Childhood Sexual Experiences with Adults
A Comparison of Reports by Women Psychiatric Patients and General-Practice Attenders

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Reports of childhood sexual experiences with adults were collected from 120 women attending general-practice surgeries and 115 women psychiatric patients. The method of study, research team and country of residence were the same for the two groups. The psychiatric patients tended to report rates of events higher than the general-practice attenders by a factor of 2-3. The results suggest an association between such experiences and later psychiatric patienthood and are compatible with a causal role for them in some cases.

The hypothesis that childhood sexual experiences with adults may increase the risk of mental illness in adult life has a long, if somewhat chequered history. As is well known, Freud espoused this idea at first (Freud, 1896) but subsequently re construed the matter by putting forward a theory of human psychological development in which the child’s fantasy of a sexual relationship with the parents played a pivotal role (Freud, 1914). Subsequently, there was a tendency to interpret the accounts given by adults of their memories of such childhood events in the light of these theories.

They were thought unlikely to represent true occurrences and were sometimes dismissed (Masson, 1984). Nevertheless, it remained plausible that actual sexual contact between adults and children could do lasting harm. Recent evidence that such contact is not uncommon (Finkelhor, 1984; Baker & Duncan, 1985; Markowe, 1988) makes it appropriate to look again at the idea that it might be associated with or even causally related to psychiatric disorder in adult life.

There is considerable evidence that psychiatrically morbid groups tend to report high levels of such experiences when asked (for reviews see Sheldrick, 1991; Mullen 1990). Furthermore, recent studies of community samples have demonstrated an association between reports of childhood sexual experiences with adults and psychological symptoms and disorder (Mullen et al, 1988; Burnham et al, 1988).

The present study seeks to add to this work by comparing previously published rates of such experiences reported by women attending a district psychiatric service (Palmer et al, 1992) with those reported by women attending general-practice surgeries in the same English country. The method of enquiry, definitions of experiences and research team were essentially the same for the two groups of subjects. This is the first British study of the kind to report comparisons of psychiatric patients with general-practice attenders.
The demonstration of an association is a necessary, but not a sufficient, basis for the inference of cause. A causal connection between childhood sexual events with adults and later psychiatric disorder is plausible. The meaning of such events for the child might be such as to importantly affect subsequent psychological and emotional development in a way which would make later breakdown more likely. There is evidence for a large measure of consensus about the perceived harmfulness of childhood sexual experiences with adults at least among students, professionals and patients in the UK (Davenport et al, 1993). In the absence of physical trauma, any noxious effects are likely to arise through the child coming to share in this societal consensus and being aware that she has experienced events which deviate from it. However, the consensus itself may reflect the valuing of a code of conduct which has evolved in a way which maximizes the chance of children receiving appropriate care in such a society.

In deed, incest and sexual contact between adults and pre-pubertal children is proscribed in most societies, although there are exceptions (Fox, 1967; Finkelhor, 1984; Stoller & Herdt, 1985). Inappropriate experience in childhood may lead to problems of self-esteem and identity, especially around sexual issues. Such problems might come to be manifest as disorder when the individual is confronted with sexual matters in adult life. (There is no shortage of clinical anecdotes in which the subject breaks down when there seems to be resonance of meaning between current and past events. For instance, in our own practice a woman in her 30s developed a severe clinical eating disorder after gynecological investigation triggered a flood of distressing memories of a prolonged abusive relationship with her uncle which had taken place 20 years before).

However impressive such accounts may be, it is important considering the general issue rather than the individual case to bear in mind the possibility of explanations for the association which are not causal. Thus it could be that childhood sexual events with adults might occur more frequently in families in which other potentially noxious factors are also found. Such factor might include poor parental care, social problems and genetic propensity for mental illness. Indeed, it is possible that sexual events need to happen in a particular context to have a significant effect. Future research will need to attempt to collect and dissect evidence in such a way as to isolate any independent effects of childhood sexual experience.

In the meantime, there is already sufficient reason to accord such experiences a place among the range of other childhood factors which are suspected of increasing the risk of adult disorder in females and probably in males too (Metcalfe et al, 1990). The importance of such experiences relative to other traumas remains uncertain. It is likely to be greater than was generally thought in the past, although perhaps less than that which some recent enthusiasm for the issue would seem to suggest. Nevertheless, in clinical practice inquiry about such matters should be routine.