

AN EXPLORATORY INVESTIGATION OF ABUSE DYNAMICS
AND PERSONALITY FACTORS AMONG SEXUALLY
ABUSED ADOLESCENT MALE SEX OFFENDERS

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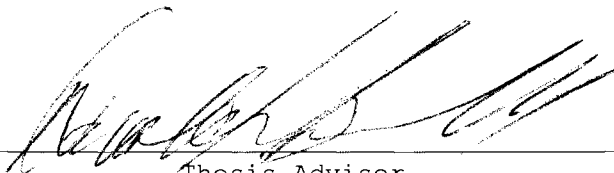
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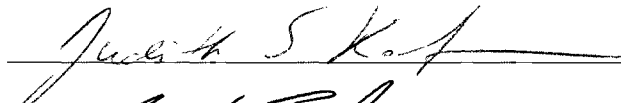
Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 1995

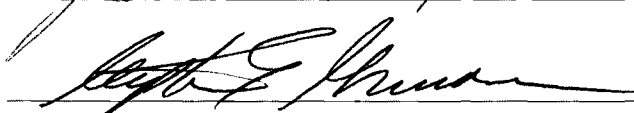
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Thesis Approved:



Thesis Adviser







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ACKNOWLEDGEMENTS

First and foremost, I would like to take the opportunity to express my gratitude to my thesis committee. The actual process of conducting research and writing a thesis is an invaluable learning experience that I will never forget. Don Boswell, Ph.D., chairperson, thank you for his encouragement from the beginning of the program to select the thesis option. A special thanks for reiterating that this is generally a lengthy process and supporting me throughout the endeavor. Hopefully this experience will better prepare me for a doctoral dissertation. I am also indebted to Stephen F. Grissom, Ph.D., committee member for his ingenious statistical expertise. I dearly appreciated the direct guidance as well as the assistance at inopportune moments throughout the day to help analyze the data. A special thanks is also extended to Judith Kaufman, Ph.D., committee member for suggesting that I restructure the focus of my study. As a result, the broadening of the research allowed for further exploration, rendering a more meaningful contribution.

A heartfelt thanks goes to my employment agency, Lloyd E. Rader for its continual support throughout the experience. Specifically, I would like to express my appreciation to the therapists' for their time and effort to assist in providing the necessary data.

Further thanks go to my friends for their support throughout this time, and a specific thanks to R.E.M. It is difficult to find the words

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July, 1995

to express my appreciation. Your motivation and your wisdom has provided me with far more knowledge than I could have ever hoped to gain out of a text. Most importantly, you reiterated the true meaning of life, the experiencing of relationships. I will always cherish the memories and may both of our trails lead to happiness. Lastly, I would like to extend my deepest appreciation to my parents. Delbert and Jarita Goodin for their continual support of my academic pursuits. Mom and Dad hopefully just one more degree and you can quit classifying your daughter as a professional student.

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CHAPTER I

INTRODUCTION

The Problem

From the earliest time, the sexual victimization of children has been evident within society, but rarely has it been defined as a form of abuse (Kempe & Kempe, 1984). Sexual abuse can be traced back well before the 18th century (Walker, 1988). In England, beginning in the sixteenth century, there was some legislative recognition of the need for the protection of children from sexual exploitation: A law was passed in 1548 protecting boys from sodomy and in 1575 protecting girls under ten years of age from forcible rape (Schultz, 1982).

Despite an obvious awareness of the problem, it was not until the "human movement" which spread from Europe in the mid-nineteenth century that action protecting children began being taken in the United States (Bagley & King, 1990). Even more disheartening was the fact that the American Society for the Prevention of Cruelty to Animals was formed first in 1866 to be followed by the first American Society for the Prevention of Cruelty to Children in 1874 (Bagley & King, 1990). The first recorded protective intervention for a child was accomplished in the early 1870's in New York City through the use of an animal

protection law (Kempe & Helfer, 1972).

Historical reviews provide us with evidence that clinicians were cognizant of the sexualized exploitation of children (Masson, 1985). Masson states, "It is ironic that Freud first revealed and then later denied the basic experience of so many of his female patients, namely that they had been subjected to unwanted sexual experiences in their early lives" (Masson, 1985:199). It appeared that Sigmund Freud recognized that his discovery was ahead of its time--"He was repudiated by colleagues and, over the course of his career, rescinded his original theory, positing instead that the seduction experiences were expressions of children's fantasy rather than of reality" (Masson, 1985:199).

Research indicates that studies with information about the prevalence of child molestation have been in existence since 1929 (Finkelhor, Araji, Baron, Browne, Peters, & Wyatt, 1986). However, perhaps because society was in such a state of denial, these statistics had never been given wide public notice. Findings of a study done in 1937 by Dr's. Laurette Bender and Abram Blau typify the ignorance and minimization of effects that was once held by professionals:

This study seems to indicate that these children undoubtedly do not deserve the cloak of innocence with which they have been endowed....The emotional placidity of most of the children would seem to indicate that they

derived some fundamental satisfaction from the relationship.

(Bender and Blau 1937:514)

It cannot be stated whether their attractiveness was the cause or effect of the experience, but it is certain that the sexual experience did not detract from their charm.

(Bender and Blau 1937:517)

Recognition of child sexual abuse continued to receive sparse attention in professional literature in North America until the late 1970's (Bagley & King, 1990; Finkelhor et al, 1986; Hunter, 1990b). Although clearly recognized as a clinical phenomenon for well over a century, it was the growth in mandatory child abuse reporting in America that caused sexual abuse to receive the preponderance of attention. However, most of the research on child sexual abuse has focused on female victims (Bolton, Morris, & MacEachron 1989; Coulborn-Faller, 1989; Everstein & Everstein 1989; Finkelhor, 1984; Grayson, 1989; Groth & Burgess, 1980; Grubman-Black, 1990; Hunter, 1990b; Lew, 1986; Porter, 1986; Roane, 1992; Schuster, 1992; Sebold, 1987; Violato & Genuis, 1993). The existing literature regarding males routinely illustrate the importance of how the gender of the victim effects the perception of what constitutes sexual abuse. Unfortunately, what individuals perceive as sexual abuse and how serious they take it affects how they respond:

Some uneasiness appears in simply defining the sexual abuse of boys in the same way as the sexual abuse of girls. This uneasiness, when articulated, usually stems from two presumptions. One is that sexual activities between boys and older persons is more often initiated by the boys themselves. The second is that boys are less negatively affected by what sexual contacts they may have with older persons.

(Finkelhor, 1984:151).

Researchers have noted that sexual activities involving adults and boys get reported less often than sexual behavior involving adults and girls (Finkelhor, 1984). In Abused Boys, Hunter writes of working as a mental health professional and being amazed at the expedient action taken when he reported the abuse of young females compared to that of young males. He also wrote of manipulating the system to get a response as "very little was done; in many cases nothing was done" involving the abuse of males. Groth (1979) also wrote of speculations that people see sexual activities with girls as more serious and more abusive than the same activity with boys. Research on two separate vignettes administered to college undergraduate students support this bias (Broussard & Wagner, 1988; Broussard, Wagner, & Kazelskis, 1991). The vignettes consisted of an individual being sexually abused in which the

gender of the victims was interchanged. The results of both studies attributed a higher level of blame toward the victim when portrayed as a male. Our society mistakenly believes that "girls get raped and hate it but boys are seduced and love it" (Hunter, 1990a:25).

As a result of our patriarchal society, differential sexual socialization has always existed, and one generally speculates that the discrimination is beneficial to the male gender. However, in examining the sexual abuse of males it is evident that the experience is traumatic for males, yet they continue to be denied the attention that they are so desperately in need of. At the current time our theories are centered around the females' perspective of the experience. With little empirical research being conducted on males, boys have become a neglected population. As a result, according to Finkelhor et al (1986:229), "It has contributed to the abbreviation of the knowledge base regarding male children who have been sexually abused especially as compared with knowledge held about female victims."

The study of sexual abuse of male children is in a state of disarray. "This is due in part to a paucity of both empirical and clinical evaluation" (Violato & Genuis, 1993:3). As Groth, Hobson, & Gary (1982) point out, dependable information with regard to sexual molestation of male children is very limited and much more research needs to be directed toward this issue. Perhaps Finkelhor best

summarized the problem, "Even purely descriptive accounts of work with sexually abused boys would be an important resource given the current state of ignorance on the subject" (Finkelhor et al, 1986:230). Only in the last decade has the focus of males as victims of sexual abuse been identified in research literature (Hunter, 1990b; Porter, 1986; Schuster, 1992). More specifically, the vast majority of the literature that has been released has been formulated from disclosures of adult males who are receiving therapy. Very little research has been conducted on the impact of males as victims throughout their childhood years. The dearth of attention in the literature to young male victims of sexual abuse has implications for the clinical treatment of these boys. Male sexual abuse specialists have suggested that male victims and female victims of sexual abuse will differ significantly in their reactions to the trauma (Bolton et al, 1989; Coulborne-Faller 1989; Grubman-Black, 1990; Hunter, 1990b; Lew, 1986; Porter, 1986). One of the many noted differences is that boys tend to be more secretive than girls (Everstein & Everstein, 1989; Hunter, 1990a; Lew, 1986; Porter, 1986). Disclosures are imperative to the understanding of how sexual abuse impacts the male victim. By not disclosing the victimization, the young male is thought to suffer additional sequela. "While suffering in silence, the young male faces countless struggles alone and assumes the responsibility" (Grayson, 1989:11). In addition, it becomes difficult

for researchers to identify an adequate sample size so that the theories about gender based differences in reaction to the trauma of sexual abuse can be tested empirically. Unfortunately, the identification of male sexual abuse sequela has primarily been based on clinical interpretations and often lack a substantial amount of empirical research. As a result, present models for treating male victims are inadequate and more research addressing the effects that sexual abuse has on the development of young males must be conducted.

Purpose of the Study

The purpose of the study is to explore the existing literature in regard to male symptomatology, collect demographics that are considered by clinicians to be prevalent to the abuse, and to investigate potential correlations between the identified sexual abuse variables and the personality characteristics of victims who have become offenders. By identifying personality characteristics that are specific to young male victims who have also offended, one can better assess the needs for treatment planning purposes. Efforts need to be exerted in decreasing the victim/perpetrator cycle from perpetuating, as juvenile offenders are a growing population.

Definitions of Terms

For the purpose of this research, the following terms have been

clearly defined in efforts to avoid confusion with other existing operational definitions.

*Adolescence: The time of life between puberty and maturity. For research purposes, the ages between 12-18 will be identified as the years of adolescence.

Aggression: Action in the form of some destructive behavior directed toward an object, which may or may not be prompted by some immediate emotion; power involves a psychological relationship that implies a more or less stable interaction with an object (Glick & Roose, 1993).

*Child: A boy or a girl before one reaches puberty. For research purposes, the ages between infancy and age 11 will be identified as the years of childhood.

Sexual Abuse: Any sexual assault or sexual exploitation of a child or adolescent by an adult. Also included is any sexual interaction between two minors if there is at least three years age difference or if there is a perceived significant difference in power between the victim and the offender. Included in the definition are genital stimulation, fondling, oral sex, vaginal or anal penetration, instrumentation, voyeurism, exhibitionism, pornography, and prostitution (Hunter, 1990b).

Sexual Identity: A personal definition of the self as a sexual

being; an acceptance of one's sexual attractiveness, erotic fantasies, and emotional attachment as congruent with self-concept (Gilgun & Reiser, 1990).

Trust: The ability to have confidence in another: thoroughly upon integrity, intentions, motives and honesty of another. Interpersonal trust is a basic feature of all social situations that require cooperation and interdependence (Johnson & Swap, 1982). Having trust in another involves the ability to become dependent, vulnerable and to risk.

*For the purpose of this research, the terms child and adolescent may be used interchangeably, as the focus of this research is on males under the age of 18. The age criterion of 18 has been adopted by the National Center on Child Abuse & Neglect as the upper limit of childhood and as the age of legal consent.

Research Focus

What is the relationship between abuse dynamics (e.g. relationship of offender, type of abuse, method of abuse, etc.) and personality factors among sexually abused male adolescent sex offenders?

Limitations

1. Subjects were sexually abused and have also sexually offended as confirmed by either a court referral or self-disclosure.
2. Subjects were male.

3. Subjects were between the ages of 12 and 18.
4. Subjects have been institutionalized in a Midwestern rehabilitative facility.
5. Due to the restricted nature of the population, generalizability may be limited.
6. Information gathered from records and therapists' interviews is retrospective in nature.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this section is to review the theoretical and empirical literature related to the sexual abuse of males. The overview is to include symptomatology that is thought to be specific to the male victim as well as exploring the male's interpretation of the sexual abuse experience.

Greek history included the popularity of the sexual abuse of boys, and the castration of young slave boys who were then bought and sold for sexual use (De Mause, 1975; Rush, 1980). In researching the prevalence of male sexual abuse, this research was fraught with contradictory findings. It appears that one could find a statistic to support any argument when determining the actual level that sexual abuse occurs in males. Keeping this factor in mind, only two theoretical standpoints will be addressed. The most cited statistic is a statistic cited by Finkelhor et al (1986) estimating that one in four girls and one in nine boys will be sexually abused by the time they become eighteen. However, taking into account that males are less likely to disclose the abuse, a more current theory is that males are equally at risk with females when it comes to being sexually victimized (Bolton et al, 1989; Hunter, 1990b; Porter, 1986). A problem that is related to all victims of

sexual abuse in terms of gathering data is that professionals continue to remain divided over what precisely constitutes sexual abuse. The absence of a uniformly accepted operational definition remains an unresolved issue (Finkelhor et al, 1986). This is the first of numerous issues related to the problems in determining the prevalence of male sexual abuse. Secondly, as mentioned earlier, there appears to be difficulty in determining what exactly constitutes sexual abuse when the victim is a male. Yet, perhaps the most obvious problem in identifying the actual prevalence is the lack of disclosure on the male's behalf.

It is believed that the responsibility for the underreporting of male sexual abuse is shared by both the victims and by societal attitudes (Broussard & Wagner, 1988). Stereotyping is pervasive in the public view of male masculinity. "Males are believed to have greater sexual drive, to masturbate more, to be more knowledgeable about and experienced about sex, to be more sexually active at a younger age, and to be the initiator of sexual contact" (Hoyenga & Hoyenga, 1979:14). Taking these societal attitudes into account, it is not difficult to comprehend why pervasive attitudes exist that construe males as "willing victims". However, as Hunter (1990a) points out, by definition one cannot willingly be a victim; the term is contradictory. "Males are also seen as dominant and thus strong, active, rational, authoritarian, aggressive and stable" (Bagley & King, 1990:34). They are socialized

not to reveal doubts, weaknesses, and fears. In short, males are taught to tolerate painful situations and to not ask for or seek outside help.

Grayson (1989) summarizes six basic beliefs regarding male victimization which prohibit males from disclosing their abuse: First, boys are taught by our culture that males simply can not be victims (Nasjleti, 1980). "If men aren't to be victims, then victims aren't men" (Lew, 1986:41). Thus for a man to admit to being a victim, he is denying his manhood. Second, men in our culture are to "tough it out" as opposed to seeking assistance and are likely to regard the victimization as their problem. Further, if the victim has shown no overt feelings of discomfort the disclosure can be discounted concluding that if it did happen, it does not seem to have caused any problems. Third, most adult sex offenders are male (Finkelhor, 1986; Groth, 1980; Violato & Genius, 1993).

Our society is homophobic, and young males often assume that they were selected for sexual activity by a male because of some homosexual attribute. Others believe that homosexual molestation will cause them to become homosexual. In efforts to avoid being labeled as "gay" should the victimization be known to others, the victim suffers in silence. Conversely, if the abuser was female the victim may have concerns that the disclosure will not be taken seriously. Boys who report sexual abuse frequently encounter either disbelief or blame (Nasjleti, 1980).

After all, a "real man" should have extricated himself in a more "manly way." In addition, society participates in this perception, as exemplified in the eyes of the legal system of eleven states in which a male cannot be raped because the laws are gender-specific, worded to exclude males (Hunter, 1990a). Fourth, boys may fear being punished or held responsible for the abuse. In particular, if the male experienced an erection he often correlates this with desiring the victimization, and equates it to being responsible. Fifth, boys may fail to report the abuse due to the fear of a loss of freedom and restriction of their activities. Traditionally in our culture, boys are allowed more independence than girls. A predictable consequence of informing one's parents of sexual abuse would be limitations on unsupervised activities (Nielson, 1980). Lastly, male victims may not report the abuse because in some cases boys do not perceive the activity as abusive. This perception could be a result of denial or minimization in order to avoid overwhelming and unacceptable feelings of helplessness.

According to Everstine and Everstine (1989), "Denial reflects a boy's strong need not only to protect himself from the specific trauma, but also to spare himself the social sanctions and isolation he imagines would be forthcoming if others were to know." In this way, sexually abused males often become victims of another type, victims of societal denial. As a result of a combination cultural, social, legal, and

psychological issues, male sexual abuse remains one of the most unaddressed issues in our society.

While it appears evident that victims are at a high risk for not reporting the abuse, it has been theorized that male victims may vary in areas of postabuse adjustment. First, it is important to mention specific problem areas theorized to be related to all young victims of abuse. Globalized symptomatology of sexual abuse victims in general entail, but are not limited to: depression, guilt, anger, suicide attempts, hopelessness, nightmares, problems with wetting and soiling, self-destructive behavior (self-mutilation, eating disorders, and substance abuse), fire-setting, being highly sexualized, anxiety, distrust, delinquency, school difficulties, somatic complaints, withdrawal, disassociation, repressed anger, low self-esteem, and overall relationship problems (Bagley & King, 1990; Everstine & Everstine, 1989; Finkelhor, 1984; Kempe & Kempe, 1984). Although the above mentioned are thought to be sequela that are related to all victims, one must keep in mind that the vast majority of research has been conducted with females. Therefore, some of the sequela may or may not be applicable to males and some of the sequela may occur at a higher rate with males. The scientific study of males as subjects is the only means to determine the true symptomatology that males experience. As most of the information that we have in regards to male symptomatology

is based on clinical observations opposed to actual research, the researcher finds it important to make a clear distinction between the two.

Since boys are taught at an early age to remain stoic in the face of discomfort (Grayson, 1989), one must call into question the emotional feelings that a sexually abused boy may experience. A study by Briere (1988) found a significant difference on depression scores between a sample of adults sexually abused as children and a nonabused control group. A similar study by (Hunter, 1990b) revealed similar results. Using the MMPI the adult victims scored two standard deviations above the mean score on the depression scale while the nonvictims scored in the "normal" range of functioning. In addition, there appears to be clinical evidence that male victims experience other emotional reactions such as guilt and a damaged self-esteem. Lew (1988) provides several accounts of men in therapy who identified a sense of guilt and shame stemming from feeling responsible for the abuse. However, in terms of empirical data, a minimal amount of research has been conducted.

Theorists such as Black & DeBlasie (1993) and Hunter (1990b) suggest that males experience a higher degree of somatic complaints. As males are more reticent to disclose the abuse, the inhibition of feelings, thoughts, and behaviors continue. It is suggested that the stress related to dealing with the event without assistance contributes

to problems in physical health. In one such study on somatic disturbances, Briere et al, (1988) examined the symptomatology in survivors. Results indicated that the male victims had significantly higher scores on somatic complaints when compared with the control group.

One emotion that abuse victims have difficulty with is fear (Lew, 1986). A milder form of fear is mistrust. Issues of trust are thought to be paramount in examining the symptomatology of male sexual abuse victims (Bolton et al, 1989; Bruckner & Johnson, 1987; Dimock, 1988; Finkelhor, 1984; Grayson, 1989; Grubman-Black, 1990; Gonzalez, 1994; Lew, 1986; Nasjleti, 1980; Porter, 1986; Schuster, 1992). Paranoia and phobic concerns were consistently cited by therapists as sequela of male sexual abuse (Bruckner & Johnson, 1987). These concerns are sometimes connected to homosexual concerns and more specifically involve worries related to the abuse. For example, if a male victim struggles with his own identity issues and does not trust his own thoughts and feelings, he may project those thoughts and feelings onto others. According to Lew (1986), disclosures by adult males seeking therapy support this. Additionally, Lew spoke of his clients not engaging in contact sports as a child because they thought that everyone was really wanting to make a pass at them opposed to participating in the athletic event.

Independent of projection, the very act of sexual victimization delivers the message that the world is a dangerous place and therefore, individuals can not be trusted (Lew, 1986). Often, abused people will constantly question the motives of others (Hunter, 1990b). Young males typically identify with older males and look to them for guidance while they seek females figures as sources of nurturance. When either of these role models violate the male's boundaries at a young age, he has a difficult time incorporating this and divorcing this event from how he will view all individuals of that particular gender. Since they have been mistreated in the past, they fear that everyone is somehow out to take advantage of them.

In a study comparing adult male victims with nonvictims, results revealed that, overall, victims experienced higher levels of paranoia (Hunter, 1990b). Research has also indicated that male victims have difficulty maintaining intimate relationships which is believed to be a direct result of being unable to trust others (Schuster, 1992). Based upon case studies, Bruckner and Johnson (1987) found that difficulties with trust and intimacy served as a common denominator for their clinical population of adult abused males. Unfortunately, there is little other empirical research related to issues of trust and most conclusions are based on clinical experience (Hunter, 1990b).

Hunter 1990b) also suggests that more empirical research is warranted to support this theory.

Another response to abuse is to become hyperaware of one's emotions, preoccupied, or overwhelmed by them. "The slightest disappointment is experienced as a tragedy, and new situations become terrifying, and the most minor indiscretion is met with outrage" (Hunter, 1990a:78). One of the most common findings in the literature concerning the effects of sexual abuse of boys is the presence of anger (Black & Deblasse, 1993; Coulborn-Faller, 1989; Dimock, 1988; Finkelhor, 1986; Howenstein, 1991; Hunter, 1990b; Kempe & Kempe, 1984; Lew, 1986; Mendell, 1992; Porter, 1986; Sebold, 1987). Males often externalize, or act out their feelings (Carmen, Rieker & Mills, 1984; Finkelhor, 1989; Hunter, 1990b; Rogers & Terry, 1984; Sebold, 1987).

Research comparing adult male victims of sexual abuse with adult males who had not experienced sexual abuse reveals a significant difference in terms of deviancy (Hunter, 1990b). Using the MMPI as the instrument, scores revealed that the second highest scale for abused males was scale 4 (Psychopathic Deviate). The victim group had a mean more than three standard deviations over the norm. Based upon case studies, Summit (1983) concluded that male victims are more likely to turn their rage outward into aggression and antisocial behavior. Interviews with clinicians revealed that almost every clinician listed

firesetting as an indicator of sexual abuse with males; virtually none of the clinicians listing it as an indicator for females (Sebold, 1987). In addition, some therapists found this behavior more prevalent when a female was the abuser (Sebold, 1987:80).

Studies of emergency room records show that half of the cases of sexual assault that involve boys are violent and that boys are more likely to be physically injured (Ellerstein & Canavan, 1980). According to Finkelhor's theory, (1986), presence of force seems clearly to result in more trauma for the victim. Anal penetration, which is thought to cause the most physical discomfort, is the type of sexual abuse that is most often experienced by males according to clinical records (Roane, 1992). In New York City, anal penetration was the number one cause of death in sexual abuse cases (Hunter, 1990a).

Acting out feelings are thought to result from an identification with the aggressor as a means of dealing with the damaged masculine identity (Bolton et al, 1989; Finkelhor et al, 1986; Groth & Burgess, 1980). According to Finkelhor et al (1986), aggression may be a primitive way of attempting to protect against future betrayals. "This anger stemming from betrayal is part of what lies behind the aggressive and hostile posture of victims, particularly adolescents" (Finkelhor et al, 1986:190). In reaction to feeling impotent, males may have an overwhelming need to control and dominate. "They are even more

intolerant of their helplessness and more likely to rationalize that they are exploiting a sexually abusive relationship for their own benefit" (Summit, 1983:180).

A male's sense of powerlessness may even be channeled into aggressive sexual behavior where in the victim becomes the offender (Bolton et al, 1989; Groth & Burgess, 1980; Hunter, 1990b & Porter, 1986). Male victims seem to evidence considerable anger at having been abused and may fantasize or retaliate against their assailants (Groth & Burgess, 1980). Davis and Leitenberg (1987:423) concluded, "Many male adolescent sex offenders have themselves been sexually victimized at an earlier age, and this might have considerable etiological significance, especially when they later seem to be reenacting these previous experiences with someone else." Several published reports of sexual victimization in the life histories of adolescent sex offenders exist with the percentages of prior victimization ranging from as low as 19 percent to as high as 47 percent (Bolton et al, 1989). An inherent problem that has been identified with these studies are that many of these individuals are highly guarded at the time of gathering life history information and are reluctant to acknowledge their own victimization. It is this researcher's experience in addition to several other professionals that there is a much higher correlation between sex offending and a past history of sexual abuse. However, it

does not seem that the sex offender is willing to disclose this information until he has begun addressing issues in therapy.

Males who have been sexually victimized as a group have an increased potential to become perpetrators (Sebold, 1987; Groth & Burgess, 1979; Howenstein, 1991). As Sebold (1987:75) contends, "Once a victim becomes a victim/perpetrator, the treatment process becomes much more complicated and lengthy, with positive outcome less likely." Speculations have been made that being afraid of being viewed as a perpetrator upon admission of being victimized, may serve as another reason as to why male victims do not disclose the abuse (Grayson, 1989). However, one must remember that sexual victimization does not equate nor automatically determine that there will be a recapitulation. As Finkelhor (1984:47) points out, "Fortunately for society and unfortunately for such a simple theory, most children who are molested do not go on to become molesters themselves." Numerous other factors account for why individuals become sex offenders. However, "Unfortunately, clinically identifiable and verifiable variables which discriminate between these two groups remain elusive to this point" (Bolton et al, 1989:82).

Other sexual issues concern confusion about sexual identity (Black & DeBlasie, 1993; Bolton et al, 1989; Grayson, 1989; Grubman-Black, 1990; Finkelhor et al, 1986; Hunter, 1990b; Lew, 1986; Mendell; 1992;

Porter, 1986; & Sebold, 1987). Victims often feel responsible for the abuse, and if the perpetrator is male the victim may interpret that he had homosexual qualities and attracted the offender (Hunter, 1990a; Lew, 1986). Further, if the victim maintains an erection or has feelings for the male (many pedophiles "groom" their victims by treating them as if they are special) this serves as conclusive evidence to him that he must be homosexual (Hunter, 1990b; Lew, 1986; & Porter, 1986). If the victim considers himself to be homosexual prior to the abuse he may lack peer and familial support as he explore his sexuality, and, therefore, may be at a high risk for being victimized. Young gay males may be exploited by adult males which is likely to add to their confusion and reinforce the negative societal messages associated with having a homosexual orientation. Conversely, if the perpetrator is female and the experience involved ridicule, humiliation, or physical pain, the victim again may call into question his own sexuality (Hunter, 1990a; Lew, 1986). While the Diagnostic and Statistical Manual of Mental Disorders IV does not consider homosexuality a disorder, we live in a homophobic society which endorses that it is. After all, according to society, being sexually active with women is the backbone of male bravado.

A study conducted by Dimock (1988) speaks to the issue of sexual confusion. He notes that all twenty five of his adult male victimized clients had masculine identity confusion in the form of either confusion

regarding their sexual preference or confusion regarding their stereotypical male roles. Research by Hunter, (1990b), used the MMPI and compared sixty-nine adult victimized males with adult nonvictimized males in therapy and found that the highest of the mean victims' profiles was scale 5 (Masculinity/Femininity) with a T=87.5, nearly 4 standard deviations above the mean. Spiking on this scale suggests a nonsubscription to traditional sex roles. Another research finding by Mendell (1992), was that "gender shame" appears to be of particular salience to male victims of sexual abuse. He defines gender shame as "a feeling of repugnance regarding men and oneself as a man; a powerful sense of dissonance, with concomitant difficulty integrating one's doubts and confusion regarding the cycle of abuse" (Mendell:1992:4).

While the evidence is far from conclusive, clinicians continue to debate the impact that sexual abuse has on one's sexual orientation as an adult. A problem associated with researching sexual abuse as a causal factor for homosexuality is that it stigmatizes homosexuality as a deviant developmental pattern (Finkelhor, 1984). Unfortunately we live in a homophobic society which does not accept nor comprehend a homosexual orientation, therefore societal attitudes may have serve as a factor in the outcome of sexual abuse studies.

Research by Simari and Baskin (1984) in which they administered an anonymous questionnaire to fifty-four homosexual men found that 46% of

the men had been sexually abused. Further, almost half of them classified themselves as being unhappy with their gender identity. Finkelhor et al, (1986) noted from his study on 263 college males that males who had been victimized by older men during their childhood were four times more likely than nonvictims to be engaged in homosexual activities. Doll et al (1992) interviewed 1,001 homosexual and bisexual men receiving treatment for sexually transmitted diseases and found that 37% reported having been sexually abused. Johnson and Shrier (1985) found a homosexual identification six times greater for victimized adolescent males when compared with males who had not experienced abuse. Sixty-five percent of those victimized reported the sexual assault as having a significant effect upon their sexual preference. In reviewing this particular study one must keep in mind that some of the adolescents may have very recently experienced the abuse. The adolescents may be identifying themselves homosexual as a result of the abuse being with a male opposed to expressing their sexual preference. Studies also exist that reveal a relatively low correspondence between sexual abuse and later homosexuality. Woods and Dean (1984) reported that only 12% of a nonclinical population of 86 adult males with a history of sexual abuse identified themselves as having a homosexual orientation. In addition, the widely known study by Bell and Weinberg (1981) cited that only 5% of the homosexual males

reported experiencing a history of childhood sexual abuse. Clearly, what limited research exists regarding the relationship between sexual abuse and homosexuality is contradictory. As Finkelhor (1984:196) once stated, "It has been assumed that social science could explain homosexual behavior, when no theory exists explaining heterosexual behavior."

Summary

The practice of sexually exploiting boys has been acknowledged in the literature for centuries, yet it has only been in the past ten years that it has become a national concern. An accurate portrayal of the prevalence of sexual abuse continues to be unknown, however, professionals are currently suspecting that it occurs as often as it does with girls (Hunter, 1990b; Lew, 1986; Porter, 1986). The majority of the literature about male sexual abuse victims is based upon clinical case studies, as males are an understudied population in the areas of empirical research. While male sexual abuse has become a concern, in terms of being knowledgeable, it could best be classified as being in the embryonic stage (Hunter, 1990b). The literature that does exist suggests that we need to be more attentive to the gender of the victim, as the interpretation of the experience can be quite different. Further, males are thought to suffer additional symptomatology as a result of the dynamics associated with sexual abuse.

The sexual abuse sequela that have been outlined in the literature are emotional indicators, issues related to trust, and sexual issues. The literature supports that males have a tendency to externalize or act out their feelings, specifically in regards to levels of aggression. Theorists also hypothesize that males may often identify with the aggressor and in turn recapitulate the cycle of sexual abuse. In addition, issues of power and control are identified as a direct result of feelings of powerlessness. Males are also likely to experience sexual identity confusion as the literature reveals that the majority of the perpetrators are male. This confusion associated with not trusting one's own judgement may easily be projected onto others which will add to the already existing issues associated with trust.

The majority of the empirical research on males involves a small sample size and concentrates on the adult population which creates problems with generalizability. In terms of identifying how sexual abuse impacts adolescent male victims, the research is scant. While adolescence itself is a difficult transition, one can only speculate how experiencing sexual abuse interacts with this transition and effects the personality.

CHAPTER III

METHODOLOGY

Subjects

The total number of subjects in this study was 60 adolescent sexually abused males who have become sexual offenders and are between the ages of 13 and 18. Additional demographic characteristics of the sample are presented in Tables 1, 2, 3, and 4. All of the subjects have received inpatient treatment for the victimization of their sexual abuse as well as their sexual offending. The subjects were selected from a rehabilitative institute for adolescents who have been adjudicated as juvenile delinquents. The subjects were selected based upon a review of archival data to determine if the individuals met the qualifications for the study. All subjects that met the criteria were utilized in the study. The qualifying criteria consisted of being a male adolescent victim of sexual abuse who has perpetuated the cycle and become a sexual offender. In addition, the subject needed to have a retrievable MMPI profile, clinical records, and a currently employed therapist that was able to recall the characteristics of his sexual victimization.

TABLE I
ETHNICITY OF THE SAMPLE

Variable	Count	Percent
Caucasian	33	55.0
African American	12	20.0
Native American	10	16.7
Hispanic	3	5.0
Other	2	3.3
Asian	0	0.0

The oldest subject that participated in the study was 18 years of age while the youngest subject was 13 years old, yielding a mean age of 15.45. There was quite a spread in terms of the age that the victims were first abused. The oldest victim was abused at the age of 14 while several of the victims were abused at infancy which was scored as being abused at age 1. The mean age at the time that the first sexual abuse occurred was 4.667 years.

In determining the number of abusers, there was also quite a high degree of variation. The maximum number of abusers was 25 with the

minimum number of abusers being 1, averaging 3 abusers per victim. The maximum number of abusers involved a male who was prostituted out by his mother. The number of perpetrators was arrived at by an estimation according to disclosures that were made in therapy.

The mean length of abuse for the male victims was 3.8 years. The maximum length of abuse was 11 years with the shortest time being categorized as less than 3 months, which was actually the result of a one time incident.

Seventeen years was the maximum amount of time that expired before a subject disclosed his sexual abuse; one subject reported the abuse immediately. However, the trend appeared to be that the victims were reluctant to willingly disclose the sexual abuse, as the mean number of years after disclosure was 9.5.

TABLE II
DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Variable	Maximum	Minimum	Mean	S.D.
SUBJECTS AGE (YRS)	18.0	13.00	15.450	1.080
AGE AT FIRST ABUSE (YRS)	4.0	1.00	4.667	3.155
NUMBER OF ABUSERS	25.0	1.00	3.133	3.572
LENGTH OF ABUSE (YRS)	11.0	0.25	3.800	3.791
DISCLOSURE TIME (YRS)	17.0	0.00	9.500	4.538

N=60

Prior to admission, 58% of the subjects could best be described as having one to six months of therapy at the time that they took the MMPI. Twelve percent of the subjects had received from six months to one year of therapy with 18% responding to having over one year to three years of therapy at the time of the MMPI administration. A final 12% of the subjects had been in therapy more than three years upon taking the MMPI.

TABLE III

AMOUNT OF THERAPY AT ADMINISTRATION OF THE MMPI

Variable	Count	Percent
One month to Six months	35	58.3
Six months to One year	7	11.7
One year to Three years	11	18.3
More than Three years	7	11.7

None of the subjects had been in therapy less than one to six months upon completion of the questionnaire. Thirteen percent of the subjects had been in therapy for six months to one year at the time that questionnaire was completed. Sixty percent of the subjects had been in therapy anywhere from one to three years with the remainder of the subjects, 27% having been in therapy for over a total of three years.

TABLE IV
 AMOUNT OF THERAPY UPON QUESTIONNAIRE COMPLETION

Variable	Count	Percent
One month to Six months	0	0.0
Six months to One year	8	13.3
One year to Three years	36	60.0
More than three years	16	26.7

Instruments

Sexual Abuse History and Background Information Questionnaire

This is a brief questionnaire developed by the researcher for the purpose of gathering specific information on the subjects. It provides a framework to anchor the results by comparing the sexual abuse variables with personality characteristics. The questionnaire was completed by the researcher who collected the data from therapists who worked with the subjects as well as collecting data from the subjects' clinical records.

Minnesota Multiphasic Personality Inventory

The selection of the MMPI for this study was based upon a variety of reasons. First, the MMPI is one of the most widely used standardized personality assessment instruments containing sound validity and reliability measures (Dahlstrom, Walsch, & Dahlstrom, 1972) and may be used for comparison with future studies particularly in light of the fact that little psychometric evaluation has been conducted with this population. Second, although there is a scarce amount of empirical research, the MMPI is an instrument that has been utilized on male victims. Third, the dependant variable, or symptomatology of male sexual abuse victims correlates closely with the objective personality measures which includes a variety of scales. Fourth, as the MMPI is a widely used instrument, it may provide a reference for clinicians in treating sexual abuse survivors. The retrieval of clinical records consisted of a completed MMPI in which subjects will have answered true, false, or cannot say to a wide variety of subject matter.

Design

The research design for the study was exploratory in nature and used a variety of statistical analyses among the abuse dynamics measures and personality factor measures to determine if differences in personality traits exist. Data were analyzed utilizing SYSTAT (System

for Statistics) (Wilkinson, 1987). First, descriptive statistics were computed on the following: subjects' mean age, ethnicity, amount of therapy, specifics of the abuse dynamics, and the MMPI profiles. Second, t-tests and profile analyses were computed on the abuse dynamics and the MMPI profiles. One way ANOVAS on the MMPI scales by abuse dynamics were also conducted. Lastly, a Pearson correlation matrix of the variables was computed.

Procedure

The researcher first submitted a proposal to the Oklahoma State University Institutional Review Board requesting approval to conduct the study and obtained permission to perform the research. Recognizing that the subject population would be an arduous population to identify, the researcher contacted the agency that treated largest amount of individuals that met the qualifications for the study. The researcher then submitted a proposal to the agency and permission was obtained to conduct the research. The researcher identified contact persons from that agency for the gathering of the data. The collection of the data necessary for the study included retrieving an already existing MMPI profile from the clinical records and the completion of the Sexual Abuse History and Background Information Questionnaire. Upon admission to the facility, all residents receive a psychiatric evaluation in order to assist with the therapeutic treatment plans as well as determining the

appropriate placement needs. The MMPI is a standard instrument administered to the residents at this time. As the MMPI profiles utilized in this were archival in nature, time had elapsed between the subject taking the MMPI and the collection of the information necessary to complete the Sexual Abuse History and Background Information Questionnaire. The researcher worked directly with the therapists as well as reviewing past clinical documentation to acquire the information necessary to complete the Sexual Abuse History and Background Information Questionnaire. All ethical guidelines as well as procedures specific to the agency were followed. Upon collection of the MMPI scores and the Sexual Abuse History & Background Information Questionnaire the data was analyzed.

CHAPTER IV

RESULTS

This chapter provides the results of the analyzed data which will be presented in an organized framework which includes a brief narrative of the results. The purpose of this study was to explore the relationship between abuse dynamics (e.g. relationship of offender, type of abuse, method of abuse, etc.) and personality factors as measured by the MMPI among sexually abused male adolescent sex offenders.

Table V is a breakdown of the perpetrators as well as the rate at which they offend. The majority of the victims were abused for the first time by their biological fathers at a rate of 23%; whereas the victims' biological mother was the perpetrator in 17% of the cases. The victims' uncle was the first abuser 13% of the time.

TABLE V
IDENTIFICATION OF THE FIRST ABUSER

Variable	Count	Percentage
Father	14	23.3
Mother	10	16.7
Uncle	8	13.3
Male Friend	5	8.3
Stepfather/Mother's Boyfriend	4	6.7
Sister/Stepsister	3	5.0
Brother/Stepbrother	3	5.0
Female Babysitter	2	3.3
Male Cousin	2	3.3
Male Stranger	2	3.3
Other Male	2	3.3
Female Friend	1	1.7
Stepmother/Dad's Girlfriend	1	1.7
Grandmother	1	1.7
Grandfather	1	1.7
Aunt	1	1.7

In reviewing the subjects' first sexual victimization 68% of the perpetrators were male and 31% of the perpetrators were female. By further defining the perpetrator, 82% of the abusers could be classified as members within the family system while 18% of the abusers were not family members. For the purpose of analyzing the data, the researcher elected to categorize step-parents or "common law" relationships as intrafamilial as the adult is psychologically fulfilling the parental needs of the subject.

TABLE VI
ANALYSIS OF THE FIRST PERPETRATOR

Variable	Count	Percentage
FIRST ABUSER'S GENDER		
Male	41	68.3
Female	19	31.7
ABUSER'S RELATIONSHIP		
Intrafamilial	49	81.7
Extrafamilial	11	18.3

An analysis of the data revealed that the majority, 64% of the subjects had been sexually abused on numerous occasions. Twenty-seven of the subjects' abuse was classified as a few times which was considered to be less than ten occurrences. The remainder of the sample consisted of 8% of the subjects' being abused once, and 1% being unable to determine the number of times the abuse occurred.

TABLE VII
FREQUENCY OF ABUSE OCCURRENCE

Variable	Count	Percentage
One time	5	8.3
A few times	16	26.7
Multiple times	38	63.7
Do Not Remember	1	1.7

The data revealed that the adolescent male victims had been sexually abused in a variety of ways. It is important to note that the types of abuse outlined in Table VIII include all sexual abuse experiences opposed to the first sexual abuse experience. Eighty-Five percent of all of the subjects experienced fondling followed by genital stimulation at a rate of 73%. Anal and oral sex were types of sexual

abuse that occurred at an equally disturbing rate of 72% with vaginal intercourse occurring 35% of the time. Thirty-eight percent of the subjects were either exposed to pornography and/or participated in the filming of pornography. Exhibitionism occurred at a rate 37% of the time with voyeurism occurring 32% of the time. Twenty-seven percent of the subjects had experienced instrumentation while 5% of the subjects prostituted themselves.

TABLE VIII
 REPORTED TYPES OF ABUSE ACTS

Variable	Count	Percentage
Fondling	51	85.0
Genital Stimulation	44	73.3
Anal Penetration	43	71.7
Oral Penetration	43	71.7
Pornography	23	38.3
Exhibitionism	22	36.7
Vaginal Penetration	21	35.0
Voyeurism	19	31.7
Instrumentation	16	26.7
Prostitution	3	5.0

Note: Although there were 60 subjects the numbers exceed 60 as each item could be endorsed.

Upon identifying the approaches that the perpetrators utilized, it is of importance to note that one subject could endorse all responses, dependant upon the abuser's approach. It was revealed that 60% of the subjects experienced actual physical force and 55% were verbally threatened. Twenty-two percent of the abusers were given gifts and

another 32% were made to feel important. The remaining 17% endorsed the "Other" item with a popular response to this being that the perpetrator had the victim under the influence of drugs and/or alcohol.

TABLE IX
METHODS OF ABUSE UTILIZED BY ABUSERS

Variable	Count	Percentage
Abuser used verbal threats	33	55.0
Abuser gave me gifts	13	21.7
Abuser used physical violence	36	60.0
Abuser made me feel important	19	31.7
Other	10	16.7

Note: Although there were 60 subjects the numbers exceed 60 as each item could be endorsed.

In terms of identifying the perception of the abuse experience the majority, or 48% of the subjects viewed the abuse experience negatively and another 20% classified it as mostly negative. Twenty-three percent of the subjects appeared to be indifferent about the abuse. Interestingly, 3% classified the experience as mostly positive and 5% considered the event to be a positive experience.

TABLE X
VICTIMS' PERCEPTION OF THE ABUSE

Variable	Count	Percentage
Positively	3	5.0
Mostly Positive	2	3.3
Neutral	14	23.3
Mostly Negative	12	20.0
Negatively	29	48.3

Listed in Table XI are the mean MMPI scores and standard deviations for the 60 subjects. All of the obtained scores fell within the normal ranges, yielding no clinical elevations.

TABLE XI
MMPI PROFILES OF THE SAMPLE

Variable	Mean	S.D.
L Scale	50.1	10.6
F Scale	63.1	14.5
K Scale	46.8	10.6
Scale 1	58.9	13.7
Scale 2	61.2	11.1
Scale 3	56.4	11.0
Scale 4	68.4	11.1
Scale 5	55.9	11.1
Scale 6	62.0	11.3
Scale 7	61.5	12.5
Scale 8	63.1	13.0
Scale 9	60.9	9.9
Scale 0	55.5	13.2

N=60

Table XII presents mean MMPI scores of the first male perpetrators versus the first female perpetrators. No differences were found at either the .05 level or the .01 level on any of the clinical scales.

TABLE XII

T-TESTS ON MMPI PROFILES & GENDER OF THE ABUSER

Variable	Male	Female	<u>t</u>	<u>p</u>
L Scale	51.0	48.1	+1.098	.278
F Scale	62.8	63.7	-0.238	.813
K Scale	47.2	45.9	+0.438	.664
Scale 1	58.6	59.4	-0.183	.856
Scale 2	61.4	60.7	+0.238	.813
Scale 3	56.0	57.1	-0.364	.718
Scale 4	67.7	69.7	-0.739	.464
Scale 5	54.6	58.6	-1.335	.190
Scale 6	61.9	62.3	-0.109	.914
Scale 7	59.8	65.1	-1.548	.130
Scale 8	62.5	64.6	-0.609	.546
Scale 9	59.9	63.0	-1.085	.286
Scale 0	55.2	56.0	-0.198	.844
	N=41	N=19		

Table XIII presents the mean MMPI scores for both Extrafamilial and familial abuse. Significant differences were not found between the two groups on any of the MMPI scales.

TABLE XIII

T-TESTS ON MMPI PROFILES & RELATIONSHIP OF THE ABUSER

Variable	Intrafamilial	Extrafamilial	<u>t</u>	<u>p</u>
L Scale	49.7	52.0	-0.514	.616
F Scale	61.9	68.1	-0.990	.342
K Scale	46.3	48.8	-0.610	.552
Scale 1	59.0	58.2	+0.117	.909
Scale 2	61.3	60.6	+0.163	.873
Scale 3	55.2	61.5	-1.747	.103
Scale 4	67.9	70.0	-0.749	.461
Scale 5	55.6	56.8	-0.333	.744
Scale 6	61.3	65.2	-1.057	.307
Scale 7	61.4	61.9	-0.130	.898
Scale 8	63.0	63.6	-0.153	.880
Scale 9	60.1	64.5	-1.321	.206
Scale 0	56.5	51.2	+1.647	.112
	N=49	N=11		

Table XIV presents a summary of the results conducted on MMPI scores comparing the approach utilized by the subjects' first abuser.

The L scale on the MMPI was found to be statistically significant at the .05 level.

TABLE XIV
ANOVA WITH ABUSERS' METHOD & MMPI PROFILES

Variable	Coercion	Aggression	Both	<u>F</u>	<u>P</u>
L Scale	45.7	53.5	48.3	3.604*	0.034
F Scale	62.5	62.8	65.1	0.143	0.867
K Scale	47.4	45.9	48.8	0.191	0.827
Scale 1	58.7	58.7	59.8	0.033	0.967
Scale 2	56.6	63.1	63.4	2.319	0.108
Scale 3	58.9	54.7	57.0	0.848	0.434
Scale 4	67.3	67.2	72.8	1.196	0.310
Scale 5	57.2	55.2	55.5	0.188	0.829
Scale 6	62.0	62.4	61.3	0.040	0.961
Scale 7	58.4	62.1	64.6	0.935	0.398
Scale 8	60.7	62.3	69.0	1.617	0.207
Scale 9	61.7	59.8	62.7	0.414	0.663
Scale 0	51.5	56.2	59.8	1.525	0.226
	N=18	N=30	N=12		

* = statistically significant (p=0.034)

ANOVAs were computed on the perception of the first abuse experience and the mean MMPI scores. Significance at the .05 level was ascertained on Scale 5.

TABLE XV
ANOVA WITH THE PERCEPTION OF THE ABUSE 7 MMPI PROFILES

Variable	Positive	Neutral	Negative	<u>F</u>	<u>P</u>
L Scale	45.0	49.9	50.9	0.682	0.509
F Scale	59.6	61.6	64.0	0.293	0.747
K Scale	48.8	50.8	45.2	1.568	0.217
Scale 1	61.6	56.6	59.3	0.314	0.732
Scale 2	53.6	59.7	62.7	1.692	0.193
Scale 3	60.8	59.1	55.0	1.177	0.316
Scale 4	66.0	71.7	67.5	0.882	0.420
Scale 5	67.8	54.1	55.0	3.426*	0.039
Scale 6	60.2	62.4	62.3	0.073	0.929
Scale 7	59.0	58.5	62.9	0.734	0.485
Scale 8	59.2	63.1	63.7	0.254	0.776
Scale 9	62.2	71.7	67.5	0.281	0.756
Scale 0	45.4	56.0	56.6	1.628	0.205
	N=5	N=14	N=41		

* = statistically significant ($p=0.039$)

Table XVI presents a Pearson Correlation matrix which was computed on 21 variables which were derived from the Sexual Abuse History and Background Information Questionnaire and the Minnesota Multiphasic Personality Inventory. There are numerous correlation at both the .05 level and the .01 level of significance. Following the table is a nomenclature defining the symbols utilized in Table XVI.

TABLE XVI

PEARSON CORRELATION MATRIX

AFAB	TH1	TH2	ABS	ABLEN	TIMES	DELAY	PERC	L	F	K	M1	M2	M3	M4	M5	M6	M7	M8	M9	M0	
AFAB																					
TH1	.047																				
TH2	-.020	.573**																			
ABS	-.238	-.140	.030																		
ABLEN	-.527**	-.006	.032	.309																	
TIMES	-.659**	.133	.054	.271*	.509**																
DELAY	-.676**	-.064	.120	.198	.367**	.415**															
PERC	.148	-.022	-.006	-.075	-.144	-.179	-.094														
L	.223	.073	.049	-.267	-.153	-.097	-.162	.175													
F	-.051	.214	.263*	.104	.131	.053	.003	.103	.101												
K	.138	-.043	-.065	-.209	-.037	-.009	-.163	-.148	.452**	-.298*											
M1	-.157	.159	.197	.277*	.366**	.192	.089	-.036	-.189	.686**	.391**										
M2	.030	.159	.167	-.017	-.153	.101	.065	.201	.187	.408**	.032	.485**									
M3	.008	.160	.123	-.031	.159	.158	.009	-.256*	.049	.279*	.197	.546**	.416**								
M4	-.226	.326*	.141	-.033	.193	.376**	.031	-.093	-.322**	.194	-.061	.387**	.330**	.472**							
M5	.018	.005	.242	-.135	-.128	.022	.019	-.160	-.029	.298*	-.079	.296*	.284*	.318*	.206						
M6	-.115	.362**	.415**	.001	-.046	.154	.008	.041	.037	.708**	-.241	.533**	.437**	.280*	.416**	.276					
M7	-.186	.243	.301*	.182	.228	.191	.219	.105	-.390**	.540**	-.674**	.612**	.363**	.207	.444**	.341**	.460				
M8	-.235	.395**	.360**	.057	.290	.241	.148	.043	-.249	.696**	-.512**	.696**	.407**	.277*	.475**	.321*	.622**	.845**			
M9	-.202	.258**	.129	.127	.052	.231	.194	-.128	-.294*	.406**	-.347**	.311*	-.065	.057	.437**	-.079	.237	.499**	.506**		
M0	-.140	.112	.096	.052	.177	.148	.114	.205	-.101	.451**	-.446**	.471**	.407**	.099	.216	.224	.436**	.635**	.681**	.078	

N=60

*p<.05

**p<.01

NOMENCLATURE

AFAB	Victims' age at first abuse occurrence
TH1	Amount of therapy at the time of the MMPI
TH2	Amount of therapy at the time of the Questionnaire
ABS	Victims' number of abusers
ABLEN	Victims' length of abuse
TIMES	Number of times victims were abused
DELAY	Amount of time until victims disclosed the abuse
PERC	Victims' perception of the abuse
L	Lie Scale
F	Infrequency Scale
K	Correction Scale
M1	Hypochondriasis Scale
M2	Depression Scale
M3	Conversion Hysteria Scale
M4	Psychopathic Deviate Scale
M5	Masculinity/femininity Scale
M6	Paranoia Scale
M7	Psychasthenia Scale
M8	Schizophrenia Scale
M9	Hypomania Scale
M0	Social Introversion Scale

CHAPTER V

DISCUSSION

This chapter will discuss the findings of the present study. Implications of the results will be outlined in accordance the format of the tables in the previous chapter. Further, relevant literature pertaining to the results of the study will be included. Lastly, the methodological limitations and suggestions for further research will be reviewed.

The subjects in the study were adequately representative of our ethnic culture in Oklahoma with the exception of not having any subjects of the Asian descent. Interestingly, there have not been any Asian individuals at the treatment center that have been identified as sexual abuse victims or as sexual offenders. Ethnically speaking, the Asian population is the overall least represented culture in terms of adjudicated juvenile delinquents at the facility.

In order to ascertain empirical information as well as attempting to comprehend the adolescent males' degree of trauma, several demographic and abuse variables were collected and analyzed. The mean age of the subjects was 15.45 years of age. The mean age at the time that the subjects were first abused was 4.667 years of age. This data is of particular significance as it appears to be the youngest age

identified in the prior research for first first abuse occurrence.

Listed below are the mean ages for other studies that have been conducted on male sexual abuse victims: 12.03 years (Baker & Duncan, 1985), 10.29 years (Uriquiza, 1988), 9.9 years (Finkelhor et al, 1990), 9.8 years (Risen & Koss, 1987), 9.4 years (Ellerstein & Canavan, 1980), 8.7 years (Dejong et al., 1983), 8.6 years (Pierce & Pierce, 1985), and 7.89 years (Showers et al, 1983). The mean age of the subjects' first abuse was 3.2 years younger than any of the prior studies. Keeping in mind that the sample for this study consists of adjudicated delinquents, while the subjects drawn from the other studies are not delinquents, one could postulate that the earlier the abuse the more traumatic the event. At such a young age children are less capable of coping, and thus may have more anger which leads to delinquent patterns of acting out against others.

There were strong negative correlations between the age that the subject was first abused, and both the length of time abused, and number of times that the subject was abused. In other words, the younger the subject was when first abused, the more times he was abused and the longer period of time the abuse occurred. This is evident in as the subjects' suffered a mean of 3.8 years of abuse and the majority, 64% of them responded to the abuse occurring multiple times. There is also a positive correlation between the number of abusers and the length of

abuse. Not surprisingly, a positive correlation exists between the length of abuse and the number of times that the subject was abused. Also, the more often and the longer amount of time that the abuse existed, the longer it appears to be until the subject disclosed the victimization. The mean time taken to disclose the abuse in this study was 9.5 years.

Unfortunately, the strongest correlation, being a negative correlation, exists between the age that the subject was first abused and the amount of time taken to disclose the abuse. With the correlation being so strong, a few conclusions may be drawn. With the victim being so young one can call into question whether the victim consciously recalls the event, or whether the defenses of disassociation and repression have been functioning to block the traumatic events. As the goal of therapy is to heighten one's awareness, it would seem logical that a high degree of intensive therapy would be the mechanism to surface the unconscious memories. An opposing argument could be made that the victim was fully cognizant of the abuse occurring, yet the traumatic violation occurring at such a young age imprinted so strong of feelings of betrayal that the victims could not trust anyone enough to disclose the event. The researcher did discover that the majority of the subjects had not disclosed their sexual victimization upon admission to the facility and disclosures seemed to occur in therapy upon the

breaking through of their high degree of defenses. While the reasons for prolonging the disclosures are unknown, the results of this study certainly supported the literature associated with males experiencing grave difficulty in disclosing their sexual abuse.

Literature exists correlating early childhood sexual abuse and later sexual offending (Sebold, 1987; Groth & Burgess, 1979; Howenstein, 1991). Quite obviously, the age of this sample's first victimization constitutes "early childhood" as it is the youngest researched sample of victims. Of particular interest, is despite the fact that the age at first abuse for these subjects is well below the mean of other studies, prior to admission at the facility, the majority of the subjects endorsed the item that depicted receiving the least amount of therapy. Fifty-eight percent of the subjects had been in anywhere from no therapy whatsoever to six months of therapy. Taking this factor into consideration, coupled with what is known about the cycle of a victim becoming a perpetrator without appropriate intervention, it is of little surprise that the subjects were not only victims of sexual abuse but also offenders who have been adjudicated as delinquents. Perhaps the lack of early intervention best explains why there is distinguishable shift in the endorsement of the amount of therapy received at the time of the completion of the questionnaire. At the time of the completion of the Sexual Abuse History and Background Information Questionnaire,

60% of the subjects had been in therapy one to three years with 27% having been in therapy more than three years. The length of time required to treat individuals with such traumatic sexual issues also appears to support this literature. To reiterate what Sebold (1987) once said, "Once a victims becomes a victim/perpetrator, the treatment process becomes much more complicated and lengthy, with positive outcome less likely."

While the actual definition of sexual abuse constitutes numerous violations, there is a tendency to measure the abuse in degrees of severity. As it is evident that the subjects were exposed to the sexual victimization at an alarmingly early age, it is also evident that the degree of abuse that they experienced was equally alarming. The majority of the subjects were abused multiple times and experienced actual penetration in most incidences. According to Ellerstein & Canavan (1980), boys are more likely to experience physical injury which results in more trauma for the victim. Further, the literature posits that anal penetration is the most frequent type of abuse that occurs with males (Finkelhor, 1986; Roan, 1992). As anal penetration occurred in 72% of the cases, one could confidently conclude that this type of abuse occurs frequently among males and physical injury is likely to be involved. In addition anal penetration, 72% of the cases also involved oral sex. Among the males perpetrated by females, vaginal penetration

occurred 35% of the time. The results of this study indicate that when males are abused, the level of severity is extreme.

The results revealed that the abuser is more likely to use physical violence than any other method of abuse. In 60% of the cases the perpetrator used physical violence. This finding supports the literature that males are more likely to experience physical injury in addition to physical trauma. However, the use of physical violence did not preclude the perpetrator from using additional approaches. While it would seem that the perpetrators varying approaches would significantly have an impact on the victim, the MMPI scores revealed such on only one scale. Scale L of the MMPI was higher for victims who experienced aggression only. The L scale was constructed to detect a deliberate and rather unsophisticated attempt on the part of the respondents to present themselves in a favorable light (Graham, 1987). However, even though the L scale for the group that experienced aggression was the highest of the three groups, the mean was in the average range so interpretations are unwarranted.

One often calls into question who are the people that rob children of their innocence? As with most of the research concerning the abuse of males, the literature is somewhat contradictory. Nevertheless, in terms of establishing who the perpetrator is, it is important to review the gender of the perpetrator and the relationship of the perpetrator.

Probably the most conclusive information that the research supports is that the majority of perpetrators are male (Finkelhor, 1984; Fritz et al, 1981; Pierce & Pierce, 1985). The results of this study support the existing literature with 68% of the first perpetrators being of the male gender. While some studies report only 1-3% of males being perpetrated by females, Finkelhor and Russell (1984) estimated that approximately 24% of boys are sexually abused by females. This study reveals a somewhat higher rate of female perpetration as 32% of the males were first perpetrated by females. It would seem that the gender of the perpetrator would have a significant impact on the male victims, yet there appeared to be no statistically significant difference. One would expect higher scores by chance on 50% of the scales for victims perpetrated by males and vice versa. However, only three of the thirteen MMPI scales were higher than the victims' scales that were perpetrated by females. While the differences may not be significant, the victims' scores that were perpetrated by females reveal a slightly higher degree of pathology.

The other important variable of interest is the relationship of the perpetrator. Prior research has suggested that male victims of sexual abuse are more likely to be abused by someone outside of the family (Ellerstein & Canavan, 1980; Finkelhor, 1984; Pierce & Pierce, 1985). The results of this study are in strong contrast with the prior

research. Eighty-two percent of the subjects were abused by individuals that were considered to be intrafamilial. It is important to remember that the sample was derived from a delinquent population. With the majority of the subjects' abuse occurring within the family system it seems understandable how the individuals were lacking the resources necessary to be functional. Upon comparing the mean MMPI scores between those that were first abused within the family versus abuse occurring outside of the family, no statistical significance was discovered. However, a surprising piece of information did come to light. One would speculate that those abused by members within the family system would have more pathology, yet the exact opposite was suggested. A higher degree of pathology was reflected on only three of the thirteen clinical scales for victims abused within the family system.

It seems as if our society portrays step-parents as being more likely than biological parents to commit heinous acts of sexual abuse, while in this study the reverse was true. Specifically speaking, the biological father perpetrated more often than any other perpetrator, at a rate of 24% while the stepfather only perpetrated at a rate of 7%. Perhaps even more surprisingly is the fact that the biological mother ranked as the second highest perpetrator at a rate of 17% with stepmother ranking at a rate of 2%. The literature is in direct contrast with both of these findings (Pierce & Pierce, 1985).

The perpetration of males by females is of particular interest as our patriarchal society has a difficult time fathoming the female gender as being dominant. Upon reviewing the accounts that society acknowledges males being perpetrated by females, there is a tendency for the event to be portrayed as a pleasurable experience. Numerous movies exist that depict this image of an early passage to manhood. Likewise, the results of this study indicate the five of the males perceived their sexual abuse as a pleasurable experience. While this occurred roughly 8% of the time, it is interesting to note that four of the five "pleasurable" abuse incidents occurred when the perpetrator was female. Of further interest, given what the results indicate, those who are perpetrated by females outside the family demonstrate the highest degree of pathology. It appears that societal implications serve as a variable in the victim's perception of the event as he may feel compelled to deem the event as pleasurable despite the turmoil it has caused. An ANOVA revealed statistical significance on Scale 5, Masculinity/Femininity when comparing the victim's perception of the event. Victim's who perceived the event positively scored significantly higher on this scale yielding a mean score of 67.8. Scale 5 originally was developed to identify homosexual invert males, however, the intent to measure one's sexual identity has since been dismissed (Graham, 1987). A more accurate description of what this scale is designed to measure is the

identification with stereotypical interests. A high score can be interpreted as an individual endorsing several items that are stereotypically considered to be of interest to the opposite gender. As the male victim may have a tendency to rationalize the abuse by a female as being enjoyable, he may also overidentify with the perpetrator in efforts to make her actions acceptable. As the subjects who considered the abuse to be pleasurable were small in number, it is difficult to ascertain explanations, and further research in this area is warranted.

Perhaps the most surprising results of the entire study is the fact that all of the clinical scales fell within 1.8 standard deviations of the mean. The profile configuration for the sample was 486-291350/F-L/K:. The two point codetype for the sample was a 4/8. Individuals with this type of a profile can be characterized as the following:

These type of individuals can be described as odd, peculiar, and eccentric. They are nonconforming and resentful of authority. Their behavior is erratic and unpredictable, and they have marked problems with impulse control. They tend to be angry irritable, and resentful, and they act out in asocial ways. When crimes are committed by these persons, they tend to be vicious and assaultive. Prostitution, promiscuity, and sexual deviation are fairly common. Excessive drinking and drug abuse may also occur. They are

quite distrustful of other people and avoid interpersonal relationships. Their world is seen as a threatening and rejecting place, and their response is to withdraw or to stride out in anger as a defense being hurt.

(Graham, 1987:108)

It does appear that the two point codetype corresponds closely with the symptomatology that male victims, particularly those who have become offenders experience. Despite the fact that the scales revealed no clinically significant elevations, the sample has been identified as a population experiencing an enormous amount of pathology. As human nature in general is so difficult to explain, perhaps it is naive to conceive that individuals would respond similarly to such traumatic experiences. It could be possible that one can not simply define the effects of sexual victimization in terms of developing patterns, and it may be more likely that the event impacts one differently, leading to spurious results. Another possible explanation could be that it is rather simplistic to think that the MMPI is an instrument that is sensitive enough to detect symptomatology of adolescent male victims.

Methodological Limitations of the Study

This study has the following methodological limitations:

1. This is an exploratory study, not a true experimental design and cause and effect cannot be assumed. There are many other factors

that can account for the findings other than the relationship between the abuse symptomatology and personality factors as reflected on the MMPI.

2. This study used extant data on the MMPI which was given to the delinquents upon admission to the facility. Their responses are subject to cognitive distortions which are likely to be highly distorted employing a high degree of defense mechanisms at the particular time. The information for the questionnaire was completed based upon clinical records and the therapists' recall. The assumption that all information is recalled accurately is an inherent limitation of this study.

3. Lastly, this study utilized a juvenile delinquent sample that has perpetuated the cycle of victimization. As a result, this sample may not be representative of all adolescent male sexual abuse victims and generalizability may be limited.

Suggestions for Future Research

Listed below are suggestions for future research:

1. The instrument did not appear to detect significant differences between groups based upon abuse variables, if in fact they do exist. Perhaps a barrage of instruments that are designed to assess individual symptoms would be more sensitive in identifying whether or not differences do exist between abuse dynamics.

2. This study could be replicated with a group of adolescent males victims of sexual abuse that have not been adjudicated as delinquents to determine if similarities with abuse dynamics and personality characteristics exist.

3. Based on the findings of this study, one variable, in general emerged as an interesting topic for future research. A pattern seemed to appear with the small sample size that perceived the abuse experience as pleasurable in that the majority of them were perpetuated by females. Further, the pattern indicated that male victims perpetuated by females outside of the home yielded the more clinically elevated profiles. While the sample size was quite small, further research in this area would be of interest regarding this as the literature appears to be nonexistent.

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APPENDIX

SEXUAL ABUSE HISTORY AND BACKGROUND INFORMATION QUESTIONNAIRE

Subject's age at administration of the MMPI _____

Subject's nationality (check one):

Asian/Pacific Islander _____ American Indian _____
African American _____ Caucasian _____
Hispanic _____ Other _____

Please select the letter that best describes the overall amount time the subject had spent in therapy at the time of the MMPI administration:

- A) One month to six months C) One year to three years
B) Six months to one year D) More than three years

Please select the letter that best describes the overall amount time the subject had been in therapy upon the completion of the questionnaire:

- A) One month to six months C) One year to three years
B) Six months to one year D) More than three years

Please list the age that the subject was first sexually abused: _____

How many people sexually abused the subject? _____

Please circle the letter that best describes the person who first abused the subject:

- | | |
|--------------------------------------|----------------------------|
| A) Mother | M) Father |
| B) Stepmother or Father's girlfriend | N) Sister or stepsister |
| C) Stepfather or Mother's boyfriend | O) Brother or Stepbrother |
| D) Grandmother | P) Grandfather |
| E) Aunt | Q) Uncle |
| F) Female Cousin | R) Male Cousin |
| G) Female friend or neighbor | S) Male friend or neighbor |
| H) Female teacher/coach | T) Male teacher/coach |
| I) Female clergy | U) Male clergy |
| J) Female babysitter | V) Male babysitter |
| K) Female stranger | W) Male Stranger |
| L) Other Female _____ | X) Other Male _____ |

If the subject was abused by an additional perpetrator (s), identify him/her by choosing from the list:

2nd _____ 3rd _____ 4th _____ Others _____

Over what period of time was the subject sexually abused:

- A) Less than three months
- B) Three to six months
- C) One Year
- D) Two years
- E) Three years
- F) Other _____

Approximately how many times did the sexual abuse occur:

- A) One time
- B) A few times
- C) Multiple times
- D) Do not remember

Please circle the type(s) of sexual abuse that best describe the subject's abuse:

- A) Exhibitionism
- B) Pornography
- C) Prostitution
- D) Voyeurism
- E) Vaginal Penetration
- F) Fondling to victim/perpetrator
- G) Genital Stimulation to Victim/perpetrator
- H) Anal Penetration to victim/perpetrator
- I) Oral Sex to victim/perpetrator
- J) Instrumentation to victim/perpetrator

At the time of the abuse in which the first person abused the subject, please circle all that apply:

- A) Abuser used verbal threats
- B) Abuser gave me gifts
- C) Other
- D) Abuser used physical violence
- E) Abuser made me feel important

How long after the abuse did the subject tell someone? _____

In retrospect, at the time that the first sexual abuse incident occurred, how do you believe the subject perceived the abuse:

- A) Positively
- B) Mostly Positive
- C) Neutral
- D) Mostly Negative
- E) Negatively

VITA

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Candidate for the Degree of

Master of Science

Thesis: AN EXPLORATORY INVESTIGATION OF ABUSE DYNAMICS AND
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OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 02-07-95

IRB#: ED-95-044

Proposal Title: AN EXPLORATORY INVESTIGATION OF ABUSE DYNAMIC AND PERSONALITY FACTORS AMONG SEXUALLY ABUSED ADOLESCENT MALE SEX OFFENDERS

Principal Investigator(s): Don Boswell, Donita K. Goodin

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

APPROVAL STATUS SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD APPROVAL.

ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval are as follows:

Signature:



Chair of Institutional Review Board

Date: March 15, 1995