there is no globally accepted definition of incest, as the exact meaning of incest varies across cultures, although it is prohibited by every society. In other countries (particularly, Christian-dominated countries) cousins are not allowed to marry, but such a relationship does not amount to incest in Turkey. In south-east of Turkey, cousin marriages are frequent.

There has been significant research about sociodemographic characteristics and related factors that may contribute to incest in Turkey (Korkut & Tüzün, 2001, Derneği & Fonu, 2009, Bozbeyoğlu, Koyuncu, Kardam, & Sungur, 2010), but yet no study to date has examined the adolescent incest victims from the southeastern part of the country. The purpose of this study is to explore the ways adolescents talk about and give meaning to their experiences of incest not for the sole purpose of determining risk factors or clinical context, but rather, how incest influences perceptions of themselves and what they say regarding recovery from this type of traumatic experience in relation to cultural, ethnic factors relevant to southeastern of Turkey.

Method

Design and procedure

The current paper focuses on five investigative interviews with adolescents to capture the participants' subjective narratives regarding their experiences with incest. The study was approved by the Independent Committee for Ethics of Ufuk University School of Medicine (IRB: 18052016-7). We used a non-probability sampling-technique (purposive sampling). Interviews were conducted between January and April 2016 within a week after the adolescents consulted to the Child and Adolescent Psychiatry outpatient units by child protection system (In Turkey, child abuse and neglect victims are protected by health policy provision. They are placed in institutional care and are followed up for physical and mental health problems due to 18 years). Our inclusion criterion was: being an incest victim, being in 12–18 years old, accept to participate the study. Our exclusion criterion was: do not want to participate the study and having mental retardation.

Seven adolescents and their parents/foster families or foster care workers were informed and invited to the study. Five of them accepted and they signed a letter of informed consent before the interview. All the interviews were conducted by the first author in the child and adolescent psychiatry outpatient unit in Kahramanmaraş Necip Fazıl State Hospital. In the interviews, only adolescents and the first author was in the room. After the interview, the author also got information from the parents/foster families or foster care workers about the sociodemographic features of families, adolescents and perpetrators. A phenomenological, narrative-based approach was carried out to encourage the adolescents to tell their stories as openly and genuinely as possible defined by Josselson and Creswell (Creswell, 1998; Josselson, 1995). The length of the interviews ranged from 30 to 40 min. We used some parts of Turkish translated form of interview guide that was used by Lorentzen and colleagues in 2008 (Lorentzen, Nilsen, & Traeen, 2008) and we added some other questions (All interviews were in

Table 1
The sociodemographic and clinical features of adolescents.

Adolescent	General information	Perpetrator's relation with the victim	Sequential synthesis of the offence	Age of victim at onset of offence, number, recurrence and duration of abuse	Family characteristics/situation	Risk factors for incest	How the event was revealed	Psychiatric diagnosis
A	14 years old, high school student, 1st child, have two younger sister (5,10)	Father	Physical injury, threatening, touchings, kissing and fondling, rape attempt	12 years old, more than 10 times in 2 years	Dysfunctional spousal relationship	Berdel marriage, marital problems, low socioeconomic and sociocultural status, domestic violence of father	Telling to her paternal uncle	Major depression
B	14 years old, high school student, 1st child, two younger sister (8,10)	Father	Reward, touching, kissing and fondling, major abuse attempt,	13 years old, 7 months, 3 times	Dysfunctional spousal relationship	Arranged marriage, marital problems, pedophilic tendencies of father and grandfather, socioeconomic weakness of mother	Telling to her mother	Major depression
C	14 years old, high school student, 4th child, three elder brother ages (30,25,19)	Elder brother (25)	Vaginal and anal penetration, pregnancy	13 years old, 6 months, 5 to 10 times	Arranged, religious marriage. Have been separated from that brother for more than 2 years in childhood.	Low socioeconomic- sociocultural status, being separated from the brother in childhood, alcohol abuse of brother	Telling to her aunt, and referring to hospital for pregnancy	PTSD and depressive disorder
D	16 years old, high school student, has no sibling. Living with mother, grandmother and uncle	Maternal Uncle	Vaginal and anal penetration,	6 years (between the age 9 to 15) more than 30 times	Dysfunctional family relationship	Mother was a sexual abuse victim, mother's religious marriages, grandmother is a sex worker	Telling to her teacher	ADHD and depressive disorder
E	16 years old, high school student, 3rd child. Has an elder brother(21) and an elder sister (24)	Elder brother	Vaginal and anal penetration, pregnancy	15 years old, 4 months, 3 times	Intimate sibling relationships	Low socioeconomic- sociocultural status of the family	Telling to her father	Major depression and anxiety disorder

Turkish, because the native language of the adolescents and authors were Turkish). Our interview guide had an initial phase and questions were about the stages in the subject's life story including childhood and adolescence, the first time and the period of abuse, and current life situation with expectations from future and therapies (Appendix A). All interviews with the adolescents were recorded and transcribed. Transcripts were collected by the researchers (Author 1 and 2) after all personal information was removed. The recordings were deleted after transcription.

Sample

The ages of the adolescents ranged from 14 to 16 years, and all of them were girls. They were from small cities of Southeastern Turkey. The characteristics of perpetrators, parents, and the other socio-demographic-sociocultural characteristics of the families were learned from the adolescents themselves or from the parents/foster families or foster care workers.

Teen A: The perpetrator was biologic father of the adolescent. He was 35 and Teen A was 12 years old at the first incest offence. She was abused for more than ten times in two years. Father did not have a regular job, and was unemployed for most of the year. His education level was primary school. Mother was working as a mill hand and her education level was primary school.

Mother of Teen A described the father as cold and negligent to his children. Their marriage type was a berdel marriage. He was the cousin of the mother. Mother of Teen A told that they all had marital problems and she exposed to physical and verbal violence of her husband since the beginning of the marriage. Their socioeconomic and sociocultural status were low due to Hollingshead–Redich Scale.

Teen B: The perpetrator was biologic father of the adolescent. He was 43 years old and Teen B was 13 years old at the first incest offence. She was abused three times in seven months. He was working in a remote city from the family. His education level was high school. Mother was a housewife and economically dependent to her husband, her education level was primary school.

Mother of Teen B described the father as warm and related to his children. Their marriage type was an arranged marriage. Parents of the father decided the bride for their son. Mother of Teen B told that they all had marital problems since the beginning of the marriage. She also stated that he had no interest in herself and continued to flirt with young girls throughout their marriage. Their socioeconomic and sociocultural status were medium due to Hollingshead–Redich Scale.

Teen C: The perpetrator was elder brother of the adolescent. He was 25 years old and Teen C was 13 at the first incest attempt. She was abused for five to ten times in six months. He was working in a remote city from the family for 4 years. His education level was primary school and he had alcohol misuse problem for a while.

Father of Teen C described the family relationships as warm and intimate. The marriage type of parents was an arranged- religious marriage. Parents were working as farmers and their socioeconomic and sociocultural status were low due to Hollingshead–Redich Scale.

Teen C told that they had been separated from the perpetrator brother for more than 2 years in her childhood. She told that the past relationship between them was usual intimate sibling relationship.

Teen D: The perpetrator was the maternal uncle of adolescent. He was 17 and Teen D was 9 years old at the first incest attempt. She was abused for more than thirty times in six years. He was working in a remote city from the family for 5 years. His education level was high school now.

Teen D described the family relationships as dysfunctional. She is living with her mother and grandmother now, but during her childhood she told that her mother was married with 4 different men by religious marriages and the marriages were last for only few months. Also Teen D stated that her grandmother had sex for money with stranger men during her childhood. She never met her biological father, she told that

her mother was a sexual abuse victim and her pregnancy was a consequence of rape.

Teen E: The perpetrator was elder brother of the adolescent. He was 20 and Teen E was 15 years old at the first incest attempt. She was abused three times in four months. He was living with the family. His education level was primary school.

Teen E described the family relationships as warm and intimate before the incest. The marriage type of parents was an arranged marriage. Parents were working as farmers and their socioeconomic and sociocultural status were low.

As seen, two of the perpetrators were biological fathers, two of them were elder brothers and one of them was an uncle. Two girls who were abused by their brothers had pregnancy histories. One of them had a medical abortion in the 16th week of pregnancy by court order. And the second one was beaten badly by the abusive brother when he found out that she was pregnant, that led to a spontaneous abortion. Adolescents are still receiving follow-up therapy and support from mental health services for a broad spectrum of psychological problems. (You can see the details of sociodemographic and clinical features and a summary of risk factors for incest in [Table 1](#).)

Narrative analyses

This study employed thematic analysis including identifying, analyzing, and reporting patterns (themes) within data.

First, the data in the form of voice recording was written by the first author. Then, to ensure the accuracy of the written data, another researcher (second author) audited the voice recordings again and corrected the decryption errors and deficiencies in the data which was written by the first author. Thus, the accuracy and completeness of the written data provided. Then content analysis was performed on the written data. For this purpose, by the qualitative method defined by Clandinin and Connelly ([Clandinin & Connelly, 2000](#)):

1. Encoding the data.
2. Finding themes.
3. Regulation of codes and themes.
4. The identification and interpretation phases of the findings were carried out.

In the first stage of the analysis, written data were prepared and meaningful data units were determined together with the researchers in the qualitative study. Afterwards, the data units were independently codified by the first and second author and code lists were created. After all the data had been encoded in this way, the two code lists created by two different researchers were compared, a common code list was set up to identify similarities and differences, and to serve as a common key list. With the help of this key list, all the data was checked in such a way that no data was left out of the encoding.

In the second stage of the analysis, the common directions and differences in the codes were obtained and “draft themes” were determined. Later, according to these draft themes, the codes and data were re-audited and the themes were finally confirmed. The internal and external consistency in/between the themes were checked by looking at the meaningful integrity between them.

In the third stage of the analysis, the data were revised and regulated. It was checked whether the data in hand was compatible with the final code and the themes and whether there was any leftover data.

Finally, research data was interpreted by describing, sampling, interpreting, visualizing and imagining according to this code and theme. Then the research results were written. No qualitative analysis program was used in the analysis process of the data.

Findings

Four key themes were constructed from the analysis of the

narratives. Although the incest narratives reflected the individual's unique experiences in shape and form, all of them contained these themes to varying degrees.

1. The first abuse memory: Unable to understand/Delayed meaning making

“I remember the first event very well. However, I didn't understand what was happening.”

In the first portion of the interview they were asked to look back, whether they remembered the first incident of incest and what they thought and felt during the first event. All victims stated they remembered the first event very well.

Teen A (14), stated her father told her she had grown up and become more beautiful and then touched her private parts, she gave detailed information about the date and time of the event and said that she was very confused and couldn't understand the event but felt very tense.

Teen B (14) stated her father told her that he needed to take naked photographs of her to earn money, and after explaining how much they needed the money she gave permission for the photos. Teen B remembered the day and time very well but stated it took a long time thinking to understand the event.

Teen C (14) was abused after her older brother came home one night drunk, and remembered the day and time, thought all night after the event about what happened, felt she was very dirty and explained that the next morning she left the house early to throw all the clothes she was wearing into a distant trash container.

Teen D (16) whom, previously witnessing her mother's sexual relations with different people, explained her first experience of abuse by her uncle at the age of 9: “I was playing with my uncle. He said we would play a different game and wanted me to take my clothes off. When he touched me I knew it wasn't a game but also it took a long time to understand it. Although I have seen my mother have sex, it was difficult for me to understand it.”

And Teen E (16) stated that she experienced sexual abuse after physical violence from her older brother at age 15. She thought her brother was angry with her and hurt her because of that and took a long time to understand what she experienced.

2. Attempts to end/Dysfunctional coping style with the incest

“When abuse reoccurred, I threatened my father/brother/uncle for a long time to end the situation but it didn't work.”

The second part of the interview was related to what was done or considered to end the abuse.

Teen A explained that she threatened her father to tell her mother and uncle after the second and later abuses. She told that his father ignored this threat and even made fun of him.

Teen B explained that she threatened the father to tell her mother during the second abuse. She told that when she threatened him, her father was making a video in which they were both naked. But after her threat, father reiterated how much they needed money and she was coerced into allowing the videotaping.

Teen C stated that her brother abused her in the house when they were alone, she threatened to tell her parents and sometimes that prevented the abuse.

Teen D stated that the events with her uncle happened when her mother and grandmother were not at home. She also threatened the uncle to tell her grandmother but also she said that ‘I was sure it would not work if I told my grandmother’.

Finally Teen E threatened her brother she would tell her father; however she only had the courage to tell her father about the physical abuse.

3. Avoidance of eye contact by the perpetrator

“We had a good relationship before he did that to me, during the first event and later abuses he wouldn't look my face or talk to me.”

The third part of the interview related to the experiences with the

family member before the abuse and during the abuse. At this stage, very different stories were revealed.

Teen A told that “My father was not someone who was very interested in his house or his children. Even earning money was my mother’s responsibility. He was often very angry with my mother. However he would yell at me or my siblings very rarely during my childhood. Sometimes we would go on trips at weekends. He was like someone else completely during the abuse, he did not look at my face and attack me wildly. Sometimes I locked the doors to escape from him but he could find the key. After the abuse; he was giving me the key, acting like nothing happened and leaving the room.”

Teen B told that “My father took care of me and my siblings, even more than my mother. We would study together when my grades were bad, if I got good grades we would celebrate together. I would tell him everything. When he wanted to take photographs and videos, I’m sure that person was my father, but during the abuse he wouldn’t look at my face and wouldn’t talk to me, he was like someone else.”

Teen C told that “I got on very well with my brother. He was my source of fun on the weekends. We’d wander around together, meet our friends. When the abuse began it was like my brother died and someone else took his place. Someone who wouldn’t look at me, wouldn’t talk to me, didn’t know me. Was the person who did this to me, my brother?”

Teen D told that “I never had a proper family. My mother, grandmother, uncle and I were just people who lived together. My uncle and I were the children in the house, we played together, naughty children who insisted on being given chocolate and ice cream. Before the abuse he was my playmate, after that I was a toy for him. He wouldn’t look at me, didn’t care about hurting me.”

Teen E told that “There were very few things I did with my brother, he was protecting me from other kids when I was small. During the abuse, I always tried to find someone to protect me from him. He didn’t look at me, didn’t talk to me and then later acted like nothing happened.”

4. *The urge to destroy happy memories*

“I want to destroy my happy memories with him”.

The final section of the interview was related to psychiatric signs among the adolescents after abuse and provided information for future expectations. Open-ended questions were used to collect data. At this stage, although abuse experiences were very different, it was noteworthy that the adolescents gathered within a thematic framework. In short, they stated the following:

Teen A told that “I wished I never knew my father. Or I wish that there was nothing good involving him. I want to destroy every memory.”

Teen B told that “What could fill the great emptiness my father left? I wished I’d died before the day the abuse started. Or if I could destroy all the good things related to him in my mind.”

Teen C told that “I had a brother, life was continuing, and I would continue to live. But life is not so easy for my parents, I could see my mother and father missed him. If only there were a way to destroy all good things related to him.”

Teen D told that “I had no family, now I have no one I live with. I only have good and bad experiences. I will never see my uncle again. Could you help me to forget good things related to him?”

Teen E told that “He destroyed my future. I want to forget him, to be free of him, but good memories come to my mind. Then I want to destroy either myself or him.”

Discussion

The current study aimed to explore in depth testimonies of adolescent girls’ exposure to incest. The investigative interviews were selected based on strict criteria, including substantiation of the incest and a decided health policy provision by the court order. These interviews allowed us to explore the narratives and the view of adolescents in

families of incestuous abuse.

The first key theme was: “*The first abuse memory: Unable to understand/Delayed meaning making*”

Although narratives varied regarding the adolescents’ perception and perpetrators’ role in her life, all of the adolescents provided definitive information with respect to the first abuse memory but they also expressed that they were unable to understand what they had experienced so they delayed meaning making and had ambivalent feelings for a time after the first event.

Remembering the personal past is a topic of much current interest in the last decade. Williams and Broadbent (1986) defined two kinds of remembering. The first one, recalling a specific episode means that individuals recall an event that occurred at a particular time and place, and lasted less than a day. And the second one, recalling a generalized memory, also called over general memory means that individuals report summaries and classes of events, with reduced autobiographical memory specificity (rAMS) (Harris et al., 2015; Williams & Broadbent, 1986). According to studies, rAMS is associated with a history of childhood trauma (Aglan, Williams, Pickles, & Hill, 2010; Hauer, Wessel, Geraerts, Merckelbach, & Dalgleish, 2008; Valentino, Toth, & Cicchetti, 2009) and may be a nonspecific strategy to avoid unpleasant and intrusive memories (Moore & Zoellner, 2007; Sumner, 2012; Williams et al., 2007). Nevertheless, the relationship between types of maltreatment (i.e. emotional, physical, sexual abuse or neglect) and overgeneral memory has not been fully examined yet and also empirical literature on sexual abuse victims, which documents rAMS are characterized by mixed findings. For example, Ogle et al. (2013) reported that sexual abuse was related to decreased memory specificity among adolescents (Ogle et al., 2013), while Griffith et al. (2016) reported no such relation (Griffith et al., 2016). On the other hand, what are the factors that predict induced memory specificity? McNally and Geraerts (2009) hypothesized that some individuals who have been sexually abused do not interpret the abuse as a trauma at the time of the event, but only experience the distress later on when it is reinterpreted (McNally & Geraerts, 2009). The reports of the incest victims in our study are sadly consistent with this hypothesis that they could not sense the meaning of abuse at the first time, so they remember the event in a detailed manner. According to the first theme and researches on mechanisms underlying sexual abuse and memory, we can speculate that rAMS could be a secondary coping style arose following the first event, and delayed meaning making could be a factor for recalling a specific episode.

The second key theme was: “*Attempts to end/Dysfunctional coping style with the incest*”

In spite of the differences in their views, adolescents have acknowledged the coping style by threatening the perpetrators in various phases of incest. However, they have also pointed out the loneliness, insufficiencies, and ambivalences of this coping style. In terms of dealing properly with incest by getting help from mothers, it was observed that adolescents did not tell them for a long time, and have chosen to cope on their own.

To understand the underlying causes of not telling the mothers, the social context of the current examples, mothers’ economic and social weaknesses should be taken into account. As addressed earlier in the paper, women in eastern Turkey are disadvantaged and face social, structural and economic challenges that are far more than western Turkey or women living in larger cities. In a study focusing on mothers in cases of incest in Turkey; poverty, lack of education, the load of house work, exposure to domestic violence and fear of husbands/sons are determined as explanatory factors for mothers not being active in the disclosure or prevention of incest (Kardam & Bademci, 2013). In addition, according to the disadvantaged position of women in this society, mothers often internalize the dominant values about the role of women acting as provokers in the sexual assault so they may tend to see their daughters not as victims, but also as seducers who provoke the perpetrator (Kardam & Bademci, 2013). Another factor contributing to

mothers attitude is the important place of family and collectivist family culture (Kağıtçıbaşı, 2002). It was observed that women who had experienced violence and socioeconomic difficulties themselves advised their daughters to behave properly and maintain their family under all circumstances (Kardam & Bademci, 2013; Müdürlüğü, 2009).

Consequently, according to socioeconomic and sociocultural characteristics of the mothers in our sample we interpret that their social and economic weaknesses could be an explanatory factor for adolescent's choices of coping style and where they place the mother in the process of solving the problem.

The third key theme was: “*Avoidance of eye contact by the perpetrator*”

The current theme addresses the relationship of the incest victim and the perpetrator. As mentioned above, key candidates for the initiation and maintenance of sexual offending against children and adolescents fall into two dimensions labeled “atypical sexual interest” (paraphilias such as pedophilia or hebephilia) and “antisocial tendencies” including impulsivity, callousness, risk-taking, antisocial attitudes/beliefs and irresponsible behavior (Seto, 2008; Seto, 2010; Seto et al., 2015). Conversely, intrafamilial offenders are reported to score lower on antisocial tendencies and atypical sexual interests (Chaplin et al., 1995; Frenzel & Lang, 1989; Rice & Harris, 2002; Seto, Babchishin et al. 2015; Seto & Barbaree, 1999) and our results confirmed that we could not explain the incest tendency of perpetrators neither as antisocial tendencies nor atypical sexual interests (except Teen B) in our study group. On the other hand, sociological and psychological theories have suggested that dysfunctional family relationships including spousal relationship quality and related factors like marriage type (between father/step father perpetrators and mothers) and weak sibling relationships (being separated from sibling for more than a year during their first six years, small victim age) play a major role in incestuous sexual offending of perpetrator (Bevc & Silverman, 1993; Joyal, Carpentier, & Martin, 2016; Maddock & Larson, 1995; Stroebel et al., 2012). Consistent with the family focused theories and studies in this field, father-daughter incest in this study occurred on a broken parental and spousal relationship background and sibling incest were characterized by a high disparity in earlier ages.

Perpetrators' attitude during the abuse is another aspect of the third theme. As previously reported; reward, punishment, and threat are the most common methods used by abusers in child sexual abuse both during and after the abuse (Kucuk, 2016). However, in our study we recognized that perpetrators avoided social contact with the victim (such as eye contact or talking) instead of reward, punishment or threat. This theme evokes dehumanizing of women which mean that men are objectifying women by associating them with objects, tools, things or animals during the sexual aggression. In support of this assumption, in a previous study, rape-behavioral analogs and negative attitudes toward female rape victims were found higher in men with female dehumanization thoughts (Rudman & Mescher, 2012). Although it is not possible to evaluate causality in a qualitative study like the present one, it can be speculated that dehumanization might be associated with the incest vulnerability. On the other hand this attitude could be a consequence of perpetrator's shame. As known, fear, disgust and shame are the feelings most commonly remembered by the victims. Also victims usually cope with the trauma by mentally dissociating themselves. Could these feelings be annoying for perpetrators too and ‘avoidance of eye contact’ be a coping style for them? Supportingly, Herman demonstrated that, incestuous fathers conveyed to their daughters the sense that sex was evil and shameful, at the same time that they continued to display their own sexual preoccupation with their daughters (Herman, 1993). Future studies should address the relationship between shame and eye contact among incest victims and perpetrators.

The fourth key theme was: “*Destroying happy memories*”

This theme presents a limited set of data on the topic of adolescents' expectations about recovery and healing from incest trauma. This

theme suggests that developing a coherent life narrative, a reevaluation of experience and reconstruction of the relationship with the perpetrator is important to deal with incest. According to theoretical models, healing is a complex and dynamic trajectory that individuals have to move from one stage to another. The first stage is “grappling with the meaning of abuse”. In this stage individuals were beleaguered by thoughts and memories of the abuse and exhibited a number of psychological, behavioral and physical symptoms. In this stage, they believe that abuse is inevitable, they kept it as a secret and were to blame for it without doing anything (Draucker et al., 2011; Knapik, Martsof, & Draucker, 2008). The second stage is “figuring out the meaning of abuse”. In this stage, victims engage in processes that rendered a new understanding of the essence, cause and consequences of the abuse (Draucker et al., 2011; Draucker & Martsof, 2008; Roller, Martsof, Draucker, & Ross, 2009). They gain an increasing understanding of the conditions that contributed to the abuse, like the troubled family dynamics and motivations of the perpetrator and they start to believe that they were not to blame (Draucker et al., 2011). The third stage is “tackling the effects of abuse”. In this stage, they sought psychiatric treatment, ended abusive relationships and sought new occupational and educational opportunities (Draucker et al., 2011). And the last stage is ‘laying claim to one's life’. Victims in this stage embraced the belief that overcoming the effects of abuse rendered them capable of determining the course of their lives and they felt empowered to feel healthy (Draucker et al., 2011; Draucker & Martsof, 2008).

Briefly, making sense of the abuse experience, integrating and reinterpreting it, give a new meaning to the past and the realization that it is possible to alter the present (Combs, 1996; Draucker et al., 2011; Saha, Chung, & Thorne, 2011) are the factors that facilitate healing. According to our results, we could speculate that happy memories with perpetrator, ambivalent feelings including “past love” and “present anger” frustrate the healing process and the fourth theme “destroying happy memories” could be a try to “tackling the effects of abuse” and “laying claim to one's life”. We have to underline the need for future research following incest victims over a long time frame to understand the dynamic nature of healing, and the effect of reinterpreting relationships with perpetrators.

Finally, we want to focus on the therapeutic approaches that could be developed for the themes. According to the themes, two fundamental therapeutic precepts could guide the treatment process for adolescent girl incest survivors: (a) exploration of the delayed meaning making of the first abuse memory: therapist could address the differentiation between dysfunctional and healthy family functioning, family rules and socialization and they should explain that it is normal for a child to be unaware of the problems in the family environment where she is born and raised. It could be hypothesized that explaining the delay may mediate feelings of guilt and shame, which may in turn influence the development and onset of psychopathologies in adulthood. And (b) recovery of the adolescent's lost self after semantic dehumanization in abuses: therapist should help her to dispute irrational beliefs about worthlessness and to gain control of her body. This integrative approach could help the adolescent pull back the scab of the hidden incestuous sexual abuse and reestablish the feeling that she can control her body in her future sexual life. To support the adolescents, establishing better cooperation with them and increasing the awareness of incest, it is necessary that training for sexual abuse and sexual health should begin in the very early years of their school life.

In spite of the important information that the current study provided for the incest phenomenon in this part of the world, there are several limitations. The first limitation of the study is that given the strict criteria, the sample consisted of only five cases. While our results are important for clinical practice the sample size is small and therefore could not be generalized. Secondly, these themes seems important for the adolescents from low socioeconomic status but indeed they are more important for the cultural context. So, before using the themes, we have to examine them among incest victims from different sociocultural

status.

We could suggest therapists to keep in mind these themes when approaching this population. Also, future studies on these topics should include larger sample sizes and investigation of our findings in a quantitative study. In addition there is a need for further research, especially about mothers of incest adolescent victims to understand weaknesses of women in this culture and a comparison of cultural factors to determine what might be similar or different in south-east of Turkey; why such similarities or differences are expected and are important for incest.

Conclusion

In sum, incest victim adolescents pass through a painful process trying to give and provide meaning and finding ways to struggle against this damaging trauma. The purpose of this study was to explore the ways adolescents talk about and give meaning to their experiences of incest concerning cultural, ethnic factors relevant to southeastern of Turkey. We found four key themes: 1. The first abuse memory: Unable to understand/Delayed meaning-making, 2. Attempts to end/Dysfunctional coping style with the incest, 3. Avoidance of eye contact by the perpetrator, 4. The urge to destroy happy memories. According to themes, for healing therapist could address the differentiation between dysfunctional and healthy family functioning, family rules and socialization and they should explain that it is normal for a child to be delayed in meaning making. For recovery of the adolescent's lost self after semantic dehumanization in abuses: therapist should help her to dispute irrational beliefs about worthlessness and to gain control of her body.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Declaration of competing interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Appendix A

Opening: Before we begin the interview, I would like to say a few words about what we are going to do today. You have now read the description of the project we are working on. As you can see, I have with me a tape recorder, and that is to help me remember what we have been talking about. When we have transcribed the tape, the content will be erased. Nobody but myself and my coworkers will have access to the tapes. Everything we talk about will be between us. In the transcribed material it will not be possible to recognize your identity. The declaration of consent you have signed will not be stored together with the interview, and it will be kept at a safe location. This is to assure that your participation in this study remains confidential. In some cases I may ask you some questions that you may find hard to answer. It is okay if you do not want to answer some of the questions. If you at some point want to quit the interview, you are free to do so. It will not result in any negative consequences if you should decide to do so. So, that might have been a lot of information for you. Is there anything you would want to ask about before we start the interview? First, I wonder if you could tell me something about yourself.

Where do you currently live?

Age?

Work, school, and education?

Companion, girlfriend = boyfriend, spouse?

Interests, what do you like to do?

Childhood: Can you tell me about your childhood?

Family conditions? How was the relationship between your parents and between parents and you and your sibling?

Is there any significant person in your life?

How many siblings have you got? How was the relationship between you and your siblings?

Can you tell me about your friends and your school?

The Perpetrator:

Who was the perpetrator?

How would you describe the perpetrator and your relationship before and after the abuse?

The Abuse:

How old were you?

Could you recall the first event? How you experienced the incest when it first happened? (Thoughts? Feelings? Behavior?)

If you should describe your relationship to the perpetrator at the time of the abuse, what would that be like?

Did you ever try to end the abuse? What did you do for this?

Life Today and Expectations About the Healing:

How would you describe your situation today?

What do you expect from the future about healing?

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