ROMANTIC RELATIONSHIP FUNCTIONING OF ADULT MALE SEXUAL ABUSE SURVIVORS

By

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Bachelor of Science

Southwest Missouri State University

Springfield, Missouri

1999

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
May, 2002

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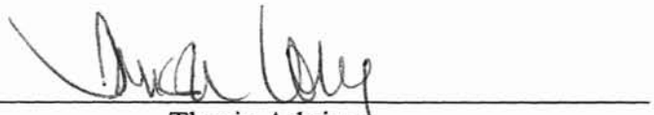
Thesis Approved:



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ACKNOWLEDGEMENTS

I wish to express my sincere appreciation to my advisor, Patricia J. Long, Ph.D. for her support, diligence, and professionalism. My sincere appreciation also extends to my other committee members: Maureen Sullivan, Ph.D., and Thad Leffingwell, Ph.D., for their training and supervision. Finally, I wish to express my gratitude to my husband, Matt, for his love, patience, and support.

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INTRODUCTION

Interest in childhood sexual abuse has increased during the last three decades. However, the majority of the research focuses on female survivors of sexual abuse. Based on studies of the United States and Canada since 1980, reported prevalence rates range from 6% to 62% for females and from 3% to 31% for males (Peters, Wyatt, & Finkelhor, 1986). In a more recent review of the research concerning the sexual abuse of boys, Holmes and Slap (1998) reported prevalence estimates of male sexual abuse ranging from 4% to 76%. Although studies of college populations indicate that females are approximately 1 ½ times more likely to have been sexually abused than males (Peters et al., 1986), it is argued that underreporting of male sexual abuse could mean the discrepancy between male and female prevalence rates is smaller than previously believed (Urquiza & Keating, 1990). The underreporting of male sexual abuse has led to fewer studies of sexual abuse of males compared to females.

The majority of conclusions made about the long-term effects of sexual abuse have been based on female samples or on case studies and clinical impressions of male victims. Studies of females suggest that adult survivors of abuse have difficulties in romantic relationships, including relationship instability, distrust of partner, increased conflict, and less relationship satisfaction (Finkelhor et al., 1989; Mullen et al., 1994; Pistorello & Follette, 1998; Tsai, Feldman, Summers, & Edgar, 1979). Similarly, clinical impressions indicate that male victims avoid intimacy and report mistrust of others, fear of intimacy, and difficulty in maintaining meaningful relationships (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 1989; Singer, 1988). However, there are no good empirical studies examining romantic relationships of sexually abused males, including aspects of

relationships such as intimacy, trust, relationship satisfaction, and adult attachment. Further research is necessary to better understand the adult romantic relationships of males who were sexually abused as children. The purpose of this study was to examine 4 different dimensions of relationship functioning. Specifically, intimacy, trust, relationship satisfaction, and attachment styles were studied. It was hypothesized that male survivors of sexual abuse would report more problems in these areas than nonabused controls. Prior to discussing the method of the study, the literature on sexual abuse and, more specifically, the functioning of abused males in romantic relationships, was reviewed.

Prevalence

Interest in and recognition of childhood sexual abuse has increased during the last three decades, resulting in a rise in the number of studies conducted to estimate the prevalence of the abuse. Based on studies of the United States and Canada since 1980, reported prevalence rates range from 6% to 62% for females and from 3% to 31% for males (Peters, Wyatt, & Finkelhor, 1986). In a more recent review of the research concerning the sexual abuse of boys, Holmes and Slap (1998) surveyed 166 studies published between 1985 and 1997. Prevalence estimates of male sexual abuse ranged from 4% to 76%. However, when the 22 large-sample (>1000 subject) studies were reviewed, prevalence rates ranged from 4% to 16%.

For example, in a 1985 Los Angeles Times Poll, 16% of men reported a history of sexual abuse (Finkelhor, 1990). A 1998 Harris survey of 3,162 adolescent boys found that one in eight answered affirmatively to the direct question of whether he had ever been sexually abused (Lewin, 1998). In a large scale study in Oregon high schools, 8.1%

of males reported abuse. Further, almost 2% of the surveyed males reported an incident of abuse in the past week (Nelson, Higginson, & Grant-Worley, 1994.).

Additional studies provide similar results. Bruckner and Johnson (1987) cite the 1984 Canadian Badgley report in which 8.2% of men reported sexual assaults occurring before the age of 17 years. The Ontario Health Supplement (OHSUP) randomly sampled (N=9953) Ontario residents aged 15 years and older. In the OHSUP sample, 4.3% of males reported a history of sexual abuse, compared to 12.8% of females (MacMillan et al., 1997). When compared to the Canadian Badgley survey, estimated prevalence rates for the OHSUP are lower, possibly because of more restrictive definitions.

Research suggests that prevalence rates in females are somewhat higher than in males. In almost all studies comparing women and men, a higher abuse rate is found for women. In studies of college populations, females are approximately 1½ times more likely to have been sexually abused than males (Peters et al., 1986). While it is possible that the discrepancy in prevalence rates for males and females represents a true difference, it is argued that far more males may have been sexually abused than is currently believed (Urquiza & Keating, 1990).

Urquiza and Keating (1990) suggest that underreporting of male sexual abuse may be especially relevant when estimating prevalence of sexual abuse. Estimating prevalence in males may be especially difficult because males are less likely to disclose their abuse experience to anyone (Finkelhor, 1979, 1990). Underreporting of male sexual abuse could mean the discrepancy between male and female prevalence rates is smaller than previously believed.

Finkelhor (1984) suggests several reasons for male underreporting. First, boys grow up with the male ethic of self-reliance which might make it more difficult for them to seek help. Similarly, Nasjleti (1980) suggests that boys have been less likely to disclose abuse than girls because of societal views of masculinity. Disclosure may be viewed as an expression of helplessness and vulnerability in males. Second, boys have to grapple with the stigma of homosexuality surrounding sexual abuse (Finkelhor, 1984). Because the majority of perpetrators are male (Finkelhor, 1981), this is an issue that is especially relevant for male survivors. Dimock (1988) argues that fears of being labeled a homosexual or a wimp might discourage reporting. Third, boys may also have more to lose (e.g., independence and unsupervised activity) from reporting their abuse (Finkelhor, 1984).

Singer (1989) suggests that men often cite fears of retaliation, rejection, as well as disbelief when disclosing abuse experiences. Men may experience confusion over the pleasurable aspects of the abuse and may rationalize their abuse as being invited or desired (Singer, 1989; Watkins & Bentovim, 1992). Additionally, men may perceive their abuse as less serious or traumatizing (Holmes, Offen, & Waller, 1997; Urquiza & Keating, 1990). In support of this theory, research suggests that boys tend to view their abuse less negatively than girls (Baker & Duncan, 1985; Finkelhor, 1979; Urquiza, 1988). Men may not view themselves as victims if their definition of sexual abuse does not include what was done to them (Hunter, 1990).

Difficulties accurately identifying the percentage of males who have been abused may also be due to methodological factors. Varying definitions of sexual abuse, different modes of questioning, differing sample characteristics, and varying response rates may

affect the prevalence rate identified (Mendel, 1995; Peters, Wyatt, & Finkelhor, 1986). Definitions of child sexual abuse vary in their inclusion of ages, acts, and types of relationships. In a study of two college samples from a Midwestern and Southeastern university, Fromuth and Burkhart (1987) found prevalence estimates of childhood sexual abuse were directly related to the definition of abuse employed. Prevalence of abuse of males ranged from 4% to 24% of the samples being defined as "abused." For the Midwestern and Southeastern college samples examined by Fromuth and Burkhart (1987), prevalence was 24% and 20% respectively when either a graded age differential or coercion was required, 15% and 13% when only the former was required, and 11% and 9% when both were required. Prevalence fell to 9% and 7% when physical contact was required. Urquiza and Keating (1990) argue that the reluctance of society to view males as victims of sexual abuse influences the definition of male sexual abuse. Consequently, prevalence rates may be affected.

Differences in prevalence rates might also reflect differences in age, educational level, ethnicity, or region of the sampled population. The majority of the larger studies of sexually abused males used undergraduate samples (Finkelhor, 1979; Fromuth & Burkhart, 1987, 1989; Risin & Koss, 1987). Undergraduate populations are not likely representative of the general population because of the underrepresentation of ethnic minorities and individuals of lower socioeconomic status. In studies of females, individuals of lower socioeconomic status tend to have higher prevalence rates (Finkelhor, 1979). Wyatt and Peters (1986a, 1986b) also argue the method of data collection is an important factor in accounting for variations in prevalence rates. Higher

prevalence estimates were found when using face to face interviews rather than self-administered questionnaires.

Regardless of the actual prevalence of sexual abuse of males, it is generally agreed that reported cases reflect only a fraction of the actual number of occurrences. For example, the National Incidence Study of Child Abuse and Neglect (NCCAN, 1993) estimated 7,600 cases of sexually abused boys known to professionals in the United States for 1979. Cappeleri et al. (1993) reported 1986 data from the Second National Incidence and Prevalence Study of Child Abuse and Neglect. A total of 133,619 children (2.11 per 1000) were reported to Child Protective Services or other professionals or investigatory agencies as being sexually abused. Boys, with an incidence rate estimated at 1.00 per 1000, had a lower incidence rate estimate than girls (3.28 per 1000). However, as official figures reflect only reported cases, the extent of actual victimization is likely underestimated.

Abuse Characteristics

Age at victimization.

It is widely accepted that children are most vulnerable to sexual abuse in the preadolescent period between the ages of 8 and 12. In a summary of six studies of female and male survivors of sexual abuse, Finkelhor (1986) estimated an increase in vulnerability at ages 6-7 and another very dramatic increase at age 10. Furthermore, the greatest risk for sexual abuse was estimated to occur at ages 10-12, a period when children are victimized at more than double the average rate. However, in a review of large sample studies of male sexual abuse, Holmes and Slap (1998) found the mean and

median ages of first sexual abuse for males were 9.8 years and 10 years, with 58% of boys younger than 11 years.

A number of studies support Finkelhor's (1986) estimates of periods of vulnerability at ages 6-7 and 10-12. A subset of studies indicate that the mean age of onset of abuse for males occurs at a fairly young age. In a study of 313 validated cases of sexual abuse with ages of onset ranging from 2 years to 17 years, Faller (1989) reported the mean age of onset for males was 6.3 years. The majority of the boys were under the age of 6, and almost a third fell into the 4-5 year old range. In a retrospective study of 511 cases of alleged sexual abuse in children 12 years and under, Dube and Hebert (1988) reported a mean age of 6.8 years for males. In a hospital-based sample, Rogers and Terry (1984) found 83% of the boys seen were under the age of 12, and 26% percent of the boys were under 6 years of age. In a review of 416 alleged cases of sexual abuse ranging from 6 months to 16 years, DeJong et al. (1982) reported that male survivors reported a mean of age 7 years.

As noted previously, a separate subset of studies indicate that the age of onset of abuse of males occurs at a somewhat later age. Ellerstein and Canavan (1980) studied children seen in a hospital with a chief complaint of sexual abuse and reported mean ages of 9.7 years for male survivors. Risin and Koss (1987) found a similar mean age of onset (9.8 years) for males.

When comparing males and females, it is generally believed that males are older than females at age of onset of abuse. For example, Finkelhor (1984) found a mean age of first sexual abuse of 10.2 years for females and 11.2 years for males. It is thought that such discrepancies may be explained by the fact that reported male abuse is more likely

to occur outside of the home. The discrepancy in the mean age of onset for male and female abuse may reflect true differences or may be due to differences in the way abuse is discovered. From officially reported cases of abuse, it might be concluded that males are actually younger than females at age of onset (Finkelhor, 1984). However, when the abuse is discovered by professionals, such as in medically based reports, males are generally younger than males in survey-based populations (Reinhart, 1987). Among cases that have not been officially reported, males tend to be older than females at age of onset of abuse (Finkelhor, 1984).

Sex of perpetrator.

It is widely accepted that the majority of perpetrators of sexual abuse are male. Finkelhor et al. (1986) estimate that, among reported cases of abuse of boys and girls, 90% or more of offenders are males. In a review of large-sample studies of male sexual abuse, Holmes and Slap (1998) reported that 53% to 94% of perpetrators of male sexual abuse were male. Smaller sample studies revealed similar proportions of male perpetrators. Most studies indicate that males are abused primarily by adolescent or adult males (Baker & Duncan, 1985; DeJong et al., 1982; Farber et al., 1984; Finkelhor & Russell, 1984; Hobbs & Wynne, 1987; Johnson & Shrier, 1985; Pierce & Pierce, 1985). Finkelhor (1990) estimated that 83% of the perpetrators of male survivors were male.

Increasingly, studies are acknowledging the existence of female perpetrators of sexual abuse. The issue of female perpetrated abuse is especially salient for male survivors. Compared to females, males are an estimated ten times more likely to be victimized by a woman alone (Faller, 1989). Although most studies report that the majority of the perpetrators are males, a few studies report that the majority of male

survivors in their samples were molested by females (Dean & Woods, 1985; Fritz et al., 1981; Fromuth & Burkhart, 1987; Petrovich & Templer, 1984.) Fromuth and Burkhart (1987) conducted a study of college men from a Midwestern and Southeastern university. In both samples of men, the majority of the perpetrators were female (Midwestern 78%, Southeastern 72%) and the abusive experiences, which included non-contact abuse, were not generally viewed negatively. In another college sample of men and women, Fritz et al. (1981) reported that 60% of the perpetrators were female. However, such samples are considered outliers, with the majority of research indicating that males are the perpetrators of most abuse.

Perpetrator relation to survivor.

More males than females are sexually abused outside the home (DeJong, Emmett, & Hervada, 1982; Finkelhor, 1986; Rogers & Terry, 1984). It also appears that most perpetrators of male sexual abuse are known to the survivors (DeJong, Hervada, & Emmett, 1983; Dube & Hebert, 1988; Faller, 1989; Hodson & Skeen, 1987; Holmes & Slap, 1998; Mrazek, Lynch, & Bentovim, 1983; Rogers & Terry, 1984). An estimated 75% of boys and 48% of girls are victimized by someone outside the home (Rogers & Terry, 1984). In a 1984 study, Rogers and Terry found that only 15.3% of perpetrators of male sexual abuse were strangers. In a review of large sample studies, Holmes and Slap (1998) reported that 54% to 89% of perpetrators of male sexual abuse were identified as extrafamilial, or perpetrators not related to the victim, and that 21% to 40% of perpetrators were strangers. Holmes and Slap (1998) divided their review of the literature into large samples and small samples because of the belief that large sample studies are more methodologically sound. Although the smaller sample studies often support the

findings of the large sample studies, studies with smaller samples may provide unique findings. In their review of small sample studies, Holmes and Slap (1998) report that, as in the large sample studies, more than half of the perpetrators were extrafamilial. However, less than 6% were strangers. Finkelhor (1986) proposes that female sexual abuse is more often characterized by intrafamilial incest situations than male sexual abuse. Boys younger than 6 years were found to be at the greatest risk for abuse by family and acquaintances, whereas boys older than 12 years were at an increased risk for abuse by strangers (Holmes & Slap, 1998).

Type of abuse.

Holmes and Slap (1998) reported that male survivors described multiple types of sexually abusive acts, including forced anal penetration of the victim or perpetrator, vaginal penetration of the perpetrator, oral-genital contact of or by the perpetrator, manual-genital contact of or by the perpetrator, and exhibitionism. Furthermore, Holmes and Slap (1998) found the most frequently reported act was fondling (by and of the perpetrator), accounting for 55%-91% of cases, and the least frequently reported act was exhibitionism, accounting for as few as 6% of cases. Anal penetration was reported by 37% to 70% of survivors in 13 studies, but by less than a third in 9 other studies (Holmes & Slap, 1998). In a review of male sexual abuse research, Watkins and Bentovim (1992) found that boys are more likely than girls to report anal penetration. Holmes and Slap (1998) also found that most studies reported that oral-genital contact occurred at rates similar to penetration (12%-55%). In the reviewed studies, 15% to 38% of males were fellated, and 12% to 35% of survivors were forced to perform fellatio or cunnilingus (Holmes & Slap, 1998).

Duration of abuse.

In a large sample study, Risin and Koss (1987) reported that although the majority of survivors reported that exhibition and fondling were experienced only on one occasion (67.1% and 55.1%), over one third (35.5%) who reported acts of penetration indicated that the abuse occurred 5 or more times. Risin and Koss (1987) found that anal penetration was more likely to be repeated than other types of sexual abuse. When Bentovim et al. (1987) compared the duration of abuse of girls and boys, findings showed that boys were abused for longer periods than girls, and the abuse was of greater severity.

Use of coercion.

It appears that coercion in the form of force or threats occurs in sexual abuse experiences of males and females (Finkelhor, 1979, 1981; Fromuth & Burkhart, 1987; Holmes & Slap, 1998). However, there are discrepancies in the incidence of coercion. Despite the more extensive sexual involvement, Fromuth and Burkhart (1987) investigated a sample of college men and conclude that the men reported fewer incidents of force or threat being involved in their experiences than typically reported in female samples. However, Pierce and Pierce (1985) compared the substantiated cases of 25 males with 180 females and found that the use of force and threats play a greater role in the sexual abuse of males than for females. Based on his studies of college students, Finkelhor (1981) concluded that men and women were equally likely to report being physically forced to participate. In a review of male sexual abuse studies, Holmes and Slap (1998) reported that physical force occurred in 10% to 56% of abuse events. Furthermore, Holmes and Slap (1998) conclude that threats of physical force or harm increased with victim age and male perpetration. Female perpetrators used persuasion

rather than actual or threatened force in 91% of cases (Holmes & Slap, 1998). Risin and Koss (1987) reported that among the 36.6% of survivors who reported that the offender utilized some form of coercion to make them participate, just 9.9% reported actual physical force or threats of harm. Of the men in Risin and Koss' sample (1987), 30.7% indicated that the primary reason they participated in the sexual activity was because they were curious.

Theoretical Models of Abuse Occurrences

Individual pathology.

Models to explain the occurrence of sexual abuse have examined the roles of both the victim and the perpetrator. Traditional psychodynamic theories of Freud suggest that children fantasize sexually about their parents and other adults, which might lead to the realization of the fantasies (Finkelhor, 1979). More recent theories of victim pathology are less psychodynamic. For example, Finkelhor (1979) described two victim-related theories. Finkelhor suggested that some children lack parental attention, and consequently act in ways that encourage sexual advances by adults. A second theory described by Finkelhor (1979) suggests that some children are more vulnerable to sexual abuse because they fail to take self-protective actions. These children are unable to prevent or stop the abuse. However, more recent theories place less blame on child victims.

The perpetrator has also been viewed as the cause of the abuse. Early theories viewed the perpetrators as the "degenerates" of society suffering from mental retardation, moral deviance, or psychopathology (Finkelhor, 1979; Patat, 1990). In an article on maternal incest, Krug (1989) described a psychodynamic theory in which the mother is

believed to be flawed. Psychodynamic theories suggest that perpetrators had an overly seductive mother who caused a traumatic experience during a developmental stage (Finkelhor, 1979; Patat, 1990). Additionally, psychodynamic theories suggest that a pleasurable and memorable sexual experience, causing fixation during development, could lead to the attraction to children (Patat, 1990). However, recent empirical research does not support the psychodynamic theories (Finkelhor, 1979; Patat, 1990).

Groth (1978, 1982) reported that perpetrators were no different than the rest of the population with regard to major demographic characteristics, although they did differ in their response to stress. Under crises, perpetrators who would normally prefer adult sexual partners may cope with stress by regressing and engaging in pedophilia.

Sociological models.

Sociological models offer another explanation for sexual abuse. Incestuous families tend to be either physical or socially isolated from outside contacts and community resources (Allen & Lee, 1992; Finkelhor, 1979). Within an isolated family, important emotional needs are met by family members only. Finkelhor (1979) suggests that few opportunities for the individuals to form relationships outside the family may encourage family members to interact sexually. For example, both Finkelhor (1984) and Fromuth (1986) found that women who had been abused had fewer friends at age 12 than nonabused counterparts. However, the relationship between social isolation and sexual abuse is not clear.

Family pathology model.

A family systems framework is often used to explain the dynamics of incestuous families and the development of child sexual abuse (Allen & Lee, 1992; Mrazek &

Bentovim, 1981). Finkelhor (1979) suggests that sexual abuse tends to occur in socially isolated families in which deviance can emerge without scrutiny from the public. Haugaard and Repucci (1988) describe a strong patriarchal family run by a dominant father in which the mother is submissive and passive. However, the opposite pattern has also been found in which the mother is the dominant figure in the family. Finkelhor (1979) suggests that role confusion may be a possible model by which abuse occurs. When parents have a strained relationship, the father may turn to the daughter to receive emotional and sexual support, particularly in families where the mother is incapacitated or unavailable (Finkelhor, 1979).

Allen and Lee (1992) propose that certain family characteristics, including family chaos, parental absence, and parental unavailability, are also associated with extrafamilial sexual abuse. In a chaotic family with general disorganization of family structure and life style, intergenerational boundaries and role confusion may occur (Will, 1983). Supporting this theory are findings suggesting children in families characterized by chaotic organization may be more vulnerable to extrafamilial abuse than children from more rigid families (Alexander & Lupfer, 1987). Furthermore, individuals with a history of sexual abuse are more likely than nonabused controls to come from disrupted families where one or both parents are absent for long periods or from families with a high level of marital conflict or incohesiveness (Alexander & Lupfer, 1987; Bryer, 1987; Finkelhor et al., 1990; Peters, 1988; Russell, 1986). Finkelhor (1979) also suggests that the emotional climate in abusive families may be dominated by the fear of abandonment. In these cases, children may tolerate or even encourage abuse as a means of receiving affection that would otherwise be unavailable (Finkelhor, 1979).

Finkelhor's Unified Theory.

Finkelhor (1984) argues for a unified theory capable of accomodating the diversity of sexual abuse (including both intrafamilial and extrafamilial abuse) as well as incorporating psychological and sociological theories. Finkelhor suggests that there are four preconditions that must be met before sexual abuse can occur. First, the potential offender needs motivation to sexually abuse a child. The offender may be motivated because the child satisfies an emotional need, because the individual is aroused by the child, or because other means of sexual satisfaction are not available. Second, the offender must overcome internal inhibitions, including personal and cultural values, against that motivation. Third, the offender must overcome external inhibitors that might prevent being alone with the child. Finally, the offender must overcome any possible resistance from the child, such as fighting back or refusing to keep a secret. If each of the preconditions are met, then sexual abuse is likely to occur (Finkelhor, 1984).

Possible Effects of Child Sexual Abuse on Survivors

The sexual abuse literature suggests that at least some portion of sexual abuse survivors experience both initial and long-term difficulties. Early research in the area of child sexual abuse focused primarily on difficulties experienced by female survivors. More recent research has begun to investigate possible effects of sexual abuse for male survivors. However, the literature on male survivors using empirical studies with adequate controls is limited. Therefore, studies of female survivors will be reviewed.

Initial effects.

In Browne and Finkelhor's (1986) review of the problems associated with the child sexual abuse of female survivors, initial effects reported included reactions of fear,

anxiety, depression, anger and hostility, and inappropriate sexual behavior. Unfortunately, there have been few studies of the initial effects of child sexual abuse on male survivors. Conclusions are often based on few studies using small or clinical samples, not including control groups, or focusing on a single measure (Garnefski & Arends, 1998). Because of limited empirical research, conclusions about the initial effects of sexual abuse of males should be considered tentative. Research generally suggests that the initial effects of sexual abuse are similar for both sexes (Finkelhor, 1990). For example, Conte et al. (1986) found there were no statistically significant differences between boys and girls on 33 of the 37 symptoms evaluated.

Initial effects of male sexual abuse appear to include a detrimental effect on behavior, emotional reactions and self-concept, physiological symptomatology, social functioning, and sexual behaviors and functioning (Urquiza & Capra, 1990). Existing differences between boys and girls are often conceptualized along the dimension called "internalizing" and "externalizing" problems (Friedrich, Urquiza, & Beilke, 1986, 1988). While girls are more likely to internalize their problems and exhibit self-destructive behaviors, boys are more likely to exhibit externalized behavioral problems than a nonabused control group (Friedrich, Beilke, & Urquiza, 1987, 1988; Friedrich, Urquiza, & Beilke, 1986). Boys are more often reported to act aggressively (Gomes-Schwartz, Horowitz, & Cardarelli, 1990), and girls are more often reported to act depressed (Conte et al., 1986). Although not all sexually abused boys respond in this way, research suggests that common behavioral problems include aggression, destructive behavior, problems with peer relations, and argumentativeness. In addition, common reactions of sexually abused boys as recorded by Rogers and Terry (1984) included confusion/anxiety

over sexual identity (Pierce, 1987), inappropriate attempts to reassert masculinity (Stein et al., 1988), and recapitulation of the victimizing experience by identifying with the perpetrator (Becker, 1988).

Long-term effects.

As with the literature on initial effects of sexual abuse, the majority of conclusions made about the long-term effects of sexual abuse have been based on female samples or case studies and clinical impressions. Often, because of the scarcity of empirical research on male survivors, extrapolations are made from the female literature. However, there is preliminary evidence suggesting significant, adverse, long-term problems for sexually abused males in adulthood.

One of the most common problems investigated with male survivors is depression. In a sample of men and women presenting at a crisis center, Briere et al. (1988) found no sex differences in a range of disorders, including depression, despite evidence that females reported more severe and frequent abuse. In a review of male sexual abuse literature, Watkins and Bentovim (1992) concluded that depression is more common in males who have been sexually abused than in nonabused controls. Other studies and clinical impressions support the finding that depression is common among sexually abused men (Dimock, 1988; Krug, 1989; Stein et al., 1988; Stiffman, 1989; Swett et al., 1990). However, contradictory to Briere's conclusions, findings from the large-scale Los Angeles Catchment Area Study indicate that depression appears to be less common in abused men than in abused women (Stein et al., 1988).

Furthermore, Briere et al. (1988) found that both sexually abused men and women had made more previous suicide attempts than nonabused controls (55% vs. 23%). Other

researchers support this showing increased suicidality among male survivors as compared to nonabused controls (Brown & Anderson, 1991; McCormack et al.; 1986; Singer, 1989).

Clinical impressions of male sexual abuse survivors suggest that abused males have low self-esteem (Dimock, 1988; Hunter, 1990; Singer, 1989). Cavaiola and Schiff (1989) reported that self-esteem in their sample of male abused runaway adolescents was significantly lower than nonabused controls. However, Fromuth and Burkhart (1989) concluded that low self-esteem has no association with sexual abuse in men. Other contradictory evidence has been found (Rew et al., 1991; Stein et al., 1988)

Males who have been sexually abused have been found to have increased prevalence of anxiety disorders (Briere et al., 1988; McCormack et al., 1986; Stein et al. 1988; Swett et al., 1990; Watkins & Bentovim, 1992). In a study of 20 adult male survivors of sexual abuse, 11 men (55%) met diagnostic criteria for posttraumatic stress disorder (PTSD), 8 men (40%) met diagnostic criteria for panic disorder, 9 men met diagnostic criteria for social phobia (45%), and 5 men (25%) met diagnostic criteria for simple phobia (Schulte, Dinwiddie, Pribor, & Yutzey, 1995).

Based on individual cases and uncontrolled clinical studies, high percentages of male sexual abuse survivors have presented with substance abuse problems (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 1989; Singer, 1989). In a sample of 20 men with histories of sexual abuse, all recruited from mental health professions, 60% met diagnostic criteria for alcohol abuse or dependence, and 35% met criteria for drug abuse or dependence (Schulte et al., 1995). In the large sample Los Angeles Catchment Area Study, Stein et al. (1988) found that, for adult male survivors of sexual abuse, the main

impact was in the area of substance abuse. In a study of 370 male adolescents reporting a history of sexual abuse, Chandy et al. (1997) found that abused males indicated significantly more frequent use of tobacco and marijuana as compared to nonabused controls. Based on a clinical sample of 69 men with histories of sexual abuse, Olson (1990) found that the abused men were significantly more likely to have compulsive behaviors such as chemical addiction and abuse.

Arguments against increased prevalence of substance abuse among male survivors have been made by Urquiza and Capra (1990), who claim that there is very little support that survivors develop addictive behaviors. Likewise, a subset of studies do not support the finding that substance abuse is associated with male sexual abuse (Brown & Anderson, 1991; Langevin et al., 1989; Olson, 1990; Stein et al., 1988).

Another outcome for male survivors of sexual abuse may be anger at oneself, perpetrator, or others who could have prevented it. Anger can present as outbursts of rage or violent fantasies. Olson (1990) found that a significantly higher proportion of male abused clients of a mental health clinic reported having problems with anger than nonabused clients (89% vs. 44%). In their analysis of a Trauma Symptoms Checklist (TSC-33), Briere et al. (1988) found that male survivors reported more anger than female survivors. The majority of support for anger as a consequence of abuse for males comes from case studies (Bruckner & Johnson, 1987; Dimock, 1988; Hunter, 1990), and empirical research supporting this conclusion is limited. Few empirical studies have examined anger in male survivors, but Stein et al. (1988) reported no difference in the anger reactions of males and females in the Los Angeles Catchment Area Study. Additional empirical research is needed in this area.

Male sexual abuse has also been associated with sexual functioning difficulties. In a study of 582 college students, Fromuth and Burkhart (1989) found that abused males reported premature ejaculation and erectile difficulties more often than nonabused males. In a study of males being seen at an adolescent medicine clinic, Johnson and Shrier (1985) reported that survivors of preadolescent sexual abuse were more likely to report nonorganic sexual dysfunctions (25%) than nonabused controls (5%). Specific sexual problems included premature ejaculation, erectile dysfunction, retarded ejaculation, exhbitionism, sexual masochism, fetishism, sexual sadism, and frotteurism (Hunter, 1991). In the large scale Los Angeles Catchment Area study, Stein et al. (1988) found that twice as many sexually abused women as sexually abused men reported fear of sex, lowered libido, and less sexual pleasure. Finkelhor (1984), using a measure of "sexual self-esteem" developed for a study of male and female survivors of sexual abuse, found that abused men had lower sexual self-esteem than abused women and nonabused controls.

Problems of sexual compulsivity (e.g., frequency and perceived control of sex behaviors) and high risk sexual behaviors have also been suggested to be associated with histories of sexual abuse (Dimock, 1988; Krug, 1989; Zierler et al., 1991). Bartholow et al. (1994) studied a group of adult homosexual and bisexual men (N=1001) attending urban sexually transmitted disease clinics and concluded that sexually abused men were significantly more likely to engage in STD risk behaviors. Among the risky behaviors reported by Bartholow et al. (1994) were receptive and unprotected anal intercourse and acceptance of money, drugs, or other forms of payment in exchange for sex. Olson (1990) compared 44 sexually abused males and 22 nonabused males in a mental health

center and found that significantly more abused males had problems of compulsive sexual behavior (75% vs. 20%), prostitution (14% vs. 0%), abusive partners (48% vs. 16%), and compulsive relationships (55% vs. 20%).

In a study of 36,000 7th-12th grade public school students, Chandy et al. (1997) found that significantly higher proportions of male adolescents with histories of sexual abuse indicated ever having sexual intercourse, more frequent sexual intercourse, and ever causing a pregnancy. The abused group was also significantly younger in reported age of onset of sexual intercourse (13.9 years versus 15.1 years). Additionally, Chandy et al. (1997) found that a significantly greater proportion of the abused adolescents reported involvement in prostitution. In a similar study by Nagy et al. (1994), sexually abused adolescent males (N=105) were significantly more likely to have had multiple sexual partners and to have caused a pregnancy than nonabused controls. Zierler et al. (1991) found that male survivors of abuse were nearly eight times more likely to report a history of prostitution and were two times as likely to have multiple sexual partners on an average yearly basis than nonabused controls.

However, Fromuth and Burkhart (1989) found no significant differences among male survivors of sexual abuse compared to nonvictims on multiple measures of sexual behaviors, including frequency of noncoital sexual behavior, ever having had sexual experience with a woman, sexually promiscuity, number of sexual female partners, frequency of masturbation, homosexual experiences after age of 12, desirability of having sexual intercourse with a woman, compulsive sexual problems, and self-rated sexual adjustment as measured by the Finkelhor Sexual Self Esteem Scale (FSSES).

Although there is disagreement among researchers, it has been suggested that male survivors of sexual abuse are at risk of themselves becoming a perpetrator. Groth (1979) examined male repetitive sex aggressors in a prison study and found that at least a third reported sexual abuse histories. In a study of 17 male adolescent sexual offenders, Longo (1982) reported that 47% had been sexually abused as children. Clinical impressions support these findings. In a clinical sample of 11 men sexually abused as children, Bruckner and Johnson (1987) reported the men expressed concern about potential for sexual behavior with children. Woods and Dean (1984) examined survivor self-concept and sexual attitudes and values via a telephone interview of 86 self-selected adult male survivors. Reportedly, 16% of the men in their sample reported sexual fantasies or sexual attraction toward children. Fourteen percent of the men said that sexual activity between parents and children is healthy, and another 20% agreed with the statement: "Parents should show their kids sexual practices." In Urquiza and Crowley's (1986) sample, 25% of the male survivors said they had some kind of sexual fantasies involving children (vs. 9% of the nonvictimized men and 3% of the victimized women). Furthermore, 13% of the male survivors indicated a desire to fondle or engage in sexual activities with a child (vs 6% of nonvictimized men and 4% of victimized women).

In a study of 193 male undergraduates, Briere and Runtz (1989) found that 21% reported sexual attraction to some small children, 9% described fantasies involving children, 5% admitted having masturbated to fantasies involving children, and 7% reported that there was some likelihood of having sex with a child if detection and punishment could be avoided. Although the study was not intended to investigate long-term effects of sexual abuse, these sexual interests were associated with negative early

sexual experiences. However, Watkins and Bentovim (1992) reviewed the literature and concluded that no community sample has offered support for perpetrator risk as a long-term effect of male sexual abuse.

Another often reported symptom of sexually abused males is sexual identity confusion (Rogers & Terry, 1984). Further, it has been suggested that males who are sexually abused by male perpetrators may subsequently develop a preference for homosexual orientation (Beitchman et al., 1992; Dimock, 1988). Finkelhor (1979) concluded that males who had been abused before the age of 13 were four times more likely than nonabused controls to be currently homosexually active. Similarly, adult clinical and case studies have found sexual preference to be a common concern for sexually abused men (Dimock, 1988; Krug, 1989). Research of adolescent males also supports these findings. In a sample of 80 adolescent males being seen at an adolescent medicine clinic, male survivors of preadolescent sexual abuse were nearly seven times more likely to identify themselves as homosexual or bisexual than adolescents with no sexual abuse history (Johnson & Shrier, 1987). It has been suggested that male survivors may perceive that they were uniquely selected by a male perpetrator because they have certain qualities characteristic of homosexual individuals (Finkelhor, 1984). Rogers and Terry (1984) postulate that by labeling oneself as a homosexual, a male survivor may place himself in situations in which he might take part in further homosexual activity and thus begin to develop a homosexual orientation.

However, other researchers have found no association between child sexual abuse and adult homosexuality (Bell, Weinberg, & Hammersmith, 1981; Fromuth & Burkhart, 1989; Gilgun & Reiser, 1990; McCormack et al., 1986). Fromuth and Burkhart's (1989)

study of two college samples found no differences in likelihood of a homosexual experience occurring after the age of 12 for abused males than for nonabused males. However, the majority of the perpetrators in their sample were females and findings might have been affected by this somewhat unique factor. Similarly, McCormack et al. (1986) found that runaway sexually abused boys reported no more sexual confusion than nonabused boys.

Some male survivors of sexual abuse may develop a fear of being identified, either by himself or by others, as homosexual (Gilgun & Reiser, 1990; Nasjleti, 1980; Vander-May, 1988). Etherington (1995) examined case studies of adult males sexually abused as children and concluded that men tended to be more fearful of those who were the same gender as their perpetrator. Men abused by males were found to experience more gender confusion than men abused by females. This irrational fear, often termed "homophobia," may be a direct result of the anxiety produced by society's disapproval of homosexuality (Dhaliwal et al., 1996). Clinical and case studies have found similar fears in male survivors (Dimock, 1988; Krug, 1989). Consequently, Rogers and Terry (1984) suggest that males may make inappropriate attempts to reassert their masculinity, explaining possible increased perpetrator risk. Case studies indicate that male survivors may make attempts to "prove" their masculinity by having multiple female sexual partners, sexually victimizing others, and/or engaging in dangerous or violent behaviors (Bruckner & Johnson, 1987; Lew 1988).

Male survivors of sexual abuse may experience difficulties in interpersonal relationships. McCormack et al. (1986) found that abused adolescent males reported more difficulty interacting with friends of both the same sex and opposite sex than

nonabused controls. Additionally, the abused males in this sample reported significantly greater fear of adult men. In a study of 89 Canadian male runaways, Janus et al. (1987) found a significantly greater difficulty with all types of interpersonal relationships and friendships for sexually abused male adolescent runaways as compared to nonabused male runaways. This included withdrawal from relationships and fear of adult men (Janus et al., 1987).

Theories of Negative Effects

Researchers have proposed multiple theories to explain how traumatic events might lead to difficulties in later adjustment. More specifically, the theories offer explanations of difficulties resulting from childhood sexual abuse.

Psychodynamic model.

One of the possible explanations for why problems are associated with sexual abuse has been framed from a psychodynamic perspective. It has been suggested that sexual stimulation of the child at an inappropriate age, particularly familial abuse, leads to an unconscious Oedipal complex that cannot be managed by an immature ego (Haugaard & Repucci, 1988). Behavioral and interpersonal consequences can be conceptualized as defensive behaviors. Additionally, the child may be developmentally fixated and prevented from entering the latency period (Haugaard & Repucci, 1988).

Traumagenic dynamics model.

Finkelhor and Browne (1985) propose the traumagenic dynamics model as a framework to explain problems associated with child sexual abuse. Finkelhor and Browne (1985) propose that sexual abuse can manipulate a child's cognitive and emotional orientation to the world. The model proposes four traumagenic dynamics: traumatic sexualization, betrayal, powerlessness, and stigmatization. The child's

perception of the world can be affected differently by each of the dynamics. The nature of the abuse and the individual characteristics of the child determine the extent to which the child is affected by each dynamic.

The first dynamic, traumatic sexualization, is "the process by which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion" (p. 531). The child is often rewarded for developmentally inappropriate sexual behavior and may experience confusion and misconceptions regarding sexuality or develop unusual emotional associations to sexual activities.

Second, betrayal is the "dynamic by which children discover that someone on whom they were vitally dependent has caused them harm" (p. 531). As a result, the child may realize a trusted person has manipulated them. Feelings of betrayal may also arise if a child's disclosure of the abuse is not believed or if trusted family members were unable or unwilling to protect the child from the abuse. In adults, this may explain an inability to form stable, trusting relationships with either men or women (Cermak & Molidor, 1996).

The third dynamic, powerlessness, is described as "the process in which the child's will, desires, and sense of efficacy are continually contravened" (p. 532). Powerlessness is experienced when a child's territory and body space are repeatedly invaded, and is reinforced when the child is unable to end the abuse.

Stigmatization, the fourth dynamic, includes "the negative connotations (e.g., badness, shame, and guilt) that are communicated to the child around the experiences and that then become incorporated into the child's self image." (p. 532). Stigmatization is caused by the survivor being blamed for the abuse and can lead to shame and guilt.

Finkelhor and Browne's model can be applied to both males and females. However, Mendel (1995) proposes that there are gender differences in the saliency or potency of the four dynamics. It has been argued that males experience greater stigmatization than females (Mendel, 1995). Stigmatization may be greater when secrecy is encouraged, making males feel more isolated or unusual. The male survivor may be stigmatized when he is held responsible for the abuse (Finkelhor, 1984; Nasjleti, 1980). Additionally, because most perpetrators are male, male survivors may question their sexual preferences, and may even withdraw and isolate themselves (Cermak & Molidor, 1996). Powerlessness may be especially relevant for males because of the male role expectation of powerfulness and self-reliance (Mendel, 1995) and because of societal prohibitions of males being vulnerable, weak, or helpless (Cerman & Molidor, 1996).

Cognitive theories.

The attributional approach, based on the theory of learned helplessness (Abramson, Seligman, & Teasdale, 1978), has been applied to sexual abuse survivors. According to the learned helplessness hypothesis, learning that outcomes are uncontrollable results in motivational, cognitive, and emotional deficits (Abramson, Seligman, & Teasdale, 1978). The expectation that a response will not affect an outcome decreases the likelihood of the response. When an individual learns that the outcome is uncontrollable, it is difficult to later learn that responses produce the outcome. As a consequence of learning that outcomes are uncontrollable, the individual may experience depression.

It is suggested that causal attributions and expectations mediate an individual's response to uncontrollable life events, such as abuse (Gold, 1986). Three dimensions of

attributions exist: internal-external, stable-unstable, and global-specific. Individuals making internal attributions tend to believe outcomes are caused by their own responding, whereas individuals making external attributions tend to believe outcomes are not caused by their own responding, but are caused by luck, chance, or fate. Stable factors are long-lived or recurrent; unstable factors are short-lived or intermittent. Global attributions are made when outcomes are thought to extend to most or every aspect of life. Specific attributions focus on one particular situation or event. The learned helplessness theory suggests that when abuse or other negative events are perceived as resulting from internal, stable, and global causes, problems such as depression may result (Gold, 1986).

Gold (1986) found support for this theory, concluding that survivors' attributional style is related to adult functioning. Abuse survivors reporting psychological distress and low self-esteem were likely to have an attributional style marked by internal, stable, and global attributions for bad events (Gold, 1986). Additionally, Mannarino and Cohen (1996) found that personal attribution for negative events was related to increased internalized distress in sexually abused children.

Janoff-Bulman and Frieze (1983) propose that psychological distress is caused by the shattering of basic assumptions that survivors hold about themselves and the world. Victimization results in changes of three assumptions, including the belief in personal invulnerability, the perception of the world as meaningful, and the view of the self as positive. Janoff-Bulman (1992) describes Martin Lerner's "just world theory," which posits that people have the need to believe in a just world in which people get what they deserve and, likewise, deserve what they get. According to Janoff-Bulman (1992), a child's assumptive world is less solidified than an adult. An extreme negative

experience, such as child sexual abuse, will disrupt the assumptive world of a child. When children are victimized by people they trust and cannot find comfort in a secure, protective environment, they will carry negative views of the self and the world into adulthood. Furthermore, Janoff-Bulman (1992) argues that negative views will become part of the fundamental schemas of their assumptive world.

Jehu (1989) has also proposed a cognitive model to explain the effects of abuse. He suggests that mood disturbances and related problems in adult survivors of child abuse are mediated by the survivor's distorted beliefs concerning the traumatic experiences. Adapting his model from the work of Aaron Beck and his associates (Beck, 1976; Beck & Emery, 1985; Beck, Rush, Shaw, & Emery, 1979), Jehu (1989) suggests that distorted or unrealistic beliefs lead to distressing feelings and inappropriate actions.

In support of his theory, Jehu examined 51 adult female survivors of childhood sexual abuse and found that abuse-related negative thoughts and beliefs were associated with feelings of shame or guilt, low self-esteem, and other depressive symptoms. However, recent research indicates that the presence of abuse specific variables might influence the extent to which survivors develop cognitive distortions. For example, Owens and Chard (2001) examined 79 female adults reporting histories of child sexual abuse and concluded that the occurrence of penetration appears to lead to greater disruption of the survivor's beliefs about power, trust, and self-worth.

Jehu's (1989) adaptation of Beck's (1976) cognitive theory suggests that mood disturbances are mediated by distorted beliefs concerning the abuse. Distorted and unrealistic beliefs, such as self-blaming or self-denigratory beliefs, are argued to lead to distressing feelings and inappropriate actions. For example, Jehu (1989) evaluated 51

adult female survivors and found that childhood sexual abuse is associated with abuse-related negative thoughts and beliefs, which are associated with feelings of shame or guilt, low self-esteem, and other depressive symptoms. The presence of a mood disorder might be associated with decreased relationship satisfaction or other relationship difficulties. Likewise, difficulties in the various facets of adult male relationships might be related to psychological distress, such as depression or anxiety.

Learning theories.

Learning theories, including classical conditioning, operant conditioning, instruction, and observational learning, have been proposed to explain difficulties encountered later in life by sexual abuse survivors. According to models of classical conditioning, stimuli associated with traumatic events can come evoke responses similar to those experienced during the trauma (Follette, Ruzek, & Abueg, 1998). For example, survivors may experience negative emotions (fear, shame, and anger) during an abuse experience. These same feelings may be elicited later in life by stimuli similar to the abuse experience. For example, a survivor of sexual abuse might associate negative emotions with the close interpersonal relationship they had with a perpetrator. These negative emotions may generalize later in life to all other adult intimate or close relationships. Other aspects of the abuse, including physical stimulation and feeling cared for and loved, might also become associated with the negative or coercive aspects of the abuse experience. When associations between the negative aspects of the abuse and positive aspects of intimacy are made, survivors may come to view abusive situations as a way of gaining acceptance or developing intimacy.

Operant conditioning has also been used as a model to explain maintenance of maladaptive behaviors observed in sexual abuse survivors. According to this paradigm, many of the behaviors of trauma survivors are maintained by their emotional, social, and environmental consequences (Follette, Ruzek, & Abueg, 1998). Certain behaviors are reinforced and thus strengthened, whereas other behaviors are punished.

Other social learning principles, including instruction and modeling, have been used to explain the development of abuse-related difficulties. A social learning model proposes that learning is mediated through a social learning process involving the perpetrator. Berliner and Wheeler (1987) suggest that adjustment difficulties develop as a result of maladaptive social behaviors, beliefs, and attitudes learned from the abuse experience, as well as a failure to learn adaptive behaviors. For example, children may be explicitly told by the perpetrators or by individuals to whom the abuse is disclosed that they are bad or dirty. Verbal and nonverbal messages can lead to formation of beliefs about self. When a child believes he or she is not worthy of good interpersonal relationships, later relationships might also be characterized by distrust and dysfunction. Children may also model pathological behavior of their parents. Children whose parents are perpetrators or who have psychopathology, such as depression or substance abuse, may learn similar behaviors through modeling.

As a more comprehensive explanation of trauma-related behaviors, learning theorists have combined classical conditioning and operant learning to form Mowrer's two-factor theory (Mowrer, 1960). According to this theory, fear is acquired through the process of classical conditioning and fears are maintained through avoidance (Follette, Ruzek, & Abuerg, 1998). Anxiety or fear reduction gained through avoidance behavior is

negatively reinforcing for the individual. Because avoidance prevents exposure to the conditioned stimulus, new learning, which would allow for extinction of the fears, does not occur. For example, a sexual abuse survivor may avoid intimate relationships, thus also avoiding anxiety that is associated with intimate relationships. The avoidance behaviors are negatively reinforced by the reduction or removal of anxiety or fear. However, because the survivor is not exposed to intimate relationships that are not abusive, new learning does not occur.

One theory of abuse effects focuses on the role of emotional avoidance (Follette, 1994). The theory of emotional avoidance, based on a model developed by Hayes (1987), suggests that behavioral strategies function to either temporarily avoid or alleviate negative abuse-related internal experiences (Follette, 1994). Emotional avoidance is described as the unwillingness to experience unpleasant internal events, including thoughts, memories, and affective states associated with an abuse history. Additionally, there are often attempts to reduce, numb, or alleviate these negatively self-evaluated internal events through dissociation, substance abuse, or self-mutilation. Thus, intense negative emotions associated with sexual abuse experiences are reduced or suppressed, negatively reinforcing avoidance behaviors.

Attachment theory.

Another theory that may help to explain the development of adjustment problems following child sexual abuse is attachment theory. According to Bowlby (1982), emotional responses reflect the long-term quality of the attachment between a child and his or her primary caregivers. Bowlby theorizes that humans have an "attachment behavioral system" that causes an infant to bond emotionally with an "attachment figure."

Attachment theory postulates that the attachment figure acts as a "safe haven" when the child is distressed and as a "secure base" from which to explore the environment.

Ainsworth et al. (1978) researched differences in attachment bonds and identified three types of attachment bonds based on a child's response to separation and reunion with parent while in an unfamiliar environment. The majority of the infants were classified as having a "secure" attachment. Additionally, Ainsworth identified two other patterns considered to be "insecure" attachments. Those labeled as "avoidant" expressed distress during separation from the caregiver and displayed a lack of acknowledgment or rejection of the caregiver at reunion. Those labeled "anxious/ambivalent" also expressed distress during separation from the caregiver, but displayed both approach and rejection at reunion. A fourth category, labeled "disorganized/disoriented," has since been identified (Main et al., 1985). Attachment may be affected by the experience of sexual abuse. It is often thought that children who have been sexually abused are less securely attached to caregivers. Bowlby (1988) postulates that attachment patterns, once formed, are likely to persist into adulthood. According to Hazan and Shaver's (1987) model, securely attached adults are comfortable depending on others and find it easy to get close to others. Avoidantly attached adults are uncomfortable being close to others and find it difficult to trust them. Anxiously attached individuals see others as reluctant to get close and worry that others do not care for them.

Adult Romantic Relationships

A large number and wide variety of problems associated with male sexual abuse have been identified. Another area of function for male survivors of sexual abuse that may be affected is intimacy and couple functioning. Unfortunately, the majority of the

information about the adult romantic relationships of male sexual abuse survivors comes from case histories or clinical impressions. However, the existing literature suggests that adult male survivors of sexual abuse may tend to avoid intimacy and have difficulty establishing relationships (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 1989). When relationships are established, they may be characterized by an inability to trust and by relationship dissatisfaction. Existing literature concerning relationships of adult male survivors will be examined. Although there is limited research with abused men, there is a small body of literature with women sexually abused as children suggesting difficulties in adult romantic relationships. Because of the limited research on male survivors of sexual abuse, literature concerning female survivors will also be reviewed

Intimacy difficulties.

Clinical impressions indicate that male survivors avoid intimacy (i.e., emotionally withdraw and isolate themselves) and may have difficulty establishing and maintaining relationships (Bruckner & Johnson, 1987; Dimock, 1988; Krug, 1989). Krug (1989) examined eight case histories of male survivors of sexual abuse and concluded that all men in his sample experienced difficulty maintaining an intimate, emotional, and sexual relationship with one person. Similarly, Bruckner and Johnson (1987) concluded that the 11 adult male survivors in their clinical sample exhibited difficulty establishing and maintaining relationships. Furthermore, some of the men in Bruckner and Johnson's (1987) sample avoided intimate relationships altogether. In Dimock's (1988) clinical observations of 25 adult males sexually abused as children, all men involved in an intimate relationship (both homosexual and heterosexual) reported difficulty maintaining relationship stability. The men reported that stable, trusting relationships were difficult to

establish, and that relationships often began with intense involvement followed by abrupt withdrawal and isolation. Long-term relationships were characterized by instability and frequent threats to leave the relationship (Dimock, 1988).

Although the empirical research investigating romantic relationships of adult survivors of sexual abuse is sparse, the majority suggests that intimacy and relationship stability might be areas of difficulty for males. In a national telephone survey (N=2,630), both adult male and female survivors of child sexual abuse reported more marital disruption than nonabused controls (Finkelhor, Hotaling, Lewis, & Smith, 1989). Confirming the overall similarity between men and women in long-term response, Finkelhor et al. (1989) found no significant differences between genders on marital disruption. A study of clinicians' abuse histories revealed that adult men with histories of abuse were twice as likely to be unmarried than nonabused men (Nuttal et al., 1994). Lisak and Luster (1994) examined a college sample of sexually abused men (N=31) and concluded that sexual abuse survivors reported more negative experiences in relationships than nonabused subjects. The intimate relationships of male survivors' ended more frequently because of affairs or abuses committed by one of the partners, or because of repeated conflicts (Lisak & Luster, 1994). No known research is inconsistent with the findings indicating that intimacy and relationship stability may be an area of difficulty for male survivors, but a study by Fromuth and Burkhart (1989) should be considered. Fromuth and Burkhart (1989) compared sexual relationships between male survivors and nonvictims and found no differences in 1) currently being involved in relationship, 2) not dating in last month, or 3) age at which dating began.

Research also suggests that adult female survivors of child sexual abuse have difficulties related to intimacy and relationship stability. Adult female survivors of child sexual abuse are more likely to remain single (Bifulco, Brown, & Adler., 1991; Russell, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1989). Of the 26 abused women in Meiselman's (1978) clinical sample, 39% had never been married compared to 20% of the control group. Bifulco et al. (1991) examined early sexual abuse and marital history of women and found that higher rates of sexual abuse were reported by women who had ever divorced or separated (14%) or had never married (23%) than women who had married with no history of divorce or separation (6%). In Courtois' (1979) community sample, 79% of survivors of sexual abuse reported moderate or severe problems in relating to men. Furthermore, 40% of the abuse survivors had never been married (Courtois, 1979). However, in DiLillo and Long's (1999) sample of 51 female survivors, abused women were more likely than nonabused women to have been married or cohabiting at the time of the study.

Additionally, adult female survivors tend to report a history of multiple, superficial, or brief sexual relationships that quickly end as intimacy develops. (Courtois, 1979; Herman, 1981; Maltz & Holman, 1987; Meiselman, 1978). In a study of a clinical sample of 40 incest survivors, Herman (1981) concluded that incest survivors had difficulties in establishing lasting relationships and described the relationships as "often stormy and tormented." (p. 100).

A frequently reported difficulty experienced by adult women sexually abused as children is relationship conflict with their spouse or partner (Jehu, 1988; Swink & Leveille, 1986). Meiselman's (1978) clinical study of 26 cases of father-daughter incest

revealed that 64% of the women reported conflict with or fear of their husbands or sex partners as compared to 40% of the control group. An increase in conflict and marital discord might lead to a greater likelihood of separation or divorce.

Trust.

It has been proposed that the perpetrator of abuse is often a trusted individual, resulting in generalization of distrust by the survivor to other individuals (Maltz & Holman, 1987). Limited support for this theory has been found. In Bruckner and Johnson's (1987) clinical sample of 11 adult males, all group members reported difficulty with trust. However, all the men in Bruckner and Johnson's (1987) sample reported that they felt more comfortable expressing their emotions to women than they did to men and generally avoided intimacy with others. No known empirical studies examining trust in male survivors of sexual abuse have been published

Women survivors of sexual abuse appear to have difficulties with trust. Women sexually abused as children report fear and distrust of sex partners and people in general (Briere & Runtz, 1990; Courtois, 1979; Jehu et al., 1984, Maltz & Holman, 1987; Meiselman, 1978). Maltz and Holman's (1987) reported findings from a sample of 35 women currently receiving therapy for incest related concerns. In the study, an open-ended question format was used to assess beliefs concerning sexuality and its relationship to incest. Included in the questionnaire was an inquiry about possible relationship concerns. Maltz and Holman (1987) reported frequent complaints of an inability to trust, but did not report the exact number of women indicating difficulties with trust.

Sexual abuse survivors typically report having less interpersonal trust in relationships with both men and women (Briere & Runtz, 1990). In Jehu, Gazan, and

Klassen's (1984) sample of 51 abuse survivors, 77% of the sample endorsed the statements, "No man can be trusted" and "It is dangerous to get too close to anyone because they always betray, exploit, or hurt you." Similarly, in a study of an undergraduate sample of 51 abused women, DiLillo and Long (1999) concluded that abuse survivors reported less trust in their intimate relationships with partners than nonabused women.

Relationship satisfaction.

Relationship satisfaction also appears to be problematic for male survivors. In a study of a community sample of adult males (n=24) and females (n=28) recruited by newspaper ads, Hunter (1991) concluded that a common area of dysfunction is dyadic relationship functioning. Specifically, abused males and females reported significantly less relationship satisfaction in their intimate relationships as measured by the Dyadic Adjustment Scale (DAS) when compared to their nonabused counterparts (Hunter, 1991). Finkelhor et al.'s (1989) nationwide survey (N=2,630) indicated that both adult male and female survivors reported less satisfaction with current heterosexual relationships than nonabused controls. Larger differences in reported satisfaction were found for younger men (18-29 age group) and older women (40-49 and 60 and older age groups) (Finkelhor et al., 1989).

Studies investigating only adult females have found that women survivors also report less satisfaction in their intimate relationships. In a study of adult females, Edwards and Alexander (1992) found an association between child sexual abuse and less satisfying relationships with men. DiLillo and Long (1999) examined an undergraduate

sample of 51 abuse survivors and concluded, compared to nonabused women, survivors reported lower overall relationship satisfaction.

Attachment.

Less secure attachment styles, including avoidant and anxious attachment styles, are traditionally thought to be associated with childhood abuse, and research suggests that adult survivors of sexual abuse may be less securely attached to romantic partners. Mickelson et al. (1997) used Hazan and Shaver's (1987) attachment measure in a large nationally representative sample of 8,098 adults and found that sexual molestation was related to both avoidant and anxious attachment styles in adulthood. Other studies have investigated reported childhood attachment and adult attachment. For example, Styron and Janoff-Bulman (1997) concluded from a study of 879 students that those reporting a history of abuse reported both their childhood and adult relationships as less secure than nonabused controls. Individuals with abuse histories reported having less secure attachments as a child to their mother and father, as well as less secure attachments as adults in their romantic relationships (Styron & Janoff-Bulman, 1997). However, further analysis by Styron and Janoff-Bulman (1997) indicated that abuse histories did not account for any significant variance in adult romantic attachment beyond parental attachment.

The link between attachment and sexual abuse has been investigated with female populations as well. Clinical impressions indicate that women who have been abused are less securely attached to adult romantic partners (Friedrich, 1990). Alexander (1992) proposed a mediational model in which attachment mediates the relationship between child sexual abuse and later adjustment. To test the mediational model, Alexander (1993)

collected data on a community sample of 112 women abused as children, and concluded that less secure attachments were predictive of avoidance of memories of the abuse, as well as avoidant, dependent, self-defeating, and borderline personality disorders. When the effects of abuse were controlled, attachment style continued to predict psychological adjustment. However, when the effects of attachment were controlled, abuse no longer predicted adjustment, indicating that there is a mediating relationship between child sexual abuse and psychological adjustment (Alexander, 1993).

Roche, Runtz, and Hunter (1999) also tested and found support for the mediational model proposed by Alexander (1992). Results from their study of 307 female college students, including 85 women with a history of child sexual abuse, indicated that abuse history predicted psychological adjustment and attachment style in adulthood (Roche, Runtz, & Hunter, 1999). Furthermore, for the abused women in their study, survivors of intrafamilial abuse reported less secure and more fearful attachments than women abused outside the family.

Theories Regarding Relationship Difficulties

Preliminary evidence suggests that adult male survivors of sexual abuse might have problems in their romantic relationships, including difficulty in maintaining sustained and meaningful relationships, mistrust of others, fear of intimacy, and making and breaking relationships abruptly (Bruckner & Johnson, 1987; Dimock,1988; Krug, 1989; Singer, 1988). The literature also shows that women have significant problems in their intimate relationships as compared to nonabused controls. There are a number of reasons to expect such problems. Theories that have been proposed to explain relationship difficulties include the theory of traumagenic dynamics (Finkelhor &

Browne, 1985), attachment theory, cognitive theories, and behavioral theories. Additional factors that might influence relationship difficulties include adult psychopathology, such as sexual dysfunction, mood disorders, or substance abuse.

Traumagenic dynamics.

The traumagenic dynamics suggested by Finkelhor and Browne (1985) might help to examine the development of relationship difficulties. The dynamic of traumatic sexualization is proposed to lead to sexual problems in adult survivors, including aversion to sex, flashbacks to the molestation, lack of sexual desire, compulsive sexual behavior, promiscuity, or difficulty with arousal and orgasm (Champion de Crespigny, 1996; Finkelhor & Browne, 1985). This might affect the quality of intimate relationships.

Brack et al. (1995) argue that the most difficult area in intimate relationships for adult survivors of sexual abuse is sexuality. For example, males may wonder whether they are homosexuals (Finkelhor & Browne, 1985). This dynamic may also be associated with confusion about sexual norms and standards. Lew (1988) proposes that adult males sexually abused as children have difficulty understanding their sexual feelings and may equate sexual feelings to their sexual abuse. When sexually aroused, survivors may feel as if they are going to be abused or that they may abuse someone, leading to confusion between sexual thoughts and sexual actions. Additionally, Lew (1988) argues that adult male survivors may be confused about what to do with their sexual feelings.

Powerful needs for closeness and intimacy, resulting from past deprivation combined with the belief that sexuality is the primary way of attaining closeness, might lead to frequent sexual contacts (Briere & Runtz, 1993; Herman, 1981). Because of an

inability to develop emotional connections with others, survivors may move from relationship to relationship. Adults sexually abused as children might engage in frequent, short-term sexual activity with different sexual partners (Courtois, 1979; Herman, 1981; Maltz, 1988; Meiselman, 1978). Additionally, it has been suggested that because the survivors' bodies and sexual selves were the route by which betrayal occurred, sexual activity may come be viewed as an opportunity for coercion, exploitation, and shame (Buttenheim & Levendosky, 1994).

Finkelhor and Browne (1985) argue that the issues surrounding relationship difficulties for adult survivors often relate to the betrayal dynamic. When a child is abused by a close and trusted adult, the capacity to trust suffers. Such betrayal may affect the capacity for developing intimate adult relationships. Betrayal might manifest itself in either a suspicion of intimate relationships, a desperate search for a redeeming relationship, anger and hostility, or a hasty choice of partners (Finkelhor & Browne, 1985). Similarly, Johnson (1989) suggests that the loss of childhood trust in what should be a loving and protective relationship may result in ambivalence concerning adult intimate relationships. Trust and fear of abandonment may influence survivors' ability to have an intimate relationship (Brack et al., 1995). Additionally, feelings of loss, despair, and depression resulting from betrayal may also impact the relationships of adult survivors. In addition to betrayal by the perpetrator, children may also feel betrayed by the person who seemed not to have believed or protected them from the abuse (Champion de Crespigny, 1996). Herman (1981) theorized that female survivors feel betrayed by both parents and come to expect abandonment or exploitation, as they feel their mothers have abandoned them and their fathers have exploited them.

Finkelhor's third dynamic, stigmatization, might also explain the development of relationship difficulties. Children might internalize messages that they are bad, dirty, shameful, or weak. Such messages might come from a perpetrator who blames the child and enforces secrecy or from moral judgment of society. Bruckner and Johnson (1987) propose that men with abuse histories have had their masculine identity threatened, which retards the development of intimate relationships. Consequently, abused men attempt to create particular images of themselves within their relationships or to avoid intimate relationships, as they consider sharing feelings and openness with others as evidence of weakness or vulnerability (Bruckner & Johnson, 1987).

Three reactions to the powerlessness dynamic have been proposed by Finkelhor and Browne (1985). First, abuse survivors may react with fear and anxiety that can extend into adulthood. Survivors may avoid intimacy because of a fear of being hurt in the context of a close relationship. Second, survivors' sense of self efficacy and coping skills may be impaired, possibly leading to depression and low self-esteem. Adams-Westcott and Isenbart (1995) suggest focusing on the deficits and psychopathology experienced by some sexual abuse survivors may reinforce the survivor's view of self as helpless and powerless. A self-fulfilling prophecy may be created where the survivor interprets the challenges of life as evidence that he or she has been damaged by the abuse (Adams-Westcott & Isenbart, 1996). When survivors perceive that they have been damaged by the abuse, they may also believe they are not worthy of a healthy relationship. Third, Finkelhor and Browne (1985) suggest that survivors may have an unusual and dysfunctional need to control or dominate. Pistorello and Follette (1998) identified pervasive relationship themes of adult females with histories of child sexual

abuse. Within their sample of 55 women, the two recurring themes identified were difficulties with emotional control and intimacy and issues related to either an excess or lack of control within the relationship. Although it might have at one time been adaptive for a child to be guarded in close interpersonal relationships, a similar approach might lead to difficulties in establishing intimacy with an adult partner. Finkelhor and Browne (1985) argue that, in particular, male survivors might be affected by the need for control as power and control are made salient by male sex role socialization.

Attachment theory.

Attachment theory (Bowlby, 1969) might explain relationship difficulties of adult male survivors. When sexual abuse occurs, particularly when the perpetrator is a family member, attachment difficulties in childhood may arise. Traditional attachment theory views family members as attachment figures and trust as the basis for a secure attachment (Bowlby, 1969). When a family member perpetrates abuse on a child, the emotional bond is breached and the child's right to optimal development has been denied (Champion de Crespigny, 1996). Briere and Runtz (1993) suggest that the development of a sense of self occurs within the context of early attachment relationships and is influenced by early life events. Early life events, such as child sexual abuse, may interfere with later access to a sense of self that is relatively stable across contexts and experiences. Similarly, it has been suggested that, in addition to damage to model-of-self, children who are sexually abused also suffer damage to their model-of others, negatively influencing later interpersonal relationships and adult attachment (Roche, Runtz, & Hunter, 1999).

It is also possible that abuse that is perpetrated by non-family members might also disrupt the attachment process. Parents and other family members are generally held responsible for protecting the sexual innocence of children. If a parent or caregiver fails to protect the child from abuse, the child may feel that the trust has been betrayed. While Roche et al. (1999) reported findings that intrafamilial abuse, as compared to abuse outside of the home, tends to be more detrimental to both psychological adjustment and adult attachment, women abused outside the family also developed negative sequelae associated with the abuse. Roche et al. (1999) suggest that women who are abused outside of the family may not sustain considerable damage to their model-of-self, but do sustain damage to their model-of-other which might also negatively influence adult relationships.

According to Alexander (1992), there is not a direct relationship between abuse and attachment; the long-term effects of sexual abuse are mediated by the history of attachment during childhood. The child's attachment relationships at the time of abuse exert a direct influence in later interpersonal relationships. Subsequent research supported Alexander's (1992) theory (Alexander, 1993; Roche, Runtz, & Hunter, 1999).

Bartholomew (1990) proposes that adults may have different motives for avoiding intimacy. First, some adults may have a fearful style of attachment that is characterized by a conscious desire for interpersonal closeness that is inhibited by fears of its consequences. Second, some adults may have a dismissing style that is characterized by a defensive denial of the need, interest, or desire for close interpersonal relationships.

Cognitive theories.

Cognitive theories suggest that individuals make assumptions about themselves, others, and the future based on childhood learning. Negative experiences, such as childhood sexual abuse, might lead to distorted beliefs, assumptions, and self-perceptions about relationships specifically, reflecting an overestimation of the amount of danger or adversity in the world and a decreased view of self-efficacy and self-worth (Briere & Runtz, 1993; Jehu, 1989). As also suggested, psychological distress might also be caused by the shattering of basic assumptions that survivors hold about themselves and the world (Janoff-Bulman & Frieze, 1983). When these assumptions are shattered by the occurrence of sexual abuse, survivors may develop difficulties in trust and intimate relationships. When survivors perceive interpersonal relationships to be dangerous, it is likely that they will be avoided. A decreased view of self-efficacy or self-worth might cause a survivor to either avoid or sabotage intimate interpersonal relationships.

The attributional approach, based on the learned helplessness theory, suggests that, when abuse is perceived as negative, problems associated with abuse may result from internal, stable, and global attributions for the abuse and for expectations of having no control over the environment (Gold, 1986). Repeated exposure to uncontrollable life events might decrease the ability to perceive future relationships as supportive and helpful, thus leading to difficulty in establishing trust in others (McFarlane, Norman, Streiner, & Roy, 1983).

Learning theories.

Classical conditioning theories might be useful in understanding how males develop difficulties in adult relationships. As children, survivors may experience

negative feelings such as shame and anxiety in the context of the abuse that may become classically conditioned to close interpersonal relationships. Later interpersonal relationships might be characterized by similar feelings. Similarly, a survivor may learn that others cannot be trusted. When such feelings are experienced in the context of adult interpersonal relationships, the likelihood of avoidance of intimacy increases. Conversely, men may report experiencing arousal or other positive feelings, such as feeling cared for or special, during an abuse experience. Consequently, an abusive situation can come to be associated with positive factors and men may learn that sex is the only means for expression of love.

Learned helplessness may lead to the tendency of survivors to remain in abusive relationships (Freeman & Morris, 1999). A history of exposure to uncontrollable events, such as long-term abuse, might cause a sexual abuse survivor to remain in a relationship where relationship satisfaction, intimacy, and trust are low. Within the context of an abusive relationship, a child is exposed to uncontrollable aversive aversive stimuli. As adults, when escape is possible, previous conditioning might suppress responses that would terminate abusive treatment. For example, an adult survivor may accept abusive treatment as part of intimate relationships.

Hayes (1987) proposed a theory of emotional avoidance in which survivors are unwilling to experience negative private events, such as thoughts, memories, and feelings associated with the abuse. Abuse specific thoughts, memories, and emotions might be avoided through emotional suppression or denial (Polusny & Follette, 1995). Additionally, dissociation, substance abuse, suicidality, and various tension-reducing activities might also be used as avoidance mechanisms (Briere & Runtz, 1993).

Avoidance behaviors are then negatively reinforced when the survivor escapes or avoids the negative private events. An avoidance model offers a possible explanation for difficulties in intimate relationships. The observed relationship patterns might permit the abuse survivor to avoid negatively evaluated private experiences associated with being in an intimate relationship. For example, an abuse survivor may avoid affectionate behavior because of the association of affection with sexual abuse.

According to a two-process theory (Mowrer, 1960), the reinforcement of escape and avoidance behaviors maintains the maladaptive responses to the feared stimuli, even after the feared stimulus is no longer present. For example, the abuse survivor is negatively reinforced for avoiding intimate relationships. When intimate relationships are avoided, the individual does not place him or herself at risk for experiencing emotional pain. New learning, such as an association of positive feelings to intimate relationships, cannot occur in the presence of avoidance responses. Additionally, survivors might not have had the opportunity to develop relationship skills and adult relationships might reflect roles the survivor played in family interactions (Courtois, 1988).

Furthermore, avoidant coping responses are also associated with higher levels of symptomatology and distress among survivors of child sexual abuse (Briere & Conte, 1993). Polusny and Follette (1995) argue that the avoidance of abuse-related negative thoughts and feelings may result in the development of maladaptive coping strategies that interfere with optimal levels of functioning. Furthermore, Polusny and Follette (1995) argue that these coping methods might also lead to a general numbing of both negatively and positively evaluated internal events.

Adult psychopathology / sexual dysfunction.

Male survivors of sexual abuse may develop difficulties in romantic relationships because of the presence of other forms of psychopathology. For example, mood disorders or substance use might interfere with establishing and maintaining intimate relationships. As discussed earlier, survivors of sexual abuse may experience difficulties with depression or anxiety. The presence of depression or anxiety might contribute to decreases in relationship satisfaction as perceived by both the survivor and partner. High levels of anxiety would seemingly lead to fear of intimate relationships and difficulties in trusting partners, as well as disturbances in adult attachment.

The presence of substance abuse might result in similar relationship difficulties. Partners may avoid relationships with substance abusers. Additionally, substance abusers may have higher levels of conflict, contributing to lower levels of intimacy, trust, attachment, and relationship satisfaction of the survivor's partner and the survivor.

Intimacy and relationship problems may also develop for male survivors because of other sexual functioning problems. It is thought that survivors may confuse sex and intimacy and that this may lead to relationship dysfunction when sexual problems present (Champion de Crespigny, 1996). Because marriage is of central importance in the lives of most adults and sexual functioning is a vital aspect of the marital relationship, Feinauer (1988, 1989b) argues that the impact of abuse on sexual functioning in marriage should be considered. Studies that do not focus on sexual abuse have demonstrated a link between sexual dysfunction and difficulties with intimacy. For example, in a study of 114 men reporting sexual dysfunction, McCabe (1997) concluded that dysfunctional men experienced lower levels of emotional, social, sexual, recreational, and intellectual

intimacy than functional men. Such findings suggest that sexual dysfunction might impact intimacy in sexual abuse survivors.

Purpose of the Study

Preliminary literature suggests that sexual abuse survivors may have problems in adult romantic relationships. Further, there are theoretical reasons to expect problems to occur in relationships. However, while there are a greater number of studies with females, there are very few studies examining the relationships of male survivors. Existing studies also have significant limitations. Much of the existing literature on male survivors is based on small clinical samples. Often, there is no standardized definition of sexual abuse and no standardized measures of relationship functioning (no established reliability and validity). Furthermore, many of the studies lack a control group. Although documented clinical impressions of difficulties are important in their function of stimulating empirical research, very little empirical research has been done in this area to date.

Given the current limitations in the literature examining the romantic relationships of male survivors, the purpose of this study was to examine several domains of relationship functioning by comparing a nonclinical sample of abused men to nonabused men. A standardized definition of abuse was used to identify survivor status. Furthermore, standardized measures with established reliability and validity were used to examine dimensions of relationship functioning. More specifically, this study examined multiple relationship dimensions, including intimacy, trust, adult attachment style, and relationship satisfaction in a sample of college men reporting sexual abuse histories. It

was hypothesized that college men with histories of childhood sexual abuse would report more difficulties across all dimensions of relationship functioning.

Hypothesis 1. Adult male survivors would report more fear of intimacy as compared to nonabused peers.

Hypothesis 2. Adult male survivors would display more intimacy problems within couple relationships. Specifically, male survivors would display less consensus (cognitive aspects of intimacy such as understanding, agreement, and acceptance of each other), less openness, less affection, and less commitment in romantic relationships as compared to nonabused peers.

Hypothesis 3. Adult male survivors would report less emotional and general trust of partners as compared to nonabused peers. Additionally, male survivors would report that partners are less reliable as compared to nonabused peers.

Hypothesis 4. Adult male survivors would report less relationship satisfaction as compared to nonabused peers.

Hypothesis 5. In regards to adult attachment styles, adult male survivors would report feeling less close, less dependent, and more anxious in attachment relationships as compared to nonabused peers.

Hypothesis 6. Adult male survivors would be more likely to be characterized as anxiously or avoidantly attached as compared to nonabused peers. Additionally, survivors would be less likely to be characterized as securely attached as compared to nonabused peers.

Given unexpected findings, additional analyses were conducted to examine psychological functioning.

METHOD

Participants

Participants were 535 undergraduate males recruited from a psychology department research participant pool for a study entitled "Experiences of College Men." Participants were informed that participation required that they fill out questionnaires assessing how they were functioning and assessing sexual experiences they had during their lifetimes. Responses to the Life Experiences Questionnaire (LEQ, described below) were used to differentiate those participants who had been victimized as a child from those who had not. Initially, men responded to a series of questions asking whether as a child or adolescent (before age 17), they experienced a variety of sexual experiences. Participants were instructed to exclude voluntary sexual experiences between themselves and a dating partner and any consensual sexual play with a peer, as long as the partner was no more than five years older at the time of the experience. Specific follow-up questions regarding the experiences were then completed. From these data, child sexual abuse experiences were identified. For the purposes of this study, sexual abuse was defined as a sexual experience involving physical contact and meeting at least one of the following criteria: (1) abuse perpetrated by a relative, (2) greater than five years age difference between the survivor and perpetrator, or (3) if less than five years age difference between the survivor and perpetrator, threat of force or force was involved.

Of the men recruited to participate in the study, 19 did not provide enough information for child sexual abuse survivor status to be determined and therefore were excluded from further analyses. Several additional subjects were eliminated from analyses due to inconsistent responding across questionnaires. Among the remaining 501

participants, 470 were defined as not having experienced sexual abuse and 31 were classified as child sexual abuse survivors (6.60%).

The participants in this study range in age from 18 to 48 years, with a mean age of 20.35 (*SD*=2.71). Of the participants, 84.4% were Caucasian, 3.0% were African American, 2.8% were Hispanic, 3.8% were Native American, 4.8% were Asian/Asian American, and 1.2% reported being Arabic or some "other" race. Socioeconomic status (SES) was assessed using the two-factor index of social position (Myers & Bean, 1968), and ranged from lower to upper class, with the average participant falling in the middle class. A minority of the participants (4.10%) indicated that they were currently married or cohabitating; 95.9% indicated that they were never married, were divorced, separated, or widowed. Less than half of the men reported being in a current romantic relationship (47.5%) at the time of the study. Of those men in relationships, the length of the relationship ranged from 1 to 159 months, with an average of 20.40 months (*SD*=22.56).

Given the nature of the constructs measured for the study, additional restrictions were placed on subject inclusion for the planned analyses. It was reasoned that participants reporting functioning in relationships would differ according to whether they reported on a current or past relationship (i.e., for fear of intimacy, intimacy, trust, and relationship satisfaction). For analyses involving these constructs, only men reporting on current relationships with opposite-sex partners were included. This resulted in a working sample of approximately 200 men, including a maximum of 14 sexual abuse survivors (exact numbers varied from analysis to analysis given missing data on some instruments). It should be noted that some constructs were measured independently of the context of a specific relationship (i.e., attachment, general distress, depression,

anxiety, hostility, posttraumatic stress symptoms), and for these, all participants were included in analyses.

As just noted, less than one half of the overall sample of 501 men reported that they were currently in a romantic relationship with an opposite-sex partner. Given that several planned analyses would therefore be restricted to smaller groups, analyses were conducted to determine whether the group of men in current relationships differed from those men excluded from analysis. Several demographic variables were considered. Men in a current relationship, and to be included in several analyses, were older (M=20.64, SD=3.13) as compared to men excluded from the study (M=20.05, SD=2.18), $t(372) = 2.33$, $p = .02$. As might be expected, men included in some study analyses were more likely to be married or cohabitating than men excluded in these analyses, $\chi^2(1, N = 463) = 24.08$, $p = .0001$. The two groups of men did not differ with regard to SES, $t(447) = 0.19$, $p = .85$, or race, $\chi^2(1, N = 480) = 0.42$, $p = .52$.

As reported above, 31 men reported experiences meeting criteria as child sexual abuse. Participants were categorized according to the most serious experience reported. Of survivors, 3.2% experienced kissing, 3.2% experienced fondling of their genitals, 29.0% were forced to fondle others' genitals, 35.5% experienced oral/genital contact, 3.2% experienced object penetration, and 25.8% experienced anal intercourse. The majority of survivors (54.8%) reported intrafamilial abuse as compared to extrafamilial abuse (45.2%). Of the abuse survivors, 48.4% reported that the perpetrator was male, and 51.6% reported that the perpetrator was female. The age difference between the victims and their perpetrators ranged from 0 to 31 years, with a mean age difference of 8.23 years (SD=6.64). Of the 26 survivors who responded to an item concerning the use of force,

23.1% indicated that force had been used. The majority of survivors (64.5%) indicated that the duration of their abuse was less than one month, where as 12.9% indicated that the abuse duration was between 1 and 6 months, and 22.6% indicated that the abuse duration was greater than 6 months. Of the survivors, 60.0% reported previously disclosing their abuse to someone else, whereas 40.0% indicated that they had never disclosed. Regarding perception of the experience as abuse, 51.6% indicated that they would not describe the sexual activities as "sexual abuse," 25.8% indicated that they would describe the activities as abuse, and 22.6% indicated that they were not sure.

To further explore differences between males excluded and included from some study analyses, analyses were conducted comparing the abuse characteristics of the sexual abuse survivors in current opposite-sex relationships (n=14) to survivors not currently in a romantic relationship (n=17). The two groups of men did not differ with regards to the relationship to perpetrator (intrafamilial vs. extrafamilial), $\chi^2(1, N = 30) = 0.48, p = .49$, nature of abuse, $\chi^2(4, N = 30) = 3.92, p = .42$, disclosure of abuse $\chi^2(1, N = 29) = 0.55, p = .46$, duration of abuse, $\chi^2(2, N = 30) = 0.34, p = .84$, the perception of abuse, $\chi^2(2, N = 300) = 3.49, p = .17$, the sex of the perpetrator, $\chi^2(1, N = 30) = 0.62, p = .43$, or the age difference between victim and perpetrator, $t(28) = 0.95, p = .35$. Men excluded from some study analyses were more likely to report the presence of force during their abuse than men included in some study analyses, $\chi^2(1, N = 25) = 4.17, p = .04$.

Measures

The Life Experiences Questionnaire. (LEQ; Long, 2000) The LEQ is a self-report instrument with questions regarding demographics and childhood sexual experiences. As described above, the LEQ screens for sexual abuse with a series of eight questions asking

participants whether as a child (before age 17) they had any sexual experiences, ranging from someone exposing themselves to the participant, to having engaged in intercourse with someone. Subjects are asked to exclude any voluntary sexual activities between themselves and a dating partner and any consensual sexual play with a peer as long as the partner, in either case, was no more than five years older than the subject. Information regarding specific sexual experiences is then assessed. Sexual abuse was defined as contact abuse only (excluding noncontact experiences such as exhibitionism) that met at least one of the following criteria: (1) abuse perpetrated by a relative, (2) greater than five years age difference between the victim and perpetrator, or (3) if less than five years age difference between the victim and perpetrator, threat or force was involved.

Internal consistency for the eight questions used to screen for child sexual abuse was calculated with a sample of 648 women and is good, Chronbach's alpha =.89 (Messman-Moore & Long, 2000). Two-week test-retest reliability of the LEQ has been examined previously with a sample of 145 women and is good (Long, 2000). Kappas and percent agreement on items related to the identity of perpetrator (intrafamilial versus extrafamilial, 0.86, 94%), duration of abuse (less than or greater than 1 year, 1.0, 100%), the nature of the sexual abuse (penetration versus no penetration, 0.91, 97%), and presence or absence of force (0.39, 69%) all indicate a reliable scale. Similar results are seen in interclass correlation coefficients for items such as the age of onset of abuse (0.99), the age of perpetrator (0.96), and the age difference between victim and perpetrator (0.95). However, it should be noted that the validity of the LEQ has not been evaluated with a population of men.

Fear-of-Intimacy Scale. (FIS; Descutner & Thelen, 1991). The FIS is a 35-item self-administered measure used to assess anxiety experienced in, or at the prospect of, close relationships. Fear of intimacy is operationalized as "an inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued." Items are responded to on a Likert-type scale ranging from 1 ("not at all characteristic of me") to 5 ("extremely characteristic of me"), indicating how characteristic each statement is of respondents when in a close, dating relationship. Due to a clerical error, only 34 of the 35 items of the FIS were administered to study participants. Scores were calculated by summing the ratings of all items. Scores in this study therefore could range from 34 to 170, with higher scores indicating greater fear of intimacy. For the purposes of this study, total FIS scores were considered only for men in current relationships.

When used with a college population, the instrument was found to have high internal consistency (coefficient alpha of .93) and test-retest reliability (r=.89) over a 1-month interval (Descutner & Thelen, 1991). Later studies with a middle-aged population also indicate that the FIS has high internal consistency with an alpha coefficient of .92 (Doi & Thelen, 1993). The FIS correlates negatively with measures of self-disclosure and social intimacy and correlates positively with a measure of loneliness (Descutner & Thelen, 1991).

Marital Intimacy Questionnaire. (MIQ; Van den Brouke, Vertommen, & Vandereycken, 1995). The MIQ is a 56-item self-report questionnaire designed to measure the degree of affective, cognitive, and behavioral interdependence between two partners. Items are responded to on a 1 (strongly agree) to 5 (strongly disagree) scale.

The MIQ measures five dimensions of intimacy: Intimacy Problems (lack of intimacy), Consensus (cognitive aspects of intimacy such as understanding, agreement, and acceptance of each other), Openness, Affection, and Commitment. Five subscale scores are calculated by summing the scores of the items for each scale. High scale scores indicate greater relationship intimacy. For the first subscale, intimacy problems, the 14 items are negatively keyed, resulting in a maximum score of 70. The remaining four subscales, Consensus (12 items), Openness (12 items), Affection (8 items), and Commitment (10 items), have maximum scores of 60, 60, 40, and 50, respectively. For the purposes of this study, the five MIQ subscales were considered only for the men reporting on current relationships.

Validity and reliability have been supported for the instrument. With regard to internal consistency, alpha coefficients were calculated for the factors: intimacy problems (.86), consensus (.86), openness (.83), affection (.82), and commitment (.70) (Van den Brouke, Vertommen, & Vandereycken, 1995). The consensus, openness, affection, and commitment scales have been found to be positively correlated with measures of perceived global intimacy and communication intimacy, while the intimacy problems scale shows negative correlations with measures of perceived global and communication intimacy (Van den Broucke, Vertommen, & Vandereycken, 1995). Similarly, the marital, sexual, and general life dissatisfaction scales of the Maudsley Marital Questionnaire (MMQ: Arrindell, Boelens, & Lambert, 1983) have been found to be negatively correlated with consensus, openness, affection, and commitment scales, and positively correlated with the intimacy problems scale (Van den Broucke, Vandereycken, & Vertommen, 1995).

Specific Interpersonal Trust Scale- Male Form. (SITS-M; Johnson-George & Swap, 1982). The SITS-M is a 20 item self-report questionnaire designed to measure an individual's trust in his partner. The SITS-Male Form consists of three dimensions (overall trust, emotional trust, and reliableness). Items included in the overall trust subscale span a wide variety of interpersonal situations, such as trusting partners to play fairly, tell the truth, and be dependable. It should be noted that the overall trust subscale is not a total or composite scale. Emotional trust items refer to situations involving confiding, freedom from criticism and embarrassment, and other emotional laden situations. The reliableness subscale involves confidence in partner to keep promises and commitments.

Subjects respond to questions on a Likert scale ranging from 1 ("strongly disagree") to 9 ("strongly agree"). Scores are obtained by calculated by the mean of the items for subscales: overall trust, emotional trust, and reliableness. Scores on the subscales will vary from 1 to 9, with higher scores indicating greater levels of interpersonal trust. For the purposes of this study, SITS subscale scores will be considered only for men reporting on current relationships. Internal consistency of the SITS is within acceptable limits, with coefficient alphas for the subscales ranging from .71 to .83 for the three male subscales (Johnson-George & Swap, 1982).

Quality of Marriage Index. (QMI; Norton, 1983). The QMI is a six item self-report questionnaire designed to measure overall marital/relationship satisfaction. For the first five questions, subjects respond on a 7-point Likert scale ("very strongly disagree" to "very strongly agree"). The final question is on a 10-point scale ("very unhappy" to "perfectly happy"). Total scores for the QMI are computed by standardizing each item to

a mean of 0 and a standard deviation of 1, then summing the seven items in the scale. High scores on the QMI indicate greater relationship satisfaction, with a maximum of 45 points. For purposes of this study, the QMI total score will be considered only for men reporting on current relationships.

The items on the QMI correlated highly with each other, with coefficients ranging from .68 to .86 (Norton, 1983). Low QMI scores have been shown to correlate with low estimates of time that couples will remain together (Norton, 1983). Furthermore, couples with the lowest QMI scores are the most likely to talk often about ending their relationships (Norton, 1983).

Hazan-Shaver Attachment Self-Report. (HS; Hazan & Shaver, 1987). The HS is a categorical measure consisting of three brief descriptions of adult attachment styles. Hazan and Shaver (1987) translated Ainsworth et al.'s (1978) descriptions of infants into a self-report single-item measure created to categorize adult romantic attachment. Respondents are asked to choose the description which best describes their feelings. The choice selected allows individuals to be categorized into one of the three adult attachment styles (avoidant, anxious, and secure) defined by Ainsworth (1967; 1978).

A review by Shaver and Hazan (1993) indicates that studies of individuals of varied ages (14-82) and socioeconomic status have found distributions of attachment styles similar to those found in studies of infants, with approximately 55% of individual classified as secure, 25% as avoidant, and 20% as anxious. Test-retest reliability has ranged from no stability to 70% over periods of 5 months to 4 years (Crowell & Treboux, 1995).

Hazan and Shaver's measure has been found to correlated with other measures of similar constructs (Hazan & Shaver, 1987). Individuals classified as having a secure attachment also report closeness, trust, and relative absence of jealousy or fear (Hazan & Shaver, 1987). Avoidant attachments are associated with fear of intimacy and the lowest incidence of experience with positive relationships, and Anxious-Ambivalent attachments are associated with extreme jealousy and obsession with partner (Hazan & Shaver, 1987). Although the psychometrics for this instrument are not strong, this measure was one of the first used and continues to be commonly used. For this study, it was chosen for the purposes of comparison to other studies. Given that the HS measures a general aspect of relationship functioning (i.e., it does not ask about one relationship), HS scores will be considered for all men in the sample regardless of current relationship status.

Adult Attachment Scale-Revised. (AAS-R; Collins, 1996). The AAS-R is an 18-item scale derived from the Hazan-Shaver Attachment Self-Report (1987) to measure adult attachment style dimensions. Items are responded to on a Likert-type scale ranging from 1 ("not at all characteristic") to 5 ("very characteristic") indicating how respondents feel and function in romantic relationships. A factor analysis of the original measure revealed three underlying dimensions: the extent to which individuals were comfortable with closeness and intimacy (Close), feel that they can trust and depend on others (Depend), and are anxious or fearful about being abandoned or unloved (Anxious) (Collins & Read, 1990). Each scale is composed of six items.

To score the AAS-R, the mean of the six item ratings for each subscale are calculated, with some items requiring reverse-scoring before averaging. Higher scores on the close dimension indicate greater comfort with closeness and intimacy. Higher scores

on the depend dimension indicate greater ability to trust and depend on others. For the anxiety dimension, higher scores indicate greater anxiety or fearfulness about being abandoned or unloved. The attachment styles are defined in terms of theoretically expected profiles along the three attachment dimensions (close, depend, anxiety). For example, an individual scoring high on the close and depend dimensions, and low on the anxiety dimension, would be classified as a secure attachment style.

Cronbach's alpha coefficients for the close, depend, and anxiety subscales were .77, .78, and .85 respectively (Collins, 1996). Two-month test-retest reliability of the AAS has been examined previously for each of the three individual factors with a sample of 406 individuals and is adequate (Collins & Read, 1990): Depend, .71; Anxiety, .52; Close, .68. Both the AAS-R and the Hazan and Shaver Attachment Self-Report (Hazan & Shaver, 1987) are measures of attachment. The AAS-R was used to supplement the Hazan and Shaver Attachment Self-Report, a measure with poorer psychometric properties. As with the HS, the AAS-R does not address issues within specific relationships. Therefore, AAS-R scores will be considered for all men in the sample regardless of current relationship status.

Symptom Checklist-90-Revised. (SCL-90-R; Derogatis, 1977). The SCL-90-R is a 90-item self-report symptom inventory designed to assess nine primary symptom dimensions: depression, anxiety, phobic anxiety, somatization, interpersonal sensitivity obsessive-compulsive behavior, hostility, paranoid ideation, and psychoticism. In addition, it provides three indices of general distress: the global severity index (GSI), positive symptom distress index, and positive symptom total. In addition, a PTSD scale has been devised for use with the SCL-90-R (Saunders, Arata, & Kilpatrick, 1990). For

each of the 90 items, examinees indicate how much the problem distressed or bothered them during the past seven days. One of five alternative is selected: not at all (0), a little bit (1), moderately (2), quite a bit (3), or extremely (4). For the purposes of this study, raw scores on the global severity index, and the depression, anxiety, interpersonal sensitivity, hostility, and PTSD subscales were used as measures of adjustment. These specific subscales were selected, in addition to the general distress index, on the basis of their previously established relationship with childhood sexual abuse. Scores for each participant reflect the average distress reported by the man on each dimension (or across all 90 items for the GSI) and in each case may range from 0 to 4.

Measure of factor internal consistency for the SCL-90-R range from alpha coefficients of .77 for psychoticism to .90 for Depression (Derongatis, Rickels, & Rock, 1976). Test-retest reliability coefficients, at a one-week interval, range from .80 to .90 (Derongatis, 1977). In addition, the SCL-90-R has reasonable levels of concurrent, convergent, discriminant, and construct validity as compared to other symptom inventories (Derongatis, 1977).

Procedure

All questionnaires, randomly ordered in a packet, were completed by participants in group sessions conducted by psychology graduate students or a doctoral level psychologist. Participants gave informed consent before completing the LEQ, FIS, MIQ, SITS-MF, QMI, AAS-R, HS, and SCL-90-R questionnaires. Following completion of questionnaires, participants were given a debriefing form in which the purpose of the research was described in more detail and community referrals were given.

RESULTS

Preliminary Analyses

Prior to conducting proposed analyses, the interrelationships of several study variables were examined. First, the demographic characteristics of childhood sexual abuse survivors and nonvictims were explored. Comparison did not yield any significant differences in race, $\chi^2(1, N = 499) = 0.35, p = .56$, age, $t(31.5) = 1.52, p = .14$, SES, $t(465) = .64, p = .52$, marital status, $\chi^2(1, N = 481) = 2.74, p = .10$, or likelihood to be in a current relationship, $\chi^2(1, N = 501) = 0.07, p = .79$.

Second, correlational analyses were conducted to examine the relationship between trust, intimacy, relationship satisfaction, attachment, and demographic variables (see Table 1). The full sample of males was examined when the HS and the AAS-R were considered, while the subsample of men reporting on current relationships was considered when examining the FIS, MIQ, SITS, and QMI. Based on strong intercorrelations between several demographic variables and the factors of interest, age, socioeconomic status (SES), and length of time in current relationship were used as covariates in all planned analyses.

Relationship Analyses

To test Hypothesis 1 that adult male survivors would report more fear of intimacy as compared to nonabused controls, an Analysis of Covariance (ANCOVA) was conducted to examine the impact of victim status on fear of intimacy. The total score of the Fear-of-Intimacy Scale (FIS; Descutner & Thelen, 1991) served as the dependent variable while age, SES, and length of time in relationship served as covariates. Victim status was not a significant predictor of fear of intimacy, $F(1, 188) = 1.56, p = .21$.

Compared to men without histories of sexual abuse, adult male survivors reported no more fear of intimacy as measured by the FIS than nonabused peers.

To test Hypothesis 2 that adult male survivors would display more intimacy problems within couple relationships, a Multivariate Analysis of Covariance (MANCOVA) was conducted to examine the impact of victim status on the experience of intimacy in a romantic relationship as measured by the total score of the Marital Intimacy Questionnaire (MIQ; Van den Brouke, Vertommen, & Vandereycken, 1995). Age, SES, and length of time in relationship were included as covariates. The results of the overall MANCOVA for victim status were not significant, Pillai's Trace $F(5,167) = 1.50$, $p = .19$. Given the relatively small number of participants included in the analysis, Univariate Analyses of Covariance (ANCOVAs) for the five subscales of the MIQ were inspected to insure that important differences were not overlooked. Significant main effects were seen for victim status on the Openness, $F(1, 171) = 4.08$, $p =. 05$, and Affection, $F(1, 171) = 5.56$, $p = .02$, subscales, with survivors reporting more openness (M=55.04) and more affection (M=38.99) than nonvictims (M=51.12, M=36.13, respectively). A trend towards significance was seen for victim status on the Consensus, $F(1, 171) = 3.62$, $p = .06$, and Commitment, $F(1, 171) = 2.56$, $p = .11$, subscales, with sexual abuse survivors reporting more consensus (M=53.67) and more commitment (41.07) than men without histories of abuse (M=49.77, M=38.22, respectively). For the Intimacy Problems subscale of the MIQ, there was no main effect found for victim status, $F(1, 171) = 0.21$, $p = .65$.

To test Hypothesis 3 that adult male survivors would report less emotional and general trust of partner as compared to nonvictims and that male survivors will report that

partners are less reliable as compared to nonabused controls, a Multivariate Analysis of Covariance (MANCOVA) was conducted to examine the impact of victim status on the experience of trust in a romantic relationship as measured by the three subscales of the Specific Interpersonal Trust Scale- Male Form (SITS-M; Johnson-George & Swap, 1982): overall trust, emotional trust, and reliableness subscales. Age, SES, and length of time in relationship were included as covariates. The results of the overall MANCOVA for victim status were significant, Pillai's Trace $F(3,189) = 3.00, p = .03$. A significant main effect was seen for victim status on the Reliableness subscale, $F(1,191) = 4.90, p = .03$], with abuse survivors (M=8.81) reporting higher levels of trust than men without histories of abuse (M=8.04). No significant main effects were found for victim status on the Overall Trust, $F(1,191) = 0.01, p = .92$, or Emotional, $F(1,191) = 1.55, p = .22$, subscales of the SITS-M.

To test Hypothesis 4 that adult male survivors would report less relationship satisfaction as compared to nonabused controls, an Analysis of Covariance (ANCOVA) was conducted to examine the impact of victim status on relationship satisfaction as measured by the total score of the Quality of Marriage Index (QMI; Norton, 1983). Age, SES, and length of time in relationship were included as covariates. Victim status was a significant predictor of relationship satisfaction, $F(1, 183) = 4.09, p = .05$. Compared to men without histories of sexual abuse (M=2.42), abuse survivors (M=5.26) reported higher levels of relationship satisfaction as measured by the QMI.

To test Hypothesis 5 that, in regards to adult attachment styles, adult male survivors would report feeling less close, less dependent, and more anxious in attachment relationships as compared to nonabused controls, a Multivariate Analysis of Covariance

(MANCOVA) was conducted to examine the impact of victim status on adult attachment style as measured by the 3 subscales of the Adult Attachment Scale-Revised (AAS-R; Collins, 1996). Age, SES, and length of time in relationship were included as covariates. The results of the overall MANCOVA for victim status were not significant, Pillai's Trace $F(3, 211) = 1.52, p = .21$). Given the relatively small number of participants, Univariate Analyses of Covariance (ANCOVAs) for the three subscales of the AAS-R (Anxiety, Close, and Depend) were inspected. A trend towards significance was seen for victim status on the Depend subscale, $F(1, 213) = 2.72, p = .10$, with men without abuse (M=3.45) reporting higher levels of comfort depending on others than men with histories of abuse (M=3.03). No significant main effects were found for victim status on the Anxiety, $F(1, 213) = 0.01, p = .93$, or Close, $F(1, 213) = 0.00, p = 1.00$, subscales of the AAS-R.

To test Hypothesis 6 that adult male survivors are more likely to be characterized as anxiously or avoidantly attached and less likely to be characterized as securely attached as compared to nonabused controls, a chi square analysis was conducted examining Hazan-Shaver Attachment Self-Report (HS; Hazan & Shaver, 1987) classifications. Victim status (abused or nonabused) and attachment style (secure, avoidant, or anxious) were examined. Results of the chi-square were not significant, $\chi^2(2, N=498) = 0.82, p = .66$.

Exploratory Analyses on Other Dimensions of Functioning

Given the unexpected findings that male survivors of childhood sexual abuse in current relationships were functioning better than nonvictims on some dimensions of relationship functioning, analyses were conducted to determine what might account for

this inconsistency. It was noted that analyses including the full sample of all men, regardless of whether they were currently in a relationship or not, failed to find differences between groups or even suggest that childhood sexual abuse survivors are functioning more poorly than nonvictims. Analyses including only men in current relationships resulted in conclusions that survivors function better than nonvictims. It was speculated that perhaps this smaller group of men were different than the overall sample of men. Specifically, perhaps only men functioning at higher levels in general, or men experiencing less severe abuse, were currently in relationships. Men with more severe abuse or who, in general, have more psychological problems, may be less likely to be in an "exclusive romantic/dating relationship or marriage" and may therefore have been excluded from analyses.

Previous analyses reported in the method show no significant differences in abuse characteristics except in regards to force. Given the small sample size of survivors (total N=31), abuse characteristics were visually inspected. Survivors who were excluded because they were not in current relationships appeared somewhat more likely to have never disclosed abuse, to have abuse that was of greater duration, to perceive the experience as abusive, and to have been victimized by another male.

Next, a series of t-tests were conducted to compare men in current relationships (and therefore included in some study analyses) with men not currently in relationships (and therefore excluded from some analyses) on six subscales of the Derogatis Symptom Checklist 90 Revised (SCL-90-R; Derogatis, 1977): GSI (global severity index), depression, anxiety, hostility, interpersonal sensitivity, and PTSD (posttraumatic stress symptoms). The results of the analyses indicated that the men who were excluded

because they were not in current relationships were having greater problems than the men in current relationships. More specifically, significant effects were seen for relationship status on the GSI subscale, $t(1, 477) = 3.27, p = .001$, with the men not in relationships (M=0.64, SD=0.53) reporting higher levels of general distress as compared to men in relationships (M=0.50, SD=0.40). On the depression subscale, significant effects were seen for relationship status, $t(1, 479) = 3.28, p = .001$, with men not in relationships (M=0.75, SD=0.64) reporting higher levels of depression as compared to men in relationships (M=0.57, SD=0.53). Significant effects were seen for relationship status on the anxiety subscale, $t(1, 479) = 2.17, p = .03$, with men not in relationships (M=0.49, SD=0.57) reporting higher levels of anxiety as compared to men in relationships (M=0.39, SD=0.45). On the interpersonal sensitivity subscale, significant effects were seen for relationship status, $t(1, 478) = 4.62, p = .0001$, with men not in relationships (M=0.85, SD=0.70) reporting higher levels of depression as compared to men in relationships (M=0.59, SD=0.55). Significant effects were also seen for relationship status on the PTSD subscale, $t(1, 477) = 2.68, p = .008$, with men not in relationships (M=0.61, SD=0.57) reporting higher levels of anxiety as compared to men in relationships (M=0.49, SD=0.43). No differences were found on the hostility subscale, $t(1, 476) = 1.50, p = .13$.

Given these findings that men in relationships did differ from men not currently in relationships in general, additional analyses were conducted to look at both victim status and current relationship status (in a relationship versus not in a relationship). A series of six Analyses of Variance (ANOVAS) examining victim status, relationship status and the interaction of victim status and relationship status were conducted. Dependent variables

were general distress, depression, anxiety, interpersonal sensitivity, hostility, and post-traumatic stress symptoms.

Results of the ANOVA examining general distress yielded a significant effect for victimization status, $F(1, 477) = 5.11, p < .03$, but did not yield a significant effect for relationship status, $F(1, 477) = 3.70, p < .06$, or for the interaction of these two variables, $F(1, 477) = 0.20, p = .66$. Results of the ANOVA examining depression yielded a significant effect for relationship status, $F(1, 477) = 5.30, p < .02$, with a trend towards significance seen for victimization status, $F(1, 477) = 3.55, p = .06$, and no significant effect for the interaction, $F(1,477) = 0.74, p = .39$. Results of the ANOVA examining anxiety yielded a significant effect for victimization status, $F(1, 477) = 3.94, p < .05$, but did not yield a significant effect for relationship status, $F(1, 477) = 1.61, p = .20$, or for the interaction, $F(1, 477) = 0.08, p = .77$. Results of the ANOVA examining hostility yielded a trend towards significance for victimization status, $F(1, 477) = 3.59, p = .06$, but no significant effects for relationship status, $F(1, 477) = 0.76, p = .39$, or for the interaction, $F(1, 477) = 0.04, p = .84$. Results of the ANOVA for interpersonal sensitivity yielded a significant effect for relationship status, $F(1, 477) = 6.90, p < .009$, but did not yield a significant effect for victimization status, $F(1, 477) = 1.25, p = .26$, or for the interaction, $F(1, 477) = 0.27, p = .60$. Results of the ANOVA examining post-traumatic stress symptoms yielded a significant effect for victimization status, $F(1, 477) = 3.86, p = .05$, and a trend for relationship status, $F(1, 477) = 2.97, p = .09$, but no significant effect for the interaction, $F(1, 477) = 0.29, p = .59$.

Means and standard deviations for these dimensions of functioning across relationship and victimization status are presented in Table 2. While significant

interaction effects were not seen, significant main effects do support the idea that survivors report poorer psychological functioning, as do men not in relationships. Visual inspection of group means further reveals that survivors not in relationships (and therefore excluded from analyses) reported poorest psychological functioning whereas nonabused men in relationships reported the best psychological functioning. The elimination of men not in relationships appears to have produced a healthier group of survivors (survivors with better psychological functioning).

DISCUSSION

The purpose of the present study was to examine several domains of relationship functioning by comparing a nonclinical sample of adult male sexual abuse survivors to men without sexual abuse histories. It was hypothesized that adult male survivors would report greater relationship difficulties across all examined domains of relationship functioning. However, the findings do not support the hypotheses of the present study. Furthermore, initial inspection of results suggests that adult male survivors actually report fewer relationship difficulties as compared to men without abuse histories.

Specifically, having a history of childhood sexual abuse was not associated with greater reported fear of intimacy. Further, with regard to intimacy within couple relationships, male survivors of sexual abuse reported significantly more openness and greater affection than men without abuse histories. Additionally, survivors reported somewhat greater commitment and consensus (cognitive aspects of intimacy) as compared to nonabused men. However, abuse history was not associated with reported absence of intimacy in intimate relationships. Regarding trust, survivors of sexual abuse reported higher levels of confidence in their partners to keep promises and commitment

than men without abuse histories. Having a history of childhood sexual abuse was not associated with the level of overall trust (spanning a wide variety of interpersonal situations, such as trusting partners to play fairly, tell the truth, and be dependable) or emotional trust (referring to situations involving confiding, freedom from criticism and embarrassment, and other emotional laden situations).

Male survivors of abuse also reported greater levels of relationship satisfaction as compared to men without abuse histories. Although not significantly greater, men without abuse histories reported somewhat higher levels of comfort in trusting and depending on others than men without histories of abuse. A history of childhood sexual abuse was not associated with feelings of closeness or anxiety in attachment relationships. Furthermore, no group differences between survivors and nonabused men emerged for the likelihood to be classified as anxiously, avoidantly, or securely attached.

The findings from the present study are not consistent with proposed hypotheses or previous research suggesting that childhood sexual abuse is related to a number of adjustment difficulties, including problems in intimate relationships. The findings of the study were surprising. However, one explanation for these findings may be that differences were produced in the sample by studying only men in current relationships. Specifically, by excluding survivors not in current relationships from most analyses, the current study is excluding the group exhibiting the greatest psychological difficulties. By limiting analyses to this subset of survivors, it is likely that survivors who would have the most difficulties in their relationship functioning have been excluded from the analyses.

In support of this idea, relative mean differences emerged when psychological symptoms were examined. Relative mean differences suggest that men who were

excluded from the sample because they were not in current romantic relationships, including the male survivors, were having greater difficulties in the areas of general distress, depression, anxiety, interpersonal sensitivity, and posttraumatic stress. It is possible that the male survivors included in the current study had relatively few long-term effects of the abuse. In examining the relative mean differences across all areas of psychological difficulties, nonabused men in relationships were the highest functioning. In contrast, survivors not in relationships, who were excluded from some of the analyses, were the lowest functioning group, exhibiting the greatest psychological difficulties in all areas examined. Men who have better general functioning likely have healthier relationships. It was this group of men with better general functioning that were included in all analyses. Thus, the male survivors actually examined were by definition more highly functioning to begin with.

By not including survivors with the greatest psychological difficulties, this study can offer few conclusions about the relationship functioning of male sexual abuse survivors in general. This conclusion is further strengthened when results of the analyses of attachment style (i.e., AAS-R, HS) are considered. For these analyses, which included all men, not just those in relationships, no differences emerged between survivors and nonvictims or differences between groups were in the hypothesized direction. Further research is clearly needed to examine relationship functioning with survivors keeping these factors in mind, and to determine if this explanation of findings is true.

Other explanations for why survivors may report better functioning in relationships in this study should also be considered. One factor potentially affecting the findings is the use of a college sample, which may, in general, exclude men most severely

affected by childhood sexual abuse. College students tend to be fairly young, high functioning individuals from higher socioeconomic status families. Given the young age of the sample, it is possible that some of the long-term adjustment difficulties in relationship functioning may not have emerged in this younger population. Additionally, past research indicates that male sexual abuse survivors tend to have academic difficulties (Boney-McCoy & Finkelhor, 1995; Chandy, Blum, & Resnick, 1996; Duncan, 2000; Erickson & Rapkin, 1991; Kendall-Tackett et al., 1993; Lisak & Luster, 1994). Given academic difficulties, the most severely affected male survivors may never attend college. Findings here then may represent the fact that survivors and nonabused men included in the study are relatively highly functioning to begin with.

Another possibility is that the sample of survivors in this study is not representative of all survivors. Of the abuse survivors, 48.4% reported that the perpetrator was male and 51.6% reported that the perpetrator was female. This is inconsistent with the majority of previous research findings suggesting that males are abused primarily by adolescent or adult males (Baker & Duncan, 1985; DeJong et al., 1982; Farber et al., 1984; Finkelhor & Russell, 1984; Hobbs & Wynne, 1987; Johnson & Shrier, 1985; Pierce & Pierce, 1985). In a review of the literature on male sexual abuse, Holmes and Slap (1998) note that studies of children and young adolescents report that greater than 90% of perpetrators were male, whereas studies of older adolescents and young adults report lower rates of male perpetrator abuse (22% to 78%). They suggest that "males may revise their perceptions as they age such that abusive experiences with females become defined, retrospectively, as normative rather than abusive" (p. 1857). Few studies report that the majority of the male survivors in their samples were abused by

females (Dean & Woods, 1985; Fritz et al., 1981; Fromuth & Burkhart, 1987; Petrovich & Templer, 1984.)

Another possible explanation for the findings of the current study may be related to disclosure rates in men (here only about 6% reported experiences that could be identified as childhood sexual abuse). Urquiza and Keating (1990) argue that many males do not disclose sexual abuse experiences, resulting in low prevalence rates of male sexual abuse. However, of the survivors in the current study, 60% reported previously disclosing their abuse to someone else, whereas 40% indicated that they had never before disclosed. Perhaps the survivors in this sample again are not representative of all survivors. In the current study, it is possible that abuse survivors experiencing significant problems may have failed to disclose and have inadvertently been included in the nonabused control group. If this were to have occurred, only healthy childhood sexual abuse survivors may therefore appear in the victimized sample. Additionally, the inclusion of survivors in the nonabused control group might make the control group appear to have more relationship difficulties.

Another possible explanation of the findings here may be that what is studied is how male survivors describe their relationship functioning rather than actual measures of relationship functioning. It is possible that male survivors are more likely than nonabused men to present their relationships in a more positive way than is true. Finkelhor and Browne's (1985) dynamic of stigmatization might be used to explain the development of the perception by male sexual abuse survivors that they have healthy intimate relationships. Male survivors may be at risk for being stigmatized as vulnerable or weak, attributes that are in conflict with the male role expectation of powerfulness and

self-reliance (Mendel, 1995). Survivors may react to this stigmitization by portraying themselves as capable of healthy heterosexual relationships. Additionally, due to the experience of powerlessness, a dynamic also proposed to occur within the context of abusive experiences, Finkelhor and Browne (1985) suggest that survivors may have an unusual and dysfunctional need to control or dominate. Bruckner and Johnson (1987) suggest that men with histories of sexual abuse have had their masculine identity threatened, which retards the development of intimate relationships. As a result, these men may attempt to create particular images of themselves within their relationships or to avoid intimate relationships, as they consider sharing feelings as evidence of weakness or vulnerability (Bruckner & Johnson, 1987). The men in the current study might be reporting healthy relationships as evidence of their ability to maintain healthy satisfying relationships in which they have control. A man who experiences the need to control or dominate may still report feeling satisfied in his romantic relationship, regardless of how satisfying such a relationship might be for him or his female partner. Rather than avoiding relationships, it is possible that the men in the current sample have worked to create images of themselves as masculine in their romantic relationships. It would follow that a "masculine" man would be involved in a satisfying and intimate relationship. The possibility exists that the men in the current study are reporting healthy relationships, but that their relationships may not necessarily be as healthy as their reports indicate.

While there are clearly a number of reasons to believe that the findings noted here should not be generalized to all male survivors, the possibility exists that male survivors may not have significantly more problems in romantic relationships than nonabused men. Two possible explanations for this might be considered. First, previous research suggests

that the perception of abuse is important to consider when examining functioning of abuse survivors (Fromuth & Burkhart, 1989; Steever, Follette, & Naugle, 2001; Widom & Morris, 1997). As previously stated, a small minority of survivors in this study would describe their experience as "abuse" when directly questioned (51.6% said it was not, 22.6% were not sure). This may be, in part, related to the fact that the majority of perpetrators were female. When the survivors in Fromuth and Burkhart's (1987, 1989) study were questioned concerning their perception of the abusive experiences, which included non-contact abuse, the abusive experiences were not generally viewed negatively. Fromuth and Burkhart (1989) posited that males' memories of sexual abuse might be influenced by "cultural expectations regarding gender-role behavior" (p. 541). Early sexual experiences may be more acceptable to the male culture, viewed as a rite of passage. It has further been suggested that men may experience confusion over the pleasurable aspects of the abuse and may rationalize their abuse as being either invited or desired (Singer, 1989; Watkins & Bentovim, 1992) or may perceive their abuse as less serious or traumatizing (Holmes, Offen, & Waller, 1997; Urquiza & Keating, 1990). If the event was not perceived as abuse, childhood sexual abuse survivors may be less likely to experience or report problems in their romantic relationships.

Second, another explanation for the findings that childhood sexual abuse survivors have healthy relationships with women, if true, is that male survivors may have more difficulty trusting men than women. It is possible that an inability to trust men might result in male sexual abuse survivors being more reliant on female partners than are males without histories of abuse. In a clinical sample of 11 adult male survivors, Bruckner and Johnson (1987) reported that all of these men reported feeling more

comfortable expressing their emotions to women than they did other men and, that further, they generally avoided intimacy with others. Similarly, Janus et al. (1987) conducted a study with 89 Canadian male runaways and found that sexually abused male adolescents reported significantly greater difficulty with all types of interpersonal relationships and friendships when compared to nonabused male runaways. The abused males in Janus et al.'s (1987) sample also reported significantly greater fear of adult men when compared to nonabused male runaways.

Beyond these two explanations, the magnitude of the differences between survivors and nonabused men should be considered. Although differences between survivors and nonabused men exist in the scores on some measures, the differences are relatively small, generally no greater than a few points difference between survivors and nonabused men. While these differences may be statistically significant, it is not clear that the differences are truly meaningful ones. Further it should be noted that the level of functioning of all men in this sample, including survivors, is typical of what is seen in normative samples used to develop the instruments employed. On scales where this type of information is available, survivors are reporting relationship functioning very similar to the normative group, not significantly better functioning (scores are within one-half a standard deviation of the mean). Thus, it appears that even the highest functioning survivors were within the range of expected functioning for college men and were not reporting unusually healthy relationships.

Although the hypotheses of the study were not supported, the present study has a number of strengths. The findings of the current study have added to the growing body of research on male sexual abuse. To date, much of the empirical research on male

sexual abuse has focused on clinical populations. Furthermore, few researchers have investigated the couple relationships of adult male survivors of childhood sexual abuse. The majority of the information regarding male survivors' romantic relationships has been based primarily on clinical impressions and case studies. The current study improved upon past studies given that it examined multiple domains of male survivors' romantic relationships, including fear of intimacy in current relationships, level of intimacy in current relationships, trust in relationship partner, relationship satisfaction, and adult attachment dimensions. Additionally, the current study used standardized measures with demonstrated psychometric properties to assess victimization status and relationship functioning.

However, the current study also has notable limitations. In addition to the relatively small sample size, the study relied on retrospective reports of abuse experiences, which may be vulnerable to inaccurate or distorted recall. Because male survivors of abuse tend to have low disclosure rates (Finkelhor, 1979, 1990; Nasjleti, 1980; Urquiza and Keating, 1990), it is impossible to know the true number of survivors in the sample. Therefore, the results of this study, and all studies of male childhood sexual abuse survivors, are influenced by the accuracy of memory and survivors' willingness to admit abuse experiences. Self-report measures were also used to assess dimensions of relationship functioning. As with all self-report measures, the validity of the data is subject to distortion, reactivity, and demand characteristics. It is possible that the limitations of the use of self-report and retrospective measures are even more problematic for use with a male sample, as males' memories might be influenced by cultural expectations regarding gender-role behavior. Fromuth and Burkhart (1989)

postulate that men may be more likely to remember and report early experiences with women as opposed to men, explaining that "the cultural expectations for sexual experiences are that men are supposed to wish for and respond positively to early sexual experiences involving women as initiators" (p. 541).

An additional limitation of the current study is the population sampled. The current study sampled a relatively young population of predominately Caucasian college men. College students tend to represent a fairly high functioning, high socioeconomic status group, that are not representative of the population at large or of all men of their same age. Because the sample consisted of high functioning men admitted to college, the current study may underestimate relationships adjustment difficulties in a more heterogenous sample. The young age of the sample also limits the generalizability of the findings to other populations and survivors of other ages. The relatively young age of the sample may have prevented the men from forming long-lasting serious romantic relationships, in which relationship functioning would be more appropriately investigated. Intimacy difficulties that do not emerge until later in life would not be revealed in a young sample. It is also possible that intimacy difficulties in a young sample may present themselves differently than in older populations.

Finally, causal inferences cannot be drawn from the current study due to the nature of correlational design. Existing differences between survivors and nonabused peers might be caused by other, unidentifiable factors, such as family environment or the occurrence of other traumatic incidents in childhood or adolescence.

Despite the stated limitations, the findings of this study have important implications for future research with male sexual abuse survivors. Researchers who are

investigating the correlates of male sexual abuse should be aware of the underreporting of childhood sexual abuse and recognize the potential impact of low disclosure rates on research findings. The current findings reinforce the need to develop better, more sensitive, methods of eliciting sexual abuse histories of men. Researchers in the area should avoid the sole use of self-definition of abuse given the discrepancies between objective definitions and subjective perceptions of victimization. Instead, an integrated approach should be used in the assessment of childhood sexual abuse, including an evaluation of both objective, behaviorally based criteria for abuse, and male survivors' perceptions of the experiences.

Future studies should use, in addition to subjective self-rating scales, alternative methods to evaluate the domains of relationship functioning. For example, objective measures of relationships functioning, observation of couple interactions, and ratings obtained from collateral informants may provide a more accurate assessment of the relationships of abuse survivors. Existing methods of examining relationship functioning are limited to samples of survivors in current relationships. To accurately assess relationship functioning of all survivors, other methods must be developed that do not limit researchers to evaluating only survivors who are in current relationships. In addition, a goal for future research should be the evaluation of relationship functioning over time and across different partners through the use of longitudinal studies.

Future studies should evaluate possible short- and long-term effects of sexual abuse across genders, as well as study the influence of other potentially influential variables (e.g., abuse characteristics, familial factors). Given that some abusive experiences may have been redefined by the survivor as normative, an effort should be

made to understand what factors are influential in the perception of early childhood experiences as abusive or nonabusive. Abuse perpetration by females and possible adverse effects requires further study. Future research in this area should also include the assessment of other forms of child maltreatment, such as physical and emotional abuse, and examine the relationship of the different forms of child maltreatment to later relationship functioning. To allow for generalization of findings, studies should examine the relationship functioning of males and females from a community setting with participants of varying ages. The present study was limited, as are most studies of male sexual abuse survivors, by a relatively small sample. More rigorous data collection is necessary to collect large samples of male abuse survivors. Finally, a prospective design assessing relationship of abuse and later relationship functioning is warranted.

While not all abuse survivors report negative long-term effects of abuse, the potential impact of child sexual abuse cannot be ignored. Browne and Finkelhor (1986) argued that "childhood traumas should not be dismissed because no 'long-term effects' can be demonstrated. Child sexual abuse needs to be recognized as a serious problem of childhood, if only for the immediate pain, confusion, and upset that can ensue" (p. 76). While some may wish to use the findings of this study to show that childhood sexual abuse is not problematic or to advocate for not calling such experiences abusive (for example, see Rind, Tromovitch, & Bauserman, 1998) such conclusions are unwarranted based on this data. As stated before, there are a number of reasons to believe that the sample studied here is not representative of all childhood sexual abuse survivors. The current study may be examining relationship functioning of an especially healthy subset of childhood sexual abuse survivors. Those survivors not included in the analyses may

be having relationship problems that are not measured in this study. Additionally, it is unknown whether these men actually are in healthy relationships or are merely describing them as such.

Although it appears that there are at least a subset of male survivors who appear to be functioning in their relationships at levels similar to nonabused men, it would be inappropriate to suggest that these sexual abuse survivors have not been harmed by their experiences at all. Because this study does not provide any information concerning survivors' functioning immediately following the abuse, the possibility exists that some male survivors may have evidenced short-term effects of abuse that do not extend into early adulthood. As previously demonstrated, there are documented short- and long-term effects for many abuse survivors. The absence of long-term effects in these specific domains of relationship functioning for a subset of abuse survivors does not mean that sexual abuse of children should be condoned. To conclude that sexual abuse is not harmful based on the finding that a subset of male survivors is not reporting negative effects on relationships is inappropriate. Furthermore, the absence of long-term effects for a subset of survivors does not justify the conclusion that childhood sexual abuse is acceptable by moral and ethical standards.

Nevertheless, findings of the current study are important given that it does suggest that there may be at least a subset of male sexual abuse survivors who cope successfully and are resilient after abuse. The survivors in this study who are currently in relationships appear to have coped well with their abuse and suffered little or no long-term effects in the areas of relationship functioning assessed. However, relatively little is known about abuse survivors who evidence few negative effects. Greater understanding

of factors related to resiliency is necessary to help those survivors who do not appear to cope well. Rather than concluding that the sexual experiences were not abusive, future efforts should be given to understanding and evaluating the possible protective factors related to resiliency of survivor samples.

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APPENDIX

Tables

Table 1.
Simple Intercorrelations of Study Variables

	AGE	SES	LEN	FIS	QMI	IPR	OPN	AFC	CON	COM	OVT	EMN	REL	CLO	DEP	ANX
AGE	-	.13** (464)	.33*** (209)	.20** (210)	-.18** (208)	-.08 (210)	-.25** (210)	-.43*** (210)	-.28*** (210)	-.20** (210)	-.27*** (210)	-.18** (210)	-.19** (210)	-.09* (497)	-.07 (497)	-.11* (497)
SES		-	-.04 (194)	.03 (195)	-.18* (194)	-.07 (195)	-.12 (195)	-.12 (195)	-.12 (195)	-.06 (195)	-.19** (195)	-.14 (195)	-.18* (195)	-.02* (466)	-.08 (466)	-.04 (466)
LEN			-	-.12 (210)	.05 (208)	.10 (210)	.17* (210)	.05 (210)	.03 (210)	.17* (210)	.05 (210)	.10 (210)	.11 (210)	.02 (210)	.04 (210)	-.24** (210)
FIS				-	-.43*** (209)	-.57*** (211)	-.72*** (211)	-.57*** (211)	-.52*** (211)	-.50*** (211)	-.42*** (211)	-.50*** (211)	.34*** (211)	-.57*** (211)	-.39*** (211)	.21** (211)
QMI					-	.46*** (209)	.58*** (209)	.60*** (209)	.59*** (209)	.61*** (209)	.30*** (209)	.32*** (209)	.40*** (209)	.21** (209)	.27*** (209)	-.25** (209)
IPR						-	.60*** (211)	.45*** (211)	.58*** (211)	.49*** (211)	.41*** (211)	.44*** (211)	.46*** (211)	.38*** (211)	.31*** (211)	-.39*** (211)
OPN							-	.77*** (211)	.69*** (211)	.52*** (211)	.46*** (211)	.55*** (211)	.46*** (211)	.39*** (211)	.34*** (211)	-.24** (211)
AFC								-	.75*** (211)	.59*** (211)	.46*** (211)	.49*** (211)	.50*** (211)	.32*** (211)	.27*** (211)	-.15* (211)
CON									-	.56*** (211)	.38*** (211)	.53*** (211)	.49*** (211)	.28*** (211)	.27*** (211)	-.16* (211)
COM										-	.28*** (211)	.34*** (211)	.38*** (211)	.20** (211)	.14* (211)	-.11 (211)
OVT											-	.64*** (211)	.65*** (211)	.31*** (211)	.27*** (211)	-.23** (211)
EMN												-	.62*** (211)	.34*** (211)	.28*** (211)	-.21** (211)
REL													-	.23** (211)	.21** (211)	-.24** (211)
CLO														-	.60*** (500)	-.36*** (500)
DEP															-	-.40*** (500)
ANX																-

Note. Numbers in parenthesis are the sample sizes for the pair of simple correlations. LEN=length of time in relationship; FIS=Fear of Intimacy score; QMI=Quality of Marriage Index score; IPR=Interpersonal Problems subscale score; OPN=Openness subscale score; AFC=Affection subscale score; CON=Consensus subscale score; COM=Commitment subscale score; OVT=Overall Trust subscale score; EMN=Emotional Trust subscale score; REL=Reliable Trust subscale score; CLO=Close subscale score; DEP=Depend subscale score; ANX=Anxiety subscale score.
*p<.05; **p<.01; ***p<.0001

Table 2.
Group Means and Standard Deviations on Psychological Functioning

Scale	Excluded Survivors	Included Survivors	Excluded Nonvictims	Included Nonvictims	Significance: Rel Status	Victim Status	Rel X Victim
GSI	*M*=.87 *SD*=.65 (*N* = 17)	*M*=.65 *SD*=.48 (*N* = 13)	*M*=.62 *SD*=.52 (*N* = 248)	*M*=.49 *SD*=.40 (*N* = 203)	.06	.002	.66
Dpr	*M*=1.04 *SD*=.88 (*N* = 17)	*M*=.68 *SD*=.53 (*N* = 13)	*M*=.73 *SD*=.61 (*N* = 248)	*M*=.57 *SD*=.53 (*N* = 203)	.02	.06	.39
Axt	*M*=.70 *SD*=.72 (*N* = 17)	*M*=.55 *SD*=.57 (*N* = 13)	*M*=.48 *SD*=.56 (*N* = 248)	*M*=.38 *SD*=.44 (*N* = 203)	.20	.05	.77
Host	*M*=.87 *SD*=.83 (*N* = 17)	*M*=.74 *SD*=.75 (*N* = 13)	*M*=.62 *SD*=.70 (*N* = 248)	*M*=.54 *SD*=.52 (*N* = 203)	.39	.06	.84
Intsen	*M*=1.04 *SD*=.90 (*N* = 17)	*M*=.66 *SD*=.58 (*N* = 13)	*M*=.84 *SD*=.68 (*N* = 248)	*M*=.59 *SD*=.55 (*N* = 203)	.008	.26	.60
Ptsd	*M*=.84 *SD*=.69 (*N* = 17)	*M*=.62 *SD*=.45 (*N* = 13)	*M*=.59 *SD*=.56 (*N* = 248)	*M*=.48 *SD*=.43 (*N* = 203)	.09	.05	.59

Note. Higher scores reflect higher symptom levels. GSI=Global Severity Index; Dpr=Depression; Axt=Anxiety; Host=Hostility; Intsen=Interpersonal Sensitivity; Ptsd=Posttraumatic Stress.

Oklahoma State University
Institutional Review Board

Protocol Expires: 1/16/03

Date : Thursday, January 17, 2002 IRB Application No AS0124

Proposal Title: EXPERIENCES OF COLLEGE MEN

Principal Investigator(s) :

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Reviewed and Expedited **Continuation**

Approval Status Recommended by Reviewer(s) : Approved

Signature : Carol Olson

Carol Olson, Director of University Research Complian

Thursday, January 17, 2002
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

VITA

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