

**FACTORS ASSOCIATED WITH THE SEXUAL ABUSE CYCLE: A
FOCUS ON PERPETRATORS WITH HISTORIES OF
SEXUAL ABUSE**

BY

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**A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of**

MASTER OF ARTS

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University of Manitoba
Winnipeg, Manitoba**

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I would like to dedicate this thesis to my wonderful dad. Through his words and actions, he taught me to pursue the opportunities and challenges in life with vigor, grace, and a strong belief in oneself. For his wisdom, love, and support, I am and shall be eternally grateful.

Acknowledgements

There are a number of people that I wish to thank and without whom this research project would not have been possible. I would like to thank all the individuals who volunteered their time to complete the study. The questionnaires sometimes brought back painful memories for these men, and I am grateful for their courage and honesty. I also appreciate the assistance which I was given by the various therapists at Native Clan, Rockwood, Stony Mountain, and Headingley. I extend my warmest thank you to Lawrence Ellerby, Hugo Foss, Garry Fisher, Bob Smith, and Uwe Janzen for their support and cooperation in organizing data collection. Thank you as well to the individuals at the Statistical Advisory Service with whom I spent much time considering the different and most appropriate ways in which to analyze my findings.

I am indebted to my committee members - Joe Kuypers, Mike Thomas, and Rayleen De Luca. Their insight and encouragement was invaluable and helped me overcome some difficult challenges involved in the research process. I am particularly grateful to Rayleen, whose continual support, enthusiasm, and commitment to the project made it an interesting and enjoyable learning experience.

I also wish to thank my family - Dad, Mom, Anna, Theo, Natalina - and friends for their support, words of encouragement, and willingness to listen. It is a wonderful feeling to know that you are and will always be there for me.

Table of Contents

	Page
Acknowledgements	i
Abstract	1
Introduction	3
Underestimation of Prevalence	3
The Sexual Abuse Cycle	6
Effects of Childhood Sexual Abuse	6
Childhood Sexual Abuse Among Sexual Offenders	7
Childhood Perpetration Versus Childhood Exploration	9
Mediating Variables in the Sexual Abuse Cycle	11
The Sexual Victimization of Male Children	12
Age of Victim at Onset of Abuse	13
Relationship to and Sex of the Offender	13
Nature of the Abuse	15
The Physical Abuse of Male Children	16
Attributions About Sexual Abuse	17
Attributional Theories	17
Attributional Theory and Childhood Sexual Abuse	18
Blame For Sexual Abuse	19
Characterological and Behavioural Self-Blame	20
Research on the Different Types of Blame	20
Coping With Sexual Abuse	22
Various Conceptualizations of Coping	22
Research on Coping Strategies	24
Social Support	25
Social Support and Childhood Sexual Abuse	26
Self-Esteem	27
Self-Esteem and Childhood Sexual Abuse	28
Hypotheses For the Present Study	29

Method	30
Subjects	30
Sexual Perpetrators	30
Non-Sexual Perpetrators	31
Non-Perpetrators	31
Materials	31
Demographic Data	33
Sexual Victimization Survey	33
Assessing Environments III Scale	35
Causal Dimension Scale II	37
The Blame Scale	40
Coping Resources Scale	42
Family Relationships Index	44
Brief Symptom Inventory	46
Self-Esteem Scale	48
Social Desirability Scale	49
Offender and Offense Characteristics	50
Sexual Offending Among University Males	50
Sexual Offending Among Non-Sexual Offenders	51
Procedure	51
Statistical Analyses	54
Results	56
Demographic Data	57
Description of Child Sexual Abuse Experiences	65
Description of Child Physical Abuse Experiences	76
Hypothesis 1: Attributions About Child Sexual Abuse	79
Hypothesis 2: Blame About Child Sexual Abuse	80
Hypothesis 3: Current Coping With Child Sexual Abuse	83
Hypothesis 4: Current Social Support	86
Hypothesis 5: Psychological Symptomatology	89
Hypothesis 6: Self-Esteem	89
Characteristics of Adult Sexual Perpetrators	91
Therapy Experiences of Adult Sexual Perpetrators	97

Discussion	99
Demographic Characteristics of Subjects	99
Child Sexual Abuse	102
Prevalence	102
Description of Abuse Characteristics	103
Child Physical Abuse	109
Prevalence	109
Environmental Correlates of Abuse	110
Attributions About Child Sexual Abuse	113
Blame About Child Sexual Abuse	115
Current Coping With Child Sexual Abuse	117
Current Social Support	119
Psychological Symptomatology and Self-Esteem	120
Characteristics of Sexual Perpetrators and Their Therapy Experiences	121
Summary and Implications of the Present Study	124
Limitations of the Present Study and Directions for Future Research	128
References	130
Appendices	
A Consent Form	146
B Demographic Data	147
C Sexual Victimization Survey	150
D Assessing Environments III Scale	156
E Causal Dimension Scale II	167
F The Blame Scale	169
G Coping Resources Scale	170
H Family Relationships Index	173
I Brief Symptom Inventory	176
J Self-Esteem Scale	180
K Social Desirability Scale	181
L Offender and Offense Characteristics	184
M Sexual Offending Among University Males	188
N Sexual Offending Among Non-Sexual Perpetrators	189
O Debriefing Forms	190

Tables

1	Demographic Characteristics of Subjects	58
2	Frequency of Childhood Sexual Experiences	69
3	Relationship of Individuals to Their Sexual Offenders	72
4	Correlations Between Physical Punishment Scale and Other AEIII Scales For the Three Perpetrator Groups	77
5	Mean Percentages, Standard Deviations, and Analyses of Variance For Attributions of Childhood Sexual Abuse	81
6	Mean Percentages, Standard Deviations, and Analyses of Variance For Blame of Childhood Sexual Abuse	84
7	Mean Percentages, Standard Deviations, and Analyses of Variance For Coping With Childhood Sexual Abuse	87
8	Mean Percentages, Standard Deviations, and Analyses of Variance For Social Support	90
9	Standard Scores, Standard Deviations, and Analysis of Variance For Psychological Symptomatology	92
10	Characteristics of Sexual Perpetrators	93

Abstract

There is growing evidence that many boys who experience sexual abuse are at risk of exhibiting future perpetrator behaviours against other children, thus evolving from sexually victimized children to adult sexual perpetrators.

Possible factors associated with the sexual abuse cycle were examined on a sample of 42 males with histories of childhood sexual abuse. Specifically, sexual perpetrators, non-sexual perpetrators, and non-perpetrators completed measures on abuse-specific variables as well as on possible mediating variables, namely attributions, blame, coping, and social support surrounding their sexual victimization. Findings revealed a higher prevalence of childhood sexual and physical abuse among sexual perpetrators, with the abuse generally being more extensive and severe in nature. Analyses of variance showed that sexual perpetrators had a greater tendency to make internal and stable attributions about their childhood abuse and to feel little personal control, placing more blame on their abuser(s). However, sexual perpetrators did indicate that their personality and especially their behaviour contributed to their victimization. Although sexual perpetrators were more likely to employ adaptive coping methods to deal with their childhood sexual abuse, they also reported the

poorest quality of social support and the lowest level of self-esteem. Results provide evidence for a cycle of sexual abuse and have important implications for clinicians and researchers in the sexual abuse area. These implications are discussed, as well as the study's limitations and suggestions for future research.

**Factors Associated With the Sexual Abuse Cycle: A Focus
on Perpetrators With Histories of Childhood
Sexual Abuse**

Until recently, it was commonly believed that the sexual abuse of male children was a rare occurrence (Hunter, 1991; Nielsen, 1983). However, the growing interest in and awareness of child sexual abuse has brought numerous cases to public attention (Faller, 1988; Johnson & Shrier, 1985). Presently, the sexual abuse of male children is considered a serious problem which must be addressed by researchers and clinicians working in the area of abuse (Becker, 1988; Campbell, Lussier, Vaughan-Jones, McCannell, & Kunczewicz, 1992; Hunter, 1991). Past findings have indicated that approximately 16% of males are victims of sexual abuse prior to age 16 (Wolfe, Sas, & Wekerle, 1994). It is estimated that one in three males will be a victim of an unwanted sexual act at some point in his life (Campbell et al., 1992).

Underestimation of Prevalence

The actual prevalence of male sexual abuse is probably much higher, because there are numerous child sexual abuse cases which are never disclosed

or reported. There are several possible explanations for this underestimation: First, societal expectations make it particularly difficult for boys to report having been victims of sexual molestation. Because our society equates masculinity with independence, self-reliance, and a denial of helplessness and passivity, a boy who is sexually abused often believes that it was his own weakness and failure as a male which led to his victimization. Fearing the repercussions of disclosure, it is common for a boy victim to choose to keep his abuse a secret, leaving him to suffer in silence (Finkelhor, 1979; Nasjleti, 1980; Nielsen, 1983; Ryan, Lane, Davis, & Isaac, 1987).

Second, because the literature shows that most sexual perpetrators are male, a boy victim is probably less likely to disclose his abuse for fear of being characterized as homosexual, which is one of the greatest societal stigmas among males (Finkelhor, 1979; Nielsen, 1983; Painter, 1986; Sheldon & Sheldon, 1989). For a boy, reporting that he has been the victim of a homosexual assault is often synonymous to admitting that he himself is homosexual. Fearing that his masculinity will be jeopardized upon disclosure, a boy victim may consequently choose to conceal his sexual abuse (Nasjleti, 1980).

Third, our society views youthful male sexuality as a positive experience, in which case a boy's sexual involvement with an older individual is likely to be seen as less serious and damaging than it may actually be (Finkelhor, 1984). Especially in the case of a female perpetrator, there exists a myth that a boy perceives his "seduction" in positive terms (Nasjleti, 1980). As an example, notice one's own reactions upon hearing of a 12 year old girl who has been seduced by a 35 year old man versus a 12 year old boy who has been seduced by a 35 year old woman. Finkelhor (1979) added that, even when the perpetrator is a female adult, there still exists the assumption that the boy must have played some role in the abuse. This assumption is partly due to the pervasive societal idea that males are sexual aggressors, even in interactions involving male children and female adults.

Last, our society's reluctance to view a sexually abused boy as a victim per se is also influenced by the age difference between the victim and the perpetrator. Many times, sexual perpetrators are not much older than their boy victims, and so, the incident is often dismissed as simply inappropriate sex play or sexual experimentation, rather than actual sexual abuse (Rogers & Terry, 1982; Ryan, 1986).

In summary, although there is a growing awareness of the occurrence of sexual abuse among male children, there still exist factors which are preventing the problem from receiving the considerable attention which it deserves.

The Sexual Abuse Cycle

Effects of Childhood Sexual Abuse

It would appear that the problem of sexual abuse of boys must be seriously addressed, as there are numerous immediate and long-term negative consequences which could result from a child having been a victim of sexual abuse. Such consequences may include depression, guilt, anxiety, anger, and low self-esteem, as well as problems in sexual adjustment, eating behaviours, sleep patterns, and interpersonal relationships (Adams-Tucker, 1982; Beitchman, Zucker, Hood, daCosta, Akman, & Cassavia, 1992; Blanchard, 1987; Briere, 1988; Briere & Runtz, 1990; Conte, 1985; Friedrich & Luecke, 1988; Gabor, 1988; Sauzier, 1989). For a comprehensive review of the effects of sexual abuse on children, the reader is referred to Kendall-Tackett, Williams, and Finkelhor, 1993. In order to investigate some of the possible negative consequences associated with childhood sexual abuse, the present study employed the Brief Symptom Inventory (BSI; Derogatis, 1992). This

questionnaire explores one's experience of psychological distress in terms of such symptoms as somatization, interpersonal sensitivity, depression, anxiety, and hostility.

Childhood Sexual Abuse Among Sexual Offenders

One serious consequence for sexually abused boys is the recapitulation of their sexual victimization (Johnson, 1988). In other words, it appears that many boys who have experienced sexual abuse continue the cycle of abuse but now assume the role of perpetrator (Johnson & Berry, 1989). There is much evidence that a significant number of sexual offenders were victims of sexual abuse or experienced a sexual trauma (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Ellerstein & Canavan, 1980; Finkelhor, 1984; Rowe, 1988; Ryan, 1986). In most cases, the traumatic event occurred prior to the onset of puberty (Groth, 1979, 1982; Longo, 1982).

In a survey of sexual offenders, Longo and Groth (1983) reported that 80% of subjects revealed a history of childhood sexual abuse. However, in a review of the literature on sexual offenders with histories of sexual victimization, Hanson and Slater (1988) reported that, on average, 28% of sexual perpetrators disclosed a history of childhood sexual abuse. This finding

sharply contrasts that found by Longo and Groth (1983). There are several possible explanations for the discrepant data: First, it may be that Longo and Groth's (1983) sample overreported childhood sexual abuse in order to gain sympathy or to rationalize their sexually offensive behaviours (Hanson & Slater, 1988). Second, Hanson and Slater (1988) reported that their study's relatively low rate of sexual abuse among sexual perpetrators may reflect underreporting, because "perpetrators may fear appearing guilty of their charges if they admit to prior victimization" (p. 496). Third, the variation in the rates of childhood sexual abuse among sexual perpetrators may be that different definitions of sexual abuse were employed in the various studies (Hanson & Slater, 1988).

Whatever the actual prevalence of sexual abuse among sexual offenders may be, it does appear that the rate is higher than the rate of childhood sexual abuse found in the general male population, which is reported to be approximately 10% (Hanson & Slater, 1988). These findings lend support to the concept of a sexual abuse cycle, which posits that a boy who is sexually abused is at risk for becoming an adult sexual offender (Freeman-Longo, 1986).

The research literature indicates that males' first sexual offenses usually occurred during adolescence (Becker et al., 1986; Groth, 1979; Ryan, 1986). However, it would appear that researchers need to collect more complete sexual histories of adolescent perpetrators (Johnson, 1988). These comprehensive sexual histories would indicate the number of adolescents who actually began offending during childhood and the types of sexual behaviours which they exhibited as children (Johnson, 1988; Johnson & Berry, 1989). In fact, Longo and McFadin (1981) found that the majority of sexual offenders whom they surveyed had exhibited their first sexually deviant behaviours as early as age seven. Moreover, the findings indicated that the males' sexual offenses had progressed from less serious to more serious acts as they entered adolescence and adulthood.

Childhood Perpetration Versus Childhood Exploration

Johnson and Berry (1989) defined child perpetrators as children 13 years old and younger who sexually molest children younger than themselves. Based on research and clinical findings, the subject of child perpetrators deserves serious consideration (Johnson, 1988). Unfortunately, many instances of child molestation by children or adolescents are not taken seriously, and

such acts are often dismissed as sexual "experimentation" or "adolescent adjustment reactions" (Ryan, 1986). However, Johnson and Berry (1989) noted that "children involved in appropriate exploration are similar in age and size and participate on a voluntary basis. Appropriate sexual exploration may result in embarrassment but does not usually leave children with deep feelings of shame, fear, or anxiety" (p. 186).

Thus, there are several reasons why sexual activity among children cannot always be explained as childhood exploration: First, there are a growing number of cases involving child perpetrators, indicating that the incidence of child perpetration is not as rare as once believed. Second, as previously mentioned, there is increasing evidence that child perpetrators may generalize their inappropriate sexual behaviours to new victims and thus evolve from sexually victimized children to child, adolescent, and eventually adult sexual perpetrators. Third, the majority of children who sexually perpetrate against others were themselves victims of sexual abuse (Cantwell, 1988; Johnson, 1988; Johnson & Berry, 1989).

In summary, clinical and research findings indicate that (a) many adult sexual perpetrators have a higher incidence of childhood sexual abuse,

compared with the general male population and (b) many sexually abused boys begin to exhibit perpetrator behaviours before reaching adolescence and may generalize these behaviours to a number of individuals.

Mediating Variables in the Sexual Abuse Cycle

Although there is an increased risk that a sexually abused boy will commit a sexual offense in the future, obviously not all boys who have experienced sexual abuse become sexual abusers themselves. As such, the occurrence of childhood sexual abuse is neither a necessary nor sufficient condition for becoming an adult sexual perpetrator (Hanson & Slater, 1988). The question which then arises is "why some victims do not become perpetrators and others present with a broad array of deviant behaviours including sexual assault" (Rowe, 1988, p. 51). Because not all male victims of childhood sexual abuse become adult sexual offenders, it seems logical to assume that there must be other variables, in addition to abuse-specific variables, which play a role in the sexual abuse cycle (Finkelhor, 1984; Freeman-Longo, 1986; Hanson & Slater, 1988).

The literature has been vague in separating those effects which are directly associated with the sexual abuse experience from those effects which

are associated with other variables, such as the victim's level of premorbid functioning, his own perceptions and attributions regarding his role in the abusive experience, family dysfunction, and the impact of disclosure on both the victim and his family (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991). These latter variables may help explain why some sexually abused boys respond to the experience by becoming abusers themselves when they reach adulthood, and yet many other boys with similar sexual abuse histories either do not become perpetrators or become perpetrators of non-sexual acts (Marshall, 1989).

The Sexual Victimization of Male Children

Broadly defined, sexual abuse refers to any sexual activity between an adult and a child. Intrafamilial sexual abuse, also called incest, is a type of abuse that occurs between relatives and includes any individual who assumes a parental or familial role in the child's life. As such, incest can involve a stepparent or an adoptive parent, even though these individuals are not genetically related to the child. Extrafamilial sexual abuse is a type of abuse which involves perpetrators who may be either familiar to the child, such as a babysitter or a neighbour, or unfamiliar, such as a stranger (Wolfe, Wolfe, &

Best, 1988).

Research has been conducted on a variety of factors associated with childhood sexual abuse and their relationship to the amount of distress experienced by the victim. It is important to briefly review the research findings on several abuse-specific variables, because the present study further examined these variables among sexual, non-sexual, and non-perpetrators, employing Finkelhor's (1979) Sexual Victimization Survey.

Age of Victim at Onset of Abuse

There are no clear findings on the relationship between severity of psychological distress and age on onset. In a review of recent empirical research, Kendall-Tackett et al. (1993) concluded that the different results may be due to examining age on onset in isolation and suggested that this variable "be fit into a total conceptual model of molestation" (p. 170). In fact, in order to properly assess the effects of age of onset on severity of outcome, one needs to take into account the nature of the abuse, relationship to offender, duration of abuse, and age at which the abuse terminated (Beitchman et al., 1992).

Relationship to and Sex of the Offender

The research literature has found that children who had a close

relationship with their offenders, as would be more often the case with intrafamilial abuse, experience more negative effects (Kendall-Tackett et al., 1993; Beitchman et al., 1992).

Concerning the sex of the offender, it is currently believed that the majority of childhood sexual offenders are male (Anderson & Shafer, 1979; Finkelhor, 1979, 1984, 1990; Stephens, Grinnell, & Krysik, 1988). In a retrospective study of sexually abused males, Reinhart (1987) found that 96% of the perpetrators were males. The few studies that have examined female offenders show mixed results. In a study of sexually victimized sex offenders, it was found that only 13% indicated abuse involving a female perpetrator (Langevin, Wright, & Handy, 1989). On the other hand, Groth's (1979) study of 56 sexually abused child molesters revealed that 23% of the perpetrators were either female adults or peers. Results of the latter study would suggest that the "incidence of sexual offenses against children perpetrated by adult women is much greater than would be suspected from the rare instance reported in crime statistics (Groth, 1979, p. 16).

There is currently little research in the area of female offenders and on the relationship between sex of the offender and severity of psychological

symptomatology. Finkelhor (1979) found that children who were abused by male offenders showed greater negative effects. In another study (Lawson, 1993), it was found that most male victims of childhood sexual abuse by a female perpetrator did not report the experience as traumatic unless some form of coercion was involved. Although there exist several studies, much more research is needed on the prevalence of female offenders as well as the severity of outcome for children who have been sexually abused by female and/or male offenders.

Nature of the Abuse

Most empirical studies (Beitchman et al., 1991, 1992; Friedrich, Urquiza, & Beilke, 1986; Kendall-Tackett et al., 1993; Tsai, Feldman-Summers, & Edgar, 1979) have revealed that boys and girls who have experienced frequent sexual abuse over a longer duration may have more negative effects. It has been shown that abuse of children which involves more invasive acts, such as oral sex and penetration, is associated with greater negative impact (Beitchman et al., 1991, 1992; Kendall-Tackett et al., 1993; Tsai et al., 1979).

In addition, a consistent finding is that there is more psychological

distress among male and female victims whose abusive experiences involved force or the threat of force (Beitchman et al., 1992; Conte & Schuerman, 1987; Finkelhor, 1979).

The Physical Abuse of Male Children

Vander Mey (1988) reported that physical abuse is more commonly found in sexually abused boys compared with girls. Thus, for males with histories of childhood sexual abuse, it is important to investigate the presence of other forms of abuse, such as physical punishment, and their possible negative effects on victims. Some immediate effects of physical abuse may include increased anger and aggression, academic problems, and interpersonal difficulties, while long-term consequences may involve lower self-esteem, greater likelihood of criminal activity, and higher numbers of psychological symptoms and sexual problems (Briere & Runtz, 1988).

The present study used the Assessing Environments III Scale (Berger & Knutson, 1993) to examine the prevalence of childhood physical abuse among sexual, non-sexual, and non-perpetrators. In addition to questions related to physical punishment, this scale also asks individuals about various environmental characteristics associated with physical abuse, such as marital

discord, potential economic stress, and feelings of parental rejection.

Attributions About Sexual Abuse

In addition to abuse-specific factors, the present study also examined subjects' attributions about their abuse and their perceived role in the experience. Currently, there is a paucity of research on the role of attributions in the development of adult sexual offending among males who were sexually victimized as children (Conte & Schuerman, 1987).

Attributional Theories

In Weiner's (1979) attributional theory, three causal dimensions are identified: locus of causality, stability, and control. Locus of causality is internal when an event is perceived as having been caused by characteristics that are part of an individual, whereas an external locus of causality occurs when an event is perceived as having been caused by characteristics outside of an individual, such as from the environment. Concerning stability, when the cause of an event is attributed to nontransient factors, it is characterized as a stable attribution, and, conversely, unstable attributions are made when transient factors are identified as being the cause of an event. Regarding controllability, an individual may either believe that the cause of an event was within his or

her control or that he or she had no control over the occurrence of the event.

In order to investigate males' attributions about their childhood sexual abuse, the present study used the Causal Dimension Scale II (McAuley, Duncan, & Russell, 1992). This scale is based on Weiner's (1979) three causal dimensions and assesses individuals' perceptions of causal attributions about specific events. In addition to asking individuals about their causal attribution for an event, the CDS II also examines how an individual perceives the causal attribution which he or she has made in terms of its locus of causality, stability, and controllability (McAuley et al., 1992).

Attributional Theory and Childhood Sexual Abuse

With respect to childhood sexual abuse, attributional theory would predict that more negative symptoms will be present in victims who make internal, stable, and global attributions for bad events and who feel they have no control over the environment (Gold, 1986). In a study of women with histories of childhood or adolescent sexual abuse (Gold, 1986), this prediction was confirmed: Women with a history of sexual abuse who reported low self-esteem and greater psychological distress made significantly more internal, stable, and global attributions for bad experiences, compared with

nonvictimized women. Conte (1985) also stated that clinical wisdom would suggest that those victims of sexual abuse who feel responsible for the abuse, thereby making internal attributions, would experience more serious psychological problems than those victims who make external attributions and thus place the responsibility for the abuse onto others.

Blame For Sexual Abuse

Attributing blame to oneself is commonly found among victims of negative experiences (Hoagwood, 1990; Janoff-Bulman, 1979; Miller & Porter, 1983; Shapiro, 1989; Wortman, 1983). Murnen, Perot, and Byrne (1989) found that women generally responded to incidents of unwanted sexual contact with self-blame for at least part of the experience. Similarly, many abused children, as well as adult survivors of childhood sexual abuse, feel that they caused the abuse or that they could have somehow stopped the abuse from occurring (Hoagwood, 1990). Several explanations, focusing on the role of certain psychological needs, have been offered for victim self-blame: First, it may be that victims assume responsibility for a negative experience because of their need for perceived control over their life. Second, victims may blame themselves because of their need to believe in a just world, where bad things

do not happen to individuals at random (Hoagwood, 1990).

Characterological and Behavioural Self-Blame

Research has identified two types of self-blame: behavioural self-blame and characterological self-blame (Hoagwood, 1990; Janoff-Bulman, 1979; Miller & Porter, 1983). Hoagwood (1990) stated that individuals experience behavioural self-blame when they believe that a negative event occurred because they engaged in some particular behaviour which instigated the event. On the other hand, characterological self-blame occurs when individuals believe that a negative event was caused by some enduring aspect of their personality. Thus, the main difference between these two types of self-blame lies in the individual's perceived controllability over the occurrence of the negative experience (Janoff-Bulman, 1979). Generally, individuals feel in control of how they behave but do not feel they have as much control over their personality traits.

Research on the Different Types of Blame

In a landmark study, Janoff-Bulman (1979) examined the relationship between different types of self-blame and depression as an attempt to resolve the "paradox in depression". The paradox lies in past research findings, which

suggest that depressed individuals feel both helpless and self-blaming. These data seem contradictory, because it appears illogical that individuals blame themselves for events over which they feel they had no control.

Janoff-Bulman (1979) investigated whether this paradox could be explained by recognizing different kinds of self-blame, and more specifically, whether characterological self-blame would more likely be associated with feelings of helplessness. In fact, the study found that depressed women experienced significantly more characterological self-blame than nondepressed women. No differences were found for behavioural self-blame between the two groups, perhaps because "when displayed in conjunction with characterological self-blame, [behavioural self-blame] is simply a further reflection of characterological self-blame. However, when it occurs alone it is likely to represent an adaptive response, stemming from a desire to maintain a belief in personal control following a negative outcome" (Janoff-Bulman, 1979, p. 1805). Thus, behavioural self-blame may represent an adaptive coping method and restore an individual's sense of control. On the other hand, characterological self-blame may lead to feelings of helplessness and depression because of its implied lack of control.

Research on the different types of self-blame is still in need of further empirical research, particularly with respect to the area of abuse.

Characterological self-blame appears to be associated with greater negative consequences following sexual victimization, but results are preliminary. In order to investigate the role of self-blame in mediating the occurrence of sexual perpetration among males with histories of childhood sexual abuse, the present study used the Blame Scale, developed by Hoagwood (1990). This scale asks subjects to respond to items about blame associated with their childhood sexual experience and includes characterological and behavioural self-blame.

Coping With Sexual Abuse

Another variable which has been shown to mediate the impact of a negative experience is the manner in which an individual copes with the particular experience (Cohen, 1991; Lazarus & Folkman, 1984, 1991).

Various Conceptualizations of Coping

The purpose of coping is to manage, at a cognitive and behavioural level, specific external and/or internal demands which are appraised by an individual as too taxing or overwhelming (Folkman & Lazarus, 1991). Lazarus and Launier (1978) presented a conceptualization of coping which includes two

functions of coping: Problem-focused coping is aimed at changing the negative event, while the function of emotion-focused coping is to regulate the individual's emotional distress resulting from the negative experience. Thus, problem-focused coping is predicted for situations appraised as changeable or controllable, whereas emotion-focused coping is expected for situations appraised as unchangeable (Peacock, Wong, & Reker, 1993).

Billings and Moos (1981) also discussed another conceptualization of coping called "method of coping". Method of coping refers to active attempts, at a cognitive and/or behavioural level, to cope with a negative and stressful event. It also includes attempts to avoid the situation and reduce the emotions associated with the negative experience. More specifically, active-cognitive coping involves attempts at regulating one's appraisal of the negative event and also minimizing the emotional distress resulting from the experience. Active-behavioural coping involves overt behavioural attempts at dealing with the negative event and its outcomes, so the individual uses instrumental and information seeking strategies as a basis for taking direct action to deal with a negative experience (Aldwin & Revenson, 1987). Avoidance coping occurs when an individual avoids actively confronting the negative event and attempts

to reduce the emotional distress resulting from the experience, perhaps through excessive eating, drinking, or smoking (Billings & Moos, 1981).

Research on Coping Strategies

In a study of the various methods of coping, Billings and Moos (1981) surveyed families about their coping styles and social support surrounding a recent stressful life event. They found that, in dealing with the event, an active approach with fewer attempts at avoidance were correlated with lower levels of stress. This finding supports the effectiveness of a direct approach in dealing with stressful and negative experiences. Runtz (1991) also stated that the general literature on coping indicates that active coping, at both a cognitive and behavioural level, is more effective in mediating the deleterious effects of a negative experience, compared with avoidance responses.

Regarding coping as it pertains to childhood sexual abuse, Wyatt and Newcomb (1990) stated that research has only recently begun to conceptualize how coping and other mediating processes either increase or decrease the negative effects of sexual abuse for a child victim. Thus, the present study is significant in that it addressed the role of present-day coping with childhood sexual abuse as it relates to future adult sexual offending. To measure coping,

Billings and Moos' (1981) Coping Resources Scale (CRS) was used. This scale asks individuals about their coping strategies for a personal crisis or stressful life event, in terms of the amount of problem-focused and emotion-focused coping, and the number of active-cognitive, active-behavioural, and avoidance strategies employed.

Social Support

Social support is a term that has been widely used to refer to ways in which interpersonal relationships can protect people from some of the deleterious effects associated with stress (Kessler, Price, & Wortman, 1985). There is much corroborative data for the physical and psychological benefits of social support: Individuals with social support have been found to experience better psychological adjustment to stressful events, recover more rapidly from illness, and reduce their risk of mortality from specific diseases (Taylor, 1991). In a review of research conducted on social support and psychological disorders, using both clinical and nonclinical samples as well as individuals experiencing specific life stresses (e.g., loss of job, death of spouse), Leavy (1983) found one consistent finding: The lack of social supports is associated with increased psychological distress. Thus, there is evidence not only that

social support is associated with better adjustment to crises but also that lack of social support is related to more detrimental effects (Kessler et al., 1985; Sarason, Levine, Basham, & Sarason, 1983).

Social Support and Childhood Sexual Abuse

In the sexual abuse literature, one finding which is unequivocal is the important role that one's quality of social support plays in reducing the negative impact of childhood sexual victimization (Adams-Tucker, 1982; Beitchman et al., 1991; Conte & Schuerman, 1987; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Hanson & Slater, 1988; Mrazek & Mrazek, 1987; O'Grady & Metz, 1987; Wyatt & Mickey, 1988).

Victims of sexual abuse appear to be less affected by the experience when they have supportive relationships (Conte & Schuerman, 1987; Gil, 1991). Wyatt & Mickey (1988) stated that this finding may be due to the child's perception of support as validation that the abuse has occurred and that he or she is not to blame for the experience. Conversely, children who disclose their abuse and are not believed or supported, usually by their parent(s), have been found to experience more psychological symptoms (Beitchman et al., 1991; Everson et al., 1989; Nielsen, 1983). Again, it is

suggested that a child victim who is not supported may blame himself or herself and may feel responsible for the abusive experience (Wyatt & Mickey, 1988).

Although research and clinical findings show the beneficial effects of social support in reducing some of the negative consequences following sexual victimization, little research has specifically addressed the role of social support in the sexual abuse cycle. Therefore, the present study examined the mediating role of current level of social support among subjects by using the Family Relationships Index, which is derived from the Family Environment Scale (Moos & Moos, 1981). This scale has been used to measure familial support by looking at the amount of cohesion, expressiveness, and conflict which is present in the home during a particular period in the individual's life.

Self-Esteem

As previously mentioned, one of the commonly reported effects of childhood sexual abuse is low self-esteem (Blanchard, 1987; Briere, 1988; Conte, 1985; De Luca, Hazen, & Cutler, 1993; Grayston, De Luca, & Boyes, 1992; Hiebert-Murphy, De Luca, & Runtz, 1992; Mrazek & Mrazek, 1981). Self-esteem refers to feelings of satisfaction that an individual has about

himself or herself (Silber & Tippet, 1965). Generally, people with high self-esteem respect themselves and consider themselves to be worthy, whereas people with low self-esteem have feelings of self-rejection, self-dissatisfaction, and self-contempt (Rosenberg, 1965; Silber & Tippet, 1965).

Self-Esteem and Childhood Sexual Abuse

Many male survivors of childhood sexual abuse have been found to experience low self-esteem (Blanchard, 1987; Hunter, 1991). With regard to sexual perpetrators, it has been found that the majority are also characterized by serious deficits in the area of self-esteem (Fehrenbach, Smith, Monastersky, & Deisher, 1986; Rowe, 1988). Ryan et al. (1987) suggested that "feeling bad about oneself may be triggered by a multitude of emotional situations. Some common ones include feeling rejected, ignored, put down, victimized, criticized, abandoned, controlled, jealous, or powerless" (p. 391). Thus, the available research suggests that many sexual perpetrators experience low self-esteem and feelings of dissatisfaction with themselves. In order to investigate self-esteem among adult sexual perpetrators, non-sexual perpetrators, and non-perpetrators, all with histories of childhood sexual abuse, the present study employed Rosenberg's (1965) Self-Esteem Scale.

Hypotheses For the Present Study

- 1) Regarding their childhood sexual experience, adult sexual perpetrators, compared with non-sexual and non-perpetrators,
 - (a) would make more internal attributions
 - (b) would make more stable attributions
 - (c) would make less control attributions
- 2) Regarding their childhood sexual experience, adult sexual perpetrators were expected to experience more characterological self-blame and less behavioural self-blame, compared with non-sexual and non-perpetrators.
- 3) Regarding present-day coping with their childhood sexual experience, adult sexual perpetrators, compared with non-sexual and non-perpetrators,
 - (a) would use more avoidance coping
 - (b) would use less active-cognitive strategies
 - (c) would use less active-behavioural strategies
 - (d) would use less problem-focused strategies
 - (e) would use less emotion-focused strategies
- 4) Adult sexual perpetrators were expected to report poorer quality of familial support, compared with non-sexual and non-perpetrators. In particular, there

was expected to be less cohesion, less expressiveness, and more conflict in the families of sexual offenders.

5) Adult sexual perpetrators were expected to report greater global severity of psychological distress, compared with non-sexual and non-perpetrators.

6) Adult sexual perpetrators were expected to report lower self-esteem, compared with non-sexual and non-perpetrators.

Method

Subjects

Sexual Perpetrators. The sexual perpetrator group included 14 males who had committed a sexual offense against one or more children. Sexual perpetrators were recruited from Native Clan, the Rockwood facility at Stony Mountain, and Headingley Correctional Institution. Therapists at the various institutions informed individuals convicted of sexual crimes against children of the study and requested their participation. Although the study comprised a group of 14 sexual perpetrators, more than 14 subjects were initially recruited. However, the sample size was reduced, as only the data from sexual perpetrators who disclosed a history of childhood sexual abuse were considered.

Non-Sexual Perpetrators. The non-sexual perpetrator group was comprised of 14 males who had committed a non-sexual offense, such as theft or assault. More than 14 non-sexual perpetrators were initially recruited, but only the data from those males who revealed a history of childhood sexual abuse were considered for purposes of the present study. Non-sexual perpetrators were recruited from Headingley Correctional Institution, they were informed of the study and given the option to participate.

Non-Perpetrators. The non-perpetrator group consisted of 14 males who were enrolled in introductory psychology courses at the University of Manitoba. The study initially sampled more than 14 university male students, but only the data from males who revealed a history of childhood sexual abuse were retained. University males were recruited by the researcher, who went into introductory psychology classes. A brief introduction to the study was given, and sign-up booklets were distributed to the students with various times and locations for when the study would be conducted. Students received experimental credit for their participation in the study.

Materials

Subjects in the present study were asked to complete a questionnaire

package which included measures on attributions, blame, coping, and social support related to their childhood sexual experience. In addition to these measures, subjects were also asked information on psychological symptomatology, self-esteem, the occurrence of sexually and/or physically abusive experiences, and demographic data.

For the group of sexual perpetrators, data were also gathered on characteristics of their offense(s) against children and on their current stage of treatment. University male students were asked whether they had ever been charged with a sexual offense and, if so, to describe the circumstances. Non-sexual perpetrators were asked to provide a brief statement about the nature of the offense for which they had been charged and about whether they had ever been charged with a sexual offense.

All the questionnaires which were used in the present study are presented in Appendices B through N. Appendix A is the consent form which was given to subjects prior to beginning the study. Appendix O is the debriefing form which was given to subjects upon completion of the study. The two versions of the debriefing form differ in the various mental health services which are listed. Subjects can contact the various resources to address

any concerns which may have arisen as a result of their participation in the study. The results of the present study were also made available to sexual and non-sexual perpetrators upon request from therapists at the various institutions.

Demographic Data. In order to assess demographic characteristics of the sexual, non-sexual, and non-perpetrator groups, eleven items were presented (See Appendix B). These items addressed such variables as age, marital status, ethnicity, education, and yearly family income during childhood.

Sexual Victimization Survey. The present study employed a modified version of a section of Finkelhor's (1979) Sexual Victimization Survey (See Appendix C). Despite its wide application in the sexual abuse area, the validity and reliability of Finkelhor's (1979) sexual victimization survey has not been assessed. However, Runtz (1987) tested its reliability on a sample of 291 university women and found a Cronbach's alpha of .90. Therefore, the Sexual Victimization Survey can reliably assess childhood sexual abuse.

The condensed version of this survey asked individuals about sexual experiences which may have occurred prior to age 16. The items dealt with both specifics of the abuse (i.e., age and sex of the person(s) involved in the sexual experience, relationship of the child to the person(s), use of force, type

of act(s), frequency, and duration), as well as the individual's response to the abuse (i.e., to whom, if anyone, was the experience disclosed, reaction to disclosure, evaluation of the experience(s)).

The modifications which were made to Finkelhor's (1979) Sexual Victimization Survey were several of those described and used by Runtz (1991). First, regarding the questions on the victim's relationship to the offender(s), sex of offender(s), and to whom the abuse was disclosed, more categories of individuals, not included in Finkelhor (1979), were added. Second, the questions on duration and frequency of abuse were changed to a forced-choice format, and more options were provided for the questions assessing coercion to participate in the sexual act(s) and reaction to disclosure. Third, two more items were added to the survey to ask subjects about the accuracy of their recollections and their opinion as to whether they were sexually abused as a child. Subjects were also asked when their recollections of the abuse first appeared.

In the present study, childhood sexual abuse was defined as unwanted sexual contact before the age of 16 with a person who is at least five years older than the child (Finkelhor, 1984). Because the research literature indicates

that the age difference between boys and their perpetrators is sometimes small (i.e., the perpetrator is an adolescent or older sibling), the present study also considered sexual experiences in which the perpetrator was less than five years older than the subject. In such instances, the experience was considered abuse if the subject (a) clearly indicated that he was sexually abused as a child, (b) indicated that he did not consent to the experience, or (c) was threatened, physically forced, physically hurt, manipulated, or tricked to participate in the experience.

Assessing Environments III Scale. In order to evaluate possible punitive childhood experiences, the present study employed the Assessing Environments III questionnaire (AEIII; Berger & Knutson, 1993; See Appendix D). The AEIII is a 164-item true/false questionnaire which asks subjects about a variety of childhood experiences. There are 15 subscales designed to sample specific content domains and childhood environmental characteristics that the clinical literature has found to be associated with physical abuse. The subscales are the following: physical punishment, perception of discipline, negative family atmosphere, father, mother, marital discord, isolation, community involvement, potential economic stress, poor peer relations, absence

of shared parenting, positive orientation to education, age inappropriate demands, positive parental contact, and feelings of parental rejection.

In terms of reliability, Berger, Knutson, Mehm, and Perkins (1988) reported that, on a sample of 1182 university students, internal consistency coefficients ranged from .65 to .79 for all but three subscales, where the coefficients ranged from .48 to .52. Thus, the AEIII has modest levels of internal consistency, which Berger et al. (1988) note should be expected because the scale samples a number of different, yet conceptually related, discrete childhood events. On a sample of 138 university students, test-retest reliability ranged from .61 to .89 over a 60-day period on all but four subscales, which is significant at the .001 alpha level. For the remaining four subscales, test-retest reliability coefficients were below .75 (Berger et al., 1988). Overall, findings suggest that the AEIII is generally stable and quite reliable.

In terms of validity, Berger et al. (1988) found that, on the AEIII, responses by abused and nonabused adolescents could be distinguished. Specifically, on the Physical Punishment subscale, the group means of 21 physically and/or sexually abused individuals differed significantly from those

of 15 nonabused adolescents. Thus, Berger et al. (1988) concluded that "data suggest that the AE questionnaires can obtain reliable information regarding punitive disciplinary experiences, and they support the use of the AE questionnaires for identifying abused young adults in nonclinical natural collectivities" (p. 259).

For purposes of the present study, the eight items of the AEIII which asked about demographic information were deleted, as this information was previously collected. As a result, the AEIII consisted of 156 items which asked subjects about what was true and not true of their family most of the time while subjects were growing up (i.e., before the age of 16). Scores were derived for each of the 15 subscales and were then converted into percentages in order to account for missing values.

Causal Dimension Scale II. Russell's (1982) original Causal Dimension Scale (CDS) includes items which separately assess the three causal dimensions described by Weiner (1979): locus of causality, stability, and controllability. Subjects are asked to think about an achievement-oriented event which has occurred to them and to write down what they believe to be the main cause or causes for the outcome of this particular event. Subjects are

also asked nine questions pertaining to the cause(s) which they have identified. Locus of causality, stability, and controllability are each separately assessed by three questions which are rated along a 9-point scale.

Russell (1982) reported that the validity of the three locus of causality items was adequate, because the locus of causality main effect accounted for 46-59% of the variance of these items, while very little of the variance was explained by the other two causal dimensions. For the three stability items, the stability main effect accounted for 18-19% of the variance in these items. Lastly, the three controllability items had a main effect which accounted for 14-26% of the variance.

Regarding reliability, Russell (1982) reported an alpha reliability coefficient of .87 for the locus of causality dimension, .84 for the stability dimension, and .73 for the controllability dimension. Other studies have reported reliabilities that range from .68 (Abraham, 1985) to .80 (Vallerand & Richer, 1988) on the locus of causality dimension, .73 (Vallerand & Richer, 1988) to .90 (Abraham, 1985) on the stability dimension, and .50 (Vallerand & Richer, 1988) to .88 (Abraham, 1985) on the controllability dimension.

Concern about the low internal consistency of the control dimension and

its high correlation with the locus of causality dimension led McAuley, Duncan, and Russell (1992) to revise the CDS by dividing the control dimension into two categories, personal control and external control (See Appendix E). McAuley et al. (1992) reported the following internal consistencies for the CDS II: .67 for locus of causality, .67 for stability, .79 for personal control, and .82 for external control. In terms of validity, the four causal dimensions - locus of causality, stability, personal control, and external control - explained 31-67% of the variation in responses to the individual items. Therefore, it was concluded that the CDS II is a reliable and valid measure of individuals' perceptions about the causes of outcomes.

The CDS II is a 12-item, 9-point scale in which the three items related to locus of causality and the three items related to stability are unchanged from the original CDS. There are three items pertaining to personal control (e.g., Is the cause of the event something over which you have power or over which you have no power?) and three items assessing external control (e.g., Is the cause of the event something other people can regulate or other people cannot regulate?).

For the present study, the CDS II was used to ask subjects with a

history of childhood sexual abuse about current attributions related to their childhood sexual experience. Scores for each of the four causal dimension categories were converted into percentages to account for missing values.

The Blame Scale. In order to assess self-blame related to the sexual abuse experience, the present study employed The Blame Scale, developed by Hoagwood (1990; See Appendix F). For the present study, the Blame Scale asked subjects with a history of childhood sexual abuse about current feelings of blame related to their childhood sexual abuse.

This scale asks subjects about the blame associated with their sexual abuse, in terms of its intensity and direction (i.e., directed towards self, abuser, non-abusing parent). The original questionnaire included eight questions which were answered along a 6-point scale. For purposes of the present study, seven items were retained, and subjects' responses were made on a 5-point scale, ranging from 1 (not at all) to 5 (completely). For each of the seven items, the number endorsed by the subject was noted. To assess the two types of blame, specific questions were asked, such as, "As a child, how much did you blame yourself for what you did or how you acted?" (i.e., behavioural self-blame) or, "As a child, how much did you blame yourself for the kind of person you

were?" (i.e., characterological self-blame).

The content validity of the scale was assessed in the following manner: Two clinical psychologists, experienced in working with child victims of sexual abuse, rated the appropriateness of the items on a 5-point scale ranging from 1 (completely inappropriate) to 5 (very appropriate). The scale then kept only those items which received a combined rating of 4 or better. In order to assess the reliability of the scale, 31 women with histories of childhood sexual abuse completed the questionnaire twice over a two-week interval. The Pearson correlation coefficient was .97, indicating that the Blame Scale is a reliable instrument.

Hoagwood (1990) also conducted correlational analyses between the Blame Scale and measures of depression, self-esteem, and self-concept. Results showed that women who blamed themselves for their sexual abuse were more depressed and had a lower self-concept, whereas women who blamed their perpetrator were less depressed, had higher self-esteem, and possessed a higher self-concept. These data look promising, but because the scale has only recently been developed, further empirical research is needed.

Coping Resources Scale. In order to assess the manner in which an individual copes with his childhood sexual abuse, the Coping Resources Scale (CRS; Billings & Moos, 1981) was used. Subjects with a history of childhood sexual abuse were asked about current coping strategies related to their childhood sexual abuse (See Appendix G).

The CRS asks respondents to identify a personal crisis or stressful life event, in this case their childhood sexual abuse. Subjects are presented with 19 yes/no items pertaining to ways in which they dealt with the event. Most items assess two coping categories: method of coping and focus of coping. Regarding method of coping, there are six items on active-cognitive coping, six items on active-behavioural coping, and five items on avoidance as a coping style. Regarding focus of coping, there are seven items on problem-focused coping and eleven items on emotion-focused coping (Billings & Moos, 1981). The score for each of the three method of coping categories and the two focus of coping categories was the percentage of items that were answered positively.

Sample items for each of the possible six classifications include the following: "Try to see positive side" (active-cognitive, emotion-focused), "Consider several alternatives for handling the problem" (active-cognitive,

problem-focused), "Exercise more" (active-behavioural, emotion-focused), "Take some positive action" (active-behavioural, problem-focused), and "Keep my feelings to myself" (avoidance, emotion-focused). There are no avoidance items which are problem-focused, and there is no focus of coping category for the item "Talk with friend about the situation". Also, there is no method of coping category for the items "Get busy with other things in order to keep my mind off the problem" and "Don't worry about it; figure everything will probably work out fine".

The present study added several new items to the category dealing with avoidance, emotion-focused coping. In particular, the following items were added: "Sometimes take it out physically on other people when I feel angry or depressed", "Sometimes take it out physically on objects when I feel angry or depressed", "Sometimes take it out verbally on other people when I feel angry or depressed", and "Sometimes take it out sexually on other people when I feel angry or depressed". Subjects were also asked about escaping into a fantasy world, time spent fantasizing, and the nature of fantasies. As such, there were a total of 25 questions concerning coping with the sexual abuse experience.

Billings and Moos (1981) reported the following alpha reliability

coefficients for the three method of coping categories: .72 for active-cognitive, .80 for active-behavioural, and .44 for avoidance coping. They explain these relatively low internal consistencies by "the fact that the use of one coping response may be sufficient to reduce stress and thus lessen the need to use other responses from either the same or other categories of coping" (Billings & Moos, 1981, p. 145). The overall reliability rating was .62, which indicates moderate internal consistency. Concerning the intercorrelations among the three method of coping categories ($X = .21$), they are relatively low, which indicates that the three categories are relatively independent.

Family Relationships Index. In order to measure familial support and the overall quality of family relationships, the present study used the Family Relationships Index (FRI; See Appendix H), which was derived from the Family Environment Scale (FES; Moos & Moos, 1981). Holahan & Moos (1983) reported that the construct validity of the ten subscales of the FES has been established by over 50 empirical studies, and it has been found to differentiate normal from disturbed families and to correlate to treatment outcome in predictable ways.

The FRI is a 27-item questionnaire based on the three subscales that

comprise the relationship domain of the Family Environment Scale. These subscales are Cohesion, Expressiveness, and Conflict. Moos & Moos (1981) defined cohesion as "the degree of commitment, help, and support family members provide for one another" (p. 2), expressiveness as "the extent to which family members are encouraged to act openly and to express their feelings directly" (p. 2), and conflict as "the amount of openly expressed anger, aggression, and conflict among family members" (p. 2). There are nine true/false items for each of the three dimensions, and subjects are asked to indicate whether each statement is true or false about their current family. Sample items include the following: "Family members really help and support one another" (i.e., cohesion), "We say anything we want to around home" (i.e., expressiveness), and "Family members hardly ever lose their tempers" (i.e., conflict). In order to correct for missing values, scores for the three subscales were converted into percentages.

Holahan and Moos (1981) stated that there is empirical evidence, from numerous sources, for the construct validity of the FRI as an index of social support. For example, the FRI is significantly correlated to other indices of family social resources, is predictive of psychological adjustment, and has a

moderating effect on the negative influence of work stressors on functioning.

On a sample of 1067 individuals, Moos and Moos (1981) found the following internal consistency coefficients: .78 for Cohesion, .69 for Expressiveness, and .75 for Conflict. Holahan and Moos (1981) reported a Cronbach's alpha of .89 for the FRI, which indicates high internal consistency. Two-month test-retest reliabilities, based on 47 subjects, yielded scores of .86 for Cohesion, .73 for Expressiveness, and .85 for Conflict (Moos & Moos, 1981). There is also a median intercorrelation of .43 among the three subscales, indicating that they assess relatively different aspects of familial support (Holahan & Moos, 1983).

For purposes of the present study, the FRI was administered to subjects with a history of childhood sexual abuse, who were asked about their current family relationships and quality of support.

Brief Symptom Inventory. The present study employed Derogatis' (1992) Brief Symptom Inventory (BSI; See Appendix I), which is an abbreviated version of the Symptom Checklist-90 (SCL-90; Derogatis, Lipman, & Covi, 1973). The BSI is 53-item self-report inventory which measures nine symptom dimensions along a 5-point scale of severity ranging from 0 (not at

all) to 4 (extremely). The items are grouped into the following nine symptom dimensions: somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The BSI items are also grouped into three global indices of symptomatology: Positive Symptom Total (PST) is a count of positive symptoms and refers to symptom enumeration. Positive Symptom Distress Index (PSDI) is the mean severity of positive symptoms and refers to intensity of distress. Global Severity Index (GSI) is the sum of symptom severity ratings and refers to both the number and intensity of symptoms (Derogatis, 1992; Derogatis & Melisaratos, 1983). For purposes of the present study, only the GSI was used, because it is considered to be the single best indicator of current level of distress (Derogatis & Melisaratos, 1983). The standardized score for each subject's GSI response was used in the study.

Derogatis (1992) reported the following internal consistency reliabilities for 719 psychiatric outpatients: .80 for somatization, .83 for obsessive compulsive, .74 for interpersonal sensitivity, .85 for depression, .81 for anxiety, .78 for hostility, .77 for phobic anxiety, .77 for paranoid ideation, and .71 for psychoticism. In another study (Broday & Mason, 1991), reliability

coefficients ranged from .70 (phobic anxiety and psychoticism) to .88 (depression). Test-retest reliabilities for a two-week interval resulted in reliability coefficients which ranged from .68 (somatization) to .91 (phobic anxiety), and the GSI stability coefficient was .90, which indicates that the BSI represents consistent measurement across time. The BSI also demonstrated convergent and construct validity (Derogatis, 1992).

Self-Esteem Scale. Rosenberg's (1965) Self-Esteem Scale includes 10 items to which subjects reply on a 4-point scale ranging from 1 (strongly agree) to 4 (strongly disagree) (See Appendix J). Scores for each subject were derived and then converted into percentages to account for missing values. Some sample items include the following: "I feel that I am a person of worth, at least on an equal plane with others", "I am able to do things as well as most other people", and "I wish I could have more respect for myself".

In terms of reliability, Hoagwood (1990) reported that test-retest administrations ranged from .85 to .92. In terms of convergent validity, which measures the correlation of this scale with different scales that assess the same concept (i.e., self-esteem), Silber & Tippet (1965) sampled 44 university students, seven of whom were involved in psychiatric treatment. They found

the correlation to range from .56 to .83.

Social Desirability Scale. In order to evaluate subjects' need to respond in socially acceptable ways and "fake good" responses, the present study employed the Marlowe-Crowne Social Desirability Scale (M-C SDS; Crowne & Marlowe, 1960). This scale includes 33 true/false items which are "culturally sanctioned and approved but which are improbable of occurrence" (Crowne & Marlowe, 1960, p. 350). Sample items include, "If I could get into a movie without paying and be sure I was not seen, I would probably do it" and "I am always courteous, even to people who are disagreeable" (See Appendix K). In order to control for missing values, scores for this scale were converted into percentages.

To assess convergent validity, the M-C SDS and the Edwards Social Desirability Scale were administered to 120 university students. The correlation of .35 was significant at the .01 alpha level, indicating that the M-C SDS is a valid measure of social desirability (Crowne & Marlowe, 1960).

On a sample of 39 university students, the internal consistency coefficient was .88, using Kuder-Richardson formula 20. A test-retest correlation of .89 was obtained. Thus, the M-C SDS demonstrates excellent

reliability (Crowne & Marlowe, 1960).

Offender and Offense Characteristics. In order to gather information about perpetrators and the nature of their sexual offenses, several items from Finkelhor's (1979) Sexual Victimization Survey were presented in modified form (See Appendix L). The items addressed such issues as age of first sexual offense, age of and relationship to victim(s), type of sexual offense(s), and frequency and duration of abuse against the child or children. This questionnaire also asked sexual perpetrators about treatment experiences, such as the number of previous treatment programs in which they have been involved and length of treatment.

Sexual Offending Among University Males. Male university students were asked whether they had ever been charged with a sexual offense and, if they so chose, to discuss the circumstances surrounding the offense (See Appendix M). It is important to address the possibility of sexual perpetration among university males, because one cannot automatically assume that a male has not committed a sexual offense simply because he has not been incarcerated for such a crime. However, because it would have been extremely difficult to report any sexually abusive behaviours which were revealed, given

that the questionnaires were anonymously completed, the present study only asked subjects about sexual abuse for which they had already been charged.

Sexual Offending Among Non-Sexual Offenders. Non-sexual perpetrators were asked to provide a brief statement about the nature of the offense for which they had been charged. In addition, non-sexual perpetrators were asked whether they had ever been charged with a sexual offense and, if they so chose, to discuss the circumstances surrounding the offense (See Appendix N). The rationale for addressing the possibility of sexual perpetration among non-sexual offenders is the same as that outlined for university males.

Procedure

Sexual perpetrators were recruited for the study by therapists at Native Clan, Rockwood, and Headingley Correctional Institution. Non-sexual perpetrators were recruited from Headingley Correctional Institution. University males were asked for their participation by the researcher, who went into several introductory psychology classes at the University of Manitoba, provided a brief description of the study, and distributed sign-up sheets. For all subjects, the study was introduced as one which explores individuals'

sensitive childhood experiences. Concerning location of testing, sexual perpetrators were tested at either Native Clan, Rockwood, or Headingley Correctional Institution. Non-sexual perpetrators were tested at Headingley Correctional Institution, and university males were tested at the University of Manitoba during various specified times and locations.

All subjects were tested in relatively small groups to ensure privacy and a sense of safety. The researcher provided a brief oral introduction to the study, which included the following information: The sensitive nature of the study was acknowledged, and subjects were informed that they could choose to not answer certain questions or could end their participation in the study at any point at which they chose. Subjects were assured of anonymity and confidentiality. In addition to an oral presentation, subjects also received a consent form which reiterated the same information in written form and asked for subjects' signatures (See Appendix A).

Once the study was introduced, subjects proceeded to answer the questionnaires, which took approximately one hour to complete. The researcher remained in the room during the testing session. Subjects were informed that they could ask the researcher for clarification of any difficult

questionnaire items.

All subjects were asked to answer Appendices B through D in the questionnaire package. Subjects who indicated that they had experienced sexual activity during their childhood were also asked to complete Appendices E through K. Subjects who did not respond positively to any items on the Sexual Victimization Survey (Appendix C) were asked to complete a slightly different version of the questionnaire package. Although the latter information was not pertinent for purposes of the present study, subjects were kept in the testing room for the duration of the study in order to avoid distracting those subjects who were answering the questionnaires.

In addition to the questionnaires already mentioned, sexual perpetrators were also asked to complete Appendix L, which assessed offender and offense characteristics and asked subjects about any therapy experiences in which they may have been or are currently involved. University males were asked to complete Appendix M, which asked them about any sexual offending for which they may have been legally prosecuted in the past. Non-sexual perpetrators were asked to complete Appendix N, which asked them about the nature of the offenses for which they had been charged and about any incidents of sexual

offending. All the items were answered directly on the questionnaire package.

Upon completion of the study, subjects placed the questionnaire package into a sealed envelope and handed it into the researcher. Subjects were then thanked for their participation and given a debriefing form. In addition to informing subjects of the true nature and purpose of the present study, the debriefing form also outlined several resources that could be contacted in case subjects have any concerns related to the study (See Appendix O). Sexual perpetrators and non-sexual perpetrators were provided with the phone numbers of therapists at Native Clan, Rockwood, and Headingley Correctional Institution. University males were given the phone numbers of Klinik, Student Counselling Services, and the Psychological Service Centre (PSC). If an interview was requested at the PSC, it was to be supervised by Dr. Rayleen De Luca, who is a registered clinical psychologist.

Statistical Analyses

Prior to statistical analyses, all the data were tested for assumptions of normality, linearity, and heteroscedasticity.

Descriptive statistical analyses were performed for the following four sets of data: (1) demographic information, (2) information regarding

childhood sexual and physical abuse, (3) information pertaining to offender and offense characteristics, and (4) information obtained from non-sexual perpetrators and university males concerning whether they had ever been charged with a sexual offense.

Hypotheses 1, 2, 3, and 4, which focused on attributions, blame, coping, and support, respectively, were tested using a multivariate analysis of variance (MANOVA). As in the univariate case where an analysis of variance (ANOVA) is used to examine the difference between more than two groups on one dependent variable, a MANOVA is used to assess differences among groups on multiple dependent variables.

Because a MANOVA examined whether the three groups differed from one another on any of the dependent measures, it did not specify which response or combination of responses was possibly significant (i.e., the nature of the differences). In order to determine whether responses or a combination of responses was significantly different for sexual perpetrators versus non-sexual perpetrators versus non-perpetrators, ANOVAs were conducted. The ANOVAs detected the specific differences which may have existed between the three groups.

An ANOVA was conducted for Hypotheses 5 and 6, which dealt with general psychological distress and self-esteem, respectively. This procedure was used to assess whether there was any significant difference between sexual perpetrators, non-sexual perpetrators, and non-perpetrators.

Results

The results of the study focused on the findings for sexual, non-sexual, and non-perpetrators as well as the similarities and differences among the three groups. Demographic data on the three groups were presented along with a detailed description of subjects' sexual abuse experiences. The nature of any physical abuse experiences of participants were then described, followed by the findings for each of the study's six hypotheses. The characteristics of sexual perpetrators and their offenses were considered and lastly, perpetrators' therapy experiences were described along with any relationships between these experiences and the dependent variables.

As an initial step, statistical analyses were conducted in order to detect possible violations to the assumptions of normality, linearity, and homogeneity of variance. Because there were some instances in which the data did not meet the assumptions, data transformation was conducted to possibly adjust for the

violations. Because these transformations had only a slight effect on the data, the data were retained in their original form.

It should also be mentioned that results on the Social Desirability Scale did not show significant differences among the three groups. It appeared that no one group had a strong need or desire to respond to the questionnaire items in a socially acceptable manner.

Demographic Data

Forty-two male subjects participated in the present study, with equal numbers ($n = 14$) in the sexual, non-sexual, and non-perpetrator groups. Table 1 presents the demographic characteristics of the sample.

The mean age was 41 years (range of 17-67) for sexual perpetrators, 28 years (range of 19-44) for non-sexual perpetrators, and 20 years (range of 19-22) for non-perpetrators. The majority of non-sexual (57%) and non-perpetrators (93%) reported being single, while the marital status of sexual perpetrators was more evenly distributed among being single (29%), being married (29%), and being separated/divorced (35%). It is plausible that the older ages of the sexual perpetrators have provided them with more opportunities to get married or separated/divorced, compared

Table 1**Demographic Characteristics of Subjects**

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Marital status			
Single	29	57	93
Married	29	0	0
Separated/ divorced	35	29	0
Widowed	0	0	0
Living as married	7	14	7
Ethnicity			
White	36	50	71
Black	0	0	22
Native	50	36	0
Asian	0	0	7
Other	14	14	0

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Education			
Elementary	38	50	0
High school	31	36	93
University undergraduate	0	0	0
University graduate	0	7	0
Other	31 ^a	7	7
Place where grew up			
Farm	21	21	7
Town < 10 000	43	36	0
Town between 10 - 50 000	0	0	7
City between 50 - 100 000	0	7	21
City > 100 000	36	36	65

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Father occupation			
Professional	15	42	54
Non- professional	62	33	31
Proprietor	15	25	15
No occupation	0	0	0
Other	8 ^a	0 ^b	0 ^a
Mother occupation			
Professional	8	23	64
Non- professional	23	8	22
Proprietor	0	31	7
No occupation	61	38	7
Other	8 ^a	0 ^a	0
Yearly family income			
< \$10 000	54	23	0
\$10 - 20 000	31	31	0
\$20 - 30 000	0	23	14
\$30 - 40 000	0	0	36
> \$40 000	15 ^a	23 ^a	50

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Father education			
Elementary	30	46	15
High school	20	27	31
University undergraduate	0	0	15
University graduate	10	9	23
Other	40 ^d	18 ^c	16 ^a
Mother education			
Elementary	40	27	29
High school	20	27	36
University undergraduate	0	9	21
University graduate	10	27	14
Other	30 ^d	10 ^c	0

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Childhood living arrangements			
Biological parents	50	59	65
Biological mother	7	8	21
Biological father	0	0	0
Biological parent and stepparent	14	33	7
Foster home	7	0	0
Other	22	0 ^b	7
Number of siblings			
One	7	8	14
Two	7	21	36
Three	22	21	14
Four	7	0	14
Five or more	57	50	22

Note. $N = 42$ subjects, $n = 14$ for each group. The values represent percentages.

^a $n = 13$. ^b $n = 12$. ^c $n = 11$. ^d $n = 10$.

with non-sexual and non-perpetrators.

Regarding ethnicity, the majority of sexual and non-sexual perpetrators (86%) were of Caucasian or Native background, whereas most non-perpetrators (71%) were identified as Caucasian. Non-perpetrators had the highest level of education, with 93% having completed high school, and all of them currently enrolled in a university undergraduate program. Most non-sexual perpetrators (86%) and sexual perpetrators (69%) attained either an elementary or high school education. However, it was also found that 31% of sexual perpetrators pursued or were currently pursuing other avenues of education such as Graduation Equivalency Diploma (GED).

With respect to family background characteristics, many subjects from the three groups reported growing up in big cities with populations greater than 100 000 people. However, there was a greater tendency for sexual perpetrators (64%) and non-sexual perpetrators (57%) to report being raised on farms or in small towns of less than 10 000 people. Father's occupation was of a non-professional nature for the majority of sexual perpetrators (67%), whereas most non-perpetrators (54%) indicated that their fathers were professionally employed. The responses for non-sexual perpetrators were more distributed,

with father working as a professional (42%), non-professional (33%), or proprietor (25%). Similarly for mother's occupation, non-sexual perpetrators' responses were more scattered, with mother working as a professional (23%) or proprietor (31%) or having no occupation outside of the home (38%). As for sexual perpetrators, 61% reported mother as having no occupation outside of the home, whereas 64% of non-perpetrators' mothers were professionally employed.

Information about father's education revealed that, for most subjects, there was great variety in the level of educational attainment. Many sexual perpetrators' fathers (40%) pursued additional educational interests, such as vocational training, while most fathers of non-sexual perpetrators (73%) completed an elementary or high school education. As for non-perpetrators' fathers, there was much distribution, with many having completed either high school (31%) or university graduate studies (23%). Similarly, responses concerning mother's education were varied for subjects in the three groups. However, the majority of sexual perpetrators' (60%) and non-sexual perpetrators' (54%) mothers completed an elementary or high school education. As for non-perpetrators, the majority of their mothers (86%) attained an

elementary, high school, or university undergraduate education.

Yearly family income for the majority of sexual perpetrators (54) was less than \$10 000, whereas the majority of non-perpetrators (50) reported yearly family incomes of over \$40 000. Non-sexual perpetrators' yearly family incomes were more scattered, with 77% having yearly incomes less than \$30 000 and 23% having yearly incomes greater than \$40 000. It may be that the higher yearly income of non-perpetrators was related to their parents' higher educational and occupational levels and vice-versa for sexual perpetrators. Concerning non-sexual perpetrators, perhaps the greater variability in yearly family income was a result of the greater variability in their parents' occupational settings.

Most sexual (57%) and non-sexual perpetrators (50%) had families with five or more siblings, while two siblings was the average reported by most non-perpetrators (36%). Concerning childhood living arrangements, the majority of sexual (50%), non-sexual (59%), and non-perpetrators (65%) all reported growing up in families with both biological parents.

Description of Childhood Sexual Abuse Experiences

The prevalence of sexual abuse was 59% for sexual perpetrators, 29%

for non-sexual perpetrators, and 17% for non-perpetrators. The mean age of individuals' sexual abuse experiences was 7 years (range 3-15) for sexual perpetrators, 10 years (range 4-16) for non-sexual perpetrators, and 9 years (range 4-15) for non-perpetrators. As a group, sexual perpetrators were the youngest at the time of their first or only sexual abuse experience. The mean age of the childhood sexual offender was 23 years (range 5-68) for sexual perpetrators, 18 years (range 5-37) for non-sexual perpetrators, and 13 years (range 6-22) for non-perpetrators. Hence, the largest age difference between the child and his offender occurred for sexual perpetrators, followed by non-sexual perpetrators and then non-perpetrators. In fact, 86% of sexual perpetrators reported that their first or only childhood sexual experience involved an individual who was five or more years older than them, compared with non-sexual perpetrators (62%) and non-perpetrators (36%).

The mean number of sexual experiences prior to age 16 was 30 for sexual perpetrators (range 3-100), 33 for non-sexual perpetrators (range 1-200), and 5 for non-perpetrators (range 1-14). Thus, although sexual and non-sexual perpetrators had approximately the same number of childhood sexual experiences, they differed considerably from the relatively low number of

sexual activities experienced by non-perpetrators.

Regarding duration and frequency of childhood sexual abuse, most sexual perpetrators were abused over a period of one or a few days (21%) or over a period of a few years (36%). Frequency of abuse was evenly distributed among once or twice (21%), 3-10 times (21%), 11-25 times (21%), 26-50 times (14%), and more than 50 times (21%). The responses of non-sexual perpetrators revealed that the majority of their abuse (39%) occurred over a period of one or a few days, with frequency ranging from 3-10 times (39%). Similarly, the sexual abuse experiences of non-perpetrators typically lasted over a period of one or a few days (43%) and occurred once or twice (43%). Therefore, there appeared to be more variability in the abuse experiences of sexual perpetrators, with the duration and frequency being more extensive compared to the two other groups.

Table 2 presents the types and frequency of childhood sexual activities experienced by sexual, non-sexual, and non-perpetrators. Although sexual perpetrators indicated equal or slightly higher frequencies for the majority of sexual activities, there were not many differences among the three groups. The only exception appeared to be for non-perpetrators with respect to the more

intrusive sexual activities. Compared to sexual and non-sexual perpetrators, non-perpetrators had a relatively low frequency for the following activities: "person performing oral sex on you" (21%), "performing oral sex on another person" (36%), and "intercourse" (4%). Chi-square analyses support these conclusions for "person performing oral sex on you" ($X^2 [2, N = 42] = 7.43, p < .05$) and "intercourse" ($X^2 [2, N = 42] = 6.91, p < .05$).

The responses of sexual perpetrators showed that 22% of their offenders were family members and 78% were non-family members. Sixteen percent of non-sexual perpetrators were abused by a family member, with the majority (84%) being a non-family member. Similarly, only 5% of non-perpetrators were abused by a family member, with the majority (95%) of offenders being non-family members. Thus, for all three groups, the majority of their sexual abuse was of an extrafamilial nature. Additionally, while sexual perpetrators had a broader range of offenders, the responses of non-sexual and non-perpetrators were clustered around the following two categories: "friend of yours" was endorsed by 19% of non-sexual perpetrators and 40% of non-perpetrators, and "partner" was endorsed by 18% of non-sexual perpetrators and 25% of non-perpetrators.

Table 2

Frequency of Childhood Sexual Experiences

Activity	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Sexual invitation	100	79	100
Kissing and hugging	86	79	86
Person showing sexual organs to you	93	93	100
Showing sexual organs to another person	86	71	71
Person fondling you	93	71	71
Fondling another person	86	71	86
Person performing oral sex on you	71	57	21
Performing oral sex on another person	64	50	36
Intercourse	79	86	4

Note. $N = 42$ subjects, $n = 14$ for each group. The values represent percentages.

Concerning the sex of the person with whom the first or only sexually abusive experience occurred, more sexual perpetrators (33%) had experiences with a male offender, compared with non-sexual perpetrators (5%) and non-perpetrators (10%). A surprising finding is the high percentage of female offenders, particularly for non-sexual (92%) and non-perpetrators (80%), although even the 27% rate reported by sexual perpetrators is high compared with past research. Therefore, it appeared that a large number of offenders for all three groups, particularly non-sexual and non-perpetrators, were female. Table 3 presents data on the relationship between the child and his offender as well as the sex of the offender.

Upon closer examination of the number and sex of childhood offenders, the results showed the following: The majority of sexual perpetrators (71%) and half of non-sexual perpetrators (50%) experienced sexual abuse by multiple offenders, whereas a relatively small percentage (29%) of non-perpetrators had more than one sexual offender during childhood. Of those sexual perpetrators who had multiple offenders, most (40%) included both males and females, and for non-perpetrators, responses were equally divided (50%) between both male and female offenders and only female offenders. In the case of multiple

offenders for non-sexual perpetrators, all involved female perpetrators.

The case of a single offender applied to the majority (71%) of non-perpetrators, and almost all of these instances (90%) involved a female, typically described as a friend. Half (50%) of the non-sexual perpetrator group had a single childhood sexual offender, the majority (71%) reported as either a girlfriend or female friend. For sexual perpetrators, out of the 29% that reported a single offender, most (75%) were female and characterized as a family friend or an aunt.

With respect to the manner in which the offender engaged the child in the sexual experience, 55% of the sexual perpetrators were threatened, 80% were physically forced, 82% were physically hurt, 85% were manipulated or tricked to participate. Frequencies for non-sexual perpetrators showed that none were threatened or physically hurt, 20% were physically forced, and 40% were manipulated or tricked. As for non-perpetrators, none indicated being physically hurt, although 14% were threatened, 8% were physically forced, and 23% were manipulated or tricked.

In response to the question, "Do you feel you consented to the experience?", 57% of sexual perpetrators, 82% of non-sexual perpetrators, and

Table 3

Relationship of Individuals to Their Sexual Offenders

Relationship	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Family			
Parent	2	0	0
Stepparent	2	0	0
Grandparent	0	0	0
Sibling	4	11	0
Uncle/Aunt	10	0	0
Cousin	4	5	5
Non-Family			
Stranger	11	5	5
Acquaintance	8	8	0
Friend of yours	13	19	40
Friend of your parents	11	5	0
Partner	4	18	25
Neighbour	13	5	10
Teacher	4	5	0
Babysitter	6	14	10
Other	8	5	5

Relationship	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Gender			
Male	33	5	10
Female	27	92	80
Both	13	0	5
Unknown	27	3	5

Note. $N = 42$ subjects, $n = 14$ for each group. The values represent percentages.

33% of non-perpetrators answered positively. To summarize, even though much more physical coercion was used to engage sexual perpetrators in the abusive activity, many of them still felt that they had consented to the experience. Conversely, the means of engagement were the least physically coercive for non-perpetrators, yet they were the group that most felt that the sexual experience was non-consenting. The finding that there was more physical coercion involved in sexual perpetrators' abuse experiences was supported through chi-square analyses in the following way: "Threaten you" showed $X^2 (2, N = 30) = 7.29, p < .05$, "Physically force you" showed $X^2 (2, N = 28) = 13.53, p < .01$, "Hurt you physically" showed $X^2 (2, N = 29) = 21.36, p < .01$, and "Manipulate or trick you to participate" showed $X^2 (2, N = 31) = 10.18, p < .01$. Regarding disclosure, the majority of sexual perpetrators (64%) told someone other than a family member or friend about the abuse, such as a therapist, and 54% indicated that they were supported upon disclosure of their sexual victimization. The majority of non-sexual perpetrators (54%) disclosed their sexual abuse to a friend, and the most frequent reaction upon disclosure was that of support (44%). For non-perpetrators, the majority also disclosed their abuse to a friend (57%), with the most common reaction being

that of support (88%). Hence, the most common reaction upon disclosure of abuse was that of support for all subjects. However, most of the sexual perpetrators disclosed to a professional person, such as a therapist who supposedly should be supportive of clients' issues.

Of those individuals who met the criteria for childhood sexual abuse, the percentage of subjects who actually felt that were sexually abused as children was 93% for sexual perpetrators, 36% for non-sexual perpetrators, and 29% for non-perpetrators. It therefore appeared that sexual perpetrators were much more able to realize that their sexual experiences were abusive, compared with the other two groups. In fact, 72% of sexual perpetrators described the sexual experience as negative or mostly negative, whereas only 28% of non-sexual perpetrators and 15% of non-perpetrators indicated that the experience was negative to any extent.

In response to the question concerning memories of the sexual abuse, the majority of sexual perpetrators (92%), non-sexual perpetrators (64%), and non-perpetrators (71%) indicated having memories from the time the experience happened when they were children. Most sexual perpetrators (57%) and non-perpetrators (43%) felt "very confident" about their memories of the

sexual experience, while the responses of non-sexual perpetrators were equally distributed (29%) among "not very confident", "confident", and "very confident".

Description of Physical Abuse Experiences

According to Berger et al. (1988), one strategy for classifying what constitutes physical abuse is to select those subjects who endorsed five or more items on the Physical Punishment (PP) Scale of the AEIII. Following this criterion, the present study found that 50% of sexual perpetrators, 36% of non-sexual perpetrators, and 15% of non-perpetrators were physically abused as children.

Each group's scores on the PP Scale were correlated with the other scales of the AEIII. This procedure was used to determine whether there were any similarities between the experiences of individuals in the present study and those of abused individuals reported in the clinical literature. Table 4 presents the correlations between the PP Scale and the other scales of the AEIII for sexual perpetrators, non-sexual perpetrators, and non-perpetrators.

Concerning sexual perpetrators, physical punishment showed significant positive correlations with perception of father, perception of mother, perception

Table 4

Correlations Between Physical Punishment Scale and OtherAEIII Scales For the Three Perpetrator Groups

Scale	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Father	.68**	.65*	.35
Mother	.56*	.68**	.12
Peer Relationships	.60*	.37	-.03
Perception of Discipline	.90**	.79**	.53
Shared Parenting	.44	.40	-.15
Positive Orientation to Education	-.25	-.25	.20
Age Inappropriate Demands	.66**	.48	-.18
Marital Discord	.75**	.70**	.26
Isolation	.51	.26	-.19
Community Involvement	-.41	-.22	.07
Potential Economic Stress	.43	.48	-.32
Negative Family Atmosphere	.79**	.65*	.42

Scale	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator
Positive Parental Contact	-.78**	-.58*	-.07
Parental Rejection	.84**	.74**	.12

Note. $N = 42$ subjects, $n = 14$ for each group.

* $p < .05$. ** $p < .01$

of discipline, age inappropriate demands, marital discord, negative family atmosphere, and parental rejection, while showing a significant negative correlation with positive parental contact. Concerning non-sexual perpetrators, there was a significant positive correlation between physical punishment and perception of father, perception of mother, perception of discipline, marital discord, negative family atmosphere, and parental rejection. Physical punishment showed a significant negative correlation with positive parental contact. There were no significant correlations between the PP Scale and the other AEIII scales for the non-perpetrator group.

In sum, the findings for both sexual and non-sexual perpetrator groups were similar and suggested that childhood physical punishment was related to a host of other aspects of these individuals' family environments.

Hypothesis 1: Attributions About Childhood Sexual Abuse

For the Causal Dimension Scale - II, the multivariate analysis of variance (MANOVA) did not reveal a significant difference among sexual, non-sexual, and non-perpetrators. However, the mean percentages for the three groups on the attributional dimensions are generally consistent with those predicted in the hypotheses. Sexual perpetrators, compared with non-sexual

and non-perpetrators, made more internal and stable attributions about their childhood sexual experiences. With regard to the control dimension, sexual perpetrators also indicated the least personal control over the sexual abuse, as hypothesized. However, at the same time, they also made the highest external control attributions, compared with non-sexual and non-perpetrators. Table 5 presents the results of the four causal dimension scales for sexual perpetrators, non-sexual perpetrators, and non-perpetrators.

Hypothesis 2: Blame About Childhood Sexual Abuse

A MANOVA showed that there were several statistically significant differences among the three groups. In order to investigate the specific differences, separate analyses of variance (ANOVA) were conducted for each of the significant comparisons. Contrary to the hypothesis, sexual perpetrators experienced significantly more behavioural self-blame about their childhood sexual victimization ($\underline{M} = 4.0$), compared with non-sexual ($\underline{M} = 2.2$) and non-perpetrators ($\underline{M} = 1.5$), $F(2, 30) = 14.32$, $p < .01$. Consistent with the hypothesis about characterological self-blame, the mean percentage for sexual perpetrators was higher than those for the non-sexual and non-perpetrator groups, although the difference was not statistically significant.

Table 5

Mean Percentages, Standard Deviations, and Analyses of
Variance For Attributions of Childhood Sexual Abuse

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Locus of causality				.43
<u>n</u>	11	12	13	
<u>M</u>	57	50	52	
<u>SD</u>	6.1	5.8	5.6	
Stability				1.36
<u>n</u>	11	12	13	
<u>M</u>	60	47	58	
<u>SD</u>	6.4	6.2	5.9	
External control				1.59
<u>n</u>	11	12	13	
<u>M</u>	57	54	39	
<u>SD</u>	7.9	7.6	7.3	

Sexually abused perpetrators

82

**Personal
control**

2.39

<u>n</u>	11	12	13
<u>M</u>	42	54	66
<u>SD</u>	8.1	7.8	7.4

Note. df1 = 2, df2 = 33.

* $p < .05$

** $p < .01$

Additionally, the results revealed that sexual perpetrators, compared with non-sexual perpetrators, placed significantly more blame on the offender responsible for their sexual abuse. Table 6 presents the findings concerning the amount and types of blame experienced by sexual perpetrators, non-sexual perpetrators, and non-perpetrators, with respect to their childhood sexual abuse.

Hypothesis 3: Current Coping With Childhood Sexual Abuse

With regard to method of coping, a MANOVA did not reveal a significant difference among the three groups, although the findings were interesting. In contrast to the hypotheses, sexual perpetrators' scores showed that they used more active-cognitive and active-behavioural strategies in currently coping with their abuse experiences. Additionally, they were less avoidant than non-sexual perpetrators, although more avoidant than non-perpetrators.

For the focus of coping category, the MANOVA showed overall statistical significance and was subsequently followed by separate ANOVAs to reveal the specific nature of the differences. Contrary to the hypothesis, sexual perpetrators ($M = 81$), compared with non-perpetrators ($M = 50$), made use of significantly more problem-focused strategies in coping with their childhood

Table 6

Mean Percentages, Standard Deviations, and Analyses ofVariance for Blame of Childhood Sexual Abuse

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Self-blame				1.26
<u>n</u>	14	14	13	
<u>M</u>	2.4	1.7	1.6	
<u>SD</u>	.4	.4	.5	
Blame of abuser				3.76*
<u>n</u>	14	14	13	
<u>M</u>	3.9 ^a	2.4 ^a	2.4	
<u>SD</u>	.4	.4	.5	
Blame of mother				2.28
<u>n</u>	14	14	13	
<u>M</u>	1.9	1.2	1.0	
<u>SD</u>	.3	.3	.4	
Blame of father				2.19
<u>n</u>	14	14	13	
<u>M</u>	1.8	1.2	1.0	
<u>SD</u>	.3	.3	.3	

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Blame of another				1.72
<u>n</u>	12	13	8	
<u>M</u>	3.1	2.0	1.9	
<u>SD</u>	.5	.5	.6	
Charactero- logical self- blame				2.66
<u>n</u>	14	14	13	
<u>M</u>	3.6	2.9	2.0	
<u>SD</u>	.4	.4	.5	
Behavioural self-blame				14.32* *
<u>n</u>	14	14	13	
<u>M</u>	4.0 ^{a b}	2.2 ^a	1.5 ^b	
<u>SD</u>	.3	.3	.4	

Note. df1 = 2, df2 = 30.

^asignificant between sexual and non-sexual perpetrators.

^bsignificant between sexual and non-perpetrators.

^csignificant between non-sexual and non-perpetrators.

* $p < .05$ ** $p < .01$

sexual victimization, $F(2, 39) = 3.59, p < .05$. As predicted, sexual perpetrators did use less emotion-focused strategies; however, this finding applied only when compared with the non-sexual perpetrator group and was not statistically significant. Table 7 presents the statistical analyses for the three groups on the various method and focus of coping strategies of the Coping Resources Scale.

In order to investigate the use of fantasies as a way of coping with childhood sexual abuse, subjects were asked about the nature of their fantasies and the time they spend fantasizing. All subjects said that they spend about 80% of their time occasionally or often fantasizing. However, the nature of these fantasies vary: The fantasies of sexual perpetrators are mainly sexual (60%), those of non-sexual perpetrators are mostly aggressive (60%), and those of non-perpetrators (80%) are mostly of a nonsexual or nonaggressive nature.

Hypothesis 4: Current Social Support

On the support subscale of the Family Environment Scale, the MANOVA was not statistically significant for the three groups. However, the mean percentages for the sexual perpetrators showed trends which were

Table 7

Mean Percentages, Standard Deviations, and Analyses of
Variance For Coping With Childhood Sexual Abuse

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Active- cognitive				1.28
<u>n</u>	14	14	14	
<u>M</u>	80	71	63	
<u>SD</u>	7	7	7	
Active- behavioural				1.79
<u>n</u>	14	14	14	
<u>M</u>	69	56	48	
<u>SD</u>	8	8	8	
Avoidance				1.94
<u>n</u>	14	14	14	
<u>M</u>	48	53	32	
<u>SD</u>	8	8	8	
Problem focused				3.59*
<u>n</u>	14	14	14	
<u>M</u>	81 ^b	65	50 ^b	
<u>SD</u>	8	8	8	

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Emotion focused				2.05
<u>n</u>	14	14	14	
<u>M</u>	55	57	42	
<u>SD</u>	6	6	6	

Note. df1 = 2, df2 = 39.

^asignificant between sexual and non-sexual perpetrators.

^bsignificant between sexual and non-perpetrators.

^csignificant between non-sexual and non-perpetrators.

* $p < .05$ ** $p < .01$

consistent with the hypothesis that they would have poorer quality of familial support, compared with non-sexual and non-perpetrators. Sexual perpetrators reported less cohesion, less expressiveness, and more conflict in their current family environments, compared with non-perpetrators. For these variables, the differences between sexual and non-sexual perpetrators were less visible, particularly for conflict where the non-sexual perpetrators scored slightly higher. Table 8 presents the findings for the amount and quality of current social support among sexual, non-sexual, and non-perpetrators.

Hypothesis 5: Psychological Symptomatology

For this analysis, only the results for the General Severity Index (GSI) of the Brief Symptom Inventory will be reported, as it is the most reliable indicator of psychological distress. The ANOVA did not reach statistical significance, and the standard scores for the groups were approximately equal. Therefore, it appeared that sexual, non-sexual, and non-perpetrators are similar in their reported severity of psychological symptomatology. Table 9 presents the results of the GSI for the three groups.

Hypothesis 6: Self-Esteem

A one-way analysis of variance (ANOVA) did not reveal a significant

Table 8
Mean Percentages, Standard Deviations, and Analyses of
Variance For Social Support

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
Cohesion				2.19
<u>n</u>	14	14	14	
<u>M</u>	49	55	73	
<u>SD</u>	9	9	9	
Express- iveness				2.59
<u>n</u>	14	14	14	
<u>M</u>	45	45	61	
<u>SD</u>	6	6	6	
Conflict				2.14
<u>n</u>	14	14	14	
<u>M</u>	59	61	40	
<u>SD</u>	8	8	8	

Note. df1 = 2, df2 = 39.

*p < .05 **p < .01

difference on self-esteem among the groups. However, the mean percentages are consistent with the hypothesis that sexual perpetrators would report the lowest self-esteem, compared with non-sexual and non-perpetrators.

Characteristics of Adult Sexual Perpetrators

Table 10 presents characteristics of the sexual perpetrators in the study as well as their sexual offenses. Most sexual perpetrators (43%) indicated that they had sexually abused only one child, typically a female (72%). Responses to the item on the age of their first offense revealed equal frequencies (29%) for the 16-20 year and over 30 year age groups. Most of the sexual perpetrators' victims (50%) were between the ages of 6 and 10 years. In terms of the perpetrators' relationship to the child, there was some diversity, with the highest frequency (29%) occurring in the categories of acquaintance, friend of child's parents, and stepfather. The findings indicate that most of the abuse was of an extrafamilial nature. Duration of abuse was relatively extensive, ranging from several months (29%) to a few years (36%), although it appears that the abuse was somewhat infrequent, with 51% indicating that there were 10 or less instances of abuse.

The types of sexual activities which occurred between the sexual

Table 9

Standard Scores, Standard Deviations, and Analysis of
Variance For Psychological Symptomatology

Variable	Sexual Perpetrator	Non-Sexual Perpetrator	Non- Perpetrator	F
General severity index				.02
<u>n</u>	14	14	14	
<u>T</u>	67	68	67	
<u>SD</u>	3	3	3	

Note. df1 = 2, df2 = 39.

*p < .05 **p < .01

Table 10**Characteristics of Sexual Perpetrators**

Variable	Percentage
Age of first offense	
0 - 10 years	14
11 - 15 years	21
16 - 20 years	29
21 - 30 years	7
> 30 years	29
Number of victims	
1 child	43
2 children	14
3 children	22
4 children	7
5 or more children	14
Sex of victims	
Male	7
Female	72
Male and female	21
Age of victim (or youngest victim if more than one)	
0 - 5 years	21
6 - 10 years	50
11 - 16 years	29

Variable	Percentage
Relationship to the victim(s)	
Stranger	14
Acquaintance	29
Friend of child	22
Friend of child's parents	29
Father	0
Grandfather	7
Stepfather	29
Uncle	7
Brother	7
Cousin	14
Neighbour	14
Duration of longest abuse	
One or few days	21
Few weeks	7
Few months	29
Few years	36
Many years	7

Variable	Percentage
Frequency of longest abuse	
Once or twice	29
3 - 10 times	22
11 - 25 times	21
26 - 50 times	14
> 50 times	14
Sexual activities with victim(s)	
Sexual invitation	50
Kissing and hugging	50
Child showing sexual organs to you	43
Showing sexual organs to child	43
Having the child fondle you	43
Fondling the child	71
Child performing oral sex on you	43
Performing oral sex on the child	57
Vaginal intercourse	36
Anal intercourse	21
Means of engagement	
Threaten the child	9 ^a
Physically force the child	36 ^a
Physically hurt the child	10 ^b
Manipulate and trick the child	73 ^a

Variable	Percentage
Perception of the child's experience	
Positive	0
Mostly positive	0
Neutral	0
Mostly negative	43
Negative	57

Note. $N = 14$ subjects.

^a $n = 11$. ^b $n = 10$.

perpetrator and his victim were generally evenly distributed, with fondling having the highest frequency (71%) and intercourse having the lowest (21%). The majority of sexual perpetrators (73%) manipulated or tricked the child into the sexual activity, and all recognized that the experience was negative for the child.

It should be noted that none of the non-sexual and non-perpetrators indicated that they had previously committed a sexual offense against a child.

Therapy Experiences of Adult Sexual Perpetrators

As it is common for sexual perpetrators to be involved in some form of treatment for their offenses, they were asked to respond to several questions about their therapy experiences. Most sexual perpetrators were involved in an average of two sexual offender groups and one individual therapy experience. All sexual perpetrators were currently involved in some form of therapy and had been for an average of approximately five months. The longest amount of past or current therapy for sexual perpetrators averaged to about seven months.

In order to test if past or current therapy experiences of sexual perpetrators are related to these individuals' responses, correlations were conducted for the CDS II, Blame Scale, CRS, FES, GSI, Self-Esteem, and

Social Desirability Scale. Results indicated that the number of sexual offender groups in which a perpetrator has participated is positively correlated with their level of self-esteem, $r = .63$, $p < .05$. Because the self-esteem measure is reverse-scored, what this result actually means is that perpetrators who have been involved in more sexual offender groups have lower self-esteem. Involvement in a group to deal with one's own sexual victimization was negatively correlated with psychological symptomatology, $r = -.61$, $p < .05$. Thus, sexual perpetrators who participated in more abuse survivor groups had lower levels of psychological distress. Participation in individual therapy was negatively correlated with external control ($r = -.61$, $p < .05$), implying that those sexual perpetrators who were involved in more individual therapy reported less external control attributions about their childhood sexual abuse. Also, those individuals who had more individual therapy experiences also blamed themselves more for the sexual abuse ($r = .70$, $p < .01$) and simultaneously blamed their offenders less ($r = -.73$, $p < .01$). Last, length of current therapy was negatively correlated with blaming someone or something else for the sexual experience ($r = -.63$, $p < .05$).

Discussion

The present study was conducted in order to investigate several factors which may be associated with the sexual abuse cycle. In particular, data were gathered on the nature of subjects' childhood sexual abuse and physical punishment experiences. Additionally, subjects provided information on their attributions, feelings of blame, coping responses, and social support with regard to their childhood sexual abuse.

Overall results suggested that there were important differences between sexual perpetrators and individuals who had committed offenses of a non-sexual nature or who had not committed any offenses. These differences may play a role in the cycle of sexual abuse. In other words, the factors that differentiated sexual perpetrators from other individuals may have contributed to their sexually inappropriate behaviours.

Demographic Characteristics of Subjects

In order to better understand the implications of the present study, it is important to note certain characteristics of the sample. Regarding the age of subjects, sexual perpetrators had a greater range of ages and were, on average, older than the non-sexual and non-perpetrators. There was also more variation

in the marital status of sexual perpetrators (i.e., some were single, married, or separated/divorced), whereas the majority of non-sexual and non-perpetrators generally were single. The older ages of the sexual perpetrators may have been a factor in the more diverse marital situations, as there would have been a greater opportunity to get married or separated/divorced.

The majority of non-perpetrators were Caucasian. On the other hand, while some sexual and non-sexual perpetrators indicated that they were Caucasian, an approximately equal number reported being of Native origin. All non-perpetrators were currently in a university undergraduate program, whereas the highest educational attainment of most sexual and non-sexual perpetrators was elementary or high school. However, it should be noted that several sexual perpetrators pursued or were currently pursuing additional educational opportunities. Although many subjects were raised in large cities, there was also a greater tendency for sexual and non-sexual perpetrators, compared with non-perpetrators, to have grown up on farms or in small towns.

The majority of non-perpetrators had parents who were professionally employed, whereas the parents of most sexual perpetrators were either unemployed or worked in a non-professional occupation. The parents of non-

sexual perpetrators had a wider range of occupations, from professional to no occupation outside of the home. For all subjects, there was wide variety in terms of the educational level of their parents, although the overall finding was that non-perpetrators' parents had the highest level of education, while sexual and non-sexual perpetrators' parents were similar with respect to their educational attainment (i.e., elementary or high school). The higher occupational and educational levels of non-perpetrators' parents would seem to explain the higher yearly income for this group. Conversely, the lower occupational and educational level of sexual perpetrators' parents may explain the lower yearly income reported by these subjects. Non-sexual perpetrators reported more variation in yearly income during childhood, which may be partly associated with the greater variation in their parents' occupational statuses.

Last, the majority of subjects were raised by both biological parents, and the families of sexual and non-sexual perpetrators included more children. More specifically, sexual and non-sexual perpetrators had an average of five or more siblings, while non-perpetrators reported an average of two siblings.

Childhood Sexual Abuse

Prevalence. The present study found the prevalence of childhood sexual abuse to be 59% among sexual perpetrators. This finding was lower than the 80% rate reported in Longo and Groth's (1983) study but significantly higher than the average rate of 28% reported in Hanson and Slater's (1988) empirical review paper. The divergent rates may be explained by the use of different definitions of abuse in the various studies. Also, it may be that perpetrators in the different studies felt the need to either underreport or overreport the occurrence of childhood sexual abuse (Hanson & Slater, 1988).

The prevalence rate of sexual abuse among non-perpetrators was 17%, which was somewhat higher than the rate of 10% found by Hanson and Slater (1988). There are several explanations for the different findings across studies: First, there are a variety of operational definitions of childhood sexual abuse which may have led to either higher or lower rates of prevalence. Second, with the growing public awareness and attention on sexual abuse, it may be that individuals were more willing to report and discuss their own abusive experiences (Faller, 1988). These two explanations may have accounted for the higher prevalence rates found in the current study for both sexual perpetrators

and non-perpetrators.

In comparing the prevalence rates for the three groups, the present study found that the rate of childhood sexual abuse among sexual perpetrators was considerably higher. More specifically, sexual perpetrators had a prevalence rate which was approximately two times greater than that of non-sexual perpetrators and three times greater than that of non-perpetrators. This finding lends support to past findings which have indicated that boys who have been abused are at greater risk of recapitulating their sexual victimization in the future by now assuming the role of the offender (Freeman-Longo, 1986; Johnson & Berry, 1989; Seghorn, Prentky, & Boucher, 1987). In other words, the results of the present study provided further evidence for a cycle of sexual abuse, for there was a greater occurrence of childhood sexual abuse among those individuals who, in turn, committed acts of sexual abuse against other children.

Description of Abuse Characteristics. Overall, it appeared that the abuse experiences of sexual perpetrators were more traumatic than those of non-sexual and non-perpetrators. In other words, the abuse characteristics of sexual perpetrators were more comparable to those identified in the research

literature as being associated with greater immediate and long-term negative consequences (Beitchman et al., 1991; Conte & Schuerman, 1987).

The sexual perpetrator group was the youngest at the time of their abusive experience, and, on average, their offender or offenders were older than those of the non-sexual and non-perpetrator groups. There is evidence that sexual abuse involving older offenders, as reported by sexual perpetrators in the present study, is associated with greater negative effects, such as sexually inappropriate behaviour (Finkelhor, 1979).

Although sexual and non-sexual perpetrators had approximately the same number of sexual experiences prior to age 16, the duration and frequency of these experiences differed. Specifically, sexual perpetrators' abuse was characterized by a longer duration and higher frequency. These factors of sexual abuse have been shown to be correlated with more detrimental effects for the victim (Beitchman et al., 1991; Friedrich et al., 1986; Tsai et al., 1979) and perhaps contributed to perpetrators' sexual offending. As well, compared with non-sexual and non-perpetrators, a greater number of sexual perpetrators had experienced abuse by multiple offenders, which has been found to have a greater negative impact on the victim (Beitchman et al., 1991), such as the

development of sexually inappropriate behaviour.

With regard to the sex of the offender, a surprising finding was that the majority of sexual offenders in the present study were female, although this finding was less pronounced for sexual perpetrators. These results were highly critical, because they provided evidence for the underreporting of sexual abuse by female perpetrators. There is currently a lack of research on female offenders, the assumption being that they represent only a small fraction of offenders (Finkelhor, 1979). Although there exist several studies on female offenders, much more research is needed on the prevalence of female offenders as well as on the severity of outcome for children who have been sexually abused by female and/or male offenders.

There may have been several reasons for the high disclosure of childhood sexual abuse involving females: First, male subjects may have felt more comfortable reporting sexual experiences with older women because they perhaps did not view these experiences as abusive. This possibility refers to the positive view that society takes towards "youthful male sexuality" (Finkelhor, 1984), as outlined in the introduction. This explanation seems particularly plausible for the non-sexual and non-perpetrator groups; only a

small number of these individuals indicated that (a) they felt they were sexually abused as children and (b) they perceived the sexual experience as negative.

This finding contrasts that for sexual perpetrators, the majority of whom perceived the childhood sexual experience as abusive and negative. Sexual perpetrators' childhood experiences with female offenders may have been viewed as abuse because of the higher frequency of multiple offenses involving both males and females.

A second explanation for non-sexual and non-perpetrators' reporting of relatively more female offenders may have been due to their reluctance to disclose abuse by another male. This hesitation was likely associated with fear of jeopardizing one's masculinity and being classified as homosexual, as mentioned in the introduction (Finkelhor, 1979; Nasjleti, 1980; Nielsen, 1983; Painter, 1986; Sheldon & Sheldon, 1989). Concerning non-sexual perpetrators, they may have felt the need to underreport being abused by a male in order to avoid raising suspicions that they may have also committed a sexual crime.

If one does consider the frequency of males involved in childhood sexual abuse, one would notice that, compared with non-sexual and non-perpetrators, sexual perpetrators in the present study reported significantly more

abuse by a male offender. In fact, sexual perpetrators were more than two times as likely as non-sexual perpetrators and four times as likely as non-perpetrators to have been abused by a male. Past research has found more negative effects, such as the development of sexually offensive behaviour, to be associated with having been abused by a male offender (Finkelhor, 1979), which was more often reported by sexual perpetrators. Thus, sex of the offender would appear to be a factor involved in the sexual abuse cycle.

Consistent with past research (Finkelhor, 1984), the present study found that the majority of subjects reported extrafamilial abuse during childhood. However, out of those individuals who disclosed intrafamilial sexual abuse, the frequency was highest for the sexual perpetrator group. This finding would lend support to the concept of a sexual abuse cycle, because the literature shows that a close relationship with the offender, as would be the case in intrafamilial abuse, is related to more severe impact (Beitchman et al., 1991; Conte & Schuerman, 1987; Friedrich et al., 1986), such as sexual offending.

Turning now to the types and frequency of childhood sexual activities, the differences between sexual and non-sexual perpetrators seemed to disappear. Both groups experienced approximately the same range of activities

with equal frequencies. However, both the sexual and non-sexual groups contrasted sharply with the non-perpetrator group, in that the two former groups had a higher frequency of more intrusive acts, such as oral sex and intercourse. A consistent finding in the literature is the greater trauma in victims who were involved in more physically intrusive activities (Beitchman et al., 1991; Tsai et al., 1979). Therefore, perhaps the nature of the childhood sexual activities contributes to victims' development of criminal behaviour and, in some instances, sexual perpetration.

Researchers have also found that sexual abuse which involves physical force contributes to more negative effects (Beitchman et al., 1991; Conte & Schuerman, 1987; Finkelhor, 1979), which may include acting in a sexually inappropriate manner. In the present study, the means of engagement were considerably more severe for sexual perpetrators, compared with non-sexual and non-perpetrators. A greater number of sexual perpetrators indicated that they were physically forced or hurt as a way of engaging them in the sexual activity. This finding suggests that the amount of force present in the childhood sexual abuse may be linked to the later development of sexual offending.

Regarding disclosure of the childhood sexual abuse, most subjects had told someone about the experience and felt supported. However, for sexual perpetrators, disclosure was typically made to someone other than a family member or friend, such as a professional (i.e., therapist). On the other hand, the majority of non-sexual and non-perpetrators had disclosed their abuse to a friend. It may be that sexual perpetrators did not disclose to family or friends, because they either lacked a support system or perceived the quality of their supports as inadequate.

Childhood Physical Abuse

Prevalence. The present study found that half of the sexual perpetrators had experienced physical abuse as children, according to Berger et al.'s (1988) definition of abuse. As a group, sexual perpetrators had the highest prevalence rate of childhood physical abuse, followed by non-sexual perpetrators (36%) and then non-perpetrators (15%). The rates of physical abuse for subjects in the present study were high, relative to the findings of past research. For example, on a sample of university male and female students, Berger et al. (1988) found a prevalence estimate of approximately 9%. Although the present study did not include female subjects, rough comparisons

can still be made between these subjects and the non-perpetrators in the present study. Specifically, one implication would be that, even among male university students, who have higher education and more functional families, there is a relatively high rate of childhood physical abuse. As for sexual and non-sexual perpetrators, many were raised in poorer families (as measured by yearly family income) with generally less education, which may have placed them at greater risk for physical abuse during childhood.

Environmental Correlates of Abuse. In examining various environmental characteristics that have been shown to be associated with physical abuse, significant relationships were found for both sexual and non-sexual perpetrators. In particular, it appeared that the description of these subjects' familial environments were similar to those reported in the clinical literature as abusive. For both sexual and non-sexual perpetrators, the perception of their discipline as harsh or inappropriate was the most strongly related to their physical punishment experiences. This finding supported that reported in Berger et al.'s (1988) study of university students. The perception of being rejected by one's parents showed the next strongest association with physical punishment experiences for both groups. Thus, both sexual and non-

sexual perpetrators had familial environments during childhood which could be considered abusive.

The physical abuse experiences of sexual and non-sexual perpetrators were also significantly correlated with the following environmental variables: (a) perception of father as having been an irritable, aggressive, and anti-social person, (b) perception of mother as having been depressed or neurotic or having received psychological treatment, (c) perception of parents' marriage as having been harsh and bitter, (d) perception of frequent past verbal aggression among family members, and (e) perception of little or no past positive contact with parents.

It should be noted that sexual perpetrators showed the stronger correlations for all but one (Mother Scale) of the environmental variables. These data showed that certain familial characteristics may have placed children and particularly sexual and non-sexual perpetrators, at greater risk for physical abuse. Specifically, the information about marital discord illustrated the notion that physical punishment is partly a function of a stressful marital relationship (Berger et al., 1988). In addition, sexual perpetrators' physical punishment experiences were associated with (a) poor childhood friendships,

characterized by teasing or other victimizing characteristics, and (b) perception that parents had unrealistic expectations and placed excessive age-inappropriate demands on them.

In sum, it would seem that both sexual and non-sexual perpetrators had childhood environments that closely resembled those of abusive families. In fact, half the sexual perpetrators and slightly more than one-third of non-sexual perpetrators were classified as having been physically abused during childhood. Also, it appeared that sexual perpetrators had several more environmental characteristics that could be considered abusive, and, compared with non-sexual perpetrators, the environmental descriptors of sexual perpetrators were more strongly associated with their experiences of physical punishment. Thus, there was a relatively high incidence of severe pathology in the familial environments of sexual perpetrators during childhood, which is in agreement with previous research (Seghorn et al., 1987).

An interesting finding was that, despite the relatively high rate of childhood physical abuse among non-perpetrators, there were no significant environmental correlates of physical punishment. This finding contrasts that in the study of university students conducted by Berger et al. (1988). It may be

that the physical punishment experiences endorsed by non-perpetrators were isolated and rare and were part of an overall positive familial environment. Although this explanation has been suggested by Knutson and Selner (1994), these authors also noted that it is unlikely because "previous research with the AEIII, however, indicates that the PP [Physical Punishment] Scale is highly correlated with other scales reflecting a generally acrimonious and argumentative environment and with those scales reflecting other household characteristics associated with maltreating families" (p. 164).

Attributions About Childhood Sexual Abuse

Previous research has suggested that the attributions which individuals make regarding a negative event may have an impact on the amount of future psychological distress that they will experience (Conte, 1985; Gold, 1986). Currently, there is a lack of research on the effect that attributions may have in the development of sexual perpetration among males who experienced childhood sexual abuse. The present study was designed to explore the role that attributions may play in the cycle of sexual abuse.

There were no statistically significant differences in locus of causality, stability, external control, and personal control among subjects. However, the

overall findings for sexual perpetrators showed trends in the hypothesized direction and would have probably reached statistical significance with a larger sample size. It may be that sexual perpetrators perceived their childhood sexual abuse as having been due to stable and unchangeable personality characteristics. For example, some sexual perpetrators indicated that the cause of their sexual abuse was the fact that they were too trusting or tried too much to gain attention and love. Additionally, sexual perpetrators reported the least amount of personal control over the occurrence of their sexual experience and felt the most strongly that the sexual abuse was something over which other individuals had power and could have controlled. Indeed, several sexual perpetrators reported that they were tricked by the abuser and that there was nothing they could have done to stop the abuse. Others also mentioned that the abuser must have been lonely or must have also been abused himself or herself.

The findings for sexual perpetrators were consistent with attributional theories of sexual abuse, which posit that there is a greater likelihood of negative effects, such as sexual offending, for victims who make internal and stable attributions and who feel little control over their environments (Gold,

1986). Therefore, there was support for the notion of a sexual abuse cycle. Individuals who made more internal, more stable and less control attributions appeared to have experienced more severe consequences in terms of recapitulating their victimization by now assuming the role of sexual perpetrator.

Blame About Childhood Sexual Abuse

Investigation of subjects' perceptions of blame for their childhood sexual experiences found that sexual perpetrators emerged as a distinct group. Compared with non-sexual perpetrators, sexual perpetrators placed significantly more blame on their abuser. This result would seem to logically fit with the study's previous attributional result, namely that sexual perpetrators more often perceived their sexual abuse as having been controlled by another individual.

Hoagwood (1990) found that sexually abused women who placed more blame on their abuser had better adjustment, as measured by lower levels of depression and higher self-esteem and self-concept scores. In the present study, blame of the abuser was related to a more negative adjustment, as measured by the occurrence of sexual perpetration. However, two points are noteworthy: First, Hoagwood (1990) used a female sample, whereas the

current study focused exclusively on males. Second, one must consider blame of the abuser as one of many factors which may affect outcome following sexual victimization. In particular, it is important to note that Hoagwood's (1990) sample was not incarcerated and was also involved in much more extensive counselling, compared with the sexual perpetrators in the present study.

Contrary to the study's prediction, sexual perpetrators indicated the most behavioural self-blame, compared with non-sexual and non-perpetrators. In other words, sexual perpetrators were more likely to believe that their childhood sexual experience occurred because they behaved in a way which instigated the abuse. At the same time, sexual perpetrators were more likely than non-sexual and non-perpetrators to blame their abuse on some enduring aspect of their personality, which was hypothesized but not found to be statistically significant.

These two findings regarding type of self-blame seem incompatible; behavioural self-blame would seem to imply control over one's actions, whereas characterological self-blame seems to suggest a lack of control over one's personality. Although these assumptions about the role of control in the

two types of self-blame seem theoretically logical, there is a lack of extensive empirical research on this topic. It may be that sexual perpetrators perceived both their personalities and behaviours as aspects of themselves over which they have little control. This conclusion seems plausible, as it would support the study's previous attributional findings, namely that sexual perpetrators more often attributed their abuse to factors (whether behavioural or characterological) which are stable and over which they have little personal control. In any case, the present study's results and the lack of agreement with previous research findings implies that the area of self-blame warrants further empirical research.

Current Coping With Childhood Sexual Abuse

Previous research has demonstrated that an individual's coping style can have an important role in mediating the impact of a negative experience (Cohen, 1991; Lazarus & Folkman, 1984, 1991). The present study investigated the role of coping in the sexual abuse cycle. In other words, subjects' coping, surrounding their childhood sexual abuse, was compared as a way of examining whether coping was a factor associated with the development of sexual offending among abused individuals.

Contrary to previous research findings and the study's hypotheses,

overall findings revealed that sexual perpetrators had the most adaptive coping mechanisms. However, it should be noted that the results did not reach statistical significance. Compared with non-sexual and non-perpetrators, sexual perpetrators more often coped with their childhood abuse through cognitive attempts (i.e., reappraising and minimizing the emotional distress of the experience) and behavioural attempts (i.e., using overt action to deal directly with the abuse). Additionally, sexual perpetrators were less likely to avoid coping with their childhood sexual abuse but instead, had a considerably higher probability of dealing with their abuse by attempting to somehow modify it through behavioural means.

There are several possible explanations for the findings regarding coping: First, it may be that the manner in which victims coped with their childhood sexual abuse had little effect on whether they later committed sexual offenses. Second, a relatively small percentage of non-sexual and non-perpetrators perceived their sexual experiences as abusive, compared with virtually all sexual perpetrators. Therefore, it may be that the coping scale used in the present study was not relevant to non-sexual and non-perpetrators' perception of their sexual experiences. To illustrate, some of the scale's items

included "Pray for guidance or strength" and "Consider several alternatives for handling the problem". Such items may have been answered negatively by non-sexual and non-perpetrators, because they did not view their childhood sexual experiences as abusive and negative in nature.

It was also interesting to note the nature of subjects' fantasies at times when they did engage in escapism as a way of coping. The majority of sexual perpetrators' fantasies involved sexual content whereas themes of aggression characterized the fantasies of most non-sexual perpetrators. It would appear that there was a great preoccupation with sexual matters for those individuals who committed sexual offenses. This finding could have important implications when considering treatment strategies for sexual perpetrators. It would seem imperative, in order to avoid future offending, to address the nature of perpetrators' fantasies and any myths involved around engaging children in sexual activity. Hence, the subject of perpetrators' fantasies needs to be further explored and empirically researched.

Current Social Support

There is much empirical research on the beneficial physical and psychological effects of social support, particularly in adjusting to a negative

life event (Kessler et al., 1985; Leavy, 1983; Taylor, 1991). The abuse literature also reports that there appear to be fewer and less severe negative effects for sexually abused individuals who have supportive relationships (Gil, 1991; Mrazek & Mrazek, 1987; Wyatt & Mickey, 1988).

In examining the possible role of social support in the sexual abuse cycle, the results showed trends which were consistent with the study's hypothesis, although they were not statistically significant. Overall, sexual perpetrators had the poorest quality of social support, although non-sexual perpetrators were similar in some areas to the sexual perpetrator group. Both sexual and non-sexual perpetrators indicated that there was little opportunity to act openly and express feelings directly in their families. As well, there was a greater degree of anger, aggression, and conflict in their familial environments. Additionally, sexual perpetrators reported the least amount of commitment, help, and support among family members. This finding may be due to the larger families of sexual perpetrators, which perhaps made it difficult for family members to spend much time together.

Psychological Symptomatology and Self-Esteem

The present study revealed that all subjects were experiencing

approximately the same amount of overall psychological distress, which was slightly above the level of clinical significance. Kendall-Tackett et al. (1993) found that, overall, longitudinal studies suggest that psychological symptoms, such as emotional distress and anxiety, seem to abate over time. It would, therefore, seem that the situation in which subjects currently found themselves (i.e., being or not being incarcerated for a sexual or non-sexual offense) was not exerting any differential influence over the degree of psychological symptomatology they are experiencing.

With regard to self-esteem, the results of the present study supported past research which has found that a common effect of childhood sexual abuse is a decrease in self-esteem (Briere, 1988; De Luca, Hazen, & Cutler, 1993). Past findings have also shown that there appear to be serious self-esteem deficits among sexual perpetrators (Fehrenbach et al., 1986; Rowe, 1988; Ryan et al., 1987). As hypothesized, sexual perpetrators reported the lowest amount of self-esteem, although this finding did not reach statistical significance.

Characteristics of Sexual Perpetrators and Their Therapy Experiences

The present study examined the areas of sexual perpetrators' offenses

and their therapy experiences. It was found that sexual perpetrators were equally likely to have committed their first sexual offense during late adolescence (i.e., 16-20 years) or when they were older than 30 years. This finding was somewhat different from past research which has shown perpetrators' first offenses usually to occur during adolescence (Becker et al., 1986; Groth, 1979; Ryan, 1986) and perhaps even during childhood (Johnson, 1988; Johnson & Berry, 1989; Longo & McFadin, 1981). As well, most sexual perpetrators in the present study reported having abused only one child, usually a female between the ages of 6 and 10 years.

The majority of sexual perpetrators reported that their offending was of an extrafamilial nature. Many perpetrators reported that they were either acquaintances of the child or friends of the child's parents. In the case of intrafamilial abuse, the most commonly indicated relationships were those of stepfather and cousin. Although most of the sexual abuse occurred over a period of several months to a few years, the frequency of abuse often included 10 or less instances. There were a variety of sexual experiences to which the child was exposed during the abusive experience, with the most common being that of fondling and the least common being that of intercourse. In terms of

engaging the child in the sexual activity, most sexual perpetrators reported having manipulated or tricked their victims. All sexual perpetrators realized that their victim's perception of the sexual experience was negative.

Turning now to therapy experiences, most sexual perpetrators indicated that they had been involved in some form of individual therapy and in at least one sexual offender group. The average duration of these therapy experiences were approximately seven months. All sexual perpetrators were currently in some form of therapy, the average duration of which was five months. It is not surprising that all sexual perpetrators were currently involved in therapy. Incarcerated sexual perpetrators are required to participate in therapy for their sexually inappropriate behaviours. Those sexual perpetrators who were not presently incarcerated were recruited from a facility which offers a forensic management program. Thus, they were all currently in some form of treatment.

Surprisingly, sexual perpetrators who were involved in a group for offenders were found to have lower self-esteem. It may be that the duration of treatment had not yet been long enough to fully address the sexual offending behaviours of these individuals and their feelings surrounding their offenses.

Sexual offenders involved in a group to deal with their own victimization showed lower levels of psychological distress. Sexual perpetrators who participated in individual therapy reported less external control attributions about their childhood sexual abuse as well as blaming themselves more and blaming the offenders less for the abuse. Also, the longer sexual perpetrators were in current therapy, the less they blamed someone or something else for the abuse. It may be that sexual perpetrators needed to regain feelings of control by believing that they somehow instigated and, therefore, could have stopped the sexual abuse. If this were the case, it would also explain the previous finding of lower self-esteem as a function of involvement in a sexual offender group.

Summary and Implications of the Present Study

It appears that there are certain factors associated with childhood sexual abuse which may place male victims at risk for committing future sexual offenses. The present study found a higher prevalence of childhood sexual abuse among sexual perpetrators, and the experience was generally more traumatic in nature, compared with abused individuals who had not committed a sexual offense. Similarly, sexual perpetrators had a higher rate of childhood

physical abuse as well as greater dysfunction in their families of origin.

In addition to sexual perpetrators' abuse-specific characteristics, there were several other factors which differentiated sexual perpetrators from other sexually abused males. Specifically, there was a greater tendency for sexual perpetrators to attribute their abuse to internal and stable dimensions of themselves and to feel little control over their environments, placing more blame on their abuser(s). However, they did also feel that their personality and behaviours contributed somewhat to their childhood abuse. Also, sexual perpetrators had the poorest quality of social support, with generally lower levels of cohesion and expressiveness and a higher level of conflict in their current familial environments.

The results of the present study have important implications for clinicians and researchers involved in the area of sexual abuse. The findings suggest that sexual perpetrators differed from others who had histories of sexual abuse. These abuse-specific and abuse-associated differences may be important in addressing the cycle of sexual abuse. First, knowledge of the factors involved in the abuse cycle may enhance the effectiveness of treatment for young male victims of sexual abuse. By identifying those variables which

may be predictive of later sexual perpetration, the most appropriate treatment modalities can be developed for boy victims of sexual abuse (Johnson, 1988; Rowe, 1988). In other words, treatment can be more appropriately tailored to address the specific issues that are of significant importance to boys who have experienced sexual abuse. Such empirical research with males has already begun (De Luca, Hiebert-Murphy, Runtz, & Wallbridge, 1989; Grayston, 1993; Hack, Osachuk, & De Luca, in press) and suggests that sexually abused boys who are involved in group treatment show improvements in adjustment and behaviour.

Second, identifying those factors which are critical to future sexual perpetration and addressing them in treatment may increase the likelihood of breaking the sexual abuse cycle before it begins (Becker et al., 1986). This achievement would have important implications: For the child, some of the serious negative consequences of sexual abuse, including the possibility of offending, may be curtailed. For society, breaking, or at least attempting to break, the sexual abuse cycle could mean a decrease in both the incidence of sexual perpetrators and the incidence of sexual abuse victims.

Third, knowledge of those variables which place sexually abused boys

at risk for later sexual offending may lead to the development of a typology of child perpetrators, and at-risk boys could be more easily identified (Johnson, 1988). By identifying at-risk boys early and providing immediate treatment, there is a greater probability of diminishing the negative impact of sexual abuse. With sexually abused boys who are at risk for later sexual offending, early intervention, before any perpetrator behaviours have been exhibited, may increase the chances of breaking the sexual abuse cycle before it begins.

Fourth, identifying variables which are important to future sexual perpetration has implications for the treatment of adult sexual offenders. Some of the factors associated with the sexual abuse cycle clearly were not addressed early enough to prevent offending in those males incarcerated for sexual offenses. Variables, such as present-day coping with and attributions about their childhood sexual abuse, may still be significant issues with which the offender has yet to deal. Knowing what variables need to be addressed undoubtedly will help in the treatment process and may contribute to preventing recidivism among adult sexual offenders.

Limitations of the Present Study and Directions for Future

Research

As with all empirical research, there were several limitations in the present study which need to be addressed. First, the instruments used for data collection were the self-report measures of subjects. Consequently, there may have been biases in the information that subjects chose to report, which would have affected the validity and reliability of the study's results. It may be important for future research in this area to incorporate objective, in addition to subjective, measures of behaviour in order to ensure the validity and reliability of results.

The findings of the present study were correlational in nature, which implies that one cannot make firm conclusions about the causal relationships which may exist among variables. Thus, the differences between sexual perpetrators and the other subjects may have provided important information about variables which are potentially involved in the sexual abuse cycle. However, these differences cannot conclusively explain why some sexually abused individuals develop into sexual perpetrators while other sexually abused individuals do not commit sexual offenses. Questions about which factors

cause sexually abused boys to commit sexual offenses can best be answered in longitudinal studies that assess boys at various times in their lives as they develop into adolescents and adults.

The present study focused exclusively on male perpetrators of sexual crimes. However, the results suggest that there needs to be more research on female perpetrators of sexual offenses. Last, the present study used a small sample size, which makes it difficult to obtain significant results because of low statistical power. Although the study found trends in the hypothesized directions, a greater number of subjects may have led to more significant findings, which would lead to firmer conclusions.

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Appendix A: Consent Form

Letter of Consent: Childhood Experiences Study, 1993
Researcher: Elisa Romano
Advisor: Rayleen V. De Luca, Ph.D., C.Psych.

I have been informed that volunteers are needed for a study exploring sensitive childhood experiences.

If I choose to participate, I have been informed that I can decide to stop participation at any time. I have been informed that my responses will be reviewed only by the researchers.

My responses will be anonymous and confidential. That is, my name will not appear on any of the questionnaires that I complete. None of my responses will be made available to anyone other than the researcher.

If the results of this research are published or presented in a professional forum, only group results will be made available. I have been informed that feedback on responses of individual respondents will not be provided.

By signing this consent form, I am consenting to volunteer in this research and understand that I may withdraw my participation at any time without warning and that there will not be any consequence of withdrawing.

Name: _____

Signature: _____

Appendix B: Demographic Data

Answer the following questions by putting a circle around the letter that seems most appropriate for you.

Age _____

- 1) Marital status:
(A) Single
(B) Married
(C) Separated or Divorced
(D) Widowed
(E) Living as married
- 2) Predominant ethnic background:
(A) White
(B) Black
(C) Native
(D) Asian
(E) Other (specify _____)
- 3) Education:
(A) Completed elementary school
(B) Completed high school
(C) Completed university undergraduate program
(D) Completed university graduate program
(E) Other (specify _____)
- 4) Approximate description of the place where you lived for the **longest** time before you were 16 years old:
(A) Farm
(B) Town of less than 10 000 people
(C) Town of between 10 000 and 50 000 people
(D) City of between 50 000 and 100 000 people
(E) City of over 100 000 people

The following questions ask about your parents. Please answer the items based on who you considered to be your parents, whether they were your biological parents, stepparents, adoptive parents, or foster parents. If you never knew your parent(s), answer the questions based on whatever information you have been given about him or her.

- 5) Father's main occupation before you were 16 years old:
 - (A) Professional
 - (B) Non-professional
 - (C) Proprietor (of a farm or business)
 - (D) No occupation outside of home
 - (E) Other (specify _____)
- 6) Mother's main occupation before you were 16 years old:
 - (A) Professional
 - (B) Non-professional
 - (C) Proprietor (of a farm or business)
 - (D) No occupation outside of home
 - (E) Other (specify _____)
- 7) Estimated yearly family income before you were 16 years old:
 - (A) Below \$10 000 per year
 - (B) \$10 000-20 000 per year
 - (C) \$20 000-30 000 per year
 - (D) \$30 000-40 000 per year
 - (E) Over \$40 000 per year
- 8) Father's education level:
 - (A) Completed elementary school
 - (B) Completed high school
 - (C) Completed university undergraduate program
 - (D) Completed university graduate program
 - (E) Other (specify _____)

- 9) Mother's education level:
 - (A) Completed elementary school
 - (B) Completed high school
 - (C) Completed university undergraduate program
 - (D) Completed university graduate program
 - (E) Other (specify _____)

- 10) For most of the time before you were 16 years old, which best describes your family:
 - (A) Lived with both biological parents
 - (B) Lived with biological mother only
 - (C) Lived with biological father only
 - (D) Lived with one biological parent and either stepparent or common-law partner
 - (E) Lived in different foster homes
 - (F) Other (specify _____)

- 11) Number of children in your family, including yourself. If you have lived in different homes or there were different children living in the family at different times, think about the number of children that were in your family for the **longest** time before you were 16 years old:
 - (A) One
 - (B) Two
 - (C) Three
 - (D) Four
 - (E) Five or more

Appendix C: Sexual Victimization Survey

It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Although these are often important events, very little is actually known about them.

We would like you to try to remember the sexual experiences you had while growing up. By "sexual", we mean a broad range of things, anything from playing "doctor" to sexual intercourse - in fact, anything that might have seemed "sexual" to you.

Did you have any of the following experiences **before the age of 16**? If yes, circle "Y" following the question. If no, circle "N" following the question.

- 1) An invitation or request to do something sexual
Y N
- 2) Kissing and hugging in a sexual way
Y N
- 3) Another person showing his/her sex organs to you
Y N
- 4) You showing your sex organs to another person
Y N
- 5) Another person fondling you in a sexual way and/or touching your sex organs
Y N
- 6) You fondling another person in a sexual way and/or touching another person's sex organs
Y N
- 7) Another person performing oral sex on you
Y N
- 8) You performing oral sex on another person
Y N
- 9) Intercourse
Y N

If you answered **no** to **all** of the above questions, please go on to **Part D**.

If you answered **yes** to **any** of the above questions, please continue to answer the following items.

How many sexual experiences did you have before the age of 16? _____

About how old were you at the time that the experience occurred? If you had more than one childhood sexual experience, about how old were you at the time that your **first** experience happened? _____

About how old was the other person at the time that the experience occurred? If you had more than one childhood sexual experience, about how old was the other person at the time that your **first** experience happened? _____

What was your relationship to the person or people that you had sexual experiences with? Put an "X" beside the category or categories that best answers the question for you. Also, please circle the sex of the other person.

- _____ Stranger **Male or Female**
- _____ Acquaintance **Male or Female**
- _____ Friend of yours **Male or Female**
- _____ Friend of your parents **Male or Female**
- _____ **Father or Mother**
- _____ **Grandfather or Grandmother**
- _____ **Stepfather or Stepmother**
- _____ **Boyfriend or Girlfriend**
- _____ **Uncle or Aunt**
- _____ **Brother or Sister**
- _____ Cousin **Male or Female**
- _____ Neighbour **Male or Female**
- _____ Teacher **Male or Female**
- _____ Babysitter **Male or Female**
- _____ Other (specify) _____

Please continue to answer the following questions by putting a circle around the letter that seems most appropriate for you.

- 10) What was the sex of the person that you had a childhood sexual experience with? If you had more than one sexual experience, what was the sex of the person that you had your **first** experience with?
(A) Male
(B) Female
- 11) For approximately how long did this sexual behaviour continue? If you had more than one childhood sexual experience, what was the amount of time of your **longest** experience?
(A) Happened over one day or a few days
(B) Happened over a period of a few weeks
(C) Happened over a period of a few months
(D) Happened over a period of a few years
(E) Happened over a period of many years
- 12) Approximately how many times did this sexual behaviour occur? If you had more than one childhood sexual experience, how many times did the **longest** experience happen?
(A) Only once or twice
(B) From 3-10 times
(C) From 11-25 times
(D) From 26-50 times
(E) More than 50 times

Did the other person do any of the following things to you regarding your sexual experience(s)? If yes, circle "Y" following the question. If no, circle "N" following the question.

- | | | |
|---|---|---|
| 13) Threaten you | Y | N |
| 14) Physically force you | Y | N |
| 15) Hurt you physically | Y | N |
| 16) Manipulate or trick you to participate | Y | N |
| 17) Do you feel you consented to experience | Y | N |

Answer the next 3 questions in the space provided.

Who have you told about the sexual experience(s)? Put an "X" beside the category or categories that best answers the question for you.

- _____ No one
- _____ Mother
- _____ Father
- _____ Sister
- _____ Brother
- _____ Friend
- _____ Teacher
- _____ Police
- _____ Other (specify) _____

If you told more than one person about the sexual experience(s), who was the **first** person you told? _____

If you did tell someone, approximately how old were you when you first told another person about the sexual experience(s)? _____

The first time you told someone, if you told at all, how did that person react?
Put an "X" beside the category or categories that best describes the other person's reaction.

- _____ Blamed you
- _____ Supported you
- _____ Did not believe you
- _____ Ignored you
- _____ Other (specify) _____

Continue to answer the following questions by putting a circle around the letter that seems most appropriate for you.

- 18) Looking back at the sexual experience(s), how would you describe it(them)?
- (A) Positive
 - (B) Mostly positive
 - (C) Neutral
 - (D) Mostly negative
 - (E) Negative
- 19) When did you **first** have memories about your sexual experience(s)?
- (A) Have had memories of the sexual experience(s) from the time it happened when I was a child (before 16 years old)
 - (B) Began having memories of the sexual experience(s) when I was 16-20 years old
 - (C) Began having memories of the sexual experience(s) when I was 21-25 years old
 - (D) Began having memories of the sexual experience(s) when I was 26-30 years old
 - (E) Began having memories of the sexual experience when I was 31-35 years old
 - (F) Began having memories of the sexual experience(s) when I was 36 years and older

- 20) How confident do you feel about your memory of the sexual experience(s)?
(A) Not very confident
(B) Slightly confident
(C) Fairly confident
(D) Confident
(E) Very confident
- 21) In your own opinion, do you feel that you were sexually abused as a child?
(A) Yes
(B) No

Appendix D: Assessing Environments III Scale

Please answer the following questions based on your experiences **before you were age 16**, with your family. True would indicate that the statement **described your family most of the time**. False would indicate that the statement **did not describe your family most of the time**. If true, circle "T" following the item. If false, circle "F" following the item.

- 1) We had a typewriter. T F
- 2) My mother did volunteer work. T F
- 3) Within the last several years, my father has taken an adult education or a university extension course. T F
- 4) I received head injury from the discipline used by my parents. T F
- 5) My father got mad a lot. T F
- 6) Our family used food stamps. T F
- 7) My parents used harsh discipline with me between the ages of 5 and 10.
T F
- 8) My father was set in his ways. T F
- 9) I had a bicycle when I was a child. T F
- 10) I was forced to engage in sexual activities by one or both of my parents. T F
- 11) I received dental injury from the discipline used by my parents. T F
- 12) Most people in my family were too busy to spend much time reading.
T F

- 13) My father was a good father. T F
- 14) At least one of my parents was an officer in an organization to which he/she belonged. T F
- 15) My mother had a quick temper. T F
- 16) My mother supported her children alone. T F
- 17) I had some good friends when I was a child. T F
- 18) My parents were very strict disciplinarians. T F
- 19) My parents' use of discipline was reasonable. T F
- 20) My parents used to hit me with a stick, switch, or paddle when I did something wrong. T F
- 21) My parents used physical force with each other. T F
- 22) When I was a child, if my parent had a problem, he/she would sometimes talk to me about it. T F
- 23) My parents used to hit me with a flyswatter when I did something wrong. T F
- 24) I got along pretty well with my father. T F
- 25) Other children used to tease me. T F
- 26) My parents used to give me piggyback rides when I was small. T F
- 27) I received burns from the discipline used by my parents. T F
- 28) My parents never seemed to have many friends. T F

- 29) Our family almost always ate supper together. T F
- 30) I have been hit by an object thrown by my parent(s) when I did something wrong. T F
- 31) My parents were always very supportive of me. T F
- 32) I received cuts from the discipline used by my parents. T F
- 33) When I was bad, my parent(s) used to lock me in a closet. T F
- 34) My father was a nervous man. T F
- 35) My mother is or has been in treatment for emotional or nervous problems. T F
- 36) My mother was active in community affairs. T F
- 37) I never received any kind of injury from the discipline used by my parents. T F
- 38) I went to a nursery school when I was a young child. T F
- 39) When I was a young child, my parents used to leave me (and my young brothers and sisters) alone when they went out. T F
- 40) I think my mother had a good attitude toward me. T F
- 41) My parents were inconsistent in their discipline of me. I never knew whether or not I would be punished for a particular behaviour. T F
- 42) My parents seemed to demand a lot of emotional support from me when I was a child. T F

- 43) I received broken bones from the discipline used by my parents. T F
- 44) My mother was easily upset. T F
- 45) Our home had more than one hundred books (excluding children's books). T F
- 46) I required medical attention (at least once) for injuries caused by my parents. T F
- 47) My parents did a good job of raising me. T F
- 48) My parents didn't argue very much. T F
- 49) I had my own crayons when I was a child. T F
- 50) My parent(s) used to punch me when they got angry with me. T F
- 51) I, and all my brothers and sisters (if any), were mistreated by our parents. T F
- 52) I required hospitalization for injuries caused by my parents. T F
- 53) At least one member of our family was active in political organizations.
T F
- 54) I was physically abused by my parents when I was a child. T F
- 55) I required stitches for injuries caused by my parents.
T F
- 56) Sometimes one of my parents would complain to me about the other parent. T F

- 57) When I was a child, my parents tried marital separation. T F
- 58) I received bruises from the discipline used by my parents. T F
- 59) I was severely beaten by my parents. T F
- 60) My father was rather cold and unsympathetic. T F
- 61) My father worked in an unskilled job. T F
- 62) We had an encyclopedia when I was a child. T F
- 63) I was rejected by my parents when I was a child.
T F
- 64) My mother was often depressed. T F
- 65) My parents were very harsh with me. T F
- 66) My father helped make important family decisions. T F
- 67) My parents used to hit me with something other than their hands when I did something wrong. T F
- 68) My parents used to hit me with the buckle on a belt when I did something wrong. T F
- 69) My father left everything up to my mother. T F
- 70) I had very few quarrels with members of my family.
T F
- 71) My parents argued a lot. T F
- 72) I never felt that my parents really loved me. T F

- 73) My parents used physical discipline with me. T F
- 74) My parent(s) used to hit me with their hands (other than spanking). T F
- 75) My parents used hot water or a hot object to discipline me when I did something wrong. T F
- 76) My parents always expected more from me than I was capable of doing. T F
- 77) My father made the important decisions around our house. T F
- 78) We rarely had guests over to our home when I was a child. T F
- 79) My parents are divorced. T F
- 80) My parent(s) used to spank me. T F
- 81) We had lots of arguments in our family. T F
- 82) My mother read a lot. T F
- 83) My father was employed regularly. T F
- 84) Other children didn't seem to like me. T F
- 85) My parents would hit me with a hairbrush when I did something wrong. T F
- 86) My family often did things together. T F
- 87) I required a cast for injuries caused by my parents. T F

- 88) My parents used harsh discipline with me before the age of 5. T F
- 89) My father was too strict with me. T F
- 90) I had very little contact with my parents' own families. (If your parents did not have any living relatives, leave this one blank). T F
- 91) We often had relatives or friends over to our house.
T F
- 92) My parents used harsh discipline with me during adolescence. T F
- 93) My parents saved money for my college education. T F
- 94) My family attended church or synagogue regularly.
T F
- 95) My parents usually seemed to agree on when I needed to be disciplined.
T F
- 96) I was rarely punished when I was a child. T F
- 97) One of my brothers or sisters was physically abused by my parents. T F
- 98) I would describe my relationship with my mother as very close. T F
- 99) My father was a good provider. T F
- 100) My parents often took me along with them to visit friends or relatives.
T F
- 101) Our family got along very well. T F

- 102) My parents used to hit me with a belt or strap when I did something wrong. T F
- 103) My father completed high school. T F
- 104) My parents never used harsh discipline with me.
T F
- 105) My parent(s) used to kick me when they got angry with me. T F
- 106) My mother helped make important family decisions.
T F
- 107) I felt rejected by my parents. T F
- 108) When my parent(s) were angry, they sometimes grabbed me by the throat and started to choke me. T F
- 109) My family was pretty easygoing. T F
- 110) Our family spent a lot of time watching TV. T F
- 111) My parents used to hug me when I was a child. T F
- 112) My father has or has had a problem with the police.
T F
- 113) My father was easygoing. T F
- 114) My father was active in community affairs. T F
- 115) At night, our family often did things together such as playing cards or a game, working on a project together, etc. T F
- 116) My parents used to kiss me when I was a child. T F

- 117) My parents used to hold me on their laps. T F
- 118) My father left discipline up to my mother. T F
- 119) My father changed his mood very quickly. T F
- 120) I had a lot of freedom when I was a child, but if my parents did decide to punish me, they were very harsh. T F
- 121) My parents used to hit me with a wooden spoon or ruler when I did something wrong. T F
- 122) My mother belonged to a social, civic, political, study, literary, or art club. T F
- 123) My father has been in jail. T F
- 124) When I did something wrong, my parent(s) sometimes tied me up. T F
- 125) When I was a child, I shared a lot of activities with my parents. T F
- 126) My mother had some college education. T F
- 127) My parents used to call me bad names and/or they used to insult me, tell me I was a bad child and so forth. T F
- 128) I think my parents had a good marriage. T F
- 129) I was born and reared in Canada. T F
- 130) Some people in my family were picked on more than others. T F
- 131) I have very little contact with my parents now. T F

- 132) I tended to get impatient with my family. T F
- 133) My parents were very protective of me when I was a child. T F
- 134) When I was young, I was often cared for by a baby sitter for the entire day. T F
- 135) There were a lot of young families in our neighbourhood. T F
- 136) There were lots of interesting things for me to do around our house. T F
- 137) I had a regular bed time as a child. T F
- 138) We lived in at least one home for more than six years. T F
- 139) I was forced to engage in sexual activities by a brother or sister. T F
- 140) We had two or more pieces of playground equipment in our yard. T F
- 141) For at least part of my childhood, I lived with a stepparent. T F
- 142) Almost everyone in our family agreed on how to do things. T F
- 143) Many of the things my family did were centered around me. T F
- 144) I got good grades in school. T F
- 145) When I was a child, my mother often found time to play with me. T F

- 146) I was born prematurely. T F
- 147) At some time during my childhood, my mother had a job outside the home. T F
- 148) My parents have told me I was an unplanned baby.
T F
- 149) (As far as I know) I was premaritally conceived. T F
- 150) We lived in a quiet neighbourhood. T F
- 151) I was not allowed to participate in any activities in which my friends were allowed to participate. T F
- 152) My father was a quiet man. T F
- 153) For at least part of my childhood, I lived with only one parent. T F
- 154) One of my parents died when I was a child. T F
- 155) We talked about religion in our family. T F
- 156) I was separated from my parents for five days or more prior to first grade, due to medical problems or other difficulties. T F

Appendix E: Causal Dimension Scale II

Reflect on the sexual experience(s) which you had while you were growing up. If you had more than one experience or if any experience occurred with more than one individual, try to answer the questions by thinking about all the experiences together. If you find that this is too difficult to do, choose the experience that seems most important to you. Answer Parts E, F, G, H based on the same sexual experience(s).

Now that you are an adult looking back on the sexual event, what do you believe is the main reason that it occurred? We realize that there may be many causes but please list what you **now** believe to be the one that contributed most to the sexual experience.

Think about the reason you have written above. The items below concern your impressions or opinions of this cause of your sexual experience. Please circle one number for each of the following questions.

Is the cause something:

- | | | | |
|----|-------------------------------------|-------------------|--|
| 1) | That reflects an aspect of yourself | 9 8 7 6 5 4 3 2 1 | That reflects an aspect of the situation |
| 2) | Manageable by you | 9 8 7 6 5 4 3 2 1 | Not manageable by you |

3)	Permanent	9 8 7 6 5 4 3 2 1	Temporary
4)	You can regulate	9 8 7 6 5 4 3 2 1	You cannot regulate
5)	Over which others have no control	9 8 7 6 5 4 3 2 1	Over which others have control
6)	Inside of you	9 8 7 6 5 4 3 2 1	Outside of you
7)	Stable over time	9 8 7 6 5 4 3 2 1	Variable over time
8)	Under the power of other people	9 8 7 6 5 4 3 2 1	Not under the power of other people
9)	Something about you	9 8 7 6 5 4 3 2 1	Something about others
10)	Over which you have power	9 8 7 6 5 4 3 2 1	Over which you have no power
11)	Unchangeable	9 8 7 6 5 4 3 2 1	Changeable
12)	Other people can regulate	9 8 7 6 5 4 3 2 1	Other people cannot regulate

Appendix F: The Blame Scale

The purpose of these questions is to get some information about **how you feel now looking back at the sexual experience that occurred**. Please try to remember as clearly as you can who you blame for the sexual event **now**. Use the following scale to answer each of the following items.

- A = Not at all
- B = A little bit
- C = Moderately
- D = Quite
- E = Completely

After each question, circle the letter that seems most appropriate for you.

- 1) How much now do you blame yourself for the sexual experience? A B C D E
- 2) How much now do you blame the person with whom the sexual experience occurred? A B C D E
- 3) How much now do you blame your mother? A B C D E
- 4) How much now do you blame your father? A B C D E
- 5) How much now do you blame someone or something else? (please specify) _____
A B C D E
- 6) How much now do you blame yourself for the kind of person you are? A B C D E
- 7) How much now do you blame yourself for what you did or how you acted? A B C D E

Appendix G: Coping Resources Scale

The items below represent different things that individuals do in order to deal with a personal crisis or stressful life event. Please think about how you **now** presently cope with your childhood sexual experience and answer the following questions as honestly as possible. If the item applies to you, circle "Y". If the item does not apply to you, circle "N".

- 1) Try to see the positive side. Y N
- 2) Try to step back from the situation and be more objective. Y N
- 3) Pray for guidance or strength. Y N
- 4) Take things one step at a time. Y N
- 5) Consider several alternatives for handling the problem. Y N
- 6) Sometimes take it out physically on other people when I feel angry or depressed. Y N
- 7) Draw on my past experience; I was in a similar situation before. Y N
- 8) Try to find out more about the situation. Y N
- 9) Talk with a professional person (e.g., doctor, clergy, lawyer) about the situation. Y N
- 10) Take some positive action. Y N
- 11) Sometimes take it out physically on objects when I feel angry or depressed. Y N

- 12) Talk with my spouse or other relative about the problem. Y N
- 13) Talk with a friend about the situation. Y N
- 14) Exercise more. Y N
- 15) Prepare for the worst. Y N
- 16) Sometimes take it out verbally on other people when I feel angry or depressed. Y N
- 17) Try to reduce the tension by eating more. Y N
- 18) Try to reduce the tension by smoking more. Y N
- 19) Keep my feelings to myself. Y N
- 20) Get busy with other things in order to keep my mind off the problem.
Y N
- 21) Sometimes take it out sexually on other people when I feel angry or depressed. Y N
- 22) Don't worry about it; figure everything will probably work out fine.
Y N
- 23) Escape into a fantasy world. Y N
- 24) If you do escape into a fantasy world, are your fantasies:
(A) Aggressive
(B) Sexual
(C) Sexually aggressive
(D) Other (specify _____)

- 25) How much time do you spend fantasizing?
- (A) Never
 - (B) Rarely
 - (C) Occasionally
 - (D) Often
 - (E) Always

Appendix H: Family Relationships Index

The statements listed below describe situations which could happen in a family. Respond true or false to each statement about the family that you live with (or lived with most recently) **now that you are an adult.**

True would indicate that the statement **describes your family most of the time.** False would indicate that the statement **does not describe your family most of the time.** If true, circle "T" following the item. If false, circle "F" following the item.

- 1) Family members really help and support one another. T F
- 2) Family members often keep their feelings to themselves. T F
- 3) We fight a lot in our family. T F
- 4) We often seem to be killing time at home. T F
- 5) We say anything we want to around home. T F
- 6) Family members rarely become openly angry. T F
- 7) We put a lot of energy into what we do at home. T F
- 8) It is hard to "blow off steam" at home without upsetting somebody.
T F
- 9) Family members sometimes get so angry they throw things. T F
- 10) There is a feeling of togetherness in our family.
T F

- 11) We tell each other about our personal problems.
T F
- 12) Family members hardly ever lose their tempers. T F
- 13) We rarely volunteer when something had to be done at home. T F
- 14) If we feel like doing something on the spur of the moment we often just pick up and go. T F
- 15) Family members often criticize each other. T F
- 16) Family members really back each other up. T F
- 17) Someone usually gets upset if you complain in our family. T F
- 18) Family members sometimes hit each other. T F
- 19) There is very little group spirit in our family.
T F
- 20) Money and paying bills is openly talked about in our family. T F
- 21) If there is a disagreement in our family, we try hard to smooth things over and keep the peace. T F
- 22) We really get along well with each other. T F
- 23) We are usually careful about what we say to each other. T F
- 24) Family members often try to one-up or outdo each other. T F

- 25) There is plenty of time and attention for everyone in our family. T F
- 26) There are a lot of spontaneous discussions in our family. T F
- 27) In our family, we believe you don't ever get anywhere by raising your voice. T F

Appendix I: Brief Symptom Inventory

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, choose a letter that best describes how much that problem has bothered you **during the past seven days including today**. Choose one letter for each problem and do not skip any items. Please use the following scale:

- A = Not at all
- B = A little bit
- C = Moderately
- D = Quite a bit
- E = Extremely

In the past seven days, including today, how much were you bothered by:

- 1) Nervousness or shakiness inside. A B C D E
- 2) Faintness or dizziness. A B C D E
- 3) The idea that someone else can control your thoughts. A B C D E
- 4) Feeling others are to blame for most of your troubles. A B C D E
- 5) Trouble remembering things. A B C D E
- 6) Feeling easily annoyed or irritated. A B C D E
- 7) Pains in heart or chest. A B C D E
- 8) Feeling afraid in open spaces or on the street. A B C D E
- 9) Thoughts of ending your life. A B C D E

- 10) Feeling that most people cannot be trusted. A B C D E
- 11) Poor appetite. A B C D E
- 12) Suddenly scared for no reason. A B C D E
- 13) Temper outbursts that you cannot control. A B C D E
- 14) Feeling lonely even when you are with people. A B C D E
- 15) Feeling blocked in getting things done. A B C D E
- 16) Feeling lonely. A B C D E
- 17) Feeling blue. A B C D E
- 18) Feeling no interest in things. A B C D E
- 19) Feeling fearful. A B C D E
- 20) Your feelings being easily hurt. A B C D E
- 21) Feeling that people are unfriendly or dislike you. A B C D E
- 22) Feeling inferior to others. A B C D E
- 23) Nausea or upset stomach. A B C D E
- 24) Feeling that you are being watched or talked about by others.
A B C D E
- 25) Trouble falling asleep. A B C D E

- 26) Having to check and double check what you do. A B C D E
- 27) Difficulty making decisions. A B C D E
- 28) Feeling afraid to travel on buses, subways, or trains. A B C D E
- 29) Trouble getting your breath. A B C D E
- 30) Hot or cold spells. A B C D E
- 31) Having to avoid certain things, places, or activities because they frighten you. A B C D E
- 32) Your mind going blank. A B C D E
- 33) Numbness or tingling in parts of your body. A B C D E
- 34) The idea that you should be punished for your sins. A B C D E
- 35) Feeling hopeless about the future. A B C D E
- 36) Trouble concentrating. A B C D E
- 37) Feeling weak in parts of your body. A B C D E
- 38) Feeling tense and keyed up. A B C D E
- 39) Thoughts of death or dying. A B C D E
- 40) Having urges to beat, injure, or harm someone.
A B C D E
- 41) Having urges to break or smash things. A B C D E

- 42) Feeling very self-conscious with others. A B C D E
- 43) Feeling uneasy in crowds, such as shopping or at a movie.
A B C D E
- 44) Never feeling close to another person. A B C D E
- 45) Spells of terror and panic. A B C D E
- 46) Getting into frequent arguments. A B C D E
- 47) Feeling nervous when you are left alone. A B C D E
- 48) Others not giving you proper credit for your achievements.
A B C D E
- 49) Feeling so restless you couldn't sit still. A B C D E
- 50) Feelings of worthlessness. A B C D E
- 51) Feeling that people will take advantage of you if you let them.
A B C D E
- 52) Feelings of guilt. A B C D E
- 53) The idea that something is wrong with your mind. A B C D E

Appendix J: Self-Esteem Scale

Please answer the following items according to how each one best describes you. Use the following scale:

A = Strongly agree
B = Agree
C = Disagree
D = Strongly disagree

- 1) I feel that I am a person of worth, at least on an equal plane with others. A B C D
- 2) I feel that I have a number of good qualities. A B C D
- 3) All in all, I am inclined to feel that I am a failure. A B C D
- 4) I am able to do things as well as most other people. A B C D
- 5) I feel I do not have much to be proud of. A B C D
- 6) I take a positive attitude toward myself. A B C D
- 7) On the whole, I am satisfied with myself. A B C D
- 8) I wish I could have more respect for myself. A B C D
- 9) I certainly feel useless at times. A B C D
- 10) At times I think I am no good at all. A B C D

Appendix K: Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

- 1) Before voting, I thoroughly investigate the qualifications of all the candidates. T F
- 2) I never hesitate to go out of my way to help someone in trouble. T F
- 3) It is sometimes hard for me to go on with my work if I am not encouraged. T F
- 4) I have never intensely disliked anyone. T F
- 5) On occasion I have had doubts about my ability to succeed in life. T F
- 6) I sometimes feel resentful when I don't get my way. T F
- 7) I am always careful about my manner of dress. T F
- 8) My table manners at home are as good as when I eat out in a restaurant. T F
- 9) If I could get into a movie without paying and be sure I was not seen, I would probably do it. T F
- 10) On a few occasions, I have given up doing something because I thought too little of my ability. T F
- 11) I like to gossip at times. T F

- 12) There have been times when I felt like rebelling against people in authority even though I knew they were right. T F
- 13) No matter who I'm talking to, I'm always a good listener. T F
- 14) I can remember "playing sick" to get out of something. T F
- 15) There have been occasions when I took advantage of someone. T F
- 16) I am always willing to admit it when I make a mistake. T F
- 17) I always try to practice what I preach. T F
- 18) I don't find it particularly difficult to get along with loud mouthed, obnoxious people. T F
- 19) I sometimes try to get even, rather than forgive and forget. T F
- 20) When I don't know something, I don't at all mind admitting it. T F
- 21) I am always courteous, even to people who are disagreeable. T F
- 22) At times I have really insisted on having things my own way. T F
- 23) There have been occasions when I have felt like smashing things. T F
- 24) I would never think of letting someone else be punished for my wrongdoings. T F

- 25) I never resent being asked to return a favour. T F
- 26) I have never been irked when people expressed ideas very different from my own. T F
- 27) I never make a long trip without checking the safety of my car. T F
- 28) There have been times when I was quite jealous of the good fortune of others. T F
- 29) I have almost never felt the urge to tell someone off.
T F
- 30) I am sometimes irritated by people who ask favours of me. T F
- 31) I have never felt that I was punished without cause.
T F
- 32) I sometimes think when people have a misfortune they only got what they deserved. T F
- 33) I have never deliberately said something that hurt someone's feelings.
T F

Appendix L: Offender and Offense Characteristics

We realize that it is often difficult to discuss very personal and painful experiences. This information is completely confidential and anonymous. We would appreciate your honest answers to these questions, as they will help us to be better able to understand some of the experiences you have had and how they have affected you. With such knowledge, we will be better able to address important issues so that other individuals may not experience as much pain and will be better able to resolve their personal and painful past experiences.

Please circle the letter or letters which most appropriately answers the question, based on your experience.

- 1) At what age did you commit your first sexual offense against a child younger than 16 years?
(A) 0 - 10 years of age
(B) 11- 15 years of age
(C) 16- 20 years of age
(D) 21- 30 years of age
(E) 30+ years of age
- 2) How many children have you committed a sexual offense against?
(A) 1 child
(B) 2 children
(C) 3 children
(D) 4 children
(E) 5 children or more
- 3) What was the sex of the child or children?
(A) Only female
(B) Only male
(C) Both male and female

- 4) What was your relationship to the child or children? Please put an "X" beside as many categories that are appropriate for you.
- ☐ Stranger
 - ☐ Acquaintance
 - ☐ Friend of the child
 - ☐ Friend of the child's parents
 - ☐ Father
 - ☐ Grandfather
 - ☐ Stepfather
 - ☐ Uncle
 - ☐ Brother
 - ☐ Cousin
 - ☐ Neighbour
 - ☐ Teacher
 - ☐ Other (specify) _____
- 5) How old was the child when you first sexually offended against him or her? If you have offended against more than one child, think about the age of the **youngest** child.
- (A) 0 - 5 years old
 - (B) 6- 10 years old
 - (C) 11-16 years old
- 6) For approximately how long did this sexual behaviour continue? If more than one child has been involved, think about the child that was involved for the **longest** time.
- (A) Happened over one day or a few days
 - (B) Happened over a period of a few weeks
 - (C) Happened over a period of a few months
 - (D) Happened over a period of a few years
 - (E) Happened over a period of many years

- 7) For approximately how long did this sexual behaviour occur? If you have offended against more than one child, think about the child that was offended against the **most** times.
- (A) Only once or twice
 - (B) From 3-10 times
 - (C) From 11-25 times
 - (D) From 26-50 times
 - (E) More than 50 times
- 8) What kinds of sexual activities did you do with the child or children. Please put an "X" beside as many categories that are appropriate for you.
- ☐ An invitation or request to do something sexual
 - ☐ Kissing and hugging in a sexual way
 - ☐ Having the child show his/her sex organs to you
 - ☐ Showing your sex organs to the child
 - ☐ Having the child fondle you in a sexual way and/or having the child touch your sex organs
 - ☐ Fondling the child in a sexual way and/or touching the child's sex organs
 - ☐ Having the child perform oral sex on you
 - ☐ Performing oral sex on the child
 - ☐ Vaginal intercourse
 - ☐ Anal intercourse
- 9) Did you do any of the following things to get the child or children to participate in the sexual experience? If yes, circle "Y" following the question. If no, circle "N" following the question.
- | | | |
|--|---|---|
| Threaten the child | Y | N |
| Physically force the child | Y | N |
| Physically hurt the child | Y | N |
| Manipulate or trick the child to participate | Y | N |

- 10) Looking back at the sexual experience or experiences, how do you think the child or children would describe the experience?
 - (A) Positive
 - (B) Mostly positive
 - (C) Neutral
 - (D) Mostly negative
 - (E) Negative

- 11) Have you ever been involved in the following forms of therapy? Please put an "X" beside the category or categories that best answers the question for you. Please include any therapy that you are currently in, and indicate how many groups you have been involved in or are currently involved in.
 - _____ Sexual offender group (How many? _____)
 - _____ Group to deal with own sexual victimization (How many? _____)
 - _____ Individual therapy (How many? _____)

- 11) Are you **currently** in some form of therapy for your sexual offense?
 Y N

If yes, approximately how long have you been in therapy?

- 12) What is the longest amount of time you have been in therapy? If you have been in more than one therapy group, think about the one that lasted the longest _____

Appendix M: Sexual Offending Among University Males

Have you ever been charged with a sexual offense against a child?

Yes No

If yes, please feel free to explain the circumstances of the sexual offense.

**Appendix N: Sexual Offending Among Non-Sexual
Perpetrators**

Have you ever been charged with a sexual offense against a child?

Yes No

If yes, please feel free to explain the circumstances of the sexual offense.

Please provide a brief statement about the nature of the offense for which you have been charged?

Appendix O: Debriefing Form For University Males

As was mentioned at the beginning of the study, we were interested in experiences which you had as a child. Some of the questions were very personal and perhaps painful to remember. We want to reassure you that your answers are totally anonymous, and there is no way that you can be identified. Also, your answers will be totally confidential, and only the examiner will have access to them. Lastly, all the answers from all the participants will be grouped together for analysis, so individual answers will not be reported.

The aim of the present study was to investigate how individuals feel about any sexual experiences which they may have had as children. In particular, we wanted to examine the attributions individuals make about the abuse, the amount and kinds of blame they experience, and the different ways they cope with the sexual experience. We also examined the quality of support that individuals receive from their families.

We really appreciate your participation in the study. Please do not discuss the nature of this study with other individuals who have not yet completed the questionnaire. If you have any questions concerning the study or other issues which you would like to discuss, please feel free to contact the primary researcher at the Psychological Service Centre (474-9222). Also, because of the sensitive nature of the study, you may have some concerns about your childhood sexual experience which you may wish to discuss anonymously. Please feel free to contact Klinik (786-8686) or the Student Counselling Service at the University of Manitoba (474-8592).

Elisa Romano, B.A.
Rayleen V. De Luca, Ph.D.
Department of Psychology
University of Manitoba

**Debriefing Form For Adult Sexual Perpetrators and
Non-Sexual Perpetrators**

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The aim of the present study was to investigate how individuals feel about any sexual experiences which they may have had as children. In particular, we wanted to examine the attributions individuals make about the abuse, the amount and kinds of blame they experience, and the different ways they cope with the sexual experience. We also examined the quality of support that individuals receive from their families.

We really appreciate your participation in the study. Please do not discuss the nature of this study with other individuals who have not yet completed the questionnaire. If you have any questions concerning the study or other issues which you would like to discuss, please feel free to contact whichever of the following sources are available: Lawrence Ellerby at Native Clan (943-7357), Hugo Foss at Rockwood facility (344-5111), or Bob Smith at Headingley Correctional Institution (837-1351).

If you are interested in the findings from this study, a copy will be given to therapists at the various institutions, and they will be made available to you upon request.

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