

Childhood Sexual Experiences: Problems and Issues in Studying Long-Range Effects

ALLIE C. KILPATRICK

Existing studies of the long-range consequences of childhood sexual experiences are marred by problems which render many of their findings useless. A review of the literature reveals the methodological problems of the definition of terms, sampling methods, and measures of consequences. In this review, scientific criteria are used to evaluate each of 34 studies which attempted to account for long-range effects of childhood sexual experiences. Ten studies were found which met the scientific criteria. The findings of these 10 studies do not support the three different hypotheses that childhood sexual experiences *inevitably* lead to either long-term harmful effects, neutral effects, or beneficial effects.

Until recently, little emphasis had been placed on the study of long-range effects of childhood sexual experiences. With the current high level of societal interest in incest and sexual abuse of children, it is important that more attention be given to researching the implications of various childhood sexual experiences.

In order to identify problems and issues in the study of long-range effects of childhood sexual experiences, I reviewed 34 research studies which report on or attempt to account for long-range effects. These 34 studies do not constitute a comprehensive review of all studies on childhood sexual experiences. The review is selective in that it only deals with research concerned with the *long-range outcome* of such experiences. Also, single case reports, and literature reviews, which dealt primarily with offenders, epidemiology, or treatment are not included. Methodological problems in studying long-range effects are presented first, followed by a review and analysis of the literature.

Problems in Studying Long-Range Effects

Three major methodological problems emerged from the review: definition of terms, sampling methods, and measures of consequences.

Allie C. Kilpatrick, PhD, is an Associate Professor in the School of Social Work at the University of Georgia.

Requests for reprints should be sent to Allie Kilpatrick, PhD, School of Social Work, University of Georgia, Athens, GA 30602.

Definition of Terms

Terms describing sexual behavior are used differently by different researchers, and the same terms are often used to describe different behaviors. Specifically, major problems arise with the varying definitions of "incest," "child-adult contact," and "abuse."

Incest. The definition of incest in the studies reviewed range from the dictionary definition of incest (*Webster's*, 1978) as "sexual intercourse between persons too closely related to marry legally" (used by Kilpatrick, 1986), to a definition of incest which includes the behavior of sexual propositioning (used by Finkelhor, 1979), to a definition which includes relatives by marriage as well as by blood (Meiselman, 1978). Thus, definitions vary, both with respect to the behavior and the partner. A further elaboration of this confusion is seen in the Meiselman review. Of the 47 studies cited in that review, 36 used "blood relative" as the incest *partner* criterion, whereas 11 used both "blood relative" and "relative by marriage." Of the 19 studies involving incest which are reviewed in this paper, partners are described as "parental," "paternal," "sibling," or "other."

In regard to incestuous sexual *behaviors*, 22 studies cited by Meiselman used "intercourse" as the incest criterion, 14 used "sexual contact," 7 used "sexual approach," and 4 defined incest as either "advances," "attempts at incest," "abnormal sexual interest," or "strong incestuous wishes." The studies reviewed in this paper used "intercourse," "fondling," "exposure," "attempted seduction," and vague, nonspecific terms such as "seduced," "had relations," or "a wider range of comportments which may or may not include intercourse."

The concern here is that researchers are making generalizations about behaviors which may be too varied for such general conclusions to be valid. It is necessary to determine that outcomes are consistent across types of behaviors and different partners *before* such generalizations are appropriate and more sweeping definitions of incest are warranted.

Child-adult contact. Researchers focusing on "child-adult contacts" have also varied in their definitions of "adult" and "child." For example, some researchers referred to "parent-child relations," and some of these were so vague that the reader is unable to determine their definitions of child and adult. The majority did not specifically deal with this concern. Three researchers were concerned with the effect on children

of relating to older sexual partners and, therefore, stated clear definitions. Gagnon (1965) defined adult as a male at least 5 years older and postpubertal while the female was prepubertal. A "child" was a female before age 13. Finkelhor (1979) used three categories: (a) a child 12 or under with an adult 18 or over; (b) a child 12 and under and another person under 18 but at least 5 years older than the child; (c) adolescents 13 to 16 and legally defined adults at least 10 or more years older than the adolescent. Kilpatrick (1986) studied children ages birth through 14 years and defined older partner as persons at least 5 years older than the child.

The concern here is the lack of specificity about ages studied. Researchers are again making generalizations about effects of behaviors which may be too varied for such conclusions. What is needed is for researchers to discriminate between the ages of the children studied and then look at the effects with partners of different ages.

Abuse. "Abuse" has been the catch-all term for almost any type of child-adult contact. However, other terms are used by researchers to refer to similar behaviors. Finkelhor (1979) referred to child-adult contact in all three of his categories as "victimization." This term is based, however, not on effects upon the child, but upon age discrepancy and community standards about what is an exploitative sexual relationship. Fritz, Stoll, and Wagner (1981) used the term "molested" in much the same way as Finkelhor used "victimized" and as Gagnon used "child-adult contact." "Molested children" were those who reported at least one sexual encounter with a postpubertal individual before the child reached puberty. Kempe and Kempe (1978), in a review of child abuse, define "sexually exploited children" as those children and adolescents whom sexual abuse robs of "their developmentally determined control over their own bodies and of their own preference, with increasing maturity, for sexual partners on an equal basis" (p. 43). They thus see all "sexually exploited children" as harmed although no specific measure of harm was used.

The major issue here is whether the researcher has defined "abuse" as some type of harm (a consequence of sexual activity that can be quantitatively measured) or whether "abuse" is defined in relation to violation of social norms. When the two issues of scientific objectivity and maintenance of moral standards are not separated, problems arise. On the one hand, science is a pursuit to understand the world as it is. On the other hand, social norms are rules by which people choose to live. Failure to make a distinction between the two has caused many researchers to buttress existing social norms rather than to conduct

scientific investigations. Both Freud and Kinsey were guilty of this. Finkelhor (1979) believes that Freud's conclusion that child seduction was mainly fantasy helped to rationalize two very negative developments in the study and treatment of sexually abused children. The first consisted of discounting the patient's reports of childhood sexual experiences, and the second consisted of blaming the victim.

Kinsey, Pomeroy, Martin, and Gebhard (1953), in spite of survey evidence that incest, sexual abuse, and child molesting were far more widespread than anyone had known, de-emphasized these findings. Another researcher, Finkelhor (1979), built his victimization theme around social norms, as previously discussed. Also, as Renshaw (1982) has observed:

An article on incest may alter its perspective from a legal to a moral or psychosocial frame of reference without explanatory transition, seemingly without an author's awareness of a switch, leaving assumptions of forced coitus and crime. (p. ix)

In researching the effects of childhood sexual experiences, this confusion between violations of the moral code and harm done is problematic. To *assume* that violations of social norms lead to harm for the child is not scientifically sound. The fundamental question concerning the definition of abuse, therefore, becomes, "What has been harmed—the child or the moral code?" After the issues involved in defining sexual abuse are clarified, then, and only then, can the remaining problems involved in studying the long-range effects of childhood sexual experiences be resolved. Studies in which it was *assumed* that harm was done without any scientifically obtained data were omitted from this review.

Sampling Problems

Sampling problems which surfaced were the lack of control groups, small number of cases, use of clinical populations, combining age groups, and combining socioeconomic groups.

Lack of control groups. Only 10 of the 34 studies reviewed here used control groups. Seven of these have been published since 1978 (see Table 1). Without the use of control or comparison groups, it is impossible to determine causal effects or isolate contributing factors.

Small number of cases. Of the studies listed in Table 1, 7 based their findings upon fewer than 10 cases, 15 used fewer than 50 cases, 21 used fewer than 100 cases, and 29 used fewer than 300 cases. Two studies used between 300-500 cases (Gagnon, 1965; Sedney & Brooks, 1984), and 3 studies based their findings on over 500 cases (Fritz et al.,

1981; Kilpatrick, 1986; Landis, 1956). All but 2 studies published since 1981 have used over 100 cases. This is, hopefully, an indication of a trend away from small descriptive case studies toward larger studies with the potential for more sophisticated analytic procedures.

Clinical and offender populations. Seventy percent of the studies reviewed utilized clinical or offender populations. An example of the problems involved in using samples from this type of population is found in Meiselman (1978). She found a higher incidence of sexual problems of all types among patients with father-daughter incestuous experiences than among patients without incestuous experiences. If a woman seeks help because she has problems in social functioning, and she is then selected for study *because* she has a history of certain childhood sexual experiences, it is impossible to determine whether the problems in social and personal functioning are *due* to the childhood sexual experiences or to all the other things that may lead to the problem being treated. Another problem with this type of study is that it is not known how these cases differ from a nonclinical population. The same point could be made for using offender populations. Primarily, it may tend to create bias and limit the generalizability to other populations.

Combining age groups. Another problem occurs when studies in which the ages of the samples vary are combined and general conclusions are drawn. The studies reviewed included samples from ages 1 to 77. Also, the interval between when the childhood sexual experience occurred and when the effects were studied varied from a few years to 50 years. Of particular concern is the combining of data on effects in prepubertal children with postpubertal children. Some researchers have found that effects are much more critical after puberty (Mann & Gaynor, 1980; Sedney & Brooks, 1984; Sloane & Karpinski, 1942). In marked contrast, Rasmussen (1934) and Bender and Blau (1937) found prepubertal experiences more critical. Studies which compare long-term effects on these two age groups could be quite beneficial and revealing. However, when generalizations are made across these groups, important data may be lost and findings may be misleading.

Combining socioeconomic groups. There were 13 studies in which primarily lower-class samples were used. Six used primarily middle-class samples, 4 used middle- to upper-class samples, and 1 used a lower- to middle-class sample. Nine studies did not give the socioeconomic groups used (in most of the studies many classes were sampled). Combining the findings across the range of socioeconomic

groups may tend to obscure differences in long-range effects. Kilpatrick (1986) found that background variables which included socioeconomic variables explained more variance in adult functioning than did the type of sexual experiences women had as children. Controlling for socioeconomic class or using comparison groups would provide more definitive data on effects which could be attributed to childhood sexual experiences and not the socioeconomic class of the subject.

Measures of Consequences

The third problem encountered is the measures of consequences. For example, Bender and Grugett (1952) judged adult functioning in terms of whether the person married, had children, or held a job. As indicated in Table 1, the method they utilized to determine consequences was available follow-up information on social and psychiatric adjustment. How this information was collected and from whom was not stated. There is a vagueness of meaning in the terms "character disorder" and "neurosis" used by Lukianowicz (1972) in describing consequences. Behavioral indicators of the terms used could have provided a clearer understanding of consequences. Rasmussen (1934) questioned the role of sexual trauma as a decisive factor in causing mental disturbance and abnormalities of deportment in 8 of the 54 cases she studied. She stated that the role was doubtful because in most of them she found evidence of an independent constitutional predisposition to mental unbalance. However, it is not known what specific measures she used in coming to that conclusion. Nor is it possible to understand just what her conclusion meant. Chaneles (1967) admits that he could only "conjecture" about the long-range effects on sexual offense victims. The lack of specificity in these studies is problematic.

In some studies there was also a lack of specific data regarding the length of time between the experience itself and the measures of the so-called long-range effect (e.g., Greenland, 1958; James & Meyerding, 1977; Justice & Justice, 1979; Medlicott, 1967). Other researchers were very specific regarding the time span between the experiences and the study. In the Bender and Grugett (1952) study, there were 11-16 years; in Brunold's (1964), there was a minimum of 15 years; in De Francis' (1969), the span was to 3 years; and in Vestergaard's (1960), the span was from 11-19 years. Immediate effects are sometimes quite different from long-range effects, and it is important to distinguish between the two.

More recently, most authors have been more specific regarding the measure of long-range effects. Finkelhor (1981) used well-defined

terms, data on specific behaviors, and a comparison group. Although he states that his study was not well equipped to grapple with the question of outcome, he did have three indicators of adult behavior which included the frequency of current heterosexual activity, frequency of current homosexual activity, and a scale designed to evaluate the level of respondents' sexual self-esteem. These indicators were used to measure consequences. Fritz et al. (1981) studied adult sexual adjustment. His terms were operationally defined, and behaviors were specified. He used both objective and subjective measures of adult sexuality. Sedney and Brooks (1984) studied factors associated with a history of childhood sexual experiences. They looked at specific sexual behaviors and 18 adult symptoms such as depression, overweight, or trouble sleeping. Kilpatrick (1986) also used well-defined terms, data on specific sexual behaviors, and a comparison group. Her measures of consequences included five standardized scales which measured current adult functioning in the areas of self-esteem, family relationships, depression, marital satisfaction, and sexual satisfaction.

A related issue with respect to the use of terms like "consequences" and "effects" is that these terms imply causal relationships between childhood sexual experiences and adult functioning. Such causal inferences are usually inappropriate given the retrospective and/or correlational nature of many of the studies. For example, there have been many reports that the social system's handling of incidents regarding sexual abuse of children caused as much or more harm as the sexual experience itself (Brunold, 1964; De Francis, 1969; Justice & Justice, 1979; Mann & Gaynor, 1980; Schultz, 1973; Summit & Kryso, 1978). Effects or consequences attributed to the sexual experience itself may have actually been caused by the way the experience was handled by the social system, or, for that matter, by any number of other factors. Extreme caution must be exercised in claiming causal relationships.

Review of the Literature

I found 34 studies which attempted to account for long-range differential outcomes of sexual experiences which occurred during childhood. These 34 studies are listed in Table 1 with relevant information about each one. Each study was reviewed, considering the concerns previously described, to determine if the data presented were relevant to three hypotheses.

Table 1
Long-Range Effects of Childhood Sexual Experiences

Researcher, date, location	Type and experience and age	N ^a	Sample source	Ages and population studied ^b	Method/measures used	Long-range effects Reported ^c
Rasmussen (1934) Norway	Assault, including incest (children)	54	Court records	Adults (F, LC)	Interviews, third-person reports	0 to -
Sloane and Karpinski (1942) US (PA)	Parental, sibling incest (teen-age)	5	Family welfare agency	18-26 (F, LC)	Interviews (psychotherapy)	- to 0
Bender and Grugett (1952) US (NY)	Various, prolonged (5-13)	14	Psychiatric hospital	21-27 (M & F)	Social and psychiatric follow-up	0 to --
Weinberg (1955) US (IL)	Parental, sibling incest (15 av.)	203	Criminal cases	Adults (F, LC)	Structured interviews in home	- to --
Landis (1956) US (CA)	Sex with adults (children)	500*	University students	Adults (M & F, MC-UC)	Questionnaires	0 to -
Greenland (1958) Great Britain	Parental, other incest (uk)	7	Advice column	15-32 (F)	Analysis of letters	- to 0
Kubo (1959) Japan	Parental, other incest (7-23)	36	Clinic and agency records	Adults (M & F, LC)	Records and interviews	- to 0
Vestergaard (1960) Denmark	Parental incest (8-17)	13	Court records	23-32 (F, LC)	Personal interviews	-- to -
Weiner (1962) US (NY)	Parental incest (10-13)	5	Psychotherapy with father	10-23 (F, MC)	Interviews with father	- to 0
Brunold (1964) Netherlands	Assault (5-15)	62	Court records	23 av. (M & F, LC)	Personal and third-person interviews	0, + to --
Gagnon (1965) US	Various, with adults (prepuberty)	333*	"Kinsey" study	Adults (F, MC)	Structured interviews	0 to -
Chaneles (1967) US	Assault, paternal incest (children)	159	Agency case records	Children (M & F, LC)	Conjecture	-

(continued on next page)

Table 1—continued
Long-Range Effects of Childhood Sexual Experiences

Researcher, date, location	Type and experience and age	N ^a	Sample source	Ages and population studied ^b	Method/measures used	Long-range effects Reported ^c
Medlicott (1967) New Zealand	Parental incest (children)	27*	Psychotherapy cases	18 up (M & F)	Interviews (psychotherapy)	-, -- to 0
De Francis (1969) US (NY)	Sex offense by adults (0-15)	263	Child protection agencies	Children (M & F, LC)	Objective and subjective measures	-- to 0
Lukianowicz (1972) Northern Ireland	Parental, other incest (5-14)	55	General hospital patients	11-33 (M & F, LC)	Interviews (psychotherapy)	0 to --
Katan (1973) US (OH)	Rape (1-5)	6	Private practice	20-40 (F, MC-UC)	Interviews (psychoanalysis)	--
Benward & Densen-Gerber (1975) US	Parental, sibling incest (under 15)	52*	Drug treatment center	Adol.-adults (F, LC)	Structured interviews	-- to --
Molnar & Cameron (1975) Canada	Parental incest (14-17)	18	Hospital psychiatric department	14-37 (F, LC)	Interviews (psychotherapy)	-- to --
Herman & Hirschman (1977) US	Parental incest (4-14)	15	Psychotherapy cases	15-55 (F)	Interviews (psychotherapy)	0 to --
James & Meyerding (1977) Western US	Older partner (children)	228	Prostitutes	Adol.-adults (F, LC)	Questionnaires, interviews	-- to --
Meiselman (1978) US (CA)	Parental, other incest (3-11)	58*	Psychiatric clinic	11-43 (F, LC-MC)	Interviews, charts, MMPI	-- to 0
Justice & Justice (1979) US (TX)	Parental, sibling incest (children)	112	Clinical	Families (M, F)	Interviews, records (psychotherapy)	-- to --
Gross (1979) US (OH)	Parental incest (13-15)	4	Hospital psychiatric clinic	15-16 (F)	Hysterical seizures	--
Goodwin, et al. (1979) US (NM)	Parental, other incest (0-10)	6	Hospital psychiatric department	14-18 (F)	Hysterical seizures	0 to --

(continued on next page)

Table 1—continued
Long-Range Effects of Childhood Sexual Experiences

Researcher, date, location	Type and experience and age	N ^a	Sample source	Ages and population studied ^b	Method/measures used	Long-range effects Reported ^c
Tsai et al. (1979) US	Incest and other (6-12 av.)	60*	Clinical, nonclinical	18-65 (F, MC)	MMPI, scales, self-report	- to 0
Bernard (1981) Netherlands	"With pedophile" (7-15)	30	Convenience sample	20-60 (M & F, LC-MC)	Self-report	+ , 0 to -
Symonds et al. (1981) US (CA)	Sibling, other incest (5-18)	109	Ads in newspapers	26-45 (M & F, MC)	Phone interviews	0, + to -
Nelson, (1981) US (CA)	Parental, other incest (3 up)	100	Ads in periodicals	19-73 (M & F, MC)	Questionnaires (mailed)	0, + to -
Finkelhor (1981) US (New England)	Sex with sibling (0-13 +)	796*	College students	Adults (M & F, MC-UC)	Questionnaires	0, - to +
Fritz et al. (1981) US (WA)	Various (prepubertal)	952*	College students	18 up (M & F, MC)	Questionnaires	0 to -
Emslie & Rosenfeld (1983) US (CA)	Incest (4-14)	26*	Psychiatric hospital	9-17 (F)	Personal interviews	0 to -
Sedney & Brooks (1984) US	Various (children)	301*	College students	18-58 (F, MC-UC)	Questionnaires	-
Cleveland (1986) US	Parental incest (5-8)	3	Mixed	26-28 (F)	Life history interviews	- to 0
Kilpatrick (1986) US (GA & FL)	Various (0-14)	501*	Deliberate sample	18-66 (F, MC)	Questionnaires, scales	0, - to +

^aAn * indicates the study included a control population.

^bF = female, M = male, LC = lower class, MC = middle class, UC = upper class.

^cIndicates reported outcomes, from very negative (-), negative (-), neutral (0), to positive (+). The first symbol indicates most frequent outcome reported.

Hypothesis 1: Childhood Sexual Experiences Inevitably Lead to Long-Term Harmful Effects

Nineteen studies reported negative outcomes as the more frequently reported effect, with 5 of these reporting very negative outcomes. Each of these 19 studies will be briefly summarized and analyzed in the order that they appear in Table 1.

Sloane and Karpinsky (1942). The primary strength of this descriptive study of 5 adolescent incest cases is that the authors drew their conclusions from only adolescent cases. Hence differences could be compared with findings on effects of incest on pre-adolescents. There are, however, the sampling problems of no control group, a small number of cases, and the use of a clinical, lower-class population. The conclusion that "indulgence in incest in the postadolescent period leads to serious repercussions in the girl" (p. 673) is, therefore, questionable. The findings cannot be generalized and can, at best, serve as a working hypothesis for other studies. Other variables, such as background characteristics, should also be considered.

Weinberg (1955). Weinberg was one of the few researchers who adhered to the dictionary definition of incest. He studied 203 lower-class families in the Chicago area in which incest had occurred, primarily between father-daughter. These cases had all been reported to the courts. Although Weinberg used an offender population with no control group, he did study a large number of cases by structured interviews in the home. We can accept his evidence that childhood incest experiences in lower-class families where the perpetrator has been prosecuted lead to long-term harmful effects. Yet we must question how many of these harmful effects were due to the lower-class background or to the court procedure and incarceration of the family member.

Greenland (1958). Greenland analyzed seven letters written to an advice column in Great Britain regarding the writer's incestuous experiences during childhood and resulting present problems. The very small number of cases studied, lack of a control group, and the self-selected and nonrepresentative sample who wrote because of problems they were having lead us to reject the evidence. His findings of harmful effects may be used as a working hypothesis for more definitive studies.

Kubo (1959). This Japanese study of 36 cases of incest from clinic or agency records and interviews defines terms specifically but contains the sampling problems of lack of a control group, a rather small

number of cases, use of a clinical population, and the combining of age groups. Kubo was quite cautious and conservative when reporting effects, however. Although he saw strong negative behaviors such as crimes, misconduct, and mental disorders, he stated that "it cannot be concluded these . . . were directly attributable to incest" (p. 154). We can acknowledge the definite trend toward harmful effects but must realize these effects may have been caused by background variables.

Vestergaard (1960). This author studied 13 cases of parental incest in Copenhagen in which the fathers had been sentenced to prison. Vestergaard conducted interviews with women whose incestuous experiences took place more than 10 years previously. All the women felt the experience was much worse than the court records showed. Although the definitions of terms were clear-cut, the problems of few cases, no control group, offender population, and combining age groups were present. Again, we must be cautious in interpreting the trend which is indicated by these data.

Weiner (1962). Weiner's study of 5 paternal incest cases in New York through psychotherapy with the father has the serious flaw of the perpetrator father being the only source of information on long-term effects on the daughter. If daughter had also been studied directly, this would have been a contribution to the literature because few studies have been done with both sexual partners. The other problems of extremely few cases, no control group, and offender population render these findings useless for purposes of generalization about long-range effects.

Chaneles (1967).¹ Chaneles studied 159 child victim cases as reported by public agencies in a 3-year project of the American Humane Association. Due to the clinical population, lack of control groups, and the preliminary conclusion by the author that "at present, we may only conjecture long-range effects" (p. 55), this evidence of a strong negative trend must be viewed with caution.

Medlicott (1967). This New Zealand study of 27 psychotherapy cases of reported parental incest compares the 17 actual incest cases with the 10 falsely alleged cases. In this sense there is a control group, but the nature of the evidence which permitted the judgment that the alleged cases were actually alleged is not described. No significance

¹Upon close examination of the literature, I found that the Chaneles (1967) and De Francis (1969) studies were both funded under the Child Research Grant R-222, U.S. Children's Bureau. It is not known if both these authors reported on some of the same cases. Therefore, both are included in this review.

testing was reported, but the author did find rather large differences in some areas of sexual adjustment of the two groups. The small number of cases and clinical population do not provide conclusive support for the hypothesis, but a trend is indicated.

De Francis (1969). This study of 263 sex-offense cases reported by child protection agencies in New York and consisting primarily of lower-class families had no control group, but the sample was large and both objective and subjective measures of consequences were obtained. His findings can not be generalized to nonclinical, middle- or upper-class populations, but the data suggest that child victims of reported sex crimes in lower-class families in large urban areas are likely to experience harmful effects.

Katan (1973). Katan psychoanalyzed six middle- to upper-class women who had experienced oral, anal, or genital rape when they were 1 to 3 years of age. Again we have a small clinical study with no control group, which makes generalizing to other populations impossible.

Benward and Denson-Gerber (1975). These authors studied 52 women in Odyssey House drug treatment centers who had experienced incest as children. Of the 93 different incestuous partners reported by the women, intercourse took place with only 34 (37%) of these. The other behaviors ranged from fondling to attempted seduction. Incestuous partners included step-relations, in-laws, and "quasi-family." These definitional problems in a clinical setting cloud the study, which is admittedly an exploratory study of incest as a causative factor in antisocial behavior. The author did use comparison groups which support their claim that "incest was a significant factor necessitating further study" (p. 339). This exploratory study should be viewed as such.

Molnar and Cameron (1975). Eighteen cases of parental incest in Canada were studied by these authors in psychotherapy interviews in a general hospital psychiatric unit. Behaviors described as "incest" were "a wider range of comportments which may or may not include intercourse" (p. 373). We also have the few cases, no controls, and clinical population configuration that is typical of many of the studies in this analysis. The author, of course, reported harmful effects because all the patients were there because they were having problems.

James and Meyerding (1977). Two studies of a total of 228 prostitutes through questionnaires and interviews constituted this report. Through comparisons of their findings with findings of other studies of "normal" females, some interesting trends emerge which support the authors' conclusion that early sexual experiences and prostitution

are related. The familiar configuration of a biased population and no control group is present.

Meiselman (1978). Meiselman studied 58 cases of incest which were seen at a Los Angeles psychiatric clinic. She used a control group which consisted of a random sample of 100 patient charts from the previous 5 years. Her definition of incest was clear and specific in regard to both behavior and partner. The primary problem with this study is the use of a clinical population for both the incest group and the control group. We do not know how these cases differ from a non-clinical population. We *can*, however, use the evidence from her finding regarding a clinical population that the occurrence of incest does predispose the individual to certain kinds of problems, such as difficult relationships with men or sexual maladjustment.

Justice and Justice (1979). These authors studied 112 incestuous families in Texas through a survey and therapy with selected cases. No control group was used for the clinical population studied. Conclusions regarding long-term consequences of incest were drawn from their review of the work of others regarding incest as much as from their own study. Therefore, their measures were more a summary of the literature than specific analyses of their own study. It is not possible to extract their own findings from the larger body of literature they discussed.

Gross (1979). Again we have a small clinical study (4 cases of incest) without a control group. A unique feature of this study was that it studied hysterical seizures in adolescent girls and found incest in their backgrounds. As with all small descriptive studies, the finding of the study provides questions for further research.

Tsai, Feldman-Summers, and Edgar (1979). These authors compared a clinical group of 30 women who had been molested as children and were seeking therapy with a nonclinical group of 30 women who had been molested and also with a control group of 30 women who had not been molested. All of the women were secured through media advertisements, producing a potentially biased sample. Specific behaviors and partners were defined. Although no causal inferences could be made, these findings are certainly worthy of serious consideration. Noteworthy is that not all sexually molested children necessarily experience adult maladjustment and that a later age at cessation, stronger negative feeling, higher frequency and longer duration of molestation are key variables in explaining adult maladjustment.

Sedney and Brooks (1984). This study was of 301 middle- to upper-class college women. Those having sexual experiences as children involving other people were compared to women with no such experiences. Definitions were clear, no clinical or offender populations were sampled, age groups were separated for purposes of some analyses, a primarily middle- to upper-class population was used, and there were specific measures of consequences. These features, together with the sizable number of women studied, make the findings that reports of childhood sexual experiences are frequently associated with symptoms of distress later in life acceptable. It must be remembered that this is a retrospective study of primarily middle-class women.

Cleveland (1986). Three women who had experienced incest with fathers were personally selected by the author from three different populations in order to study varied outcomes from a developmental perspective. One was from an offender population, one from a clinical population, and one was referred by a friend. Definitions were clear but the small number studied and the sampling method based on outcome with no control group make the findings interesting but not generalizable.

Summary. Of these 19 studies, only 5 met enough of the scientific criteria to be given serious consideration in accepting or rejecting hypothesis 1 (see Table 2).

All five studies went beyond using a few descriptive cases in regard to numbers, all clearly defined their terms, and all used specific measures of consequences. The state of our knowledge regarding hypothesis 1 can be summarized as follows:

1. Childhood incest experiences in lower-class families where the perpetrator has been prosecuted are associated with harmful effects (Weinberg, 1955).

2. Occurrence of incest may predispose the individual to certain kinds of problems (Meiselman, 1978; Sedney & Brooks, 1984).

3. Child victims of various reported sex crimes, in addition to incest, in lower-class families are likely to experience harmful effects (De Francis, 1969).

4. Older age at cessation of molestation, stronger negative feelings, higher frequency, and longer duration seem to contribute to adult maladjustment (Sedney & Brooks, 1984; Tsai et al., 1979).

With this tentative evidence, we cannot say unequivocally that childhood sexual experiences inevitably lead to long-term harmful effects.

Table 2

Studies Supporting Hypothesis 1 by Scientific Criteria

Author	N	Popula- tion	Clear definition	Control group	Age group	SEC group	Specific measures
Weinberg	203	Offender	yes	no	15 (av.)	LC	yes
DeFrancis	263	Clinical	yes	no	0-15	LC	yes
Meiselman	58	Clinical	yes	yes (Clinical)	3-11	LC-MC	yes
Tsai	60	Clinical/ nonclinical	yes	yes (Nonclinical)	6-12	MC	yes
Sedney and Brooks	301	Students	yes	yes	9 (av.)	MC-UC	yes

Hypothesis 2: Childhood Sexual Experiences Inevitably Lead to Long-Term Neutral Effects

Primarily neutral effects were found in 14 of the 34 studies reviewed here.

Rasmussen (1934). This Norwegian study of 54 sexual assault cases involving children from 9-13 years of age, which were selected from court records, focused on adult mental health and social adjustment. Victims had been medically examined and the offender convicted. There was no control group with this offender population. As mentioned previously, we do not know exactly what the evidence was that led to Rasmussen's conclusion that 85% seemed none the worse for the experience. However, this early study provided much needed information on an offender population which has been used to compare results from other descriptive studies and shows a trend. It does not present conclusive evidence.

Bender and Grugett (1952). Social and psychiatric follow-up information was collected on 14 adults who as children, 11 and 16 years previously, had been referred for psychiatric attention by a children's court because of various and prolonged sexual experiences. The authors' conclusion that there exists no scientific proof that there are any resulting deleterious effects must be tempered by the knowledge that the small population studied was clinical and there was no control group.

Landis (1956). Of the 1,800 university students from middle- to upper-class backgrounds who completed questionnaires for this study, 500 were found to have had childhood experiences with adults. The authors' conclusion that "the great majority of the victims seemed to have few permanently harmful effects from the experiences" (p. 108) can be accepted based on the clear definition of terms, large number of

cases studied, use of a large control group, a nonclinical-nonoffender population, and acceptable measures of consequences. He did combine age groups (4-19 plus years), however, and his findings could not be generalized to lower-class populations.

Brunold (1964). The information for Brunold's Netherlands study of 62 sexual assault cases from court records was gathered by personal and third person interviews at least 15 years after the offense. There was no control group, and an offender population was used. His conclusion that lasting "psychological" injury as a result of sexual assaults suffered in infancy is not very common can be questioned in several years. First, he admittedly did not consider personality in his measures of consequences but based his conclusions on background, education, later occupation, and marital relationships, not psychological aspects. Second, his use of the term "infancy" is dubious since all his cases were from 5 to 15 years of age at the time of the offense.²

Gagnon (1956). Gagnon studied the 333 women who reported a sexual experience with an adult before age 13 in the Kinsey study by structured interviews. His use of a control group, large number of cases, clear definition of terms, and specific measures of consequences make his finding that "only 5% could be considered to have adult lives that had been severely damaged for whatever reason" (p. 188) acceptable. It must be remembered, however, that his population was primarily college-educated women, and it is a retrospective study.

Lukianowicz (1972). This was an Irish study of 55 incest cases with lower-class backgrounds found in a general hospital. Information was obtained by psychotherapy interviews. No control group was used. The finding that "the incestuous activities seemed to have been only a transitory, culturally permissible phase in the process of their normal psychosexual development, and as such did not result in any bad effects" (p. 312) may need to be limited to this particular culture and to a lower-class, clinical population.

Herman and Hirschman (1977). These authors studied 15 "father-daughter" incest cases where the victims were later seen in psychotherapy. Their use of the term "father-daughter" is misleading because three stepfathers, a grandfather, a brother-in-law, and an uncle were included. Herman and Hirschman observed that "nothing

²The inappropriate use of terms could be due to inaccurate translations from the original language.

obvious distinguished them from the general population of women entering psychotherapy" and that "the severity of their complaints seemed to be related to the degree of family disorganization and deprivation in their histories rather than to the incest history per se" (p. 745). The familiar sampling trilogy of a few cases, no control groups, and a clinical population, plus the loose definition of terms and descriptive measures of consequences, make these findings questionable. They can only discern a trend.

Goodwin, Simms, and Bergman (1979). In a study similar to that of Gross (1979), Goodwin et al. describe six cases in which adolescents developed hysterical seizures after parental incest. A difference was that Gross' subjects experienced incest as adolescents whereas Goodwin et al.'s subjects experienced incest below the age of 10, and the seizures disappeared after psychotherapeutic exploration of the incestuous experience. This descriptive study raises questions for further investigation.

Symonds, Mendoza, and Harrell (1981). The 109 cases of incest were self-identified in response to advertisements in newspapers and studied by phone interviews. Respondents were middle-class and, overwhelmingly, white males. This sampling bias, plus no control group and only descriptive measures of consequences, make the author's conclusions applicable only to white, middle-class self-selected males in Los Angeles. A more sophisticated analysis of data would have been helpful.

Nelson (1981). The findings of this exploratory, descriptive study on incest were based on survey data from 100 persons who responded to classified advertisements in periodicals. The majority were middle-class, male, and from San Francisco and the Bay area. A high proportion were homosexuals, and ages at time of incest ranged from 3 to 50 years. The lack of a control group, a biased, self-selected sample, the combination of children and adult experiences, and the large number of homosexual males cause the findings to be questionable, although trends may be discerned.

Finkelhor (1981). Finkelhor used questionnaires to study 796 college students, 114 of which had sibling sexual experiences, in a predominantly white, middle-class sample. He used comparison groups and separated the sample by ages at time of the experience for purposes of analysis. He included "an invitation to do something sexual" as a sexual experience and also included step-sibling and half-siblings, which could skew his findings somewhat. He did not, however, use the value-laden term of "victimization" in relation to sibling sex as he does in

relation to other older partners. Although he had three limited indicators of adult sexual behavior, his study was, admittedly, not well equipped to grapple with outcomes. He did move beyond the typical descriptive conclusions regarding outcome to statistical analyses, however. His finding that there is little reason to think that sibling sexual experiences are influential for adult sexual functioning should be considered as evidence.

Fritz, Stoll, and Wagner (1981). This study of 952 college students through questionnaires used comparison groups, well-defined terms, and separated the sexes for purposes of analysis of prepubescent sex play. A strength of this study was that some parametric statistical measures were used for measures of consequences. A limitation was that only adult sexual adjustment was studied. Fritz et al. found that 1.8% of all females have problems with adult sexual adjustment arising from prepubertal molestation and that molested males and females differ significantly in regard to long-term effects on sexual attitudes and relationships. This study did meet our scientific criteria, and the findings should be considered.

Emslie and Rosenfeld (1983). These authors compared 7 incest cases with a control group of 19 cases, all of whom were hospitalized for psychiatric problems. Definitions were clear, and the use of a control group made possible the comparison of effects. No difference was reported. However, the small number of cases, use of a clinical population, the combining of age groups, and no specificity of socioeconomic class were given. No generalizations could be made from the finding.

Kilpatrick (1986). Kilpatrick used a deliberate sample in order to increase heterogeneity in her study of the childhood (0-14 years) sexual experiences of 501 predominantly middle-class women. Women with childhood sexual experiences were compared with those who had no such experiences. Her terms were well defined. A primary strength of this study was that the researcher utilized quite sophisticated analytic procedures, such as hierarchical multiple regression analyses, in order to determine long-term effects on five different measures of present adult functioning. With this type of procedure, factors such as background variables could be controlled. Her findings were that adult functioning of women who had childhood sexual experiences and those who had none did not differ significantly. However, sexual experiences that were abusive, forced, guilt-producing, harmful, or pressured *interacting* with the type partner (parents, other relative, nonrelative) were significant for all measures of adult functioning except for the sexual satisfaction scale. Her findings should be considered.

Table 3

Studies Supporting Hypothesis 2 by Scientific Criteria

Author	N	Popula- tion	Clear definition	Control group	Age group	SEC group	Specific measures
Landis	500	Students	yes	yes	4-19+	MC-UC	yes
Gagnon	333	Women	yes	yes	0-13	MC	yes
Finkelhor	796	Students	yes	yes	3-19	MC-UC	yes
Fritz et al.	952	Students	yes	yes	Prepubertal	MC	yes
Kilpatrick	501	Women	yes	yes	0-14	MC	yes

Summary. Five of the 14 studies which found primarily long-term neutral effects met enough of the scientific criteria to be given serious consideration. These studies are shown in Table 3. Three of these studies have been reported since 1981. The state of our knowledge regarding hypothesis 2 can be summarized as follows:

1. College students from middle-class families show few permanently harmful effects from childhood sexual experiences with adults (Landis, 1956).

2. Only a small number of middle-class women show severe damage from prepubertal sexual experiences with adults (Gagnon, 1965).

3. Sibling sexual experiences in middle-class families have little influence on adult sexual functioning (Finkelhor, 1981).

4. A small percentage of middle-class females and a significantly smaller percentage of males who have experienced prepubertal molestation have problems with adult sexual adjustment (Fritz et al., 1981).

5. The adult functioning of middle-class females who have or have not had childhood sexual experiences does not differ significantly. However, the interactions of negative childhood sexual experiences with the type partner were found to be statistically significant for four measures of adult functioning (Kilpatrick, 1986).

These findings do not support the hypothesis that childhood sexual experiences *inevitably* lead to long-term neutral effects.

Hypothesis 3: Childhood Sexual Experiences Inevitably Lead to Long-Term Beneficial Effects

In my review of the literature, I found only one author who found the primary long-term effects to be beneficial.

Bernard (1981). Bernard conducted a descriptive and biographical study of 30 pedophile cases with a convenience sample. The children

were ages 7-15 years. The sampling method used presents primary problems. The researcher states that the source of 7 referrals were through professional and personal contacts. Three of these were from therapists, but he fails to state the source of the remaining 23 cases. The problems of lack of a control group, small number of cases studied, combining age groups, and the use of clinical populations apply here as well as the probability of a biased, unrepresentative convenience sample. His evidence is not acceptable.

Summary. The sampling problems and the lack of any conclusive evidence lead to rejection of the hypothesis that childhood sexual experiences inevitably lead to long-term beneficial effects.

Conclusions and Recommendations

The findings of the ten studies which met many of the criteria used in the analysis demonstrate the fact that many variables enter into the relationship between childhood sexual experiences and long-range effects. There is no simple linear cause and effect relationship. All but one of the 10 studies were retrospective in nature. As in all retrospective studies that relate early experiences to the current state of the individual, it is not possible to trace the current condition in a direct causal line from the previous condition. There exists a need for longitudinal studies which could determine the intervening variables between these two points.

As my analysis indicates, there is also a need for (a) controls for variables such as socioeconomic groups, age at time of sexual experiences, sex, and race; (b) evidence of effects of society's interventions such as court procedures or removal from home; (c) evidence of influence of family environment on long-range effects; (d) control groups consisting of nonclinical, nonoffender populations; (e) general population samples; (f) more sophisticated analytical procedures; and (g) the use of statistical controls.

On the basis of this review and analysis, the following recommendations for future research are made.

1. Researchers need to adopt a clear nomenclature of distinction between a "sexual offense" and "sexual abuse." An offense is the act of breaking a law or violating a social norm. An abuse is a mistreatment or injury that is perceived by the recipient.

2. When referring to incest, researchers must be very clear about which definition of incest is being used. If the dictionary definition in *Webster's* (1978) were consistently used, much confusion would be avoided.

3. Some studies indicate that psychological harm is greater for children who have sexual experiences with relatives. Researchers must be careful to be very specific as to *who* the partner was, the *type* of sexual behavior that occurred, and if the child was prepubertal or post-pubertal. Only in this way may implications for later functioning be clearly delineated.

4. Much more attention must be paid to sampling issues.

5. Careful consideration should be given to measures of adult functioning. Previously used measures (such as marriage, parenthood, having a job, being a solid member of the community, etc.) are not sufficient. More specific, empirical data are needed.

6. Conditions under which the sexual behavior took place and reactions to the sexual behavior are also important variables which need to be considered by researchers.

7. Developmental studies are needed which take intervening variables into consideration.

8. Analyses of data on the long-range consequences of childhood sexual experiences are needed which include not only the relationship of variables such as partner, type behavior, conditions and reactions to the measures of later functioning but also the relationship of the *interactions* of these variables to the measures of later functioning. Controls for socioeconomic and other background variables must also be included.

The study of long-range consequences of any type of behavior that may cause harm to a person or interfere with optimum social functioning is a serious endeavor. Researchers must be clear about what it is they are studying and diligent in their pursuit of scientific objectivity.

References

- BENDER, L., & BLAU, A. (1937). The reaction of children to sexual relations who had atypical sexual experience. *American Journal of Orthopsychiatry*, 7, 500-518.
- BENDER, L., & GRUGETT, A. E., JR. (1952). A follow-up report on children who had atypical sexual experience. *American Journal of Orthopsychiatry*, 22, 825-837.
- BENWARD, J., & DENSEN-GERBER, J. D. (1975). Incest as a causative factor in antisocial behavior: An exploratory study. *Contemporary Drug Problems*, 4, 323-340.
- BERNARD, F. (1981). Pedophilia: A study of psychological consequences for the child. In L. L. Constantine, *Children and sex* (pp. 189-199). Boston: Little, Brown.
- BROWN, A., & FINKELHOR, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- BRUNOLD, H. (1964, January/February). Observations after sexual traumata suffered in childhood. *Excerpta Criminologica*. Lisse, The Netherlands: Swets & Zeitlinger.

- CHANELES, S. (1967). Child victims of sexual offenses. *Federal Probation*, 31, 52-56.
- CLEVELAND, D. (1986). *Incest: The story of three women*. Boston: D. C. Heath.
- CONSTANTINE, L. L. (1981). The effects of early sexual experience: A review and synthesis of research. In L. L. Constantine & F. M. Martinson, *Children and sex* (pp. 217-244). Boston: Little, Brown.
- DE FRANCIS, V. (1969). *Protecting the child victim of sex crimes committed by adults*. Denver, CO: Children's Division, American Humane Association.
- EMSLIE, G. J., & ROSENFELD, A. (1983). Incest reported by children and adolescents hospitalized for severe psychiatric problems. *American Journal of Psychiatry*, 140, 708-712.
- FINKELHOR, D. (1979). *Sexually victimized children*. New York: Free Press.
- FINKELHOR, D. (1981). Sex between siblings: Sex play, incest, and aggression. In L. L. Constantine, *Children and Sex* (pp. 129-149). Boston: Little, Brown.
- FRITZ, G. S., STOLL, K., & WAGNER, N. N. (1981). A comparison of males and females who were sexually molested as children. *Journal of Sex and Marital Therapy*, 1, 54-60.
- GAGNON, J. H. (1965). Female child victims of sex offenses. *Social Problems*, 13, 176-192.
- GOODWIN, J., SIMMS, M., & BERGMAN, R. (1979). Hysterical seizures: A sequel to incest. *American Journal of Orthopsychiatry*, 49(4), 698-703.
- GREENLAND, C. (1958). Incest. *British Journal of Delinquency*, 9, 62-65.
- GROSS, M. (1979). Incestuous rape: A cause for hysterical seizures in four adolescent girls. *American Journal of Orthopsychiatry*, 49, 704-708.
- HERMAN, J., & HIRSCHMAN, L. (1977). Father-daughter incest: A feminist theoretical perspective. *Signs: Journal of Women in Culture and Society*, 2, 735-756.
- JAMES, J., & MEYERDING, J. (1977). Early sexual experience and prostitution. *American Journal of Psychiatry*, 134, 1381-1385.
- JUSTICE, B., & JUSTICE, R. (1979). *The broken taboo*. New York: Human Sciences Press.
- KATAN, A. (1973). Children who were raped. *Psychoanalytic Study of the Child*, 28, 219.
- KEMPE, R. S., & KEMPE, C. H. (1978). *Child abuse*. Cambridge, MA: Harvard University Press.
- KILPATRICK, A. C. (1986). Some correlates of women's childhood sexual experiences: A retrospective study. *The Journal of Sex Research*, 22, 221-242.
- KINSEY, A. C., POMEROY, W. B., MARTIN, C. E., & GEBHARD, P. H. (1953). *Sexual behavior in the human female*. Philadelphia: Saunders.
- KUBO, S. (1959). Researches and studies on incest in Japan. *Hiroshima Journal of Medical Sciences*, 8, 99-159.
- LANDIS, J. T. (1956). Experiences of 500 children with adult sexual deviation. *Psychiatric Quarterly*, 30, 91-109.
- LUKIANOWICZ, N. (1972). Incest. *British Journal of Psychiatry*, 120, 301-313.
- MANN, E. M., & GAYNOR, D. A. (1980). Emotional reactions and treatment of sexually abused children, adolescents, and their parents. *The Child in his Family, Preventive Child Psychiatry in an Age of Transitions*, 6 (pp. 409-420). New York: Wiley.
- MEDLICOTT, R. W. (1967). Parent-child incest. *Australia and New Zealand Journal of Psychiatry*, 1, 180-187.
- MEISELMAN, K. C. (1978). *Incest: A psychological study of causes and effects and treatment recommendations*. San Francisco: Jossey-Bass.
- MOLNAR, G., & CAMERON, P. (1975). Incest syndromes: Observations in a general hospital psychiatric unit. *Canadian Psychiatric Association Journal*, 20, 373-377.
- NELSON, J. A. (1981). The impact of incest: Factors in self-evaluation. In L. L. Constantine (Ed.), *Children and sex* (pp. 163-174). Boston: Little, Brown.

- RASMUSSEN, A. (1934). Die Bedeutung sexueller Attentate auf Kinder unter 14 Jahren für die Entwicklung von Geistes-Krankheiten und Charakter Anomalien [The significance of sexual assaults on children under 14 years for the development of mental illnesses and character anomalies]. *Acta Psychiatrica et Neurologica*, 9, 351-434.
- RENSHAW, D. C. (1982). *Incest: Understanding and treatment*. Boston: Little, Brown.
- SCHULTZ, L. G. (1973). The child sex victim: Social, psychological and legal perspectives. *Child Welfare*, 52, 148-149.
- SEDNEY, M. A., & BROOKS, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. *Journal of the American Academy of Child Psychiatry*, 23, 215-218.
- SLOANE, P., & KARPINSKI, E. (1942). Effects on incest on the participants. *American Journal of Orthopsychiatry*, 12, 666-673.
- SUMMIT, R., & KRYSO, J. (1978). Sexual abuse of children: A clinical spectrum. *American Journal of Orthopsychiatry*, 28, 237-251.
- SYMONDS, C. L., MENDOZA, M. J., & HARRELL, W. C. (1981). Forbidden sexual behavior among kin: A study of self-selected respondents. In L. L. Constantine, *Children and sex* (pp. 151-162). Boston: Little, Brown.
- TSAI, M., FELDMAN-SUMMERS, S., & EDGAR, M. (1979). Childhood molestation: Differential impacts on psychosexual functioning. *Journal of Abnormal Psychology*, 88, 407-419.
- VESTERGAARD, E. (1960). Father-daughter incest. *Nord Tid for Kriminalvid*, U48U: 159.
- Webster's new world dictionary of the American language* (1978). (2nd College Edition). New York: William Collins & World.
- WEINBERG, S. K. (1955). *Incest behavior*. New York: Citadel Press.
- WEINER, I. B. (1962). Father-daughter incest: A clinical report. *Psychiatric Quarterly*, 36, 607-632.

Accepted for publication August 30, 1985