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# PSYCHOLOGICAL IMPACT OF CHILDHOOD SEXUAL ABUSE ON MALE INMATES: THE IMPORTANCE OF PERCEPTION

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## ABSTRACT

**Objective:** The current study examined the association between childhood sexual victimization and adult psychiatric disorders among male inmates. It further assessed the association between the perception of an event (as sexual abuse or not) and psychiatric diagnoses.

**Method:** A sample of 211 randomly-selected male inmates were interviewed. The Diagnostic Interview Schedule (Version III-R) was used to assess psychiatric diagnoses. An additional questionnaire assessing childhood sexual abuse and perception of childhood sexual abuse was also administered.

**Results:** Forty percent of the inmates met standard criteria for childhood sexual abuse, which far exceeded rates found in the general population. Significant differences were found between inmates who had a history of childhood sexual abuse and those who did not for a variety of psychiatric diagnoses. Forty-one percent of those who met criteria for childhood sexual abuse did not consider themselves to have been abused. Those who did not consider themselves to have been abused had higher rates of alcohol abuse/dependence, while those who considered themselves to have been abused had higher rates of posttraumatic stress and obsessive-compulsive disorder.

**Conclusions:** This study emphasizes the importance of perception or “cognitive appraisal” of the sexual experience (as abusive or not) and the need for further study regarding the potential mediating role of cognitive appraisal. Other implications of these findings include the need for primary prevention programs designed to reduce childhood sexual abuse, and inmate rehabilitation programs with an emphasis on the connection between victimization and criminality. © 1999 Elsevier Science Ltd

*Key Words*—Childhood sexual abuse, Inmates perception.

## INTRODUCTION

ALTHOUGH THE CLINICAL literature is replete with concerns about the cyclical nature of victimization and violence (Widom, 1989), very little attention has focused on the psychological impact of sexual victimization on perpetrators of crime. Recent reports indicate that between 4% and 25% of males in the general population have been sexually abused as children based on community and college student samples (Finkelhor, Hotaling, Lewis, & Smith, 1990; Fromuth & Burkhardt, 1989; Hunter, 1991; Stein, Golding, Siegel, Burnham, & Sorenson, 1988). Although a

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number of studies have assessed the rates of sexual victimization for inmate populations, yielding rates between 4.5% and 60% (e.g., Condy, Templer, Brown, & Veaco, 1987; Fowler, Burns, & Roehl, 1983; Groth, 1979; Petrovich & Templer, 1984; Prentky & Knight, 1993; Rubenstein, Yeager, Goodstein, & Lewis, 1993; Seghorn, Prentky, & Boucher, 1985), these studies have mostly been limited to sex offenders. A recent comparative analysis of male and female prisoners (McClellan, Farabee, & Crouch, 1997) found that 4.5% of their male inmate sample reported that they were sexually mistreated, abused, or raped as they were growing up. However, these rates were only based on self-perception and did not include standardized criteria. Indeed, methodological inconsistencies across studies account for a great deal of the varying estimates of child sexual abuse (Briere, 1992).

Research addressing the long-term sequelae of child sexual abuse (e.g., Rivera & Widom, 1990; Stein et al., 1988) can shed light on potential consequences of sexual abuse among inmates. Although most of the research in this area has focused on females, there is burgeoning evidence that childhood sexual abuse is also associated with adult symptomatology in men, including posttraumatic stress (Kendall-Tackett, Williams, & Finkelhor, 1993), problems with sexual adjustment, and general psychological distress (Bennett, 1996; Hunter, 1991). Moreover, regardless of gender, adults who were sexually abused as children show greater symptomatology related to dissociation, anxiety, depression, anger, and sleep disturbances than do those without a history of childhood sexual abuse (Briere, Evans, Runtz, & Wall, 1988). In a large Los Angeles study ( $n = 3,132$ ) using the Diagnostic Interview Schedule, both women and men were more than twice as likely to meet current or lifetime criteria for a psychiatric disorder if they had been sexually victimized as children; among men the diagnosis was primarily substance abuse (Stein et al., 1988).

### *Perception/Cognitive Appraisal*

A potentially influencing factor related to the consequences of child sexual abuse is the perception of abuse or "cognitive appraisal" (Lazarus & Folkman, 1984) of the event as abusive or not. Spaccarelli (1994) offers a comprehensive transactional model of coping with the stress of childhood sexual abuse based on three major tenets: (a) victims of sexual abuse often face a series of stressors; (b) the effects of child sexual abuse are mediated by negative cognitive appraisals and problematic coping strategies; and (c) bidirectional influences exist between a victim's response to the abuse and other aspects of her/his environment. Spaccarelli (1994) proposes that cognitive appraisals mediate the effects of child sexual abuse. He hypothesizes the potential role of cognitive appraisals such as perceived threat of physical harm and negative self-evaluation upon symptomatic outcomes for the abused child. Although Spaccarelli (1994) does not include the perception of the event as abusive or not, it clearly is an additional cognitive appraisal which may impact psychological functioning. For example, males may view certain sexual experiences as nonabusive, hence perceive them as less stigmatizing and less negative than if they viewed the experience as abusive (Finkelhor, 1984). Moreover, societal influences may exert pressure on men that make them reluctant to perceive themselves as "victims" (Finkelhor, 1984). Indeed, in a recent prospective-cohorts-design it was found that approximately 16% of men as compared to 64% of women with documented cases of sexual abuse in their history self-reported sexual abuse 20 years later (Widom & Morris, 1997). For men, official reports of child sexual abuse did not predict alcohol problems, depression, or suicide attempts, while their cognitive appraisal of their sexual experience as abusive predicted a diagnosis of depression. Unfortunately, the number of documented cases of child sexual abuse for males was only 19, which, as cautioned by Widom and Morris (1997), limit the conclusions that can be drawn.

Cognitive appraisal of a sexual experience as abusive or nonabusive emerges as an extremely important variable requiring further elucidation of its impact on psychological functioning. Given that males have been found to be less likely than females to view themselves as victims of

previously documented cases of child sexual abuse (Widom & Morris, 1997), their cognitive appraisal of the event as abusive or not may play a different, or a more complicated role for males than for females. For the male inmate population, the role of cognitive appraisal may be further complicated by their status as current perpetrators of crime. It is possible that being defined as a perpetrator within a correctional facility may enhance the likelihood that these men are more aware of their own victimization histories. On the other hand, it is also possible that compared to the general male population, male inmates may have greater difficulty considering themselves to be "victims" of child sexual abuse. The relationship between the cognitive appraisal of the event (as abusive or not) and psychiatric diagnoses needs further exploration.

The current study examines the association between childhood sexual victimization and adult psychiatric disorders among male inmates. It expands the current research base regarding the relationship between the cognitive appraisal of the event (as abusive or not) and psychiatric diagnoses. We expected higher rates of sexual victimization in the prison population when compared to the general population (Groth, 1979; Seghorn et al., 1985). We also expected higher rates of psychiatric disorders in those inmates with victimization histories compared to those without such histories (Stein et al., 1988). We expected that a large number of male inmates who met current standard criteria for child sexual abuse would not self-report their experiences as abusive (Widom & Morris, 1997).

This study also addresses the comparison of psychiatric diagnoses for those who met standard criteria and considered themselves to have been abused with those who did not consider their experience to have been abusive. Since Widom and Morris (1997) found that males' perceptions of their sexual experiences as abusive predicted depression, we predicted that a similar finding would emerge for the male inmate population. However, in addition, this current study assesses a broader range of psychiatric diagnoses. In general, it may be that depending upon the perception of the sexual experience as abusive or nonabusive, male inmates will differ with respect to types of psychiatric diagnoses.

## METHOD

### *Subjects*

A sample of 303 inmates was randomly drawn from a jail and prison population of 875 inmates in a rural northeastern state, and a battery of interviews and questionnaires was completed. These inmates were invited to participate in a broader epidemiological study assessing the prevalence of mental illness among inmates in a rural state (Powell, Holt, & Fondacaro, 1997). Two hundred and eleven inmates completed the battery of measures appropriate for the current study. Of the 211 inmates, 116 participants were incarcerated at three small state prisons and 95 inmates were incarcerated at three regional correctional centers, which serve as jails in the state. All six facilities are managed and operated by the state corrections department. Inmates were selected through random number generation (stratified by facility).

The sample consisted entirely of males with a mean age of 32 years, ranging from 18 to 63. Eighty-one percent were Caucasian, 9% Native American, 6% African American, and 4% "other." Fifty-two percent were never married, 33% were separated or divorced, 13% were married, and 2% were widowed. This sample does not only include inmates who have committed a sexual offense, but a broad range of criminal offenses including sexual offenses.

### *Measures*

A demographic questionnaire assessed personal and family history and explored experiences of sexual abuse in childhood. Questions were based on those developed by Finkelhor (1979) to assess

childhood sexual abuse. The following statement was read to participants regarding sexual abuse: "Many people report having had some sort of sexual contact with someone older as a child (under 16). I'm going to read a list of sexual activities that might have occurred between you and someone older when you were a child. Please answer yes if the activity occurred with anyone who was 5 years older than you, including relatives: (1) hug/kiss in a sexual way; (2) showing of genitals; (3) caressing nongenital parts; (4) touching genitals with hands; (5) attempted intercourse anal/vaginal; (6) completed intercourse anal/vaginal." For the purposes of this study, criteria 1, 2, and 3 were not considered sexual abuse. Participants were also asked whether or not they perceived themselves to have been sexually abused as a child.

The other measure, the Diagnostic Interview Schedule, Version III-R (Robins, Helzer, Cottler, & Goldring, 1988) is a highly structured, valid, reliable interview which yields 30 psychiatric diagnoses. The DIS may be administered by trained interviewers who do not necessarily have masters or doctoral-level training. Inter-rater agreement between lay interviewers using the DIS and psychiatrists using the Physicians' Checklist has been found to range between .79 and .96 (Helzer, Robins, McEvoy, Spitznagel, Stolzman, Farmer, & Brockington, 1985).

### Procedure

A stratified random selection design was utilized. Extensive training in the administration of the DIS-III-R was conducted with graduate and advanced undergraduate students from the state university. For further details regarding training and administration, refer to Powell and colleagues (1997).

## RESULTS

The average age of the inmate at the time of the abuse was 10.4 years old ( $sd = 3.3$ ); the average age of the perpetrator was 29.8 years old ( $sd = 12.9$ ). Of the 211 prisoners, 86 (40.4%) met standard criteria for childhood sexual abuse which represented an affirmative response to having experienced sexual activity with an individual at least 5 years older, when the inmate was under age 16. Over half of the subjects who met standard criteria reported completed oral or anal/vaginal penetration (53.5% and 59.3%, respectively); approximately 75% reported forms of sexual abuse not involving penetration (showing of genitals, 74.4%; touching genitals with hands, 79.1%; and attempted intercourse anal/vaginal, 75.6%). The vast majority (92.5%) knew the perpetrator; only 7.5% reported the abuse was perpetrated by a stranger.

Table 1 presents lifetime and current (within the past 6 months) DIS/DSM-III-R diagnoses. Chi-square analyses revealed higher lifetime rates of schizoaffective ( $\chi^2 = 13.66, p < .01$ ), major depressive ( $\chi^2 = 6.58, p < .05$ ), posttraumatic stress ( $\chi^2 = 20.65, p < .01$ ), panic ( $\chi^2 = 11.17, p < .01$ ), generalized anxiety ( $\chi^2 = 13.15, p < .01$ ), obsessive-compulsive ( $\chi^2 = 16.06, p < .01$ ), and antisocial personality disorders ( $\chi^2 = 10.16, p < .01$ ) for inmates who had been sexually abused as children as compared to those who had not been sexually abused as children. No significant differences were found with respect to schizophrenia ( $\chi^2 = .53, ns$ ), bipolar disorder ( $\chi^2 = .09, ns$ ), dysthymia ( $\chi^2 = .84, ns$ ), alcohol ( $\chi^2 = .16, ns$ ) and drug abuse/dependence ( $\chi^2 = 1.12, ns$ ).

Higher current rates of major depressive ( $\chi^2 = 5.48, p < .05$ ) and posttraumatic stress disorders ( $\chi^2 = 20.04, p < .01$ ) were found for inmates who had been sexually abused as children as compared to those who had not been sexually abused as children. Higher trends were noted for current rates of panic ( $\chi^2 = 3.72, p < .06$ ), generalized anxiety ( $\chi^2 = 3.54, p < .07$ ), and obsessive-compulsive ( $\chi^2 = 3.44, p < .07$ ) disorders among the inmates who met the criteria for sexual abuse, although differences were not significant. Current rates for antisocial personality

**Table 1. Lifetime and Current (6-Month) DIS/DSM-III-R Diagnoses among Inmates with and without a History of Childhood Sexual Abuse**

	Lifetime		Current	
	Abused	Not Abused	Abused	Not Abused
Schizophrenia	8.1 (7)	5.6 (7)	4.7 (4)	5.6 (7)
Schizoaffective	12.8 (11)*	0.8 (1)		
Bipolar	4.7 (4)	5.6 (7)	11.6 (10)	6.4 (8)
Major Depressive	34.9 (30)**	19.2 (24)	23.3 (20)**	11.2 (14)
Dysthymia	20.9 (18)	16.0 (20)	9.3 (8)	8.8 (11)
Posttraumatic Stress	50.0 (43)*	20.2 (25)	36.0 (31)*	10.5 (13)
Panic	16.3 (14)*	3.2 (4)	8.1 (7)	2.4 (3)
Generalized Anxiety	20.9 (18)*	4.8 (6)	9.3 (8)	3.2 (4)
Obsessive-Compulsive	23.3 (20)*	4.8 (6)	10.5 (9)	4.0 (5)
Alcohol Abuse/Dependence	83.7 (72)	83.1 (103)		
Drug Abuse/Dependence	73.3 (63)	66.4 (83)		
Antisocial Personality	68.6 (59)*	46.3 (57)		

Note. \*  $p < .01$ , \*\*  $p < .05$ .

disorder, alcohol and drug abuse/dependence were not calculated, since they are relatively meaningless in a controlled environment. The DIS-III-R does not give current rates for schizoaffective disorder.

Of the 86 who met criteria for childhood sexual abuse, 35 (40.7%) did not consider themselves to have been abused. Table 2 presents lifetime and current (within the past 6 months) DIS/DSM-III-R diagnoses within the sexually abused sample ( $n = 86$ ), based on the self-perception of abuse. Higher lifetime rates of posttraumatic stress ( $\chi^2 = 10.84$ ,  $p < .01$ ) and lower lifetime rates of alcohol abuse/dependence ( $\chi^2 = 4.83$ ,  $p < .05$ ) were found for inmates who considered themselves to have been sexually abused as compared to those who did not consider themselves to have been abused. Of those inmates who met standard criteria for sexual abuse, higher current rates of posttraumatic stress ( $\chi^2 = 9.15$ ,  $p < .01$ ) and obsessive-compulsive disorders ( $\chi^2 = 6.90$ ,  $p < .01$ ) were found for inmates who considered themselves to have been sexually abused as compared to those who did not consider themselves to have been abused.

**Table 2. Lifetime and Current (6-Month) DIS/DSM-III-R Diagnoses Within Sexually-abused Sample ( $n = 86$ ) by Self-perception of Childhood Sexual Abuse**

	Lifetime		Current	
	Perceived Abused	Perceived Not Abused	Perceived Abused	Perceived Not Abused
Schizophrenia	5.9 (3)	11.4 (4)	3.2 (2)	5.7 (2)
Schizoaffective	9.8 (5)	17.1 (6)		
Bipolar	0.0 (0)	8.6 (3)	0.0 (0)	8.6 (3)
Major Depressive	37.3 (19)	31.4 (11)	23.5 (12)	22.9 (8)
Dysthymia	23.5 (12)	17.1 (6)	9.8 (5)	8.6 (3)
Posttraumatic Stress	64.7 (33)*	28.6 (10)	49.0 (25)*	17.1 (6)
Panic	27.5 (14)	11.4 (4)	13.7 (7)	2.9 (1)
Generalized Anxiety	17.6 (9)	14.3 (5)	5.9 (3)	11.4 (4)
Obsessive-Compulsive	21.6 (11)	25.7 (9)	17.6 (9)*	0.0 (0)
Alcohol Abuse/Dependence	76.5 (39)**	94.3 (33)		
Drug Abuse/Dependence	74.5 (38)	71.4 (25)		
Antisocial Personality	64.7 (33)	74.3 (26)		

Note. \*  $p < .01$ , \*\*  $p < .05$ .

## DISCUSSION

As expected, rates of childhood sexual abuse in the inmate population far exceeded rates in the general population. Community and college student samples (e.g., Bennett, 1996; Hunter, 1991; Fromuth & Burkhart, 1989; Stein et al., 1988) suggest that between 4% and 25% of males have experienced child sexual abuse, whereas 40% of inmates in this study reported having been sexually abused as children. These rates are consistent with those found by Condy and colleagues (1987), but not with those found by McClellan and colleagues (1997).

This current study also indicates a strong association between childhood sexual abuse and mental disorders for adult male inmates. Significant differences were found between inmates who had a history of childhood sexual abuse and those who did not for a variety of psychiatric diagnoses, including generalized anxiety disorder, depression, obsessive-compulsive disorder, posttraumatic stress disorder, panic disorder, and schizoaffective disorder. However, based on these results, drug and alcohol problems were unrelated to sexual abuse history. This finding may be related to the fact that the rate of these problems is so high in this population (78% alcohol; 57% drug dependence) or that substance abuse for this population is more related to other factors (e.g., sensation seeking). These results differ from those found in a community sample by Stein and colleagues (1988) in which sexually abused males exhibited higher rates of substance use disorders, but not other psychiatric diagnoses. This finding may suggest that those sexually abused males who continue the cycle of violence by perpetrating crimes, suffer more extensively with respect to psychiatric problems than do sexually abused males in the general population. However, additional research is required to support this notion.

Inmates who have experienced child sexual abuse may differ from community samples. It is possible that when compared to a community sample, sexually abused inmates more often endure multiple victimizations (e.g., physical abuse and/or neglect) which would place them at higher risk for psycho-social problems (Widom, 1992). Within the inmate sample, there may also be important differences; sexually abused males who are incarcerated may have fewer coping skills than do their nonabused counterparts when dealing with the rigors of institutional life. Hence, sexually abused inmates may be more vulnerable to the stress of the institution suggesting a possible interaction between the two variables. Moreover, sexually abused inmates may be more likely than nonabused inmates to be revictimized while incarcerated which may increase the likelihood of affective and anxiety problems.

When comparing lifetime and current diagnoses, we found that major depression and posttraumatic stress disorder remained significantly higher for those inmates sexually abused compared to nonabused inmates. The current diagnoses may be attributed to the sexual abuse experiences rather than the impact of the current prison environment given that all of the individuals were currently incarcerated. Although current diagnoses for the other anxiety disorders (e.g., panic, generalized anxiety, and obsessive-compulsive) were no longer significantly higher among sexually-abused inmates as compared to nonabused inmates, the differences remained in the same direction. It is possible that the sample size was too small, resulting in a loss of statistical power. It is also possible however, that no differences exist for current rates of these disorders. Indeed, PTSD and depression tend to be more typically associated with child sexual abuse (Briere, 1992).

Of the 86 inmates who met standard criteria for having been sexually abused, 41% did not consider themselves to have been abused. This is an important finding with regard to methodology employed in studies of sexual abuse within inmate and general population samples. Some studies addressing the topic of sexual abuse have asked respondents their perceptions as to whether or not they have been abused, without respect to standard criteria (e.g., McClellan et al., 1997), yielding self-reported rates of sexual abuse as low as 4.5% in an inmate sample. Other studies use standard criteria to determine whether or not an individual has been sexually abused, yet do not ask the participants their cognitive appraisal of the event as abusive or not. Other than the recent study by

Widom and Morris (1997) in which they employed four different types of measurement of abuse, most studies do not use both assessment techniques. Although the finding that 41% of the inmates meeting standard criteria for abuse did not consider themselves to have been abused seems high, it is actually much lower than the 84% of males in the Widom and Morris study who did not consider themselves to have been abused, even though their cases had been previously documented. There may be a number of reasons for these findings. First, the methodology employed in the study by Widom and Morris (1997) is different than the current study in that they compared cases documented 20 years earlier with current self report whereas this study was retrospective in nature for both questions; what events were experienced and whether or not they considered themselves to have been abused. Inmates in this current study were also reporting on incidents they remembered since they initially reported on the events and then were asked whether or not they considered themselves to have been sexually abused. Their cognitive appraisals of these particular events as nonabusive (41% of the cases) are therefore not due to denial of the incident, loss of memory, or embarrassment as was possible for subjects in the Widom and Morris (1997) study. However, it is quite possible that other, additional incidents existed in which they employed such strategies as denial of the incident. This would most likely then further raise the percentage if we knew how many had documented cases of sexual abuse. Additionally, it is possible that a greater number of inmates considered themselves to have been abused because of their current status as inmates which may heighten their sensitivity to both having been victims and perpetrators of crimes. Indeed, many inmates are found to use "victim stance" or their victimization experiences as rationalizations for their current crimes (Samenow, 1998).

Other factors need to be considered when addressing the perception of abuse and its concomitant impacts. The perception of abuse may be related to the gender of the victim and perpetrator. Indeed, Bennett (1996) found that on several measures, a university student sample of males reacted less negatively to the impact of heterosexual abuse than females, whereas both male and female victims reported a greater negative impact if the perpetrator was the same sex. Differences in male and female socialization may account for these findings. In our culture men are not stigmatized in the same way as women when engaged in sexual contact at an early age or with a large number of partners.

Condy and colleagues (1987) assessed heterosexual contact for male inmates and college men as children under the age of 16 with a female at least 5 years older. They found higher levels of heterosexual contact for inmates as compared to the college men. The impact upon the male and his later adult sex life were generally reported as not traumatic, although coercion by the woman tended to be associated with the self report of a bad feeling about the experience at the time and a self report of a negative effect upon their adult sex life. Unfortunately, a limitation to the Condy and colleagues study included that they only asked about sexual contact with females and not sexual contact with males. They also did not ask respondents whether or not they considered the experience to be sexually abusive. Rather, they asked one question regarding their feelings about the experience and their adult sex life; respondents were requested to answer "good, bad, none, or mixed."

An additional finding in the current study was that inmates who met criteria and considered themselves to have been abused experienced higher rates of anxiety-based disorders (PTSD and obsessive-compulsive) and lower rates of alcohol abuse/dependence as compared to those who did not consider themselves to have been abused. One explanation for this finding may be that individuals who do not consider themselves to have been abused, even though they have experienced "objective" abuse may use more coping strategies related to denial or disengagement and therefore are more likely to abuse alcohol or to ignore emotions, whereas those individuals who perceive themselves as having been abused tend to be more aware of the abuse and its impact and therefore experience greater anxiety based disorders. This finding differs from the Widom study in that they found that the cognitive appraisal of a male's early childhood sexual experience as sexual

abuse was associated with a diagnosis of depression, however, documented histories of child sexual abuse, regardless of their perception, did not predict alcohol problems, suicide attempts, or depression for men. Widom and Morris (1997), however, cautioned that this interpretation was based on only 19 documented cases of male child sexual abuse.

The results of the current study suggest that the cognitive appraisal of the event as abusive or not is associated with different psychological outcomes. The potential mediating role of cognitive appraisal in the outcome of abuse, as outlined by Spaccarelli (1994) and the additional cognitive appraisal of the event as abusive or not, clearly requires further attention and research. Given that the results of the current study are correlational in nature, the possibility exists that the level of psychological distress may influence the perception of whether or not an event was childhood sexual abuse.

There are several implications of this study. First, it highlights the importance of primary prevention programs designed to reduce childhood sexual abuse as sexual abuse may be a factor in the development of criminality (Widom, 1989). Second, rehabilitation programs with an emphasis on the connection between victimization and criminality may help break the cycle of violence. Third, any mental health assessment conducted within a correctional facility should include a thorough trauma assessment. This trauma assessment would need to include specific questions regarding sexual abuse and the impact of the abuse (using both "standard criteria" and the individual's perception). Given that the co-occurrence of other types of maltreatment (e.g., physical abuse, neglect, psychological abuse) is common (Briere, 1992), a thorough trauma assessment would also include such questions. Based on the assessment, treatment for the impact of child maltreatment could be offered in the form of psycho-educational classes, groups, or individual counseling.

This study raises an additional issue regarding the perception of abuse. Typically, professionals (i.e., clinicians and researchers) rely on their standards and criteria regarding abuse rather than taking the client, patient, or research participant's point of view as "reality." Therefore it raises the importance of an integrated approach to the assessment of child sexual abuse.

There are a number of limitations of this study. In addition to its relatively small sample size, it is retrospective in design and relies solely on self report. Moreover, there is insufficient data on the characteristics of the abuse. For example, future research should attend to factors such as the relationship between the victim and perpetrator, the gender of the perpetrator, the degree of force used, the frequency of the abuse, and the distress caused at the time of the abuse. Future research in this area should also include the assessment of multiple victimizations/trauma such as physical and emotional abuse. Finally, a prospective design assessing the psychological impact of trauma and its relationship to criminality is warranted.

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## RÉSUMÉ

**Objectif:** Cette étude auprès d'une population de détenus a porté sur les liens entre les expériences d'abus sexuels en enfance et les désordres psychiatriques en âge adulte. Elle porta aussi sur les liens entre la perception d'avoir été victime ou non et la nature du diagnostic psychiatrique.

**Méthode:** On a interviewé un échantillon aléatoire de 211 détenus en se servant du Diagnostic Interview Schedule (Version III-R) pour déterminer le diagnostic psychiatrique. On a aussi administré un questionnaire pour déterminer s'il y avait eu agression sexuelle en enfance et pour évaluer la perception de ces agressions.

**Résultats:** Quarante pour cent des détenus étaient victimes d'agressions sexuelles, tel que mesuré d'après les critères habituels. Ceci représente un taux beaucoup plus élevé que dans la population en général. On a noté des différences importantes au niveau d'une vaste gamme de diagnostics psychiatriques, entre les détenus agressés durant leur enfance et ceux qui ne l'étaient pas. Quarante et un pour cent de ceux qui avaient été agressés, tel que déterminé par les critères habituels, ne croyaient pas l'avoir été. Parmi ceux-ci, le taux de problèmes d'alcoolisme était plus élevé tandis que ceux qui considéraient avoir été agressés avaient un taux plus élevé de stress post-traumatique et de désordres obsessionnels-compulsifs.

**Conclusions:** Cette étude souligne l'importance des perceptions cognitives de l'expérience sexuelle et combien il faut pousser davantage les études sur le rôle que joue la perception cognitive. On note d'autres constats: le besoin de programmes de prévention primaire pour réduire le taux des abus sexuels des enfants et de programmes de réhabilitation pour détenus qui mettent l'accent sur les liens entre les agressions et le comportement criminel.

## RESUMEN

Spanish abstract not available at time of publication.