

Self-Reports of "Positive" Childhood and Adolescent Sexual Contacts With Older Persons: An Exploratory Study

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An exploratory, descriptive study of 37 male and 26 female subjects reporting childhood or adolescent intergenerational sexual contacts about which subjects maintained, at least in part, "positive" feelings is reported. An informal comparison group of 7 female victims of sexual abuse also participated. Subjects were administered a 21-page, 130-item questionnaire designed to explore and evaluate childhood functioning and development, the nature of the sexual experience, and its possible impact on adult life. Eight subjects also participated in subsequent in-depth telephone interviews. A wide range of characteristics and possible effects of the experiences were reported, suggesting that intergenerational sexual contacts may represent a continuum of experience rather than a unitary and discrete pathological phenomenon.

KEY WORDS: positive intergenerational sexual experiences; sexual abuse; sexual misuse; victimology.

INTRODUCTION

A lively, if occasionally vituperative, debate ensued during the late 1970s and early 1980s among mental health professionals, academics, and social activists concerning claims by some researchers that voluntary sexual experiences in childhood—including certain types of intergenerational contacts—might sometimes be of a positive character and result in benign or

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even beneficial effects (cf. Pomeroy, 1976; Constantine, 1981; Nelson, 1981; Bernard, 1981; Schultz, 1980; Sandfort, 1984; Yates, 1978). As Finkelhor (1984) pointed out, these writers were critical of what they perceived to be the "exclusive preoccupation with harm in discussions of child sexuality" (p. 188).

Although very little has been published over the past 8 or 9 years propagating the "anti-alarmist" viewpoint referred to by Finkelhor, research nevertheless continues to be conducted which records that some persons do in fact report childhood or adolescent intergenerational sexual contacts of a sort that may not fit neatly under the rubric of "sexual abuse" (cf. Baker and Duncan, 1985; Kilpatrick, 1986; Condy *et al.*, 1987; Sandfort, 1988). Indeed, Haugaard and Emery (1989) found such responses in 10% of their sample of college students who had experienced a childhood sexual contact with an older person. Haugaard and Emery observed that these subjects appeared to have "had a different experience from the others" (p. 95).

Although these contacts are generally referred to in the literature as "positive" experiences, the casual use of this term raises questions: Is an experience positive simply because it is pleasurable and appears to result in no harm to the individuals involved, or should moral standards, social norms, and criminal laws determine whether an experience be viewed either as positive or negative? For example, Finkelhor (1984) explicitly insisted that moral standards, rather than empirical criteria, be employed to assess the nature of sexual contacts between adults and minors. He concluded that such contacts ought to be considered "harmful" regardless of their reported characteristics of effects (pp. 16-17).

In general, scant attention has been focused in the literature on the differentiation of positive from negative experiences. As McCaghy (1985) pointed out, early researchers in this field simply did not consider asking such questions. It was assumed that sexual contacts between adults and minors had either negative or neutral effects. More recently, the ascendance of victimology-based models such as that articulated by Finkelhor has discouraged the asking of such questions on moral and sexual-political grounds. Some recent studies have therefore structurally disallowed reports of positive experiences (Okami, 1990). Moreover, the greater portion of related studies published over the past 40 years has been concerned with issues of incidence and prevalence, isolation of risk factors, and identification or quantification of sequelae of the experience. For all of these reasons, systematic exploration of the subjective experience of minors involved in sexual contacts with adults, contacts of either positive or negative quality, has generally been absent, particularly from the English-language literature.

Even where positive reports are allowed, instruments measuring the nature and effects of these contacts typically require subjects to rate their experience using global categories of *positive*, *negative*, and *neutral*, sometimes allowing for incremental gradings through the use of Likert-type scales (cf. Finkelhor, 1979; Kilpatrick, 1986). However, sexual encounters are frequently characterized by complex and often subtle emotional responses. Can these responses be formulated adequately within such discrete categories? It is highly likely that a great many sexual interactions, regardless of the ages of the participants, contain both positive and negative factors. How much truly meaningful information regarding subjective experience, then, can be gleaned from statistical findings of the numbers of reported positives, negatives, and neutrals?

The Present Study

The present investigation was designed as an exploratory, descriptive study of a self-selected sample of persons reporting childhood or adolescent sexual experiences with adults or older children. Because previous empirical investigations have documented the existence of positive and neutral experiences (cf. Baker and Duncan, 1985; Condy *et al.*, 1987; Haugaard and Emery, 1989; Kilpatrick, 1986; Sandfort, 1988) as well as negative ones (cf. Russell, 1984, 1986; Finkelhor, 1979, 1984; Haugaard and Emery, 1989), the present study was predicated on an *a priori* assumption that intergenerational sexual experiences in childhood and adolescence are variable in reported characteristics and effects. The instruments utilized in the present study were created to explore this potential variability from the retrospective point of view of the younger participant.

Moreover, because a great deal has been written about unpleasant and traumatizing experiences and very little is known about the nature and effects of contacts described by the younger participant as having been voluntary and benign, recruitment notices were worded intentionally to attract those subjects who claimed to have maintained "at least in part, positive feelings" about their early sexual experience. This should not, however, be construed as an attempt to disavow the existence of sexual abuse or to minimize its consequences.

Finally, because the exploratory emphasis and biased sample precluded meaningful testing of specific hypotheses, the following general research questions were used as tentative guidelines:

Gender Differences. Would male and female differ in their tendencies to evaluate experiences positively or negatively or differ in the rationales they gave for such evaluations? Would males predominate as the older

partner in positively rated experiences in the same proportions as have been reported in studies that focused on negative experiences?

Cognitive and Affective Schemata. How would subjects recall having felt about their experiences at the time of occurrence, and how would these experiences be assessed currently? How would subjects explain the ratings and labels they applied to their experiences?

Previously Identified Mediators. Several variables have been suggested as constituting mediating factors in response and outcome. Possible effects of these variables were addressed in the present study. Variables included (i) gender of the older participant (cf. Condy *et al.*, 1987), (ii) age of the minor participant at time of onset (cf. Peters, 1976), (iii) age discrepancy between participants (cf. Finkelhor, 1979), (iv) intrafamilial vs. extrafamilial contacts (cf. Landis, 1956), (v) coercion (cf. Symonds *et al.*, 1981), (vi) duration or frequency of contacts (cf. Friedrich *et al.*, 1986), (vii) types of sexual behaviors reported (cf. Russell, 1986), (viii) use of clinical samples in outcome studies (Tsai *et al.*, 1981), (ix) parental attitudes toward sexuality (cf. Constantine, 1981), (x) familial and societal responses to disclosure (cf. Constantine, 1981), and (xi) overall childhood functioning.

METHOD

Subjects

The sample included 26 females and 37 males. A comparison group of seven clinically referred female victims of sexual abuse also participated. All subjects ($N = 70$) resided in the United States with the exception of 1 Australian and 1 Canadian, and all major geographic regions of the U.S. were represented (Alaska excluded).

For the nonclinical sample ($n = 63$), subjects' ages ranged from 16 to 69, with a mean of 44.1 for males and 34.5 for females. Subjects were in most cases middle-class as defined by current occupation and level of education. The majority were white in ethnic origin, with various Protestant Christian denominations representing the predominant religions of origin. Of these subjects, 45% were married or cohabitating, 36.5% had never married, 17.5% were divorced or separated, and 1.5% were widowed. Seventy-four percent expressed sexual preference for the opposite gender and 17.5% expressed same-gender preference (7.9% did not respond to questions concerning sexual preference). Additionally, 31.7% claimed some sexual interest in both genders.

The clinical sample ($n = 7$) consisted of females ranging in age from 23 to 66. These women closely resembled the nonclinical sample in ethnic,

religious, economic, and educational background. All expressed sexual interest in males only.

Instrument

A 130-item questionnaire was designed by the author (with some material adapted from instruments used by Finkelhor, 1979, and Nelson, 1981) to report and assess relevant demographic data, quality of early familial relationships, sexual education and development and overall childhood functioning, specifics of reported sexual experiences and subject responses, current sexual attitudes, preferences and degree of comfort and satisfaction with sexual life, and current psychosocial health, including general adult functioning, history of psychiatric treatment or disorders, suicidal ideation or attempts, etc.

Subjects were asked to report sexual contacts that they may have experienced "before the age of 16 with another person five or more years older." "Sexual" was defined as "anything at all that may have seemed to you then, or seems to you now, to be 'sexual.'" Instructions to subjects emphasized that the investigator was interested in all such experiences, be they unpleasant and unwanted, pleasurable and mutually desired, neutral, or mixed.

Childhood functioning was measured by weighing and combining subject responses to items that focused on relationships with parents, school grades, friendships, and overall self-assessment of affect during the years before age 12.

Parental attitudes toward sexuality were measured by subject ratings of their perceptions of their parents' "honest" beliefs and feelings about sex as a part of life, extramarital and nonprocreative sex, childhood sexuality, and homosexuality and other sexual variations.

Adult functioning was measured by subject response to questions regarding:

1. *The presence of gross adult pathology*, indicators of which included one or more of the following: (i) A history of professional diagnosis of any of the psychiatric disorders most frequently claimed in the literature as commonly associated with a history of sexual abuse (Blume, 1986), (ii) a history of suicide attempts, and (iii) a score in the lowest ranges (1.0–2.8) of a General Life Attitudes Scale (GLAS). This 10-item instrument was designed by the investigator to measure general self-reported levels of contentment, hope, sense of personal competence, functioning in friendships, and possible subjective concerns about mental health. Subjects rated the extent of their agreement or disagreement

with items along a 4-point scale. GLAS included items such as "I'm unhappy with my life and I don't know what to do about it," and "The future still holds the promise of good things for me." This scale demonstrated a high degree of internal consistency, with an alpha coefficient of .81. Indicators (i), (ii), and (iii) were then combined to return ratings of "probable gross adult pathology" or "no apparent gross adult pathology."

2. *The presence of reported problems in adult life, possibly associated with the sexual experience*, such problems not necessarily reflecting gross measurable pathology. Indicators included the presence of one or more of the following: (i) any subject report of a "current problem or personal suffering" resulting from the sexual experience, (ii) a subject report of having entered psychotherapy because of the childhood experience, and (iii) a score in the lowest ranges (1.0–2.6) of the Sexual Comfort Scale (SCS). This 8-item instrument was adapted by the investigator from Finkelhor's (1979) scale of Sexual Self-Esteem. The SCS included items such as "After sex I often feel dissatisfied or unhappy," and "I'm basically content with the part sex plays in my life." This instrument demonstrated acceptable internal consistency with an alpha coefficient of .74 (as compared with .54 for the Sexual Self-Esteem scale as reported by Fromuth, 1986). As with GLAS, subjects endorsed items on a 4-point *agree-disagree* scale. Indicators (i), (ii), and (iii), were then combined to return ratings of "apparent related adult problems" or "no apparent related adult problems."

The questionnaire schedule allowed subjects to describe and assess their experiences from several vantage points using variant measures such as semantic inventories of affective response, (e.g., disgusted, sexy, frightened, joyful), open-ended response formats, inventories of conceptual labels to apply to the experience (e.g., sexual abuse, a violent attack, a loving experience, a sexual experience), and inventories of characteristics defining experiences as either positive or negative (e.g., "The experience was physically pleasurable," "I was forced to do things I didn't want to do"). The use of multiple measurement strategies is consistent with the literature on the importance of multimethod assessment (Campbell and Fiske, 1959). The extensive nature of the schedule also allowed ample opportunity to cross-check for consistency of subjects responses (cf. Symonds *et al.*, 1981), and was in all likelihood an important factor in the relatively low number of apparent insincere or crank responses and the overall apparent high level of subject motivation.

A structured, unscheduled telephone interview format was also devised to add in-depth material to data gathered by questionnaire.

Procedure

An advertisement was placed periodically over the Summer months of 1987 in a variety of printed media including *The New York Times*, the *Village Voice* (a nationally circulated New York City newsweekly), *The Nation* (a monthly national journal of social criticism and political journalism), and various local New York City neighborhood newsletters and public bulletin boards. The advertisement read:

As a child (under age 16) did have sexual contact with an adult or older child?
Do you maintain, at least in part, positive feelings about the experience? Research project seeks volunteers. Write for questionnaire. Anonymity absolutely guaranteed.

One-hundred-five persons responded to the advertisements and notices. Two persons were also recruited by personal referral. Seventy-two subjects returned completed questionnaires. Eight of these subjects also agreed to participate in a telephone interview which lasted between 30 min and 1 hr. At the request of a psychotherapist specializing in sexual abuse issues, 15 questionnaires were also sent to a sample of women involved in a therapeutic support group for self-defined victims of child sexual abuse. Eight of these forms were completed and returned. Of the total of 80 questionnaires received, 10 were discarded because of inconsistencies ($n = 2$), unacceptable numbers of omitted questions ($n = 4$), or because they were suspected of reporting fictitious events ($n = 4$). Whereas certain of these apparently fictitious reports may in fact have been genuine, the investigator decided to err on the side of caution (the suspected reports were highly positive in nature but lacked verisimilitude). However, this exclusion, or the failure to detect other fictitious events, may have further biased this sample.

All subjects were assured of anonymity, and stringent measures were in fact taken to protect their identities. Subjects were also offered the opportunity to be apprised of results of the study.

RESULTS

A total of 79 experiences were reported by the nonclinical sample ($n = 63$). Forty-six separate experiences were reported by males and 33 by females. For male subjects, 63% of experiences involved same-gender contacts and 37%, opposite gender. In contrast, for females, 12.1% of experiences involved same-gender contacts and 87.9%, opposite gender. Thirty percent of the experiences involved family members (including step-parents), with uncles predominating as partners or assailants for this co-

hort. For the 70.4% of experiences involving extrafamilial contacts, "adult friends" predominated as partners/assailants, with adults who occupied authority roles such as teacher or priest cited almost as frequently. For this sample, 18.6% of experiences were single contacts or lasted less than 1 month, with 41.7% of experiences occurring over a period of 1 year or less. The mean number of reported contacts was 54.9. Four subjects in the nonclinical sample reported that contacts remained ongoing at the time of the investigation.

In contrast, for the clinical sample ($n = 7$), none of the experiences lasted less than 1 year, with 85.7% of experiences occurring over a period of at least 3 years. In further contrast, 100% of the experiences of the clinical sample involved the opposite gender (males) and 85% were intrafamilial.

Positive, Negative, Neutral

For an experience to have been considered positive for the purposes of this analysis, the subject had to report having assessed it in a positive manner both at the time of its occurrence and in retrospect. On the other hand, for an experience to have been judged negative for this analysis, the subject need only have considered it negative either at the time of its occurrence or in retrospect.

In spite of the "at least partially positive" qualifier in the recruitment notices, fully negative experiences were reported as well as those that were ambivalent or fully positive. For example, highly negative experiences such as rape in early childhood were reported with the only positive factor described in statements such as "The experience taught me about the dangers of sexual abuse," "I have become deeply sensitive to others' pain," "Now I know what to protect my children against."

Of the 79 experiences reported by the nonclinical sample, 67.1% were given positive ratings, 21.5% were given negative ratings, and 11.4% were rated neutral. All of the experiences reported by the clinical sample were given negative ratings.

Sixty-two percent of positive responders' experiences were given unequivocal ratings by subjects—that is, they were rated positive, rather than mostly positive or somewhat positive. Of these unequivocally positive experiences, 81.8% were reported by males, comprising 58.7% of males' total experiences, and 18.1% were reported by females, comprising only 18.1% of females' total experiences.

Subjects' global positive and negative ratings were supported in all cases by alternative measures offered. Thus, whereas a great many ambiva-

lent feelings were reported for both positively and negatively rated experiences, no subject gave an overall negative rating to an experience that she or he had otherwise described in predominantly positive terms, and no subject gave an overall positive rating to an experience otherwise described in generally negative terms. Subject ratings of neutral, on the other hand, appeared to have been arrived at in widely disparate manner, suggesting that the term varied considerably in connotation from subject to subject. For this reason, "neutral" experiences were excluded from this analysis except where noted.

Multiple Reports

Nine subjects from the nonclinical sample, four female and five male, reported two or in some cases three experiences each. In seven of these cases the experiences were essentially uniformly rated, and subjects were thus considered to be either positive or negative responders, respectively, for the purposes of analysis of outcome. In two cases, however, subjects reported both positive and negative experiences. These subjects were classified as positive or negative responders according to the relative impact of the experiences as assessed by the subject.

Initiation and Termination

Subjects were asked "Who began the sexual part of this experience?" Positive responders reported that in 64.1% of cases the older partner was the initiator, in 16.7% both participants initiated simultaneously, in 15% the subject initiated, and in 3.7% cases it was a third person. All of the negative responders and all of the clinical sample reported initiation by the partner/assailant.

By a very wide margin, for those positive responders whose experience consisted of multiple contacts or a "relationship," the explanation most frequently given for how the contacts or relationship ended was that one or the other participant left the geographic vicinity for reasons not related to the sexual contacts. ("He got a job in another state" or, as one female subject whose partner had been her dentist reported, "Believe it or not, it ended because my cavities were filled and I didn't have an excuse to go there anymore".)

In contrast, for the negative responders (including the clinical sample), by an even wider margin, eventual avoidance of partner/assailant was the most common explanation for how the contacts terminated. Moreover, although the data were occasionally ambiguous on this question, the study

indicated that probably in only two or three of these cases was the experience reported to authorities.

Sexual Behaviors

Approximately two-thirds of the experiences both of clinical and non-clinical subjects involved vaginal and/or anal penetration or oral sex. The remaining one-third involved touching or kissing behaviors and/or genital apposition. Whereas noncontact behaviors were often reported as part of the experience, no report consisted exclusively of a noncontact behavior (e.g., exhibitionism).

Sexual Response

In 98.2% of the experiences of positive responders, sexual or physical pleasure, desire, or satisfaction were reported. In 69.8% of these cases, sexual or physical pleasure, desire, or satisfaction were characterized as having constituted among the "most important"—if not "the most important"—positive aspects of the experience.

Moreover, positive responders reported having been orgasmic within 54.9% of their experiences (60% for male, 43.7% for female).²

Quality of Affect

Subjects were offered several measures by which to report quality of affect in relation to their experiences. For this portion of the report, data from female negative responders were combined with data gathered from the clinical sample of females for comparison with female positive responders. Thus, male subjects were not included in the analyses displayed in Tables I and II (only). This course was adopted because of (i) the very low percentage of male "negatives," and (ii) the high degree of agreement between male and female within the positive and negative cohorts, respectively, on questions of affect and an even closer agreement on these questions between the clinical and nonclinical samples of female negative responders. When combined in this manner, positive and negative cohorts were created of same gender (F) and equal number ($n = 15$), reporting a

²Due to a conceptual error, the question pertaining to orgasm as well as an entry indicating desire as a possible subject response to the former partner were omitted from the first 10 questionnaires mailed to respondents. Figures reported here are thus the valid percentage for positive experiences, $n = 51$.

Table I. Negative and Positive Cohorts' Retrospective Self-Reports of Affective Responses to Experiences at the Time of Occurrence

% Positive experiences (<i>n</i> = 17)		% Negative experiences (<i>n</i> = 16)	
Excited	100.0	Confused	93.8
Sexy	88.2 ^a	Ashamed	81.3
Happy	82.4 ^a	Guilty	81.3
Joyful	76.5	Frightened	75.0
Interested	70.6	Excited	68.8 ^b
Curious	64.7	Disgusted	62.5
Surprised	52.9	Surprised	62.5
Confused	41.2	Interested	62.5
Guilty	41.2	Angry	43.8
Frightened	35.3	Sad	37.5
Ashamed	29.4	Curious	37.5
Relaxed	5.9	Sexy	18.8 ^b
Angry	5.9	Happy	18.8
Disgusted	5.9	Relaxed	6.3
Sad	0	Joyful	0

^a Males chose *sexy* fourth most often (63.9%) and *happy*, fifth (61.1%).

^b Males chose *sexy* fifth most often (42.9%) and *excited*, tenth (26.8%).

similar number of experiences (*n* = 17, *n* = 16). However, where differential trends between male and female or between the clinical and nonclinical samples of females were found, these differences were explained in the Table notes.

Tables I and II rank order by frequency terms that subjects chose from a semantic inventory to describe how they remember having felt overall about their experience at the time of its occurrence and also as they currently assessed their feelings.

Following are examples of some terms which those subjects (male and female) who were unsatisfied with the choices offered in the inventory, entered in the open-ended space marked "other." Positive cohort: *bursting with joy, proud, fascinated, lucky, scary fun, secretive, comfortable, loving, accepting*. Negative cohort: *frustrated, zero*.

Negative Factors Mediating Positive Experiences

Positive responders were asked if there had been "anything at all negative" about their experience and in 50.6% cases subjects answered affirmatively. These subjects were given an inventory of 15 items from which to choose negative factors that had mediated their positive experience. Table III lists subjects' choices and includes the percentages of total positive

Table II. Negative and Positive Cohorts' Self-Reports of Affective Responses to Experiences as Currently Assessed

% Positive experiences (<i>n</i> = 17)		% Negative experiences (<i>n</i> = 16)	
Sexy	41.2 ^a	Angry	68.8
Happy	35.3	Disgusted	68.8
Relaxed	35.3	Guilty	37.5
Joyful	29.4	Frightened	37.5 ^b
Interested	29.4	Confused	37.5
Confused	23.5 ^a	Sad	37.5
Excited	17.6	Ashamed	37.5
Sad	17.6	Curious	18.8
Curious	17.6 ^a	Interested	12.5
Ashamed	5.9	Relaxed	12.5
Angry	5.9	Excited	6.3
Guilty	0	Happy	0
Frightened	0	Sexy	0
Disgusted	0	Joyful	0

^a Males chose *sexy* fourth most often (47.2%) and only 2.8% chose *confused*.

^b 0% of males chose *frightened*. The clinical sample of women chose *frightened* most frequently (85.7%).

experiences of male and female (*n* = 53). Male and female were in close agreement on rank ordering.

Examining Table III, Item 2 is probably a complaint common to a great many sexual or affectional relationships. However, when Items 1, 3, and 4 are considered together, it appears that guilt and anxiety surrounding the moral and social implications of the activity accounted by large measure for negative factors mediating these subjects' experiences.

The 'Why' of Positive and Negative Experiences

Positive responders were asked to choose, from a list of nine, as many items as applied to explain why they considered their experience to have been positive. They were also allowed to enter their own explanations as "other." The most frequent choice both for male and female was "The experience was physically pleasurable." One-hundred percent of females and 91.4% of males endorsed this item, which was also the most frequent choice both of male and female subjects for the "most important" reason the experience was positive.

Remaining choices included items such as "I loved/liked my partner and enjoyed pleasing him/her," "My partner loved/liked me and enjoyed

Table III. Negative Factors Mediating Positive Experiences Rank Ordered by Subjects' Choice

Negative Factor ^a	%
1. I felt guilty about it.	40.0
2. The experience ended too soon or didn't happen often enough.	38.7
3. The experience confused me and made me anxious because I couldn't tell if it was right or wrong.	35.3 ^b
4. The experience made me wonder if I were “normal” or a “bad person.”	18.2
5. I felt betrayed by someone I trusted.	11.8
6. I felt ashamed.	8.6
7. Something was done to me that I didn't like or didn't understand.	8.6
8. The experience upset my parents.	6.1
9. The experience made me lose faith in people or in one particular sex.	6.1
10. The experience went on too long or too often.	5.7
11. The experience was physically uncomfortable.	2.9

^a Of the 15 scheduled items, 4 were not chosen by any subject. These items described force, pain, police investigation, and coming to “dislike someone I had previously liked or loved.”

^b “Fear of being found out” or its equivalent was also entered (as “other”) in 35.3% of cases.

pleasing me,” “The experience satisfied my curiosity about sex,” “The experience was emotionally satisfying,” and “I got a thrill out of doing something forbidden.”

Negative responders were given an inventory of 15 items from which to choose factors defining the negative nature of their experience. Both male and female most frequently chose “Something was done to me that I didn't like or didn't understand,” and “The experience confused me and made me anxious because I couldn't tell if it was right or wrong.” Issues of shame and guilt also predominated. Additionally, the clinical sample tended to emphasize a sense of having been betrayed by someone they had trusted and of having been “forced to do things I didn't want to do.”

Overall Functioning in Adulthood

For the nonclinical sample, on measures of apparent gross adult pathology, negative and positive responders scored virtually identically:

Table IV. Frequencies of Positive, Negative, and Neutral Ratings
According to Gender Configuration

Gender configuration ^a	<i>n</i>	Positive %	Negative %	Neutral %
f / F	4	75.0	0	25.0
f / M	36	44.4	44.4	11.1
m / M	29	72.4	17.2	10.3
m / F	17	88.2	11.8	0

^af = minor female, F = adult female, m = minor male, M = adult male.

Approximately 70% of each cohort reported no apparent gross adult pathology and 30% reported the presence of pathology. A sharply different picture emerged on measures of adult problems possibly related to the sexual experience. Of the positive responders, 84% reported no apparent related adult problems, whereas only 20% of negative responders reported the absence of such problems. (By definition, 100% of the clinical sample reported both adult pathology and related adult problems.)

On the Sexual Comfort Scale (SCS), which was graded from 1.0 (most impaired level) to 4.0 (most adaptive level), scores for those reporting predominantly positive experiences were, $X = 3.5$, $SD = 0.5$, and for the negative responders, $X = 2.8$, $SD = 0.6$ (clinical subjects scored $X = 2.3$).³

On the General Life Attitudes Scale (GLAS), also graded from 1.0 (most impaired level) to 4.0 (most adaptive level), positive responders scored $X = 3.5$, $SD = 0.5$ and negative responders, $X = 3.1$, $SD = 0.7$ (clinical subjects scores $X = 3.0$).

Gender of Partner/Assailant

In 26.6% of cases overall, the older partner or assailant was female, and in 73.4%, male. However, females made up 34% of partners for the positive cohort. Table IV examines the relationship between specific configurations of gender and positive, negative, or neutral subject rating. Figures include the total combined experiences of both samples ($n = 86$).

³Whereas inferential procedures are sometimes performed on data such as those reported here, the author believes that the relatively small size and biased nature of the present sample precluded meaningful use of such tests.

"Seriousness" of the Sexual Behavior

As reported by Haugaard and Tilly (1988) in their study of peer sexual experiences in childhood, so-called "serious" sexual acts (Browne and Finkelhor, 1986, p. 169) such as those involving genital, anal, or oral penetration were just as likely to be associated with positive as negative outcomes. This held true in the present study for all age groups to whom these behaviors applied. (However, only one experience in early childhood involved penetration, and this experience [rape] was rated negatively.)

Age of Subject at Onset

The mean age for positive responders at onset was 11.2, as compared with 9.7 for negative responders. For females, 70% of positive experiences occurred after the subject had turned 12 years old. For males, this figure was 63%.

Age Discrepancy Between Subject and Partner/Assailant

Only 40% of the experiences of positive responders occurred when the age discrepancy between subject and partner was more than 20 years, whereas 70% of negative experiences occurred where the age discrepancy was 20 or more. However, no apparently meaningful trends emerged when age discrepancy was viewed with finer distinctions, such as 5- or 10-year increments.

Intrafamilial Vs. Extrafamilial Contacts

Only 20.7% of positive experiences involved a family member, whereas 69.6% of negative experiences were intrafamilial. Only one of the experiences reported by female positive responders involved a family member.

Coercion

Some degree of coercion was reported in 3.6% of the experiences of positive responders, 73.9% of nonclinical negative responders and 85.7% of the experiences of the clinical sample. Coercion was defined as the presence of (i) force, violence, or the threat of force or violence; (ii) a respondent's subjective fear of what might happen if she or he didn't par-

ticipate ("passive consent" or possible "unconscious" threatening behavior on the part of the older person); or (iii) an overt threat of something other than force or violence ("emotional blackmail," etc.).

Although bribery may be considered a form of coercion under certain circumstances, the giving of gifts or money in itself was considered too ambiguous an event to constitute sufficient cause for an experience to be labeled coercive in the present study. One of the above-mentioned coercive factors also had to be present for an experience to be so labeled. Overt bribery was present in only 1.8% of the experiences of positive responders. In contrast, overt bribery was present in 50% of the experiences of negative responders, and in 71.4% of the experiences of the clinical sample.

Force or violence was not present in any of the experiences reported by positive responders. It was, however, present in 14.3% of nonclinical negative responders' experiences and in 71.4% of the experiences of the clinical sample. In an additional 42.8% of negative responders' and 14.3% of the clinical samples' experiences, subjects responded "Maybe a little" when queried about the use of physical force.

Duration or Frequency of Contacts

For positive responders, mean number of contacts were $X = 60.1$, and for negative responders, $X = 126.6$. Duration and frequency were highly correlated (see Browne and Finkelhor, 1986).

Subject Assessment of Long-Term Benefits and Harm

Subjects were asked to indicate if "anything good about yourself or your life" had resulted, directly or indirectly, from the sexual experience, and to specify the nature of that benefit. They were also asked to indicate if they had "any current problems or personal suffering" as a direct or indirect result of the experience and to specify the nature of that harm. For positive responders, in 80% of cases no current problems as a result of the experience were reported, and in 74.5% of cases these subjects claimed positive benefit.

In contrast, only 26.1% of negative responders (clinical sample included) reported no resultant problems, but these subjects also claimed some positive benefit, if only minimal, in 60.9% of cases.

Subjects Label Their Experiences

Subjects were offered a list of 11 items from which to choose labels to apply to their experiences. In rank order, the four most frequent choices of positive responders (male and female) were *a pleasurable experience*, *a sexual experience*, *a sexual relationship*, and *a learning experience*. None of this group labeled their experience sexual abuse. For negative responders (clinical group included), the four most frequent labels were *sexual abuse*, *sexual misuse*, *a violent attack*, and *an unpleasant experience*.

DISCUSSION

Results of this study are consistent with Haugaard and Emery's (1989) observation that persons reporting "positive" childhood or adolescent intergenerational sexual contacts appear to have had "a different experience from the others." In the present investigation, positive responders' descriptions of affect and assessment of long-term effects are in sharp contrast to those of negative responders. In place of the sense of helplessness, rage, guilt, or "numbness" that typically emerge from accounts of negative experiences, one finds in many of the positive reports—particularly as expressed in the more detailed, open-ended replies and interviews—expression of warmth, pleasure, affection, humor, and even lustiness. Positive responders did not label their experiences *sexual abuse*, did not describe experiences that would warrant application of the term *abuse*, if the term were used in the sense of *maltreatment*, and generally reported no harm as a result of their experiences. In fact, they frequently claimed positive benefit.

On the other hand, negative responders—particularly the clinical sample—described experiences that were clearly abusive. These experiences were generally coerced, unpleasant, unwanted, and frequently traumatizing. They were often psychologically brutal and sometimes physically brutal. They appeared to result in many reported difficulties for subjects both in the short- and long-term. These subjects also frequently labeled their experiences *sexual abuse*.

Positive experiences may, however, still be defined as *sexual abuse*. For example, one definition of the term *abuse* is simply "improper use." Even a positive intergenerational sexual contact involving a minor may legitimately be thought to constitute improper use of sex. However, as Kilpatrick (1987) pointed out, important issues may be obscured when writers do not make clear the sense in which they are using terms such as

abuse. Perhaps the term *sexual misuse* would be more appropriate in cases of positive experiences (Brant and Tisza, 1977; Constantine, 1981).

Returning to some of the research questions delineated at the outset of this report, findings that females were less likely than males to report unequivocally positive experiences might be attributed to (i) possible differences in the typical gender, personality characteristics, and behavioral patterns of adults who become involved in sexual behaviors with girls rather than boys; and/or (ii) typically higher levels of general sexual anxiety experienced by females in this society as a consequence of environmental, economic, sociopolitical, or evolutionary variables (Condy *et al.*, 1987). It may also be of significance that only a small portion of positive experiences reported by females occurred before the subject had turned 12 years old.

Findings of unusually high percentages of females as older partners in positively rated experiences, and findings that both male *and* female subjects tended to rate experiences with older females more positively than experiences with older males, suggest that contacts involving women may tend to be experienced more positively by young persons of either gender. Results are, in this respect, consistent with Condy *et al.* (1987), who found that the majority of their samples both of college males and incarcerated males reported positive responses and beneficial long-term effects from their childhood or adolescent sexual contacts with adult females. In the present study, unusually high percentages of females reported as adult partners of the nonclinical sample overall may also generally support Groth's (1982) suggestion that experiences involving older females as partners/as-sailants tend to go underreported.

Turning to the clinical sample, the disruption and psychic scarring which these women attributed to their youthful sexual abuse exceeded in severity that reported by nonclinical negative responders. These findings, although tentative in nature due to the small clinical sample, are consistent with several other reports (cf. Tsai *et al.*, 1981) and suggest that clinical subjects may represent a polar extreme of the population of sexual abuse victims. Although weaknesses of sexual abuse outcome studies that use clinical samples have often been pointed out, these weaknesses may have been understated. Fromuth (1986), for example, demonstrated that a portion of apparent negative consequences of childhood sexual abuse found in her sample of college women in fact resulted from various family background variables and were unrelated to the sexual abuse.

Although the data presented here suggest the plausibility of a model that interprets intergenerational sexual contacts, like other sexual contacts, as continua of experience rather than a unitary (pathological) phenomenon, several potentially serious problems with these data should be considered.

First, the usual caveat against generalizing from findings of studies that utilize biased, self-selected samples is clearly warranted here. Whereas a certain number of "positives" turn up in most investigations among non-clinical populations, the experiences and responses described in the present study may not be representative of the sort of positives that a more representative sample might report. In addition, outcome measures designed for the present investigation, while including some behavioral variables (e.g., history of psychotherapy), have not been subjected to rigorous psychometric scrutiny and rely primarily on self-assessments of functioning in adulthood. Therefore, it cannot be claimed with certainty that these subjects were not adversely affected in some unrecognized manner by their experience.

More important, Abramson (1990) pointed to the intrinsically flawed nature of data obtained through retrospective investigation of sexual behavior. He cited problems resulting from subject's variable mnemonic capabilities and willingness (or motivation) to disclose potentially stigmatizing information. He also referred to well-documented experimenter effects of gender interaction, demand characteristics, and personality style. He argued that retrospective data on sexual behavior ought to be presumed distorted and discontinuous, and concluded that measurement and analysis of such data must therefore also be considered unreliable regardless of the sophistication of statistical procedures or sampling methods employed.

Moreover, in an unusual prospective experiment, Linton (1982) traced the natural history of emotional memory. She described changes and distortions over time in the memory of emotions associated with an event. Such difficulties in reliable retrieval of emotional memory may also have contaminated the data collected for the present study to an unknown degree.

Finally, certain investigators have insisted that virtually all (if not, in fact, *all*) apparently sincere reports of "nonabusive sexual abuse" are the consequence of distortions of memory resulting from a subject's alleged "denial" or "repression" of what the investigator claims must have been in fact a negative experience with harmful effects (cf. Russell, 1986, pp. 43-44, 53, 138; Blume, 1986; De Mott, 1980). However, writers making such claims generally also make clear that positive intergenerational sexual experiences should be considered nonexistent by definition as an *a priori* moral or political principle. These writers' subsequent insistence that all reports of inconsequential adult-child sex are therefore the result of confabulation or repression represents circular reasoning and seem disingenuous, at least to this investigator. Nevertheless, the possibility of such effects cannot be discounted and may have distorted some of the data reported here. It should

be emphasized, however, that the above-stated problems—experimenter effects, memory distortion over time, and subject “denial” or “repression”—are likely to plague any retrospective study of childhood sexual experiences, including investigations concerned specifically with negatives.

I also wish to stress that results of this research should not be used to argue that intergenerational sexual contacts involving children are generally benign or that effective measures designed specifically to protect children (and young adolescents) from potentially harmful sexual contacts are unnecessary. Indeed, the data reported here, while consistent with previous documentations of positive experiences, are also consistent with the bulk of the literature that characterizes childhood and adolescent sexual contacts with older persons—at least as these contacts are experienced within American society—as presenting great psychological and social risks for both participants.

Current social-scientific vocabulary does not differentiate positive intergenerational sexual experiences from those described as having been abusive and traumatic. Nevertheless, research should be designed to allow the reportage and examination of the full continuum of childhood and adolescent sexual experience.

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REFERENCES

- Abramson, P. R. (1990). Sexual science: Emerging discipline or oxymoron? *J. Sex Res.* 27: 147-165.
- Baker, A. W., and Duncan, D. P. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child Abuse Neglect* 9: 457-467.
- Bernard, F. (1981). Pedophilia: Psychological consequences for the child. In Constantine, L. L., and Martinon, F. M. (eds.), *Children and Sex*, Little, Brown, Boston.
- Blume, S. (1986). The walking wounded: Post-incest syndrome. *SIECUS Rep.* 15: 1-3.
- Brant, R. S., and Tisza, V. B. (1977). The sexually misused child. *Am. J. Orthopsychiat.* 47: 80-90.
- Browne, A., and Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In Finkelhor, D. (ed.), *A Sourcebook on Child Sexual Abuse*, Sage, Beverly Hills.

- Campbell, D. F., and Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychol. Bull.* 56: 81-105.
- Condy, R. C., Templer, D. I., Brown, R., and Veaco, L. (1987). Parameters of sexual contact of boys with women. *Arch. Sex. Behav.* 16: 379-394.
- Constantine, L. (1981). The effects of early sexual experiences: A review and synthesis of research. In Constantine, L., and Martinson, F. (eds.), *Children and Sex*, Little, Brown, Boston.
- De Mott, B. (1980, March). The pro-incest lobby. *Psychol. Today*. pp. 11-16.
- Finkelhor, D. (1979). *Sexually Victimized Children*, Free Press, New York.
- Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*, Free Press, New York.
- Friedrich, W. N., Urquiza, A. J., and Beilke, R. (1986). Behavioral problems in sexually abused young children. *J. Pediat. Psychol.* 11: 47-57.
- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse Neglect* 10: 5-15.
- Groth, A. N. (1982). The incest offender. In Sgroi, S. (ed.), *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington Books, Lexington, MA.
- Haugaard, J. J., and Emery, R. E. (1989). Methodological issues in child sexual abuse research. *Child Abuse Neglect* 13: 89-100.
- Haugaard, J. J., and Tilly, C. (1988). Characteristics predicting children's responses to sexual encounters with other children. *Child Abuse Neglect* 12: 209-218.
- Kilpatrick, A. (1986). Some correlates of women's childhood sexual experiences: A retrospective study. *J. Sex Res.* 22: 2.
- Kilpatrick, A. (1987). Childhood sexual experiences: Problems and issues in studying long-range effects. *J. Sex Res.* 23: 2.
- Landis, L. (1956). Experiences of 500 children with adult sexual deviation. *Psychiat. Quart.* 30(Suppl.).
- Linton, M. (1982). Transformations of memory in everyday life. In Neisser, U. (ed.), *Memory Observed: Remembering in Natural Contexts*, W. H. Freeman, San Francisco.
- McCaghy, C. (1985). *Deviant Behavior: Crime, Conflict and Interest Groups*, 2nd ed., MacMillan, New York.
- Nelson, J. (1981). The impact of incest: Factors in self-evaluation. In Constantine, L. and Martinson, F. (eds.), *Children and Sex*, Little, Brown, Boston.
- Okami, P. (1990). Sociopolitical biases in the contemporary scientific literature on adult human sexual behavior with children and adolescents. In Feerman, J. (ed.), *Pedophilia: Biosocial Dimensions*, Springer-Verlag, New York.
- Peters, J. (1976). Children who are victims of sexual assault and the psychology of offenders. *Amer. J. Psychother.* 30: 398-421.
- Pomeroy, W. (1976, November). A new look at incest. *Forum*, pp. 9-13.
- Russell, D. (1984). *Rape, Child Sexual Abuse, and Workplace Harassment*, Sage, Beverly Hills.
- Russell, D. (1986). *The Secret Trauma: Incest in the Lives of Girls and Women*, Basic Books, New York.
- Sandfort, T. (1984). Sex in pedophilic relationships: An empirical investigation among a non-representative group of boys. *J. Sex Res.* 20: 123-142.
- Sandfort, T. (1988). *Het belang van de ervaring* [English summary], Homostudies, Utrecht, The Netherlands.
- Schultz, L. (1980). The sexual abuse of children and minors: A short history of legal control efforts. In Schultz, L. (ed.), *The Sexual Victimology of Youth*, Charles C Thomas,
- Symonds, C L., Mendoza, M. J., and Harrell, W. C. (1981). Forbidden sexual behavior among kin: A study of self-selected respondents. In Constantine, L., and Martinson, F. (eds.), *Children and Sex*, Little, Brown, Boston.
- Tsai, M., Feldman-Summers, S., & Edgar, M. (1981). Childhood molestation: Differential impacts on pschosexual functioning. In Constantine, L. L., and Martinson, F M. (eds.), *Children and Sex*, Little, Brown, Boston.
- Yates, A. (1978). *Sex Without Shame: Encouraging the Child's Healthy Sexual Development*, Morrow, New York.