GRAVES, ELIZABETH G., Ph.D. Matters of Resilience: Mattering Relationships and Renegotiated Masculinity in Resilient College Males with Histories of Child Sexual Abuse. (2012)
Directed by Dr. L. DiAnne Borders. 394 pp.

Reticence of child sexual abuse (CSA) survivors to disclose abuse is well documented (Alaggia, 2004). One particularly silent group throughout the course of CSA research has been males (Finkelhor, 1983; Hopper, 2010; Watkins & Bentovim, 1992). As a result, much of what is known about males with CSA histories today is limited. Recently, however, researchers qualitatively examined small samples of males with CSA histories to discover processes of recovery salient to males' experiences (Andersen, 2008; Hunter, 2007; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Kia-Keating, Sorsoli, & Grossman, 2010). Several themes emerged from these narratives with enough consistency that cross-validation via quantitative investigation in larger samples is indicated in the interest of furthering knowledge in this field of research. Themes included (a) existence of a safe place relationship; (b) rejection of traditional norms of masculinity, adoption of a new notion of masculinity and acceptance of self within that new definition; and (c) reaching out to others in a spirit of altruism. This study sought to investigate the extent to which these variables were evidenced in a sample of college men reporting CSA.

Fifty-five college-enrolled males with histories of child sexual abuse were surveyed to determine to what extent these variables impact the development of resilience. The *Stressful Life Events Screening Questionnaire—Revised* (SLESQ-R) was used to determine presence of CSA experiences. The *Resilience Scale* (RS) was used to measure the dependent variable. Independent variables were measured using *Mattering to*

Others Questionnaire (MTOQ), *Male Role Attitudes Scale* (MRAS) and the *Hoffman Gender Scale* (HGS). Results indicated that *mattering* and *altruism* bore no significant relation to the development of *resilience*. *Gender self-acceptance* (HGS subscale), however, was found to predict significantly the development of *resilience*. Neither respondent demographic descriptors, nor the variety of criterion upon which inclusion in the study was based, was found to be significantly related to resilience.

MATTERS OF RESILIENCE: MATTERING RELATIONSHIPS AND

RENEGOTIATED MASCULINITY IN RESILIENT COLLEGE

MALES WITH HISTORIES OF CHILD SEXUAL ABUSE

by

Elizabeth G. Graves

A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
2012

Approved by

Dr. L. DiAnne Borders
Committee Chair

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of

The Graduate School at The University of North Carolina at Greensboro.

Committee Chair   Dr. L. DiAnne Borders

Committee Members   Dr. Craig Cashwell

Dr. Terry Ackerman

Dr. Christopher Poulos

December 5, 2011
Date of Acceptance by Committee

December 5, 2011
Date of Final Oral Examination

ACKNOWLEDGMENTS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Rationale for the Study

In many ways, the birth and development of the psychological sciences field owes its inception to the study of child sexual abuse. In fact, the early framers of the discipline of psychology such as Charcot, Janet, Freud, and Breuer were scientist-practitioners in the medical fields who observed, investigated, and attempted to treat patients with the chronic, acute, and (at that time thought to be) bizarre presentations of symptoms that researchers and clinicians today accept as emblematic of child sexual abuse (CSA). At the time, such symptoms were referred to as *hysterical*, and when they were increasingly found to be pervasive in women of the bourgeois social classes in Vienna and Paris who had experienced sexual abuse, Freud issued his famously-scandalous assertion that hysteria was the unquestionable result of the sexual misuse of children by adults (as cited in Haule, 1986). In the wake of this proclamation, things did not go well for Freud, and several years later he utterly recanted his statement, an action which scholars posited may have saved his career, though how this disavowal may have affected his patients is lesser-surmised in the history books.

Thus began the atmosphere of controversy that has been rather characteristic of CSA research throughout its span. In fact, the air of scholarly disagreement and debate that has trailed empirical investigations of this social phenomenon and its often-

devastating results have been so fraught with controversy that there may be little today that one researcher of CSA can put forward that another couldn't (or hasn't already) contradicted with evidence from another study. Some of the more prominent and lively discussions have centered on questions of how prevalent sexual abuse really is, how valid repressed and dissociated memories for abuse actually are, how disclosures of abuse should be handled, what treatments for patients are most indicated and effective, and how issues around gender and sexual orientation of both victim and perpetrator interact to determine risks and outcomes for CSA. Despite the fact that these robust debates continue today in varying forms, some very consistent trends of discovery have been reliably validated by ongoing research and have become accepted into the anthology of knowledge about CSA in the dozen or so decades since investigations in this field began. While explorations of CSA are still far from exhaustive, these trends of knowledge extracted from this prolific literature have enabled those who work with children and adolescents to better identify those at risk for sexual abuse and to assist recovery and resilience in those who have experienced it.

Research studies conducted in the last century on childhood sexual abuse reflect a wide variety of methodologies, study variables, population samples, underlying assumptions, and statistical analyses. Although such diversity has contributed a great deal of breadth to the CSA literature, certain redundancies between studies have served to limit the depth of knowledge in this field. Among others, redundancies include a focus on the negative psychological effects of the abuse, the overuse of retrospective study methodologies that have spanned as much as sixty years, and an emphasis on female

participants. In the last decade, however, several noteworthy foundational shifts have occurred with regard to these very redundancies in the research field. These shifts have centered on the underlying assumptions that have historically characterized researchers' approaches to investigations into sexual abuse and are, therefore, rather momentous. These movements include the shift from studying dysfunctional psychological outcomes to examination of the characteristics and processes of resilience, from retrospective studies of adults to studies of children, adolescents, and young adults having relatively recently endured sexual abuse and from studies that employ female samples to those that place emphasis upon males' experiences of CSA. Such shifts connote profound changes in this area of research and may have promising implications for expanding the literature in this field.

Recent Research Focus on Resilience

The first of these changes is represented by the recent move in focus from measuring detrimental outcomes in victims to assessing the less-negative (what is even referred to in the literature as beneficial) side effects of CSA including posttraumatic growth, thriving in the face of adversity, and the development of resilience in survivors (e.g., Hall et al., 2009; O'Leary and Ickovics, 1995; Poorman, 2002; Tedeschi, Park, & Calhoun, 1998). The former approach was consistent with what has been dubbed in the literature as "the harm discourse," a discourse rooted in the understanding or assumption that sexual abuse comprises an event that has complex and devastating impacts upon children's psychological and relational functioning well into adulthood (Woodiwiss, 2004). Researchers who subscribed to this view tended to refer to subjects with histories

of CSA as *victims*. The decades of empirical investigations they conducted examining countless variables that served to exacerbate or mitigate negative outcomes in victims are what this era of research largely concerned. Therefore, researchers' samples were comprised predominantly of sexual abuse victims identified as functioning poorly by property of their attendance at the settings in which they were recruited (e.g., inpatient psychiatric hospitals, prisons, substance abuse clinics). The hope of researchers adopting this approach was that discoveries of salient factors in producing dysfunctional outcomes for CSA perhaps would yield greater understanding of what circumstances should be avoided in order to affect more positive outcomes. This may be why so much is known today about the value of increasing protective factors, reducing risk factors, and understanding mediators of those outcomes in victim's lives. What the focus upon negative outcomes for CSA served to add to the literature, however, may have been more akin to discoveries of what factors increased negative outcomes than to discoveries of what factors increased positive outcomes.

In contrast to this early era approach toward CSA research, the more recent or latter attitude that scholars in the field have increasingly embraced is referred to as "the survivor discourse" (Harvey, Mishler, Koenen, & Harney, 2000). Such researchers have referred to persons with sexual abuse histories as *survivors*, a term which connotes an allowance for the potential development of resilience to the abuse. Indeed, for some survivors, it seems that abuse events are not always experienced as devastating. Researchers who have subscribed to this survivor discourse have acknowledged (implicitly or explicitly) that while CSA indeed has the potential to produce extensive

harmful outcomes, many abused children nevertheless demonstrate resilience to the abuse in some portion of their lives (e.g., Caffaro-Rouget, Lang, & van Santen, 1989: Finkelhor & Berliner, 1995; Mannarino & Cohen, 1986; Tong, Oates, and McDowell, 1987). In fact, they have discovered that not only do some survivors manage to find the inner and outer resources needed to survive the abuse, but some are found to thrive in the wake of it, reporting an increased belief in themselves as strong and resilient individuals able to overcome whatever challenges may lie ahead.

As a result of the shift in researchers' assumptions that is portrayed by this transition from victim discourse to survivor discourse, survivors' ability to endure the abuse and the strengths that enable them to do so increasingly have become the focus of scholars' questions in recent years. This foundational transition in CSA research from a dysfunctional symptoms-based approach to a resilient strengths-based approach may have created a space within research paradigms wherein scholarly ongoing and future investigations in this field may render more clinically-useful findings that benefit treatment and recovery efforts by practitioners who wish to assist children and adults develop resilience. Already, helping professionals in this field have benefitted from this shift, for it has served to place at their disposal action research data upon which they have structured their interventions to promote survivors' resilience to sexual abuse.

Recent Research Focus on Reducing Retrospective Studies' Time Spans

A second noteworthy shift in CSA research regards the time elapsed between the point at which abuse events occurred and the moment at which empirical assessment of those having suffered and survived childhood sexual abuse takes place. Although studies

of children and adolescents have been conducted throughout the century of literature in this field, recent decades have seen a marked and intentional increase in studies of children, adolescents, and young adults who have more lately endured abuse. Thanks in part to the shift toward resilience as a developmental process that evolves over time and its hypothesized close relationship to functional alterations in coping styles that are employed over time, samples of CSA survivors in a number of studies appear to be getting younger (perhaps in attempt to capture these processes in different stages of development). As a result of this declining span of measurement, CSA scholars and clinicians have learned that what factors and coping styles encourage recovery and resilience at one developmental stage of life may sometimes prove dysfunctional at later stages in a survivor's lifetime. While scholars have promulgated for years the need for such modifications in CSA research designs, they have continued to demonstrate a preference for samples of adults in midlife and later life where the same concerns and limitations persist. Certainly this may be a logistically-easier population to access, but it has done little to reduce limitations pointed out by myriad critics that retrospective, self-report designs spanning decades between subjects' abuse and study assessment may be especially subject to natural processes of enhancement for some memories and the culling of others (Briere & Conte, 1993; Courtois, 1992; Epstein & Bottoms, 2002; Parks & Balon, 1995). That researchers are now making the necessary adjustments renders this modern era of research a significant one in advancing the field of knowledge in child sexual abuse.

Recent Research Focus upon Males

The third foundational shift in the field of CSA research in recent decades has been its emphasis upon the experience of male survivors of CSA. Although many researchers in the last twenty years have attempted to study males with sexual abuse experiences, often boys and men reported abuse in such low numbers as to render gender comparisons either statistically insignificant or impossible. Worse, many researchers in the field did not include males in their participant samples for a variety of reasons ranging from assertions in the media of the 1980s that CSA was a specifically-female social issue to more recent implicit assumptions that CSA, while not solely a female problem, is nevertheless not as harmful to boys as it is to girls.

Regardless of reason, the exclusion of males from CSA research forced practitioners and subsequent scholars alike both to treat males with CSA histories and to approach the study of this population from decidedly feminine paradigms. That such studies consistently failed to produce significant findings caused a certain cohort of researchers to undertake the charge of reformulating their assumptions and, with it, their research questions. Recent data yielded in these researchers narrative studies of males with CSA histories have indicated that this female-experienced-based approach has failed to address males' realities and cultural experiences around their abuse. These data have revealed in many ways that the paradigmatic assumptions underlying the female-based approach may have served not only to fall short of describing males' experiences, but also to further alienate them, preventing sexually abused males from both disclosing and seeking treatment for sexual abuse. The unfortunate result of this dynamic has been that

this early approach further prevented researchers from learning about sexually abused males, something which has further prevented scholars and clinicians from gaining ground in the battle to staunch the sexual exploitation of boys—and to treat them.

Therefore, though modern era researchers seeking to uncover males' experience of CSA, necessarily began their investigations using both language and experiential assumptions that grew from studies consisting of females alone, this approach has changed. Rather than continuing to conduct more investigations to test factors known to be salient in women's recovery in samples of males with CSA, these researchers have instead turned to empirical methodologies consistent with constructivist and interpretivist approaches in order to discover and better understand the specifically-male experience of CSA. The knowledge this research has yielded in terms of the processes and factors that may be salient specifically to males' recovery has stimulated more scientific questions than, at this point, that knowledge has answered. This is because while some of those factors and processes bear resemblance to those active in females' recovery, some of them are profoundly different—a fact which may have the potential to change the face of what CSA clinicians and scholars consider good practice in the treatment and recovery of males with such experiences. Certainly, it is hoped that what scholars learn from these examinations will benefit not only treatment processes for male survivors, but will serve to change the social climate and make this era an increasingly safer one in which males with such histories can disclose, seek treatment, or even create a space within themselves wherein they can come to peace alone with what it means to have lived such experiences. This possibility makes the modern era of CSA research a stimulating one.

In summary, the last several years have witnessed a small swell of researchers who have begun to study specifically males with sexual abuse histories. A cohort of these researchers who have used qualitative research designs to attempt to capture males' abuse, post-abuse, and resilience-development experiences have begun to uncover some operative paradigmatic understandings that are unique to males' abuse experiences. This is exciting to CSA scholars because as these understandings are further illuminated researchers can design studies more appropriate to male paradigms and, by doing so, potentially uncover even more that has been heretofore unknown. One critical point may be that as researchers move forward in this direction the shift in approach from female to male paradigms will need to be evidenced by changes in the language used to address and assess abuse. Scholars of human communication have long known that not only is language used to describe individuals' realities, it also plays a substantial role in creating those realities (Bochner, 2001; Littlejohn, 2002; Mead, 1934; Shotter & Gergen, 1994). Therefore, as discoveries of these realities begin to unfold, these shifts will necessarily be accompanied by modifications in the language used to assess and work with males with histories of sexual abuse.

Issues of language and linguistic assumptions. Aligning with this sentiment is the recent discovery that language has indeed played a role in alienating males from proverbially taking their seat at the table of CSA research. This finding is that the language researchers have historically used to describe and assess for CSA over the century of scholarly examination into this social phenomenon largely misses the mark in depicting how *male* survivors of CSA cognitively conceptualize and verbally articulate

the abuse experience. It appears that for decades CSA researchers may have unwittingly fallen into a cycle that significantly hindered efficacious research seeking to examine abuse in males. This cyclical dynamic might be described in the following terms: (a) males, perhaps responding to cultural norms of silence or stoicism, tended not to report CSA in research studies; (b) thus females, who did tend to report more, necessarily and increasingly became the focus of empirical examinations; (c) though this growing inclusion of females and exclusion of males in research over time yielded results and themes that increasingly pertained largely to females, research findings were often implicitly generalized to males; (d) as a result, female-experience-based findings were used by researchers to craft more CSA studies that further utilized the language and assumptions salient to females' experiences (e) which resulted in more studies whose study variables and language further alienated males, (f) causing males not to identify with the abuse experience described, thus (g) resulting in males' continued or increased failure to report CSA experiences, which then (h) excluded them from further study due to their reporting numbers being so low as to render potential research findings about them insignificant.

What has been the crux of the language problem for researchers seeking to study CSA in males? It may be that the aforementioned *survivor* and *victim* discourses, until very recently, were the only paradigms available to researchers of CSA and that the assumptions underlying the survivor/victim discourses may not have held true for males in the way they have for females. Although most anyone with a rudimentary understanding of Western norms of masculinity might understand why the term *victim*

has served to alienate males (e.g., the norm that males are not allowed to be vulnerable victims, but rather powerful aggressors), the objectionable nature of its successor, *survivor,* can escape the novice scholar of CSA. However, as the term was coined in effort to take back the passivity and vulnerability of its predecessor by focusing upon the resilient aspect of those having suffered CSA, *survivor* may have functioned as simply a next-generation term that, while standing in opposition to *victim,* has been nevertheless rooted in its same paradigm.

Regardless of reason, *survivor* has met with no greater reception than the term before it in male samples. This perhaps has been evidenced by the continuation of low reporting rates among males in CSA studies regardless of the linguistic shift from *victim* to *survivor* that took place in the research field in the 1980s. What this may indicate to researchers is that a new paradigm and language that reflects that new paradigm are needed—one that is rooted in the experience of males—and one that has eluded researchers perhaps since the genesis of CSA research. Already, qualitative studies have suggested that the proclivity of males not to report their CSA experiences may not only be the result of cultural pressures on males to stoically endure their abuse in silence (as had been supposed), but also that this language issue has been a pivotal one.

In summary, the discovery that the language historically used to describe CSA (and the issues that surround it) has served to alienate males from participating in research and therapeutic recovery may be key to unlocking the silence that has typically surrounded males with CSA experiences. It may be that as new language truer to males' paradigms is discovered, formulated, and utilized in future studies, reporting behaviors in

this population may increase. Likewise, perhaps this and subsequent research will result in clinicians' verbal lexicons expanding and in the wider cultural arena evolving so that the abuse of males can be discussed without furthering the harm that males report the *victim* and *survivor* language has imposed on their masculine identities. The hope is that such research might not only help society's understanding of males' experiences of CSA, thereby benefiting treatment and prevention efforts, but also help to replace existing language with terms more authentic, and more empowering, to their experiences.

As researchers move forward in their examinations during this modern era of CSA research, it is indicated by the existing literature that the aforementioned considerations should guide their endeavors. These include the need for examination of (a) *adolescent and young adult* (b) *males* whom have demonstrated (c) *resilience* to their abuse experiences, and who (d) are presented with *language that leaves behind the paradigms described by victim and abuse*, all which cast the male with CSA in the role of vulnerable object may have served to further emasculate males. Not only has this literature enlightened both whom should be studied, what should be studied, and through use of what language these things should be studied, but it also has indicated specific construct or themes that are ripe for investigation now.

Modern Era Research with Males with CSA Histories

Looking specifically at the relatively small body of recent qualitative literature pertaining specifically to resilient males with sexual abuse histories (e.g., Andersen, 2007, 2008; Clarke & Pearson, 2000; Durham, 2003; Grossman, Sorsoli, & Kia-Keating, 2006; Kia-Keating et al., 2010), certain themes have emerged that are presently ready for

further empirical examination. These themes reveal the processes by which resilient males may have achieved their recovery and appear to be of several types, including cognitive, relational, altruistic, and gender identity processes. Indications for future necessary directions for research with this population may lie in the proverbial gold that these researchers have recently mined.

The first process that has recently emerged from this research as potentially-pivotal to the development of resilience are those cognitive processes that begin with meaning-making, are marked by the desire and ability to grow from the abuse experience, and end in benefit-finding. Meaning-making seems to involve such things as the ability to make sense of why the abuse took place and what the abuse has meant for the males' life. Following close on its heels is a sense of personal growth (e.g., "I am stronger for having lived through this experience") that seems to be a rather consistent theme in narratives of recovery. Third is a theme that appears to result from the processes of meaning-making and personal growth, and is described by the ability to identify certain benefits that have resulted from having this abuse in their history (e.g., "I am a person more attuned to the pain of others as a result of this experience and, therefore, more able to reach out them"). It is this desire to help others that, when acted-upon leads to another theme that has presented in this literature, that of altruism.

Altruism is described in the narrative data as both the desire and follow through to reach out to others presently experiencing challenges such as they have faced and conquered. The literature refers to such enacted-desires as the practice of *altruistic involvement* (Grossman et al., 2006; Kia-Keating et al., 2010). The fact that the processes

described above are processes of thinking and that the practice of altruism is an action or behavior means that the empirical measurement of these indicators of recovery or resilience necessarily may look different. In other words, the cognitive themes appear to be processes, whereas the presence of altruistic endeavors appears to be an affective indicator that a certain amount of resilience has been developed—evidence that some level of recovery from the abuse has taken place. Altruism seems to be the outgrowth of cognitive processes of resilience and seems to stem from an affective place of gratitude for having overcome the abuse, a desire to give something back.

Other salient processes that have emerged as themes in this research are of a different nature. One of these pertains to relational processes (Kia-Keating et al., 2010; Sorsoli, Kia-Keating, & Grossman, 2008). Relational themes that have appeared are of two kinds. The first theme is that the processes of recovery often took place within the context of a "safe place relationship" wherein males were able to disclose abuse events without fear of the receiver's disbelief, blaming, or judgment. The second relational theme is described by both the ability and desire to re-engage in emotionally-intimate relationships characterized by healthy vulnerability and trust. Although the first relational theme indicates that it was a relationship that *aided* recovery processes, the second relational theme demonstrates that the ability to engage in relationships is *evidence* that some amount of resilience or level of recovery has been achieved.

Although these themes are similar to those that have been found in the research literature pertaining to females with CSA histories and are, therefore, shared to some degree, the last is specific to males alone. It pertains to developmental processes inherent

to gender identity, and it may be specific to males because of the manner in which sexual

abuse events and dynamics interact with the sex roles and gender norms dominant culture

dictates males portray. Notably, this theme is consistent with others that have been

discovered in the few qualitative literature studies of males with CSA histories in earlier

eras of research. Although different researchers describe this idea in varying ways, one

group of researchers' designation seems to this reviewer to be particularly fitting (Kia-

Keating et al., 2005). They have dubbed this theme the *renegotiation of masculine*

identity. It is a term they have used to depict the processes that some males go through as

they come to terms with the shame of being victimized, refuse the resulting cultural

messages of weakness and failure they may have internalized, reject the narrow notions

of masculinity held in the dominant culture, and begin to define for themselves their own

notions of masculinity and their perceptions of themselves as gendered being in relation

to their new definition of masculinity. Males working toward recovery in these narratives

have consistently reported rejecting these old paradigms and, with them, the self-

rejections that grew from those paradigms as well. Instead of continuing to live by these

culturally-dictated notions of masculinity, these resilient males had begun to renegotiate

new definitions for masculinity, bringing their judgments of self into alignment with

these new notions of maleness.

In summary, themes that have emerged from the recent surge of narrative studies

of males with histories of CSA are of several types, describing processes that are

cognitive, behavioral, relational, and gender-identity oriented. Of these types, one in

particular, cognitive processes, has already been studied in resilient populations of males

and females through both qualitative and quantitative methodologies. In fact, not only are cognitive processes salient to recovery from CSA a fairly common variable for study in the modern era of sexual abuse research, but these studies also have led to the widespread application of cognitive theories to the treatment of those with CSA. This may be evidenced by the particularly popular use of cognitive behavioral and dialectical behavior therapies that abound in CSA treatment centers. Cognitive recovery processes that have been examined thus far include unrealistic optimism, positive illusions, cognitive reframing, and cognitive restructuring (Cukor & McGinn, 2006; DiPalma, 1994; Lumley & Harkness, 2009; Scarpa, Wilson, Wells, Patriquin, & Tanaka, 2009; van Gerko, Hughes, Hamill, & Waller, 2005).

By contrast, what has not enjoyed much empirical examination in this field of research are the other types of processes that have emerged as prominent in resilient males' narratives, that of altruism, safe-place relationships, and renegotiation of masculine identity. However, although these qualitative themes indeed bear testing in CSA research going-forward, there may be much that is problematic in attempting this. This is because these themes may be challenging to operationalize and measure quantitatively.

Research Construct Problems

Though the time may be right to begin conducting quantitative cross-validation research on those qualitative themes that have emerged with a wider population of males with CSA histories, such action may prove problematic. The problem is this. As yet, there is no construct called CSA recovery, much less specific altruism, safe-place relationships,

or renegotiation of masculine identity that can be quantitatively tested. At least in the form in which they present themselves in this field of literature, none of these exist. Although this fact might make testing these themes quantitatively challenging, it may be that the best a researcher could attempt is a study of variables that are close approximations to these that have presented so consistently.

True to the field of CSA research as a whole, choosing those constructs which are the closest approximations to the sentiments offered by the narrative literature may be debate-provoking. For example, since it has been discovered only recently that processes of recovery in males are not identical to those involved in female recovery, attempting to assess for the achievement of recovery from CSA means choosing a construct that approximates recovery, but is by definition not the same. This substitution of one construct for another could incite a good deal of dispute among researchers. Would the best choice be posttraumatic growth, ability to thrive, or resilience? As for safe-place relationships, would the best choice be attachment, social support, or mattering? As for renegotiations of masculine identity, where would one even begin? Should the interested researcher attempt to measure the extent to which males with CSA histories embrace or reject narrow cultural notions of masculinity, or the extent to which they experience gender self-acceptance (the absence of which has been blamed for many externalized, violent, and sexually-aggressive outcomes in clinical and incarcerated populations of males)—or both? The processes involved in answering such questions can be fraught with difficulties.

Nevertheless, it would seem that the next step in the field of research pertaining to males with sexual abuse histories is to do just this—to quantitatively test the themes recently emerging from the narrative literature using those constructs which indeed most closely approximate these themes. The decision to embrace rather than avoid such research questions (and the problems inherent in asking them) may be particularly indicated at this moment in the history of CSA research, for it stands to reason that the answers to these questions may hold clues that clinicians and researchers alike need in order to better craft both preventive and responsive interventions designed to aid specifically *boys and men* in recovering from sexual abuse.

Statement of the Problem

The sexual abuse of boys is a problematic social phenomenon that has been relatively ignored by American culture. Several reviews of prevalence rates for male CSA indicate that the most conservative estimates in large community samples tend to be around 3% in males, with more liberal rates as high as 30% (Browne & Finkelhor, 1986; Finkelhor, 1994; Putnam, 2003). In samples of sexually abused children, between 22% - 29% are consistently shown to be male (Fergusson, Horwood, & Lynskey, 1996; Finkelhor, 1993; Sobsey, Randall, & Parrila, 1997), though it should be noted that renowned scholars such as Finkelhor hypothesize that actual prevalence rates of male CSA are much higher than this and may actually mirror rates in females, which have tended to be around 36% in the same studies of large community samples. Like their female counterparts, these survivors can suffer serious impairment to functioning in any number of life domains. Despite the historical social perception that boys are relatively

impervious to sexual abuse, researchers in the last few decades continue to demonstrate that the degree to which males evidence negative outcomes is equivalent to those evidenced in females. The types of effects with which the two genders may present may appear sometimes to be quite different, however. Stereotypically, females with CSA tend to demonstrate inwardly-directed and self-destructive behaviors that can result in serious harm to themselves, while the more typical outcomes in males tend to be outwardly-directed and destructive both to self and others. Regardless of gender, both types of outcomes can have detrimental and lingering impacts upon functioning in a myriad of life domains.

The central problem in sexual abuse research, even after over a century since its inception, is that males who have experienced sexual abuse overwhelmingly tend not to report it (Lamb & Edgar-Smith, 1994; Pettis & Hughes, 1985; Ullman & Filipas, 2005). As research about CSA is dependent largely upon survivors' disclosure of the events, little may be known about the developmental processes males go through that result in either dysfunctional or resilient outcomes. Thus, researchers have been left to generalize their findings derived from samples of females to the wider population of males— findings which may only marginally describe such processes in males. The foundational assumption that is made by ascribing research findings of females to males is potentially (in the very least) wrong and (at worst) harmful. The classic approach of both researchers and clinicians to date, that male processes are similar to those of females, have had implications for both the creation and implementation of prevention, disclosure, and treatment programs for males. It very well may be that one reason the problems with

underreporting and refusal to seek treatment among males persist is that those who do disclose and seek treatment find their conditions little-improved by treatment that is inherently based upon the recovery experiences of female survivors.

Though small by comparison, researchers have gleaned information about sexual abuse in males over the last several decades. The majority of what is known about outcomes of CSA in males has grown from studies of specific population samples wherein males rather uncharacteristically do report such histories. These tend to be in settings wherein males are experiencing such severe dysfunction as to require third party intervention, usually some form of mandated physical or mental health involvement. This is evidenced by the fact that males reporting CSA are found in the highest prevalence among populations of runaways, inpatient psychiatric wards, adult and juvenile justice facilities, male prostitution circles, substance abuse treatment centers, and male-only children's institutions (Janikowski, Bordieri, & Glover, 1997; McCormack, Janus, & Burgess, 1986; McCormack, Rokous, Hazelwood, & Burgess, 1992; Watkins & Bentovim, 1992). It is often their history of substance addiction, physical assault, sexual violence, delinquency, at-risk behaviors, homicide, attempted suicide, and sexual abuse perpetration on children that have landed them in various institutions wherein sexual abuse experiences are suspected, assessed, and treated. By definition, such populations may lack even marginal levels of resilience, but may be rather so overwhelmed with dysfunction resulting from the abuse as to require professional involvement of law enforcement, helping professionals, and physicians. As evidenced by their inclusion

alone in such studies of detrimental outcomes for CSA, they are not likely to be representative of all males with such histories.

On the other hand, very little is known about the hypothesized majority of males who do not disclose their history of abuse. Because a large portion of this silent potential-majority do not present with outcome behaviors severe enough to warrant intervention from the various justice and mental health systems (or at least that we know of), they often go unidentified and, therefore, unstudied. The fact that researchers seem largely unable to access this subgroup of the larger population may substantially limit researchers' and practitioners' understandings of sexually abused males and their processes of recovery. It may be that a study of resilient males could yield quite different findings as to outcomes, trajectories, and processes leading to resilience than have studies of males with CSA in institutions so far yielded. Such findings could be of tremendous help to counseling practitioners as they strive to facilitate recovery in their male clients.

Without further empirical investigations directed specifically at resilient populations of adolescent and young adult males with histories of sexual abuse utilizing language that encircles the male abuse experience rather than alienates it, this historical problem of male-exclusion from CSA research and treatment fields will continue. The needs of sexually abused males will continue to be largely ignored. Now that the general focus of CSA research is shifting from the study of negative outcomes to that of the development of resilience, and from a focus on females to a more intentional concentration upon males, and from long-range retrospective studies to shorter-range studies, there is much to be learned that stands to benefit both those males who report

CSA and those who don't. Studies specific to males are now needed to determine those characteristics that result in the development of resilience. Practitioners have awaited this knowledge for years—knowledge that can bring about an end to males' wide-spread refusal to disclose and inform treatment and prevention interventions tailored to meet the specific psychosocial needs of males struggling to recover from sexual abuse.

Purpose of the Study

This study was conducted to contribute to the cross-validation of previous qualitative findings regarding processes of males' resilience-development in the aftermath of child sexual abuse. The researcher proposed to investigate the presence of factors shown to be salient in small samples of recovered males in a wider, more representative sample of college males who, by property of their enrollment in an institution of higher learning, have demonstrated some level of resilience to the abuse. One behavioral factor, one relational factor, and two factors related to gender identity were proposed for examination in determining their impact upon resilience. Survivors' self-enrollment in altruistic endeavors that seek to assist others with the same types of struggles that they have themselves faced, their ability to form and maintain relationships of mutual mattering with others, and their rejection of traditional gender norms paired with their acceptance of self as a gendered-being are three primary themes that have emerged from recent qualitative studies of resilience in males with CSA histories and which are implicated for study at this time. Therefore, the purpose of this study was to examine these variables in terms of presence, association, and, in some cases, predictability of resilient outcomes using a larger sample of males with sexual abuse in

their past, and to do so through the employment of a quantitative research design which was indicated at this time in the history of CSA research.

Research Questions

The following research questions addressed the presence of altruistic involvement, mattering relationships with others, a potentially-renegotiated gender identity (as assessed by rejection of traditional male norms and the possession of self-gender self-acceptance) and the potential associations or influences these variables have with or on the outcome of resilience in males with child sexual abuse histories:

Research Question 1: To what extent are gender self-acceptance, attitudes about male gender roles, and perceptions of self as mattering to others correlated in a sample of males with sexual abuse histories, as measured by the gender self-acceptance subscale of the *Hoffman Gender Scale*, the *Male Role Attitudes Scale*, and the *Mattering To Others Questionnaire*?

Research Question 2: To what extent do perceptions of self as mattering to others, gender self-acceptance, and male role attitudes predict resilience in a sample of males with childhood sexual abuse histories, as measured by combined scores on the *Mattering to Others Questionnaires*, the gender self-acceptance subscale of the *Hoffman Gender Scale*, the *Male Role Attitudes Scale*, and the *Resilience Scale*?

Research Question 3: To what extent do perceptions of self as mattering to the three different referents (closest person, family, friends) separately predict resilience in a sample of males with childhood sexual abuse histories, as measured by the three different *Mattering To Others Questionnaires* and the *Resilience Scale*?

Research Question 4: To what extent are resilience and the presence of altruistic involvement correlated in a sample of males with childhood sexual abuse histories, as measured by The Resilience Scale and the self-report item on the demographic survey that assesses for altruistic involvement?

Need for the Study

A great deal of research has been conducted with survivors of child sexual abuse. From this research has grown a myriad of theoretical models describing the interplay of mediating, moderating, abuse-specific, and risk factors; recovery models and specific interventions used in the treatment of those with CSA in their past; and preventive programs that target young people who may be at risk for sexual abuse. Unfortunately, as the vast majority of these studies have necessarily based their analyses upon females with CSA (because males report sexual abuse in such small numbers as to render the data of those who do statistically insignificant in gender-comparison studies), these theories, treatment models, and prevention programs are almost exclusively based upon the abuse experiences and outcomes of females. It is not known how salient these are with male abuse survivors because they tend not to disclose or seek assistance as readily as do females. Due in part, perhaps, to American society's propensity to diminish the effects of sexual abuse on males, public outcry about this need for research-based interventions and models founded upon the study of CSA in males has been woefully absent. Further, such assumptions may be largely erroneous. Sexual abuse researchers consistently demonstrate that the effects of CSA on males can be as devastating to psychological, relational, and behavioral functioning as they are on females, though in different ways. Like the general

public, many sexual abuse researchers have been satisfied to focus on females alone, necessitating that their findings be generalized by practitioners and other researchers to male populations. This practice has not only served to perpetuate this problem of males' alienation from CSA research and treatment, but also to further negate its gravity and necessity.

Thus, certain researchers' recent commitment to investigating through constructivist methodologies those realities unique to males with CSA indicates a much-needed shift in this research field. Such studies may have a great deal to offer the counseling discipline as well as other helping professions regarding CSA treatment. Sexual abuse researchers embracing the responsibility to specifically investigate males are eager to produce findings that can be as helpful to practitioners as have findings regarding females. By refusing to allow the low incidence and prevalence reporting rates of males as grounds for exclusion, these researchers have undertaken the in-depth examination of CSA in males through qualitative methods requiring smaller, easier-to-access samples wherein researchers are able to collect rich data that has yielded already such themes as those that are now ready for other means of empirical testing. Consistently, these recurrent themes have emerged from narratives of sexually abused males that may indicate the presence of specific components necessary to the development of resilience in these samples. What was needed at this time in this field of study was for these themes to be investigated as variables in quantitative studies of males with sexual abuse histories. Much stood to be gained in the event that such characteristics were found to be present in or predictive of resilience in a comparatively large sample of

males with sexual abuse histories. For example, practitioners who work with sexually abused males may be able to more effectively identify, treat, and prevent abuse and its damaging outcomes.

Definition of Terms

Child sexual abuse (CSA) is human behavior that has been defined in the literature by a wide-ranging, varying set of criterion. For the purposes of this study, however, child sexual abuse was defined as physical contact of a sexual nature involving a child under the age of 18 that (a) occurred between the child and a person 5 or more years older regardless of the child's consent or that (b) occurred without the child's consent (use of force or coercion) by a perpetrator of any age and regardless of age-discrepancy. The first criteria (consensual contact of a minor child with a perpetrator a minimum of 5 years older) was also consistent with some early and modern era CSA researchers (see review in Browne & Finkelhor, 1986) who have found that similar detrimental outcomes present in minor males who have consensual sexual contact with persons 5 or more years older as those that present in abused male children for whom the contact was not consensual. The second criteria (forced contact of a minor child) was also consistent both with some early era researchers (see review in Browne & Finkelhor, 1986) and with some modern era CSA researchers who have not required a 5 year age discrepancy between the child and perpetrator to meet criteria for CSA, but who rather have taken a phenomenological approach whereby sexual acts are determined to meet criteria if the victim perceived they were abusive, coercive, unwanted, or forced (e.g., Andersen, 2007; Clarke & Pearson,

2000; Durham, 2003; Kia-Keating et al., 2010). Questions on the instrument which screened for CSA were items 61, 71, and 72 on the SLESQ-R portion of the survey. *Childhood Sexual Encounters (CSE)* was a term that, for the purposes of this study, generally referred to consensual sexual contact that takes place between a child prior to age 18 with a person five or more years older. It should be noted that by definition CSE was included as one possible condition that meets criteria for CSA as defined in the study. The term CSE was used to account for the potential discrepancy in perceptions between the researcher and the respondent as to what conditions comprise a sexually abusive experience. According to the literature, some males who own to having had a consensual early sexual experience with an adult perceive a foundational difference between themselves and those who feel that they were *abused*. However, because these conditions (a child under 18 with a person 5 or more years older) satisfy typical research definitions of CSA (Steever, Follette, & Naugle, 2001), the researcher included those reporting CSE in the pool of those reporting CSA. The question on the instrument which screens for CSE is item 61 on the SLESQ-R portion of the survey.

Survivors referred to those persons who have endured child sexual abuse. For the purposes of this study, the researcher used this term primarily to refer to females with sexual abuse histories. Because *survivor* grew from the recovery narratives of sexually abused females themselves and was embraced by the wider culture as a term salient to the female experience of abuse, *survivor* connotes a sense of victory, an individual's triumph over adversity. Perhaps because *survivor* stemmed from the same female paradigm from which *victim* was derived, however, males with CSA histories reportedly repudiate

survivor, feeling that it not only often fails to describe males' experiences of themselves in the aftermath of abuse but also that its connotation as a female identifier serves to further emasculate a group that may be already struggling for a sense of masculine efficacy. However, it should be noted that the researcher must use this term necessarily to refer to some male samples who participated in CSA studies over the course of the first century of research (1890-1990). Though unfortunate, few researchers in this era distinguished between males and females in presenting and explaining their study results. In those studies wherein researchers did make the gender distinction or used samples of males alone, they were referred to simply as "males with histories of CSA."

Recovery referred to the collective set of processes that comprise an individual's journey from the experience of abuse or other suffered trauma toward a state whereby the individual has returned to the level of functioning possessed immediately prior to the original trauma or abuse events (O'Leary & Ickovics, 1995). Not only does it appear that recovery process for males with CSA are not identical to those of females, but also because researchers have only recently embraced this realization and begun qualitative examination to determine what component processes may be salient to this particular population, further description of those processes was not indicated as yet by the literature.

Resilience referred to an individual's ability to "maintain adaptive functioning in spite of serious risk hazards" (Rutter, 1987, p. 209). For the purposes of this study, resilience was specifically defined according to (and as measured by) The Resilience Scale as some persons' propensity to develop a sense of personal competence and acceptance of one's

life and one's self in response to trauma or another significantly-challenging

circumstance (Wagnild & Young, 1993). When defined in relation to *recovery*, it should

be noted that while some scholars use the terms *recovery* and *resilience* synonymously,

others maintain that resilience is an over-arching quality, trait, or characteristic that

emerges once a process of recovery has been undertaken or achieved (see reviews in

Masten, Best, & Garmezy, 1990; O'Leary & Ickovics, 1995). Regardless of scholars'

slightly disparate definitions, it is generally agreed that both resilience and recovery

indicate a return to previous levels of functioning following a traumatic event and is,

therefore, a developmental process that is evidenced by the achievement of adaptive

functioning.

Perceived Interpersonal Mattering referred to "the psychological tendency to evaluate

the self as significant to specific other people" (Marshall, 2001, p. 474). The abbreviated

term *mattering* was used in place of the entire term wherever possible in the interest of

simplicity and brevity. The full term was used either when the researcher wanted to

indicate that the perception, specifically, was important or when the full term was

necessary to accurately and fully describe the construct that was being assessed (such as

in Chapter III). For the purposes of this study, mattering, as defined and measured by

Marshall's *Mattering to Others Questionnaire*, was described by the perception that one

is significant to, has the attention of, or is important to the other person. Mattering was

conceived of in the study as a median point between the other interpersonal or relational

constructs previously examined in the CSA field, attachment and social support

(Alexander, 1992; Edelstein et al., 2005; Kinzl & Biebl, 1992; Stalker, Gebotys, &

Harper, 2005). The mattering construct was deemed critical for study because mattering

relationships can be intentionally initiated and maintained by school and helping

professionals in the settings wherein they work with children and adolescents. While

fostering attachment relationships may be beyond the scope of these professionals' work

with children, and social support a construct that falls short of the "safe-place

relationships" (Kia-Keating et al., 2010) indicated as necessary to recovery in the

narratives of abused males, mattering may have been particularly well-suited to the aim

of this study.

Renegotiation of Masculine Identity (RMI) referred to the process that some males with

histories of sexual abuse may go through on their journey from feeling a sense of

masculine incongruence (between cultural masculine ideals and personal attributes and

experiences that oppose those ideals) resulting from the abuse toward a sense of

masculine self-acceptance. According to Kia-Keating and colleagues (2005) this process

may entail two smaller, component processes: (a) rejection of the traditional conceptions,

definitions, and norms of masculinity by which the male judged himself prior to the

initiation of recovery processes, and (b) adoption of a set of meanings and criteria for

masculinity that are instead self-determined and by which the male then judges himself as

acceptably masculine. For the purposes of this study, evidence that RMI had taken place

was measured by both the MRAS and the HGS's subscale for gender self-acceptance.

Traditional Male Norms of Masculinity was a term derived from the literature on gender

norms that described gender and sex as socially-constructed concepts. For the purposes of

the study, *traditional male norms of masculinity* referred to those attitudes consistent with

Western cultural beliefs that males should hold positions of social power (superior status) and that they should be physically tough, emotionally stoic, demonstrate perpetual readiness for sex, and should fail to demonstrate traits consistent with traditional norms of femininity (anti-feminitity) (Pleck, Sonenstein, & Ku, 1994). Because rejection of traditional male norms of masculinity appeared to be one of two component processes in the larger CSA recovery process of RMI, this construct was measured in the study; the MRAS was utilized for this purpose.

Gender Self-Acceptance (GSA) referred to how comfortable people feel as a member of their particular gender group. According to Hoffman, Borders, and Hattie, persons who possess low gender self-acceptance may feel conflicted in their judgments as to how they feel they measure up to their standards of masculinity (2000). Conversely, those who possess high gender self-acceptance may have a very positive view of themselves in terms of how they measure up to their own standards of masculinity. According to Kia-Keating et al., the process of recovery from CSA in males may necessitate a renegotiation of their masculine identity. The latter part of the RMI process appears to be the development of positive gender self-acceptance (2005). Therefore, GSA was measured in the study by the GSA subscale of the *Hoffman Gender Scale*.

Brief Overview

This study is presented in five chapters. Chapter I was intended to briefly introduce the topic of male sexual abuse and the directions for future research scholars indicate are necessary. The chapter outlined the need and purpose of the study, as well as specific research questions that were addressed and definitions of relevant terms. The final section of

Chapter I explained the organization of the study. Chapter II is designed to introduce the reader to the relevant literature on topics pertaining to the described study. The review is comprised of discussion of various subjects including the history of research into CSA, what knowledge it has yielded, gaps that exist in the literature, and recent transitions that have occurred designed to address those gaps. Chapter III provides a detailed description of the data collection and analysis procedures employed in the study. Participants and recruitment strategies are described. The results of the pilot study are shared and discussed. Measures for use in the study are presented in terms of their utility. Data analyses performed are detailed, as are the appropriate corresponding hypotheses and limitations of the study. Chapter IV presents the results of the various data analyses, and Chapter V consists of the discussion of these results including the limitations of the study, implications of this research to the helping professions, and future recommendations for research pertaining to further scholarly study of resilience in males with sexual abuse histories.

CHAPTER II

REVIEW OF RELATED LITERATURE

Overview

Child sexual abuse (CSA) is a pervasive problem in American society. Though societal perceptions may persist that it is a rather rare occurrence for children and adolescents in our nation, research spanning over one hundred years has consistently contradicted this perception (Freud, 1896; Green, 1993; Landis et al., 1940; Loeb et al., 2002; Kinsey, Pomeroy, Martin, & Gebhardt, 1953; Watkins & Bentovim, 1992). Yuan, Koss, and Stone (2006) gave nod to this social misconception when they plainly stated that, "contrary to public opinion, sexual violence against children is fairly common" (p. 1). In making this claim, they reflected vast numbers of findings that have for decades demonstrated that CSA has been, and indeed still is, a prevalent social problem.

A recent event that may be fueling the historical and persisting belief that child sexual abuse is not a pervasive issue for our nation's children is the publication of findings from two national studies conducted by top researchers in the field in which they assert that a decline in the incidence rate for child sexual abuse has occurred over the last two decades (Atabaki & Paradise, 1999; Finkelhor & Jones, 2004; Finkelhor, Ormrod, Turner, & Hamby, 2005; Finkelhor, Turner, Ormrod, & Hamby, 2009, 2010). These well-publicized claims are a present source of controversy in the field, prompting these particular researchers in scholarly addresses to speak to skeptics' rather plausible

assertions that such findings may be more the result of research-based issues (e.g.,

changing definitions of sexual abuse or the use of gateway CSA assessment questions

known to be unreliable) and changes in state and municipal data collection procedures

than the result of actual diminishment in these crimes against children (Finkelhor &

Jones, 2004; Jones, Finkelhor, & Kopiec, 2001). In whatever numbers CSA may be

presently occurring, however, it is important to consider the potentially-devastating and

long-term effects upon children such experiences can have and to keep both social justice

and scholarly research focus upon efforts to prevent, treat, and foster resilience in

children in response to CSA. Although discussion over rising or falling CSA prevalence

rates indeed may inform efforts in preventing CSA, it does not serve to remedy the

specific challenges helping professionals face in treating CSA survivors, nor does the

debate address the vital question of what factors foster children's resilience to CSA's

negative outcomes. Such questions (regarding what factors foster children's resilience)

focus concern upon improving both prevention of abuse and resilience to its after-effects

are vital in this field of research. This study was intended to add to the literature with

regard to resilience to CSA effects.

Occurrence of CSA in the United States

  Prevalence rates vs. incidence rates. There are two ways in which child sexual

abuse statistics are reported in the literature. According to premier CSA researcher David

Finkelhor (1994), the first is rate of incidence, which refers to the number of children

who either disclose CSA experiences or who are discovered by professionals as having

had such experiences in a given year. The second is rate of prevalence, which refers to

the fraction of adults that experienced CSA in their early histories as children or adolescents. One of the most consistent themes in this literature is that children and adolescents presently or recently suffering CSA rarely tell others about these experiences (Berliner & Elliott, 2002; Sjoberg & Lindblad, 2002; Putnam, 2003). For this reason, incidence rates are viewed by many as too unreliable a reflection of how pervasive CSA is. Therefore, though most states collect incidence rate statistics routinely through their counties' child protective services departments (and thus are easy rates to track), prevalence rates are the more frequently-reported statistic in this literature. Although it is true that prevalence rates may still be less than reliable, it is generally accepted in the field that they are the best statistics available. It is also widely-acknowledged that they are likely to be conservative estimates, not inflated figures.

Current prevalence rate estimates. The most accepted prevalence rates for child sexual abuse tend to come from nationwide or community samples (Hopper, 2010). Rates for the sexual victimization of male children and adolescents in the general population range from about 8% (Finkelhor et al., 2005) or 11% (Finkelhor & Dziuba-Leatherman, 1994) to 16% (Finkelhor, Hotaling, Lewis, & Smith, 1990). In samples of females, those rates range between 12% (Baker & Duncan, 1985) and 27% (Finkelhor et al., 1990), but sometimes as high as 34% (Badgley et al., 1984). Often, ratio estimates are provided in the literature. For girls, prevalence rates are presently estimated to be 1 in 3 (Loeb et al., 2002), and, for boys, 1 in 6 (Hopper, 2010). However, Finkelhor hypothesized that as social barriers to CSA disclosure are assuaged, CSA prevalence rates for boys will eventually match that for girls (Finkelhor, 1979). Likewise, many CSA researchers and

helping professionals view these prevalence rates and ratios as underestimates of actual prevalence of CSA. In evidence of this statistical underestimation, they point out that community samples exclude the very sorts of populations wherein children with CSA histories present in the highest proportions: adjudicated delinquents, psychiatric inpatients, runaways, and prostitution rings of both genders (Watkins & Bentovim, 1992). Because adolescents and adults living in these settings are, by definition, not included in the general population settings from which researchers tend to draw their community-sample studies, it may be supposed that CSA prevalence rates based upon community or nationwide samples also, are conservative.

      Problems with determining prevalence rates. The above issues highlight just some of the many reasons why determining actual prevalence rates for CSA is both complicated and controversial. Additional and primary reasons that prevalence ratings may not accurately reflect actual CSA occurrence revolve around several research issues that historically have proven sticky. Though researchers cite a myriad of variables that impact self-reporting behavior, such as gender, sexual acts committed, relationship of victim to perpetrator, length of that relationship, and the victim's relationship to family (Terry & Tallon, 2004), the most salient issues that impact self-report by CSA survivors have more to do with study structure and instrument construction.

      Four of the primary problems center on issues of self-reports/disclosures, variability of construct definitions, survey structure and language, and populations sampled. The first of these is that prevalence ratings necessarily rely principally upon self-reports of CSA experiences, a method deemed by some to be less reliable than other

methods of determining those who meet inclusion criteria for these studies. A second

primary problem that may confound efforts at obtaining accurate self-reporting rates is

that definitions of CSA can vary widely from study to study, so that what constitutes

CSA in one study may not do so in another study. A third issue that makes prevalence

rates difficult to ascertain is the way in which a study's survey is structured and its items

are language. A fourth issue that further complicates the accurate assessment of general

population prevalence rates for CSA is the broad variance of report ratings between

specific types of sample groups. For all these reasons, gaining a clear understanding of

how common CSA really is has historically been challenging. That difficulty remains

today.

First, if the biggest problem with determining prevalence rates for CSA centers

around issues of reporting, then perhaps the largest of the objections raised by such critics

concern issues of the reliability of self-reports. Most studies' prevalence rates rely upon

retrospective self-report measures, a method that some researchers have viewed as

inherently unreliable (see review in Putnam, 2003). Indeed, most experts in the field of

CSA research would agree that relying upon self-reports to identify participants for

inclusion in sexual abuse studies and relying upon reports that are made retrospectively in

adulthood complicate accuracy of rates. Historically, the assumption here was once that

children, adolescents, and adults (particularly those in therapy) tended to invent sexual

abuse histories in the interest of explaining certain emotions or behaviors that may have

been viewed as less than typical (Loftus, 1993; Loftus, Garry, & Feldman, 1994; Lindsay

& Read, 1995; Tsai, Loftus, & Polage, 2000). Indeed, the debate over adults' false reports

of sexual abuse suffered in childhood continues today, though apparently in smaller

numbers and with lesser zeal than in the past. Today, because researchers who investigate

such questions have consistently discovered that the primary self-reporting issue in CSA

populations centers around false negative reports of CSA (not false positive reports) the

reasons for calling into question prevalence rates have changed (Finkelhor, 1993;

Fergusson, Horwood, & Woodward, 2000; Sjoberg & Lindblad, 2002; Putnam, 2003).

The literature offers many reasons why this underreporting problem exists. First,

it has been consistently found that children often dissociate during and/or soon after the

abuse event, continuing to repress, deny, and dissociate abuse memories to the extent that

they are intentionally "forgotten," buried in the subconscious memory, a process

(conscious or unconscious) that serves to protect the child's psyche or sense of self

(Briere, 1992b; Courtois, 1992; Freud 1920,1966; Herman & Schatzow, 1987; Janet,

1925; Parks & Balon, 1995; Terr, 1991; van der Kolk, 1994). Further complicating the

issue, researchers have shown that children may dissociate abuse memories in direct

proportion to the sense of trauma experienced during the encounter (Briere & Conte,

1993). This means that some of the most acute or chronic CSA events or cases may be

beyond researchers' grasp.

Besides dissociation, other reasons for victims' tendencies toward non-reporting

that are offered by the literature pertain to common affective outcomes of sexual

victimization. Namely, feelings of tremendous fear and devastating shame and guilt often

emerge in the wake of CSA and can be difficult for survivors to manage (Briere, 1996;

Lisak, 1994; Romano & DeLuca, 2001). For those survivors whose psyches do not

dissociate their traumatic memories of abuse, the emergence and reemergence of those memories at uncontrollable times and in overwhelming proportion can be frightening and provoke survivors to isolate themselves from others as a method of self-protection (Spaccarelli, 1994; Nurcombe, 2000; Leonard, Iverson, & Follette, 2008). Unfortunately, the silence and isolation inherent to this coping strategy serves to deny the shame-provoking abuse, making reaching out to others for help or support, a strategy strongly associated with better outcomes, unlikely (Walsh, Fortier, & DiLillo, 2010).

Many other reasons offered by the CSA literature for non-disclosure exist. Those most often cited include fear of disbelief by the disclosure-recipient (Nagel, Noll, Putnam, & Trickett, 1996; Palmer, Brown, Rae-Grant, & Loughlin, 1999), fear of victim-blaming (Watkins & Bentovim, 1992; Broussard & Wagner, 1988; Durham, 2003), and fear of stigmatization (Courtois, 1979; Herman, 1981; Kia-Keating et al., 2005). Some of these fears have been found to differentiate along gender lines. For abused females, the fear around stigmatization centers on being perceived as the party responsible for seducing the perpetrator, while for males the fear tends to center around being rejected by heterosexual family members or friends (in the case of male perpetrators) or as the lucky "scoring" guy (in the case of female perpetrators) (Fritz, Stoll, & Wagner, 1981; Lisak, 1994; Nasjleti, 1980). As there is a good deal of evidence in the literature that survivors' fears around such stigmatization are indeed grounded even today, little progress seems to have been made in making disclosure of CSA a helpful rather than hurtful experience for survivors (Nagel et al., 1996; Palmer et al., 1999, Putnam, 2003). In fact, as male survivors' narratives have been analyzed in the modern, emerging research on this

subject, it has become more and more apparent to scholars how salient these fears may be in preventing their disclosure and support-seeking (Andersen, 2007; Grossman et al., 2006, Hunter, 2010a).

Secondly, aside from these problems with self-reporting of CSA, another relevant issue in determining prevalence rates of CSA has been the varying definitions between studies for what factors determine whether or not sexual abuse has taken place. These definitions range from the conservative to the liberal and, in addition, can hinge on variables that other studies do not even mention as important determining features. For example, a common definition for CSA on the conservative side of this issue might be one such as that used in Rellini and Meston (2007) whereby CSA can be determined to have occurred if the reporter had experienced unwanted *genital* contact prior to age *16*. A more common definition for CSA that falls on the more liberal end of the continuum might be one such as that used in Hill, Gold, and Bornstein (2000) wherein *any unwanted sexual activity* that takes place before age *18* constitutes child sexual abuse. Therefore, a CSA survivor who was 16 at the time of the encounter would meet criteria for the latter study, but not the former. Likewise, a child subjected to explicit sexual material during the process of grooming and subjected to non-genital contact would be excluded from one study and included in the other. Putnam (2003), in his ten-year review of the CSA literature, acknowledged that the disunity of CSA definition in this field of research guarantees a wide array of potentially-conflicting outcomes, and that this has been problematic as it has served to reduce the generalizability of the findings. In addition to definitional criteria discussed above, Putnam pointed out that criteria for determination of

CSA can range from "intercourse, to attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography" (p. 269). The presence of such disparate definitions of this construct continue today in this field of research and, with it, problems of generalizability.

In addition to the problem of researchers' wide ranges of definitions of CSA, there is additional discrepancy in definition due to the presence of other dimensions of CSA that some researchers find particularly salient for their studies. For example, some have focused upon the presence of physical force or coercion in determining if CSA took place (e.g., Feiring, Taska, & Lewis, 1999), while others have followed many states' legal guidelines which emphasize the *gratification* the perpetrator receives from the abuse event, regardless of the use of physical or psychological coercion (e.g., Green, 1993). Yet more researchers have chosen to delineate CSA by the degree of *exploitation of power* in the relationship between the child and perpetrator or the fact that the sexual contact was *unwanted* even if the child did not demonstrate or voice such at the time (Leonard et al., 2008; Mannarino & Cohen, 1986). Further, other researchers have tended to base their studies' definitions of CSA upon The U.S. Department of Health and Human Services' Child Abuse Prevention and Treatment Act, which defines CSA as "involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend and to which they are unable to give informed consent" (2007). This definition appears to hinge primarily upon the developmental age of the victim rather than upon the chronological age that other

researchers emphasize. In short, the dimensions and dynamics which serve to define CSA differ by researcher and sometimes by study.

Thirdly, further complicating this matter is the fact that even more disparate themes of definition tend to emerge when CSA survivors' perceptions of what constitutes CSA in their own stories is considered. This is not so much the result of CSA definitions imposed by researchers through the structure of their studies as it is a consequence of researchers' failure to attend to the nuances contained in their measures' language and structure that cause survivors to define their own experiences as CSA or non-CSA. In short, certain types of language and structure in the measure used can either encourage or discourage disclosure of survivors' early sexual encounters with adults. Pertaining specifically to the dynamic of language-use in self-report measures that researchers use to determine if CSA has occurred, an example may be useful in illuminating this issue. In a review of a dozen or so CSA studies, Peters, Wyatt, and Finkelhor (1986), for instance, found that those with CSA histories reported those histories in greater numbers when items emphasized sexual activity-based criteria (e.g., "Did you have sexual contact resulting in penetration or genital contact prior to age 18 with someone 5 years or more older than you?") rather than relationship-based variables (e.g., "When you were 17 years or younger, were you ever a victim of child sexual abuse?"). Because relationship-variable-based language such as that found in the latter example tends to emphasize victims' perceptions of the relationship dynamic between them and their perpetrators (whether the relationship *felt* abusive), survivors sometimes do not identify as having had such experiences. It would seem that a person's perception of having been sexually

violated may depend largely upon the nature of the relationship perceived by the child

between he/she and the perpetrator. Therefore, even though, in legal terms, CSA may

have taken place, the perception-laden language used to describe that encounter may

cause a survivor to deny that an *abusive* encounter took place.

This issue of language use is particularly salient for males with histories of what

has classically been called child sexual abuse. In numerous qualitative CSA studies of

males, it has been found that language that is based in paradigms rooted in the experience

of females with such histories (as nearly all is) is felt by males to be irrelevant to them

and their experiences (Hunter, 2009; Andersen, 2008; Grossman et al., 2006; Kia-Keating

et al., 2005). Abandoning language forms that reflect the survivor-victim paradigm and

the narratives that belie a "harm discourse" or "survivor discourse" (Andersen, 2008, p.

57) is what these males who have experienced CSA consistently assert is needed if

researchers hope to encourage self-reporting of more males with these classically-

described histories. Because this is such a pivotal finding with implications for improved

and responsible research in the future regarding CSA research, this subject will be

revisited shortly.

Pertaining specifically to the dynamic of structure in self-report measures that

researchers use to determine if CSA has occurred, one finding in particular seems

significant. Consistently, researchers have found that the amount and variety of

opportunities to report a history of CSA provided in any given survey impacts the

disclosure behaviors of participants in the study. For example, a good deal of CSA

studies have determined participants' inclusion into CSA groups according to a single

item on their surveys. These sorts of questions ("Before the age of 18, did you ever experience someone five years or older having or attempting to have sexual contact with you?") are called gateway questions, for they are used as the single determining factor for inclusion or exclusion in the sexual abuse study group. Although there may be many benefits to having a single item on a measure that assesses for this, the preponderance of the findings about how effective a single question is at eliciting disclosures from participants indicates it is a poor method (Femina, Yeager, & Lewis, 1990; Martin, Anderson, Romans, Mullen, & O'Shea, 1993; Putnam, 2003). Rather, instruments that seek to assess a history of sexual abuse using a number of questions throughout the measure, a variety of language among those questions, and varying and rather vivid descriptions of sexual acts tend to elicit disclosures of sexual abuse histories in the greatest frequency (Bolen & Scannapieco, 1999; Finkelhor, 1994; Putnam, 2003). Perhaps because child sexual abuse is a taboo subject in society or because researchers are reluctant to further traumatize victims by bringing such memories to mind so vividly, they historically have tended to shy away from this strategy. Based upon this finding, one way to affect truer prevalence rates in the future (rates that reflect the actual experiences of children who have been sexually victimized) is for researchers to structure their instruments so that participants have several opportunities (items) that reflect several paradigms of understanding about the CSA event through which to disclose their experiences.

Finally, the fourth major problematic feature of the accurate determination of prevalence rates concerns the populations that are sampled for study. As mentioned

previously, the most popularly-reported rates are those from national or community

samples. This seems to belie the assumption that community populations are those that

are most representative of the wider culture and therefore the population with the most

promise for generalizing of findings. If this assumption is true, then researchers could be

confident that the prevalence rates they report for their community-sample studies do

indeed represent the wider society. However, when studies of certain specific populations

are conducted, it is consistently found that CSA prevalence rates among them are

astronomical by comparison. For example, if the accepted community prevalence rate for

CSA lies (as reported above) between 8-16% (Finkelhor et al., 2005; Finkelhor &

Dziuba-Leatherman, 1994; Finkelhor et al., 1990), the prevalence rate for CSA histories

in populations of psychiatric inpatients which can report rates as high as 62-76% (Wyatt,

1985; Finkelhor, 1994; Holmes & Slap, 1998), can seem rather disproportionate.

Likewise, dramatic discrepancies appear between community populations and samples of

those who are involved with the legal system for offending behaviors (Brannon, Larson,

& Doggett, 1989), runaway populations (McCormack et al., 1986), those involved in

prostitution (Burgess, Hartman, McCausland, & Powers, 1984), enrolled in clinical

treatment facilities (Forbey, Ben-Porath, & Davis, 2000) or seeking treatment for drug

abuse (Boles, Joshi, Grella, & Wellisch, 2005). In other words, those with histories of

CSA occur in the largest percentages in those populations which are excluded by very

definition from community and national samples. This makes ascertaining accurate

prevalence rates difficult, for it would appear that none of these single populations are

representative of society as a whole.

In summary, it is widely-accepted that child sexual abuse is a problem in our modern society. The degree to which it is a problem, however, is a discussion which has been the subject of debate throughout the decades that scientists and practitioners have devoted to study of this phenomenon. This discussion is still hotly-debated today, especially since the recently-reported alleged drop in CSA prevalence. Whether or not such a decrease has occurred, however, may be superfluous in light of the numerous and considerable problems with the ascertainment of accurate ratings that have plagued this field of research for the entirety of its history. Due to the fact that CSA researchers necessarily rely so heavily upon measures of self-report in CSA studies to determine prevalence rates, this is a set of problems that may not easily be solved in future CSA research. Therefore, being informed as to the trends regarding self-reporting behaviors of such experiences by participants is essential as it serves to inform the careful reader of this literature about the multi-layered and dynamic nature of the CSA phenomenon, the myriad variables that impact it in vital ways, and the limited generalizability of research findings that such studies yield. In short, while this is certainly a worthy topic for study, it is nevertheless a complicated one. Determination of prevalence rates is but one such complication in the careful study of child sexual abuse.

History of Early Research in Child Sexual Abuse

The history of the field of sexual abuse research and treatment is essentially the history of the field of psychology and, specifically, the discipline of psychoanalysis. All three began when late-1800s Parisian neurologist Jean-Martin Charcot noticed that certain common complaints by patients seemed to occur in association with what he soon

coined *hysteria* (Haule, 1986; Hunter, 1983; Hunter, 2010a). Upon closer examination of

this phenomenon, he began to notice that the common set of complaints were not only

acutely problematic for his patients, but also that symptoms of hysteria were pervasive

across his case load of patients who purported a history of sexual abuse in childhood.

Pierre Janet, a medical student who was studying under Charcot at his laboratory in Paris,

took up the cause of investigating this phenomenon. Soon after, he founded the field of

trauma research and treatment, establishing dissociative tendencies and other symptoms

of hysteria as markers of the CSA experience (Haule, 1986; van der Kolk & van der Hart,

1989). Later, Viennese physicians Sigmund Freud and Josef Breuer undertook study of

CSA survivors, creating the discipline then referred to as the "talking cure," what we call

today the field of psychoanalysis (Breuer, 1893, as cited in Hunter, 1983). It is Freud,

however, who is credited with much of these achievements (Haule, 1986; Hunter, 2010a),

for was he who famously announced (to the detriment of his reputation at the time), "I

therefore put forward the thesis that at the bottom of every case of hysteria there are one

or more occurrences of premature sexual experience, occurrences which belong to the

earliest years of childhood" (Freud, 1896, p. 13).

Thus began the field of sexual abuse research. Though it has been fraught with

much passionate controversy since the late 1800s, a great deal of knowledge has been

gained that has significantly benefitted efforts at prevention, treatment, and recovery for

survivors and has aided the helping professionals, family and friends who have sought to

support them. Thanks to these efforts, what is known about the negative outcomes for

CSA, the risk factors that contribute to creating ideal conditions for CSA, and the

protective factors that serve to ameliorate those conditions is considerable. Due to the

problems in CSA research that have historically plagued this field, however, much of

what is known may still be somewhat limited in scope and, in particular, in several

specific dimensions. These limitations and what has been done in very recent years to

address them is an essential subject and will be addressed at a later point in this

discussion. In the interest of properly placing these new trends within a broader

understanding of what research has yielded to date in this field, a review of earlier

findings may be helpful.

Eras of CSA Research

In an effort to generally and simply describe the history of research in the field of

child sexual abuse, scholar David Finkelhor grouped decades of research together by

their aims, characterizing several distinct periods through which research in this area has

passed during its extended tenure and labeling them as "phases" (1988). The first phase is

that which he called the "catalogue" phase (p. 61). He used this term to describe the early

period of CSA research wherein practitioners first observed and began recording

symptoms they encountered in their patients who had suffered CSA. Beginning with

Charcot, Janet, Freud, and Breuer in the late 1890s, the research emphasis during this era

was upon recording observational data of those claiming sexual abuse histories. The

second phase that Finkelhor described was termed the "documentation" phase (p. 61). In

this era, which constituted much of the research conducted during the twentieth century,

clinicians and researchers commenced to measure CSA's impact using instruments,

comparison groups, and statistical processes designed to ferret out the type of impact

(e.g., psychological, behavioral, physical) and the extent of impact. The third phase

Finkelhor described he named the "modeling" phase (p. 62). This was the period in which

practitioners and researchers began to propose and empirically test theoretical models

designed to elucidate the processes by which such effects present in persons with

histories of CSA. Though Finkelhor's portrayal of the phases of CSA research may be a

useful one for conceptualizing its history broadly, it was offered in a review that was

published at the end of the critical 1980s decade, and thus ceased at that point in history.

Other experts in the field, however, have recently continued the helpful trend of broadly

characterizing CSA research periods in terms of their aims.

Two such researchers are Whiffen and MacIntosh (2005). Though their

characterization of the periods of research differs some from Finkelhor's, it does not do

so markedly. Rather, they describe the era of research that sought to establish

associations of poor outcomes with a history of CSA as "first generation" research (p.

24), an era which would seem to overlap what Finkelhor described in his first two phases

as cataloging and documenting. They then describe the second generation of research as

one characterized by investigation of the causal mechanisms that lie beneath these

established associations. This characterization is consistent with Finkelhor's modeling

phase, the era of research that sought to holistically illuminate the processes and

interactions of myriad variables in creating outcomes for CSA. Recently, an additional

CSA scholar has suggested yet another phase of CSA research latent to those described

by Finkelhor, Whiffen, and MacIntosh. In her characterization of recent CSA research,

Hunter (2010b) described the present and emerging era as one concerned with

questioning the underlying assumptions that have defined prior CSA research. This may be an apt characterization, as the field's evident shift in language, subjects, and type of outcome examined belie some foundational ideological movements in researchers' attitudes toward the subject of CSA.

For the purposes of the present review, the author has adopted a characterization of CSA research adapted from all three of these conceptualizations of period-based research, but using language that is fresh to the subject. Therefore, all research rooted in the early assumptions about CSA made by Freud and his colleagues have been referred to as the "early era" of CSA research. This moniker refers generally to the entire body of studies that have approached CSA from paradigms characterized by a certain critical set of assumptions and were aimed at describing symptoms, associations, and causal processes and creating and testing models of variable interactions. The set of foundational assumptions from which early era researchers approached examinations of CSA included (a) CSA is devastating to victims—all its outcomes are detrimental, and (b) CSA victims are female and perpetrators male. Although much of this research took place in the first century of study (1900-2000), studies that approach CSA from this paradigm are still conducted today (e.g., Grauerholz, 2000; Saewyc, Magee, & Pettingell, 2004). Therefore, *early era* does not necessarily refer to chronological markers, but rather to paradigmatic markers.

The same holds true for what this reviewer has referred to herein as "modern era research." The term *modern era* has been used not in reference to studies conducted during a certain chronological time frame so much as in reference to that body of sexual

abuse literature that is characterized by assumptions that no longer align with classical assumptions about CSA. In contrast to early era studies, modern era studies are rooted in differing assumptions about CSA that approach the subject from the viewpoint that (a) CSA is not perceived by all who have experienced it as devastating, and (b) CSA is not a phenomenon experienced by females alone and perpetrated by males alone, but is rather a multifaceted set of events possessing gender-specific implications. Though a majority of these studies have been conducted since 2000, a number dating from well before then exist as well (e.g., Gilgun & Reiser, 1990; Himelein & McElrath, 1996; Lisak, 1993, 1994).

Research Trends during the Early Era of CSA Study

During what the present reviewer has termed "the early era" of CSA research (1900-2000), several research trends developed that are worthy of note. These trends have not only historically dominated the majority of investigative agendas around this type of trauma, but also, in some ways (except for a growing number of researchers), continue to do so today.

The first noteworthy general research emphasis has centered upon discovering various features that impact abuse and that abuse, in turn, impacts. This has included broad-scale examination of those risk factors that may place children at danger for abuse, the various types of outcomes those with CSA histories may experience, and those protective factors that mediate and moderate those outcomes. When possible, the role of gender on those outcomes is reported, though issues of gender have plagued this area of

research since its inception, a problem that necessarily is explored throughout the present paper.

This introduces the second historical research trend, the populations from which samples are extracted for examination of CSA. Overwhelmingly, researchers have utilized female subjects, making generalizability of findings to males problematic. Utilizing female samples has been a necessity, however, because of problems researchers have consistently encountered with obtaining disclosures from males regarding their histories of CSA. Nevertheless, it may be wise to view predominantly-female studies' findings as considerably limited insofar as they apply to male populations with CSA histories. This is may be challenging, as so much of what is known in this subject of study is based upon females. Regardless, until larger-scale studies of males with such histories are conducted, and prior (female-population based) factors and processes tested with males, it may be wise to resist generalization of findings to male populations.

A third research trend that has characterized CSA scholarly writing in the first several decades concerns the issue of time elapsed between the abuse event and victims' disclosure at the time of the study. Most of the studies that have been conducted in this early period are retrospective in nature, often with subjects who experienced CSA up to several decades prior. Although much progress has been made in this field thanks to the use of adult subjects with CSA histories (Wyatt & Powell, 1988), the use of aged samples has sometimes called into question whether what was intended for measure actually was measured. The concern here has been that what researchers may really have assessed was the quality of memory survivors had for the event, the process of meaning-making that

subsequently took place since, or the variables that later intervened in lessening or worsening the trajectory of outcomes.

Finally, a fourth trend in CSA research has been that subject samples have been primarily drawn from treatment populations, populations that have either sought help for some mental health issue, or been dysfunctional enough in some way as to have been referred or even mandated for treatment. Findings gleaned from such studies may have limited generalizeability to populations that demonstrate resilience to the abuse events. In other words, people who have continued to maintain their psychological and relational well-being and even thrive in some area of their lives despite the early sexual experiences with adults to which they were exposed, may be significantly under-examined.

Keeping in mind that these particular research trends create (both enhance and limit) the lens through which such knowledge has been gleaned, an exploration of what information has been gained in the first century of research may be in order. What follows is a review of the considerable research offered to the field in the first three phases (cataloging, documenting, modeling) Finkelhor described as characterizing the scholarly literature throughout the first century of empirical examination of sexual abuse (1988). Thus, this review is intended as a synthesis of the research that sought in these early periods to catalogue, document, and ground in a theoretical model those traits, outcomes, characteristics, and processes that were unknown to early scholars.

Negative Effects of CSA

Though there are myriad outcomes for CSA that have been examined, certain specific effects have consistently been found to be most associated with child sexual

abuse histories. Popular outcomes for study tend to fall into one of several category types: psychological, physiological, behavioral, interpersonal, cognitive, sexual, and developmental. Although it may be helpful to report research findings of outcomes for CSA by domain, it is important to note that those with sexual abuse histories tend to demonstrate heightened levels of distress across multiple types of domains (Whiffen, Benazon, & Bradshaw, 1997). Also, it may be important to keep in mind that, while there is a considerable volume of studies dedicated to investigating effects in each one of these domains, there nevertheless fails to be a core of symptoms for CSA that identify a survivor as having had experienced sexual abuse. In short, these are consistently-found descriptive outcomes. They are not, on the whole, predictive to the degree that there is a "typical" presentation of symptomatic outcomes in survivors of CSA.

Mental health outcomes historically found to be significantly related to CSA are major depression (Calam, Horne, Glasgow, & Cox, 1998; Carey,Walker, Rossouw, Seedat, & Stein, 2008; Dinwiddie et al., 2000; Forbey et al., 2000; Garnefski & Arends, 1998; Paolucci, Genuis, & Violato, 2001; Sigfussdottir, Asgeirsdottir, Gudjonsson, & Sigurdsson, 2008), posttraumatic stress disorders (Epstein, Saunders, & Kilpatrick, 1997; Kendall-Tackett, Williams, & Finkelhor, 1993; Molnar, Buka, & Kessler, 2001; Williams & Finkelhor, 1995; Wolfe, Sas, & Wekerle, 1994); anxiety disorders (Dinwiddie et al., 2000; Levitan, Rector, Sheldon, & Goering, 2003; Molnar, Buka, et al., 2001), personality disorders (Bryer, Nelson, Miller, & Krol, 1987; McClelland, Mynors-Wallis, Fahy, & Treasure, 1991; Nelson et al., 2002; Putnam, 2003; Wagner & Linehan, 1994; Yuan et al., 2006); substance abuse disorders (Bensley, Spieker, Van Eenwyk, &

Schoder, 1999; Bensley, Van Eenwyk, Spieker, & Schoder, 1999; Boles et al., 2005; Burgess et al., 1984; Dinwiddie et al., 2000; Kilpatrick et al., 2000; Nelson et al., 2002); chronically low self-esteem (Itzin, Bailey, & Bentovim, 2008; Forbey et al., 2000; Gelinas, 1983; Gold, 1986; Romans, Martin, & Mullen, 1997); dissociative disorders (Bloch, 1991; Johnson, Pike, & Chard, 2001; Rodriguez-Srednicki, 2001); and eating disorders (Abramson & Lucido, 1991; McClelland et al., 1991; Molnar, Buka, et al., 2001; Paul, Schroeter, Dahme, & Nutzinger, 2002).

Physiological outcomes found to be significantly associated with CSA are numerous as well. One symptom often-cited pertains to various forms of sexual dysfunction (Bass & Davis, 1988; Browne & Finkelhor, 1986; Courtois, 1997; Leonard & Follette, 2002; Leonard et al., 2008; Loeb et al., 2002; Rellini & Meston, 2007; Westerlund, 1992). Another is somatization disorders (De Bellis et al., 1999; Putnam, 2003). Still others include sustained states of general hyperarousal that are characterized by overly-sensitive startle responses to sound, touch, and sight (Burgess et al., 1984; Nelson et al., 2002; Trickett & Putnam, 1993; Yates, 1987).

Behavioral outcomes highly associated with CSA are self-injury (Briere & Gil, 1998; Ross & Heath, 2002; Turell & Armsworth, 2000), attempted suicide (Bensley, Spieker, et al., 1999; Bensley, Van Eenwyk, et al., 1999; Edgarth & Ormstad, 2000; Fergusson, Woodward, & Horwood, 2000; Joiner et al., 2007; Nelson et al., 2002; Paolucci et al., 2001; Sabotta & Davis, 1992), sexualized behaviors (Burgess et al., 1984; Courtois, 1979; DeYoung, 1982; Herman, 1981; Holigrocki & Raches, 2006; Kendall-Tackett et al., 1993; Meiselman, 1979; Paolucci et al., 2001), sexual-offending behaviors

(Bagley, Wood, & Young, 1994; Becker, 1998; Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Burgess et al., 1984; Finkelhor, 1990; Nasjleti, 1980), and delinquency (Rew, Esparza, & Sands, 1991; Brannon et al., 1989; Vander Mey, 1988).

Interpersonal or relational outcomes are thought to be especially negatively-effected by CSA for several reasons. First, the context in which such abuse occurs is typically a relationship wherein some amount of trust is present between the victim and perpetrator (Whiffen & MacIntosh, 2005). When that sense of trust is violated by abuse, this experience can subsequently hinder the establishment and growth of other trusting relationships, particularly with regard to romantic or intimate relationships (Rumstein-McKean & Hunsley, 2001). Secondly, researchers have found that an individual's CSA history can negatively impact the development of one's sense of self, which can, in turn, affect the development of interpersonal relationships (Cole & Putnam, 1992). Measured outcomes associated with CSA are an impaired ability to develop and maintain intimate relationships (Yuan et al., 2006; Romans et al., 1997), the assumption of the parentified-child role (Fitzgerald et al., 2008), an inability or unwillingness to trust spousal or intimate partners (DiLillo, Giuffre, Tremblay, & Peterson, 2001), feelings of isolation and withdrawal from others (Burgess et al., 1984; Browne & Finkelhor, 1986; Calam et al., 1998; Forbey et al., 2000; Spaccarelli, 1994), and relational dependency (Briere, 1989; Courtois, 1988; Herman, 1997; Hill et al., 2000; Lew, 1990; Meiselman, 1979).

Cognitive outcomes associated with CSA are the assignation of self-blame for the abuse (Burgess et al., 1984; Lange et al., 1999; Morrow & Sorrell, 1989; Weaver & Clum, 1995), possessing dysfunctional beliefs about safety with and trust of others

(Wenninger & Ehlers, 1998), inability to utilize certain adaptive cognitions such as self-soothing (Lebowitz, Harvey, & Herman, 1993), the use of cognitive dissociation as a defense against unpleasant feelings (Courtois, 1997; Janet, 1925; van der Hart & Horst, 1989; van der Kolk & van der Hart, 1989), the inability to control obtrusive thoughts (Burgess et al., 1984) and other harmful cognitive distortions, including emotional identification with the abuser (Burgess et al., 1984; Courtois, 1997; Maltz, 1991).

Besides those physiological sexual dysfunction and sexualized behavioral outcomes referred to above, there are other negative outcomes related to sexuality that are highly associated with CSA. For example, a confused sense of one's sexual identity resulting in confused gender and sex roles has been noted by some researchers (Briere, 1984, as cited in Browne & Finkelhor, 1986; Herman, 1981; Meiselman, 1979; Rogers & Terry, 1984; Sebold, 1987; Tsai, Feldman-Summers, & Edgar, 1979; Zucker & Kuksis, 1990). Other researchers have found that survivors are plagued by an inability to relax or enjoy sex, resulting in an avoidance of such activity (Courtois, 1979; Finkelhor, 1979). Still others cite among survivors a markedly higher number of lifetime sexual partners that has resulted in higher prevalence of sexually transmitted diseases among survivors of CSA (Elze, Auslander, McMillen, Edmond, & Thompson, 2001; Jenny, 1996; Lodico & DiClemente, 1994).

Developmental outcomes associated with CSA that have been found to result specifically from abuse variables' interactions with the developmental stage of the abused child are numerous. By definition, outcomes that researchers describe as developmental are those behaviors or traits in which survivors demonstrate a lag or lack in reference to

the developmental stage that the abuse took place in. Developmental outcomes are different from other types of outcomes in that their presentation may change as the survivor continues to develop in chronological years. Although most of the outcomes researchers have investigated in CSA survivors could be described as inherently-developmental, researchers tend to refer to a certain set of them. These include the inability to self-regulate emotions, the inability to control impulses, lack of behaviors that observe boundaries between self and others, confused sense of identity, altered neuronal brain processes, and altered sexual maturational processes (De Bellis et al., 1999; Loeb et al., 2002; Putnam, 2003; Watkins & Bentovim, 1992). In short, it seems fairly consistent that when children with sexual abuse histories pass through the human developmental stages, they may encounter a good deal more problems adjusting to these transitions than their peers without such histories.

Finally, a discussion of outcomes for CSA would not be complete without an examination of the effect of CSA on suicidal ideation, suicidal attempting, and suicide completion behaviors. Because of its complex nature, suicidal behaviors can be difficult to classify into one domain of human functioning. Some researchers have addressed suicide as a psychological effect, while others have conceived of it as a behavioral outcome, an acting out of internal pain similar to other risky or self-destructive behaviors that may or may not lead to death (Brent et al., 2009; Hardt, Sidor, Kappis, Petrak, & Egle, 2008; Spokas, Wenzel, Stirman, Brown, & Beck, 2009). Thus, it is addressed separately here. One thing that researchers suggest may complicate the way suicide is understood is the fact that suicidal behaviors appear to discriminate by gender of the

survivor. For example, studies published by The Centers for Disease Control and Prevention (2000) indicate that, in the general population, females report significantly higher incidence of suicidal ideation than males and attempt suicide at rates four times higher. Males, however, are five times more likely to die by a suicide attempt than are females, a phenomenon that some scholars attribute to the discrepancy in the degree of lethality of method that males and females choose for their attempts. In studies of suicidal behaviors in persons with CSA histories, the same relationship between gender and suicidal ideation, attempt, and death are observed (Garnefski & Arends, 1998; Garnefski & Diekstra, 1997; Joiner et al., 2007). What is noteworthy, however, is that those with CSA histories demonstrate rates of suicidal ideation, attempt, and successful completion that are significantly higher than those seen in comparable control groups without CSA (Cobham-Portorreal et al., 1991; Modestin, Oberson, & Erni, 1997; Read, 1998) This is viewed by scholars in the field as further evidence that the psychological and/or relational damage that survivors of CSA suffer can be profoundly debilitating to their ability to function (deWilde & Kienhorst, 1992; deWilde, Kienhorst, Diekstra, & Wolters, 1993; Santa Mina & Gallop, 1998).

Although these outcomes for child sexual abuse have been well-researched and found to be consistently highly-associated with this type of abuse, it is important to note the steady caveat to these findings that researchers continue to outline in their discussions. This is that, despite consistent results demonstrating high associations between and even predictions for these myriad outcomes and CSA histories, there nevertheless fails to be a presentation of symptoms or outcomes that could be described

as typical (Courtois, 1997; Yuan et al., 2006). Researchers throughout the decades

continually put forth that survivors' responses to and the resultant outcomes for CSA are

as complex as the dynamics of the abuse events themselves and are, therefore, unique to

each individual (Briere & Jordan, 2004; Conte & Schuerman, 1987a, 1987b; Courtois,

1997, Kendall-Tackett et al., 1993; Mannarino & Cohen, 1986; Putnam, 2003; Yuan et

al., 2006). Therefore, it is important that scholars of CSA regard these consistent findings

as potentially descriptive characteristics rather than definitional outcomes or traits, and

understand that there is no typical presentation of symptoms, outcomes, or effects for

child sexual abuse.

Asymptomatic CSA Outcomes

As further evidence that survivors of sexual abuse present with a wide variety of

outcomes, it is important to note that in most studies a percentage of survivors appear

who do not demonstrate any of the ill-effects measured in a given study. For example,

Mannarino and Cohen (1986) found that 31% of subjects were asymptomatic for

measured outcomes. Finkelhor and Berliner (1995) found that 40% of their participants

presented no significant symptoms. Caffaro-Rouget et al. (1989) found a surprising 49%

of their minor subjects who underwent pediatric assessment at the time of their

perpetrators' court trial were asymptomatic. Tong et al. (1987) found that 36% of their

sample fell within the normal range on the commonly-used Childhood Behavior

Checklist. Likewise, in Conte and Schuerman's study (1987b), 21% of their participants

appeared to demonstrate none of the measured characteristic symptoms of CSA.

Although the presence of such subpopulations is exciting, particularly in terms of resilience research in the CSA field, researchers are only cautiously optimistic. Some researchers who examined these asymptomatic children found that over the course of longitudinal studies running 12-18 months, rather than the more popularly-used one-time measurement studies, some percentage of these kids deteriorated significantly (Finkelhor & Berliner, 1995; Mannarino, Cohen, Smith, & Moore-Motily, 1991). Gomes-Schwartz, Horowitz, and Cardarelli (1990) not only found this to be true, but also demonstrated that some 30% of this initially-asymptomatic group developed more severe symptoms than those who were already demonstrating ill-effects at the time of the first assessment. Other experts in the field have hypothesized that other dynamics may be at play when fractions of sample populations present as asymptomatic. For example, Kendall-Tackett et al. suggested that it may be the case that the actual symptoms presented by CSA survivors are not those that are being assessed in the studies that have been conducted (1993). They also posited that, since CSA has been found to impact children and adolescents differently as they mature through various dimensions of their development, such children may simply not yet be at the stage of development wherein those symptoms have begun presenting themselves.

Finally, Kendall-Tackett and colleagues (1993) offered that there may be a proportion of kids who truly are not affected by CSA experiences, kids for whom other protective factors or capacities for resilience counteract the known ill-effects of such events. Indeed, it is such survivors who have spurred recent interest in the subject for resilience researchers in this field.

Outcome-exacerbating and Outcome-alleviating Variables Examined in Early Research

In the phase of research prior to Finkelhor's modeling period wherein certain variables' mediating and moderating properties began to be tested, variables thought to impact outcomes for CSA were examined as risk factors and protective factors (1988). In fact, this movement in research (investigation of protective factors) functioned as the root of what researchers today call the strengths-based approach to the prevention of child abuse and thus is still very much alive today (Counts, Buffington, Chang-Rios, Rasmussen, & Preacher, 2010). During this period of research, risk factors were conceived of as those traits particular to the child or her environment prior to the risk event that placed the child in harm's way, protective factors have been viewed as those things which tended to promote health and well-being such that exposure to risk was lessened in the first place (Catalano, Haggerty, Hawkins, & Elgin, 2011; Yi et al., 2011). After the modeling phase of research began and sound, widely-accepted CSA effect models were constructed, tested, modified, and validated, these traits and environmental conditions that had earlier been treated as risk factors and protective factors would be treated instead as mediating and moderating variables (Masten et al., 1990). These early investigations of risk and protective factors would offer other benefits to this field of research as well, for these types of studies seem to have served as precursors to the abundant amount of research that is today conducted on processes of recovery and resilience and that has yielded valuable knowledge to both practitioners and researchers.

Risk factors. Risk factors placing children in jeopardy for sexual abuse that have been investigated in this literature are numerous. Some researchers have focused upon issues of socioeconominc status in trying to determine if poorer kids are at worse risk for abuse than their wealthier counterparts (see reviews in Finkelhor, 1993; Messman-Moore & Brown, 2004). Others have found that girls are at greater risk for abuse than boys (Fergusson, Lynskey, & Horwood, 1996; Finkelhor, 1993) and that children with disabilities are at increased risk for abuse than their abled-peers (Sobsey et al., 1997; Westcott & Jones, 1999). Various familial characteristics have been found to place children at greater risk for sexual abuse as well such as parental divorce (Carey et al., 2008; Finkelhor, 1993; Mullen, Martin, Anderson, Romans, & Herbison, 1994), poor maternal mental health (Fergusson, Lynskey, et al., 1996; Mullen et al., 1994; Nelson et al., 2002), and poorer family functioning (Draucker, 1996; Fassler, Amodeo, Griffin, Clay, & Ellis, 2005; Messman-Moore & Brown, 2004). In short, family dynamics that placed children at risk for decreased effective parental supervision and connection appeared to serve as risk factors for sexual abuse.

Protective factors. Protective factors that have been investigated in the abuse and negative-outcomes literature tended to center mainly upon environmental factors of the child. Some of these include positive family support and positive school attachment (Yi et al., 2011), family functioning (e.g., cohesion, conflict resolution), emotional support by a community of loved ones, concrete support (e.g., adequate availability of food, cash, clothing), and caretaker's knowledge of parenting skills and child development processes (Counts et al., 2010). All have been found to function as protective factors to abuse risk.

Other types of protective factors that have been investigated centered upon traits of the child and included self-esteem (Heller, Larrieu, D'Imperio, & Boris, 1999; Valentine & Feinauer, 1993) and the ability to cope with stressors (DiPalma, 1994; Himelein & McElrath, 1996; Tremblay, Hébert, & Piché, 1999). It merits note, however, that self-esteem is most often investigated in the CSA literature as an outcome variable (Jonzon & Lindblad, 2006; Jumper, 1995) and that coping is largely measured in the literature as a mediating variable (e.g. Runtz & Schallow, 1997; Tremblay et al., 1999; Shapiro & Levendosky, 1999. This is a dynamic that persists across the wide range of scholarly literature in CSA; however, it seems that many variables examined in CSA samples at one time or another have been tested as mediating/moderating, risk/protective, and outcome variables.

Gender as a Variable in CSA Research

One variable that has been the focus of a great deal of interest throughout the course of CSA research is the gender of the person experiencing sexual abuse. Because of the historical difficulty researchers have faced in eliciting male disclosure of CSA, however, much of the most reliable research on gendered outcomes for CSA has been conducted in recent decades as the language used to identify and the conditions used to define CSA have evolved. This increased availability of males in recent decades has led researchers to return to various exploratory methods in attempt to understand the experience of male CSA as potentially discrepant from the female experience of CSA in which the vast majority of knowledge is rooted. Although the recent availability of males has contributed (and is still contributing) much to the field, what was gained from early

research in CSA is still considered sound. One characteristic of early examinations of

gender-based outcomes was that researchers seemed unsure of where gender belonged in

terms of interaction with other variables. Thus, gender can be seen in this older literature

to be treated sometimes as a risk factor and at other times as a moderator of outcomes.

Although in recent research that treatment has changed, examination of gender's

treatment in the early era literature merits attention, for its findings comprise the vast

majority of what is considered to be known about gendered outcomes for CSA.

Effects of gender on outcomes for CSA. Because the sexual abuse of children is

a type of trauma that is an inherently gendered one, the effects of CSA in girls as

compared with those in boys has been an area of particular interest for researchers over

the decades. The historical dearth of male subjects in studies of CSA, however, has made

such comparisons difficult. The result of this relative scarcity has been that researchers

attempting to study males as well as females have often found that the low number of

male subjects reporting CSA in their studies rendered findings on the effects of gender

insignificant. Thus, it is important to keep in mind that any findings regarding gender

differences need to be tempered with the understanding that this field of research is still

in relative infancy with regard to males with CSA histories. Nevertheless, researchers

have demonstrated some findings that are worthy of review with regard to the question of

gender effects in survivors of CSA.

The most significant and consistent finding in comparison studies of males and

females is that the effects of CSA in both populations are remarkably similar (Burgess et

al., 1984; Conte, Berliner, & Schuerman, 1986, as cited in Finkelhor, 1990; Dube et al.,

2005; Garnefski & Arends, 1998; Gomes-Schwartz, Horowitz, Cardarelli, & Sauzier, 1990; Tufts New England Medical Center, 1984). Bernstein, Garfinkel, and Hoberman (1989) found that adolescent males and females with CSA histories showed no significant differences with regard to emotional or psychological functioning. In keeping with this, both gender groups are consistently found to report similarly high degrees of emotional distress and pain as well as similar degrees of disabled psychological functioning (Bernstein et al., 1989; Burgess et al., 1984; Dhaliwal, Guazas, Antonowicz, & Ross, 1996; Garnefski & Arends, 1998; Wellman, 1993; Young, Harford, Kinder, & Savell, 2007). More specifically, researchers have found that both genders report similarly high levels of depression (Briere, Evans, Runtz, & Wall, 1988; Sansonnet-Hayden, Haley, Marriage, & Fine, 1987; Stiffman, 1989) and experience similar degrees of suicidal ideation (Elliott & Briere, 1992; Garnefski & Diekstra, 1997; Martin, Bergen, Richardson, Roeger, & Allison, 2004; Molnar, Berkman, & Buka, 2001).

Because of the gendered and relational nature of CSA, one might expect to observe gender-discrepant outcomes with regard to relational consequences of sexual abuse. However, remarkable similarities between gender outcomes are found in relational outcomes as well. For example, Dube and colleagues (2005) conducted a study with adults of both genders to examine the long-term relational effects of CSA. No significant gender differences in terms of survivors' mental health or interpersonal/relational capacities were found. In fact, both gender groups in their study were found to be at a 40% increased risk for marrying an alcoholic, experiencing on-going problems in their marriages, and attempting suicide. With regard to other relational effects, Hill et al.

(2000) found that, though the perception exists that females with CSA histories show more relational dependency (codependence) than their male counterparts, males displayed not only the same types of behaviors, but also exhibited them in comparable magnitude to their female counterparts. In fact, the only difference discovered between the groups was males' reluctance to report such codependent feelings, thoughts, and behaviors as compared with females. In closing, it is not only in relational effects such as these and the emotional/psychological effects such as mentioned above that researchers consistently discover remarkable similarities between CSA males and females. Likewise, parallel similarities in other life domains such as physical health and sexual functioning are reported as well. In fact, in most life domains that have been empirically explored by CSA researchers, overall outcomes are strikingly similar for males and females, both in degree and in type.

Notable exception to the rule of gender similarity in CSA outcomes. Before moving on to other subjects in the child abuse field, however, it may be important to point out one potentially-critical difference between males' and females' outcomes for CSA that has been sometimes demonstrated in the research. In those studies wherein enough males have reported CSA histories as to render findings significant, and wherein gender-discrepant outcomes have indeed been found to present, significant differences between gender groups have been found with regard to the *type* of outcome, though notably not in the degree of impact upon the survivor. Although the literature has not always been consistent in this finding (see Watkins & Bentovim, 1992, for review of this phenomenon), enough laudable CSA researchers have demonstrated these specific

gender-discrepant effect types that they are worthy of note. Additionally, it may be that as future studies of gender effects on outcomes for CSA are conducted that are more sensitive to this gender-based tendency, the nature of this finding as exceptional may prove to be increasingly significant in its regularity.

In those studies where statistically significant differences between male and female effects do present, it is usually in the type of negative outcome behaviors they exhibit following CSA. The literature describes these types as *internalized* and *externalized types* of negative outcome behaviors (Friedrich, 1988), and while they present in members of both genders, there appears to be a propensity for the two types to discriminate significantly along gender lines (Watkins & Bentovim, 1992; Burgess et al., 1984; Feiring et al., 1999; Friedrich, Urquiza, & Beilke, 1986, Gomes-Schwartz, Horowitz, Cardarelli, et al., 1990; Stein, Golding, Siegel, Burnam, & Sorensen, 1988; Tufts New England Medical Center, 1984). Whereas internalized behaviors are defined as those behaviors that display when CSA survivors turn their pain inward upon themselves, inflicting harm upon themselves as a way to channel the pain resulting from the abuse suffered, externalized behaviors are those behaviors that display when survivors turn their pain outward upon others, inflicting harm upon those around them as a way to channel the angst and pain of sexual abuse they have suffered (Garnefski & Arends, 1998). Researchers who found gender differences in outcomes for CSA, most often found that CSA response behaviors in males tend to be of an externalized type, whereas female CSA response behaviors tend to be of an internalized type.

Externalized negative behaviors that have been examined by researchers and found to be significantly present in males with CSA are often termed risky behaviors. For example, Burgess et al. (1984) measured outcomes in males with CSA histories and found that, compared to their peers without CSA, they exhibited far more risky behaviors such as fist-fighting, jumping from rooftops, weaving bikes through busy traffic, intentionally antagonizing persons who have had reputations for tough behaviors, and holding on to the bumpers of moving cars. Bensley, Van Eenwyk, and Simmons (2000) found HIV risk behaviors to be significantly higher in their sample of males with CSA, including having greater numbers of lifetime sexual partners and greater instances of unprotected sex. Garnefski and Arends (1998) found that the most common externalized behaviors demonstrated by their sample of male adolescents with histories of sexual abuse included alcohol and drug abuse, aggressive behaviors, criminal behaviors, and elevated rates of suicidal ideation.

As with externalized negative behavioral symptoms, internalized symptoms that researchers have discovered in population samples of persons with CSA are displayed by both males and females (Dykman et al., 1997; Edgardh & Ormstad, 2000). Overall, however, they are significantly more likely to be found in female samples (Bernstein et al., 1989; Friedrich et al., 1986; MacMillan et al., 2001; Wellman, 1993). Examples of internalized behaviors include depression, anxiety, nightmares and insomnia, enuresis, myriad somatic complaints, and a hyper-alertness resulting in heightened startle responses and generalized hypervigilance (Burgess et al., 1984). Also, self-injury and

eating disorders are other internalized symptoms that display more in females with CSA than in males (Russell, 1986; Waller, 1991, 1992).

In summary, the majority of the literature in this field supports the assertion that the degree to which male and female survivors of CSA suffer the negative outcomes predicted by abuse events does not differ significantly. Though scholars and lay persons alike might have predicted gender-discrepant outcomes for such an inherently-gendered type of trauma as CSA, it has simply not borne out in most of the research literature. Again, it is worthy of note that the types of negative outcome behaviors that presented in males and females was found to be *qualitatively* different by researchers (externalized/internalized types), but quantitatively (degree to which the poorer outcomes impact survivors' lives) was found to be remarkably similar. In other words, the potential effects of CSA upon males and females are equally potentially damaging.

Though an exploration of why such qualitative differences in outcomes present as gender-discrepant in CSA populations is beyond the scope of this paper, the fact that these differences sometimes present as significant is important insofar as it adds to scholars' knowledge and understanding about the process CSA survivors experience in their journeys toward recovery and resilience or toward dysfunction.

Societal perceptions of the effect of gender on outcomes for CSA. If one finds it surprising that outcomes between gender groups are consistently similar, he or she wouldn't be alone. In fact, *perceptions* of gender differences for CSA outcomes have occasionally been the subject of some scrutiny in the field for this reason. In a field of study where, overall, few actual distinctions have been found between female and male

effects of CSA, the fact that *perceptions* of those effects can differ significantly according to gender-based variables is notable. The primary (mis)perception is that females suffer more or greater degrees of ill-effects than their abused male counterparts. Not only has this perception been observed in college and community participant samples who do not report a history of abuse, but also by parents, teachers, and friends of known CSA survivors (Broussard, Wagner, & Kazelskis, 1991; Tong et al., 1987; Smith, Fromuth, & Morris, 1997). Perhaps even more surprisingly, though male CSA survivors themselves consistently rate their own levels of distress, psychological functioning, and relational functioning at levels quite similar to those of female survivors, they nevertheless perceive that the effects upon females are greater than those upon themselves (Tong et al., 1987; Smith et al., 1997). Researchers in this field suggest that this misperception is the result of larger cultural gender biases (Broussard et al., 1991; Waterman & Foss-Goodman, 1984). Such gender biases have historically had, and continue to have, implications for researchers, helping professionals, survivors, and society with regard to male survivor identification, treatment, and recovery.

In further evidence of the disparity in gender-based perceptions around issues of CSA are findings presented from a study conducted by Waterman and Foss-Goodman (1984). They supported claims that cultural gender biases exist, though in other areas beside the perception of how damaging CSA is. In this study, the researchers examined the effect that gender plays in people's perceptions and assignations of blame/responsibility for sexual abuse. When the researchers asked a group of college students to read several abuse scenarios and then assign blame for the abuse between

victims and perpetrators of the abuse, both female and male participants attributed

significantly greater responsibility to male victims of sexual abuse than to female victims.

Even when CSA survivors were asked to assign degrees of blame to the victim and

perpetrator based upon the scenarios read, they themselves also were more likely to

assign responsibility to male victims than to females (though, on the whole, they did so

with less propensity than did those respondents who did not report CSA). When paired

with the findings of the Broussard et al. (1991) study, it seems that not only are male

victims perceived as responsible for their own abuse, but that they also are seen as less

likely to suffer the effects of CSA than their female counterparts—a misperception that,

as discussed, is not borne out by the findings of most studies on this subject.

In review, the literature suggests that, when it comes to gender, there are few

differences in the degree or type of outcomes suffered by male and female survivors of

CSA. It seems that the most significant difference between the two groups does not lie so

much in the degree of abuse effects experienced by survivors, but rather in society's

cultural perception of how impactful those effects are on one gender as compared with

the other.

This discussion of gender rounds out Whiffen and MacIntosh's (2005) so-named

first generation of CSA research (phases one and two by Finkelhor's conceptualization).

That this initial period which focused upon effects, symptoms, and outcomes for CSA

concludes with gender could be seen as inevitable rather than coincidental, for increasing

numbers of researchers had starting reporting outcomes for CSA by gender of the

survivor, making the condition of gender not only impossible to continue ignoring, but

also placed gender in such a way as to mediate/moderate possible outcomes for CSA. Although it is true that gender's earlier placement in the literature as a risk factor perhaps served as a precursor to its later placement as a mediator/moderator in the emerging literature of the second generation, its new placement was critical in that it showcased a paradigmatic change in the field of CSA research: the emergence of CSA effect *models*. Such models served to place variables such as gender in a framework that allowed researchers a shared conceptualization of the processes active in producing varied outcomes and those dynamics present (and, therefore, functioning) long before the first sexual abuse event.

Theoretical Models for CSA Outcomes

Because the literature in this second generation field of sexual abuse research is both deep and broad, and because it grows substantially by year and exponentially by decade, the directions in which CSA research will develop in the future may be largely unpredictable. Some outcome theories that have been operative in the field of CSA research in the past and that could prove increasingly salient in coming eras are not necessarily those that are popular at present. Some such theories are: general strain theory (Agnew, 1985), dissociation theory (Janet, 1925), child abuse accommodation syndrome theory (Summit, 1983), information processing theory (Hartmann & Burgess, 1993), and the theory of posttraumatic stress (Wolfe, Gentile, & Wolfe, 1989). Time will tell if such theories experience resurgence. The three most popular theories, however, have already endured decades of empirical testing and appear to be increasingly salient in the literature still emerging in the field. Thus, special attention is given to them. They are: (a) the

traumagenic dynamics theory (Browne & Finkelhor, 1986; Finkelhor, 1988), (b) theories

of human development (Alexander, 1992; Bowlby, 1988; Browning & Laumann, 1997;

Cole & Putnam, 1992; Crittenden & Ainsworth, 1989), and (c) the transactional theory

(Spaccarelli, 1994).

The traumagenic dynamics theory was originally conceptualized by premier CSA

researcher David Finkelhor (1988). This theory is characterized by four types of post-

abuse experiences that transform the abused child's understanding of the world in all

spheres of his/her life. These experiences are: traumatic sexualization of the abused child,

his/her stigmatization by others as a result of the abuse, an overwhelming sense of

betrayal, and a universal sense of powerlessness. Each of the four dynamics is understood

to impact specific sets of psychological, relational, physical, and behavioral domains and

have potentially far-reaching consequences for the child's subsequent functioning. The

strengths of this theory are that it serves to clarify the most devastating aspects of sexual

abuse and to identify the perceptions that facilitate symptomatology in this population

(Spaccarelli, 1994). A weakness of this theory is that it fails to distinguish operationally

between stressful abuse events and children's responses to those events (Nurcombe,

2000).

The second group of theories that have borne thorough examination in the

literature as explanatory for outcomes of CSA include life-course theory (Browning &

Laumann, 1997), attachment theory (Alexander, 1992; Bowlby, 1988; Crittenden &

Ainsworth, 1989), and developmental psychopathology theory (Cole & Putnam, 1992).

Endorsers of life-course theory propose that sexual interactions between a child and an

adult interrupt the healthy development of the child's sense of self and, in the sexual

development domain, create a developmentally-inappropriate cognitive script that gets

applied to other relationships and creates a hypersexualized sense of self in abused

children that puts them at risk for developing other dysfunctional scripts that result in

risky behaviors (Banyard, Williams, & Siegel, 2004; Browning & Laumann, 1997).

Those supporting attachment theory as the strongest developmental theory for

conceptualizing symptom outcomes for CSA may do so because this theory allows for

formulation of hypotheses that relate types of disturbed attachment to degrees of

dysfunctional outcomes (e.g., avoidant attachment as associated with failure to engage in

trusting, connected relationships with partners in adulthood) (Alexander, 1992). In

contrast, developmental psychopathology theorists might propound this theory because it

emphasizes that the age/stage when the child is abused directly impacts the nature of

dysfunctional outcomes (e.g., abuse of persons in early childhood may induce

dysfunction in self-regulation processes resulting in dissociative symptoms, while abuse

of persons in adolescence may cause dysfunction in the formation of identity resulting in

externalizing behaviors that present as acts of delinquency or crime) (Cole & Putnam,

1992; Nurcombe, Wooding, Marrington, Bickman, & Roberts, 2000). The strength of

these developmental perspectives has been that they serve to highlight both the coping

processes that serve as mediators of abuse outcomes and the developmental stage of

abused children that serve as moderators of the coping-outcome link. These features have

offered researchers directions for hypothesis testing that have contributed much to the

field of knowledge in CSA outcomes. One noted weakness of developmental theories in

explaining outcomes for CSA, however, has been that they often fail to account for individual characteristics of the child or the abuse (e.g., impaired IQ of the child, nature of the relationship between the perpetrator and child when the perpetrator is not a parent) (Nurcombe et al., 2000; Spaccarelli, 1994). An additional criticism often noted is that developmental theories may be better suited for explaining psychopathology and dysfunctional outcomes than they are for identifying strengths that aid in recovery and resilience (Spaccarelli, 1994).

Finally, a third popular theory for understanding outcomes for CSA that is often cited in the CSA literature is the transactional theory. In fact, as the study of recovery from and resilience to CSA has become of particular interest to researchers and clinicians in recent years, the transactional model of CSA effects offered by Spaccarelli (1994) and rooted in the broader transactional theory proposed by Sameroff and Fiese (1990) has increased in popularity. A graphic of the transactional model as proposed by Spaccarelli appears in Figure 1.

What is unique about this theory is that it synthesizes many of the strengths of both the traumagenic dynamic theory and various developmental theories. For example, the model underlines processes of human development underway in the child as well as the way in which person-environment and abuse-related transactions influence the trajectory of outcomes for that child.

Figure 1. *Transactional Model*

According to Spaccarelli, three important facets of the theory are worthy of note:

1. The risk for negative psychological outcomes increases by property of the total abuse stress across abuse events, abuse-related events, and disclosure-related events;

2. The effects of sexual abuse are mediated by cognitive appraisals and coping strategies employed by the child (meaning that personal, interpersonal, and environmental factors specific to each child can serve to impact each link of the process from Sexual Abuse Stress to Coping Strategies and Cognitive Appraisals through to Psychological Symptoms); and

3. The abused child's responses are grounded in a framework that accounts for the bi-directionality of factors between cognitive and behavioral (person) reactions and external (environment) influences.

It is perhaps the complexity of associations and interactions this model describes that have led researchers to ascribe such credibility to the model. Additionally, this model has afforded considerable opportunity for empirical study (has suggested hypotheses). Perhaps the model's strongest asset is that it allows for outcomes in children and adults of CSA that appear resilient rather than dysfunctional. For all these reasons, Spaccarelli's theoretical model of CSA outcomes has been widely-utilized by researchers; also for these reasons, it may be the model that still holds the most promise in the field.

Transactional Model's Impact upon Directions of CSA Research

Following Spaccarelli's introduction and explication of the transactional model as applied specifically to outcomes for CSA in abused children, a sudden and abundant glut

of research appeared that focused upon the development of less-detrimental outcomes for CSA. Earlier research with samples of persons having experienced sexual abuse, but who presented as asymptomatic for any measured negative outcomes may have laid the groundwork for this type of empirical investigation. Additionally, the concept that CSA could result in the development of positive outcomes had already been introduced to the field prior to Spaccarelli's proposed model. For example, CSA scholars like Herman had spoken of resilience (1992), Cicchetti and Rizley of compensatory factors (1981), Valentine and Feinauer of protective factors (1993), and McMillen, Zuravin, and Rideout of perceived benefits (1995) of CSA. However, if there was a confluence of events that sparked this surge in positive outcome research in the CSA field, then it was perhaps Spaccarelli's (1994) model (a synthesizing of his predecessors' ideas and his own keen observations) that provided the foreground upon which the positive outcome research trend ignited. It was not long after his adaptation of the transactional model for CSA effects and its introduction to the field that the modern positive psychology movement was born (1998) (see Seligman & Csikszentmihalyi, 2000), and that the vast field of social science research (CSA research among them) witnessed a proliferation of studies focused on resilience, protective factors, and strengths-based outcomes.

Sparked by the Spaccarelli (1994) model, this trend toward measuring positive-outcomes of CSA would continue to gain strength over subsequent decades, marking the beginning of what this reviewer has termed the Modern Era of CSA research. This new era of research characterized by, among other things, the examination of positive-outcomes traits and processes, rejected the foundational assumption underlying nearly all

prior research in this field that CSA was solely detrimental to development and catastrophic to functioning. The majority of the research that immediately followed the introduction of this popular model, however, was not aimed at non-detrimental, resilient outcomes. Rather, it was aimed at placing variables already known to be associated with CSA and negative outcomes within the framework of the Spaccarelli model. In short, the generation of empirical examinations seeking to discover *what* the outcomes for CSA were was thereby overtaken by one that sought to discover *why* these outcomes presented in CSA populations. Specifically, this generation of research strived to illuminate the causal relationships impacting the process that occurred between sexual abuse and well-established negative outcomes (Whiffen & MacIntosh, 2005).

Mediators and Moderators of Outcomes for CSA

In Baron and Kenny's often-cited description of how mediating and moderating variables function within a model of variable interactions, they offer that mediating variables are those that explain the relationship between the predictor and criterion variables, while moderating variables are those that influence the strength of the relationship between the two (1986). Therefore, mediating variables in a model like Spaccarelli's can be conceived of as those things which explain why there is a relationship between CSA events and certain outcomes (psychological, relational, physiological, etc). Conversely, moderating variables in CSA models can be conceived of as those things which explain the direction or strength of that relationship between predictor and criterion variables.

For example, CSA researchers know that the method of coping a survivor employs following traumatic sexual abuse can dramatically influence the presentation of depression, anxiety, and other poor psychological outcomes (see review in Walsh et al., 2010). In fact, coping has been shown to be such a strong predictor of outcomes, that children choosing the most functional styles of coping (differing styles at different periods) have been shown sometimes to have very few, if any, negative effects of the CSA (Walsh et al., 2010). In other words, since coping can *explain the relationship between* abuse events and outcomes, coping can be viewed as a mediator to sexual abuse effects. Moderating variables for CSA are different. Rather than explaining the relationship, they indicate the *direction* or degree to which the criterion variable presents. For example, gender is treated as a moderating variable in the literature. This is because the gender of the survivor is known to determine the direction of outcomes (e.g., externalizing in males and internalizing in females, typically) rather than explain the reason for sexual abuse outcomes in males and females.

As has been noted elsewhere in this review, variables known to be dynamic in determining or influencing outcomes for CSA are not only myriad, but have been tested in varying locations throughout models like Spaccarelli's and across several decades of research. In addition, the literature in this particular area suffers from the same problems other areas of this literature have repeatedly demonstrated. Namely, these include the overwhelming absence of male subjects in these studies, inconsistent definitions for what comprises CSA, and data analyses problems that are either inadequately explained or incorrectly addressed. For all these reasons, a full review of variables tested as mediating

and moderating in this literature might be less than helpful, and, therefore, is beyond the scope of the present review. Those few variables which have been consistently demonstrated by researchers to be viable and reliable, however, are worthy of note.

It is of import, however, to bear in mind that those few studies which did examine the mediating and/or moderating functions of certain variables in males specifically, the degree of significance varied sometimes greatly by gender (e.g., Runtz & Schallow, 1997; Whiffen, Thompson, & Aube, 2000). This evidence may add further credence to certain CSA researchers' warnings that the well-established practice in this field of generalizing findings of research conducted on females to males rests on incorrect assumptions (Watkins & Bentovim, 1992; Whiffen & MacIntosh, 2005).

Mediators of CSA effects. In 2005, Whiffen and MacIntosh offered a valuable review of nearly 20 studies that sought to determine what factors had been shown to mediate the relationship between sexual abuse and poor outcomes for CSA such as emotional and psychological distress. Because of methodological issues, conceptual problems, and analytical errors that plagued these studies, however, they found that comparatively few studies (even though they may have represented some of the best mediational research to date) were sound enough to demonstrate reliable mediating properties. Researchers did discover, however, that several studies were able to demonstrate that certain factors can serve as mediators to poor psychological and emotional functioning in those possessing a history of sexual abuse. These factors included shame/self-blame/guilt and coping. Other researchers have found variables such as maternal responses to survivor disclosure to be strong mediators of outcomes for CSA.

Still others have found that attachment, social support and family functioning can serve as mediators to poor outcomes for abuse. However, because findings in this latter group of studies have been shown to contradict findings of other studies, they may be less reliable in terms of how they function in the lives of sexual abuse survivors.

One such variable examined in the literature and shown to have questionable placement in the CSA outcomes model as a mediator is family functioning. It may be a good example of the complicated relationships involved between variables in CSA effect models. How family functioning (cohesive or disorganized) serves as a potential mediator to CSA outcomes has been examined in a variety of studies (Wind & Silvern, 1994; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Yama, Tovey, Fogas, & Teegarden, 1992) and has been shown consistently that CSA tends to occur in families wherein disordered interpersonal functioning such as that consistent with domestic violence, mental illness, substance abuse, and conflicted relationships occur (Fromuth, 1986; Harter, Alexander, & Neimeyer, 1988; Putnam, 2003). Therefore, it has been a variable that has been rather popular for study as a risk factor, an associated variable, and as a mediator (Finkelhor & Baron, 1986; Rowland, Zabin, & Emerson, 2000). However, because these and other studies have demonstrated such strong relationships between poor family functioning and CSA occurrence, and also between poor family functioning and poor mental health outcomes that are similar to CSA outcomes, determining the mediating function of family environment has sometimes proven difficult (Whiffen & MacIntosh, 2005). Therefore, because several studies have shown that family environment (functioning) is a mediator to poor outcomes for CSA (Robertson, 1998),

and because it has also been shown that it may be a risk factor for CSA (Fergusson, Lynskey, et al., 1996; Mian, Marton, LeBaron, & Birtwistle, 1994; Mullen et al., 1994; Nelson et al., 2002), its placement in the CSA effects models is nebulous.

Other variables function similarly to family environment in that it is not known to what extent they may function as mediators to outcomes for CSA. Social support is one of these. Sometimes social support has been found to be a powerful mediator (Runtz & Schallow, 1997) and at other times to be an insignificant mediator that, rather than demonstrating mediational effects on outcome variables, instead exerted direct effects on outcomes (Tremblay et al., 1999). Additionally, since seeking others' support is one of several coping styles for CSA (e.g., support seeking, approach coping), the social support construct may be a variable so interrelated to coping styles that attributing variability of outcomes to one or the other may be problematic (Chaffin, Wherry, & Dykman, 1997; Jones, 1997). Finally, social support has sometimes been a thorny variable to measure in relation to CSA specifically. For example, unlike populations of children who have experienced types of trauma for which they are rarely themselves blamed (dread illnesses, natural disasters, parental physical abuse), children with CSA who seek social support to cope with it are just as likely as not to experience victim-blaming or rejecting responses to those disclosures (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Ullman, 2003). Therefore, it stands to reason that while children with CSA may indeed perceive that they have social support relationships, they may also perceive that those relationships may not be able to sustain the kind of trial to which disclosure of sexual

abuse might subject the relationship. For all these reasons, social support has been a somewhat problematic construct in the CSA literature.

On the other hand, other variables have shown some consistency in mediating outcomes for CSA events. For example, shame, self-blame, and guilt have been shown to be critical mediators of outcomes for CSA on those with abuse histories, often explaining the relationship between CSA outcomes and CSA events (Andrews, 1995; Chaffin et al., 1997). Likewise, maternal support in the wake of child disclosure has been consistently found to mediate this relationship (Goodman et al., 1992; Kendall-Tackett et al., 1993; Johnson & Kenkel, 1991; Lovett, 2004; Waterman, 1993). Attachment is another such variable. Shapiro and Levendosky found attachment style to be a strong mediator of poor psychological functioning in CSA females (1999), as did Twaite and Rodriguez-Srednicki, (2004) and Aspelmeier, Elliott, and Smith (2007). Finally, coping styles have been examined in the literature a great deal and, because of the powerful function that coping has been shown to have as a mediator to abuse effects, this subject merits particular attention.

Coping style as a central mediating variable. Traumatic coping scholars Lazarus and Folkman (1984) have defined coping strategies as those "constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141) struggling to cope. Coping styles have long been examined in samples of persons with CSA histories and found to be critical processes in determining or explaining long and short term functioning of survivors (Fortier et al., 2009; Walsh et al., 2010). In attempting to

characterize the various forms of coping, several scholars have offered various

conceptualizations of coping styles. Two conceptualizations in particular, however, seem

to have been adopted by those in the field of CSA. Perhaps taking their cue from Lazarus

and Folkman (1984), one pair of researchers have asserted that an especially useful way

to conceive of coping styles for CSA is through an understanding of strategies used as

either behavioral or cognitive (Holahan & Moos, 1987). In contrast, another pair of

researchers have offered their conceptualization of coping styles in terms of *avoidant* or

approach styles (Roth & Cohen, 1986). This reviewer suggests that a conceptualization

of both types of models is helpful when examining coping's mediational properties and

that, even more, when these two models are overlaid by the moderating effect that gender

has been shown to play in further affecting outcomes for CSA (e.g., internalized vs.

externalized symptoms), a more complete understanding of the mediating effect of

coping is gained.

Holahan and Moos have offered the conceptualization of coping styles in terms of

cognitive coping and behavioral coping (1987). According to this understanding,

cognitive coping can be conceptualized as those *mental* strategies that are employed for

the purpose of changing either self-perceptions following the abuse or personal

perceptions of the abuse events themselves. Cognitive coping strategies can be either

positive (e.g., "I am a strong person because I survived" or "This experience helps me

help others like me who need help") or negative (e.g. "Because he treated me as if I was

worthless, I must be worthless—I am disgusting and unworthy"). On the other hand,

behavioral coping is understood as those *actions* a survivor takes in order to lessen the

effects of abuse-related stress, and they, too, can be either positive (seeking support in others) or negative (abusing substances in order to numb psychological pain). In summary, survivors can have reactions to CSA that can be described as cognitive and behavioral and, within each category, as either positive or negative.

A complimentary conceptualization of coping styles is offered by Roth and Cohen (1986). These researchers prefer to understand styles of coping in terms of *avoidant* or *approach* styles. Set within Holahan and Moos' larger framework of positive and negative cognitive and behavioral responses to CSA, approach coping can be understood as those coping skills on both the cognitive and behavioral spectrums that are *positive* in nature. Some examples of approach coping strategies include active problem solving, disclosure, and seeking support from trusted others (Tremblay et al., 1999; Ullman, 2007). Avoidant coping may be best understood as those coping skills on both the cognitive and behavioral spectrums that are *negative* in nature. Examples of avoidant coping include trying to forget that the abuse occurred, denying to oneself that it had occurred at all, wishing that it hadn't occurred, physically isolating oneself and spending more time alone, emotionally disengaging from others, blaming self for the abuse, and avoiding unwanted thoughts about the abuse (Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003; Chaffin et al., 1997; DiPalma, 1994; Fortier et al., 2009). Given these descriptions, it may be easy to see why approach coping has been described as proactive or positive in nature, those things which involve "attempts to integrate painful material, [while] avoidance involves attempts to protect oneself from a threatening event," actions which are more reactive in nature (Walsh et al., 2010, p. 2). Indeed, about which styles

are facilitative of good mental health outcomes over the long haul and which are not, the literature in this field is clear (Ebata & Moos, 1991; Lazarus & Folkman, 1984).

For example, one recent study that tested avoidant coping as a mediating variable between trauma symptoms resulting from CSA and later sexual revictimization found that survivors' use of avoidant coping strategies significantly explained revictimization in later life (Fortier et al., 2009). Studies by other researchers have found survivors' use of avoidant strategies to explain other negative outcomes as well. Polusny, Rosenthal, Aban, and Follette found that survivors' attempts to avoid unwanted thoughts about the abuse actually lead to an increase of those thoughts, creating greater amounts of psychological distress than those using more approach coping strategies (2004). Leitenberg, Greenwald, and Cado found that the use of avoidant coping produced significantly poorer psychological adjustment than did survivors' use of approach strategies (1992). Other researchers have found that coping exerted a direct effect on psychological outcomes for CSA, explaining that avoidant coping such as wishful thinking (Johnson & Kenkel, 1991) and acting out in aggressive and delinquent ways (Tremblay et al., 1999). In short, avoidant coping has been shown to explain worse overall outcomes following childhood sexual abuse, and approach coping to explain the best overall outcomes.

One notable exception to the rule that approach coping is the most adaptive form of coping is that numerous researchers have unexpectedly found that, in the *immediate* wake of abuse events, avoidant coping may be a more adaptive and benefit-producing strategy than approach coping. For example, Chaffin et al. (1997) found in their study of 84 children ages 12 and under that those children who utilized avoidant strategies

immediately following sexual abuse seemed to fare better than those who did not (1997).

More recently, other researchers working with those who suffered CSA have found this

to be true as well (Oaksford & Frude, 2003). Still other researchers examining samples of

children recently suffering other forms of trauma beside CSA have found avoidant coping

to be adaptive in the immediate wake of such events, indicating that this dynamic may be

a characteristic salient to children coping with trauma in general (Hartman & Burgess,

1993; LaMontagne, Hepworth, Johnson, & Cohen, 1996). Indeed, Bessel van der Kolk, a

premier scholar in the field of trauma and dissociation, has offered the hypothesis that the

psychic stress resulting from traumas like childhood sexual abuse may be greater than

most children can manage, and that, therefore, child survivors' brains often must

dissociate (an avoidant strategy) in order to survive intact (van der Kolk, 1994; van der

Kolk & van der Hart, 1989). Therefore, while approach coping is consistently shown to

be the strongest mediator for positive outcomes, the use of avoidant strategies may

actually be the most adaptive coping style employed in the immediate aftermath of

trauma. Nevertheless, scholars stress that while initial benefits of employing avoidant

strategies seem to present in some survivors, the overwhelming evidence provided by

empirical studies on this subject suggests that long-term effects of using avoidant

strategies are detrimental to sex abuse survivors (Batten, Follette, & Aban, 2001;

Boeschen, Koss, Figueredo, & Coan, 2001)

     Positive adaptation has been a construct characterized in the trauma literature as

the capacity for flexibility and adaptive change over time (Compas, 1987; Roth & Cohen,

1986; Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). When CSA scholars

and clinicians tend to identify positive adaptation as the goal they want their work to

promote in survivors, they may be allowing for the reality that coping strategies found to

be adaptive in the short term may be experienced as maladaptive in the long term. In

short, it might have been the ability to be flexible in the adopting of varying strategies

over time that has produced the greatest resilience and positive adaptation in survivors in

adulthood.

Finally, when examining the function of coping styles as potential mediating

factors intervening between sexual abuse and its outcomes, it may be important to do so

also through the lens of gender. This is because gender has been shown by some

researchers to alter the direction of outcomes (typically internalized for females vs.

externalized for males), though not the degree to which these negative outcomes for CSA

present (Watkins & Bentovim, 1992; Burgess et al., 1984; Feiring et al., 1999; Friedrich

et al., 1986; Gomes-Schwartz, Horowitz, Cardarelli, et al., 1990; Stein et al., 1988; Tufts

New England Medical Center, 1984). As addressed earlier, both to what degree and why

the sexes may differ in terms of internalized/externalized outcomes for CSA is still a

source of scholarly debate. Nevertheless, many researchers point to the role of coping as

perhaps the most pivotal mediating force in explaining CSA outcomes both generally and

as differentiated by gender (Oaksford & Frude, 2003; Walsh et al., 2010). However,

while it may be clear from this literature that coping plays a major role in mediating

outcomes for CSA, it is important to keep in mind that the studies that largely comprise

this literature are based upon samples of females. Indeed, while a proliferation of studies

examining the relationship between coping and outcomes for CSA have been conducted

in the last few decades, less than a handful of studies have included male participants. Even fewer studies examining males' (only) coping with CSA have been attempted, and then only in the qualitative literature that has recently been conducted.

In fact, in a recent review of the CSA coping style literature by Walsh et al. (2010), the reviewers found that nearly 40 articles published since 1983 have attempted to illuminate the relationship between coping and outcomes for CSA. Indeed, Walsh et al. did find in their comprehensive review that coping styles for abuse consistently functioned as mediators to outcomes for CSA. What is limiting about their findings, however, is their generalizability. Out of the nearly 40 studies reviewed, only one of them (Oaksford & Frude, 2003) included males in their sample. Even in that one study, the question of coping's impact *by gender* on CSA outcomes wasn't addressed; results were reported only generally. Therefore, to what degree and in what ways the coping styles males chose functioned in the development of recovery or pathology was thus unknown. Unlike coping in female populations with histories of CSA, it remains largely unknown today. The good news is that researchers seeking to examine what role (if any) coping plays for males in the presentation of positive or negative outcomes have recently begun to ask the question. Based upon the array of research that has found coping styles to be active mediators for female CSA survivors, it may be somewhat unsurprising that narrative themes that have emerged from these recent preliminary qualitative studies investigating styles of coping with CSA have initially indicated that coping may indeed play a critical role for some males in determining their outcomes (Hunter, 2007; Kia-

Keating et al., 2005). Certainly this is a subject that will require examination in future studies.

Returning to the earlier issue of why gender discrepant outcomes for CSA as mediated by coping styles have tended to present in researchers' examinations of this phenomenon, the literature is consistent. It is when survivors of either gender chose the avoidant style of coping (used negative cognitions/behaviors) failing to make the transition to more adaptive forms of long-term coping strategies that gender-discrepant types of negative outcomes began to appear (Chaffin et al., 1997; Tremblay et al., 1999). Negative internalized outcomes for CSA in females have tended to appear when they coped with their abuse experiences through avoidant negative cognitions that resulted in negative behaviors such as self injury or verbal and behavioral self-denigration. Negative externalized outcomes for CSA in males tended to appear when they coped with their abuse experiences through avoidant negative cognitions that resulted in negative behaviors such as aggression, violence, and destruction of property. Grounding the internalized/externalized symptoms debate within this larger context of coping styles typically adopted by the two genders, hopefully aids the CSA scholar in understanding how the mediating function of coping interacts with the moderating function of gender to produce discrepant negative outcomes for CSA in survivors.

Moderators of CSA effects. Factors that serve to impact the direction or strength of the relationship between the predictor variables and the criterion variable are called moderating variables (Baron & Kenny, 1986). In CSA research, criterion variables tend to be psychological or behavioral types of outcomes, making moderating variables of the

type that tend to describe abuse events and circumstances. For example, it is widely-accepted by CSA scholars that certain moderators such as the victim's age and gender, the severity, duration, and frequency of the abuse, use of force or coercion, and the nature of the relationship between the perpetrator and victim are known to be critical in moderating the effects of sexual abuse. Scholars such as Browne and Finkelhor (1986), Kendall-Tackett et al. (1993), Rind, Tromovitch, and Bauserman (1998) and Putnam (2003), who have reviewed (in total) over one hundred CSA studies, consistently found these factors to be salient moderators of abuse outcomes. In brief, they consistently found that the preponderance of the research indicated that the following variables increased the severity of psychological and behavioral symptoms: the victim's earlier age of abuse onset, the occurrence of a penetrative event, the greater frequency of abuse events and over a longer duration of time, the greater use of emotional coercion (threats) and physical force, a closer pre-abuse relationship with the perpetrator, and greater numbers of perpetrators. As discussed, the moderating effect of gender did not yield differences between victims in terms of severity of outcomes, but did have implications for the type of outcome that tended to present in the different genders (internalizing/externalizing behaviors).

Summary of mediators and moderators. This discussion of the mediators and moderators of CSA outcomes that have been investigated in this second generation of research concludes this discussion of what this reviewer terms the early era of CSA research and commences a discussion of the modern era of CSA research. This term Modern Era encompasses those studies conducted or reported upon since the year 2000.

Although this delineation may be a rather arbitrary one in terms of discreet periods that may have described trends of research, it nevertheless seems clear that, as Hunter (2010b) asserted, the most recent wave of research in the area of CSA seems to have arrived around the time of the new millennium and is markedly characterized by researchers questioning previously-held assumptions, searching for clarity in metaphorical dark corners of CSA dynamics which had been previously ignored or dismissed as too difficult to illumine, and returning to the use of methodologies that could illumine such things in an exploratory rather than presupposed way.

As suggested earlier, the emergence of theoretical models for CSA effects not only allowed for a synthesis of the various directions that investigations into sexual abuse had historically taken, but also facilitated the advent of a coherent movement in positive-outcome research (e.g., protective factors, mediators of less-detrimental outcomes, and resilience factors) into CSA.

CSA and the Study of Positive Outcomes Resulting from CSA

Besides resilience, other constructs related to positive outcomes have been explored in the CSA literature since the transactional model's introduction as well. For example, posttraumatic growth (Linley & Joseph, 2004; McCall, 1993; Wolfe et al., 1994), positive change processes (Woodward & Joseph, 2003), and thriving in the face of trauma (Hall et al., 2009; Poorman, 2002) have each been examined in populations with abuse histories. As some researchers have used other positive CSA outcome terms like resilience and recovery interchangeably with these, however, a great deal of confusion has sometimes resulted.

One conceptualization of these terms that might prove helpful was offered by O'Leary and Ickovics (1995) in their description of their study of resilience and thriving in women overcoming various types of trauma. The researchers made a key distinction amongst some of the more popular terms used to describe positive outcomes, proposing that *survival*, *recovery*, and *thriving* are the three possible, but divergent, positive outcomes that those overcoming trauma may face. The researchers suggest that, though *survivors* of trauma indeed endure traumatic experiences, they fail to return to their previous level of functioning after the trauma. In contrast, those who *recover* do eventually regain their prior level of functioning. Those who *thrive*, however, grow beyond their pre-trauma level of functioning and actually flourish. Adopting this basic framework of understanding may serve to illuminate not only how these positive-outcome terms are used in the literature, but also how other related terms are used as well.

For example, a closely-related concept to O'Leary and Ickovics's (1995) idea of *thriving* is *posttraumatic growth* (Hall et al., 2009; Tedeschi et al., 1998). In fact, when posttraumatic growth (PTG) scholars defined the construct, they indicated that this concept of thriving in the wake of trauma, the subsequent development of increased functioning, and the experience of growing personally from it, are three components definitional to PTG (Tedeschi et al., 1998). Thus, PTG, which is defined as growth that occurs as a result of a struggle with a traumatic or distressing life event (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 1996), may differ from the concept of thriving only in that thriving could be viewed as but one component of PTG.

Secondly, the construct of resilience can also be defined relative to the framework provided in O'Leary and Ickovics's (1995) explication. The most often-cited and foundational definition of resilience used in the literature is one's ability to "maintain adaptive functioning in spite of serious risk hazards" (Rutter, 1987, p. 209). In other words, the traumatized person's positive adaptation to adverse events and his return to (or maintenance of) prior levels of functioning are what define resilience. Similar to thriving (and thus also PTG), resilience is treated in the literature as a positive outcome that can emerge in the wake of trauma or challenge. That said, this definition of resilience indicates that it differs from thriving and PTG in two critical ways. First, resilience is defined by outcome levels of functioning that are similar to levels of functioning prior to adverse events—not exceeding prior levels. Secondly, both PTG and thriving are constructs that foundationally assume a period of relative wellness prior to the trauma (Hall et al., 2009), something which is not the case for resilience (Heller et al., 1999). In fact, in most studies of persons resilient to trauma, respondents had been living with conditions unacceptable to most people for years or even for the duration of his or her life. In laymen's terms, then, the narrative of someone claiming *posttraumatic growth/thriving* might describe how life was moving in its regular and unsuspecting course when suddenly some adversity overwhelmed him from which he was eventually able to grow and carry forward some new and improved aspect of himself that he did not possess prior to the trauma. Conversely, the narrative of someone claiming *resilience* to trauma might describe how his life had always been somewhat of a struggle, but, that after overcoming some central trauma, he discovered that he adapted remarkably to the

adversity and was able to get back to his old self again, realizing in the process that he was a fairly resilient fellow.

These two distinctions are critical both to understanding the construct of resilience as distinct from other positive outcomes for CSA and to understanding why it is that the construct of resilience is what is most often studied in populations of individuals maltreated as children. Because of the prior state of well-being that is assumed by the PTG and thriving constructs, they may be most appropriate for study among populations suffering sudden disasters such as illness, accidents, crises, natural disasters, and war. Because it lacks the pre-condition of relative well-being, resilience is a construct that is most often studied in populations for whom pre-conditions were not likely to be ideal or characterized by well-being. Thus, the study of resilience is common in populations such as those experiencing traumas of a more social nature like parental neglect, poverty, domestic violence, physical and sexual abuse, psychological abuse, or sudden removal from a caretaker due to substandard living or relational conditions (Hall et al., 2009). Researchers' preference for measuring the construct of resilience in such populations is evident in the CSA literature today.

Next, the term *surviving* is offered by the O'Leary and Ickovics (1995) framework and thus bears explication. Of the three terms (surviving, thriving, and recovery), it is the term *surviving* and its related root, *survivor*, that has been used most generously throughout the first century of study in the CSA field. However, because of the term's treatment in the most recent literature of the last decade or more, the term *survivor* has lately been deemed inappropriate for use both for describing a positive

outcome for CSA (*survival*) and for describing the person himself (*survivor*). This is not because surviving CSA is no longer deemed to be a positive outcome, but rather because the term *survivor* was substituted for the term *victim* at a point pivotal in the history of CSA research. If the term *victim* had become laden with derogatory meaning (no CSA scholar has been found to refute that it has), then *survivor*'s substitution for *victim* in the literature seems to have ended *surviving*'s desirability as an outcome for study. Indeed, the pejorative tone that *victim* once held among those with histories of CSA is in many circles now shared by the term *survivor*. Scholars view this phenomenon as a paradigmatic shift that may be reflective of a pivotal recovery process for some survivors (Hunter, 2010b), and, as such, will be explored later in greater detail. For the purposes of *surviving*'s use in describing a positive outcome to sexual abuse, scholars in this field have all but abandoned it

Finally, the construct of recovery must be addressed. The reader will recall that O'Leary and Ickovics (1995) defined recovery as a person's return to prior levels of functioning experienced before the trauma. Their proffered definition, however, was rooted in generalized trauma and not in the trauma of CSA specifically. Therefore, although their definition may be a fairly brief and tidy one (and therefore rather helpful in many contexts), what CSA scholars in particular mean when they use the term *recovery* may be anything but a brief and tidy, neatly conceptualized process or definition. In fact, if there is any agreement among CSA scholars regarding recovery, it may be that there is still little agreement both as to what systemic processes are inherent to recovery and what recovery looks like (definitionally) as an outcome. This has been true since the advent of

the field of psychology with Sigmund Freud in 1896, when he and others were driven by the desire to help those suffering the devastating effects of what turned out to be what today's scholars term childhood sexual abuse. In the intervening century since then, researchers and clinicians have struggled to define what processes are intrinsic to the achievement of recovery from sexual abuse; they still do so today. In fact, what is meant by *recovery* from CSA is presently being explored in the qualitative literature (Andersen, 2008; Kia-Keating et al., 2005, 2010). If any progress toward that end has been made as a result of such studies, it has come as a result of researchers' ability to synthesize consistently-recurring themes emerging in studies of persons deemed by self or others to be recovered from CSA. For example, one advancement credited to the recent surge of studies investigating recovery processes in CSA survivors is that some processes of recovery or resilience may be significantly different for males than for females (Hunter, 2010a).

In summary, the construct called *recovery* continues to be in a state flux. This flux has rendered the task of developing an empirical measure for use in investigating CSA recovery thus far impossible. Therefore, while it may be ironic that the metaphorical holy grail of the field of psychology since its very advent (a definition of the recovery process for sexual abuse) continues to elude researchers and clinicians alike, it remains that there is still no solid or agreed-upon construct definition for CSA recovery, and thus no instrument that measures it. Researchers have circumnavigated this issue, however, by studying the construct of resilience instead.

Recovery and resilience. Referring to the framework offered by O'Leary and Ickovics (1995) that defined the various positive outcome terms for trauma, *recovery* seems to be viewed by scholars as being closest in relation to *resilience*. This is evidenced by researchers' reference to the construct in studies seeking to uncover processes of recovery in those with sexual abuse histories (Grossman et al., 2006; Hunter, 2010a; Kia-Keating et al., 2005, 2010), by researchers' adoption of resilience as a criterion variable in CSA studies wherein population samples are deemed to have achieved some measure of recovery (Himelein & McElrath, 1996; Liem, James, O'Toole, & Boudewyn, 1997; Spaccarelli & Kim, 1995) and by CSA scholars' use of the two terms as interchangeable (e.g., Masten et al., 1990). Further, other researchers who are premier in the field of general resilience research have defined resilience as the presence of three key phenomenon: the development of a positive outcome in high-risk individuals, a sustained sense of personal competence in the midst of stress, and eventual *recovery* from the trauma itself (see review in Masten et al., 1990). In other words, experts in resilience research treat the construct of resilience as if its presence in individuals having undergone trauma is evidence that a process of recovery is either underway or has been accomplished.

Based alone upon this definition for resilience as inherently encompassing processes of recovery, it may be fair to conclude that resilience and recovery are viewed to have significant overlap of meaning. However, it is clear from O'Leary and Ickovics's (1995) definition for recovery and Rutter's (1984) definition for resilience that there is further indication the two may be closely related. Definitions for both resilience and

recovery imply a return to, or maintenance of, levels of functioning prior to the trauma rather than implying a higher amount of functioning after the trauma (thriving/PTG) or a lower amount of functioning (surviving). Additionally, in a comparison of the component factors of resilience with the narrative themes emerging from interviews with CSA survivors self-defining as recovered (Grossman et al., 2006; Hunter, 2010a; Kia-Keating et al., 2010), the two appear to be a good fit. Researchers have endorsed this sense of fit not so much by direct explanation as by employing resilience as an outcome variable in studies with CSA survivors in attempt to examine the processes experienced in the journey toward recovery (Grossman et al., 2006; Hunter, 2010a; Kia-Keating et al., 2005, 2010). In this way, it may be deduced that CSA scholars deem resilience to be a reliable indicator that recovery processes are underway or have been accomplished in populations who have suffered this form of maltreatment.

Both because of the significant problems that researchers have encountered in attempting to operationalize a definition for recovery in CSA survivors and because of *recovery*'s similarities with *resilience*, scholars trying to examine the change processes involved in the complex achievement of recovery have often turned to the utilization of the construct of resilience (e.g., Grossman et al., 2006; Hunter, 2010a; Kia-Keating et al., 2005, 2010). There is good reason for this. Some researchers endeavoring to examine recovered individuals have solved this problem by measuring resilience instead of recovery. In fact, if use of the resilience construct is evidence of researchers' acceptance of resilience as an indicator of recovery, then resilience appears to be accepted by CSA scholars as a reliable indication that recovery processes have been undertaken (e.g.,

Grossman et al., 2006; Himelein & McElrath, 1996; Kia-Keating et al., 2005; Lambie, Seymour, Lee, & Adams, 2002; Tarakeshwar, Hansen, Kochman, Fox, & Sikkema, 2006; Valentine & Feinauer, 1993). Therefore, while it seems to be understood by CSA researchers that resilience and recovery are not identical constructs, the fact that *resilience* is employed in place of *recovery* when measurement for positive outcomes is undertaken may serve as evidence that researchers deem the processes of recovery and resilience as remarkably similar.

Attempts Made at Establishing Models for CSA Recovery

As mentioned, there is an unfortunate lack of agreement between scholars between the healing processes those with CSA histories undertake on their way to recovery, and thus discrepancies in the definitions researchers use to indicate recovery. As the struggle to define what is meant by *recovery from sexual abuse* has been a consistent problem in counseling research (and indeed for therapeutic professionals and practitioners as well), there is as yet no solid or agreed-upon construct called recovery from sexual abuse that has been quantified; thus, there is no reliable instrument for measuring recovery from CSA. In fact, because recovery is accepted by CSA scholars to be a complex and multi-dimensional process (Herman & Harvey, 1997; Herman, 1992; Matsakis, 1994; Little & Hamby, 1999) that may differ significantly for individuals depending upon many child-specific and abuse-specific traits, CSA recovery may never be a measurement-friendly construct.

Nevertheless, insofar as a process for recovery could be outlined in such a way as to be useful for clinicians seeking to help survivors, researchers have undertaken the

effort to do so. As a result, there are today myriad models for CSA recovery that have been used in the treatment of those with such histories. Encouragingly, there are similarities in these recovery models that suggest that recovery may be comprised of at least several core processes. Researchers generally agree that these processes may include all or some combination of the following: disclosure and seeking relational support, reestablishing positive interpersonal functioning with family and friends, re-engaging with one's community, making-meaning of the abuse in one's life, regaining identity or one's sense of self, and working through abuse-related individual issues to resolution (Andersen, 2007, 2008; Anderson & Hiersteiner, 2008; Grossman et al., 2006; Herman & Harvey, 1997; Herman, 1992; Hill & Alexander, 1993; Hunter, 2007, 2009; Kia-Keating et al., 2010; Little & Hamby, 1999; Matsakis, 1994; Morrow & Smith, 1995; Roth et al., 1997; Schwartz, 1994; Valentine & Feinhauer, 1993). The problem with this finding is that these processes which today largely make up models of treatment for recovery from CSA share the same problem as all early findings in the field of CSA research—they are founded overwhelmingly upon studies whose samples were comprised principally of females.

Models of recovery are founded upon research on females with CSA. The fact that the vast majority of investigation in the field of research into CSA recovery has been conducted with female survivors of CSA means that models of recovery are almost invariably based in the assumptions and understandings of the female experience of CSA. Although recovery for males with CSA may bear similarities to that of females, it has become apparent that they are not the same (Hunter, 2010b). In short, even today it is not

largely known what recovery processes males with CSA share and do not share with female processes, for very few researchers have examined the male recovery experience. Therefore, while therapeutic models for CSA recovery in females are still developing and improving today, even less is known about the process of recovery for males because of the fact that the discipline's assumptions about recovery processes are largely based in what has been gleaned from studies on females. Therefore, the most pressing charge lying before CSA researchers right now may be this very question: What does the process of recovery from CSA look like for males who have achieved it? Until this question is answered by scholars, the driving and most relevant question for practitioners cannot be answered—How can helping professionals aid males in their recovery from CSA?

A few early era researchers sought to answer the first question in their examinations of CSA populations. However, their assumptions were characterized by female-experience-based CSA, meaning that the variables and processes investigated in samples of males were the same ones investigated previously in samples of females and found to be salient. Perhaps as a result, such studies often found that the recovery variables, interventions, and processes examined, while reportedly sometimes helpful to males, were only marginally salient to their recovery (e.g., Little & Hamby, 1999). Nevertheless, insofar as recovery processes helpful to women may pertain to men (an assumption that the careful scholar may hold in disaffected regard), CSA researchers have attempted to investigate methods and processes known to be helpful to females in male samples. Because such studies have yielded some information that has added to the

recovery literature pertaining to males as well as females, this subject may be worthy of review.

For example, certain processes found to aid in female's recovery from CSA such as meaning-making, the utilization of cognitive reframing, and the use of unrealistic optimism in recovered or resilient samples (Cukor & McGinn, 2006; DiPalma, 1994; Himelein & McElrath, 1996; Orbuch, Harvey, Davis, & Merbach, 1994) were undertaken by researchers for examination in male samples (e.g., Lumley & Harkness, 2009; Porter, Lawson, & Bigler, 2005). Such recovery processes, however, were found to be only marginally-significant in these quantitative studies of male CSA samples. Another good example of this phenomenon is a study that was conducted by Little and Hamby (1999). In their study of recovery experiences in a sample of male and female therapists with personal histories of CSA, they found that even though persons of both genders had experienced and found helpful most of the recovery methods measured, the effect of the recovery experiences upon the two genders differed significantly. While both men and women rated talking with others about the abuse, letting go of guilt, studying or reading about CSA, renegotiating family-of-origin relationships, and writing about their own experience of sexual abuse as being helpful, men rated them as significantly less helpful to recovery than the women. The differences evidenced between the genders begs the following question: What methods are experienced by males as the most facilitative in fostering their recovery and resilience? Indeed, if effective treatments for recovery from CSA for males are to be designed, knowing what therapeutic processes aid in that recovery may be vital.

In another study by Orbuch et al. (1994), the researchers compared recovery processes for males and females with CSA histories by looking specifically at confiding behaviors (disclosure and support-seeking) and narrative construction recovery processes (meaning-making) for abuse events, two processes known to be salient for female survivors of CSA. It was discovered that greater success in coping and an increased sense of resolution about the abuse were consistent in women who sought to make meaning of their experiences by discussing them with a friend or confidante. This was less the case for males. In fact, though the males demonstrated the greatest difficulty in coping with the abuse as compared with females, they reported using the confiding and meaning-making recovery strategies significantly less than females and with lesser success. Account-making (defined by the researchers as narrative constructions about past events and their relationship to future events) was also found to be helpful to the women in the sample but, while the men engaged in this process to some degree, this strategy also was employed less by males and demonstrated less success overall.

Recent advances made toward the establishment of models of recovery for males. Fortunately, other researchers in recent years have undertaken the charge to define what processes are active in males' recovery from CSA via exploratory research designs that have yielded new and rich findings (e.g., Andersen, 2007, 2008; Grossman et al., 2006; Kia-Keating et al., 2005, 2010; Sorsoli et al., 2008). It may be that qualitative methodologies prove more effective at eliciting answers to inquiries of this nature because they are able to gather comprehensive narrative data from the sources themselves about what processes have been salient for them (Mason, 1996; Strauss & Corbin, 1990).

Throughout the course of the last decade specifically, much has been gleaned using exploratory methodologies such as these in samples of males with histories of CSA.

Researchers' recent efforts to explore the specifically male experience of recovery from CSA marks the close of early era research and the dawn of a new era in this field of investigation. The modern era of CSA research is characterized by a questioning and even abandonment of the underlying assumptions that described the early era. Instead of continuing the trend whereby knowledge gleaned from studies of females are tested in males, a phenomenon which Andersen (2007) describes as a trend that may have done "more harm than good," (p. 25), researchers have instead begun to set aside what is known about recovery processes in females and begun to start afresh in seeking what processes of recovery look like specifically in male samples. The nature of such exploratory questions (implied by the quest for what recovery processes may be salient for males with CSA) may necessitate the use of exploratory research designs. Indeed, qualitative analyses undertaken to uncover themes in the narrative data provided by male survivors of CSA in these exploratory studies have produced emergent themes as to what processes males have viewed as particularly facilitative of their recovery. The remarkable consensus in different researchers' findings on this subject encourage further and different types of research questions as other modern era researchers accept the charge of exploring and testing recovery processes in resilient males with histories of CSA.

Summary of early era CSA research. Researchers' recent efforts to explore the specifically male experience of recovery from CSA marks the close of early era research and the dawn of a new era in this field of investigation. The modern era of CSA research

is characterized by a questioning and even abandonment of the underlying assumptions that described the early era. Instead of continuing the trend whereby knowledge gleaned from studies of females are tested in males, researchers have instead begun to set aside what is known about recovery processes in females and begun to start afresh in seeking what processes of recovery look like specifically in male samples. The nature of such exploratory questions (implied by the quest for what recovery processes may be salient for males with CSA) may necessitate the use of exploratory research designs. Indeed, qualitative analyses undertaken to uncover themes in the narrative data provided by male survivors of CSA in these exploratory studies have produced emergent themes as to what processes males have viewed as particularly facilitative of their recovery. The remarkable consensus in different researchers' findings on this subject encourage further and different types of research questions as other modern era researchers accept the charge of exploring and testing recovery processes in resilient males with histories of CSA.

Modern Era Research in Child Sexual Abuse

Only a handful of researchers so far have undertaken the charge of setting aside the assumptions that marked the early era of CSA research to pursue instead answers to questions pertaining to both the male CSA experience and the unwitting potential gains of the CSA experience. Although few in number, these scholars have added considerably to the field of knowledge in this often-neglected sphere. Discarding the underlying assumptions of early era sexual abuse research that CSA is primarily a problem for females and produces singularly detrimental outcomes, these researchers have opened this field of research, inviting foundational changes in who CSA researchers study

(samples), in what arenas they are investigated (settings), and what effects are examined (outcomes). This is reflected in the surge of studies investigating male samples (e.g., Kia-Keating et al., 2005, 2010; Lambie et al., 2002; Stanley, Bartholomew, & Oram, 2004; Steever et al., 2001), being conducted with college, community, and professional populations which by definition may contain more resilient males than clinical and incarcerated groups (e.g., Collings, 1995; Fater & Mullaney, 2000; Fromuth & Burkhart, 1989; Lisak, 1994), and examining outcomes from CSA that are described more by their tendencies toward positive trajectories than by their negative (e.g., Banyard & Cantor, 2004; Liem et al., 1997). In the dawn of this new era, researchers, clinicians, helping professionals of all types, and, especially, people with histories of sexual abuse themselves have much to gain from the findings such inquiries may yield.

The term *modern era research* is used in the present review to refer to the body of literature that addresses the overlap of (a) the male experience of CSA and (b) positive outcomes such as recovery and resilience. It is important to note, however, that each topical area alone has been addressed in the literature for some time. For example, studies and study reviews of males' negative outcomes for CSA do speckle the metaphorical landscape of CSA research beginning in the 1950s (Landis, 1956), though in earnest, not until the early 1990s (e.g., Black & DeBlassie, 1993; Violato & Genuis, 1993; Watkins & Bentovim, 1992). This trend has continued through the present day (e.g., O'Leary & Gould, 2009). Likewise, studies of resilient outcomes in females were extant appearing in earnest in the 1990s (e.g., Valentine & Feinauer, 1993) and continuing to date (e.g., Daigneault, Hebert, & Tourigny, 2007; Walsh, Blaustein, Knight, Spinazzoli, & van der

Kolk, 2007). The intersection of these two research trends that would marry investigations of resilience to samples of males with histories of CSA, however, did not appear in force until the turn of the millennium (e.g., Bouvier, 2003; Lambie et al., 2002; Salter et al., 2003). Since it is the junction of the two trends that defines modern era CSA research, research conducted prior to 2000 may not necessarily directly inform the body of knowledge regarding resilient outcomes in males with CSA histories. However, the two independent bodies of CSA literature (males and resilience) do offer the scholar of resilient males with CSA a base of understanding which serves to contextualize those findings currently being gleaned from studies regarding this more specific area of CSA research—resilient males with histories of CSA.

Summary of Findings in CSA Research Conducted with Males

It may be helpful to support the following discussion of themes that have recently emerged from the narrative literature of resilient male survivors with a brief review of that literature pertaining to sexually abused males. When surveyed against a research landscape that has been so colored by the voices and experiences of the much-examined sexually abused female, it may be tempting to consider the abuse of males in relation to what is known about the abuse of females. This very bias has characterized the field of male CSA research, perhaps "doing more harm than good" (Andersen, 2007) to male survivors over the first dozen decades of research. It may be especially important to intentionally frame the subsequent discussion of emergent themes by what is known about sexual abuse in males. In doing so, it is hoped that the emphasis this reviewer places upon gaining a deeper understanding of the unique characteristics, dynamics, and

outcomes of male sexual abuse may serve to set an example for later scholars. It may be time that research findings about males be judged referent to other males' experiences of abuse—not to females' experiences of abuse. In other words, it may be time to set aside the classic concern of gender comparisons in this field, instead allowing this modern era of CSA research to be one of exploration with regard to males as separate and distinct from females.

An early sentiment expressed by CSA scholars such as Rush (1980) was that boys weren't really all that affected by sexual victimization. The reasoning at this time in history was that because boys are simply more resilient to sexual transgressions, they must be better able to *disregard* the abuse experience (emphasis mine). Fortunately, researchers such as McCall (1993), who conducted a study of posttraumatic stress and adjustment in adult males with CSA histories, found that CSA actually was experienced by the males in his study as "highly traumatic for men who experience long-term posttraumatic stress symptoms as a result of the abuse" (p. 1681). Such were the early days of the male CSA debate—never static, always tumultuous and controversial.

Today, however, although there may be a fair bit of discrepancy among researchers' conclusions about male CSA over the last twenty years (see reviews in Holmes, Offen, & Waller, 1997; Romano & DeLuca, 2001; Watkins & Bentovim, 1992), all seem to agree on one thing in particular: that "the sexual abuse of boys is common, underreported, underrecognized, and under treated" (Holmes & Slap, 1998, p. 1860). In fact, this sentiment appears to have been shared by CSA scholars who have studied CSA in females as well as males (or both), all seeming to agree that whatever prevalence and

incidence rates in males are reported by researchers, they are inevitably underreported

(Boney-McCoy & Finkelhor, 1995; Brannon et al., 1989; Rogers & Terry, 1984). As the

rates most cited in this literature (from nationwide studies) typically fall between 11%

(Finkelhor & Dziuba-Leatherman, 1994) and 16% (Finkelhor et al., 1990), society (which

has typically ignored or denied CSA in males) may find actual prevalence rates in males

to be shocking. For although actual prevalence rates of male CSA may be as yet unknown

(Finkelhor, 1994; Porter, 1986), researchers believe that they may be three to four times

higher than what is actually reported by agencies, clinics, law enforcement, and male

victims (Pettis & Hughes, 1985).

In fact, in one rather disturbing study conducted by researchers on a group of 9

boys *known* to have been sexually abused (all 102 incidents were recorded by the

perpetrator on videotape and found by law enforcement investigators) the boys denied

having been sexually abused at all an average of six times during interrogation before

admitting to having been touched without their consent (Sjoberg & Lindblad, 2002).

When the boys finally disclosed under police interrogation, five of the nine boys

significantly minimized the severity of abuse suffered. If the tendency not to report CSA

that was seen in this group of boys is at all indicative of other boys' reluctance to report

(even though abuse events may have represented some of the most severe and unwanted

abuse experiences) the field of male CSA research may still be experiencing vast deficits

in knowledge both about the abuse of boys and the processes that occur in its aftermath

that may impact trajectories of outcomes in their lives. One of these processes that is

related to coping and that, therefore, impacts the trajectory of outcomes is abuse

disclosure and others' responses to that disclosure (see above review). One thing that has been shown to worsen outcomes is when kids do disclose their abuse to a trusted person, but are met with inappropriate responses. For example, Rogers and Terry (1984) and Alaggia (2004) have both found that the three leading harmful responses parents and caregivers can have is to deny or minimize the abuse, blame the victim, or confirm the fears of the child that this will be a defining event in their lives (e.g., that they will turn out gay, that they are damaged goods). Notably, is it boys who are most likely to be met with these responses upon disclosure—a fact which may be seen to confirm that boys' fears about disclosing are well-warranted. Whatever the reasons a boy does not tell, his reasons seem to be more compelling at this stage than his female counterparts' resasons. In summary, the CSA that is known to occur may represent merely a fraction of the true rates (Ray, 2001), and this problem of underreporting may continue until some of the responses typical to society's misunderstandings can be eradicated or changed. According to leading CSA researcher Finkelhor (1994, 1979), who has published research about the recent supposed decline in CSA nationwide (Finkelhor & Jones, 2004, 2006), the prevalence rates for males are expected eventually to match those of reported rates in females—which means there may be much more CSA in males out there than either they or society is willing yet to admit.

Notably, prevalence rates in males have varied significantly by the type of population sampled. For example, studies of prisoners have tended to yield high rates. Condy, Templer, Brown, and Veaco (1987) found that 57% of convicted rapists in their study had histories of CSA, 37% of incarcerated child molesters had sexual abuse in their

past, and 47% of prisoners without any sexual assault or abuse convictions reported CSA events. Brannon et al. (1989) found that a stunning 70% of the incarcerated adolescent prisoners at a state-run facility had a history of CSA. Johnson et al. (2006) found that 59% of males held in a county jail (usually a temporary or short-term facility) had histories of CSA. Interestingly, of this 59%, about 90% were abused by females—and all prior to puberty (around age 13). Prevalence rates in other populations have been high as well. For example, a prevalence rate of 26% has been reported in one sample of Navy recruits (Stander, Olson, & Merrill, 2002). Other populations which show high concentrations of sexually abused males have been discussed prior and include runaways, inpatient psychiatric facilities, substance abuse treatment centers, prostitution and sex rings, and institutions for children open only to males (see reviews in Finkelhor, 1988; Holmes & Slap, 1998; Romano & DeLuca, 2001; Watkins & Bentovim, 1992). However, CSA rates in college samples tend to differ from these rather high prevalence rates, typically showing more consistency with general population samples (phone surveys, nationwide secondary school surveys). For example, Duncan (2000) reported a 20% rate and Condy et al. (1987) a 16% rate. Because college males with CSA histories tend to demonstrate higher rates of resilience (Banyard & Cantor, 2004; Liem et al., 1997) to sexual abuse, more discussion on this subject follows.

Characteristics of boys who are sexually abused also somewhat vary in this literature. Typically, boys' age of first abuse incident occurred between ages 7 and 11, though incidents are reported regularly at ages significantly younger than this (see review in Dhaliwal et al., 1996; Holmes & Slap, 1998; Watkins & Bentovim, 1992). With regard

to ethnicity, although retrospective studies of adults show that CSA in males occurs in African American, Latino, and Native American populations with equal incidence and prevalence as in White populations, examination of records in agencies and offices that manage CSA cases reported in *childhood* (courts, law enforcement, child protective services) indicate that more CSA cases in minority populations are brought to authorities' attention—perhaps simply because children of minority families tend to come to the attention of such agencies with more frequency than do White children (see review in Holmes & Slap, 1998). Also, boys with disabilities may be more likely to suffer CSA (Sobsey et al., 1997) as may boys who live only with their mothers or with neither parent (Doll et al., 1992; Hernandez, Lodico, & DiClemente, 1993).

Characteristics of abuse events that tend to characterize male CSA paint a rather dismal picture. For example, boys tend to be relatively young at the onset of abuse and their abuse tends to be more frequent, more severe (in terms of invasiveness of the act perpetrated), and be characterized by more force (violence and threat of death) than coercion (verbal persuasion and grooming) (Holmes & Slap, 1998; Risin & Koss, 1987; Rogers & Terry, 1984; Romano & DeLuca, 2001). Large sample studies have indicated that most perpetrators of boys (between 55% to 90%) are extrafamilial and that sometimes as many as 40% of perpetrators were strangers (Doll et al., 1992; Finkelhor et al., 1990; Hernandez et al., 1993; Siegel, Sorenson, Golding, Burman, & Stein, 1987). When these factors (many of which are known predictors of worsened outcomes—see above) are paired with the known tendency for boys to remain silent about their experiences rather than employ the approach-coping strategies that are known to reduce

negative outcomes, it may be easy to understand why trajectories are worse for many boys.

Yet another set of characteristics which must be taken into account when seeking to understand the dynamics of CSA in boys are those that surround the perpetrator of the abuse. Factors such as the abuser's gender and age can interact with the age of the boy (and, therefore, often his perception of the abuse as harmful or enjoyable) in determining outcomes of the abuse events (Holmes & Slap, 1998; Watkins & Bentovim, 1992). For example, large scale studies have indicated that somewhere between 53% to 94% of perpetrators were adult men, and that abuse of younger boys by adult men is particularly damaging in terms of outcomes (Doll et al., 1992; Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996; Siegel et al., 1987). However, some studies have indicated that abuse perpetrated by older adolescents (male or female) on younger adolescents or boys may be less-impacting (or at least perceived as less abusive) than abuse at the hands of adults (Finkelhor et al., 1990; Holmes et al., 1997; Rogers & Terry, 1984). Studies have shown that even invasive or inappropriate sexual abuse perpetrated by older children or adolescents may be dismissed by the boy and/or his caregiver as sexual experimentation or sex play (Gordon, 1990; Hunter, 1991; Ryan, 1986). Similarly, baby sitter abuse (abuse of male children by teenage girls) may be perceived by some boys to be less harmful or non-abusive than abuse by other perpetrators and may, therefore, be less predictive of detrimental outcomes (Dhaliwal et al., 1996; Finkelhor, 1984a; Holmes et al., 1997). As babysitter abuse has been shown in large-sample studies to comprise up to half of all CSA events perpetrated by females (Doll et al., 1992; Ryan et al., 1996; Siegel

et al., 1987), the gender and age of perpetrators may be critical factors in how boys perceive events (abusive or non-abusive) and, therefore, whether or not they are reported (see reviews in Holmes & Slap, 1998; Romano & DeLuca, 2001, Watkins & Bentovim, 1992. Additionally, because society tends to view young males' sexual encounters with adult women as *scoring* (Fritz et al., 1981) rather than abuse, incidents that might clearly meet legal criteria for CSA may not be perceived as abusive and, therefore, may not be reported. It is important to note, however, that the relationship of the perpetrator to the child may be more critical to outcomes than gender and age, for, regardless of the age of the boy, perpetration by mothers, aunts and other female relatives is reported by the boys to be harmful—and to be associated with poorer outcomes (Condy et al., 1987).

[Note: It should be noted here that some studies in this literature refer to adult male's abuse of boys as *homosexual abuse*. It may be particularly important in a discussion of CSA in males to address the use of the *homosexual abuse* term specifically because abused boys consistently report that overwhelming fears of being perceived by others as gay tend to silence them about their abuse. Therefore, the CSA scholar is advised to keep in mind that pedophilia (child abuse) is not about homosexuality (sexual orientation), intimacy, or attraction for either the boy or the adult, but rather about power (Terry & Tallon, 2004). Studies like those by Doll et al. (1992), Ryan et al. (1996), and Siegel et al. (1987) consistently have shown that heterosexual males abuse in equal proportion to homosexual males, while other researchers who investigated specifically the sexual orientation of male CSA perpetrators (Jenny, Roesler, & Poyer, 1994) have reported that 98% of the abusers in their studies self-identified as heterosexual.

Therefore, in the interest of honoring abused boys' fears rather than utilizing language that serves to further alienate them from conversations about male CSA, this reviewer will not use this misnomer to describe male-on-male sexual abuse.]

Pertaining specifically to the interactions of age (both perpetrator and victim) and gender in determining CSA outcomes in males, it has been noted by researchers that the older the male is (the further into adolescence a boy is at the time the research measure is administered), the less he is likely to report both male and female perpetrator abuse (Fromuth & Burkhart, 1989; Johnson & Shrier, 1987; Violato & Genuis, 1993). This is an interesting statistic because it seems consistent that male perpetrators demonstrate preferences for younger boys and that female perpetrators demonstrate preferences for older boys or adolescents (Terry & Tallon, 2004). Therefore, one might expect that as male perpetrator abuse declines, female perpetrator abuse would incline. Since retrospective studies have begun to assess for CSA through the use of both abuse language (e.g., using the term "abuse" in their measure) and the use of terms such as *early sexual encounters with adults*, it has been found that rates of events that meet criteria for CSA, in fact, do *not* decline with the increased age of the boy (see review in Grayston & DeLuca, 1999). What does decline is the rate at which males define sexual events as abusive or harmful (see review in Romano & DeLuca, 2001). For example, in a study conducted by Weber, Gearing, Davis and Conlon (1992), 27% of their sample of over 1500 adolescent male delinquents met criteria for CSA. However, it was also found that as most of the reported CSA events were perpetrated by women, only 3% reported in the survey that they had been *sexually abused*. The same tendency not to perceive or

report CSA by females as abusive was also found in a study conducted by Stander et al.

(2002) with over 10,000 Navy recruits. In this study, 26% reported a history of early

sexual experiences with adults but, out of all the men that reported a history of sexual

abuse, only 28% had been abused by women. By contrast, 86% of men with CSA who

had been abused by a male reported it as abusive. This perpetrator-gender effect on self-

perceptions of abuse is a dynamic which has lead male CSA experts such as Holmes and

Slap (1998) to conclude that "these findings may suggest that males revise their

perceptions as they age such that abusive sexual experiences with females become

defined retrospectively as normative rather than abusive" (p. 1857).

Female perpetrators and perceptions of abuse. This perception among males

that their early CSEs with female perpetrators/partners have no negative repercussions in

their lives appears to be consistent with findings by other researchers. Some examples

might be illustrative of this dynamic. Petrovich and Templer (1984), in their study of 15

prison inmates convicted of rape, found that 59% had had CSEs with women at least 5

years older, a high number by any standards of CSA research. Rates such as this one have

caused other researchers to pause in their willingness to accept boys' and adult males'

claims that CSA by females causes little harm to boys. Similarly, Condy et al. (1987), in

a study of 359 university men (who today might be classified as *resilient*) and 212 male

inmates in a medium security prison (who might be classified as *non-resilient*), found that

men in their prison sample had significantly higher rates of CSA by female

perpetrators—but that the males perceived and reported that these early sexual

experiences were neither traumatic nor in any way impacting of their later functioning in

any domain. Further, Fritz et al. (1981) conducted a study in a sample of college males and females and found that of the nearly 5% of their male university student sample who reported childhood molestation (by either males or females), only 10% perceived that they had experienced any problems with adult sexual adjustment as a result of the abuse event. Notably, the vast majority of this group of 20 students had been molested by females. By contrast, although their female counterparts in the study tended to ascribe a detrimental quality to the CSA experience, males reported neutrality or even feelings of positivity to the experience. The researchers hypothesized that the differences in perception between their gendered samples was "attributable to socialization patterns in which males learn to 'score' while females are taught to express their sexuality in the context of affection" (p. 58). As sexual adjustment in the study was measured via self-report, it is not known what percentage of the 20 males with CSA had experienced lifetime incidence of sexual dysfunction in the wake of abuse events—only that they themselves did not perceive that their problems in sexual functioning were related to the CSA events.

Similarly, Sarrell and Masters (1982), in their qualitative study of 11 males molested by females, found that, regardless of their perceptions of the events as traumatic/non-traumatic, all the males experienced negative repercussions in their sexual functioning which had significant implications in their relational and psychological functioning as well. In short, not only had the early sexual experience affected some or all dimensions of their sexuality (e.g., behavior, orientation, desire, and response), but also that "a feeling that was prevalent among the men was the sense that they had

responded sexually in [fearful] circumstances in which a normal man would have been impotent. As a result, they came to regard themselves as abnormal, which in turn kindled or rekindled feelings of inadequacy as a man, homosexual anxieties, and sexual performance anxieties" (p. 127). For all the males in their sample, sustaining an intimate relationship with a partner had become arduous or impossible. Notably, all had sought professional help in relation to the sexual dysfunction condition, not the CSA. Only a few of the men connected the CSE event with the later-life sexual dysfunction.

CSA scholars have suggested one reason that males may not attribute any life difficulties to their sexual abuse is because popular psychology has long espoused the injurious effects of CSA on females—not males—and that, as males are perceived in Western society to be initiators of sex rather than victims of sexual abuse, males must be exempt from deleterious effects of early sexual experiences (Grayston & DeLuca, 1999). In fact, it has been hypothesized by Sarrel and Masters (1982) that such sociocultural biases may influence males with CSA histories to later ascribe enjoyment to the experience of early sexual encounters with female partners/perpetrators regardless of the overwhelmingly negative affective states experienced at the time of the abuse such as "embarrassment, humiliation, anxiety, fear, anger, or even terror" (p. 118). At the very least, in most studies that have sought to assess perceived impact of CSA in male and females with this history, males consistently report lesser perceived impact than their female counterparts (Grayston & DeLuca, 1999). Even in a study of helping professionals who were not only CSA survivors themselves, but also were treating clients with CSA,

male therapists reported less perceived impact of the abuse upon themselves than did their female counterparts (Little & Hamby, 1999).

Finally, Weber et al. (1992) in their study of adolescent male delinquents found that males in their sample who possessed a history of early childhood sexual experiences prior to age 11 with females 2 or more years older had a significantly higher number of sex partners over their lifetimes and especially in the year prior to their arrest and conviction on delinquency charges. In summary, the findings of this study and others like it reviewed here have indicated to CSA researchers and scholars alike that such findings evidence that early sexual experiences with adult women, while not perceived as harmful by either society or the boys themselves, indeed may incite the kind of hyper-sexualized behavior in males that has been so prevalent throughout the decades of research conducted to examine CSA in boys.

Some research results on this subject do differ, however. In a qualitative study, Denov (2004) examined the effects of CSA perpetrated by women and found that a subgroup of her sample had experienced sexual abuse by both males and females (in separate instances) and that this subsample reported that abuse by the women was experienced as far "more harmful and more damaging than the sexual abuse by men" (p. 1143). Most perpetrators who had sexually abused the children were their mothers, a finding which may lend additional credence to other researchers' conclusions that boys' relationships with the abusing female may define for them how they perceive the sexual contact (abusive vs. non-abusive).

Outcomes specific to CSA in boys. Because a full review of the outcomes for

CSA has been considerably detailed already, and because the findings consistently show

that gender-discrepant outcomes do not differ largely in either severity or type (see

reviews in Browne & Finkelhor, 1986, Finkelhor, 1990; Kendall-Tackett et al., 1993;

Putnam, 2003) a reiterating of outcome themes may be redundant. However, it has been

noted (as also previously discussed) that when outcomes between males and females with

CSA histories have been shown to discriminate, differences may be shown in type of

outcome—males tend to demonstrate more externalized outcomes (violence,

delinquency, truancy) and females more internalized symptoms (self-injury, suicidal

ideation, depression) (Garnefski & Arends, 1998; Garnefski & Diekstra, 1997; Gold,

Hughes, & Swingle, 1996). The severity of outcomes, however, has not been shown to be

significantly different between the genders (see above discussion). It may be erroneous to

assume that simply because the outcomes for CSA may be similar in males and females

the processes that occurred between sexual abuse events and those outcomes are similar

as well. In fact, because sexual abuse in an inherently-gendered type of abuse, and

because gender differences are so prevalent in most all areas of American culture, it

makes intuitive sense that those processes (even though they may often have resulted in

similar outcomes) may have been quite different.

Two outcomes, however, characterize research findings in males that do not

characterize those that have researchers have found in females. Further, they have been

viewed by researchers in this field as particularly informed by the differing mediating

processes that males and females may experience in the wake of abuse events. They are

the following: (a) fear of being perceived as having a homosexual orientation or of being less of a man for having been abused and (b) continuing the victim-perpetrator cycle by becoming sexually abusive to children in later adulthood. The first outcome (fear of being perceived as gay) demonstrates an important difference between abused males and females and appears to be rooted in social/cultural gender norms (see reviews both above and below, as well as in Holmes & Slap, 1998; Dhaliwal et al., 1996; Watkins & Bentovim, 1992).

The second outcome that appears to pertain primarily to boys is the continuation of the victim-perpetrator cycle. Though there has been a good deal of study on this subject in the literature, it consistently has been found that approximately 2/3 of males who experienced sexual abuse in childhood did not go on in later life to abuse other children, but that the remaining 1/3 (about 28%) often did (Brannon et al., 1989; Finkelhor, 1984c; Hanson & Slater, 1988; Romano & DeLuca, 1997). Concern over this particular outcome, in fact, has led many modern era researchers to define males as resilient, in part, by property of their not having perpetrated abuse upon others in later childhood or adulthood (e.g., Kia-Keating et al., 2005, 2010, Grossman et al., 2006; Sorsoli et al., 2008). Notably, the perception in society that all males with CSA histories typically go on to abuse children is reported as one of the primary reasons that males have historically kept their silence regarding their experiences of abuse (see reviews in Holmes & Slap, 1998; Romano & DeLuca, 2001; Watkins & Bentovim, 1992). Regardless of the fact that this notion is primarily false, the cultural perception has persisted—as has males' corresponding reticence to disclose their abuse.

These two fear-based outcomes (fear of being perceived as gay and fear of being perceived as potential perpetrators) appear in the literature to grow out of certain post-abuse cognitive processes or conclusions that have served to further silence boys about their experiences instead of motivating them to seek help or support. Concluding that disclosing their experiences will lead to judgment, fear, and horror, they remain silent, and thus choose for themselves coping processes that typically result in worse outcomes (see avoidant coping style discussion above) than they would have had had they disclosed their abuse *and* experienced both belief and help as a result. That the outcomes for male CSA have been shown to be mediated more by coping processes than moderated by gender was, evidently, not a surprise to some CSA scholars. In a private communication between David Finkelhor and Jon Conte (as cited in Finkelhor, 1990), Conte hypothesized that where gender differences would appear in the research was unlikely to be in the realms of outcomes (for various reasons), but rather in the cognitive realms—in the kinds of "attitudes, beliefs, and self-conceptions that victims develop as a result of the abuse and their attempts to cope with it" (p. 326). Portentious words they were, for though gender differences in outcomes have continued in the last 20 years to be insignificant, recent qualitative studies with resilient males have indeed shown that post-abuse cognitions and methods of coping (approach vs. avoidant coping) are significantly different for males than females (see discussion above). As a result of these differences, paths to recovery and resilience have emerged (and are presently emerging still) that have demonstrated significant gender discrepancies (e.g., Little & Hamby, 1999).

Both as discussed above and in light of these differences in post-abuse processes between males and females (perceptions and coping), the role of males' *perceptions of abuse* may be especially important to the presentation of CSA outcomes in males—even beyond consideration of female perpetrators. In other words, to what extent males perceive legally-defined CSA events as abusive appears not only impact their reporting behaviors (Romano & DeLuca, 2001), but has been shown in some studies to mediate outcomes (at least those outcomes that males perceive as related to early sexual encounters with adults). It may be as yet unclear, however, in what directions (less or more harmful) the factor of perception mediates outcomes for CSA in males. Discrepant findings have been demonstrated in different studies.

For example, Steever et al. (2001) compared groups of males abused in childhood by property of their self-definitions of those events. Twenty men who defined their experiences as CSA were compared with 20 men who defined their childhood sexual encounters (CSE) with adults as non-abusive, yet whose abuse met legal criteria for CSA. Those who defined the events as abusive demonstrated less detrimental psychological outcomes than those who defined the events as CSE. Stanley et al. (2004) found that in their sample those who perceived their experiences as CSE (even though events met criteria for CSA) matched a control group of males reporting no early sexual experiences with adults (neither CSA *nor* CSE) in levels of adjustment. Those who perceived their experiences to be CSA (abusive) demonstrated higher levels of maladjustment. Likewise, Carballo-Diéguez and Dolezal (1995) found that men who perceived their experiences as abusive were more likely than a group who self-defined their experiences as CSE to

engage in risky sexual behaviors as adults. Looking at this particular group of studies, therefore, might lead one to conclude that suffering abuse events in childhood might not produce as many negative consequences if one simply refuses to perceive his abuse as abusive, but rather as an early sexual experience.

Other researchers, however, have contradicted such conclusions. For example, King, Coxell, and Mezey (2002) found that men who reported consenting sexual experiences nevertheless were more likely to engage in acts of self-harm than those without such experiences. Likewise, Weber et al. (1992) found that even though 27 % of their sample met criteria for CSA, only 3% defined it as such—and all were incarcerated in a facility for delinquent youth at the time of the study. Further, Holmes (2008) discovered that, in his community sample comprised largely of minority men (nearly 70%) in urban Philadelphia, about 22% of men surveyed met criteria for possessing a history of CSA. Of this abused sample, 35% of men whose experiences met criteria for CSA defined their experiences as non-abusive. The other 65% felt their experiences to be abusive. Significantly, 83% of those who felt they had *not* been abused had experienced invasive and penetrative acts (as compared with just 35% of those with CSA). Yet it was these who did *not* define their experiences as abusive who reported significantly higher rates of sexually transmitted diseases, numbers of sex partners (typically a marker in this literature of "risky sexual behaviors"), and subsequent sex that took place under the influence of mind-altering substances as compared with their CSA-defining counterparts. These numbers are impressive, however, and they may have led Holmes to conclude that "there are substantial liabilities not only in experiencing CSA, but also in *not* defining it

as such" (emphasis mine, p. 94). Though his assessment may be correct, at this point in time the research findings have failed to be consistent, leading researchers in this field to call for future studies that assess males' perceptions of abuse events so that how self-definitions of early sexual experiences with adults impact trajectories of outcomes can be better determined (Arreola, Neilands, Pollack, Paul, & Catania, 2008; Holmes, 2008; Stander et al., 2002; Stanley et al., 2004).

The gender of the perpetrator is not the only factor in this literature that determines males' self-perceptions of abuse. Regardless of who the offender is (in terms of gender), predominant cultural norms of masculinity (mentioned above) to which males are expected to adhere and that dictates that they be aggressors rather than victims, sexual initiators rather than passive responders and paragons of physical strength rather than vulnerable children have been shown to silence abused boys (Gilgun & Reiser, 1990; Kia-Keating et al., 2005; Lisak, 1993). The stoicism and reticence that has typified males' coping in the wake of abuse appears to be a response to the discordance males may feel about being both male and abused. This discordance (often resulting in fears of being perceived as gay) has served to isolate them, alienating them from others who might have proved helpful such as family, friends, and helping professionals (see review in Watkins & Bentovim, 1992). When coupled with the finding that self-perceptions of sexual contact with adults are so consistently not defined as abusive by many male survivors, it appears that admitting (even to oneself) that he has been *abused* (an event that, at least according to cultural assumptions, is an event that happens only to girls—see Finkelhor, 1990; Herman, 1992) may be difficult.

Finally, another dimension of the perpetrator-gender interaction with perceptions and outcomes of CSA in males pertains to the issue of gender identity development in boys. Though this particular subject has been part of the male sexual abuse discussion among scholars since the Kinsey, Pomeroy, and Martin (1948) report in the 1940s (e.g., Landis, 1956; Gilgun & Reiser, 1990), there is still much that remains unknown with regard to issues of gender identity, sexual orientation, and male sexual abuse. Though a full review of this issue is beyond the scope of this review, it is nevertheless a critical issue to cite as scholars attempt to ascertain a fuller understanding of sexual abuse in males.

Early sexual experiences with adults in gay and bisexual adolescents' histories. In early CSA literature, it was assumed by some researchers and scholars that, because of the high prevalence of gay and bisexual males reporting CSA, the sexual abuse of males *caused* a male's gay or bisexual orientation (see reviews in Finkelhor, 1984c; Watkins & Bentovim, 1992). It is important to note, however, that no longitudinal studies have yet evidenced this causal (predictive) relationship, and so it is less the case today that scholars hold CSA as a causal factor to a homosexual orientation. In fact, researchers have hypothesized that a potential reason for the elevated rate of CSA in gay and bisexual men (estimated at around 30% as per Doll et al., 1992; Holmes & Slap, 1998) may be that, while CSA rates in males may occur in similar prevalence across gay, bisexual, and straight populations, it is gay and bisexual males who may more readily *disclose* their history of abuse. Researchers have hypothesized that this may be because gay males' fears of being perceived as gay or bisexual may lessen as they come out to

friends and family (see review in Stanley et al., 2004), allowing them more freedom to disclose their abuse. As CSA rates in females are currently reported to be around 30% (see discussion above), and, as Finkelhor (1979, 1984a) has hypothesized previously that CSA rates in males would eventually reach those in girls, the supposition that males and females, both gay and straight, have been equally targeted for victimization by perpetrators of abuse may indeed one day be substantiated.

Specifically, what has complicated the issue of how sexual orientation, gender identity, and CSA interact has been the age of the boy at the time of abuse. Gender identity development in human beings is a dynamic and multi-layered process of which boys' sexual orientation is just one part. Since most initial abuse events in males occur under the age of 12 (see above), and since 12 is roughly the age of puberty in Western males, this means that abuse for most males has typically taken place prior to puberty *and* to the age and stage that experts in human development claim that the solidification of boys' gender identity occurs (Broderick & Blewitt, 2010). Although other experts claim that sexual orientation is known to boys at ages far preceding 12 years regardless of where boys may be in their development of gender identity, much debate over this subject still exists today. In other words, the problem of which came first may never be ferreted out.

Where the issue of sexual orientation and gender identity development in boys informs the typical discussion of CSA outcomes, however, is in studies that utilize samples of adolescents and adults identifying as gay or bisexual. Negative outcomes typical to CSA often do not present in this portion of the population (under certain

specific conditions reviewed below), something which has been hypothesized to be a function of the differing processes of gender identity and/or sexual orientation development between gay and straight youth (see review in Stanley et al., 2004). Stanley et al. (2004) add to the sentiments of researchers such as Fisher and Akman (2002) and Savin-Williams (1998) in their attempts to explain why such differences have been observed between sexual minority youth's outcomes for events that would normally meet legal criteria for CSA and those typically observed in straight boys. He stated that "the development of young gay men's sexuality differs from that of heterosexual men, given the lack of social support for their sexual orientation and the lesser availability of same-age sexual partners" (p. 381). In other words, due to issues of safety or persecution that gay and bisexual boys may face by seeking sexual contact with persons in their peer group, it is not uncommon for these boys to seek out sexual experiences with adult men. Although sexual encounters between boys and adult men meet the definition for CSA (typically a 5 year age-discrepancy), they are usually characterized by consensual participation of both parties, described as unharmful by the boys, and do not typically evidence those poorer outcomes seen in sexual abuse of girls by males (or by females) nor in nonconsensual abuse of males by females and males (for further discussion, see Arreola et al., 2008; Doll et al., 1992; Stander et al., 2002; Stanley et al., 2004 .

    In further support of this sexual orientation exceptionality to the rule of poor outcomes for sexual contact with adults, Rind (2001) has added to this literature as well. Rind (2001) found that sexual identity development in gay or bisexual boys who reported consensual contact with someone significantly older after age 12 did not differ from

development in those who reported no sexual contact with adults during adolescence. In other words, early sexual contact with adult men did not impact their gender identity development, but may rather be viewed as an outgrowth of developing or maturing identity. This finding is reflected in other researchers' work as well. For example, Arreola et al. (2008) conducted a study wherein she compared a group of gay and bisexual men who had had no early sexual experiences with a group who had had abusive sexual experiences and with another group who had had consensual early sexual experiences with adults. She found that rates of depression and suicidal ideation did not differ between the no-sex group and the consensual-sex group. Further, she found that significantly less risky sex and substance abuse occurred in the consensual-sex group than the abusive-sex group subsequent to these encounters. In other words, the outcomes that have been shown to typify abusive sexual contacts have not typically presented in sexual minority youth who have had encounters that, while characterized by conditions that would classify it as CSA, do not present as CSA-type of encounters in terms of outcomes.

Summary of research pertaining specifically to males with histories of CSA. In summary, there is still much that remains unknown about the sexual abuse (or early sexual experiences with adults) of boys and about the outcomes of those experiences on the lives of survivors. Some conclusions, however, can be drawn from the considerable research reviewed that can inform the scholar of CSA issues and literature. For example, prevalence rates of CSA in boys are underreported and, therefore, undertreated by helping professionals. Further, certain characteristics such as boys ages, family

circumstances, and disabilities may place them at greater risk for abuse. Certain specific

characteristics of the perpetrator (gender, age) may interact with gender identity

processes already underway in the boy to determine his perceptions of the abuse events as

harmful or harmless. Further, his own feelings and fears in the aftermath of abuse events

may serve to impact trajectories of outcomes in, as yet, rather unknown ways.

Additionally, it may be that the social context in which sexual minority youth come of

age may not support their sexual orientations, requiring adolescent males seeking sexual

contact with other males to search outside (above) their peer group for such relationships

or encounters. This is a dynamic that future CSA researchers will need to take into

account in their research designs as the field of CSA moves forward in its inquiries into

the male CSA or CSE experience.

Summary of Findings in CSA Research Conducted in Samples of Resilient Males

According to the resilience literature with traumatized populations, a widely-

accepted marker of resilience is an individual's ability to demonstrate adaptive behavior

in the face of adversity, particularly in one or more of the personal morale, social

functioning, somatic health and academic achievement life domains (Banyard & Cantor,

2004; DuMont, Widom, & Czaja, 2007; Masten et al., 1990; McClure, Chavez, Agars,

Peacock, & Matosian, 2008; Rutter, 1987; Spaccarelli & Kim, 1995; Wagnild & Young,

1993). However, because the vast majority of the resilience research in CSA populations

was conducted with female samples (e.g., Himelein, 1995; Himelein & McElrath, 1996;

Hyman & Williams, 2001; Spaccarelli & Kim, 1995; Valentine & Feinauer, 1993), how

applicable to males research findings from these studies has been has remained

questionable (Bouvier, 2003). In answer to the problem of male-applicability of findings, researchers first began investigating resilience in samples of *both* genders (e.g., Liem et al., 1997; Tarakeshwar et al., 2006), a movement in this field of study that marked a turning point in CSA reseach.

An even more encouraging trend that has emerged in the last decade is that researchers finally have begun undertaking the task of examining specifically male processes of resilience-development to CSA (e.g., Andersen, 2008; Grossman et al., 2006; Lambie et al., 2002; Salter et al., 2003). This may denote a critical change in the underlying philosophy of gendered CSA research, for rather than seeking to discover what processes are salient to males that are already known to be salient in females' processes, researchers have effectively set aside gender comparisons and have sought to investigate those processes in men alone. Researchers who have undertaken this charge have added to the literature several promising findings that may offer direction to both researchers and clinicians seeking to understand the development of resilience in males with such histories. For although clinicians cannot impact the fact that abuse has taken place, they can tailor their work with male survivors to intervene around those post-abuse recovery processes that improve outcomes in the days (and years) that follow in attempt to facilitate their resilience, recovery, and healing (Whiffen & MacIntosh, 2005).

In the last ten years, several qualitative studies in particular have elucidated consistent themes of recovery processes that may be salient for males with CSA histories. Although researchers have tended to define themes of resilience and recovery in different ways, this reviewer deems all of the following positive-outcome studies as investigations

of resilient processes and addresses them as such herein. However, although most researchers in this field of literature use the terms *resilience* and *recovery* (e.g., Fater & Mullaney, 2000; Grossman et al., 2006; Hunter, 2007, 2007, 2010a; Kia-Keating et al., 2005, 2010; Sorsoli et al., 2008; it should be noted that several researchers do not (e.g., Andersen, 2007, 2008; Durham, 2003; Gilgun & Reiser, 1990). This is not because this second group of researchers have judged their subjects as non-resilient or viewed the outcomes that presented in the men's lives to have been debilitating to their functioning. Rather, researchers' choices not to use terms like *resilience* and *recovery* have grown from the methodologies chosen for use in their research—appropriate methodologies that sought to uncover in the men's own words their stories of healing. Such approaches as used by these researchers were largely phenomenological and, as a result, they chose to use only the language that emerged naturally from the narrative data—from the men's languaged perceptions of their own experiences.

Therefore, although the men in Andersen's (2007, 2008), Durham's (2003), and Gilgun and Reiser's (1990) studies did not evidence terms like *resilience* and *recovery*, they chose related language to communicate their feelings of having gotten better. Some examples from Durham's (2003) study include *living through CSA* and *living with CSA*. Gilgun and Reiser (1990) used the phrase *coming to terms with* abuse and its outcomes, while Andersen (2007, 2008) used a host of phrases to describe the complex processes of improvement the men experienced in the aftermath of sexual abuse. Some of his descriptive phrases that may evidence resilience include *dealing with* CSA and the *effort to make sense of CSA*. Accordingly, he referred to the resilient men in his sample as *those*

moving toward the healthy end of the continuum, those who manage well, and *those who have covered a distance* in their journeys toward wholeness. Again, for the purposes of this review, this writer considers all the studies in this portion of the review to be qualitative investigations of *resilience, recovery*—processes that fostered healing in men with histories of childhood sexual abuse.

Recurrent and substantive themes emerging from this narrative data are remarkably consistent and may offer promising directions for researchers and clinicians seeking to facilitate recovery or resilience in males with sexual abuse histories. There are four primary themes that have emerged across the six studies (explicated in 11 articles in scholarly journals) pertaining to the development of resilience in men's lives. Each theme described was conceived of by the men as a pivotal process he underwent in his journey toward recovery. These four key processes are: (a) the process of making-meaning from the experience of sexual abuse; (b) the process of finding and utilizing safe relationships within the context of which relational risks such as trust, openness, and dependence could be experienced again; (c) the process of renegotiating notions of masculinity that both allow for and embrace experiences discordant to traditional male norms—and then experiencing self-acceptance of one's gender and membership in the male world according to that personally-renegotiated definition of masculinity; and (d) the process of reaching out to others in a desire to assist them in the process of their own coping and healing from CSA.

All of the studies conducted by this group of modern era researchers include discussions of some combination of the four themes listed above. Notably, however, the

Kia-Keating et al. (2005, 2010) research team, comprised of Kia-Keating, Grossman, and Sorsoli published four articles of good quality on three of these four themes. The first was a review of the narrative data emerging from their study pertaining to processes that comprise meaning-making (Grossman et al., 2006). The second article detailed relational processes inherent to their sample's resilience development (Kia-Keating et al., 2010). The third was an article published in 2005 by Kia-Keating et al. detailing the process of renegotiating masculine identity. Finally, the fourth article, released in 2008 (Sorsoli, Kia-Keating, & Grossman), discussed the considerable struggles with disclosure the men faced—struggles which appear to introduce the concept underlying the theme of reaching out to others in a spirit of altruism. Because of the quality of this research, these articles serve as the basis of this review of resilience processes literature in men with CSA histories. The other seven articles in this area of literature are also of excellent quality, but none of them articulate as clearly as does the Kia-Keating et al. research team the themes that have so consistently shaped this literature across the twenty years of research.

Themes of meaning-making. The process of making-meaning from one's traumatic experiences is pervasive in both the CSA literature (specifically in terms of coping) and the resilience literature. A review of the CSA literature's concern with meaning-making and other closely related cognitive processes such as benefit-finding and personal growth revealed an emphasis on cognitive schemas (Cukor & McGinn, 2006; Lumley & Harkness, 2009; Rijkeboer & deBoo, 2010; van Gerko et al., 2005), and cognitive appraisals (DiPalma, 1994; Roussis & Wells, 2008; Scarpa et al., 2009)—processes that aid one in reassessing and reframing abuse events and in learning to tell a

new and more resilient-based narrative of one's abuse story. Grossman et al. (2006)

analyzed and reviewed their findings with regard to the pervasive theme of meaning-

making that characterized their sample's resilience stories and found that three primary

mechanisms that the men engaged in aided in their process of making meaning from their

abuse and moving forward in their lives. The first mechanism they discovered pertained

specifically to the notion (see above) of employing cognitive reframing and appraisal

strategies to help them make sense of the abuse events—both in terms of their lives and

their abuser's lives. The second mechanism that aided in making meaning from their

abuse was engaged spirituality—sometimes through traditional religion, sometimes

through recovery programs like Alcoholics Anonymous, and sometimes through a deeper

connection with self and the divine. The third mechanism that aided the men in meaning-

making was altruistic action. In other words, they found that through reaching out to

others, they were able to imbue a sense of purpose—a reason why their abuse

experiences may have happened, or a sense that at least good could come from those

awful experiences. As altruism is one of the most consistent themes that has appeared in

the literature in the last ten years specifically, it is further addressed below. In summary,

Grossman et al.'s (2006) findings about the importance of meaning-making to the process

of recovery in their sample's narratives echoed a theme that has consistently presented in

this literature throughout decades of research in both males and females (e.g., Andersen,

2007, 2008; Fater & Mullaney, 2000; Hunter, 2007, 2010a). However, because meaning-

making was long ago operationalized by researchers, conceptualized in numerous

measures by instrument authors, and has undergone considerable assessment by scholars

in quantitative and qualitative studies with CSA populations (both resilient and non-resilient), this theme may not invite as much urgent empirical consideration as the other three themes uncovered in modern era research. For that reason, the modern era researcher desiring to explore new territory in this field of inquiry might find more timely and vital themes for examination in the other three emergent findings.

      Themes of safe relationship. The term *safe relationship* was coined by the Kia-Keating et al. (2010) research team and grew directly from the narratives of abused males in their sample who shared that the process of forming and maintaining safe-place relationships was critical to their developing resilience to the experience of CSA. Aside from the theme-based articles that this particular group of researchers have published, this theme appears elsewhere in the modern era CSA literature as well (e.g., Andersen, 2007, 2008; Teram et al., 2006). As was seen in the review on meaning-making, the themes across this body of research data were remarkably consistent. For example, Andersen (2008) described the role of a healing relationship (the therapeutic relationship in this particular case) played in the process of men *dealing with CSA* and developing what he terms "positive-deviance" (p. 56). (An odd term, perhaps, considering the body of literature that this study is immersed in, but, as Andersen's native tongue is Norwegian, there may be perhaps something that gets lost in translation. Regardless, positive deviance refers to the development of resilience—the condition of moving towards the healthy end of the continuum. See p. 56.) Andersen described this relationship as pivotal to healing only insofar as it is a place of respect, freedom, and egalitarian partnering (p. 62). Likewise, Teram et al. (2006) and Andersen (2007)

described *safe relationship* as a relationship characterized in particular by conditions wherein abused men could reconnect with others and end both their silence and their isolation. For example, Teram et al. (2006) noted that this type of relationship is a place where men with CSA can (a) tell their stories, (b) experience the healing that comes with being believed, and (c) experience acceptance (non-judgment) and respect (not so much *in spite of* as *in response to* their abuse histories) (see p. 512). Andersen (2008) related a remarkably similar set of conditions for healing relationships. He stated that the critical characteristics of this type of relationship that fosters healing and resilience are (a) a liberating openness that can support disclosure of abuse, (b) a communicated (verbal and non-verbal) statement of belief about the abuse narrative, and (c) an atmosphere of respect and acceptance without fear of judgment (see p. 32).

Looking specifically at the Kia-Keating et al. (2010) study from which the term safe relationship derives, one may see threads of meaning that are consistent with those mentioned by previous researchers of CSA in males. Namely, Kia-Keating et al. (2010) described safe relationships as those relational connections wherein survivors were able to experience acceptance (e.g., a relationship unhindered by judgment or condemnation), connection (e.g., a relationship of genuine awareness of the other, attention, and sometimes interdependence) and love (unconditional love). Sometimes these themes appeared in connection with their pets (notably, all of them dogs), but most often in connection with persons whom the men termed "gentle adults" (p. 670). *Gentle adults* were sometimes female friends and neighbors—relationships that began with the women reaching out in unexpected gestures of caretaking, thoughtfulness, or nurturance. In other

cases, the gentle adults were male lovers or intimate friends who were able to be trusted, who communicated an relational atmosphere of respect and acceptance.

Themes of renegotiating masculine identity. The term renegotiation of masculine identity (RMI) was coined by the Kia-Keating et al. (2005) research team that conducted extensive interviews with 16 resilient men to determine what processes had aided in their recovery from CSA. Perhaps the most pervasive theme (not only across the Kia-Keating et al.'s (2005) findings, but also among the entire body of literature in this specific field) is this notion that abused males' gender identity and notions of masculinity may have to undergo a process of reexamination and redefinition in order for them to accept themselves as men—as male and masculine beings in the aftermath of a form of abuse that was experienced particularly as an assault on their manhood. This theme appears across *all* modern era literature (resilient men with CSA histories) (e.g., Andersen, 2007, 2008; Durham, 2003; Gilgun & Reiser, 1990; Grossman et al., 2006; Hunter, 2009; Kia-Keating et al., 2005, 2010; Lisak, 1994; Nasjleti, 1980; Schwartz, 1994; Teram et al., 2006) and, therefore, may attest to the fact that this may be the most salient process critical to recovery in males with abusive CSA.

The accounts of the researchers who summarized their sample's narratives pertaining to this specific theme are remarkably consistent. For example, Durham (2003) summarized that "the manner in which [the men] perceived their masculinities had a significant and exacerbating influence on the impact of being sexually abused…There was consistent evidence that of internalized oppression based on beliefs about experiences of sexual abuse not being consistent with dominant forms of masculinity" (p.

310). He went on to say that, consistent with other research discussed in this review, the

men often engaged as children and adolescents in behaviors that were blatantly masculine

(according to traditional notions of masculinity) in order to evade attention. "Acting the

homophobic" was one of these behaviors designed to build the boy's "credibility" as a

man (p. 310). Durham's sample unanimously evidenced that their processes of *working*

through (becoming resilient to) sexual abuse included this need to renegotiate (come to

terms with) the traditional definitions of masculinity.

The same was true for Andersen (2007, 2008) who found this notion presented

throughout his sample's narratives as well. He pointed out the following ironic fact:

> Sexually abused men who deal with their experiences face themselves in ways
> that nonabused men do not have to. This often implies experiencing insights,
> feelings, and reactions contrary to "the code" and consequently a redefinition of
> manliness. This enriched construction of manliness has a certain gender-bind to it
> . . . it could represent a challenge to the normative construction of manliness. (p.
> 35)

All the other researchers in this literature reflected notions similar to this—that

being sexually abused is for men a violation of the *code of masculinity* (Pollack &

Levant, 1998), an assault on their way of being in the world—not as initiator or

aggressor, but rather as victim and passive, vulnerable child (Nasjleti, 1980). In other

words, not only is CSA a violation of males' body, will, and spirit, but their very

identities as well. It may be this discordance the sexual abuse experience creates that

causes the most angst for males with such histories, for this portion of their identities

appears to be a most-critical one in Western society—and to them as well. Gilgun and

Reiser (1990), having heard this theme consistently in their work, decided to devote their

entire qualitative study to this critical issue for men, seeking to discover the ways in which the men's sexual orientation and gender identity prior to the abuse interacted with the abuse experience to create new understandings (if any) of personal gender identity and sexual orientation. Largely, they discovered that the 3 men they studied avoided sexual contact in the wake of their abuse, hoping to circumvent the angst that their struggles caused them through avoidance. Teram et al. (2006) found that the 46 males whose narratives they analyzed overwhelmingly described their resulting homophobia (toward others and fears about themselves), their fears about becoming or being perceived as potentially-becoming perpetrators of CSA, the struggles to manage their emotions about the discordant experience of being a male who was sexually abused, and eventually learning how to express those feelings both about their fears as well as their experiences.

Because the Kia-Keating et al. (2005) research team coined the RMI term, it is this text to which researchers should turn in understanding the smaller, composite processes involved in this larger process that has appeared to be so salient to men with histories of CSA. The researchers used the terms *containing* and *resisting conventional masculinity* to broadly describe the RMI process. *Containing* was characterized by a struggle to try to adhere to the expectations that the men be stoic, tough, anti-feminine in their personal traits, and demonstrate sexual expertise (prowess). *Resisting* was characterized by a struggle *not* to adhere to these limiting notions of manhood. Part of the RMI process, therefore, acknowledges that sexually abused men begin from a place of discordance—struggling against and trying to maintain the expectations placed upon

them by property of their masculine gender. Men in this pre-resilient or pre-recovered phase, voiced that this struggle was felt as both a gender identity struggle (e.g., how can I be a man if I am also a victim of this person?) and as a struggle for self-acceptance. Eventually, the men recalled having experienced a rejection of these traditional notions of masculinity and coming to a place of self-acceptance with regard to their redefined masculine gender identity. Evidence of this achieved process of recovery or resilience was (a) looking for other ways of being in the world besides acting out violence and aggression, (b) seeking out relationships of connection that were characterized by safety, and (c) engaging eventually in egalitarian, emotionally, and sexually intimate relationships based upon trust. The careful reader will notice that these evidences of an achieved process of renegotiated masculine identity (next-step results of RMI) are pointedly *relational*, a fact which might suggest to CSA researchers that one day investigating if RMI might be a mediational process to relationship development might be an exciting new direction for future research.

Themes of altruism. Finally, altruism, or the desire to help others in need, was a theme consistently voiced in the narratives of resilient males in this literature (e.g., Andersen, 2007; Fater & Mullaney, 2000; Grossman et al., 2006; Kia-Keating et al., 2010; Sorsoli et al., 2008). Altruistic involvement in the lives of others was a theme that seemed to be communicated in two ways in the stories. The first way it presented was as a desire—the desire to reach out to others in turmoil or need and be helpful to them in some way pertaining to their struggles. This desire appeared to come as an outgrowth of the men having reached some point in their own process of recovery or resilience wherein

they felt *able* to assist others. The inference here was that the men, having now come through their own struggles, were now in a healthier place wherein they had the energy and attention to spend on others rather than themselves and their own recovery processes. The second way in which the theme of altruism presented was as an involvement that brought about further healing in their own lives—that it helped them "make meaning" (Grossman et al., 2006, p. 437) of their experiences and move forward in their own lives.

In Fater and Mullaney's (2000) study of males who were molested by clergy in childhood (and who were deemed resilient by property of their having earned undergraduate or graduate degrees), the urge to help others presented in very specific terms. Here, the men seemed to feel the need to help other children who had been harmed by *their* abuser in particular. One man stated, "I was trying to find him because I needed to find out if he was still a priest . . . still abusing kids" (p. 291). The desire he expressed was rooted in the need to let other children abused by this individual know that they were not alone and that others would, in fact, believe them and corroborate their stories. For him, the urge to engage in altruistic helping of others was an attempt to empower the other children that this man had hurt and to save them from the experiences of shame, self-doubt, and self-hatred that he had experienced in the aftermath of his own abuse experience at the hands of this man.

Other narratives in this literature describe actually reaching out to others—acting upon the desire to help people perceived as underdogs or powerless people (Andersen, 2007; Grossman et al., 2006; Kia-Keating et. al., 2010). For example, the men in Kia-Keating et al.'s (2010) and Grossman et al.'s (2006) study (same group of 16 resilient

men) described how their abuse experiences had made them sympathetic to the suffering

of others since even their childhood days and that they felt they had spent their lives

helping others in various ways. For example, they used the term "underdog" on several

occasions (Grossman et al., 2006, p. 437), feeling that they always were watching out for

those who were smaller, in a minority group with less power than others, or were

unprotected in some way. A majority of the men in their study described the work that

they had chosen as professions wherein they could help other people. Several were

counselors in the mental health profession, while others shared that the real work of their

lives took place through volunteer organizations that they had become involved with.

Feeling the desire to go one step further in their desire to help others around

recovery, many of the men in these studies brought that desire or need to help others into

that portion of their lives that was working through to a place of resilience and recovery.

For example, Andersen (2007) described that nearly all of the 15 men with CSA histories

in his study expressed that they had a "mission" (p. 33) in life as a result of their abuse

experiences. He summarized this theme as it emerged in his data in the following way:

> A sexually abused man, who stands upright and tells what happened to him, can
> be a symbol or an inspiration for the silent others. It takes one to know one.
> Firsthand knowledge is needed, and it is important to get and spread information
> about what is going on. Someone being seriously in the story, finding it useful, is
> positive and encouraging. (p. 33)

Similarly, Grossman et al. (2006) found that many of the men in their study, because they

had reached a place where they could talk about and share fairly openly about their abuse

histories, felt the need to help specifically other male survivors working through to a

place of recovery. The researchers summarized that the men in their study "described a way of deriving something from the experience of being abused by finding a way to make it have positive effects in the world" (p. 438). One man in their study specifically explained:

> I have done so much good and so much that was helpful for others. Even though I wish it [the abuse] didn't happen, I am sort of glad because I have been able to help so many other people now. (p. 438)

In summary, the theme of altruism presented itself in the narratives of resilient men significantly across several studies and samples. Although some (perhaps in earlier stages of recovery) described only a desire to help others, other men described a life generally dedicated to helping others. Specifically, however, this latter group described the need to, as a *result* of their recovery or resilience-development, reach out to other abuse victims and tell their stories in the hope that other men would be empowered to deal with their abuse and to heal from the damage it had caused them.

Next-step Research

This may be a particularly exciting period in history for CSA scholars. Since the advent of modern era research which discarded those assumptions that had characterized prior generations of research in the field of CSA, researchers have broken new ground in their investigations of resilient, growth-based outcomes in males with histories of CSA. Based upon these exciting findings by the Kia-Keating et al. research team (including Grossman et al., 2006 and Kia-Keating et al., 2005, 2010) and corroborated by other qualitative researchers who have investigated similar positive outcomes in males with

histories of CSA such as Andersen (2007, 2008), Durham (2003), Fater and Mullaney (2000), Gilgun and Reiser (1990), Hunter (2007, 2010a, 2010b) and others, it may be that the time is right to employ quantitative research designs to test generalizability of these emergent themes in larger samples that may prove more representative of the wider population of males with CSA.

This may prove considerably easier said than done, however. The primary reason that testing emergent themes such as safe-place relationships, renegotiations of masculine identity, and altruistic behaviors may prove challenging is that, quite simply, such research constructs—insofar as they have been operationalized and empirical measures created for them—do not exist. Further complicating matters is the fact that (as mentioned before) the same is true for the construct *male recovery from CSA*. No definitions have yet been operationalized for *male CSA recovery* and no measures yet created which can assess that certain processes have been successfully experienced and a return to wellness and levels of functioning prior to abuse events achieved. In short, neither the predictor variable constructs nor the criterion variable constructs may be easy to assess.

Existing allied constructs. Although research constructs may not yet exist that can be employed in the empirical testing of the verbatim themes emerging from the recent literature pertaining to resilient males with histories of CSA, other constructs that do exist that can indeed be tested using standard instruments of assessment. For example, though a construct called *recovery from CSA* does not exist (particularly for males), resilience may prove to be an apt substitute. Similarly, although a construct called *safe-*

place relationships may not yet have been introduced to this field of research, a construct

such as mattering, attachment, social support, or belonging may closely align with what is

meant by safe-place relationship and may prove efficacious for study in this population.

Further, although a construct entitled *renegotiation of masculine identity (RMI)* may not

yet have been established in this literature, certain evidences that smaller component

processes of RMI may have been accomplished by the CSA survivor may help to

demonstrate that this larger one might have. Finally, the presence of *altruistic*

involvement in the lives of males with histories of CSA directed toward others who may

be facing challenges similar to those overcome by resilient or recovered males could

perhaps prove rather easily assessed by the use of a single question that assesses for such

behaviors. In other words, there may be hope that these processes at this time can be

further explored using the quantitative research designs for which researchers are calling.

     Recovery and resilience. The relationship of the terms *recovery* and *resilience* in

the field of CSA has been explored in-depth above, and, for that reason, a full discussion

of the manner in which the terms have been treated by both CSA and trauma-resilience

researchers might prove redundant. What may be most important to understand from that

discussion, however, is that the terms are often used interchangeably with regard to CSA

and other forms of trauma (e.g., Masten et al., 1990), and, in those cases wherein they are

not, recovery seems to be one indicator that resilience has been developed (see review in

Masten et al., 1990). Again, it may be important to bear in mind that what is known about

recovery from CSA is largely founded in research with female samples. Those processes

that may define recovery in males with histories of CSA are only presently emerging

from the narrative literature of the last decade. Therefore, to what extent processes of resilience accurately describe the process of recovery-having-been-accomplished in males is, at best, questionable. This said, resilience is a term that has been embraced by the handful of researchers undertaking this modern era research—and by the males themselves in some cases in those narrative transcripts (e.g., Kia-Keating et al., 2010).

A brief review of the language used by the handful of modern era researchers recently to describe males who appear to have either recovered or to be on the journey toward recovery may prove illuminating. Grossman et al. (2006) have used the term *resilient* to imply that their sample of males identified themselves as recovered. They did this also in a later article that referred to the same narrative data, but pertained to a different emergent theme (Sorsoli et al., 2008). The same researchers in other articles, however, were more explicit in their equation of the two terms and used *resilience* and *recovery* interchangeably (Kia-Keating et al., 2005, 2010). For the purposes of their research, they operationalized resilience as (a) "doing surprisingly well" in at least one domain of their lives (Kia-Keaing et al., 2005, p. 171), and (b) failing or refusing to abuse anyone in any way (sexually, physically, emotionally). This two-part definition of resilience (as either implied or explicit) is common in the male CSA literature (e.g., Fater & Mullaney, 2000; Lambie et al., 2002) and reveals that resilience in males with CSA histories seems to be rooted both in the resilience literature (e.g. Masten et al., 1990; Rutter, 1987) and in the male CSA literature (e.g., Lambie et al., 2002; Romano & DeLuca, 1997; Salter et al., 2003).

Other modern era researchers have used different language to imply that a process of recovery from CSA had been undertaken or accomplished. For example, Andersen (2007, 2008) did not use the terms *recovery* or *resilience* anywhere in his work. However, his reader is made to understand that the 15 male participants in his study were selected based upon their (voluntary) willingness to be interviewed about their abuse and its aftermath for an average of over three hours. Given the well-known typical reluctance of most males to even disclose their abuse histories, much less discuss the events themselves, the fact of their willingness to speak so in-depth about their experiences alone may serve to locate them along the journey toward recovery. Nevertheless, Andersen (2007, 2008) refrained from using any language that did not emerge from the narratives themselves, an action consistent with his research methodology which he stated is rooted both in social constructivist theory and in Buber's concept of "striving toward language" (Buber, 1965, p. 103, as cited in Andersen, 2007, p. 27)—an understanding that the language people use is both created by, as well as creates, their internal and external realities. Still, as Andersen's purpose was to explore and portray the *languaged experiences* of males who had *dealt with* their abuse (2007), *made sense of* their abuse (2008), and *managed well* following abuse (2008), he needed to identify those males with CSA histories who *had* dealt with their abuse, made sense of it, and, as a result, managed-well in the wake of it. Therefore, it might be inferred that those he felt had evidenced these things were far enough along the journey toward recovery or resilience that they were worthy of inclusion in his study. Other language that may lead the scholar to conclude that Andersen (2007, 2008) was attempting to imply some

positive outcome had been achieved in his sample of males is "coming to terms with their experiences" (2007, p. 25), "moving toward the healthy end of the continuum" (2008, p. 56) and "bringing sexually abused males out of the shadows, assisting them in better understanding, dealing with, and explaining their experiences to themselves and others" (2007, p. 25). In essence, although Andersen (2007, 2008) never used the language of recovery or resilience, the phrases he did employ do seem to imply that the males' experiences had been addressed and that the survivors were functioning better for having addressed them.

Finally, the terms used by other qualitative researchers of the modern era to denote some process of recovery or resilience are similar to Andersen's (2007, 2008) in that they are not explicit in their denotation of the descriptor *resilience* or *recovery*. As in Andersen's (2007, 2008) case, Durham (2003) intentionally employed a methodology that was inconsistent with the researcher naming the construct or outcome-condition in which he was interested, perhaps hoping instead that his 7 male participants would create language themselves around this feeling, if, in fact, they felt themselves to be recovered, resilient, or functioning better as a result of living through their experiences. In fact, it is this phrase, "living through and with child sexual abuse" (p. 309) that Durham (2003) employed to describe his sample. Likewise, Gilgun and Reiser (1990) chose to use the phrase "[those] who have tried to come to terms with" their child sexual abuse (p. 515) to describe their small sample of three men. Although neither explicitly used terms like *resilient* or *recovered* to describe their samples, it seems clear that both researchers where attempting to get at those males who had attempted to live with, deal, or come to terms

with their experiences—all processes which seem to imply that some process of recovery had at least been attempted by their samples.

It may be notable that the Kia-Keating et al. research team (2005, 2010), Durham (2003), Gilgun and Reiser (1990), and Andersen (2007, 2008) have seemed to define their criterion terms (dealing with, living through, coming to terms with, resilience, and recovery) with reference to an unpublished doctoral dissertation by LaMar (1984) which is often referred to in the CSA recovery and/or resilience literature. Although Kia-Keating et al. (2005, 2010) explicitly grounded their study of resilient males with CSA in this scholarly work, the others appear to have done so either implicitly or unwittingly. In his thesis, LaMar described the process of resilience from CSA as comprised of four core processes: (a) the process of suffering childhood abuse and its developing feelings of resulting pain, loneliness, and isolation; (b) the process of shifting one's emotional reference point away from the family (which either perpetrated or passively/unwittingly permitted the abuse) and deciding not to be like them, but rather growing beyond their present circumstances; (c) the process of developing self-protective and self-nurturing mechanisms; and (d) "handling" the past, a process which is made up of allowing oneself to feel the feelings associated with the abuse (not running from them or numbing them anymore), developing understanding and wisdom about the abuse, and owning a sense of pride in their having worked through recovery to a place of resilience. Although, the above concepts and terms that LaMar used to describe his process of recovery are not identical to the terms used by Kia-Keating et al. (2005, 2010), Andersen (2007, 2008), Durham (2003), and Gilgun and Reiser (1990), there nevertheless is a ring of consistency

to them. After all, LaMar's (1984) *handling the past,* does not sound so very different

from Andersen's (2008) *dealing with memories of childhood sexual abuse,* Durham's

(2003) *living through and with child sexual abuse,* or Gilgun and Reiser's (1990) *coming*

to terms with abuse experiences and their aftermath. Even *developing resilienc*e or

recovering (Kia-Keating et al., 2005, 2010) are terms which generally appear to refer to

the same core processes (whatever they may turn out to be) involved in the male

experience of recovering from CSA.

     In light of this discussion on what factors qualitative researchers may feel

comprise or are closely aligned with processes of recovery or resilience from CSA, what

may matter most as modern era researchers attempt to test emergent themes from the

qualitative data through quantitative methodologies is how these factors are aligned with

the construct of resilience as defined by the intended measure of resilience in those

studies. Although there are several measures of resilience that have been used to assess

this construct in persons with various types of trauma (CSA being one of them), one

often-used measure in particular, The *Resilience Scale* (RS), may be especially

appropriate for use in such studies for several reasons.

     The first reason that the RS may be the best instrument for use with males

possessing a history of CSA is that it succeeds in measuring the actual quality of

resilience (Wagnild & Young, 1993). Other measures, while claiming to assess resilience,

actually succeeded in assessing other hypothesized psychological or social indicators that

may or may not have evidenced the presence of the resilience trait (Wagnild & Young,

1993), something which scholars agreed (prior to the development of the RS) was a

problem (e.g., Beardslee, 1989; Bebbington, Sturt, Tennant, & Hurry, 1984). The

Dispositional Resilience Scale (Bartone et al., 2006) is one of those measures that

actually assesses a trait that, while close to resilience, is not resilience. Rather, the scale is

one that measures *hardiness* and then attributes the trait of resilience to those whose

scores for hardiness are high. Likewise, the *Brief Resilient Coping Scale* (Sinclair &

Wallston, 2004) was designed to measure coping responses that may secondarily be

defined as characteristic of the trait of resilience.

The second reason that the RS might be especially appropriate for assessing

resilience in a male CSA sample is that it was normed on populations of persons known

to demonstrate the quality of resilience following a life major and negative life event

(Wagnild & Young, 1993). Other resilience scales such as the *Connor-Davidson*

Resilience Scale (CD-RISC) were normed instead on persons with psychological

diagnoses (PTSD in the case of the CD-RISC) who were deemed to be less-symptomatic

than others with their same diagnoses (Connor & Davidson, 2003). Other such

instruments intended to be used with very specific populations exist, including the *Ego-*

Resilience Scale (Block & Kremen, 1996) which was designed to measure resilience to

PTSD in persons residing in war zones.

Thirdly, and perhaps most importantly, the RS attempts to measure two

component factors found to be present both in resilient populations on which the scale

was normed and found to be present in resilient males with CSA histories. Specifically,

the RS's two subscales assess for *acceptance of life and self* and for *competence*

(Wagnild & Young, 1993). The *competence* factor might be seen to align especially with

one component of the operational definition CSA scholars tend to use in studies of males—that of adaptive functioning in one or more domains of life (see above for full review). Indeed, it might be reasonably inferred that one who is *competent* is functioning well in at least one life domain. Likewise, the RS's *acceptance of life and self* factor might be seen to relate to the other component definition for resilience that scholars of CSA in males have used—that of refusing to perpetrate violence or abuse upon others (see above for full review). Although this may be a farther reach in definition, it may be inferred nevertheless that one's abuse of others indicates a frustration (un-acceptance) of one's life conditions and/or that one's abuse of others is a reflection of one's own feelings of rage, pain, disappointment, or self-hatred (un-acceptance) internally directed at self, but externalized via acts of violence to others.

Other scales such as the Trauma Resilience Scale (TRS) (Madsen & Abell, 2010) that do assess resilience might be deemed by some researchers as appropriate for use in a sample of males with sexual abuse histories. However, other problems with these scales exist. For example, the TRS fails to measure the criteria most modern era scholars use to identify resilient males with histories of CSA: (a) functioning well in one life domain and (b) refusal to continue the victim-perpetrator cycle. Rather, the TRS and others like it have operationalized the construct of resilience as being comprised of various other factors such as the ability to problem solve, the ability to engage in relationships with others, the capacity for optimism, an active sense of one's spirituality, creativity, humor, morality and others (see review in Gillespie, Chaboyer, & Wallis, 2007). Although it may indeed be that these factors comprise resilience in other populations who have survived

or thrived in the face of various traumas, these factors appear not describe what is meant by resilience when modern era researchers and men who have experienced CSA use this term.

   Safe relationship. One theme that has consistently emerged from the qualitative data of modern era CSA research is the role that *safe relationships* have played in the process of recovery or the development of the trait of resilience. Although the general theme of resilient males' capacity to engage in at least one relationship wherein they are accepted as they are has appeared in several narrative studies (e.g., Andersen, 2007, 2008; Kia-Keating et al., 2010; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006), the phrase *safe relationship* derives specifically from the narrative data collected by Kia-Keating et al. (2010, p. 670). As has been discussed earlier in the present review, *safe relationship* refers to a relationship the male survivor engaged in wherein he experienced acceptance, connection, and love. Notably, sometimes these relationships took place with "gentle adults" (Kia-Keating et al., 2010, p. 670) or even pets. In the case of males' relationships with other adults, the core traits the men identified as necessary to their "relational recovery" (p. 672) from CSA were (a) the assurance of emotional, psychological, and physical safety and limited likelihood of threat; (b) unconditional love; and (c) unconditional acceptance. In the case of males' relationships with their pets (exclusively dogs), the core conditions that they identified were (a) mutual vulnerability, (b) mutual physical safety, and (c) mutual unabashed affection. The relationships that the men had with their dogs were especially characterized by this notion of mutuality and inter-dependence (e.g., physical care for the dog and the dog's physical protection of his

master, trust in each other's desire to love, care for, and protect the other), while the relationships the men had with adults (usually an intimate partner or female friend) were characterized more by emotional or psychological safety, trust, and acceptance. Notably, the healing relationships that were experienced and detailed in other studies by different males with histories of CSA appear to be consistent with Kia-Keating et al.'s (2010) definition as reflected in their description of *safe relationship*. In Andersen (2007, 2008) and Teram et al. (2006) relational conditions that were described as particularly therapeutic to them in their process of recovery were that they could disclose their abuse and trust that they would be believed, accepted, understood, appreciated, supported and respected. Further, as a result of this experience, nearly all reported feeling liberated or freed from the tyranny to which their silence had previously condemned them.

In light of the core relational conditions that appear to comprise the definition of *safe relationship*, several research constructs that have been used in the CSA or other-trauma literature might be considered for use in future quantitative research conducted with samples of CSA males with the aim of assessing for the presence of significant relationships. Two such constructs might be considered simply by property of their considerable use in the CSA literature—attachment and social support.

Safe relationship and attachment. Attachment has been studied in numerous research efforts wherein samples of persons with CSA histories were assessed. For example, Shapiro and Levendosky (1999) examined the mediating role attachment played in impacting outcomes of psychological and interpersonal functioning in a sample of 80 adolescent girls. Similarly, Aspelmeier et al. (2007) investigated the moderating role that

attachment played in impacting trauma symptoms 324 undergraduate females. Edelstein et al. (2005) studied the effect of adult attachment on memory for childhood sexual abuse events in 102 men and women who as children testified in criminal prosecutions of their sexual abuse perpetrators. Kinzel and Biebl (1992) examined psychological outcomes in a sample of 33 female psychiatric patients who had been sexually abused by their fathers or stepfathers and, notably, framed their results in terms of childhood parental attachment. These examples identify but a few of the studies that have proliferated around the relationship of CSA outcomes to attachment.

The fact that studies of attachment in samples with CSA histories are numerous, however, does not necessarily indicate that attachment is an appropriate construct through which *safe relationships* are best assessed in males with histories of CSA. According to Bowlby (1977), attachment begins as a biological bond with one's parent or primary caregivers. Others like Ainsworth (1989) have extended Bowlby's original notion to include relationships formed in adulthood, but it is important to note that subsequent relationships to that with one's parent in childhood are nevertheless conceived of as rooted in the same types of attachment styles as that which characterized the child-caregiver relationship. Although allowances are made for adults who do alter their attachment style in adulthood (e.g., from insecure attachment with a caregiver in childhood to secure attachment with a spouse in adulthood), attachment scholars such as Bartholomew and Thompson (1995) and Alexander (1992) detailed the considerable challenges of assessing attachment in adolescents and adults, admitting that the retrospective and self-report nature of most attachment instruments makes assessing this

construct in adult samples problematic. Further, they explained that an adult's adoption of a new style of attachment in adulthood (e.g., with a friend or intimate partner) may well reshape memories of attachment relationships that took place in childhood. In other words, even if *safe relationship* is akin to the attachment construct, assessing adult attachment is problematic because of its inherent relationship to caregiver attachment. Although this reviewer did not find any scholars who voiced the added complication that holding the caregiver relationship as the inherent referent may pose, it may nevertheless be a critical one in the case of CSA especially. After all, a CSA survivor's attachment relationship with a primary caregiver may or may not have been complicated by the relationship with the abuser. Even in those cases where the abuser was not the primary caregiver, whether or not he disclosed his abuse to the caregiver and the response of the caregiver to that information when he did tell may have impacted the attachment relationship between the child and caregiver. In other words, if there are already myriad complicating variables involved in examination of those with CSA histories, adding the attachment construct to the mix may serve only to further complicate research clarity.

Finally, the description of *safe relationship* as described in Kia-Keating et al. (2010) is one that reveals the presence of emotional and psychological safety and mutuality. Although securely attached relationships may indeed be characterized by feelings of emotional and psychological safety, the presence of mutuality or inter-dependence is not inherent to the construct of attachment as described by Bowlby (1979) or Ainsworth (1989).

Safe relationship and social support. Another relational construct that has been often-examined in the CSA literature and that researchers may posit as appropriate for empirical examination in the stead of *safe relationship* is social support. In fact, so popular is this construct that investigations of social support span the decades from the1980s (e.g., Conte & Schuerman, 1987b), through the 1990s (e.g., Herman, 1992; Johnson & Kenkel, 1991), and well into the new millennium (e.g., Powers, Ressler, & Bradley, 2009). In this particular body of literature, social support has been found to mediate, with very little exception, the poorer outcomes of CSA or at least to be highly negatively-associated with poorer symptom presentations in survivors (e.g., Gegenheimer, 2008; Kinard, 1994; Runtz & Schallow, 1997; Spaccarelli & Kim, 1995; Tremblay et al., 1999). The efficacious role of social support in improving the trajectory of outcomes has been shown to be deleterious, however, in those studies wherein CSA researchers sought to examine variables such as the disclosure of abuse, social reactions to disclosure, and support-seeking behaviors as a form of coping with sexual abuse (see summary in Ullman, 2007). In this literature, social support appears to be viewed with some skepticism.

This skepticism has been demonstrated most often by those CSA researchers conducting disclosure-effect studies (e.g., Arata, 1998; Lamb & Edgar-Smith). Often they have found that relationships of perceived social support in childhood or adolescence may not be strong enough to sustain the metaphorical weight that disclosure of sexual abuse places upon them. In fact, CSA scholar Ullman (2003) reviewed the literature regarding studies on social support and CSA disclosure and found that adults with

histories of CSA often reported that relationships they had experienced as supportive prior to their disclosure became characterized by ridicule, shame, and estrangement following their disclosure. If the positive and mediating role of social support (the strength of which may best be reflected in the social support-seeking strategies that characterize adaptive coping as defined by Folkman and Lazarus, 1988a) has indeed been demonstrated by the research, then it seems that only those survivors possessing the kind of social support relationships that were able to sustain the shock of disclosure or those wherein the abuse was not disclosed but the benefits of the supportive relationship managed to sustain the survivor anyway found social support advantageous. In either case, those survivors with negative experiences of disclosure may have been excluded from the data of those with high levels of perceived social support—not because they didn't have perceived social support, but rather because when they needed it, it was withdrawn. This may be an important distinction, because it is only inasmuch as social support is deemed advantageous and strong that it is known to positively mediate outcomes of CSA. Social support, however, can be either weak or strong, and, one assumes, the mediating effect of social support on outcomes would reflect its strength or weakness. Therefore, it could be said that it actually may be a strong sense of commitment within social support relationships that provides the positive mediating effect. This is a dynamic which may be lost amid measures for social support that do not assess for disclosure behavior and reactions to disclosure by those persons previously perceived as supportive.

Safe relationship and mattering. One construct that may serve as a median point to the two constructs herein discussed as potential options for examination in the place *safe relationships* is mattering. Mattering is defined by the perception one has that one is significant to specific others in one's life (Marshall, 2001) and has been expanded by mattering scholars to include notions such as attention, importance, and dependence (Rosenberg & McCullough, 1981), awareness, and reliance (Elliott, Kao, & Grant, 2004). Though mattering has not yet been investigated in sample of those with known histories of sexual abuse, it has been examined in populations of adolescents and young adults who have been challenged by various forms of adversity such as struggles with depression, anxiety, and low self-esteem (Dixon, Scheidegger, & McWhirter, 2009; Elliott, Cunningham, Becker, Reuland, & Gelles, 2008; Rosenberg & McCullough, 1981; Whiting, 1982) as well as suicidal ideation (Elliott, Colangelo, & Gelles, 2005). In all studies wherein mattering was examined with regard to these negative symptoms, mattering was found to be associated with those outcomes in reliably negative ways (the higher the level of perceived mattering, the lower the levels of depression, anxiety, low self-esteem and suicidal ideation). As depression, anxiety, low self-esteem, and suicidal ideation are known psychological outcomes of CSA, it may be that the construct of mattering is particularly suited to assessment of safe relationships in a sample of males sexually abused in childhood or adolescence (Carey et al., 2008; Forbey et al., 2000; Levitan et al., 2003; Santa Mina & Gallop, 1998).

In further support of mattering as a more facilitative construct to positive mental health outcomes than social support, Elliott et al. (2005) described mattering in terms of

its particular relationship to the social support construct. Specifically, they defined

mattering and social support as foundationally different constructs because of the

unequivocal interest in another's welfare that mattering implies, an investment that goes

well beyond the "provision of specific forms of support" (p. 224). Mattering is a

relationship that goes beyond one's reliance upon another for emotional support during

difficult times. In contrast to social support relationships wherein some people may

"provide support for us in order to further their own ends" (p. 225), mattering implies a

relational dynamic wherein there is the deeper, more genuine investment in the other

person than is supported by the construct of social support. Therefore, although the sense

that one matters to another can be fostered by relational mechanisms of social support,

Elliott et al. (2005) explained that there is much "more to mattering than social support

. . . In short, any social support that does not work through mattering is likely to do more

harm than good" (p. 225) because of the sense of alienating self-interest that accompanies

social support without mattering.

In terms of mattering's relationship to the notion of *safe relationship*, mattering

may further be found to be an especially appropriate construct for assessment in samples

of males with histories of CSA in the place of safe relationship. As earlier discussed, Kia-

Keating et al. (2010) described the conditions of *safe relationship* as those wherein the

feelings of safety from threat, unconditional love, unconditional acceptance, and

mutuality were present. In light of the above discussion that Elliott et al. (2005) added to

the understanding of mattering as discrepant from social support, mattering, with its

concern for attention, importance, and awareness may be understood to come closer to

safety from threat and unconditional love and acceptance than does the construct of social

support. Social support, it seems, can be provided without unconditional love or

acceptance attached to it. Although the same may be said for mattering (at least as it is

presently defined by mattering scholars), mattering may be a good deal further along the

relational continuum toward *safe relationship* than social support may be in this regard.

Further, since *safe relationship* appears to be additionally defined by a condition of

mutuality (interdependence), and since mattering has been defined as possessing a

characteristic of dependence that is shared with the significant person in question,

mattering may be viewed further as a particularly appropriate replacement construct for

safe relationship.

Finally, the theoretical and research-construct roots of mattering may be an

important consideration in its choice for assessment in place of *safe relationship*.

Although Coopersmith (1967) and Rosenberg and McCullough (1981) are typically

credited with the genesis of the mattering concept, Sheila Marshall may be the scholar

most responsible for its development as a research construct over the last 30 years. Like

mattering researchers before her, she believed that the perception of oneself as mattering

to others critical in one's life was elemental to the presence of psychological well-being

(Marshall, 2001). Though scholars have claimed that the perception of oneself as

mattering to another is foundational to many theories such as Freud's (Lieblich &

Josselson, 1994), Schlossberg's (Schlossberg, 1989), Bowlby's (Baumeister & Leary,

1995), Maslow's (Dixon et al., 2009) and others, perhaps the most accepted arguments

are that its theoretical roots stem most obviously from Erikson's theory of identity

development (Marshall, 2001; Rosenberg, 1985). In evidence of this assumption, much of the research on mattering has centered on adolescent and young adult populations for whom identity formation is the age-appropriate developmental task the developmental theorist defines (Rayle, 2005; Rayle & Myers, 2004; Dixon et al., 2009; Elliott et al., 2005; Elliott et al., 2008; Marshall, 2001, 2004, 2010; Rosenberg & McCullough, 1981; Whiting, 1982). Since adolescent and young adult populations are the very segments of the wider population for whom CSA researchers have been advocating assessment relative to CSA and resilience, mattering may be one construct that is especially well-suited for use measurement in such a sample.

In closing, though mattering may be still in its early stages as a research construct, it has been treated in most studies as a relational component critical to the formation of identity in adolescents and young adults for whom the developmental task of identity development is most relevant (Elliott, 2009; Marshall, 2001, 2010; Marshall, Liu, Wu, Berzonsky, & Adams, 2010; Rosenberg, 1985). This said, mattering scholars have asserted that the construct is based in Erikson's (1968) belief that recognition from significant others is an essential interpersonal developmental process in the formation of human identity. That Erikson's concept of recognition (1968) is foundational to the mattering construct is apparent in mattering's component descriptors of attention, recognition, awareness and importance between specific and significant others such as parents, siblings, friends, and intimate partners (Elliott et al., 2005; Mak & Marshall, 2004; Marshall, 2001; Pearlin & LeBlanc, 2001; Rosenberg & McCullough, 1981). As such, mattering may be better suited to assessing for the presence of safety and

unconditional love and acceptance; because of mattering's concern with the notion of

dependency, it may be a particularly appropriate construct for study in a sample of men

with CSA for whom a sense of mutuality and inter-dependence in relationship may be

key to the development of resilience.

Altruistic involvement. The presence of *altruistic involvement* in resilient males

with CSA histories emerged from the same set of narrative data as the *safe relationship*

theme. Like *safe relationship*, *altruistic involvement* was described by the resilient males

in the Kia-Keating et al. study (2010) as a key process in their "relational recovery" (p.

672) from CSA. However, rather than implying a relationship of relative intimacy, safety,

and interdependence, *altruistic involvement* was described instead as a one-way

relationship between the survivor and those to whom he had something to offer as a result

of both his abuse experiences and his recovery from them. In further support that this

need reported by male CSA survivors to give to others and thereby contribute to others'

recovery is salient to the experience of recovery from CSA, it may be important to note

that altruism is a theme that has appeared in other narrative studies of males as well (e.g.,

Andersen, 2007; Fater & Mullaney, 2000; Grossman et al., 2006). Although no specific

operationalized definition (or measure to test it) has been yet created to assess for

altruistic involvement, the CSA scholar wanting to assess for the presence of this

emotional desire to help others and its resulting actions of involvement with them might

be easily accessed through a single item added to a survey instrument. Such an item

might ask males with histories of CSA if they have felt the desire to help others recover

from experiences such as they may have suffered and if they have acted upon that desire.

Renegotiation of masculine identity. One of the most pervasive themes to emerge

from the narrative literature with regard to males with CSA pertains to gender identity.

As discussed above, the discordance that many males experience in the wake of abuse

events comes as a result of being both a male (therefore expected to embody traditional

male norms of invulnerability) and a victim. Because the descriptors *male* and *victim* are

incongruent in Western culture, the male is often thrown into a state of gender confusion

(regardless of the abuser's gender) wherein he wonders how he can be both a man and a

victim—how this thing that is only supposed to happen to girls happened to him.

Specifically, he may wonder what it says about him that his abuser selected him for

abuse, wonder what characteristic he unwittingly portrays that may have marked him as a

target, or even wonder if the abuser possessed more insight as to his sexual orientation

than he himself does (in the case of male perpetrators). Because in almost 65% of cases

(see reviews in Dhaliwal et al., 1996 and Holmes & Slap, 1998), boys are 12 years of age

and under, it may be often lost to the boy that child sexual abuse is about *power* rather

than intimacy, attraction, or sexual orientation. In other words, an adult male perpetrating

sexual abuse on a minor male child says nothing of the child's or the abuser's sexual

orientation, a fact which is evidenced by prevalence rates that show heterosexual males

perpetrate abuse on boys of all sexual orientations (straight, gay, bisexual, unknown) at

the same rate as homosexual males (see review in Terry & Tallon, 2004 and Finkelhor,

1984a). Because this is usually information that the child does not have, and, because

male CSA is a taboo subject in Western culture, the sexually abused boy is often left

alone in his shame and self-blame to make sense of these events—something which

leaves him pointing the finger of blame at himself, doubting his masculine identity, and/or questioning his sexual orientation (Holmes & Slap, 1998; Watkins & Bentovim, 1992). The fact that males with CSA histories consistently describe this kind of gender identity turmoil as a primary negative outcome of their abuse is not disputed by any scholars in this field that this reviewer was able to locate. On the contrary, this theme has consistently been supported by the literature in this field throughout decades of study (see reviews in Dhaliwal et al., 1996; Holmes & Slap, 1998; Watkins & Bentovim, 1992).

What is exciting about the presently-emerging body of modern era CSA literature is that the processes through which resilient and/or recovered males have passed on their journeys from gender identity turmoil to the gender identity unity are now coming to light. In fact, scholars are finding that, rather than functioning as just one process among many that may be characteristic of recovery, "the renegotiation of masculinity process that took place among the male survivors seemed to be very much in line with, and a necessary aspect of, healing from their histories of CSA" (Kia-Keating et al., 2010, p. 175). In short, renegotiation of masculine identity may be one of the markers that recovery is underway, has been achieved, or that resilience has been developed. In fact, it may be a pivotal marker.

The problem that then (again) presents itself to the modern era CSA researcher wanting to test quantitatively the *renegotiation of masculine identity (RMI)* theme in a wider, more representative sample of resilient males is that no such research construct (insofar as a definition for it has been operationalized by researchers or a measure created to test it) yet exists. In concrete terms, this means that no measure exists that can test for

the accomplishment of a renegotiated masculine identity. However, upon closer examination of the RMI process the scholar may find that there are several smaller component processes that comprise it and that might result in certain traits possessed by the recovered male with a history of CSA that *can* be empirically tested. In an analysis of the narrative data pertaining to the RMI theme, the Kia-Keating research team (2010) determined that RMI appeared to be comprised in their sample of three smaller component processes. These post-abuse processes were characterized by (a) the boy developing a discordant sense of his gendered-self (resulting from the culturally-conceived paradox that he can't be both a normal male and a victim) and struggling with this conflicted sense of self; (b) the male rejecting culturally-imposed notions of masculinity which served to alienate him and redefining for himself what it means to be a male; and (c) the male accepting his gendered-self (masculinity/maleness) within his new self-constructed definition for masculinity. When viewed in terms of these three component processes, RMI may begin to take shape as a research construct that can, at least in part, be quantitatively assessed in a sample of resilient males with sexual abuse histories.

Although human developmental *processes* are difficult to assess quantitatively, certain traits that characterize persons undergoing (or who have undergone) those processes may be accessible in terms of measurement. An example may prove helpful. For instance, scholars understand self-esteem is a construct that is always developing or changing—it is in process, and it is a process. That said, self-esteem (or rather one's level of self-esteem at a particular moment in time) is something that can be also measured as

if it were a trait. Similarly, it may be that component processes of RMI are able to be measured as if they were moment-in-time-traits. If they are able to be assessed this way, then modern era CSA researchers who are interested in assessing resilient males for specific traits (that may indicate that correlating processes have been undertaken or accomplished) can begin to test emerging data themes in wider samples.

If it is possible to test the RMI recovery processes as traits in resilient males with histories of CSA, then constructs that closely resemble the RMI stages must be located. In other words, a similar construct must be found that describes (a) a discordant sense of gendered-self resulting in feelings of gender-unacceptance or gender-identity turmoil, (b) a rejection of traditional male norms or ideals of masculinity and a redefinition of notions of masculinity, and (c) a resulting acceptance of gendered-self according to that new definition. Although some of these component processes may be more challenging than others to assess as traits, there are existing research construct frameworks that describe traits similar to these. For example, many measures are available to test for (b) the extent to which one possess attitudes consistent with traditional male norms—and, conversely (e.g., with low scores) the extent to which one rejects those norms. Some such measures might include the *Bem Sex Role Inventory* (Bem, 1974), *Personal Attributes Questionnaire* (Spence & Helmreich, 1978), *Brannon Masculinity Scale* (Brannon & Juni, 1984), and the *Male Role Attitudes Scale* (Pleck, Sonenstein, & Ku, 1993). Likewise, a measure for testing one's (c) gender self-acceptance as either high (accepting) or low (unaccepting and tumultuous) is available as well—the *Gender Self-Acceptance subscale on the Hoffman Gender Scale* (Hoffman et al., 2000).

If what the Kia-Keating et al. (2010) research team discovered about their sample

is true of most resilient males with CSA histories, then resilient males potentially might

demonstrate certain conditions (traits) as a result of having undergone the RMI recovery

process on their way toward resilience. It may be that those conditions can be measured

by a combination of instruments such as those named above that assess for gender self-

acceptance and rejection of traditional male norms. Specifically, it may be found that

resilience in males with CSA is predicted by low levels of adherence to traditional male

norms (because they have rejected and redefined male norms) and high levels of self-

acceptance pertaining to themselves as masculine beings (because they now define

themselves in reference to a renegotiated definition for masculinity that better accepts

their experiences). Conversely, non-resilient (or unrecovered) males with histories of

CSA might demonstrate high levels of adherence to traditional male norms (because a

process of rejection of those norms and redefinition of them hasn't been undertaken)

while also demonstrating low levels of gender self-acceptance (because the paradoxical

descriptors *male* and *victim* have left them in a state of gender identity turmoil wherein

they aren't likely to accept themselves according to the traditionally-masculine norms to

which they still subscribe). In other words, both *rejection of traditional male norms* and

gender self-acceptance would need to be assessed in order to determine where males with

histories of CSA are in their process of developing resilience.

Choosing instruments to measure these hypothesized stages, however, could

prove challenging. Because the *Hoffman Gender Scale* (Hoffman et al., 2000) is the only

known measure that assesses respondents' sense of gender self-acceptance *in reference to*

their own definition of masculinity rather than in reference to traditional male norms or notions of masculinity, it may be the best choice (and the only choice) for testing for males' *gender self-acceptance*. The best choice of instrument pertaining to *rejection of traditional male norms*, however, may prove more challenging. There are over several dozen instruments available that assess for various notions of male gender identity, masculinity, sex roles, gender roles, gender norms, and sex norms. Therefore, it may be critical to return to the narrative data Kia-Keating et al. (2010) collected in determining what exactly the resilient men in their sample were referring to when they spoke of the *traditional male norms* they wrestled with and eventually rejected.

In describing the men's typical definition of traditional masculinity, the research team (Kia-Keating et al., 2010) explained that "our analyses suggest that resilient male survivors struggled with the expectations of conventional masculinity, particularly in the domains of expected toughness, stoicism, and sexual prowess" (p. 175). Later they explained more explicitly that expected toughness referred to "physical toughness," (p. 175) that rejects "feminine ways" (p. 176), that stoicism referred to "emotional toughness," (p. 175) and that sexual prowess is characterized by both the constant desire and capacity for sexual activity (p. 178-179). Therefore, in choosing a measure that assesses the extent to which a male subscribes to or rejects traditional notions of masculinity, it would seem that the instrument should assess for these three primary factors (physical toughness/anti-femininity, emotional toughness, and desire/capacity for sex).

One instrument that assesses these factors, and therefore might be a potential choice for modern era researchers attempting to assess *rejection of traditional male norms* and attitudes is the *Male Role Attitudes Scale* (MRAS) (Pleck et al., 1993). Adapted from Thompson and Pleck's (1986) *Male Role Norms Scale* (which was adapted from the *Brannon Masculinity Scale*, Brannon & Juni, 1984), the MRAS is a brief measure composed of items that assess four factors: toughness (emotional and physical), anti-femininity, readiness for sex, and status (social/cultural power). Because this instrument addresses all three of those meanings for traditional male norms which the Kia-Keating et al. (2010) research team determined were contained in their sample's definitions of traditional masculinity (male norms), the MRAS may be a particularly good match for assessing traditional male norms.

Additionally, however, it should be noted that the MRAS assesses the factor of *status* (place of power within the culture) as well. Although this factor was not explicitly named by the sample of males interviewed by the Kia-Keating research team (2010), it could be that the men did not verbalize this definition because the elevated status of males within Western culture is so implicit to their experience in the world that it would not have occurred to them to expressly name it. This implicit sense of power among dominant-culture members is an issue that has often been cited by scholars of multicultural issues (e.g., Helms, 1995; Sidanius, Pratto, & Bobo, 1994). The theory goes that the elevated status and power that males (and other dominant groups in Western culture) hold is often so pervasive that members of dominant cultural groups can be oblivious to their preferential status within society. As a result, it is often the case that

those members of society who do not hold that preferential status feel their lack of power or status acutely while members of the dominant culture remain unconscious to it. Therefore, because the status of males in Western culture may be so implicit to their understanding of their worlds—and because CSA is an inherently power-based assault on children, one which, according to the literature may be felt most acutely by males who might normally hold it—it could be an especially-important factor to assess in a study of males with histories of CSA.

The study of CSA in college samples. There is a rich history in this literature of CSA researchers utilizing college populations in their studies (review of 70 college samples across 59 studies can be found in Rind et al., 1998). Although an immediate assumption of social sciences scholars might be that the proliferation of college CSA studies is simply a matter of researcher convenience (many researchers are employed by universities or at least have ready access to these large populations), this assumption would be erroneous. In fact, the rationale for studying CSA outcome presentations in this population may be quite solid. Researchers investigating negative outcomes in college samples have their reasons for studying this population, while resilience researchers have theirs. Different though the two groups' rationales may be, both appear to have validity.

Researchers' rationales for exploring negative CSA outcomes in college samples. For example, many researchers who examined poor outcomes for CSA in college samples sought to compare both prevalence rates among different portions of the non-clinical population as well as outcomes in those populations by property of the setting. Such a goal necessitated study of CSA in college samples. The result of such

studies was two-fold. First, it was found that CSA presented in college populations with remarkably similar prevalence rates to other types of non-treatment samples (e.g., Rind et al., 1998 found a prevalence rate in males of 14% across 59 studies and a rate in females of 27%—rates consistent with other premier scholars' prevalence rates of 16% in males and 27% in females such as Finkelhor et al., 1990). Secondly, the type and magnitude of outcomes (e.g., levels of sexual dysfunction, degrees of psychological dependency in interpersonal relationships) was found to be remarkably similar as well (Rind et al., 1998). Rind and Tromovitch (1997) found these similarities bore out in comparison to national samples, Neumann, Houskamp, Pollack, and Briere (1996) to an array of nonclinical samples, and Jumper (1995) to community samples. Thus, researcher investigating negative CSA outcomes found empirical support for the notion that college students with CSA are no more or less affected by the abuse than are other nonclinical samples—that they indeed may be a representative group. Fritz et al. (1981) further pointed out that college populations may be especially representative of the general population because of the fact that 50% of American adults have some exposure to college (based upon the 1995 U.S. Census). Because early studies of CSA in college samples yielded findings that this group may be particularly representative sample of the general population, researchers have continued to utilize college samples in their research of sexual abuse.

Researchers' rationales for exploring resilient CSA outcomes in college samples. On the other hand, those researchers who have sought to define college students as a particularly resilient group (e.g., possessing less negative outcomes than the wider

population of those with CSA histories might), have found support for this notion as well. According to a review of over 70 studies of CSA in college students (Rind et al., 1998) wherein prevalence rates of sexual abuse were also found to mimic those in the general population, it was discovered that that college samples demonstrated *fewer* pervasive and acute negative outcomes than other types of samples (also see review in Jumper, 1995). Significantly, these studies found that college samples were not under-representative of abuse characteristics (moderators) which are known to yield particularly poor outcomes for CSA (severity, duration, and frequency) in comparison with other populations, but rather that only outcomes differed significantly. Such findings may have fueled resilience scholars' preference for examination of CSA risk, protective, mediator, and criterion variables in samples of college students as evidenced by the proliferation of CSA-resilience studies with college samples since the mid-1990s (e.g., Banyard & Cantor, 2004; Himelein & McElrath, 1996; Liem et al., 1997; McClure et al., 2008; Walsh et al., 2007; Young et al., 2007).

Additionally, because popular study definitions for resilience often center on positive adaptation or successful functioning in at least one domain of life (e.g., Banyard & Cantor, 2004; DuMont et al., 2007; Heller et al., 1999; and see above), many child abuse researchers have deemed college students to be a particularly resilient group for study (Jones, 1997; Runtz & Schallow, 1997). The rationale here (sometimes inferred and sometimes explicit) seems to be that, simply by property of students with CSA histories having achieved a measure of academic success in their secondary education settings facilitative of their entrance to and enrollment in an institution of higher learning, they

meet criteria for resilience (e.g., Himelein & McElrath, 1996; McClure et al., 2008; Walsh et al., 2007). In further evidence of this may be that one team of researchers (Lambie et al., 2002) who investigated resilience in the victim-to-offender cycle (the tendency for some abused persons to later become perpetrators of child sexual abuse) found that indeed academic success, school achievement, and greater intelligence were consistent with greater resilience as defined in their study by failure to demonstrate offender behaviors. Additionally, the finding that academic success may be an essential component of certain types of resilience was consistent with other child maltreatment researchers' findings as well (e.g., Fergusson & Lynskey, 1996; Herrenkohl, Herrenkohl, & Egolf, 1994; Masten et al., 1988; McGloin & Widom, 2001).

Approaching from a different angle the argument that resilience tends to be associated with (and sometimes defined by) academic success, some researchers have examined college dropout rates in those with CSA histories. What has emerged from such studies is a trend that is often-cited in the CSA-resilience literature—that maltreated children demonstrate secondary-school dropout rates that are consistently three times that of other children (Trickett, McBride-Chang, & Putnam, 1994; see also Cook et al., 2005, and Shonk & Cicchetti, 2001). CSA-resilience scholars point to this and similar findings as further evidence that those persons who are admitted to college may be a particularly resilient group, for those less resilient adolescents may have dropped out of high school which, in turn, may have impeded their admission to college. Added to this trend is the finding that those students with histories of CSA who *remain* in college (and are thus available to participate in research studies) may demonstrate an even greater degree of

resilience to CSA than those who drop out. In a footnote in their comprehensive review

of CSA studies conducted with samples of college students, Rind e al. (1998) conjectured

that one reason CSA outcomes may be less severe in college samples is that those

persons who do experience outcomes that are severe or debilitating may be unable to

attend college or to stay very long after commencement of their studies because of

adjustment difficulties which are typically-known to impact those with severe CSA

experiences. In fact, Duncan (2000), in her study of college dropout rates among

maltreated children, found that students with CSA histories are indeed less likely to

remain in college past the end of the first year or for some past their first semester. This

tendency for some portion of students with severe CSA outcomes to drop out of college

is cited when, in the interest of obtaining more representative samples, researchers

advocate for future empirical investigations of CSA in college samples to include first

semester college freshman in their samples (e.g., Duncan, 2000; Rind et al., 1998)

     Researchers' findings regarding CSA in samples of college males. As with

nearly all subjects regarding CSA research, findings pertaining to outcomes in samples of

male college students with histories of sexual abuse have been controversial. Although

few studies have been conducted exclusively with college males reporting a history of

CSA, those that have have demonstrated mixed results. For example, Fromuth and

Burkhart (1989) investigated long-term psychological and sexual correlates in college

men with CSA histories and found that their two samples did not demonstrate any long-

term effects of CSA. Steever et al. (2001) examined college males' perceptions of their

experiences as abusive or non-abusive and found that those who defined their experiences

as abusive demonstrated significantly worse outcomes than those whose experiences met criteria for CSA, but which were not experienced by the males as abusive. Collings (1995) studied the discrepant outcomes for contact and non-contact CSA that presented in his sample of college males and found that those with contact forms of CSA demonstrated significantly poorer outcomes than those who experienced non-contact forms of CSA. Lisak (1994) investigated psychological and relational consequences of CSA through a qualitative research design and found that the majority demonstrated a history of substance abuse and certain affective states that made relationships with others difficult. Finally, Finkelhor (1979, 1981) examined samples of college-enrolled males with sexual abuse histories at six schools in New England and found that the majority did not perceive their early sexual experiences with adults to have had a negative impact upon them. Findings such as these may point to survivors' *perceptions* of CSA as abusive or non-abusive as a key factor in determining the trajectory of outcomes as positive or negative (Orbuch et al., 1994; Widom & Morris, 1997). It may, however, be critical to bear in mind that male CSA-perception studies are almost exclusively employ self-report measures and that researchers have sometimes failed to find significant positive correlations between males' perceptions of their experiences as non-harmful (or even beneficial) and an increased level of psychological, relational, sexual, and behavioral functioning as compared with those males who did define their experiences as abusive (e.g., Steever et al., 2001). Further, some portion of samples of college males do report perceiving their experiences as abusive and report both permanent and negative long-

term effects resulting from the abuse (Finkelhor, 1979, 1981; Landis, 1956; also see review in Rind et al., 1998).

Pertaining exclusively to researchers' findings regarding outcomes of *resilience* in college males with histories of CSA, this reviewer failed to locate a study that examined within-group differences—studies of males alone. Several studies of resilient outcomes in samples of college females with histories of CSA exist (e.g., Himelein, 1995; Himelein & McElrath, 1996; McClure et al., 2008; Walsh et al., 2007), but, as it has been stated in the literature that applying knowledge gleaned from studies with females to males may have served to do more harm than good to understanding the male experience of CSA, further review of these studies may not be in good form (Andersen, 2007). Two studies, however, examined both males and females with CSA in college samples, though their findings are discussed either in terms of outcomes by gender comparisons (Liem et al., 1997) or not broken down at all by gender (Banyard & Cantor, 2004). As the former study investigated those outcomes that typically present in females with sexual abuse histories (e.g., depression, self-esteem) in males, they found, as have other aforementioned researchers who applied the same method (e.g., Little & Hamby, 1999) that results in males were largely insignificant (showed little effect). Because outcomes were not separated by gender in the latter study, it is not possible to determine what, if any, trends might have emerged. A CSA scholar curious to discover what factors may determine or define resilience in samples of males with abuse histories, therefore, might do well to examine those meeting this criteria specifically in samples of college students.

Researchers' recommendations for further investigation of CSA. Among the

aforementioned recommendation by CSA researchers to include first semester freshman

in research samples of CSA college students, other noteworthy recommendations by

researchers in this field should be considered when crafting future studies of CSA.

Researchers making these recommendations include Femina et al. (1990), Finkelhor et al.

(2005), Rellini and Meston (2007), and Williams, Siegel, and Pomeroy (2001). The first

recommendation these researchers have made is that surveys should not be constructed in

such as way as to define inclusion criteria by property of a single (or gateway) question

for CSA. This is because, when checked for accuracy of reporting, such studies have

typically been found to demonstrate high rates of false-negative reports of CSA.

Therefore, in future studies several questions should assess for CSA. Secondly, this group

of researchers have further recommended that questions assessing for CSA should be

both behavior-specific (explicit) and language-variant so as to account for the range of

perceptions those with histories of CSA may possess as to what events may be self-

defined as CSA (also Holmes, 2008; Hunter, 2010b; Steever et al., 2001).

A third recommendation researchers have made is that, when possible, CSA

should be assessed using computer surveys (e.g., Bagley & Genuis, 1991). In a

comparative study involving specifically male Canadian college students who took the

same survey assessing for CSA online (alone at a computer) as they took in one of their

classes (seated among peers) and as administered face-to-face with a trained interviewer

(one-on-one), a rather stunning 90% reported that they indicated greater honesty in

answering survey items regarding their histories of CSA when seated at the computer

(Bagley & Genuis, 1991). In light of this impressive figure, the researchers then made simple comparisons of CSA prevalence rates among the three settings and concluded that false-negative reports of CSA were higher for both the interview and the classroom settings and that the rate as reflected in the computer setting was consistent with rates found in other national, nonclinical, and community settings—14% (e.g., Finkelhor et al., 1990).

A fourth recommendation made by researchers is that because of the effects other types of traumas have been known to have on outcomes in trauma survivors (sometimes found to be compounding and at other times found to be confounding), CSA should be assessed as one potential trauma among many (Banyard & Cantor, 2004). Certainly, there have been a proliferation of CSA researchers who have heeded this advice and thus added much to the literature in this way (e.g., Banyard & Cantor, 2004; Collishaw et al., 2007; DuMont et al., 2007; Duncan, 2000; Kinard, 1998b; Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Rajendran & Videka, 2006).

Finally, as has been specifically addressed throughout this review, researchers have called for within-group studies of males with histories of CSA (Holmes & Slap, 1998; Watkins & Bentovim, 1992), studies that assess survivors at intervals of time with reference to when abuse events occurred shorter than the more-typical 3-5 decades, and in populations that are considered resilient, such as samples of college students (Jumper, 1995).

In addition to these five primary design-oriented recommendations for crafting further studies of CSA, researchers conducting recent qualitative analyses of narratives

offered by resilient males with sexual abuse histories point to specific research questions

that may be ripe for study at this time. Specifically, a study conducted by Kia-Keating et

al. (2010) corroborated themes from other studies (e.g., Andersen, 2007, 2008; Anderson

& Hiersteiner, 2008; Teram et al., 2006) that indicate that reestablishing close

interpersonal relationships with others wherein survivors felt safe may be critical to

recovery from and resilience to CSA events. Secondly, a study conducted by many of the

same researchers (Kia-Keating et al., 2005) lent further support to the considerable body

of literature indicating that some process of renegotiating one's notion of what it is to be

masculine and to come to a place of self-acceptance in reference to this notion may also

be a critical characteristic of those males who are recovered or resilient. Therefore, this

theme may also be ready for study in a sample of men more representative of the wider

population of males with CSA histories. Finally, a third fairly-consistent theme that has

emerged across qualitative studies of this population and found to be a potential trait of

recovery in males is the desire to help others and then an acting-out upon that desire to

assist those who may have suffered similar challenges and are still struggling to recover.

This altruistic theme of has been evidenced in the narratives of studies by Andersen

(2007), Fater and Mullaney (2000), Grossman et al. (2006), and Kia-Keating et al. (2010)

and may also be ready for wider empirical examination at this time.

In summary, according to the literature in the field of CSA that has emerged over

the last decade, the present moment may be ripe for researchers to undertake the charge

of conducting studies that seek to determine answers to specific research questions

through a particular study design that rises to the challenges prior CSA researchers have

recommended. Namely, examination of altruistic behaviors, presence of safe-place

relationships, and evidence of a renegotiated masculine identity should be sought in

quantitative studies of young, resilient males with histories of CSA that employ the use of

online surveys and include explicit assessment of CSA, CSE, and other forms of potential

traumas. Although researchers meeting this challenge will inevitably encounter those

barriers that have made other examinations of this population difficult (e.g., poor rates of

male disclosure, poor response rates to online surveys), survivors stand to gain much

from these examinations—much that may assist other males in their development toward

recovery.

CHAPTER III

METHODOLOGY

Overview

Chapter I provided an overview of the present study, while Chapter II offered a comprehensive review of the literature relevant to the study. In the current chapter, the study's methodology is presented. This includes a description of the guiding research questions and hypotheses, participant population and sampling, measures, methods and procedures, data analyses strategies per research question, and results of the pilot study.

Research Questions and Hypotheses

Research Question 1: To what extent are gender self-acceptance, attitudes about male gender roles, and perceptions of self as mattering to others correlated in a sample of males with sexual abuse histories, as measured by the gender self-acceptance subscale of the *Hoffman Gender Scale*, the *Male Role Attitudes Scale*, and the *Mattering To Others Questionnaires*?

Hypothesis 1: Gender self-acceptance and perceptions of self as mattering to others will demonstrate a low to moderate degree of positive correlation; gender self-acceptance and male role attitudes will demonstrate a high degree of negative correlation, and perceptions of self as mattering to others and male role attitudes will demonstrate a low to moderate degree of negative correlation.

Research Question 2: To what extent do perceptions of self as mattering to others, gender self-acceptance, and male role attitudes predict resilience in a sample of males with childhood sexual abuse histories, as measured by combined scores on the Mattering to Others Questionnaires, the gender self-acceptance subscale of the *Hoffman Gender Scale*, the *Male Role Attitudes Scale*, and the *Resilience Scale*?

Hypothesis 2: Higher scores of resilience will be predicted by higher scores of perceptions of self as mattering to others, higher scores of gender self-acceptance, and lower scores of male role attitudes.

Research Question 3: To what extent do perceptions of self as mattering to the three different referents (closest person, family, friends) separately predict resilience in a sample of males with childhood sexual abuse histories, as measured by the three different Mattering To Others Questionnaires and The Resilience Scale?

Hypothesis 3: Mattering to the Closest Person will be the strongest predictor of resilience in a sample of males with childhood sexual abuse histories. The next strongest predictor will be Mattering to Family and, finally, Mattering to Friends.

Research Question 4: To what extent are resilience and the presence of altruistic involvement correlated in a sample of males with childhood sexual abuse histories, as measured by The Resilience Scale and the self-report item on the demographic survey that assesses for altruistic involvement?

Hypothesis 4: Resilience and altruistic involvement will be moderately to highly positively correlated in a sample of males with childhood sexual abuse histories.

Population and Sample

The population of interest was self-identified males between the ages of 18-29 who were enrolled in college and who met the criteria defined within the study for possessing a history of child sexual abuse. The sample for the study was drawn from two large public universities in the Southeastern United States. At NCSU, the sample was drawn from entire population of all university students (male and female) enrolled in Pre-Health majors (about 5000) and First Year College majors (about 700) who self-elected to participate in the online survey. At ASU, the sample was drawn from males enrolled in graduate and undergraduate majors who responded to verbal recruitment invitations issued by the researcher at four different pedestrian hubs on the campus in the fall of 2011. Though data on students of all genders, ages and possessing all types of potential traumas were collected, only data from those males who met the criteria for possessing a history of child sexual abuse and currently aged within the target span of years were analyzed. For the purpose of this study, child sexual abuse was defined as physical contact of a sexual nature that (a) occurred between a child under 18 years of age and a person 5 or more years older regardless of the child's consent or that (b) occurred to a child under 18 years of age without his consent (use of force or coercion) by a perpetrator of any age and regardless of age-discrepancy.

Two large, public universities located in the southeastern United States were chosen for sampling due to the first university's comparatively large percentage of enrolled males (56% for the 2010-2011 academic year) and the second university's percentage of enrolled males (46% for the 2010-2011 academic year) which was more

representative of male enrollment percentages nationwide (43%) (American Council on Education, 2010). College undergraduates were of specific interest in the study because of the considerable literature in the field of resilience that indicates that college students possessing histories of trauma may represent high resilience simply by property of their ability to enroll in and maintain enrollment in an institution of higher education. As resilience has been defined in this literature as the ability to demonstrate achievement in at least one life domain (college enrollment indicating the academic achievement domain) (Banyard & Cantor, 2004; DuMont et al., 2007; Masten et al., 1990; McClure et al., 2008; Rutter, 1987; Spaccarelli & Kim, 1995; Wagnild & Young, 1993), undergraduates with histories of trauma including CSA were particularly appropriate for the study of resilient persons (for precedence, see Duncan, 2000; Himelein & McElrath, 1996; Rind et al., 1998).

The narrow age range that defines inclusion in the study was imposed in the interest of addressing the gap in the literature with regard to reports by males with histories of sexual abuse. Often, males do not report their experiences until many decades later (if at all), a dynamic which has sometimes caused research findings in this field to be substantially limited because of well-documented problems pertaining to accurate memory for and retrospective recall of abuse events (Holmes, 2008; Watkins & Bentovim, 1992; Widom & Morris, 1997). This study was an attempt to address some of these issues by limiting time elapsed between the abuse and the potential report of the abuse to no more than 29 years.

Two methods were used to establish the minimum target sample size for the study. Based upon a power analysis comprised of statistical considerations regarding the three independent variables' possible inter-correlations, desired power (.8) and effect size (.3), and anticipated regression weights (.05), minimum target sample size was determined. Calculations conducted to determine the minimum requirement of participants yielded a total 36 male respondents reporting a history of sexual abuse. Another standardized method for determining necessary number of participants is to estimate that ten participants per independent variable are required. Since the study includes two independent variables that assess for masculinity and male role attitudes and one independent variable that assesses for perception of self as mattering that is to be administered three separate times (each for a different referent), the total number of variables is five. Using this rule of estimation, the minimum sample size indicated would be 50. While the recommended *N* values for these methods are relatively close, the conservative number is preferred, and, therefore, the minimum target sample size for the study was determined to be 50 participants.

Instrumentation

Mattering To Others Questionnaire

The *Mattering to Others Questionnaire* (MTOQ) (see Appendix A) is an 11-item measure designed to assess one's perception as significant to specific others. Developed by Sheila Marshall (1998, 2001) and based in Rosenberg's concept of inferred significance (1976) which is, in turn, popularly rooted in Erikson's Theory of Psychosocial Development (1968), mattering is defined as "the psychological tendency to

evaluate the self as significant to specific other people" (Marshall, 2001, p. 474).

Marshall constructed the scale so that the referent (e.g., family member, friend, partner) could be easily inserted. The questionnaire was further developed by 14 social scientists and eight student services or adolescent treatment professionals who evaluated the question items for developmental appropriateness, face validity, and potentially-missing aspects of perceived mattering. Following minor alterations to the instrument, it was then assessed by 12 adolescent respondents and nominally altered again before use in Marshall's construct validation study. The final version yielded by the studies has been used without further alteration in subsequent studies of adolescents and young adults (e.g., Elliott et al., 2005; Marshall, 2004, Marshall et al., 2010; Rayle, 2005; Rayle & Myers, 2004).

In the first nine items of the MTOQ, respondents are prompted to indicate the extent to which they agree with statements specifically designed to assess the perception that they matter to a particular person such as a parent, friend, or intimate partner. Using a five-point Likert scale ranging from "not much" (1) to "a lot" (5), participants respond to statements such as, "My _____ notices my feelings" and "I am needed by _____." In the last two items, the order in which the scores appear are reversed. However, in terms of scoring the measure, these items are identical to the previous nine. Items 10 and 11 ask where the respondents perceive they rank on a hypothetical list of the things their significant person thinks and cares about. This scale ranges from 5 (top of the list) to 1 (bottom of the list).

In this study, respondents completed the MTOQ thrice. In the first administration, participants were asked to decide the *person closest* to them and to complete the survey with that person as the referent (e.g., "The person closest to me notices my feelings"). At the end of this first questionnaire, a twelfth question was added to the survey that asks participants to identify the relational role that this person closest to them plays (e.g., "This person is my . . ." with choices given including best friend, boyfriend/girlfriend, mother, father, step-parent, teacher, coach, aunt, uncle, cousin, coworker, teammate, etc.). This information will be used to inform research questions for examination in future studies with this population. Therefore, data yielded by this item was not included in the data analysis in the present study. In the second questionnaire, participants responded to items in terms of the extent to which they perceived they matter to their *family* (e.g., "My family notices my feelings"). In the third MTOQ, respondents were prompted to report the extent to which they felt they matter to their *friends* (e.g., "My friends notice my feelings").

Reliability and validity values yielded by studies conducted on the measure demonstrated degrees of soundness for use in measuring the construct of perceived mattering. In her 1998 and 2001 studies, Marshall sought to establish reliability and validity for the MTOQ by employing Loevinger's (1974) three-component model. By examining participants' sense of mattering to their mothers, fathers, and friends in a sample of 110 Canadian undergraduate students and 532 high school students, Marshall found that the instrument was significantly reliable and valid. In both the high school and undergraduate samples, the instrument was shown to possess significant substantive

validity. Examination of the instrument's structural validity was found to yield Cronbach's alpha scores for the three scales (mother, father, friend) of .93, .95, and .93 respectively in the high school sample and .89, .95, and .93 respectively in the undergraduate sample. Correlational analyses led Marshall to conclude that the MTOQ possesses strong external validity as well, for mattering and global self-esteem were found to be distinct constructs. Conversely, mattering and various forms of relatedness such as sense of belonging, relatedness to family, relatedness to friends, family cohesion, and perceived social support were found to be strongly positively-associated with, without overlapping, mattering. In addition, meaning or purpose in life was also found to be significantly positively correlated with mattering, which may be an indication of how critical it may be to adolescents and young adults to perceive that one is significant to specific others in one's life.

The MTOQ has been utilized in other studies whose samples are largely comprised of adolescents and young adults as well. In such studies, this instrument has been found to possess Cronbach's alphas of .76 (females) and .80 (males) (Rayle, 2005), .76 (non-minorities) and .75 (minorities) (Rayle & Myers, 2004), .84 overall (Elliott et al., 2005) .94 (mother), .96 (father), and .93 (friend) (Marshall, 2004), and alphas ranging from .83 to .88 across nine data sets in another study (Marshall et al., 2010).

In terms of scoring the measure, scores reflect the mean of item responses and are continuous in nature. Marshall (2001) has offered that "higher scores reflect greater reported perceived mattering to the referent" (p. 478), but there are no cut-off scores for mattering and not-mattering or even for high mattering and low mattering. Some

researchers have used the five point scale as is (e.g., Marshall, 2004; Rayle, 2005), while

other researchers have modified scoring methods to suit their specific statistical needs.

For example, Rayle and Myers (2004) maintained the 5-point Likert Scale of the MTOQ,

but then combined the data with other data from the General Mattering Index to

determine overall levels of mattering in their adolescent sample. Elliott et al. (2005)

followed suit. In a study she recently published with Canadian and American colleagues,

Marshall (2010) also modified scoring procedures. She collapsed the first four categories

ranging from "not much" (perceived mattering) to "somewhat" (perceived mattering) into

one category she labeled "not a lot" (of perceived mattering). This was due to an

extremely positively-skewed data distribution set which evidently is not uncommon with

use of this instrument in adolescent and undergraduate samples (Marshall et al., 2010).

The other category ("a lot") remained the same, and thus binary data were then analyzed.

While for the purposes of this study the original 5 point scale will be used, the flexibility

in scoring that the MTOQ has historically offered is an added feature of the measure. In

the event that results are extremely skewed for this sample of late adolescents and young

adults, categories may be collapsed and the data analyzed as binary using the same

procedures Marshall and colleagues described in the 2010 article.

Hoffman Gender Scale

The *Hoffman Gender Scale* (HGS) (Appendix B) is designed to assess one's self-

confidence in his/her gender identity. It is a 14-item survey with one additional question

that asks respondents for a qualitative explanation as to what they mean by the term

masculinity. Though the scale measures gender self-confidence, the term *self-confidence*

fails to appear in the title of the instrument to prevent trait-desirability from affecting respondents' answers (Hoffman et al., 2000). Specifically, the HGS measures sense of confidence in one's masculinity/femininity referent to factors of self-definition and self-acceptance. This is a departure from other instruments that measure masculinity, for the HGS (to the researcher's knowledge) is the only tool presently available that does not seek to measure traditionally-gendered attributional traits, gender norms, sex roles, or gender roles as defined by one' sense of self in reference to cultural stereotypes, but rather seeks to examine the respondent's own sense of masculine identity through assessing his own degree of gender self-definition and acceptance of his gendered self *in reference to his personal gender self-definition* (Hoffman, 2001; Hoffman, 2006b). This characteristic of the instrument was pivotal to this study because definitions of renegotiated masculine identity found in the qualitative literature of males with CSA have centered around male survivors leaving behind cultural/stereotypical ideas of what it is to be male and learning to both define for themselves what it is to be male (masculine identity) and to accept themselves as gendered beings within that new definition (Kia-Keating et al., 2005).

The philosophical roots of the instrument lie in the work of Lewin (1984) and Spence (1984; Spence & Buckner, 1995, 2000), who viewed sense of maleness and femaleness (masculinity and femininity) as "quite different from the limited notion of stereotypical male and female roles" (Hoffman et al., 2000, p. 478), and who instead called for measurement of masculinity and femininity in terms of an individual's sense of self—that is, self-concept and self-confidence in that self-concept (Lewin, 1984; Spence,

1984). Reflecting this understanding, Hoffman et al. (2000) sought to establish a measure for gender self-confidence as a component of the larger gender identity which, in turn, is a component of the larger gender self-concept. It has been demonstrated that 7 of the 14 items consistently and reliably load on the self-definition factor (1, 4, 6, 7, 9, 12, and 14) and 7 on the self-acceptance factor.

According to Hoffman and colleagues (2000), the initial scale was constructed through an open-ended questioning process wherein individuals were asked about their conceptions of gender self-confidence. Their answers were then sorted into thematic groupings, and items were constructed around the themes that emerged, namely self-regard, identity as a gendered being, and security. After refining the items and asking qualified professionals in the field to further assess them for phrasing, precision, and errors, a 20-item instrument asking respondents to rate the degree to which they agreed with the statements on a 6-point Likert scale was created. Two items were negatively-worded (reverse scored) to aid in increasing reliability. Also, two forms of the instrument were constructed (Form A for women / Form B for men) that were identical, with the exception that the terms female/femininity and male/masculinity were substituted according to Form. At the end of the scale an open-ended question was added, "What do you mean by masculinity (or femininity)?" to assess the meanings of the terms and corresponding constructs from which participants were responding.

Two studies were then conducted to assess the reliability and validity of the instrument. The first included 92 women and 54 men, undergraduates enrolled in seven various courses at a university in the southeastern United States (Hoffman et al., 2000).

Reported internal consistency coefficient alphas for the HGS were .94 for females and .94 for males with no overall mean differences for the two groups. One factor (gender self-confidence) accounted for 50% of the variance, but the second factor did not demonstrate any high loadings. Closer examination of the first factor exposed the existence of a range of the constructs' meanings spanning gender self-definition to gender self-acceptance. Therefore, though the instrument appeared to validate the gender self-definition factor, the single factor seemed to be bi-dimensional. In response to this finding, some items found to be statistically redundant were eliminated, the range of possible responses condensed to encourage greater discrimination between categories, and two additional test items were included to enhance the gender self-definition construct on the gender self-confidence factor.

In the second study (also Hoffman et al., 2000), the two-factor structure of the HGS that emerged in the first study was tested. In addition, the instrument's construct validity was assessed using comparisons with the Bem Sex-Role Inventory (BRSI; Bem, 1974), one of the most popularly-used instruments in studies of masculinity and femininity (Beere, 1990). The 14-item revised HGS was given to 273 women and 98 men in undergraduate courses at the same university. Factor analysis revealed a two factor structure for the revised instrument, gender self-definition and gender self-acceptance. Together, the two factors accounted for 62% of the total variance in both gender groups. Scree plot examination revealed that items loaded on the factors in accordance with expectations. Reliability estimates for the female sample yielded alphas of .88 on the self-definition subscale and .90 on the self-acceptance subscale. For men, the coefficients

reported were .93 for self-definition and .80 for self-acceptance. MANOVA analyses revealed that there were no significant differences between gender groups on any of the items on either of the two subscales. Discriminant validity for the instrument was supported when correlations between the HGS and the BRSI were examined. HGS self-definition scores and BSRI scale scores demonstrated correlations of -.07 (BSRI Masculine) and -.03 (BSRI Feminine) and HGS self-acceptance score correlations of -.22 (BSRI Masculine) and -.16 (BSRI Feminine).

The HGS is simply-constructed and, therefore, easy for respondents to understand and use. In seven items on the HGS, respondents are asked to rate the extent to which they agree with statements assessing their gender self-definition; the remaining seven pertain to their sense of gender self-acceptance. Items such as "Being a male (or female) is a critical part of how I see myself" are directed at assessing the self-definition factor, while items such as "I meet my personal standards for masculinity (or femininity)" assess the self-acceptance factor. The 6 point Likert scale ranges from Strongly Disagree (1) to Strongly Agree (6), with high scores indicating higher perceptions of that aspect of the gender self-confidence construct. Separate mean scores can be determined for the two different subscales or mean scores can be calculated on the larger construct of self-confidence in gender identity. Respondents' high scores on the gender self-acceptance scale indicate how comfortable they are being male or to what degree they accept themselves as members of the male gender. Respondents' high scores on the gender self-definition scale indicate that they feel their maleness is a critical component of their identity.

Reliability and validity for the HGS have been investigated and reported in several studies. In addition to those indicated above, Hoffman (2006a) reported a coefficient alpha of .90 for the gender self-definition subscale and .87 for the second subscale, gender self-acceptance, in her most recent study of gender and ethnic identity in a sample of 361 undergraduate women. In their study of gender and sexual identity-based counseling efficacy in a sample of 178 mental health clinicians, Dillon, Worthington, Soth-McNett, and Schwartz (2008) reported internal consistency estimates for female gender self-definition of .83 and .72 for male. Estimates for female gender self-acceptance were .86 and .76 for male.

Particularly notable with regard to this study was that the central construct of the HGS, gender self-confidence, was recently studied with relation to subjective psychological well-being (Hoffman, 2006b). Specifically, it was hypothesized in the study that the two subscales comprising gender self-confidence (gender self-definition and gender self-acceptance) would correlate differently with scores on an instrument of subjective well-being. The researcher predicted that gender self-definition would not demonstrate a correlative relationship with well-being, but that gender self-acceptance would demonstrate positive correlation with the mental health construct. Both hypotheses were substantiated by the data. Further, it was found that this relationship was strongest in African American males. The fact that the HGS may be particularly sensitive to male minority populations is an added benefit to the current study which will include undergraduate males of many ethnicities. This is a valuable feature of the instrument, especially in light of the finding that the renegotiation of masculinity may be a

particularly salient process for minority men working toward recovery and resilience (Kia-Keating et al., 2005).

These recent findings that gender self-acceptance, but not gender self-definition, was strongly associated with psychological well-being may suggest that gender self-acceptance, as measured by this scale on the HGS, may be particularly well-suited for examination in the present study wherein resilience was measured as an outcome variable. Although subjective well-being and resilience are different constructs, high amounts of both can be viewed as indicators of good mental health (Diener, 2000; Spaccarelli & Kim, 1995). Thus, it may be that while gender self-acceptance and resilience are indeed related to each other (e.g., one might reason that a person with high gender self-acceptance might tend to demonstrate high resilience), resilience and gender self-acceptance should have been distinct enough that they did not overlap. This may serve to assuage any existing fears that The Resilience Scale subscale entitled "acceptance of self and life" which sounds much like "gender self-acceptance," actually assessed for a very different construct.

Finally, it has been noted that the scale for gender self-acceptance alone was used in the analyses without including the scale for gender self-definition. This is because males with CSA histories who have participated in recent narrative research studies have not indicated that gender self-definition as the HGS defines it (how much or how little their sense of self as male defines identity) was critical to the specific recovery process referred to in the literature as "renegotiating a masculine identity." *Renegotiation of a masculine identity* appears to be comprised of at least three processes, including rejecting

traditional male norms (like toughness, stoicism, and sexual prowess), redefining for themselves what masculinity means to them, and coming to accept themselves as males in light of that new definition (self-acceptance) (Andersen, 2007; Durham, 2003; Gilgun & Reiser, 1990; Kia-Keating et al., 2005, 2010; Lisak, 1994). While the MRAS can assess for the first step in this process and the gender self-acceptance scale on the HGS can assess for the third step, the gender self-definition scale cannot assess for the second step because, rather than measuring *whether* a redefinition of masculine identity process has taken place, the HGS's gender self-definition scale simply assesses for *how much or how little* that redefinition is critical to the male identity as defined by the male himself.

Because the narrative themes that have emerged from the research conducted with recovered or resilient males with CSA histories indicates that there may be a wide range of importance ascribed to masculinity by recovered males with histories of CSA, assessing for gender self-definition may miss the mark. For instance, it has been discovered that some recovered males find that their own sense of their maleness is pivotal to their identity, while others have reported that the process of recovery caused their sense of maleness to be significantly less important to them—that they had learned to embrace both their masculine and their feminine sides and so no longer saw their own maleness as a critical part of their identity (Kia-Keating et al., 2005). Therefore, males in these studies could have scored either high or low on gender self-definition (had it been measured) and still be just as resilient. It seems that what matters most to a male's process of recovery may be his self-acceptance of his masculinity as defined by his unique, renegotiated definition for masculinity. In short, while it may seem like gender

self-definition may be exactly what is necessary to measure in this population, narrative

analysis implies that this redefining of a masculine identity may be best measured by how

the self as a masculine being is acceptable to self (gender self-acceptance) and rejects

traditional social norms for masculinity held by Western culture.

Since the HGS was administered in its entirety to participants of the study, data

on respondents' gender self-definition factor was collected. However, for all the reasons

discussed, these data were excluded from the analyses that pertain to the study's four

research questions. As the researcher will be curious to see what (if any) relationship the

gender self-definition factor bears to any of the other variables (though none is expected),

this data will be gathered and possibly taken into account when formulating future

questions and related directions for research.

Male Role Attitudes Scale

The *Male Role Attitudes Scale* (MRAS) (Appendix C) is an 8-item measure

designed to assess one's attitudes toward traditional male roles (Pleck et al., 1993).

According to Pleck and colleagues, the first seven items of the scale were adapted from

the Male Role Norms Scale (MRNS) created by Thompson and Pleck (1986), which is a

26-item shortened version of the 58-item *Brannon Masculinity Scale* (BMS) that was

created by Brannon and Juni (1984). Only those items that pertained directly to the

importance of males adhering to cultural standards for masculinity were pulled from the

MRNS (Thompson, Pleck, & Ferrera, 1992). The two instruments from which the MRAS

was derived are grounded in the considerable body of empirical research conducted by

the scale creators of these instruments, scholars who have added significantly to the field

of knowledge regarding masculinity, male gender roles, and male gender norms *as measured in reference to culturally-constructed (Western) traditional male norms and roles* (Pleck et al., 1994). The MRAS is likewise grounded in this theoretical approach to measurement of male roles. The eighth and final item in the measure was added in attempt to assess for attitudes regarding males' readiness for sex, a subject absent from the MRNS but demonstrated in validity studies of the instrument in samples of adolescent and college males to be a further valid indicator of one's possessing attitudes toward male roles that are considered traditional (Pleck et al., 1993, 1994; Snell, Hawkins, & Belk, 1988).

Factorial dimensions represented by the scale are male status (items 1-3) and male toughness/anti-femininity (items 4-8). MRAS assessed for male status via questions such as, "It is essential for a guy to get respect from others," while male toughness and anti-femininity are assessed by questions such as, "A young man should be physically tough even if he's not big" and "It bothers me when a guy acts like a girl." Respondents were asked to indicate their agreement with the eight statements using a Likert scale ranging from 1 (disagree a lot) to 4 (agree a lot). Scores are this measure are continuous and range from 8-32, with higher scores on the measure indicating high endorsement of traditional male gender roles.

Several strengths of the MRAS are noteworthy. First, the construct validity and, specifically, the discriminant validity of the measure relative to general gender role attitudes are strong (Thompson et al., 1992). Secondly, correlates between various ethnic groups in samples of adolescent and young adult males are similar (Pleck & O'Donnell,

2001; Thompson et al., 1992). Thirdly, the scale was normed on a large sample of

adolescent males and validated in studies with college populations (Pleck et al., 1993,

1994). Finally, both the length of individual items and the overall length of the instrument

itself are short, and each of the items is written in simple language consistent with early

adolescent reading levels, making the instrument an easy one for most late adolescent and

young adult males to understand and respond to (Thompson et al., 1992). The weakness

of the instrument is that it may be too short, for coefficient alphas for internal reliability

are lower than ideal (e.g., .56) in several studies (Pleck & O'Donnell, 2001; Pleck et al.,

1993; Thompson et al., 1992).

The *Resilience Scale*

The *Resilience Scale* (RS) (Appendix D) is a 25-item measure designed to assess

one's perception of personal resilience. The scale is based in the construct of resilience as

best conceived within psychoanalytic and existentialist theoretical traditions (Wagnild &

Young, 1990). These are indicated because of the overt emphasis the RS places on

Freud's notion of ego-control (Block & Block, 1980) and on Frankl's notion (Frankl,

1985) of existential aloneness and meaningfulness in life (Wagnild & Young, 1990).

Developed by researchers Wagnild and Young (1993), the instrument stems from themes

uncovered in a qualitative study of 24 well-adapted women who experienced a tragic or

traumatic life event after which they had demonstrated some measure of high moral and

social involvement (Wagnild & Young, 1990). Emergent themes from their initial study

were equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness.

Existing literature on resilience validated these perspectives, and further development of

the current instrument was achieved through converting these themes to question items using interviewees' recurring verbatim comments. Several pilot studies were then conducted by these and other researchers to refine language and correctness of meaning as well as to assess for construct and concurrent validity, test-retest reliability of the instrument (see reviews in Wagnild & Young, 1993, 1988, 1991). Researchers eventually concluded that the construct of resilience as measured by the RS best loaded on two factors that served to underlie the original five categories. The factors are referred to as personal competence and acceptance of self and life. Eight items have been found to load reliably on the acceptance of self and life factor (7, 8, 11, 12, 16, 21, 22, and 25) and the remaining 17 items on personal competence.

Using a 7-point Likert scale, the RS asks respondents to rate the extent to which they agree with statements designed to assess their acceptance of self and life ("I feel proud that I have accomplished things in life") and their sense of personal competence ("When I am in a difficult situation, I can usually find my way out of it"). Responses range from Strongly Disagree (1) to Strongly Agree (7), and possible scores on the instrument range from 25-175 when totaled. Low scores indicate less presence of the construct and range from 25-120. High scores indicate greater presence of the construct and range from 147-175 (Wagnild, 2003). Original cut-off scores for the high range were 160-170, but because the instrument was originally normed on an elderly population and because it has been found that for every added ten years of life, RS scores tend to be 2 to 3 points higher, the more developmentally-appropriate range of 147-175 was used with the study's adolescent/young adult population, and only then for the purposes of

describing the sample. Rather, continuous data yielded by the measure were used for analyses conducted in the study. This is consistent with the majority of studies wherein only overall resilience scores are reported and used in further analyses.

One of the strengths of the RS is that it has been used in dozens of studies and with samples that vary considerably in nationality, ethnicity, age, gender, and life situation (e.g., adolescent mothers, middle-aged caregivers, battered women, and young Mexican Americans). Estimates of reliability and validity for the RS in all studies are consistently high, with internal consistency estimates ranging from .76 - .90 in initial studies (Wagnild & Young, 1993) to more recent estimates at .91 (Rew, Taylor-Sheehafer, & Fitzgerald, 2001) with homeless adolescents, .91 and .94 (Wagnild, 2003) with elderly persons, and .85 (Black & Ford-Gilboe, 2004) with adolescent mothers. Support for good concurrent validity was demonstrated when well-established measures for several constructs related to resilience (e.g., life satisfaction, depression, health) were found to be highly correlated in expected directions with the measure during initial development of the RS. In addition, validity estimates have continued to be good when reported in subsequent studies (Ahern, Kiehl, Sole, & Byers, 2006). In fact, in a rather extensive recent review of instruments that seek to measure resilience, resilience scholars recommended that the RS may be the best instrument for use with adolescent populations (though it remains a strong measure for use with any population) because of its considerable use across demographically-diverse populations and the high consistency and validity estimates with adolescents and young adult populations (Ahern et al., 2006).

Stressful Life Events Screening Questionnaire—Revised

The *Stressful Life Events Screening Questionnaire* (SLESQ-R) (Appendix E) was designed to assess lifetime exposure to various potentially-traumatic events. Created by Goodman, Corcoran, Turner, Yuan, and Green (1998), the SLESQ was specifically developed for use with non-treatment seeking samples. The SLESQ-R is a unique measure in that it is shorter than others of its kind, has been carefully researched, and collects more detail on interpersonal types of trauma (Norris & Hamblen, 2004). The instrument is grounded in the DSM-IV definition of trauma / posttraumatic stress (American Psychiatric Association, 1994). The DSM-IV states that both of the following criteria must be met: "(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (criterion A1), and (2) the person's response involved intense fear, helplessness, or horror" (criterion A2, pp. 427-428). However, as the SLESQ-R is written, the instrument assesses only for criterion A1. No item assessing for the respondent's affective response to the traumatic event is presently included.

The SLESQ was developed by researchers within the context of a study on trauma wherein the administration of the questionnaire was followed by an interview for a subsample of participants (Goodman et al., 1998). Two pilot studies were conducted. The first sample was 265 undergraduate women whose results helped to solidify the trauma categories, refine the questions, and provide face validity. The second sample was 60 male and female undergraduates of whom half were later interviewed. In a third study, the specificity, reliability, and validity of the instrument were assessed using various

analyses. Similar prevalence rates for individual events were similar to rates reported previously in the trauma literature, providing some measure of concurrent validity. Convergent validity was demonstrated by a correlation of .77 between the number of life events reported during the screening and those reported at the interview. Though internal consistency values are not appropriate for self-reported trauma screening tools, the correlation test-retest rate was .89. The median kappa reported for specific traumatic events was .73. Notably, college samples largely comprise the population upon which the psychometric data for the SLESQ-R is based (Orsillo, 2001), a feature that informs its choice for use in the present study.

The revised version utilized in this study included 14 items that asked participants to respond whether they have experienced a given life event. The events assessed for were the following: life-threatening illness, life-threatening accident, robbery, sudden loss of a loved one, forced sexual contact, attempted forced sexual contact, unwanted sexual contact, physical child abuse, domestic violence, threat with a weapon, witnessing another person being harmed or violated, other injury of threat to life, and other frightening events. If respondents answered any of the items in the affirmative, a series of questions followed regarding the particular circumstances of that event (e.g., number of incidents, age at the time, injuries sustained, and the type of relationship shared with the perpetrator). For example, one of the items asked, "Has an immediate family member, romantic partner, or very close friend died because of an accident, homicide, or suicide?" Follow up questions for this item included, "How old were you? How did he/she die? What was your relationship to the person lost?"

With permission from the instrument's author (see Appendix F), certain changes were made to the SLESQ-R by adding both primary and follow-up questions and by removing other questions that were peripheral to the study. Items that were added to the measure were designed to identify relevant dynamics that the qualitative literature identified as important and that thus may be at play as male participants respond to items in the screening questionnaire. Only those issues most frequently indicated in the literature as important in the assessment of males with sexual abuse histories were addressed by including the additional items. Items that were removed from the instrument were those that were tangential to the study; their removal was indicated in the interest of survey brevity.

Item additions made to the SLESQ-R were as follows. First, in order to measure respondents' affective assessment of any reported stressful life events that characterize their personal history, the researcher added a follow-up question to appropriate items that sought to assess whether the life event referred to in that particular item was experienced as "extremely frightening or horrifying or one in which you felt extremely helpless." This question is asked in other similar measures such as the Traumatic Life Events Questionnaire and the Life Stressor Checklist-Revised in order to assess for criterion A2 of the DSM-IV Posstraumatic stress disorder diagnosis (Kubany et al., 2000; Wolfe, Kimerling, Brown, & Chrestman, 2000). The reason for modifying the SLESQ-R in this way was that the researcher hopes in later studies to analyze if differing affective self-assessments for traumatic events account for differing levels of resilience.

Secondly, and also relative to the notion of perceptual differences in respondents' assessments of abuse events, another question was added to the measure. The question was included in order to account for perceptual differences in how respondents may define their experiences and how the researcher defined CSA in the present study. This was accomplished by adding the question, "In your childhood years (before age 18) did you ever have *consensual* sexual contact with someone who was five or more years older than you?" An affirmative answer to this item (item 5), therefore, determined their inclusion in the study sample. Including items of this type was indicated by researchers in this field who found that males with CSA histories often did not perceive themselves to have experienced CSA (e.g., cases of teenage males and adult females), but rather self-defined the event as something closer to the phrase *childhood sexual experiences with adults* (CSE) (Etherington, 2000; King, Coxell & Mezey, 2000; Little & Hamby, 1999; Renken, 2000; West, 1998).

Thirdly, in order to gather data on those factors that researchers of males with sexual abuse histories say are critical (see reviews by Black & DeBlassie, 1993; Violato & Genuis, 1993; Watkins & Bentovim, 1992), the following questions were added to those items in the instrument that assessed for CSA (items 61, 71, and 72): "What age was the person(s)? Was the person this male or female?" To item 61, which assesses for both CSA and CSE, the following questions were added: "Would you describe the experience as positive, negative, or neutral?" These are indicated by the literature pertaining to males' perceptions of their experiences as either CSE or CSA (Carballo-Diéguez & Dolezal, 1995; Holmes, 2008; Stander et al., 2002; Stanley et al., 2004;

Steever et al., 2001). To items 71 and 72, which assessed for non-consensual sexual

contact experiences, the following questions were added: "Did you ever tell anyone about

it? If you did tell, did they help you?" The addition of these questions were indicated by

the literature on disclosure and coping styles (Hartman & Burgess, 1993; Spaccarelli,

1994; Walsh et al., 2010).

Finally, certain follow-up questions from the SLESQ-R were eliminated in the

survey instrument. The questions for exclusion largely pertained to items on the measure

for which qualitative explanations of the stressful life event were sought. Such

information was deemed nonessential to the study and added considerably to its length

both in time needed for completion and in space required on the instrument itself. For

example, under Item 65, the question that assessed for the loss event of someone close to

respondents due to suicide, homicide, or sudden accidental death, the follow-up question,

"In the year before this person died, how often did you see/have contact with him/her?"

was omitted. This was because the present researcher used the SLESQ-R primarily as a

screening tool to identify (yes/no) various stressful events in respondents' lives. For the

purpose of observing and evaluating specific changes made in the screening

questionnaire in the study, comparison charts of the original SLESQ-R and the modified

version of SLESQ-R are included in Appendix G.

Because the SLESQ-R is a self-report screening tool for various types of trauma,

it is not traditionally scored in a manner similar to the other instruments that were used in

the study. In fact, the tool was designed such that researchers and clinicians with varying

definitional criteria for inclusion in their trauma research and treatment could screen

participants and patients according to their differing designations of what comprises a

traumatic event (Goodman et al., 1998). Thus, while higher scores on the MTOQ,

MRAS, HGS, and RS, indicated higher amounts of the construct in respondents' lives,

the same was not necessarily true for the SLESQ-R. Rather, the SLESQ-R has been used

traditionally in trauma and abuse research and treatment as a screening tool (survey

and/or interview) to aid in identifying respondents who meet criteria for certain types of

trauma and to gather information about the nature of and conditions surrounding such

events (Hanson & Self-Brown, 2010; Norris & Hamblen, 2004). As such, it was used in

the study primarily as a tool for determining inclusion in the sample. Using the data

gathered by the SLESQ-R in items 61, 71, and 72, the researcher determined whether the

respondents met the study's definition for child sexual abuse. Those respondents

indicating an affirmative answer to these items were included in the sample. Again, for

the purpose of this study, child sexual abuse was defined as sexual physical contact

between a child under the age of 18 and a person five or more years older than the child,

regardless of the child's perspectives of the sexual encounter as consensual or non-

consensual. Additionally, those reporting non-consensual sexual contact prior to age 18

were also included in the study. Although the researcher included participants in the

study based upon this criteria, in accordance with what a good deal of researchers who

have studied the experience of men with sexual abuse histories suggest (Etherington,

2000; King et al., 2000; Little & Hamby, 1999; Renken, 2000; West, 1998), the term

"abuse" was not used in the language of the CSA screening items (61, 71, and 72).

Demographic Survey

The demographic questionnaire (Appendix H) collected information on age, ethnicity, gender, socioeconomic status, sexual orientation, and college level. This information was collected with the intent that it might assist the researcher in explaining differences that might appear during data analyses as well as in match-pairing respondents in this study with those in future studies wherein such comparisons might prove illuminating. Because the gender-discrepant instruments that were administered to study participants were conditional upon what they indicated as their self-identified gender, the item that assessed gender appeared just before the HGS and determined which form of the measure was administered to the participant.

Also, two additional questions were added to the demographic survey that are worthy of note. First, a question was added to assess for respondents' involvement in altruistic endeavors in helping others who had experienced some of the same challenges or life stressors as they themselves had experienced. This item was added because of themes that have emerged from the recent narrative studies of resilient males with histories of child abuse. These themes have indicated that those who reported feeling recovered from or resilient to the abuse both experienced and responded to a strong desire to help others in their similar struggles (Andersen, 2007; Fater & Mullaney, 2000; Grossman et al., 2006; Kia-Keating et al., 2010). Narrative analysis has revealed that males with CSA appeared to feel that this involvement was either an indicator of resilience or part of their development toward resilience. Thus, this item was added to

assess if altruistic involvement was indeed engaged in by this sample of resilient CSA survivors. This inquiry was evidenced in the language for Research Question 4.

Secondly, a measure of sexual attraction was added to the demographic questionnaire that assesses for the degree of attraction respondents feel toward members of both genders. The addition of this question is suggested by the masculinity/femininity literature which recommends that this can be an important factor to for which to assess when measuring constructs potentially-impacted by gender identity, sexual orientation, and issues of sex and gender (Brown & Graham, 2008; Morgan & Arcelus, 2009; Ryan, Morrison, & McDermott, 2010; Wiseman & Moradi, 2010) . As the CSA literature pertaining to males has indicated that the development of resilience may be significantly affected both by renegotiations of a masculine identity and by the inherently-gendered nature of sexual abuse and its potential impact upon sexual attraction (Andersen, 2007; Durham, 2003; Gilgun & Reiser, 1990; Kia-Keating et al., 2005; Lisak, 1994; Sorsoli et al., 2008), assessing for sexual orientation by discreet categories (e.g., straight, gay, bisexual) is understood potentially to fail to capture some dimension of this renegotiation process that people with CSA histories experience. Since, to the researcher's present knowledge, the addition of this particular question was new to investigations conducted with this population, assessing for this specific dimension of the gender-based human experience could have turned out to be a matter of importance in understanding the development of resilience in this sample. Thus, the addition of this question, while not necessarily indicated by any of the stated research questions in the study, was included in

hopes that it might have yielded information that could have provided the researcher with information suggestive of directions for future study.

Methods and Procedures

Prior to data collection, approval for the study was gained from the Institutional Review Board (IRB) at The University of North Carolina at Greensboro (UNCG). The author then sought approval from the other two universities' IRBs to invite their male and female undergraduate students to participate as human participants in the study. With regard to Appalachian State University (the first data collection site) it was determined by the ASU review board that a Reliance Agreement upon the UNCG board's approval was sufficient for the researcher to proceed with the study on their campus. The researcher then contacted the head of the student counseling center to discuss the nature of the study in case students sought help at the center following survey administration. Data collection began within days of the Reliance Agreement's ratification. The instrument that was administered to respondents was identical to that of the online survey that is described below; the only difference was the format and, therefore, the pagination of the instrument.

Matters proceeded differently with regard to the second university (North Carolina State University). It was determined by the IRB board at NCSU that it was unnecessary to secure IRB approval from their office because the researcher was not in any way affiliated with the university. The IRB office director, however, informed the researcher that another office director at the university would need to be contacted in order to simply inform the office that the study was to be conducted with their students.

Therefore, the researcher contacted and spoke with the head of NCSU's Office of University Planning and Analysis (UPA) to inform them as to the nature of the study that was to be conducted on their campus via online survey. Following this conversation, the researcher then informed the head of the student counseling center via phone as to the nature of the study being conducted on his campus.

Once approval and/or informing processes were completed at the three universities, the researcher twice contacted each participating department at NCSU to secure permission and help in accessing their student populations via the participating departmental/college student list serves. In the first contact, the researcher introduced herself and her study and released to the administrators documentation of obtained UNCG IRB approval to conduct the study and referenced the individuals on the NCSU campus with whom the researcher had spoken (Carol Mickelson in IRB office and Nancy Whelchel in the UPA office). The text of the approved email invitation to students to participate in the study was given in this contact. Also, in follow up contacts, the researcher sought administrators' recommendations in determining the best ways to reach the widest span of their enrolled student body and offered to provide them with a summary of the research results should they deem this information valuable to promoting the services they provide to students. Plans were created and agreed upon with each individual department and college that participated as to the projected date by which they broadcasted the text of the invitation to potential participants via their student email accounts. Following the email invitation distribution date, the author made follow up contacts with the administrators to confirm that the invitation was indeed disseminated to

the student body, to update them on the numbers of their students that had responded to

date, and to ask them to send out a second invitation one week from the date of the first

email dissemination. This second invitation consistently yielded a comparatively

lucrative series of respondents who then took the survey.

In reference to the invitation to participate that was emailed to potential

respondents in this phase of the study, the invitation's text included (a) a brief

introduction to the study, including who was conducting the study, (b) a description of

what participation in the study entailed, including an approximate estimate of how long it

would take to complete the survey, (c) a statement of the potential benefits and risks to

participants, (d) a clear avowal that respondent answers would be anonymous, (e) an

invitation to participate in the study, (f) an announcement of an incentive prize for

participation, and (g) a link to access an online website whereby the instrument could be

completed (see Appendix I).

The link at the end of the invitation routed potential respondents to a secure

website specifically designed for the purpose of research data collection. Those

participants checking the "I disagree" icon for overall participation in the study at the end

of the informed consent form (see Appendix J) on the first page of the site were routed

instead to a page within the online website that thanked them for considering responding

to the research survey and then provided an avenue for exiting the site. For those who

indicated their intention to participate, the initial page of the website included the

informed consent form and a prompt for participants to indicate their consent and

intention to participate by checking one of the two options, "I agree" or "I disagree."

Participants who checked the "I agree" icon were routed to another page where they were asked to indicate whether they were 18 years of age or older by clicking "I am 18 years of age or older" or "I am not yet 18 years of age". Those who indicated they were not yet 18 (or were over the age of 29 years) were routed to a page where an apology that they could not participate in the survey due to their age appeared along with an icon for exiting the survey website. Those who indicated that they were between the ages of 18 and 29 were routed to the first page of survey items and administration of the measure began (full instrument in Appendix K). Respondents first answered each of the three Mattering to Others Questionnaires (page numbers given here necessarily refer to the paper version of the instrument) provided on pages 1 and 2, followed by the single demographic gender item that determined which form of the HGS was administered (page 3), the *Hoffman Gender Scale* (page 3), the MRAS (page 4), the modified version of the SLESQ-R (pages 4—6), the *Resilience Scale* (page 7), and the remaining portion of the demographic survey (p. 8). The page numbers of the online survey on which these measures appeared varied considerably, as the online page number was dependent upon participants' responses to previous items (affirmative answers were followed by items designed to elicit further details about that life stressor experience).

When participants had answered the 108 (minimum) to 150 (maximum) items, they then advanced to a page indicating that (a) the survey was complete, (b) the researcher was thankful for their participation in the study, (c) any feelings of discomfort that the survey may have raised in them could discussed with trained and prepared counseling staff on their campus (phone numbers to call to access that help were included

on this page), and (d) that they could presently indicate their intention to register for the incentive prize drawing by clicking the appropriate icon, "I wish to register for the drawing" or "I do not wish to register for the drawing." Those who indicated that they wished to register were then routed to a page where a statement reiterating guaranteed anonymity of their answers was provided, along with instructions for registering for the drawing. In these instructions, respondents were told to (a) highlight and copy the researcher's email address (which appeared on the page), (b) open the email account to which they preferred to receive potential future notice of winnings, (c) initiate an email message in this account, (d) paste the researcher's email address into the "To" line, (e) type the words "register me" into the subject line of the email, (f) click the send icon (no text in the email itself was required), and (g) exit the survey website by clicking the provided icon for exiting the site or by closing the window in which the website survey appeared. Those having completed the measure, but indicating that they did not wish to enter the drawing, were provided an icon by which they exited the site.

In the interest of encouraging participants to respond to the survey, several strategies were employed. The first of these was an announcement included in the initial invitation email to students that indicated that participants of the survey would be entered into a random drawing to receive the incentive prize of a $450 Visa Gift Card. The second strategy included was a progress bar located at the bottom of each page within the online survey that kept the respondent informed as to what percentage of items had been completed. The third strategy was to send to the university list serve administrators a follow up email requesting that the recruitment email be redistributed to their student

bodies one week following the initial invitation contact. These emails served to remind those who had not yet elected to participate that their invitation to do so remained and to thank those that had already participated for doing so.

Data collection began with the submission of the first respondent's online survey answers (September 19, 2011) and concluded when the fiftieth paper survey (ASU) of a participant who met the study's inclusion criteria was collected (October 9, 2011). Throughout this period, data were collected and maintained by the researcher on both online survey site and on the ASU campus. Organization and electronic entry of the data was continuous during the collection span. Analysis of the data began as soon as the last sample member qualified for and was included in the sample.

In the event that the response rate for the online survey was insufficient to support the target number of male participants with CSA histories that was required to attain sufficient statistical power for the study, the researcher was prepared to access a nonrandom sample of participants from large undergraduate courses at the third university (UNCG) via instructors' permission to recruit in their courses. In this circumstance, the plan was to administer the instrument via a paper-and-pencil survey in large 100-level psychology classes. As the number of participants necessary to achieve statistical power was reached through the first two phases of data collection, however, this third phase was unnecessary.

Data Analyses

The research design for this study was a quantitative descriptive correlational design, intended to gather information about males with histories of CSA in relation to

themes that have emerged from the recent qualitative research. In general, it was hypothesized that results of the data analyses that were intended to test the chosen constructs (which closely approximated recent emergent themes from qualitative studies) would confirm that these constructs are positively operative in a sample of resilient males with CSA histories. Four major analyses were performed in order to test these 4 research hypotheses.

To test the first research hypothesis which states that the independent variables are expected to present as distinct constructs, a Pearson product moment correlation was to be conducted and reported at both practical and statistical significant levels for each of the following relationships between the independent variables. Specifically, it was predicted that gender self-acceptance and the perception of self as mattering to others would demonstrate a statistically low but positive relationship, that gender self-acceptance and male role attitudes would demonstrate a high degree of negative correlation, and that the perception of the self as mattering to others would demonstrate a low to moderate degree of negative correlation.

For the second research hypothesis, a general linear simultaneous multiple regression was to be conducted to test the hypothesis that higher scores of resilience would be predicted by higher scores of the perception of self as mattering to others, higher scores of gender self-acceptance, and lower scores of male role attitudes. It was expected that confirmation of this hypothesis would be evidenced if mattering, gender self-acceptance, and male role attitudes accounted for a significant amount of the variance in resilience scores.

For the third research hypothesis that supposed that the strongest mattering relationship in predicting resilience would be Mattering to Closest Person, followed by Mattering to Family, and finally Mattering to Friends, the researcher performed a hierarchical multiple regression to determine the salience of this supposition. Therefore, it was expected that values for R would be strongest for Closest Person, then Family, followed by Friends. (Note: Though scores for mattering will be calculated by combining the three scales' scores into one set of continuous data for each respondent in the analyses for Research Question 2, analyses pertaining to Research Question 3 were conducted by entering individual data for each of the 3 scales separately into the hierarchical multiple regression equation in order to determine to what extent different mattering relationships impact resilience in this sample.)

For the fourth and final research hypothesis, a point biserial correlation was to be performed to test the speculation that altruistic involvement is significantly correlated with levels of resilience in this sample.

Pilot Study

Purpose

The purpose of the pilot study was to gather information from participants about their personal experience of taking the survey, their ideas as to what measures might be taken to increase initial and ongoing participation in the survey, and ways to increase the probability that males would disclose their abuse histories during survey administration. These questions were formulated by the researcher in anticipation of both the potential concerns those serving on Institutional Review Boards (IRBs) might have raised to the

study and the primary potential problems indicated by researchers of both college populations and males with histories of CSA. As one of the primary goals of IRBs is to protect human subjects from potential harm, and as the survey is fairly graphic in its descriptions of various types of traumas, the first research question in the pilot study was formulated to assess participants' experience of taking the survey specific to the potential for discomfort and/or stigmatization caused by the survey experience. The second research question was formulated to assess for participants' opinions of best practices in overcoming one of the biggest problems experienced by researchers using online surveys in college populations, that of ascertaining adequate numbers of participants. This was of interest to the investigator because the rates of CSA reports described in the literature are based traditionally upon total number of participants (e.g., "8% of male participants in the study reported histories of CSA"). The third research question was formulated to assess opinions of college students on this researcher's attempt through added items on the survey to overcome the historical problem faced by researchers of males with CSA histories of ascertaining self-reports of their personal sexual abuse histories. The pilot study was designed to answer these three research questions.

Research Question 1: What level of discomfort and what level of fear of stigmatization is experienced by college males taking the survey? What are participants' projections as to how participants in the full study who may have had traumatic events such as those referred to in the survey may feel with regard to discomfort and fear of stigmatization?

Research Question 2: What measures can the researcher take in the study pertaining to recruitment setting, investment/incentives, and reduction of frustration that will encourage that the greatest possible number of participants will be obtained?

Research Question 3: What measures can the researcher take in the study pertaining to increasing privacy and controlling for perceptual differences of CSA experiences that will encourage the greatest possible number of participants to report their personal histories of CSA?

Information about the first research question was gained by assessing for participants' comfort levels specific to various parts of the survey and to the overall survey experience as well as their fears about being potentially stigmatized with regard to their answers on the survey. Information about the second research question was gained by assessing participants' opinions on the following items: (a) What recruitment setting would allow for the greatest access to the entire pool of students? (b) What would create or increase investment in students' desire to take the instrument? and (c) What modifications should be made to the instrument to increase the probability that students, once taking the survey, would complete it? Information about the third research question in the pilot study was gained by assessing participants on the following items: (a) How can the researcher increase participant feelings of safety and privacy (the absence of which could prevent males with such histories from reporting abuse), and (b) To what extent was the researcher's addition of item #5 on the SLESQ-R potentially-successful in accounting for the reality that some males who meet criteria for sexual abuse do not perceive or report their experiences as abusive? These latter items were of particular

interest to the researcher because of the fact that all the research questions for the study

pertain to the specific population for which these items on the SLESQ-R screen and that

continue to be a population that has historically declined opportunities to disclose

personal abuse histories.

Methods and Procedures

Prior to data collection, approval for the study was sought from the Institutional

Review Board (IRB) at The University of North Carolina at Greensboro (UNCG).

Because the purpose of the pilot study was to gather information from participants about

the experience of taking the instrument and suggestions for how to encourage both wide-

scale student participation as well as disclosures of abuse for those possessing histories of

CSA, neither data regarding aspects of individual participants' identities nor survey data

was collected from any of the pilot study participants. It was for this stated reason that the

IRB board returned a determination process decision that the pilot study met criteria for a

non-human subjects study. Nevertheless, procedures consistent with those protocols

required for those investigators pursuing human-subjects research were strictly adhered.

Thus, an information and informed consent form regarding the study (Appendix L) were

composed for distribution to participants and approved by the researcher's dissertation

research committee chairperson.

Initial recruitment was conducted by contacting two instructors of undergraduate

classes that met in classrooms located in close proximity to the clinic where the pilot

study survey would be administered. These classrooms were chosen in part with the hope

that class proximity might increase the probability that students would present for their

scheduled appointments to take the survey. Both instructors were informed as to the researcher's hope to gain participants for the study from a wide variety of ages, grade levels, ethnicities, and sexual orientations. Both instructors reported that, in reference to the demographic statistics of the student body at the participating university, their students were fairly representative and relatively diverse in all three categories. Therefore, permission was asked and granted to recruit male undergraduates from these two courses.

As agreed, one instructor contacted her male students by email prior to the researcher's meeting with them. All male students in this class were informed that a study was being conducted by a student in that department who was seeking male participants to take a brief survey and be interviewed about the experience of taking the survey. They were told that incentive money would be provided, but that no academic incentive (points on their grade) was being offered their participation. All six of these students met with the researcher for the information meeting, all agreed to participate, all made appointments, and all appeared at the agreed-upon date and time for participation in the study. As agreed, the other instructor did not contact the males in her class prior to recruitment in the study, though her permission was gained for the researcher to do so in-person and with the condition that her students be advised that participation in the study would not benefit their grade in the course. Four males were recruited for the study from this class by invitation extended to them by the researcher during a scheduled break in their class. The four undergraduate males were informed of the study and invited to participate. All agreed to do so and made appointments to take the survey. Though all

four appointments were scheduled, only one participant from this group presented for his appointment. The total number of participants was seven. Arrangements were made to recruit more participants. However, as it was later found that the data the seven participants yielded met saturation criteria, no other respondents were later recruited.

During each of the seven individual, one-hour appointments, the researcher first met with the individual respondent to explain the procedures, risks, and benefits of the study, and to gain verbal consent to participate. Signed permission forms for consent were not obtained from participants in the interest of refraining from collecting any identifying information about them. Each was given the information and informed consent sheets to keep along with business cards and contact information of the services available to them on campus where they could seek assistance, if, after the survey meeting was over, they felt the desire to do so. As part of the information sheet, respondents were told that they could cease participation at any time and that no reason for doing so would be necessary.

After the information was given and verbal consent was obtained, the researcher left the respondent alone in the room to complete the survey, asking that he let the researcher know when he was finished by opening the door to the room. Interviews were then conducted following survey administration to ascertain the desired information about the experience of taking the study and opinions about how to increase both general participation in the study and specific disclosures of abuse via the study's survey. At no time did the researcher either look at the surveys or ask for any information as to what answers were given to the items. References made to potential problems with items in the

instrument were referred to both by the researcher and the respondent using a blank instrument.

As promised in both the recruitment meetings and in the pre-survey-administration discussions during the actual meetings, the researcher did not ask any questions of participants as to the nature of their answers on the survey. Nor was any information gathered on the participants besides the initials they chose to provide the researcher for the purpose of reserving their appointment time and space in the clinic where the survey was conducted. When interviews concluded, the participants were paid $20 for the hour spent with the researcher, their surveys were shredded by their own hand using an industrial paper shredder in the survey room (with the exception of one participant who requested to take the survey with him), and they were thanked for their time and contributions.

Participants

The population from which the sample of participants for the pilot study was drawn was university-enrolled males roughly between the ages of 18-29. The first six respondents comprised the entire male population enrolled in the first course that the researcher sampled for study. No data were collected on the participants and, thus, it is not known in most cases what ethnicities, ages, or sexual orientations the males would have self-identified. Prior to the study, however, the instructor for this course reported that all ranged in age between 18 and 29 and that there did indeed seem to her to be a variety of ethnicities and sexual orientations among the population of males in her course. Of this group, one respondent indicated that he was 26 years of age, and two others that

they were 19 years of age; this information was revealed contextually in the course of the

interview discussion that followed the survey administration. One male from this group

appeared to be Latino/Hispanic, two to be African American, and three to be

White/Caucasian. One participant from this group revealed his sexual orientation to be

gay during the interview in the context of gender-based discussion around the MRAS and

the HGS; none of the others revealed such information. The seventh participant was of

unknown ethnicity, though he appeared to the researcher to be of Arabian descent and to

be an older student, closer to the range of ages nearer 29 than 18. The participant did not

volunteer in the course of discussion any information as to his sexual orientation.

Results

Research Question 1: This first research question sought to gain the following

information: What personal level of discomfort and what personal level of fear of

stigmatization was experienced by the college males taking the survey? What were these

participants' projections as to how participants in the full study (who may have had

traumatic events occur to them such as those referred to in the survey may feel with

regard to discomfort and fear of stigmatization?

When participants were asked about personal levels of discomfort they

experienced while taking the survey, six out of seven reported that they felt no level of

discomfort at all while taking the survey. One reported feeling a sense of "hesitation"

regarding several (but not all) of the questions on the SLESQ-R, but did not identify with

the words *discomfort* or *uncomfortable* in describing the feeling experienced. This

respondent reported that it was the sexual abuse assessment question specifically on the

SLESQ-R that caused the hesitation. He described this question as referring to, "you know, kinda some steep stuff." With regard to reports of personal fears of stigmatization linked to their answers on the instrument, no participant fears were reported, though this may have been because neither any identifying information about them nor instrument data on them were collected by the researcher.

When participants were asked about the levels of discomfort that might be felt by those college males having one or more of the traumas referred to in the instrument, all reported that the SLESQ-R questions might cause them either to pause or to experience some discomfort. None reported that they thought the level of discomfort would be experienced as retraumatizing to such persons, though all indicated that providing respondents with the campus-based counseling center referral information would be important. All felt that this would be an adequate measure to answer their own levels of concern about the potential discomfort respondents with trauma histories might experience. Also, all indicated that they indeed thought college males with trauma histories would be as likely as not to seek help at campus counseling centers.

When asked about fears of stigmatization that respondent college males with trauma histories might have as a result of taking the survey, all seemed content to hear that the survey was to be administered through an online survey and that anonymity or confidentiality would be assured by this medium. The researcher then asked about potential fears that respondents might have about the researcher somehow connecting certain answers with their originating email addresses. Six of the seven either looked dismayed or expressed dismay that such information could be tracked by these means,

while the seventh assured the researcher that this was not possible. The researcher then asked if a pre-survey statement explaining to respondents that their answers were confidential, anonymous, and could /would not be tracked or connected to originating email addresses would be helpful in reducing potential fears of stigmatization that respondents with traumatic experiences might feel. All indicated that this seemed sufficient to them.

Finally, as a general question directed at ascertaining how consistent respondents' answer-themes would be on this issue of discomfort and fear potentially caused by taking the survey, the researcher asked another question on this subject. The question was, "What feelings, if any, were you aware of as you finished the survey?" Three reported not feeling any change in feeling or mood since entering the room to take the survey. The remaining four offered variations on the general theme of gratitude and relief. Three of these participants reported feeling "grateful" that they had had such un-traumatic lives, that they had had people in their lives that they cared about and that cared about them, or that they have had the strength to bounce back from those challenges they have faced already in their lives. One reported feeling "relieved" that the recent changes he had made in his life about the types of people he wanted to invite into his life and those he wanted to get rid of had paid off for him. He reported that it was taking this survey that made him realize that. He asked if he could take the instrument with him to share with his friend he was visiting later that day (in the hospital) in hopes that it would cheer him up. These themes indeed seemed to the researcher to be consistent with the data gathered

from the questions regarding respondents' personal feelings of discomfort and fears of stigmatization.

Research Question 2: This second research question sought to gain the following information from respondents: What measures can the researcher take in the full study pertaining to recruitment setting, investment/incentives, and reduction of frustration that will encourage that the greatest possible number of participants will be obtained?

Participants were asked which of two settings, (a) online survey completed during the respondents' free time or (b) in-class survey completed during class time, they believed would promote both the greatest response rate and the widest possible span of students across campus (e.g., age, courses, departments, ethnicities, campus-housing-based/off-campus-housing-based). Answers were consistently mixed. Most expressed that they felt that online surveys were the best way to reach a *span* of students, but that response rates would be "way better" than online surveys if they were administered by paper-and-pencil test during class time in one of their courses. In fact, all students indicated that they would have taken the survey if it had been offered during class, that they would have taken it carefully, and that they would have finished all 100 questions even if no points were awarded for doing so. It was pointed out to several respondents that this survey wasn't given during their class, but that they showed up to take it anyway and without grading points awarded. When asked why this was, several students indicated that they had agreed to participate because they liked the instructor of the class that I had recruited them in. Feeling it as a sort of favor to the instructor, they had agreed to participate. None volunteered that the financial incentive was a primary motivator.

When each was asked if they would have taken this survey had a link been emailed to them, three said that they would have summarily deleted the email (that they hate getting survey emails), one reported that he didn't know, and three reported that that they probably would have taken the survey—especially if the incentive prizes were good. When the three who said that they would have deleted it automatically were asked what, if anything, would have encouraged them to take the survey instead of deleting it, they indicated that they tend not to delete emails that are sent from their major departments, professors, or (sometimes) major university offices. Even if this survey had been sent to them from such an originating email address, however, the three reported that they were still not convinced that they wouldn't have deleted the email after reading the invitation to participate. These data seemed to indicate that the best *span* of students might be obtained through use of an emailed link to an online survey, but that the best *rates of response* may be obtained through surveying students in attendance during a class meeting.

Respondents were then asked about incentives that would encourage them to take the survey both personally and if they were the "average" college male. Four reported that the incentive prizes would have been adequate to make them take the survey if they were the average college male and that they'd probably be adequate to motivate others to take the survey in the future. Three reported that they still probably would have deleted the email, but that they thought the prizes would have worked to motivate the "typical college male." Two respondents suggested additional prizes that included a Visa Gift

Card, a gas card, a grocery card (all in the same general amount as the other prizes offered), an X-Box 360, and a Wii with games included.

Participants were also asked what frustrations they experienced with the survey that might have made them stop taking the survey. The researcher asked specifically about spelling, punctuation, usage/grammar errors, unclear wording, frustrating structure, or too much time required to complete the survey. No punctuation, spelling, or grammar errors were noted. None of the respondents indicated that they felt the survey was too long (all reported it was "fine"), and it was found that the survey took between 10-20 minutes with the mode time being 10 and the median time being 12 minutes. No frustrations with survey structure were noted. However, several suggestions were made to improve the survey's clarity of meaning.

The suggestions made by the respondents pertained to The Resilience Scale, the MTOQ-CP, and the demographic questionnaire. The Resilience Scale had three items that respondents found unclear. Four of them reported not knowing what "taking things in stride" meant, one of them reported not understanding what was meant by "wondering what the point of it all is" (what does "it all" refer to?), and one reported not knowing what was meant by "managing one way or another" (managing what?). In each case, however, the respondents guessed the meaning of the nebulous phrasing based upon the contextual clues offered by the instrument as a whole, and it seemed that they all guessed correctly in accordance with the intent of the measure. The experience of taking the MTOQ also incited some suggestions. Specifically, three suggested the addition of "brother or sister" to the list of relationships in item 12 of the Mattering to Closest Person

scale, one expressed confusion at the reversal of the Likert scale for the last two items in each of the standard MTOQs, and one seemed to be confused by the question asking to describe the respondent's relationship to his Closest Person (indicated he didn't see "son" as an option when he was wanting to indicate that his mother was his Closest Person). Two respondents suggested changing the socioeconomic item on the demographic survey to include an option that replaced "poor" with "lower class" or "lowest socioeconomic class."

Research Question 3: This third and final research question sought to ascertain information about the following questions: What measures can the researcher take in the full study to increase the likelihood that college males who possess histories of CSA will report those experiences? If privacy is an issue of central concern, what measures could the researcher take that could increase respondents' feelings of confidentiality and/or privacy so that they may be more likely to report? Might males with potential CSA histories be more likely to report those experiences through answering in the affirmative to item 5 than to item 6? In other words, does item #5 capture the perceptual difference that some males with CSA histories experience in characterizing their own abuse events as compared with how others sometimes seek to describe this experience for them?

Participants in the pilot study were asked both the general question about how to increase the likelihood of disclosure on the survey as well as several questions about how the researcher (who had guessed accurately that privacy might be of greatest concern) might decrease potential anxieties that respondents with histories of CSA and other traumas mentioned on the SLESQ-R might have. All of them said, in one form or

another, that they didn't have such a history and, therefore, didn't know for sure. All were unanimous in their endorsement of the online form of the survey's administration (rather than the paper-and-pencil test administered in-class), saying that they thought that someone with such a history would be more likely to report it when he was in the privacy of his own setting on his own computer and on his own time. All reported that males with CSA histories might either skip the question altogether, stop taking the survey, or feel extreme discomfort in response to being asked this question if they were sitting in a class with their peers surrounding them.

Finally, all participants were asked about the language on items 61 and 72 of the SLESQ-R with regard to the likelihood that college males with CSA histories might report abuse on item 61 rather than on item 72 for the same event. All again expressed some initial confusion either verbally or non-verbally, most of them responding that they understood the questions to refer to two different types of events. When background information was given as to what the male CSA literature indicates may be true regarding perceptions of their own abuse males sometimes hold, all responded with some form of sentiment that they "wouldn't know" if it would encourage reporting of abuse events or not. This consistently bewildered response from the participants in the study may be indicative of the confusion people sometimes feel when they learn or are asked to consider some new piece of information or reality, or may be the result of testing that piece of information against their own experience (or of others close to them). Yet another reason for this dismay may be simple disbelief or possibly a reaction to social-norms pressure to avoid discussion of issues regarding the sexual abuse of males.

As a matter of course, it should be noted that item 71 on the final (full study) version of the survey instrument did not appear on the instrument administered to respondents in the pilot study. Rather, this item, which assessed for respondents' experience of typical grooming events that traditionally preempt CSA events, was added to the full-study instrument following the proposal defense of the present study. This item was added in response to a suggestion that some CSA grooming events might be as disturbing to children as are more severe abuse events. In order to capture respondents' experience of such events, item 71 was included in the full-study instrument.

Feasibility of Further Study

Much of the information gained in the pilot study as to the feasibility of the study indicated that investigation of the study's research questions were both indicated and practical. Some of the information gained, however, pointed to the presence of problems that have persisted in the literature in this field and suggested that the researcher might struggle with similar issues to those noted previously by other researchers of males with CSA histories. These challenges mainly centered on issues of perceived privacy, confidentiality, and anonymity as well as the fear of stigmatization that could result if such privacy were compromised. Nevertheless, the researcher was optimistic that the study, while not solving the larger problems inherent to studying this population, could advance the field of research in this area by testing empirically those themes that have emerged from recovery and resilience narratives by males with CSA histories.

Pertaining to the instrument itself, the participants of the pilot study consistently indicated that the instrument offered to them was acceptable in that it did not cause them

undue harm, discomfort, frustration, or fear. Regarding the conditions under which the survey was offered, the seven males reported that their experience of taking the survey did not cause undue discomfort nor produce fears of stigmatization. Moreover, they felt that the conditions under which the survey was to be offered in the future (via online survey in Phase Two) was particularly adequate to prevent future respondents' possible discomfort and fear. In those cases whereby potential respondents might have experienced discomfort, pilot study participants reported feeling that the preventive and proactive measures (e.g., brief explanation of the aims of the survey, referral and contact information of campus-based counseling centers) taken by the researcher for the full study should be sufficient to either address these feelings or to help those experiencing any distress to help themselves. Also, they did not foresee that any major changes to the instrument itself were necessary in order to encourage participation of the general college population, but that several minor changes in item phrasing and incentives offered might add to the instrument's viability and to its probability of being both taken and completed by college undergraduates. Therefore, the indicated changes to the instrument which were suggested by the pilot study participants were made to those measures for which the researcher had obtained permission from the scales' creators to modify specific items (see Appendix F). Please refer to Appendix K where the revised instrument used in the full study may be found.

Pertaining to issues of increasing the likelihood that college males with CSA histories might disclose that abuse, respondents indicated that they felt that the instrument would not cause any undue discomfort or stigmatization of any foreseeable sort, and,

because of the online medium through which the survey is to be offered, might serve to increase the probability that males with CSA histories might disclose those histories. What these seven males did not express conviction about was whether the language used it item 61 of the SLESQ-R to describe an experience more consistent with what is referred to in the literature as an *early sexual encounter with an adult* would encourage greater disclosure of abuse events in this population.

It is here noted that participants' recommendation to offer the survey online (in order to both protect the privacy of the respondent and to thereby increase the likelihood that males with CSA histories would disclose this history) conflicts with pilot study participants' earlier recommendations to survey individual classrooms in order to get a higher volume of respondents' data in the data pool. Therefore, it was decided that the classes in which the paper-and-pencil tests would be administered (should that have proven necessary) would need careful screening by the researcher in the interest of ensuring that students had enough physical space between them to provide reasonable privacy.

Additional incentives for recruiting respondents' participation as suggested by the seven males were added to the recruitment information provided to potential participants of the full study, and measures already outlined in the study (e.g., progress-tracking graph, incentives) were maintained in the interest of increasing participation via the online format. Recruitment of participants was, therefore, primarily conducted through online invitations originating from official university offices or departments. Only in the event that poor response rates proved insufficient to yield 50 males with child sexual

abuse histories was it planned that in-class recruitment might be attempted—and then,

only after careful screening of the physical proximity of students to one another.

CHAPTER IV

RESULTS

The purpose of this dissertation study was to investigate the relationships between mattering relationships, altruistic involvement, renegotiation of masculine identity (as measured by the MRAS and HGS), and resilience in a sample of college enrolled men with a history of experiences consistent with present definitions for childhood sexual abuse. In the following chapter, results for the statistical analyses performed are offered in four parts: (a) description of respondents, (b) preliminary analyses, (c) testing of research hypotheses, and (d) summary.

Description of Respondents

Fifty-five college-enrolled males reporting sexual experiences consistent with this researcher's definition for child sexual abuse were included in the data analyses. Almost 90% (89.1%; $n = 49$) of participants were 18-22 years old. The remaining participants were ages 23-25 years (9.1%; $n = 5$) and ages 26-29 years (1.8%; $n = 1$). Of the 55 participants, 40% ($n = 22$) were freshman, 22% ($n = 12$) were sophomores, 15% ($n = 8$) were juniors, 20% ($n = 11$) were seniors, and 4% ($n = 2$) were graduate students. The largest percentages of participants fell in the middle socioeconomic categories, upper middle class (47%; $n = 26$) and lower middle class (35%; $n = 19$). Participants reported their sexual orientation in the following proportions: 87% ($n = 48$) straight, 7% ($n = 4$) gay, and 6% ($n = 3$) bisexual. Five of the respondents, all enrolled at North Carolina State

University, submitted their surveys via the online survey administration (9%). About 91% of participants, all enrolled at Appalachian State University, completed paper surveys administered at popular pedestrian points on campus. White males comprised the majority of the respondents (66%; $n = 36$), while African Americans comprised 11% ($n = 6$), Latino Americans 7% ($n = 4$), Asian Americans 2% ($n = 1$), and multiracial persons 15% ($n = 8$).

Close to 5,500 students received emailed invitations to participate in the online survey at the second of the three participating college campuses. Only 75 males responded (out of a possible estimated 3,100 male students) for an approximate online survey response rate of 2%. Of the 75 males who responded, only 5 reported histories of sexual experiences consistent with the study inclusion criteria, a reporting rate of 7%. In the paper survey phase of the study, an estimated 80% of males responded to the verbal invitation to participate in the study, yielding a total of 275 completed surveys. Of the 275 respondents, 50 met the study inclusion criteria, a reporting rate of 16%, a percentage consistent with the recent literature in this area (e.g., Hopper, 2010). Of the 55 study participants, 51% ($n = 28$) reported experiences consistent with being targets of CSA grooming behaviors (behaviors that typically occur prior to CSA), 18% ($n = 10$) reported some experience consistent with widely-accepted definitions for childhood sexual abuse, and 52% ($n = 29$) reported some experience consistent with present definitions for consensual sexual contact (contact between themselves as minors and someone 5 or more years older). Notably, however, 9 of the 28 who reported experiences of grooming (but not experiences of childhood sexual abuse) wrote in the blank following the item

assessing for grooming that asked "what did this person do that made you feel uncomfortable?" descriptions of severe unwanted sexual contact (intercourse and fondling of genitalia under the clothing) that met the criteria for childhood sexual abuse (rather than grooming). Likewise, of the 29 males reporting *consensual* contact as a minor with someone 5 or more years older, 7 were age 15 or younger and described the experience as neutral or negative. The average age discrepancy between the 7 boys and their partners was 18.4 years. Participant demographics are summarized in Table 1.

Table 1

Participant Demographics (N=55)

Variables	*n*	%
Age		
18-22	49	89
23-25	5	9
26-29	1	2
Rank		
Freshmen	22	40
Sophomore	12	22
Junior	8	15
Senior	11	20
Graduate	2	4
Socioeconomic Level		
Wealthy	4	7
Upper middle class	26	47
Lower middle class	19	35
Low socioeconomic class	2	4

Table 1 *(cont)*

Variables	*n*	*%*
Sexual Orientation		
Straight	48	87
Gay	4	7
Bisexual	3	6
Other	0	0
Experience of Sexual Attraction		
Attracted to females only	46	84
Attracted to females and some males	3	6
Attracted equally to females and males	1	2
Attracted to males and some females	0	0
Attracted to males only	3	6
Enrolled School		
NCSU	5	91
ASU	50	9
Reported Experiences (Criteria Met)		
Minor consensual contact	29	53
Grooming	28	51
CSA (unwanted contact)	10	19
Multiple types of experiences	8	15

Preliminary Analyses

Reliability analyses for the internal consistency (Cronbach's alpha) of each instrument were conducted to determine appropriateness of the instruments for this sample. Nearly all reliability estimates were found to fall within ranges deemed

acceptable (α = .80 - .95) for social science research (Wampold, Kivlighan, & Heppner, 1999). The only exception to this was the MRAS, which yielded α = .61. As this internal consistency value was well below the acceptable range, the researcher was guarded about conducting statistical analyses on the MRAS and even more so about drawing any conclusions from the results. It should be noted that Wampold et al. (1999) have indicated that in instances when a construct is elusive, lower reliability levels can be common (p. 319). As the MRAS was used in conjunction with the HGS to approximate the new construct that Kia-Keating et al. (2005) termed *renegotiation of masculine identity*, this lower value may reflect that elusive construct dynamic. Nevertheless, the low alpha value calls into question any conclusions that might have been drawn about how the MRAS interacts with the HGS to comprise *renegotiation of masculine identity*. Descriptive statistics and instrument reliability are summarized in Table 2. Coefficients from previous studies are given as well.

Table 2

Instrument Reliability and Descriptive Statistics

Variables	Possible Range	Sample Range	Sample Mean	Sample SD	Skewness	α	Previous Studies' α
MTOQ							
Closest Person	11-55	22-55	47.9	.25	-1.14	.87	.80[*]
Family	11-55	22-55	44.3	.25	-.89	.93	.94[**]
Friends	11-55	22-55	40.2	.26	-.66	.92	.93[***]

Table 2 *(cont)*

Variables	Possible Range	Sample Range	Sample Mean	Sample SD	Skewness	α	Previous Studies' α
HGS							
Self-Acceptance	7-42	14-42	5.29	.25	-1.87	.91	.94[†]
Self-Definition	7-42	7-42	4.32	.36	-.58	.91	.94[†]
MRAS	8-32	10-29	20.65	.58	-.36	.61	.56[††]
RS	25-175	101-166	142.16	.49	-.46	.84	.91[†††]

* Rayle, 2005; **Marshall, 2004; ***Marshall et al., 2010; † Hoffman et al., 2000; ††Pleck & O'Donnell, 2001; †††Rew et al., 2001

Testing of Research Hypotheses

The purpose of this study was to contribute to the cross-validation of previous qualitative research findings regarding processes of males' resilience-development in the aftermath of child sexual abuse. Factors suggested by previous researchers (e.g., Durham, 2003; Kia-Keating et al., 2005; Lisak, 1994) in qualitative studies as salient to the development of resilience in males with histories of CSA were investigated in a wider, more representative sample of college males who, by property of their enrollment in an institution of higher learning, have demonstrated some level of resilience. Variables investigated were (a) mattering relationships, (b) altruistic behaviors, and (c) renegotiation of masculine identity. Four research questions and hypotheses were developed to answer the thesis question. In the following section, results yielded by the performed statistical analyses are presented in attempt to answer these questions and substantiate these hypotheses.

Research Question 1

To what extent are gender self-acceptance, attitudes about male gender roles, and perceptions of self as mattering to others correlated in a sample of males with sexual abuse histories, as measured by the gender self-acceptance subscale of the Hoffman Gender Scale, the Male Role Attitudes Scale, and the Mattering to Others Questionnaires?

Hypothesis 1

Gender self-acceptance and perceptions of self as mattering to others will demonstrate a low to moderate degree of positive correlation; gender self-acceptance and male role attitudes will demonstrate a high degree of negative correlation, and perceptions of self as mattering to others and male role attitudes will demonstrate a low to moderate degree of negative correlation.

Pearson product-moment correlational analyses were performed to analyze each of the relationships. Results did not support any of the hypothesized relationships. The HGS-SA and MTOQ total scores correlation was statistically insignificant ($r = .06$, $p > .05$), as were the MRAS and MTOQ scores ($r = .02$, $p > .05$) and the HGS-SA and MRAS total scores ($r = .23$, $p > .05$). Thus, it would appear that the three instruments assess three distinct and unrelated constructs. Results are summarized in Table 3. Scatterplots with regression prediction lines for the three variable combinations are portrayed in Figures 3, 4, and 5 below.

Table 3

Correlation Matrix between Independent Variables

	MCP	MFa	MFr	MTotal	HGSSA	HGSSD	MRAS	RS	Altru
MCP	1.000	-.227	-.207	.154	.320*	.199	.025	-.075	-.149
MFa		1.000	.431**	.787**	-.094	-.220	-.004	-.009	.134
MFr			1.000	.760**	-.023	-.155	.012	.174	-.095
MTotal				1.000	.061	-.146	.015	.063	-.031
HGSSA					1.000	.567**	.228	.482**	.086
HGSSD						1.000	.505**	.337*	.255
MRAS							1.000	.083	.197
RS								1.000	.096
Altru									1.000

Note.   *Correlation is significant at the *p* < .05 (2-tailed) level
    **Correlation is significant at the *p* < .01 (2-tailed) level

Research Question 2

To what extent do perceptions of self as mattering to others, gender self-acceptance, and

male role attitudes predict resilience in a sample of males with childhood sexual abuse

histories, as measured by combined scores on the Mattering to Others Questionnaires,

the gender self-acceptance subscale of the Hoffman Gender Scale, the Male Role

Attitudes Scale, and The Resilience Scale?

Hypothesis 2

Higher scores of resilience will be predicted by higher scores of perceptions of self as

mattering to others, higher scores of gender self-acceptance, and lower scores of male

role attitudes.

A simultaneous general linear multiple regression was performed utilizing HGS-

SA, MRAS, and MTOQ as predictor variables and RS as the criterion variable. Results

indicated a statistically significant relationship between the three predictor and resilience

variables, $F_{(3,51)}= 5.21$, $p = .003$, with an R^2 value of .234, indicating that the model

accounted for over 23 percent of the variance in resiliency scores. An examination of the

regression coefficients indicate that only the HGS-SA variable significantly contributed

to changes in resiliency (See Table 4 for coefficients and significance). Therefore,

although the hypotheses that mattering and male role attitudes would significantly impact

resiliency scores were not verified in this sample, gender self-acceptance was found to be

a significant predictor of resilience.

Table 4

Regression Model Summary (Dependent Variable RS)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.484[a]	.234	.189	12.88559

a. Predictors: MRAS, MTotal, HGS-SA:
b. Dependent variable: RSTotal

Variables	Standardized *B*	*t*	*P*
MTOQ	.03	.28	.79
HGS-SA	.49	3.86	.003
MRAS	-.03	-.03	.82

Research Question 3

To what extent do perceptions of self as mattering to the three different referents (closest

person, family, friends) separately predict resilience in a sample of males with childhood

sexual abuse histories, as measured by the three different Mattering To Others

Questionnaires and The Resilience Scale?

Hypothesis 3

Mattering to the Closest Person will be the strongest predictor of resilience in a sample

of males with childhood sexual abuse histories. The next strongest predictor will be

Mattering to Family and, finally, Mattering to Friends.

A hierarchical multiple regression was performed to determine the amount of

variance each mattering (MTOQ) predictor variable contributed to the prediction of the

criterion variable (resilience). The subscales were entered in the order listed in the

hypothesis statement above. The results indicated that none of the subscales significantly

predicted changes in resilience, $F_{(3,51)}= .75$, $p> .05$. (See Table 5 for standardized and

unstandardized coefficients). This hypothesis, therefore, was not verified.

Table 5

Hierarchical Multiple Regression on the Three Mattering Scales with Resilience

Variables	Standardized *B*	*t*	R^2
Model 1: MTOQ-CP	-.76	-.55	.006
Model 2: MTOQ-CP	-.08	-.57	.006
MTOQ-Fa	-.03	-.19	
Model 3: MTOQ-CP	-.06	-.40	.042
MTOQ-Fa	-.11	-.73	
MTOQ-Fr	.21	1.38	

Note. None of the MTOQ subscales predicted changes in resilience

Research Question 4

To what extent are resilience and the presence of altruistic involvement correlated in a sample of males with childhood sexual abuse histories, as measured by the Resilience Scale and the self-report item on the demographic survey that assesses for altruistic involvement?

Hypothesis 4

Resilience and altruistic involvement will be moderately to highly positively correlated in a sample of males with childhood sexual abuse histories.

Pearson product-moment bivariate correlational analysis was used to test this hypothesis. The results yielded a correlation coefficient value that was not statistically significant, $r = .09$, $p > .05$, thus rejecting the research hypothesis that these constructs were related in this sample.

Additional Analyses

Finally, correlational analyses were performed to determine potential relationships between the descriptive demographics of the participants and their resilience scores. Descriptors included in the analyses were both demographic (e.g., age, rank, ethnicity) and criterion-based (type of CSA experience described or reported). None of the correlation coefficients were found to indicate strong or significant relationships between the participant descriptors and their resilience scores. Results are given in Table 6.

Table 6

Correlations between Participant Demographics and Resilience

Variables	*r*
Age	.07
Ethnicity	-.16
Rank	.13
Socioeconomic Level	.06
Sexual Orientation	-.15
Experience of Sexual Attraction	-.25
Enrolled School	-.02
Reported Experiences (Critera Met)	
Minor Consensual Contact	.12
Grooming	.06
CSA	.06

Note. None of the correlation values demonstrated significance

Summary

This chapter portrayed analytical results of the present study. In this section, a description of the respondents, results of the preliminary analyses, and the test results of the research hypotheses were offered. Overall, results indicated that *mattering* and *altruism* bear no significant relation to the development of *resilience* in this sample of college males with histories of CSA. *Gender self-acceptance*, however, was found to significantly predict the development of *resilience* in this sample. While *gender self-acceptance* was originally hypothesized to interact with the *traditional male role attitudes* to describe the new construct dubbed *renegotiation of masculine identity* by recent researchers (Kia-Keating et al., 2005), *traditional male role attitudes* was shown to be insignificantly related to *resilience*. Similarly, none of the demographic descriptors of

respondents, nor the varying criterion upon which inclusion in the study was based, was

found to be significantly related to resilience in this sample. In Chapter V, these results

are presented in light of the literature in the CSA research field and limitations, directions

for further research, and implications of the results for practitioners working with this

population are discussed.

CHAPTER V

DISCUSSION

This chapter offers discussion on the results of the study and includes (a) an interpretation of the study's findings, (b) a description of the study's limitations, (c) directions for future research, and (d) implications for counseling practitioners and counselor educators training future counselor practitioners.

Overview

This quantitative study was intended to contribute to the cross-validation of qualitative themes previously suggested as significant to the development of resilience and recovery in samples of males with histories of child sexual abuse (e.g., Andersen, 2007, 2008; Durham, 2003; Fater & Mullaney, 2000; Gilgun & Reiser, 1990; Grossman et al., 2006; Kia-Keating et al., 2005, 2010; Sorsoli et al., 2008; Teram et al., 2006). The researcher examined the presence of altruistic involvement, mattering relationships, and evidence of renegotiated masculine identity (through the lens of *gender self-acceptance*) in a sample of 55 college-enrolled males with past experiences consistent with several accepted definitions for CSA. Four research questions were formulated to determine if or to what extent the variables were related to resilience scores in this sample. First, the relationships between the three independent variables were investigated to be sure that they measured three distinct constructs. Secondly, the relationship of each of the three variables to the dependent variable was examined to determine if a relationship existed

between them and respondents' resilience scores (RQ 2 and 4). Thirdly, the three

mattering scales were separated and their independent relationships to the dependent

variable were investigated to determine if mattering to any one particular group bore a

stronger relationship to resilience than the others.

Results of the analyses were mixed in that some hypotheses were supported while

others were not. The hypothesis that the independent variables indeed represented three

distinct constructs was supported. Furthermore, scatterplot graphs designed to ensure that

outlier scores were not impacting conclusions as to the independent variables'

relationships indicated that, although there were outliers, regression lines supported

relative consistency of the variables. The hypothesis that the three Mattering to Others

scales (mattering to closest person, family, and friends) would differentially predict

resilience was not supported, for although there were discrepancies between correlation

values, none were found to relate significantly to resilience (though mattering to friends

was the scale that demonstrated the most promise). Finally, the three independent

variables (mattering, altruism, male role attitudes/gender self-acceptance) also

demonstrated mixed results. As mentioned, mattering was not found to significantly

relate to resilience. Likewise, altruism and male role attitudes were not found to

significant related to resilience. Gender self-acceptance, however, was found to

significantly relate to, and even predict, resilience in this sample of 55 resilient males

with histories of CSA. In fact, gender self-acceptance accounted for 23.4% of the

variance in resilience scores in this sample, a substantive finding in this field of research.

A discussion of these results, research hypotheses, related preliminary analyses, and

supplementary analyses designed to add to previous literature in this field of research follows.

Interpretation of Study Findings

This was the first quantitative examination of several consistent qualitative themes that have presented in the narratives of resilient men with histories of child sexual abuse (Andersen, 2007, 2008; Durham, 2003; Fater & Mullaney, 2000; Gilgun & Reiser, 1990; Grossman et al., 2006; Kia-Keating et al., 2005, 2010; Sorsoli et al., 2008; Teram et al., 2006). As hypothesized, one important indicator of the *renegotiation of masculine identity* (RMI) narrative theme that was examined in this study proved to be a significant predictor of resilience in this sample. This indicator was *gender self-acceptance*, a subscale of the gender comfort scale that was employed in the study. The other indicator that was hypothesized to co-comprise the RMI construct, *traditional male role attitudes*, was not found to be related to resilience in this sample, however. This insignificant finding may further denote the historical difficulties encountered in defining what encompasses today's notion of traditional male role attitudes (Pleck et al., 1993). Regardless, it is likely that this finding of insignificance was related to the reliability problems the MRAS historically has demonstrated, and continued to demonstrate in this sample ($\alpha = .61$).

It should be noted that some indication of the gender self-acceptance theme was found to be present in a large portion of the qualitative research that predated this study (Andersen, 2007, 2008; Durham, 2003; Gilgun & Reiser, 1990; Grossman et al., 2006; Kia-Keating et al., 2005, 2010; Sorsoli et al., 2008). Therefore, the finding that gender

self-acceptance was significantly related to this sample's resilience scores is consistent with prior research in this field. Kia-Keating and colleagues (2005) described the RMI construct as containing several developmental steps that the men with CSA histories in their study moved through on their way to recovery from the abuse. The first was an experience of trying to "engage with traditional expectations of masculinity" (p. 175); the next was trying to reconcile the emasculating experience of abuse with society's masculine ideal but finding discordance; and the final was renegotiating "conventional masculine norms" (p. 175) such that their abuse experiences and their personal definitions of masculine identity could exist in harmony. Because of the reliability problems in this study with the instrument that assessed for the acceptance or rejection of traditional male role attitudes, it is not clear from the findings of the present study that traditional male attitudes were rejected (or for that matter, accepted) by men in this sample. As a result, no conclusions can be drawn as to where men in this study might be with relation to this hypothesized developmental step on the road to gender self-acceptance. This indeterminate conclusion is the direct result of the MRAS instrument's problematic reliability value in this study. Nevertheless, the finding that gender self-acceptance was a significant predictor of resilience in this sample adds to the literature in this field by providing empirical support to the narrative themes found consistently in prior research.

Like the traditional male attitudes/norms variable, the mattering and altruism variables were found to be insignificantly related to resilience. Pertaining specifically to the mattering scales (mattering to closest person, mattering to family, mattering to

friends), none of the three even approached significance in their relationships to resilience scores ($t = -.40, -.73, 1.38$, respectively). Likewise, altruism demonstrated a correlation value of $r = .09$ and a significance value greater than .05, rendering it insignificant to resilience as well.

The finding that these variables bore no relationship to resilience was somewhat surprising, as they were so consistent across the narrative themes presented in this literature prior to this study. For example, Kia-Keating et al. (2005, 2010), Fater and Mullaney (2000), and Andersen (2007, 2008) all discovered consistent themes of altruistic involvements across the narratives of their resilient males with CSA histories—specifically that in the wake of recovery, they were able to reach out to help others with struggles similar to those that they had faced. Similarly, Andersen (2007, 2008), Kia-Keating et al. (2005, 2010), and Teram et al. (2006) found that the presence of a safe place relationship was a consistent theme voiced in men's narratives. In fact, not only did many of these men deem their safe place relationships as significant to their recovery processes, but also they expressed that often this significant relationship proved to be the vehicle through which resilience was fostered and supported.

In making sense of the discrepancy between this study's findings pertaining to altruism and mattering and those in prior (narrative) studies upon which this study was based, it may be helpful to recall certain inherent design flaws in the present study that were articulated in earlier chapters. Specifically, the study of resilience as an outcome variable has always been somewhat problematic. Researchers and theorists alike (e.g., Daigneault et al., 2007; Heller et al., 1999; Kinard, 1998b; Richardson, 2002) maintain

that resilience is a *process* that occurs over time and in dynamic response to the developmental transitions that human beings undergo over the course of the lifespan. Because such processes historically have proven difficult to measure empirically, resilience tends to be measured as a moment-in-time outcome variable—in short, as a proof that some portion of the resilience-outcome process has been undertaken (e.g., Himelein & McElrath, 1996; Lambie et al., 2002).

Therefore, although males with CSA histories who responded to the survey in the present study may not yet have arrived at a place in their recovery wherein they are aware of or attuned to their mattering relationships or wherein they are moved to action to assist others in struggles similar to their own in a spirit of altruism, these variables may later prove to be markers of their achievement of some new level of resilience. In support of this hypothesis, it should be recalled that the researcher intentionally limited the outer limit of respondents' age range to 29 years in attempt to capture a picture of resilience in this sample as it may present in the first decades subsequent to abuse experiences. As it is not uncommon in studies of males with CSA histories to encounter narratives of participants who are in their 60s or 70s at the time of interview (e.g., Andersen, 2007, 2008; Hunter, 2010b; Kia-Keating et al., 2005, 2010), themes of altruism and mattering may appear in later decades as certain other and as yet unknown recovery processes are undertaken. Certainly, this would be consistent with Erikson's theory of psychosocial stages (Erikson, 1959) wherein persons in the generativity stage in a later phase of life begin to feel called to leave a positive legacy, a mark upon the world in a helpful and life-giving way.

Another fact to keep in mind when interpreting the findings of the present study with regard to mattering and altruism is that close to 40% of the respondents surveyed were in the first semester of their freshman year in college—surely a time of transition wherein most relationships tend to be in a stage of negotiation or renegotiation and wherein introduction to a new community may make involvement in community-based altruistic endeavors difficult at best. Therefore, the researcher suggests that these variables continue to be studied in college-enrolled students in future research.

Finally, preliminary analyses were executed to determine the potential effects of varying demographic descriptors on scores of resilience in this sample. Descriptors examined were age, rank in school, socioeconomic level, sexual orientation, experience of sexual attraction, school of enrollment, and type of CSA experienced as a minor. As stated above, none of the demographic or criterion descriptors were found to relate to scores of resilience. Although none of the independent variables that were investigated in the present study had been examined empirically before in a sample of resilient males with sexual abuse histories, data were collected in other resilience studies with gender-mixed CSA-experienced samples. Unfortunately, most articles that describe the few studies in this area of research do not make mention of any relationships between demographic variables and scores of resilience (e.g., Banyard & Cantor, 2004; DuMont et al., 2007; Jaffee et al., 2007; McGloin & Widom, 2001; Rajendran & Videka, 2006). Whether researchers' failure to report such potential relationships in prior studies is due to the lack of significant findings when such analyses were run or the failure of these researchers to run such preliminary analyses in the first place is unclear. What is known

is that there is very little in the CSA-resilience literature with which to compare the present study's findings in terms of demographic relationships with resilience scores.

One finding that may be significant to this discussion in its apparent statistical insignificance, however, is the relationship between the type of CSA experienced and resilience scores. When the researcher discovered that neither the demographic variables investigated nor the independent variables of primary concern in this study (mattering, altruism, and traditional male attitudes) bore any relationship to resilience scores in this sample, the question arose as to whether complicating issues pertaining to *survivors' perceptions of sexual abuse*, which are so well-documented in this literature (e.g., Rellini & Meston, 2007), were perhaps at play in rendering independent-dependent variable relationships nonexistent. In other words, it was hypothesized that those who experienced their CSA-type life events as *not* abusive might have created statistical noise in the findings for those who *did* perceive their CSA-type life events as abusive to the end that only one of the variables (gender self-acceptance) demonstrated any relationship to resilience.

To investigate this secondary hypothesis, the researcher divided respondents' data into two categories. The first category was labeled "CSA Severity Low" and was comprised of those who indicated that they had had a mutually consenting sexual relationship prior to age 18 with an adult 5 or more years older that was deemed in retrospect to be a positive or neutral experience. The second category was labeled "CSA Severity High" and was comprised of those who indicated that they had experienced one of three following conditions (exclusive of the above conditions): (a) an experience of a

sexual, but noncontact, event as a minor by someone 5 or more years older that was comprised of unwanted, uncomfortable sexual behavior that was felt to be "extremely frightening or horrifying or [an event] in which you felt extremely helpless" (also known as "grooming" behaviors that typically preempt a CSA contact event); (b) experience of a coercive or physically forceful sexual event that took place against the participant's wishes that was felt to be "extremely frightening or horrifying or [an event] in which you felt extremely helpless" (also known in the literature as CSA), and (c) experience of a consensual sexual contact event between the minor at age 15 or younger with someone 5 or more years older that was described in retrospect as a negative experience.

These particular categorical distinctions were made in order to accommodate the range of contradictory responses that respondents provided on the survey. For example, one situation that presented itself was that nine respondents indicated that their experiences were consistent with study definitions for "grooming" —meaning that they were made uncomfortable by the unwanted sexual behavior of the elder person, and in most cases found it horrifying—but then, in the item that followed the grooming item, did not indicate that they felt forced or coerced into the sexual-contact activity. However, these nine respondents then went on in the descriptive portion of the grooming question to detail the encounter in terms of coercive or physically-forced sexual contact (e.g., being held down and "made" to have intercourse with the elder person, or finding that they unwillingly or even unknowingly had "had sex" with the elder person while intoxicated or unconscious). It previously has been hypothesized by reviewers and researchers (e.g., Yuan et al., 2006) that males with histories of what experts in this field

term "abuse" have been reluctant to report their experiences as "abusive," "forceful," or "coercive" because males find these terms emasculating—terms that serve to cast males in the role of victim rather than in the more culturally-acceptable role of sexual initiator or, at the very least, willing participant. It may be that this very dynamic was at play in the present study as well, for respondents consistently failed to describe their experiences as abusive, forceful or coercive even though the details they then provided indicated that the experience was indeed forced and non-permissive. It is possible that this phenomenon reflects a participant's particular location along his journey toward resilience – one wherein a defense mechanism of minimization may be at play.

Similarly, and as mentioned above, also included in this "CSA Severity High" category that the researcher created post-analyses were respondents who indicated that they had had a mutually-consenting sexual experience at *age 15 or younger* with a person five or more years older that was self-described as a negative encounter. Again, it is hypothesized that societal or cultural dynamics might have been at play in this portion of the sample in that they may have seen it as inconsistent with notions of masculinity to describe any sexual encounter with a willing partner as nonconsensual regardless of one's own feelings about engaging in the encounter. Most researchers in this field might tend to agree that the most conservative definitions of CSA in this field of research include some stipulation as to a five-year discrepancy in ages between partners when the minor is 15 years old or younger (for review of commonly-used CSA definitions, see Browne & Finkelhor, 1986; Green, 1993; Loeb et al., 2002; Peters et al., 1986; Putnam, 2003). In the case of the present study, seven respondents indicated that they had had a mutually-

consenting sexual relationship with an elder partner that they then described as a negative

experience. Notably, the mean age difference between these respondents and their sexual

partners was 18.4 years and ranged from 6 to 29 years. Again, this would meet most CSA

researchers' inclusion criteria for CSA, thus the reason for their inclusion in this higher

severity category.

The number of respondents who fell into the first category which the researcher

described as "CSA Severity Low" was 33 (out of 55 total). Respondents falling into the

second category were labeled "CSA Severity High" and numbered 22. When the data

were re-analyzed to determine if variables previously found to bear no notable

relationship to resilience scores now demonstrated some relationship, it was discovered

that the variables were still unrelated to resilience in both CSA severity groups. This is a

notable discovery in that it supports some researchers' findings that CSA-type life events

are impactful to males with this history regardless of their perception of the event as

harmful or helpful (Carballo-Dieguez & Dolezal, 1995; Holmes, 2008; King et al., 2002;

Steever et al., 2001; Weber et al., 1992). Researchers who have uncovered findings that

support the opposing argument—that outcomes of CSA-type life events are contingent

upon males' perceptions of these events—might be puzzled by the present study's

findings that no notable differences in resilience scores were found to exist between the

groups (e.g., Arreola et al., 2008; Broussard et al., 1991). Nevertheless, the results of the

present study may be viewed as adding credence to the argument that it matters very little

whether or not the sexual encounters males experience as minors are conceived of as

consensual or nonconsensual, for, regardless, their resilience scores demonstrated no

observable variation.

In summary, the findings of the present study have added to the literature in the

field of CSA research in a number of ways. First, none of the themes suggested as

significant in the qualitative literature with this population had been empirically

examined prior to this study. Therefore, all findings from the present study, whether

demonstrative of variables' relationships or not, are considered additive. Secondly, in

testing themes that had been found to consistently present in narrative studies of this

population, it was found that though mattering, altruism, and traditional male

attitudes/norms were not related to resilience, gender self-acceptance was significantly

related to resilience scores, accounting for 23.4% of the variance in resilience scores in

this sample. Thirdly, the fact that all demographic variables assessed in the study were

not found to impact the relationship between the independent variables and resilience

scores is significant to this literature because so little is known about this population in

terms of how demographic descriptors may heighten or lessen relationships between

variables or impact resilience. It is hoped that studies of this population in future will

report all demographic findings, whether found to correlate with resilience or not.

Finally, these findings add to the existing literature in the area of males' perceptions of

CSA and the outcomes experienced conditional to that perception. The fact that no

relationships were found to exist between those with "high-severity" and "low-severity"

CSA experiences supports earlier findings by some researchers that outcome types

(positive or negative) do not hinge upon the males' perception of the events as either detrimental and unpleasant or "scoring" (Fritz et al., 1981) and pleasant.

Limitations

In interpreting the findings of this study, several limitations that the study presents should be considered. First, it is noted that the constructs that emerged from the qualitative literature upon which this study was based were interpreted and transformed by the researcher into empirically measurable variables that could be quantified and evaluated numerically and statistically. For example, because recovery from CSA cannot be yet measured quantifiably, the construct of resilience was chosen to approximate recovery. Fortunately, there was some precedence for this in the existing literature. However, this was not the case in the instances of the independent variables of mattering, traditional male role attitudes/norms, and altruism. These three constructs were chosen in an attempt to approximate the consistent qualitative themes of safe relationship, rejection of traditional masculinity definitions, and helping behaviors designed to assist others facing similar life struggles, respectively. Although these constructs were chosen with intentionality and logic (described at length in Chapter III), they may nevertheless be less than ideal replacements for the qualitative themes that they were intended to examine. In the same vein, had the measures selected to examine the construct approximations of the significant qualitative themes been different (even though the constructs measured would be the same), different results might have been found. Certainly, it is worth investigating the extent to which males with CSA histories are invested in traditional norms of masculinity as measured by an instrument with much greater reliability than the MRAS

demonstrated in this sample. Therefore, consumers of CSA research will want to qualify these findings in terms of this particular limitation.

Secondly, as is well-documented in the literature in this field of research, problems have existed with regard to definitions for what criteria comprise child sexual abuse. This study is no different from those before it in this regard. Definitions for CSA are many and varied; thus the researcher chose those criteria which she felt reflected best practices in this research and which portrayed considerations that are recently emerging in this literature with regard to some males' perceptions of the events CSA researchers might term *abuse*. For this reason, there were three items (rather than the more typical one item) on the survey tool that assessed for CSA-type experiences. Additionally, none of the items used the term *abuse*. Finally, in an attempt to capture a range of experiences, one item assessed for consensual sexual contact between the minor and a person 5 or more years their elder, one for what is identified in this field of research as experiences of *grooming* for CSA, and one for coerced or forced sexual contact (what most researchers in this field might term child sexual *abuse*). Although these precautions were intended to capture the range of experiences described by the term CSA, it is not known how well they assessed for this.

The third limitation to this study has been discussed at length above and therefore is merely recalled here. This limitation is that resilience is understood to be a developmental process that occurs over time, rather than a trait or a moment-in-time snapshot of a person's progress along the continuum of resilience development. Because people's recovery processes wax and wane with other life circumstances over the

lifespan, something is lost by judging any sample of persons with histories of trauma in terms of a rather simplistic resilience score on one measure of resilience, no matter how reliable and valid the instrument has been demonstrated to be. For this reason, results of this sample's resilience scores should be understood to reflect merely a statistical snapshot in time of a population that is passing through a transitional and transformative stage of life.

A fourth limitation of the present study is its inadequate representation of minority populations across all demographic indicators measured (ethnicity, socioeconomic level, sexual orientation, rank in college, etc). Though the general population at Appalachian State University is considerably less diverse (at least in terms of ethnicity and socioeconomics) than that at North Carolina State University, it was hoped that the online survey offered to NCSU students would capture males with CSA histories from a wide variety of demographic descriptors and balance out the less-diverse population at ASU. However, the vast majority of males indicating a sexual history consistent with inclusion criteria for the study (50 out of 55) came from the ASU sample. Therefore, while it was hoped that response rates for all demographic groups would prove comparable to those represented in the general population of college students in the United States, this did not occur. As a result, further research with persons described by ethnicities such as Native American, African American, and Latino American, with socioeconomic levels below the upper middle class line, and with sexual orientations other than heterosexual is indeed indicated.

A fifth limitation of the study is that clarifying questions that could have further fleshed out some of the gender dynamics at play in the CSA events described were neglected to be included in the instrument. For example, additional light might have been shone upon several relational issues had questions been added to the two items assessing for CSA grooming and CSA events that captured the gender of the perpetrator and the experience of attraction to the perpetrator. It would have been additive information, for example, to find that an early adolescent groomed by an older male to whom the adolescent was already sexually attracted had higher resilience scores than an early adolescent male groomed by a female to whom the minor was not attracted. In this way, an understanding of the respondent's experience was limited.

A sixth limitation pertained to the sample gathered for the present study. It was originally intended that all students at NCSU would have the opportunity to participate in the study. However, only students in two colleges received the emailed study participation invitation. This was due to a restructuring of procedures for researchers located outside the NCSU system as authored by the university's Office of Planning and Analysis. Therefore, although it was intended that 19,000 students would be invited to participate, only 5,500 received the email invitation. It is not known how students in these two departments (Pre-Health Professions and First Year College) might have differed from students enrolled in other colleges in the NCSU system. Therefore, it may be that data from these five participants is not representative of data that might have been gathered from a wider array of students at NCSU. Similarly, it is not known how those on

the ASU campus who were not approached to participate in the study or who declined the invitation to participate might have differed from those who chose to respond.

A seventh potential limitation of this study centers on a dynamic that Teyber (2000) summarized in his review of inflexible coping strategies. Adding to the literature in this area that Horney (1970) had established, he stated that sometimes those who have not had their attachment needs met in early childhood may seek to compensate for their sense of low self-worth by adopting a rise-above, achievement-oriented style (or "false self") in response to life challenges they face (p. 187). This coping style could play out in a resilient population such as the one this study investigated who have experienced potentially-traumatic sexual abuse events. For example, a CSA survivor in the wake of abuse events might be led to willfully decide that he *will* overcome the traumatic abuse event, thereby being led later to demonstrate apparent resilience to his abuse through self-report items on the resilience measure, regardless of the the negative impact that this event may have had on his life. Therefore, while he may have demonstrated enough resilience to his abuse to do well enough in secondary school to gain college entrance and even maintain enrollment, he nevertheless might be led to report higher resilience than he might actually demonstrate in other areas of his life. Because this study employed a self-report instrument to measure resilience, this *false self* dynamic could have been present, but not captured. Perhaps in subsequent studies other indicators of resilience besides self-report survey items might be used in an effort to illuminate, or control for, this potential dynamic.

Finally, another limitation of the present study which must be considered is that only those stressful life experiences that were consistent with accepted definitions for CSA qualified respondents for the study analyses. Other stressful life events have been shown in this literature to impact resilience in college populations (e.g., Banyard & Cantor, 2004) in companion with CSA, such as emotional abuse, neglect, and physical abuse. A certain proportion of the 55 males with CSA histories included in the study did indeed report histories of other traumatic life events including other forms of abuse and violence. Some reported that they had attempted suicide and/or had been hospitalized for "nervous breakdowns" in the wake of CSA and other traumatic events. Although such life events could have as much or more impact upon a college male's resilience, no attempt was made to control for these events. This is one intended area for focus in the researcher's future scholarly agenda.

Suggestions for Future Research

Toward the cause of further advancing the field of CSA research with regard to male populations, several suggestions for future research are posited. First, the research design employed in this study could be replicated in other populations of males reporting a history of sexual abuse, but presumably less resilient, to determine the extent to which the independent variables studied here are correlated with resilience in other populations of men. Inpatient treatment populations, outpatient treatment populations, males registered with online CSA survivor support networks who may never have received any treatment are but a few of the populations with whom this research might be conducted. Populations of males considered by society to be typically or notably successful would

also be ideal for study, as the presumption of some measure of achieved resilience to CSA would be assumed (e.g., civic leaders, attorneys, business professionals, professional sports team members, etc). The researcher further hypothesizes that although the data indicate that the mattering variable was not significant to the development of resilience in this rather resilient sample, mattering may matter more to those who do not perceive that they do not matter in their relationships – perhaps to those populations who are less resilient. This is worthy of investigation.

Secondly, following data collection with various populations such as those described above, analyses comparing data from those reporting various types of trauma or stressful life experiences with those reporting CSA alone could be examined. This type of research has been conducted in large samples of female populations, and the benefit to the literature in this field could be considerable in that it would begin to bring male CSA research the attention that it has so long been denied.

Thirdly, constructs that differ from mattering, altruism, and traditional male role attitudes but that also seek to approximate the qualitative themes of safe relationship, helpful behaviors, and rejection of traditional notions of masculinity might be chosen for study. In this way, the correlation and predictive value of such variables might be examined in relation to resilience in a sample of males with histories of CSA to see if they more closely approximate the constructs described in the Kia-Keating et al. (2005, 2010) studies.

Fourthly, mixed method studies that seek to gather both qualitative data around these consistent themes and quantitative data on hypothesized constructs intended to

approximate those themes would be helpful in furthering this literature. Although the themes investigated in the present study have demonstrated consistency in the field of male CSA research, there are still only a handful of studies that examined recovery narratives of male CSA survivors. For this reason, we merely may have only begun to describe and understand processes of recovery or resilience-development in this population. Mixed methods studies could add substantially to this literature.

Finally, it would be enlightening to test these qualitative themes empirically in a sample of females with sexual abuse histories. The point has been made in earlier chapters that the trend in CSA research over the last century has been to examine known variables at play in women's experience of CSA in male populations. Although this trend has produced marginal results in male samples, it has nevertheless added to researchers' understanding of some of the processes undergone by this population in general on their way to abuse recovery. It is hypothesized that the same may be true for samples of females with CSA histories in which male-validated themes are tested. Much may be gained, or conversely, the same marginal findings might be demonstrated. Regardless, it would yield information that researchers and practitioners as yet do not have—information that could further identification and treatment of this underserved population.

Implications for the Counseling Field

Although much still stands to be gained from further research in this area, there are important implications of the present findings for counseling practitioners and counselor educators. First, counseling practitioners working with males recovering from CSA might direct the focus of their work toward encouraging survivors' gender self-

acceptance. Because both the qualitative findings of a significant portion of research in this area and now the present study's quantitative findings have indicated that gender self-acceptance is an important achievement for survivors in their movement toward recovery, helping professionals can feel confident exploring and supporting the development of gender self-acceptance.

Also, it is important for counselors who work with survivors to understand that recovery from, or at least resilience to, CSA in males is possible. That certainly was demonstrated in the present study. Because the literature in this field has indicated that many males with histories of sexual abuse externalize their rage in response to their abuse, some proportion of males with CSA histories are unable or unwilling to conform to the regular demands of school and end up performing poorly on academic achievement indicators or dropping out of high school. The fact that the men in this study with similar histories were shown to be able to achieve college enrollment, demonstrates that resilience to CSA events are indeed possible. It is hoped that this study's findings will serve as a beacon of hope to those helping professionals struggling to find ways to help their clients with abuse histories.

Finally, in light of pending CACREP standards which require counselor education programs to prepare their students to serve traumatized populations, the findings of the present study may be particularly helpful. Because this particular population has been so under-researched and under-served, most counselor educators may have been likely to teach their students to treat CSA in males identically to how they treat CSA in females—something that all helping disciplines have done at various points in history. According to

Andersen (2008), however, this tendency historically may have done more harm than good. The findings of the present study, therefore, can provide helpful direction for counselor educators endeavoring to educate their students in best practices for treatment of CSA in male populations.

Conclusion

This study has provided the first quantitative empirical examination of qualitative themes found to be consistent in the recovery narratives of males with histories of child sexual abuse. Results indicated that most of the independent variables, all of the demographic descriptors, and all of the qualifying criteria for inclusion in the study failed to demonstrate a relationship to resilience scores in this sample of 55 college-enrolled males with histories of child sexual abuse. The only variable that was found to be related to resilience in this sample was gender self-acceptance. The relationship was found to be direct, strong, and significant, with gender self-acceptance accounting for 23.4% of the variance in resilience scores, a substantive finding in this field of research.

Although the limitations of the present study may be considerable, this issue is fairly common in this complex area of research. Most of the limitations noted here are shortcomings consistent with much of the other literature in this field. However, the affirmative and significant nature of the results of this study that indicate a significant relationship between gender self-acceptance and resilience has much to offer this field. There are relevant implications for both helping professionals working with this population and for the counselor educators who strive to prepare the professions' future practitioners for work with clients and kids facing this type of trauma.

In summary, this study contributed to the cross-validation of previous qualitative themes by employing a quantitative research design with a sample of males reporting a history of experiences consistent with accepted definitions for child sexual abuse, and added to practitioners' knowledge base as they seek to employ evidence-based interventions for the population they serve.

REFERENCES

Abramson, E., & Lucido, G. (1991). Childhood sexual experience and bulimia. *Addictive Behaviors, 16*, 529-532. doi:10.1016/0306-4603(91)90060-U

Agnew, R. R. (1985). A revised strain theory of delinquency. *Social Forces*, *64*, 151-167. Retrieved from SocINDEX with Full Text database.

Ahern, N. R., Kiehl, E. M., Sole, M. L., & Byers, J. (2006). Review of instruments measuring resilience. *Issues in Comprehensive Pediatric Nursing*, *29*(2), 103-125. doi:10.1080/01460860600677643

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44*, 709-716. doi:10.1037/0003-066X.44.4.709

Alaggia, R. R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect: The International Journal*, *28*, 1213-1227. Retrieved from EBSCO*host*.

Alexander, P. C. (1992). Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology, 60*, 185-195. doi:10.1037/0022-006X.60.2.185

American Council on Education. (2010). *Gender equity in higher education: 2010 report.* Washington, DC: American Council on Education. Retrieved from E-Journals database.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Andersen, T. H. (2007). Speaking about the unspeakable: Sexually abused men striving toward language. *American Journal of Men's Health*, *2*, 25-36. doi:10.1177/1557988307308107

Andersen, T. H. (2008). Men dealing with memories of childhood sexual abuse: Conditions and possibilities of 'positive deviance.' *Journal of Social Work Practice, 22,* 51-65. doi:10.1080/02650530701872355

Anderson, K. M., & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a "storybook ending" possible? *The American Journal of Family Therapy*, *36*, 413-424. doi:10.1080/01926180701804592

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology, 104*, 277-285. doi:10.1037/0021-843X.104.2.277

Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their abuse. *Child Maltreatment*, *3,* 63-71. Retrieved from Academic Search Premier database.

Arreola, S., Neilands, T., Pollack, L., Paul, J., & Catania, J. (2008). Childhood sexual experiences and adult health sequelae among gay and bisexual men: Defining childhood sexual abuse. *Journal of Sex Research, 45*, 246-252. doi:10.1080/00224490802204431

Aspelmeier, J. E., Elliott, A. N., & Smith, C. H. (2007). Childhood sexual abuse, attachment, and trauma symptoms in college females: The moderating role of attachment. *Child Abuse & Neglect*, *31*, 549-566. Retrieved from EBSCO*host*.

Atabaki, S., & Paradise, J. (1999). The medical evaluation of the sexually abused child: Lessons from a decade of research. *Pediatrics*, *104*, 178-186. Retrieved from MasterFILE Premier database.

Badgley, C., Allard, H., McCormick, N., Proudfoot, P., Fortin, D., Ogilvie, D., . . . Sutherland, S. (1984). *Sexual offences against children: Volume 1*. Ottawa, CA: Canadian Government Publishing Centre.

Bagley, C., & Genuis, M. (1991). Psychology of computer use: Sexual abuse recalled: Evaluation of a computerized questionnaire in a population of young adult males. *Perceptual and Motor Skills*, *72*, 287-288. doi:10.2466/PMS.72.1.287-288

Bagley, C., Wood, M., & Young, L. (1994). Victim to abuser: mental health and behavioral sequels of child sexual abuse in a community survey of young adult males. *Child Abuse & Neglect*, *18*, 683-697. Retrieved from Social Work Abstracts database.

Baker, A. W., & Duncan, S. P. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child Abuse & Neglect*, *9*, 457-467. Retrieved from EBSCO*host* database.

Banyard, V. L., & Cantor, E. N. (2004). Adjustment to college among trauma survivors: An exploratory study of resilience. *Journal of College Student Development, 45*, 207-221. Retrieved from E-Journals database.

Banyard, V. L., Williams, L. M., & Siegel, J. A. (2004). Childhood sexual abuse: A

gender perspective on context and consequences. *Child Maltreatment*, 9, 223-238.

doi:10.1177/107755904266914

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in

social psychological research: Conceptual, strategic, and statistical considerations.

Journal of Personality & Social Psychology, *51*, 1173-1182. Retrieved from

SocINDEX with Full Text database.

Bartholomew, K., & Thompson, J. (1995). The application of attachment theory to

counseling psychology. *The Counseling Psychologist*, *23*, 484-490. Retrieved

from EBSCO*host* database.

Bartone, P. T., Ursano, R. J., Wright, K. M., Ingraham, L. H., Ong, A. D., Bergeman, C.

S., . . . Wallace, K. A. (2006). Dispositional Resilience Scale. *Journal of

Personality and Social Psychology*, *91*, 730-749. Retrieved from EBSCO*host*

database.

Bass, E., & Davis, L. (1988). *The courage to heal.* New York: Harper & Row.

Batten, S. V., Follette, V. M., & Aban, I. B. (2001). Experiential avoidance and high-risk

sexual behavior in survivors of child sexual abuse. *Journal of Child Sexual Abuse,

10*, 101-120. Retrieved from EBSCO*host* database.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal

attachments as a fundamental human motivation. *Psychological Bulletin*, *117*,

497-529. doi:10.1037/0033-2909.117.3.497

Beardslee, W. R. (1989). The role of self-understanding in resilient individuals: The development of a perspective. *American Journal of Orthopsychiatry*, *59*, 266-278. Retrieved from EBSCO*host* database.

Bebbington, P. E., Sturt, E., Tennant, C. C., & Hurry, J. (1984). Misfortune and resilience: A community study of women. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, 14*, 347-363. doi:10.1017/S0033291700003603

Becker, J. (1998). What we know about the characteristics and treatment of adolescents who have committed sexual offenses. *Child Maltreatment*, *3*, 317-329. doi: 10.1177/1077559598003004004

Becker, J., Kaplan, M., Cunningham-Rathner, J., & Kavoussi, R. (1986). Characteristics of adolescent incest sexual perpetrators: preliminary findings. *Journal of Family Violence*, *1*, 85-97. Retrieved from Gender Studies Database database.

Beere, C. A. (1990). *Gender roles: A handbook of tests and measures.* New York: Greenwood.

Bem, S. (1974). The measurement of psychological androgyny. *Journal of Consulting & Clinical Psychology*, *42*, 155-162. Retrieved from EBSCO*host* database.

Bensley, L. S., Van Eenwyk, J., & Simmons, K. W. (2000). Self-reported childhood sexual and physical abuse and adult HIV-risk behaviors and heavy drinking. *American Journal of Preventive Medicine, 18*, 151-158. doi:10.1016/S1054-139X(98)00112-8

Bensley, L. S., Spieker, S. J., Van Eenwyk, J., & Schoder, J. (1999). Self-reported abuse history and adolescent problem behaviors. II. Alcohol and drug use. *Journal of Adolescent Health, 24*, 173-180. doi:10.1016/S1054-139X(98)00112-8

Bensley, L. S., Van Eenwyk, J., Spieker, S. J., & Schoder, J. (1999). Self-reported abuse history and adolescent problem behaviors. I. Antisocial and suicidal behaviors. *Journal of Adolescent Health, 24*, 163-172. doi:10.1016/S1054-139X(98)00111-6

Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children. In J. Myers, L. Berliner, J. Briere, & C. Hendrix et al. (Eds.), *The APSAC handbook on child maltreatment* (pp. 55-78). Thousand Oaks, CA: Sage.

Bernstein, G. A., Garfinkel, B. D., & Hoberman, H. M. (1989). Self-reported anxiety in adolescents. *American Journal of Psychiatry, 146*, 384-386. Retrieved from Social Work Abstracts database.

Black, C., & DeBlassie, R. (1993). Sexual abuse in male children and adolescents: Indicators, effects, and treatments. *Adolescence, 28*, 123-134. Retrieved from SocINDEX with Full Text database.

Black, C., & Ford-Gilboe, M. (2004). Adolescent mothers: Resilience, family health work and health-promoting practices. *Journal of Advanced Nursing, 48,* 351-360. doi:10.1111/j.1365-2648.2004.03204.x

Bloch, J. P. (1991). *Assessment and treatment of multiple personality and dissociative disorders.* Sarasota, FL: Professional Resource Press.

Block, J. H., & Block, J. (1980). The role of ego-control and ego in the organization of behavior. In W. Collins (Ed.), *Development of cognition, affect, and social relations*. Hillsdale, IL: Lawrence Erlbaum Associates.

Block, J., & Kremen, A. M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology, 70,* 349-361. doi:10.1037/0022-3514.70.2.349

Bochner, A. (2001). Narrative's virtues. *Qualitative Inquiry, 7,* 131-157. Retrieved from E-Journals database.

Boeschen, L. E., Koss, M. P., Figueredo, A. J., & Coan, J. A. (2001). Experiential avoidance and post-traumatic stress disorder: A cognitive mediational model of rape recovery. *Journal of Aggression, Maltreatment, & Trauma, 4,* 211-243. Retrieved from EBSCO*host* database.

Bolen, R., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective metanalysis. *Social Service Review, 73,* 281-313. Retrieved from EBSCO*host* database.

Boles, S. M., Joshi, V., Grella, C., & Wellisch, J. (2005). Childhood sexual abuse patterns, psychosocial correlates, and treatment outcomes among adults in drug abuse treatment. *Journal of Child Sexual Abuse, 14,* 39-55. doi:10.1300/J070v14n01_03

Boney-McCoy, S., & Finkelhor, D. (1995). Psychosocial sequelae of violent victimization in a national youth sample. *Journal of Consulting and Clinical Psychology, 63,* 726-736. doi:10.1037/0022-006X.63.5.726

Bonanno, G., Noll, J., Putnam, F., O'Neill, M., & Trickett, P. (2003). Predicting the

willingness to disclose childhood sexual abuse from measures of repressive

coping and dissociative tendencies. *Child Maltreatment*, *8,* 302-318. Retrieved

from EBSCO*host* database.

Bouvier, P. (2003). Child sexual abuse: Vicious circles of fate or paths to resilience?

Lancet, February 8, 2003. Retrieved from www.thelancet.com

Bowlby, J. (1977). The making and breaking of affectional bonds: I. Aetiology and

psychopathology in the light of attachment theory. *British Journal of Psychiatry,*

130, 201-210. doi:10.1192/bjp.130.3.201

Bowlby, J. (1979). *The making & breaking of affectional bonds.* London: Tavistock.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human*

development. New York: Basic Books.

Brannon, R. R., & Juni, S. S. (1984). A scale for measuring attitudes about masculinity.

Journal of Psychological Documents, *14*, 2012. Retrieved from EBSCO*host*

database.

Brannon, J. M., Larson, B., & Doggett, M. (1989). The extent and origins of sexual

molestation and abuse among incarcerated adolescent males. *International*

Journal of Offender Therapy and Comparative Criminology, 33, 161-172.

doi:10.1177/0306624X8903300210

Brent, D. A., Greenhill, L. L., Compton, S., Emslie, G., Wells, K., Walkup, J. T., . . .

Turner, J. B. (2009). The treatment of adolescent suicide attempters study

(TASA): Predictors of suicidal events in an open treatment trial. *Journal of the*

American Academy of Child and Adolescent Psychiatry, 48, 987-996.

doi:10.1097/CHI.0b13e3181b5dbe4

Briere, J. (1989). *Therapy with adults molested as children: Beyond survival.* New York: Springer.

Briere, J. (1992a). *Child abuse trauma: Theory and treatment of the lasting effects.* Newbury Park, CA: Sage.

Briere, J. (1992b). Studying delayed memories of childhood sexual abuse. *The Advisor (Publication of the American Professional Society of the Abuse of Children), 5*, 17-18. Retrieved from the E-Journals database.

Briere, J. (1996). *Therapy for adults molested as children: Beyond survival.* New York: Springer.

Briere, J., & Conte, J. (1993). Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress, 6*, 21-31. Retrieved from Child Development & Adolescent Studies database.

Briere, J., Evans, D., Runtz, M., & Wall, T. (1988). Symptomatology in men who were abused as children: A comparison study. *American Journal of Orthopsychiatry, 58*, 457-461. Retrieved from Social Work Abstracts database.

Briere, J., & Gil, E. (1998). Self-mutilation in clinical and general population samples: Prevalence, correlates, and functions. *American Journal of Orthopsychiatry, 68*, 609-620. Retrieved from Social Work Abstracts database.

Briere, J., & Jordan, C. E. (2004). Violence against women: Outcome complexity and

implications for assessment and treatment. *Journal of Interpersonal Violence, 19,*

1252-1276. Retrieved from ERIC database.

Broderick, P. C., & Blewitt, P. (2010). *The life span: Human development for helping

professionals* (3rd ed.). Upper Saddle River, NJ: Pearson.

Broussard, S., & Wagner, W. G. (1988). Child sexual abuse: Who is to blame? *Child

Abuse & Neglect, 12,* 563-569. doi:10.1016/0145-2134(88)90073-7

Broussard, S., Wagner, W. G., & Kazelskis, R. (1991). Undergraduate students'

perceptions of child sexual abuse: The impact of victim sex, perpetrator sex,

respondent sex, and victim response. *Journal of Family Violence, 6,* 267-278.

doi:10.1007/BF00980533

Brown, J., & Graham, D. (2008). Body satisfaction in gym-active males: An exploration

of sexuality, gender, and narcissism. *Sex Roles*, *59*(1-2), 94-106.

doi:10.1007/s11199-008-9416-4

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the

research. *Psychological Bulletin, 99,* 66-77. doi:10.1037/0033-2909.99.1.66

Browning, C. R., & Laumann, E. O. (1997). Sexual contact between children and adults:

A life course perspective. *American Sociological Review*, *62,* 540-560. Retrieved

from SocINDEX with Full Text database.

Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. (1987). Childhood sexual and

physical abuse as factors in adult psychiatric illness. *American Journal of

Psychiatry, 144*, 1426-1430. Retrieved from PsycINFO database.

Burgess, A. W., Hartman, C. R., McCausland, M. P., & Powers, P. (1984). Response

patterns in children and adolescents exploited through sex rings and pornography.

American Journal of Psychiatry, 141, 656-662. Retrieved from Child

Development & Adolescent Studies database.

Caffaro-Rouget, A., Lang, R. A., & van Santen, V. (1989). The impact of child sexual

abuse. *Annals of Sex Research, 2,* 29-47. doi:10.1007/BF00850678

Calam, R., Horne, L., Glasgow, D., & Cox, A. (1998). Psychological disturbance and

child sexual abuse: A follow-up study. *Child Abuse & Neglect, 22*, 901-913.

Retrieved from Academic Search Premier database.

Calhoun, L. G., & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications

for clinical practice and research. *Journal of Social Issues*, *54,* 357-373. Retrieved

from SocINDEX with Full Text database.

Carballo-Diéguez, A. A., & Dolezal, C. C. (1995). Association between history of

childhood sexual abuse and adult HIV-risk in Puero Rican men who have sex

with men. *Child Abuse & Neglect*, *19*, 595-605. Retrieved from EBSCO*host*

database.

Carey, P. D., Walker, J. L., Rossouw, W., Seedat, S., & Stein, D. J. (2008). Risk

indicators and psychopathology in traumatized children and adolescents with a

history of sexual abuse. *European Child and Adolescent Psychiatry, 17*, 93-98.

doi:10.1007/s00787-007-0641-0

Catalano, R. F., Haggerty, K. P., Hawkins, J., & Elgin, J. (2011). Prevention of substance

use and substance use disorders: Role of risk and protective factors. In Y.

Kaminer, K. C. Winters, Y. Kaminer, & K. C. Winters (Eds.), *Clinical manual of adolescent substance abuse treatment* (pp. 25-63). Arlington, VA: American Psychiatric Publishing, Inc. Retrieved from EBSCO*host*.

Centers for Disease Control and Prevention. (2000). Youth Risk Behavior Survey—1993. *Suicide and Life-Threatening Behavior, 30,* 213-221. [serial online]. January 1, 2000: 30, 213-221. Available from: Health and Psychosocial Instruments, Ipswich, MA.

Chaffin, M., Wherry, J. N., & Dykman, R. (1997). School age children's coping with sexual abuse: Abuse stresses and symptoms associated with four coping strategies. *Child Abuse & Neglect, 21*, 227-240. Retrieved from EBSCO*host* database.

Cicchetti, D., & Rizley, R. (1981). *Developmental perspectives on child maltreatment.* San Francisco: Jossey-Bass.

Clarke, S., & Pearson, C. (2000). Personal constructs of male survivors of childhood sexual abuse receiving cognitive analytic therapy. *British Journal of Medical Psychology*, *73*, 169-177. Retrieved from EBSCO*host*.

Cobham-Portorreal, C. S., Klein, N. N., Showalter, C. C., Anthony, A. A., Cobham, P. S., Lewis, D., & Yeager, C. A. (1991). A follow-up of female delinquents: Maternal contributions to the perpetuation of deviance. *Journal of the American Academy of Child & Adolescent Psychiatry*, *30*, 197-201. Retrieved from EBSCO*host*.

Cole, P., & Putnam, F. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology, 60*, 174-184. doi:10.1037/0022-006X.60.2.174

Collings, S. J. (1995). The long-term effect of contact and noncontact forms of child sexual abuse in a sample of university men. *Child Abuse & Neglect, 19*, 1-6. Retrieved from Academic Search Premier database.

Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31*, 211-229. doi:10.1016/j.chiabu.2007.02.004

Compas, B. E. (1987). Coping with stress during childhood and adolescence. *Psychological Bulletin*, *101*, 393-403. doi:10.1037/0033-2909.101.3.393

Condy, S., Templer, D. I., Brown, R., & Veaco, L. (1987). Parameters of sexual contact of boys with women. *Archives of Sexual Behavior*, *16*, 379-394. Retrieved from EBSCO*host* database.

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*, 76-82. doi:10.1002/da.10113

Conte, J. R., & Schuerman, J. R. (1987a). Effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence, 2*, 380-390. doi:10.1177/088626058700200404

Conte, J. R., & Schuerman, J. R. (1987b). Factors associated with an increased impact of child sexual abuse. *Child Abuse & Neglect, 11*, 201-211. Retrieved from SocINDEX with Full Text database.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*, 390-398. Retrieved from EBSCO*host* database.

Coopersmith, S. (1967). *The antecedents of self-esteem.* San Francisco, W. H. Freeman.

Counts, J., Buffington, E., Chang-Rios, K., Rasmussen, H., & Preacher, K. (2010). The development and validation of the protective factors survey: a self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, 34(10), 762-772. doi:10.1016/j.chiabu.2010.03.003

Courtois, C. A. (1979). The incest experience and its aftermath. *Victimology*, *4*, 337-347. Retrieved from SocINDEX with Full Text database.

Courtois, C. A. (1988). *Healing the incest wound: Adult survivors in therapy.* New York, NY: Norton.

Courtois, C. A. (1992). The memory retrieval process in incest survivor therapy. *Journal of Child Sexual Abuse, 1*, 15-31. Retrieved from Child Development & Adolescent Studies database.

Courtois, C. A. (1997). Treating the sexual concerns of adult incest survivors and their partners. *Journal of Aggression, Maltreatment, & Trauma, 1*, 293-310. doi:10.1300/J146v01n01_16

Crittenden, P. M., & Ainsworth, M. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti, V. Carlson, D. Cicchetti, & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 432-463). New York: Cambridge University.

Cukor, D., & McGinn, L. (2006). History of child abuse and severity of adult depression: The mediating role of cognitive schema. *Journal of Child Sexual Abuse*, *15*(3), 19-34. doi:10.1300/J070v15n03_02

Daigneault, I., Hebert, M., & Tourigny, M. (2007). Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America, 16*, 415-434. doi:10.1016/j.chc2006.11.002

De Bellis, M. D, Keshavan, M. S., Clark, D. B., Casey, B. J, Giedd, J. N, Boring, A. M. . . . Ryan, N. D. (1999). Developmental traumatology: II. Brain development. *Biological Psychiatry*, *45*, 1271-1284. doi:10.1016/S0006-3223(99)00045-1

Denov, M. S. (2004). The long-term effects of child sexual abuse by female perpetrators: A qualitative study of male and female victims. *Journal of Interpersonal Violence*, 19, 1137-1156. doi:10.1177/0886260504269093

deWilde, E. J., & Kienhorst, I. C. W. M. (1992). The relationship between adolescent suicidal behavior and life events in childhood and adolescence. *American Journal of Psychiatry, 149*, 45-51. Retrieved from Academic Search Premier database.

deWilde, E. J., Kienhorst, I. C. W. M., Diekstra, R., F., & Wolters, W. H. (1993). The specificity of psychological characteristics of adolescent suicide attempts. *Journal*

of the American Academy of Child & Adolescent Psychiatry, *32*, 51-59. Retrieved from Child Development & Adolescent Studies database.

DeYoung, M. (1982). *The sexual victimization of children*. Jefferson, NC: McFarland.

Dhaliwal, G. K., Guazas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long term effects. *Clinical Psychology Review, 16*, 619-639. Retrieved from CINAHL Plus with Full Text database.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*, 34-43. doi: 10.1037/0003-066X.55.1.34

DiLillo, D., Giuffre, D., Tremblay, G., & Peterson, L. (2001). A closer look at the nature of intimate partner violence reported by women with a history of child sexual abuse. *Journal of Interpersonal Violence*, *16*(2), 116-132. Retrieved from CINAHL Plus with Full Text database.

Dillon, F. R., Worthington, R. L., Soth-McNett, A. M., & Schwartz, S. J. (2008). Gender and sexual identity-based predictors of lesbian, gay, and bisexual affirmative counseling self-efficacy. *Professional Psychology: Research and Practice*, *39*, 353-360. doi:10.1037/0735-7028.39.3.353

Dinwiddie, S., Heath, A. C., Dunne, M. P., Bucholz, K. K., Madden, P. A. F., Slutske, W. S., . . . & Martin, N. G. (2000). Early sexual abuse and lifetime psychopathology: a co-twin-control study. *Psychological Medicine, 30*, 41-52. Retrieved from Child Development & Adolescent Studies database.

DiPalma, L. M. (1994). Patterns of coping and characteristics of high-functioning incest

    survivors. *Archives of Psychiatric Nursing*, *8*(2), 82–90. Retrieved from CINAHL

    Plus with Full Text database.

Dixon, A. L., Scheidegger, C., & McWhirter, J. (2009). The adolescent mattering

    experience: Gender variations in perceived mattering, anxiety, and depression.

    Journal of Counseling & Development, 87, 302-310. Retrieved from EBSCO*host*

    database.

Doll, L. S., Joy, D., Bartholow, B. N., Harrison, J. S., Bolan, G., Douglas, J. M., . . .

    Delgado, W. (1992). Self-reported childhood and adolescent sexual abuse among

    adult homosexual and bisexual men. *Child Abuse & Neglect*, *16*, 855-864.

    Retrieved from EBSCO*host*.

Draucker, C. B. (1996). Family-of-origin variables and adult female survivors of

    childhood sexual abuse: A review of the research. *Journal of Child Sexual Abuse,*

    5, 35-63. Retrieved from Gender Studies Database database.

Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., &

    Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by

    gender of victim. *American Journal of Preventive Medicine, 28,* 430-438.

    doi:10.1016/j.ampre.2005.01.015

DuMont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused

    and neglected children grown-up: The role of individual and neighborhood

    characteristics. *Child Abuse & Neglect, 31,* 255-274.

    doi:10.1016/j.chiabu.2005.11.015

Duncan, R. D. (2000). Childhood maltreatment and college drop-out rates: Implications for child abuse researchers. *Journal of Interpersonal Violence, 15*, 987-995. doi:10.1177/08862600015009005

Durham, A. (2003). Young men living through and with child sexual abuse: A practitioner-based study. *British Journal of Social Work, 33*, 309-323. Retrieved from EBSCO*host*.

Dykman, R., McPherson, B., Ackerman, P., Newton, J., Mooney, D., Wherry, J., & Chaffin, M. (1997). Internalizing and externalizing characteristics of sexually and/or physically abused children. *Integrative Psychological and Behavioral Science*, *32*, 62-83. Retrieved from EBSCO*host*.

Ebata, A. T., & Moos, R. H. (1991). Coping and adjustment in distressed and healthy adolescents. *Journal of Applied Developmental Psychology*, *12*, 33-54. Retrieved from Child Development & Adolescent Studies database.

Edelstein, R. S., Ghetti, S., Quas, J. A., Goodman, G. S., Alexander, K. W., Redlich, A. D., & Cordon, I. M. (2005). Individual differences in emotional memory: Adult attachment and long-term memory of child sexual abuse. *Personality & Social Psychology Bulletin, 31*, 1537-1548. doi:10.1177/0146167205277095

Edgardh, K., & Ormstad, K. (2000). Prevalence and characteristics of sexual abuse in a national sample of Swedish seventeen-year-old boys and girls. *Acta Paediatrica, 88*, 310-319. doi:10.1080/080352500750028456

Elliott, G. (2009). *Family matters: The importance of mattering to family in adolescence.* Malden, MA: Wiley-Blackwell.

Elliott, D. M., & Briere, J. (1992). The sexually abused boy: Problems in manhood. *Medical Aspects of Human Sexuality, 26*, 68-71. Retrieved from Child Development & Adolescent Studies database.

Elliott, G., Colangelo, M., & Gelles, R. (2005). Mattering and suicide ideation: Establishing and elaborating a relationship. *Social Psychology Quarterly, 68*, 223-238. Retrieved from EBSCO*host* database.

Elliott, G. C., Cunningham, S. M., Becker, L., Reuland, T., & Gelles, R. J. (2008, August). *Mattering and subjective life expectancy among adolescents.* Paper presented at the Annual Conference of the American Sociological Association, Boston, MA. Retrieved from EBSCOhost database.

Elliott, G., Kao, S., & Grant, A. (2004). Mattering: Empirical validation of a social-psychological concept. *Self & Identity*, *3*, 339-354. Retrieved from Academic Search Premier database.

Elze, D. E., Auslander, W., McMillen, C., Edmond, T., & Thompson, R. (2001). Untangling the impact of sexual abuse on HIV risk behaviors among youth in foster care. *AIDS Education & Prevention, 13*, 377-389. Retrieved from PsycINFO database.

Epstein, J. N., Saunders, B. E., & Kilpatrick, D. G. (1997). Predicting PTSD in women with a history of childhood rape. *Journal of Traumatic Stress, 10,* 573-588. Retrieved from E-Journals database.

Epstein, M. A., & Bottoms, B. L. (2002). Explaining the forgetting and recovery of abuse

and trauma memories: Possible mechanisms. *Child Maltreatment, 7*, 210-225.

doi:10.1177/1077559502007003004

Erikson, E. H. (1959). *Identity and the life cycle: Selected papers.* New York:

International Universities.

Erikson, E. H. (1968). *Identity, youth, and crisis.* New York: W. W. Norton.

Etherington, K. (2000). *Narrative approaches to working with adult male survivors of*

child sexual abuse: The clients', the counselor's and the researcher's story.

London, UK: Jessica Kingsley.

Fassler, I., Amodeo, M., Griffin, M., Clay, C., & Ellis, M. (2005). Predicting long-term

outcomes for women sexually abused in childhood: Contribution of abuse severity

versus family environment. *Child Abuse & Neglect, 29*, 269-284. Retrieved by

MEDLINE database.

Fater, K., & Mullaney, J. A. (2000). The lived experience of adult male survivors who

allege childhood sexual abuse by clergy. *Issues in Mental Health Nursing, 21*,

281-295. Retrieved from EBSCO*host* database.

Feiring, C., Taska, L., & Lewis, M. (1999). Age and gender differences in children's and

adolescents' adaptation to sexual abuse. *Child Abuse & Neglect, 23*, 115-128.

Retrieved from Academic Search Premier database.

Femina, D., Yeager, C., & Lewis, D. (1990). Child abuse: adolescent records versus adult

recall. *Child Abuse & Neglect, 14*, 227-231. Retrieved from Child Development

& Adolescent Studies database.

Fergusson, D. M., Horwood, L., & Lynskey, M. T. (1996). Child sexual abuse and

    psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood

    sexual abuse. *Journal of the American Academy of Child & Adolescent*

    Psychiatry, *35*, 1365-1374. Retrieved from SocINDEX with Full Text database.

Fergusson, D. M., Horwood, L., & Woodward, L. (2000). The stability of child abuse

    reports: A longitudinal study of the reporting behaviour of young adults.

    Psychological Medicine, *30*, 529-544. Retrieved from E-Journals database.

Fergusson, D. M., & Lynskey, M. T. (1996). Adolescent resiliency to family adversity.

    Journal of Child Psychology & Psychiatry & Allied Disciplines, *37*, 281-292.

    doi:10.1111/1469-7610.ep11833842

Fergusson, D. M., Lynskey, M. T., & Horwood, L. (1996). Childhood sexual abuse and

    psychiatric disorder in young adulthood: I. Prevalence of sexual abuse and factors

    associated with sexual abuse. *Journal of the American Academy of Child &*

    Adolescent Psychiatry, *35*, 1355-1364. Retrieved from PsycINFO database.

Fergusson, D. M., Woodward, L. J., & Horwood, L. J. (2000). Risk factors and life

    processes associated with the onset of suicidal behavior during adolescence and

    early adulthood. *Psychological Medicine, 30*, 23-39.

    doi:10.1017/S003329179900135X

Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.

Finkelhor, D. (1981). The sexual abuse of boys. *Victimology, 6*, 76-84. Retrieved from

    EBSCO*host* database.

Finkelhor, D. (1983). What parents tell their children about child sexual abuse. [serial online]. August 1, 1983. Available from: ERIC database.

Finkelhor, D. (1984a). *Child sexual abuse: New theory and research.* New York, NY: Free Press.

Finkelhor, D. (1984b). How widespread is child sexual abuse?. *Children Today*, 13(4), 18-20. Retrieved from EBSCO*host* database.

Finkelhor, D. (1984c). Longterm effects of childhood sexual abuse. In D. Finkelhor (Ed.), *Child sexual abuse: New theory and research.* New York, NY: Free Press.

Finkelhor, D. (1988). The trauma of child sexual abuse: Two models. In G. Wyatt & G. Powell (Eds.), *The lasting effects of child sexual abuse* (pp. 61-82). Newbury Park, CA: Sage.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice, 21*, 325-330. Retrieved from Child Development & Adolescent Studies database.

Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse & Neglect, 17*, 67-70. Retrieved from Child Development & Adolescent Studies database.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*, 31-53. Retrieved from http://www.jstor.org/stable/1602522

Finkelhor, D. D., & Baron, L. L. (1986). Risk factors for child sexual abuse. *Journal of Interpersonal Violence, 1,* 43-71. Retrieved from PsychINFO database.

Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. *Journal of the American Academy of Child & Adolescent Psychiatry, 34*, 1408-1424. Retrieved from EBSCO*host* database.

Finkelhor, D., & Browne, A. (1986). Initial and long-term effects: A conceptual framework. In D. Finkelhor (Ed.), *Sourcebook on child sexual abuse: New theory and research* (pp. 38-52). Beverly Hills, CA: Sage.

Finkelhor, D. & Dziuba-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics*, *94*, 413. Retrieved from MasterFILE Premier database.

Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14,* 19-28. Retrieved from Social Work Abstracts database.

Finkelhor, D., & Jones, L. M. (2004). Explanations for the decline in child sexual abuse cases. *OJDDP: Juvenile Justice Bulletin, January 2004*, 1-11. Retrieved from http://www.ncjrs.gov/PDFfiles1/ojjdp/199298.PDF

Finkelhor, D., & Jones, L. M. (2006). Why have child maltreatment and child victimization declined." *Journal of Social Issues, 62*, 685-716. Retrieved from EBSCO*host* database.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). The victimization of

children and   youth: A comprehensive, national survey. *Child Maltreatment*, *10*,

5-25. doi:10.1177/1077559504271287

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2009). Violence, abuse, and crime

exposure in a national sample of children and youth. *Pediatrics*, *124*, 1411-1423.

doi:10.1542/peds.2009-0467

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. (2010). Trends in childhood

violence and abuse exposure: Evidence from 2 national surveys. *Archives of*

Pediatric & Adolescent Medicine, 164, 238-242. doi:10.1007/s10508-010-9692-2

Fisher, B., & Akman, J. S. (2002). Normal development in sexual minority youth. In B.

E. Jones, M. J. Hill, B. E. Jones, M. J. Hill (Eds.), *Mental health issues in lesbian,*

gay, bisexual, and transgender communities (pp. 1-16). Arlington, VA: American

Psychiatric Publishing.

Fitzgerald, M. M., Schneider, R. A., Salstrom, S., Zinzow, H. M., Jackson, J., & Fossel,

R. V. (2008). Child sexual abuse, early family risk, and childhood parentification:

Pathways to current psychosocial adjustment. *Journal of Family Psychology, 22*,

320-324. doi:10.1037/0893-3200.22.2.320

Folkman, S., & Lazarus, R. S. (1988a). Transactional theory and research on emotions

and coping. *European Journal of Personality*, *1*, 141-169. Retrieved from

EBSCO*host* database.

Folkman, S., & Lazarus, R. S. (1988b). Ways of Coping Questionnaire. Retrieved from

Mental Measurements Yearbook with Tests in Print, EBSCO*host* database.

Forbey, J. D., & Ben-Porath, Y. S., Davis, D. L. (2000). A comparison of sexually abused and non-sexually abused adolescents in a clinical treatment facility using the MMPI-A. *Child Abuse & Neglect, 24,* 557-568. Retrieved from Academic Search Premier database.

Fortier, M. A., DiLillo, D., Messman-Moore, T. L., Peugh, J., DeNardi, K. A., & Gaffey, K. J. (2009). Severity of child sexual abuse and revictimization: The mediating role of coping and trauma symptoms. *Psychology of Women Quarterly, 33*, 308-320. doi:10.1111/j.1471-6402.2009.01503.x

Frankl, V. E. (1985). *Man's search for meaning.* New York: Washington Square Press.

Freud, S. S. (1920). *Psychopathology of everyday life*. Unwin: London.

Freud, S. (1896). The etiology of hysteria. Volume 3: 191-221, *The standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth, 1962.

Freud, S. (1966). *Introductory lectures on psycho-analysis*. New York: Norton. (Original work published 1920)

Friedrich, W. N. (1988). Behavior problems in sexually abused children: An adaptational perspective. In G. E. Wyatt & E. J. Powell (Eds.), *Lasting effects of child sexual abuse.* Beverly Hills: Sage.

Friedrich, W. N., Urquiza, A. J., & Beilke, R. (1986). Behavior problems in sexually abused young children. *Journal of Pediatric Psychology, 11*, 47-57. Retrieved from Child Development & Adolescent Studies database.

Fritz, G. S., Stoll, K., & Wagner, N. N. (1981). A comparison of males and females who were sexually molested as children. *Journal of Sex & Marital Therapy, 7*, 54-59. doi:10.1080/00926238108403440.

Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse & Neglect, 10*, 5-15. Retrieved from EBSCO*host* database.

Fromuth, M., & Burkhart, B. R. (1989). Long-term psychological correlates of childhood sexual abuse in two samples of college men. *Child Abuse & Neglect, 13*, 533-542. Retrieved from EBSCO*host* database.

Garnefski, N., & Arends, E. (1998). Sexual abuse and adolescent maladjustment: Differences between male and female victims. *Journal of Adolescence, 21,* 99-107. Retrieved from Academic Search Premier database.

Garnefski, N., & Diekstra, R. F. W. (1997). Child sexual abuse and emotional and behavioral problems in adolescence: Gender differences. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 323-329. Retrieved from Child Development & Adolescent Studies database.

Gegenheimer, C. A. (2008). Reinvented children: A causal-comparative study of resilience in young adults maltreated as children. *Dissertation Abstracts International, Section B: The Sciences & Engineering, 69*, 1372-1440. Retrieved from Child Development & Adolescent Studies database.

Gelinas. D. (1983). The persisting negative effects of incest. *Psychiatry, 46,* 312-332. Retrieved from SocINDEX with Full Text database.

Gilgun, J. F., & Reiser, E. E. (1990). The development of sexual identity among men sexually abused as children. *Families in Society: The Journal of Contemporary Social Services*, 71, 515-523. Retrieved from EBSCO*host* database.

Gillespie, B. M., Chaboyer, W., & Wallis, M. (2007). Development of a theoretically derived model of resilience through concept analysis. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *25,* 124-135. Retrieved from Academic Search Premier database.

Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. *Journal of Consulting and Clinical Psychology*, *54*. 471-475. doi:10.1037/0022-006X.54.4.471

Gold, S. N., Hughes, D. M., & Swingle, J. M. (1996). Characteristics of childhood sexual abuse among female survivors in therapy. *Child Abuse & Neglect*, *20*, 323-335. Retrieved from SocINDEX with Full Text database.

Gomes-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child sexual abuse: The initial effects.* Newbury Park, CA: Sage.

Gomes-Schwartz, B., Horowitz, J. M., Cardarelli, A. P., & Sauzier, M. (1990). The aftermath of child sexual abuse: 18 months later. In B. Gomez-Schwartz, J. Horowitz, & A. Cardarelli (Eds.), *Child sexual abuse: The initial effects*. (pp. 132-152). Newbury Park, CA: Sage.

Goodman, L. A., Corcoran, C., Turner, K., Yuan, N., & Green, B. L. (1998). Assessing traumatic event exposure: General issues and preliminary findings for the

Stressful Life Events Screening Questionnaire. *Journal of Traumatic Stress, 11*, 521-542. Retrieved from EBSCO*host* database.

Goodman, G. S., Taub, E., Jones, D. H., England, P., Port, L. K., Rudy, L., & Prado, L. (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. *Monographs of the Society for Research in Child Development*, 57, 1-142. doi:10.1111/1540-5834.ep12319887

Goodman, G., Taub, E., Jones, D., England, P., Port, L., Rudy, L., et al. (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. *Monographs of the Society for Research in Child Development, 57,* 1-142. doi:10.1111/1540-5834.ep12319887

Gordon, M. (1990). Males and females as victims of childhood sexual abuse: An examination of the gender effect. *Journal of Family Violence, 5,* 321-332. Retrieved from Academic Search Premier database.

Grauerholz, L. L. (2000). An ecological approach to understanding sexual revictimization: Linking personal, interpersonal, and sociocultural factors and processes. *Child Maltreatment, 5*, 5-17. Retrieved from EBSCO*host* database.

Grayston, A. D., & DeLuca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4,* 93-106. doi:10.1016/S1359-1789(98)00014-7

Green, A. H. (1993). Child sexual abuse: Immediate and long-term effects and intervention. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 890-902. Retrieved from Academic Search Premier database.

Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry, 76*, 434-443. doi:10.1037/0002-9432.76.4.434

Hall, J. M., Roman, M. W., Thomas, S. P., Travis, C. B., Powell, J., Tennison, C. R., … & McArthur, P. M. (2009). Thriving as becoming resolute in narratives of women surviving childhood maltreatment. *American Journal of Orthopsychiatry, 79*, 375-386. doi:10.1037/a0016531

Hanson, R. F., & Self-Brown, S. (2010). Screening and assessment of crime victimization and its effects. *Journal of Traumatic Stress, 23*, 207-214. doi:10.1002/jts.20503

Hanson , R. F., & Slater, S. (1988). Sexual victimization in the history of child sexual abusers: A review. *Annals of Sex Research, 1*, 485-499. Retrieved from Gender Studies database.

Hardt, J., Sidor, R., Kappis, B., Petrak, P., & Egle, U. T. (2008). Childhood adversities and suicide attempts: A retrospective study. *Journal of Family Violence, 23*, 713-718. doi:10.1007/s10896-008-9196-1.

Harter, S., Alexander, P. C., & Neimeyer, R. A. (1988). Long-term effects of incestuous child abuse in college women: social adjustment, social cognition, and family characteristics. *Journal of Consulting & Clinical Psychology, 565-568.* Retrieved from Child Development & Adolescent Studies database.

Hartman, C. R., & Burgess, A. W. (1993). Information processing of trauma. *Child Abuse & Neglect, 17*, 47-58. Retrieved from Child Development & Adolescent Studies database.

Harvey, M. R., Mishler, E. G., Koenen, K., & Harney, P. A. (2000). In the aftermath of
    sexual abuse: Making and remaking meaning in narratives of trauma and
    recovery. Narrative Inquiry, 10, 291-311. Retrieved from Academic Search
    Premier database.

Haule, J. R. (1986). Pierre Janet and dissociation: The first transference theory and its
    origin in hypnosis. *American Journal of Clinical Hypnosis, 29,* 86-94. Retrieved
    from Academic Search Premier database.

Heller, S. S., Larrieu, J. A., D'Imperio, R., & Boris, N. W. (1999). Research on resilience
    to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23*, 321-
    338. Retrieved from Academic Search Premier database.

Helms, J. E. (1995). An update of Helms's White and People of Color racial identity
    models. In J. G. Ponterotto, J.M. Casas, L.A. Suzuki and C.M. Alexander (Eds.),
    Handbook of multicultural counseling (pp. 181-198). Thousand Oaks, CA: Sage.

Herman, J. L. (1981). Father-daughter incest. *Professional Psychology, 12*, 76-80.
    doi:10.1037/0735-7028.12.1.76

Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books.

Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence-from domestic
    abuse to political terror.* New York: Basic Books.

Herman, J. L., & Harvey, M. (1997). Adult memories of childhood trauma: A naturalistic
    clinical study. *Journal of Traumatic Stress*, *10*, 557-571. Retrieved from
    MEDLINE database.

Herman, J. L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psycholanalytic Psychology, 4*, 1-14. doi:10.1037/h0079126

Hernandez, J. T., Lodico, M. A., & DiClemente, R. J. (1993). The effects of child abuse and race on risk-taking in male adolescents. *Journal of the National Medical Association, 85*, 593-597. Retrieved from PsycINFO database.

Herrenkohl, E. C., Herrenkohl, R. C., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *American Journal of Orthopsychiatry, 64*, 301-309. doi:10.1037/h0079517

Hill, C. E., & Alexander, P. C. (1993). Process research in the treatment of adult victims of childhood sexual abuse. *Journal of Interpersonal Violence, 8,* 415-27. Retrieved from ERIC database.

Hill, E. L., Gold, S. N., & Bornstein, R. F. (2000). Interpersonal dependency among adult survivors of childhood sexual abuse in therapy. *Journal of Child Sexual Abuse, 9*, 71-86. Retrieved from ERIC database.

Himelein, M. J. (1995). Childhood sexual abuse and the academic adjustment of college women. *Child Abuse & Neglect, 6*, 761-764. Retrieved from Academic Search Premier database.

Himelein, M. J., & McElrath, J. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse & Neglect, 20*, 747-758. Retrieved from Academic Search Premier database.

Hoffman, R. M. (2001). The measurement of masculinity and femininity: Historical perspective and implications for counseling. *Journal of Counseling & Development*, *79*, 472-485. Retrieved from EBSCO*host* database.

Hoffman, R. M. (2006a). Gender self-definition and gender self-acceptance in women: Intersections with feminist, womanist, and ethnic identities. *Journal of Counseling & Development*, *84*, 358-372. Retrieved from EBSCO*host* database.

Hoffman, R. M. (2006b). How is gender self-confidence related to subjective well-being? *Journal of Humanistic Counseling, Education and Development, 45*, 186-197. Retrieved from EBSCO*host* database.

Hoffman, R. M., Borders, L. D., & Hattie, J. A. (2000). Reconceptualizing femininity and masculinity: From gender roles to gender self-confidence. *Journal of Social Behavior & Personality*, *15*, 475-503. Retrieved from EBSCO*host* database.

Holahan, C. J., & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology, 52*, 946-955. doi:10.1037/0022-3514.52.5.946

Holigrocki, R. J., & Raches, C. M. (2006). Sequelae of child sexual abuse: A child and parent assessment. *Journal of Personality Assessment, 86*, 131-141. doi:10.1207/s15327752jpa8602_02

Holmes, W. C. (2008). Men's self-definitions of abusive childhood sexual experiences, and potentially related risky behavioral and psychiatric outcomes. *Child Abuse & Neglect*, *32*, 83-97. doi:10.1016/j.chiabu.2007.09.005

Holmes, G. R, Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil:
Why do relatively few male victims of childhood sexual abuse receive help for
abuse-related issues in adulthood? *Clinical Psychology Review*, *17*, 69-88.
Retrieved from Child Development & Adolescent Studies database.

Holmes, G. R., & Slap, G. B. (1998). Sexual abuse of boys: definition, prevalence,
correlates, sequelae, and management. *JAMA: Journal of the American Medical
Association*, *280*, 1855-62. Retrieved from E-Journals database.

Hopper, J. (2010). Sexual abuse of males: Prevalence, possible lasting effects, and
resources. Retrieved from http://www.jimhopper.com/male-ab/

Horney, K. (1990). *Neurosis and human growth.* New York: Norton.

Hunter, D. (1983). Hysteria, psychoanalysis, and feminism: The case of Anna O.
Feminist Studies, 9, 464-488. Retrieved from Gender Studies database.

Hunter, J. A. (1991). A comparison of the psychocial maladjustment of adult males and
females sexually molested as children. *Journal of Interpersonal Violence, 6*, 205-
217. Retrieved from E-Journals database.

Hunter, S.V. (2007). Constructing a sense of self following early sexual experiences with
adults: A qualitative research project. *Psychotherapy in Australia*, *13* (4), 12-21.
Retrieved from E-Journals database.

Hunter, S. V. (2009). Beyond surviving: Gender differences in response to early sexual
experiences with adults. *Journal of Family Issues*, *30*, 391-412.
doi:10.1177/0192513X08321493

Hunter, S. V. (2010a). *Childhood sexual experiences: Narratives of resilience.* Abingdon, UK: Radcliffe Press.

Hunter, S. V. (2010b). Evolving narratives about childhood sexual abuse: Challenging the dominance of the victim and survivor paradigm. *Australian and New Zealand Journal of Family Therapy*, *31*, 176-190. doi:10.1375/anft.31.2.176

Hyman, B., & Williams, L. (2001). Resilience among women survivors of child sexual abuse. *Affilia, 16*, 198-219. doi:10.1177/08861090122094226

Itzin, C., Bailey, S., & Bentovim, A. (2008). The effects of domestic violence and sexual abuse on mental health. *Psychiatric Bulletin, 32,* 448-450. Retrieved from Academic Search Premier database.

Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomas, M., & Taylor, A. (2007). Individual, family, and neighborhood factors distinguish resilient from non-resilient maltreated children: A cumulative stressors model. *Child Abuse & Neglect, 31*, 231-253. doi:10.1016/j.chiabu.2006.03.011

Janikowski, T. P., Bordieri, J. E., & Glover, N. M. (1997). Client perceptions of incest and substance abuse. *Addictive Behaviors*, *22*, 447-459. Retrieved from E-Journals database.

Janet, P. (1925). *Psychological healing*, vols 1, 2. New York: Macmillan.

Jenny, C. (1996). Medical issues in sexual abuse. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), The handbook on child maltreatment (pp. 195-205). Thousand Oaks, CA: Sage.

Jenny, C., Roesler, T. A., & Poyer, K. L. (1994). Are children at risk for sexual abuse by homosexuals? *Pediatrics, 94,* 41-44. Retrieved from EBSCO*host* database.

Johnson, B. K., & Kenkel, M. B. (1991). Stress, coping, and adjustment in female adolescent incest victims. *Child Abuse & Neglect, 15,* 293-305. Retrieved from Child Development & Adolescent Studies database.

Johnson, D. M., Pike, J. L., & Chard, K. M. (2001). Factors predicting PTSD, depression, and dissociative severity in female treatment-seeking childhood sexual abuse survivors. *Child Abuse and Neglect, 25*, 179-198. Retrieved from EBSCO*host* database.

Johnson, R. J., Ross, M. W., Taylor, W. C., Williams, M. L., Carvajal, R. I., & Peters, R. J. (2006). Prevalence of childhood sexual abuse among incarcerated males in county jail. *Child Abuse & Neglect*, *30*, 75-86. doi:10.1016/j.chiabu.2005.08.013

Johnson, R. L., & Shrier, D. (1987). Past sexual victimization by females of male patients in an adolescent medicine clinic population. *American Journal of Psychiatry*, *144*, 650-652. Retrieved from EBSCO*host* database.

Johnson, T. C. (1993). Preliminary findings. In E. Gil & T. Johnson (Eds.), *Sexualized children: Assessment and treatment of sexualized children and children who molest* (pp. 67-90), Rockville, MD: Launch Press.

Joiner, T. E., Sachs-Ericsson, N. J., Wingate, L. R., Brown, J. S., Anestis, M. D., & Selby, E. A. (2007). Childhood physical and sexual abuse and lifetime number of suicide attempts: A persistent and theoretically important relationship. *Behaviour Research and Therapy*, 45, 539-547. doi:10.1016/j.brat.2006.04.007

Jones, D. P. (1997). Social support and coping strategies as mediators of the effects of child abuse and neglect. *Child Abuse & Neglect, 21*, 207-209. Retrieved from Academic Search Premier database.

Jones, L., Finkelhor, D., & Kopiec, K. (2001). Why is sexual abuse declining? A survey of state child protection administrators. *Child Abuse & Neglect, 25*, 1139-1158. Retrieved from Academic Search Premier database.

Jonzon, E., & Lindblad, F. (2006). Risk factors and protective factors in relation to subjective health among adult female victims of child sexual abuse. *Child Abuse & Neglect, 30*, 127-143. doi:10.1016/j.chiabu.2005.08.01

Jumper, S. A. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse & Neglect, 19,* 715-728. Retrieved from EBSCO*host* database.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164-180. Retrieved from Child Development & Adolescent Studies database.

Kia-Keating, M., Grossman, F., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men & Masculinity, 6,* 169-185. doi:10.1037/1524-9220.6.3.169

Kia-Keating, M., Sorsoli, L., & Grossman, F. (2010). Relational challenges and recovery

    processes in male survivors of childhood sexual abuse. *Journal of Interpersonal*

    Violence, *25*, 666-683. Retrieved from ERIC database.

Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P.

    (2000). Risk factors for adolescent substance abuse and dependence: Data from a

    national sample. *Journal of Consulting and Clinical Psychology*, *68*, 19-30.

    doi:10.1037/0022-006X.68.1.19

Kinard, E. (1994). Methodological issues and practical problems in conducting research

    on maltreated children. *Child Abuse & Neglect, 18,* 645-656. Retrieved from

    MEDLINE database.

Kinard, E. (1998a). Depressive symptoms in maltreated children from mother, teacher,

    and child perspective. *Violence and Victims, 13,* 131-147. Retrieved from

    PsychINFO database.

Kinard, E. (1998b). Methodological issues in assessing resilience in maltreated children.

    Child Abuse & Neglect, *22,* 669-680. Retrieved from EBSCO*host* database.

King, M. B., Coxell, A., & Mezey, G. C. (2000). The prevalence and characteristics of

    male sexual assault. In G. C. Mezey & M. B. King (Eds.), *Male victims of sexual*

    assault (2nd ed., pp. 1-15). Oxford, UK: Oxford University Press.

King, M. B., Coxell, A., & Mezey, G. C. (2002). Sexual molestation of males:

    Associations with psychological disturbance. *British Journal of Psychiatry, 181,*

    153-157. doi:10.1192/bjp.181.2.153

Kinsey, A. C., Pomeroy, W. R., & Martin, C. E. (1948). Sexual behavior in the human

male. *American Journal of Public Health, 93*(6), 894-898. Retrieved from

EBSCO*host*.

Kinsey, A. C., Pomeroy, W. R., Martin, C. E, & Gebhardt, P. (1953). *Sexual behavior in*

the human female. Philadelphia: W. B. Saunders.

Kinzl, J., & Biebl, W. (1992). Long-term effects of incest: Life events triggering mental

disorders in female patients with sexual abuse in childhood. *Child Abuse &*

Neglect, 16, 567-73. Retrieved from EBSCO*host* database.

Kubany, E. S., Leisen, M., Kaplan, A. S., Watson, S. B., Haynes, S. N., Owens, J. A., &

Burns, K. (2000). Development and preliminary validation of a brief broad-

spectrum measure of trauma exposure: The Traumatic Life Events Questionnaire.

Psychological Assessment, 12(2), 210-224. doi:10.1037/1040-3590.12.2.210

LaMar, D. F. (1984, May). The experience of being a survivor. *Dissertation Abstracts*

International, 45, 3606. Retrieved from EBSCO*host* database.

Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure. *Journal of Interpersonal*

Violence, 9, 307-326. Retrieved from EBSCO*host* database.

Lambie, I., Seymour, F., Lee, A., & Adams, P. (2002). Resiliency in the victim–offender

cycle in male sexual abuse. *Sexual Abuse: A Journal of Research and Treatment*,

14, 31-48. Retrieved from EBSCO*host* database.

LaMontagne, L. L., Hepworth, J. T., Johnson, B. D., & Cohen, F. (1996). Children's

preoperative coping and its effects on postoperative anxiety and return to normal

activity. *Nursing Research*, *45*(3), 141-147. doi:10.1097/00006199-199605000-00004

Landis, J. T. (1956). Experiences of 500 children with adult sexual deviation. *Psychiatric Quarterly Supplement, 30*, 91-109. Retrieved from EBSCO*host*.

Landis, C., Landis, A. T., Bolles, M. N., Metzger, H. F., Pihs, M. W., D'Esopo, D. A., . . . Dickenson, R. L. (1940). *Sex in development.* New York: Paul B. Hoebert.

Lange, A., DeBeurs, E., Dolan, C., Lahnit, T., Sjollema, S., & Hanewald, G. (1999). Long-term effect of childhood sexual abuse: Objective and subjective characteristics of the abuse and psychopathology in later life. *Journal of Nervous & Mental Disease, 187*, 150-158. Retrieved from OvidSP database.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Lebowitz, L., Harvey, M. R., & Herman, J. L. (1993). A stage-by-dimension model of recovery from sexual trauma. *Journal of Interpersonal Violence, 8*, 378-391. doi:10.1177/088626093008003006

Leitenberg, H., Greenwald, E. & Cado, S. (1992). A retrospective study of long-term methods of coping with having been sexually abused during childhood. *Child Abuse & Neglect, 16*, 399-407. Retrieved from Child Development & Adolescent Studies database.

Leonard, L., & Follette, V. (2002). Sexual functioning in women reporting a history of child sexual abuse: Review of the empirical literature and clinical implications.

Annual Review of Sex Research, *13*, 346-389. Retrieved from MasterFILE Premier database.

Leonard, L. M., Iverson, K. M., & Follette, V. M. (2008). Sexual functioning and sexual satisfaction among women who report a history of childhood and/or adolescent sexual abuse. *Journal of Sex & Marital Therapy*, *34*, 375-384. doi:10.1080/00926230802156202

Levitan, R. D., Rector, N. A., Sheldon, T., & Goering, P. (2003). Childhood adversities associated with major depression and/or anxiety disorders in a community sample of Ontario: Issues of co-morbidity and specificity. *Depression and Anxiety, 17*, 34-43. Retrieved from EBSCO*host* database.

Lew, M. (1990). *Victims no longer: Men recovering from incest and other sexual child abuse.* New York, NY: Harper & Row.

Lewin, M. (1984). Psychology measures femininity and masculinity, 2: From '13 Gay Men' to the instrumental-expressive distinction. *In The Shadow of the Past: Psychology Portrays the Sexes: A Social & Intellectual History*, 179-204. New York: Columbia University Press.

Lieblich, A., & Josselson, R. (1994). *Exploring identity and gender: The narrative study of lives.* Thousand Oaks, CA: Sage.

Liem, J. H., James, J. B., O'Toole, J. G., & Boudewyn, A. C. (1997). Assessing resilience in adults with histories of childhood sexual abuse. *American Journal of Orthopsychiatry*, 67(4), 594-606. doi:10.1037/h0080257

Lindsay, D. S., & Read, J. D. (1995). "Memory work" and recovered memories of

childhood sexual abuse: Scientific evidence and public, professional, and personal

issues. *Psychology, Public Policy, and Law, 4*, 846-908. Retrieved from

Academic Search Premier database.

Linley, P., & Joseph, S. (2004). Positive change following trauma and adversity: A

review. *Journal of Traumatic Stress, 17,* 11-21. Retrieved from Academic Search

Premier database.

Lisak, D. (1993). Men as victims: Challenging cultural myths. *Journal of Traumatic*

Stress, *6*, 577-580. Retrieved from EBSCO*host* database.

Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of

interview with male survivors. *Journal of Traumatic Stress, 7*, 525-548. Retrieved

from EBSCO*host* database.

Little, L., & Hamby, S. L. (1999). Gender differences in sexual abuse outcomes and

recovery experiences: A survey of therapist-survivors. *Professional Psychology:*

Research and Practice, 30, 378-385. doi:10.1037/0735-7028.30.4.378

Littlejohn, S. W. (2002). *Theories of human communication.* Albuquerque, NM:

Wadsworth.

Lodico, M. A., & DiClemente, R. J. (1994). The association between childhood sexual

abuse and prevalence of HIV-related risk behaviors. *Clinical Pediatrics, 33*, 498-

502. Retrieved from PsycINFO database.

Loeb, T., Williams, J., Carmona, J., Rivkin, I., Wyatt, G., Chin, D., & Asuan-O'Brien, A.

(2002). Child sexual abuse: Associations with the sexual functioning of

adolescents and adults. *Annual Review of Sex Research*, *13,* 307-346. Retrieved from Academic Search Premier database.

Loevinger, J. (1974). Issues in the measurement of moral development. *Proceedings of The ETS Invitational Conference,* 57-68. Available from: PsycINFO, Ipswich, MA.

Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist, 48,* 518-537. Retrieved from Academic Search Premier database.

Loftus, E. F., Garry, M., & Feldman, J. (1994). Forgetting sexual trauma: What does it mean when 38% forget? *Journal of Consulting & Clinical Psychology*, *62*, 1177-1181. Retrieved from Child Development & Adolescent Studies database.

Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child and Adolescent Social Work Journal*, 21, 355-371. Retrieved from EBSCO*host* database.

Lumley, M., & Harkness, K. (2009). Childhood maltreatment and depressotypic cognitive organization. *Cognitive Therapy and Research*, *33*, 511-522. doi:10.1007/s10608-009-9257-7

MacMillan, H. L., Fleming, J. E., Streiner, D. L., Lin, E., Boyle, M. H., Jamieson, E., . . . Beardslee, W. R. (2001). Childhood abuse and lifetime psychopathology in a community sample. *American Journal of Psychiatry*, *158*, 1878-1883. doi:10.1176/appi.ajp.158.11.1878

Madsen, M. D., & Abell, N. (2010). *Trauma Resilience Scale*: Validation of protective factors associated with adaptation following violence. *Research on Social Work Practice, 20,* 223-233. doi: 10.1177/1049731509347853

Mak, L., & Marshall, S. K. (2004). Perceived mattering in young adults' romantic relationships. *Journal of Social and Personal Relationships, 21,* 469-486. Retrieved from E-Journals database.

Maltz, W. (1991). *The sexual healing journey: A guide for survivors of sexual abuse*. New York: HarperCollins.

Maltz, W., & Holman, B. (1987). *Incest and sexuality*. Lexington, MA: Lexington Books.

Mannarino, A., & Cohen, J. (1986). A clinical-demographic study of sexually abused children. *Child Abuse & Neglect, 10,* 17-23. doi:10.1016/0145-2134(86)90027-X

Mannarino, A. P., Cohen, J. A., Smith, J. A., & Moore-Motily, S. (1991). Six and twelve month follow-up of sexually abused girls. *Journal of Interpersonal Violence, 6,* 494-511. Retrieved from Academic Search Premier database.

Marshall, S. (1998). Mattering attitudes: Validating the construct. *Dissertation Abstracts International, 59 (December)*. Retrieved from PsychINFO database.

Marshall, S. K. (2001). Do I matter? Construct validation of adolescents' perceived mattering to parents and friends. *Journal of Adolescence, 24,* 473-490. doi:10.1006/jado.2001.0384

Marshall, S. K. (2004). Relative contributions of perceived mattering to parents and friends in predicting adolescents' psychological well-being. *Perceptual and Motor Skills, 99,* 591-601. doi:10.2466/PMS.99.5.591-601

Marshall, S. (2010). Family matters: The importance of mattering to family in

    adolescence - by Gregory C. Elliott. *Journal of Family Theory and Review*, *2*(2),

    152-154. Retrieved from E-Journals database.

Marshall, S. K., Liu, Y., Wu, A., Berzonsky, M., & Adams, G. R. (2010). Perceived

    mattering to parents and friends for university students: A longitudinal study.

    Journal of Adolescence, 33, 367-375. doi:10.1016/j.adolescence.2009.09.003

Martin, G., Bergen, H. E., Richardson, A. S., Roeger, & Allison, S. (2004). Sexual abuse

    and suicidality: Gender differences in a large community sample of adolescents.

    Child Abuse & Neglect, 28, 491-503. doi:10.1016/j.chiabu.2003.08.006

Martin, J., Anderson, J., Romans, S., Mullen, P., & O'Shea, M. (1993). Asking about

    child sexual abuse: Methodological implications of a two stage survey. *Child*

    Abuse & Neglect, 17, 383-392. Retrieved from Social Work Abstracts database.

Mason, J. (1996). *Qualitative researching*. London: Sage.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development:

    Contributions from the study of children who overcome adversity. *Development*

    & Psychopathology, 2, 425-444. Retrieved from EBSCO*host* database.

Masten, A. S., Garmezy, N., Tellegen, A., Pellegrini, D. S., Larkin, K., & Larsen, A.

    (1988). Competence and stress in school children: The moderating effects of

    individual and family qualities. *Journal of Child Psychology & Psychiatry &*

    Allied Disciplines, 29, 745-764. doi:10.1111/1469-7610.ep11502976

Matsakis, A. (1994). *I can't get over it: A handbook for trauma survivors*. Oakland, CA:

    New Harbinger.

McCall, D. O. (1993). Posttraumatic stress and personal adjustment in adult males sexually abused as children. *Humanities & Social Sciences, 54,* 1681-1835. Retrieved from Dissertation Abstracts International via http://proquest.umi.com

McClelland, L., Mynors-Wallis, L., Fahy, T., & Treasure, J. (1991). Sexual abuse, disordered personality, and eating disorders. *British Journal of Psychiatry, 158,* 63-68. doi:10.1192/bjp.158.5.691

McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J., & Matosian, A. (2008). Resilience in sexually abused women: Risk and protective factors. *Journal of Family Violence, 23,* 81-88. doi:10.1007/s10896-007-9129-4

McCormack, A., Janus, M., & Burgess, A. W. (1986). Runaway youths and sexual victimisation: Gender differences in an adolescent runaway population. *Child Abuse & Neglect, 10,* 387-395. Retrieved from EBSCO*host* database.

McCormack, A., Rokous, F. E., Hazelwood, R. R., & Burgess, A. W. (1992). Exploration of incest in the childhood development of serial rapists. *Journal of Family Violence, 7,* 219-228. Retrieved from EBSCO*host* database.

McGloin, J., & Widom, C. (2001). Resilience among abused and neglected children grown up. *Development & Psychopathology*, *13,* 1021-1138. Retrieved from EBSCO*host* database.

McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(6), 1037-1043. doi:10.1037/0022-006X.63.6.1037

Mead, G. H. (1934). *Mind, self, and society.* Chicago, IL: University of Chicago Press.

Meiselman, K. C. (1979). Incest: A psychological study of causes and effects with

    treatment recommendations. San Francisco, CA: Jossey-Bass.

Merrill, L. L., Thomsen, C. J., Sinclair, B. B., Gold, S. R., & Milner, J. S. (2001).

    Predicting the impact of child sexual abuse on women: The role of abuse severity,

    parental support, and coping strategies. *Journal of Consulting and Clinical*

    Psychology, 69, 992-1006. doi:10.1037/0022-006X.69.6.992

Messman-Moore, T. L., & Brown, A. L. (2004). Child maltreatment and perceived family

    environment as risk factors for adult rape: Is child sexual abuse the most salient

    experience? *Child Abuse & Neglect, 28*, 1019-1034. Retrieved from ERIC

    database.

Mian, M., Marton, P., LeBaron, D., & Birtwistle, D. (1994). Familial risk factors

    associated with intrafamilial and extrafamilial sexual abuse of three to five year

    old girls. *The Canadian Journal of Psychiatry / La Revue canadienne de*

    psychiatrie, *39*, 348-353. Retrieved from EBSCO*host* database.

Modestin, J., Oberson, B. B., & Erni, T. T. (1997). Possible correlates of DSM-III-R

    personality disorders. *Acta Psychiatrica Scandinavica, 96*, 424-430.

    doi:10.1111/j.1600-0447.1997.tb09943.x

Molnar, B. E., Berkman, L. F., & Buka, S. L. (2001). Psychopathology, child sexual

    abuse and other childhood adversities: Relative links to subsequent suicidal

    behavior in the U.S. *Psychological Medicine, 31*, 965-977.

    doi:10.1017/S003329170105432

Molnar, B. E., Buka, S., & Kessler, R. (2001). Child sexual abuse and subsequent

psychopathology: Results from the National Comorbidity Survey. *American

Journal of Public Health, 91*, 753-760. Retrieved from Academic Search Premier

database.

Morgan, J., & Arcelus, J. (2009). Body image in gay and straight men: A qualitative

study. *European Eating Disorders Review*, *17*(6), 435-443. doi:10.1002/erv.955

Morrow, S. L., & Smith, M. (1995). Constructions of survival and coping by women who

have survived childhood sexual abuse. *Journal of Counseling Psychology, 42,* 24-

33. doi:10.1037/0022-0167.42.1.24

Morrow, K., & Sorell, G. (1989). Factors affecting self-esteem, depression, and negative

behaviors in sexually abused female adolescents. *Journal of Marriage & Family*,

51, 677-686. Retrieved from SocINDEX with Full Text database.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1994).

The effect of child sexual abuse on social, interpersonal and sexual function in

adult life. *British Journal of Psychiatry*, *163,* 535-547. Retrieved from Child

Development & Adolescent Studies database.

Nagel, D., Noll, J., Putnam, F., & Trickett, P. (1996). Disclosure patterns of sexual abuse

and psychological functioning at a 1-year follow-up. *Child Abuse & Neglect, 21*,

137-147. doi:10.1016/j.chiabu.1996.02.004

Nasjleti, M. (1980). Suffering in silence: The male incest victim. *Child Welfare, 59,* 269-

275. Retrieved from Academic Search Premier database.

Nelson, E., Health, A., Madden, P., Cooper, K., Dinwiddie, S., Bucholz, K. … & Martin, N. G. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Archives of General Psychiatry, 59*, 139-145. doi:10.1001/archpsyc.59.2.139

Norris, F. H., & Hamblen, J. L. (2004). Standardized self-report measures of civilian trauma and PTSD. In J.P. Wilson, T.M. Keane & T. Martin (Eds.), Assessing psychological trauma and PTSD (pp. 63-102). New York: Guilford Press.

Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child Maltreatment, 1*, 6-16. Retrieved from EBSCO*host* database.

Nurcombe, B. (2000). Child sexual abuse I: Psychopathology. *Australian and New Zealand Journal of Psychiatry, 34*, 85-91. Retrieved from Academic Search Premier database.

Nurcombe, B., Wooding, S., Marrington, P., Bickman, L., & Roberts, G. (2000). Child sexual abuse II: Treatment. *Australian and New Zealand Journal of Psychiatry, 34*, 92-97. Retrieved from Academic Search Premier database.

Oaksford, K., & Frude, N. (2003). The process of coping following child sexual abuse: A qualitative study. *Journal of Child Sexual Abuse, 12*, 41-72. doi:10.1300/J070v12n02_03

O'Leary, P. J., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations, and practice

implications. *British Journal of Social Work, 39,* 950-968. doi:10.1093/bjsw/ bcn130

O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender, Behavior, & Policy, 1*(2), 121-142. Retrieved from EBSCO*host* database.

Orbuch, T. L., Harvey, J. H., Davis, S. H., & Merbach, N. J. (1994). Account-making and confiding as acts of meaning in response to sexual assault. *Journal of Family Violence*, *9*, 249-264. Retrieved from EBSCO*host* database.

Orsillo, S. M. (2001). Measures for acute stress disorder and posttraumatic stress disorder. In M.M. Antony & S.M. Orsillo (Eds.), Practitioner's guide to empirically based measures of anxiety (pp. 255-307). New York: KluwerAcademic/Plenum.

Palmer, S., Brown, R., Rae-Grant, N., & Loughlin, M. (1999). Responding to children's disclosure of familial abuse: What survivors tell us. *Child Welfare, 78*, 259-282. Retrieved from Academic Search Premier database.

Paolucci, E., Genuis, M., & Violato, C. (2001). A metanalysis of published research on the effects of child sexual abuse. *Journal of Psychology, 135*, 17-36. Retrieved from MasterFILE Premier database.

Parks, E. D., & Balon, R. (1995). Autobiographical memory for childhood events: Patterns of recall in psychiatric patients with a history of alleged trauma. *Psychiatry, 58*, 199-208. Retrieved from Academic Search Premier database.

Paul, T., Schroeter, K., Dahme, B., & Nutzinger, D. (2002). Self-injurious behavior in women with eating disorders. *American Journal of Psychiatry*, *159*, 408-411. Retrieved from Academic Search Premier database.

Pearlin, L. I., & LeBlanc, A. J. (2001). Bereavement and the loss of mattering. In T. J. Owens, S. Stryker, N. Goodman, T. J. Owens, S. Stryker, N. Goodman (Eds.) , *Exending self-esteem theory and research: Sociological and psychological currents* (pp. 285-300). New York: Cambridge University.

Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In: D. Finkelhor (Ed.), *Sourcebook on child sexual abuse* (pp. 15-59). Newbury Park, CA: Sage.

Petrovich, M., & Templer, D. I. (1984). Heterosexual molestation of children who later became rapists. *Psychological Reports*, *54*(3), 810. Retrieved from Child Development & Adolescent Studies database.

Pettis, K. W., & Hughes, R. (1985). Sexual victimization of children: A current perspective. *Behavioral Disorders*, *10*, 136-143. Retrieved from EBSCO*host* database.

Pleck, J., & O'Donnell, L. (2001). Gender attitudes and health risk behaviors in urban African American and Latino early adolescents. *Maternal & Child Health Journal*, 5(4), 265-272. Retrieved from EBSCO*host* database.

Pleck, J. H., Sonenstein, F. L., & Ku, L. C. (1993). Masculinity ideology: Its impact on adolescent males' heterosexual relationships. *Journal of Social Issues*, *49,* 11-29. Retrieved from EBSCO*host* database.

Pleck, J. H., Sonenstein, F. L., & Ku, L. C. (1994). Attitudes toward male roles among adolescent males: A discriminant validity analysis. *Sex Roles*, *30*, 481-501. Retrieved from EBSCO*host* database.

Pollack, W. S., & Levant, R. F. (1998). Introduction: Treating men in the 21st century. In S.P. Williams & F. L. Ronald (Ed.), *New psychotherapy for men* (pp. 1-10) Hoboken, NJ: John Wiley & Sons Inc. Retrieved from EBSCO*host* database.

Polusny, M. A., & Rosenthal, M. Z., Aban, I., & Follette, V. M. (2004). Experimental avoidance as a mediator of the effects of adolescent sexual revictimization on negative adult outcomes. *Violence & Victims, 19,* 109-120. Retrieved from EBSCO*host* database.

Poorman, P. B. (2002). Perceptions of thriving by women who have experienced abuse or status-related oppression. *Psychology of Women Quarterly*, *26*(1), 51-62. doi:10.1111/1471-6402.00043

Porter, E. (1986). *Treating the young male victim of sexual assault.* Syracuse, NY: Safer Society Press.

Porter, C., Lawson, J., & Bigler, E. (2005). Neurobehavioral sequelae of child sexual abuse. *Child Neuropsychology, 11*, 203-220. doi: 10.1080/092970490911379

Powers, A., Ressler, K. J., & Bradley, R. G. (2009). The protective role of friendship on the effects of childhood abuse and depression. *Depression and Anxiety, 26*, 46-53. doi:10.1002/da.20534

Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 269-278. Retrieved from Child Development & Adolescent Studies database.

Rajendran, K., & Videka, L. (2006). Relational and academic components of resilience in maltreated adolescents. *Annals of the New York Academy of Sciences, 1094,* 345-349. Retrieved from EBSCO*host* database.

Ray, S. (2001). Male survivors' perspectives of incest/sexual abuse. *Perspectives in Psychiatric Care, 37*(2), 49-59. Retrieved from EBSCO*host* database.

Rayle, A. D. (2005). Adolescent gender differences in mattering and wellness. *Journal of Adolescence, 28*, 753-763. doi:10.1016/j.adolescence.2004.10.009

Rayle, A. D., & Myers, J. E. (2004). Counseling adolescents toward wellness: The roles of ethnic identity, acculturation, and mattering. *Professional School Counseling, 8*, 81-91. Retrieved from EBSCO*host* database.

Read, J. (1998). Child abuse and severity of disturbance among adult psychiatric inpatients. *Child Abuse & Neglect, 22*, 359-368. Retrieved from SocINDEX with Full Text database.

Rellini, A., & Meston, C. (2007). Sexual function and satisfaction in adults based on the definition of child sexual abuse. *Journal of Sexual Medicine, 4*, 1312-1321. doi:10.1111/j.1743-6109.2007.00573.x

Renken, R. H. (2000). *Brief and extended interventions in sexual abuse.* Alexandria, VA: American Counseling Association.

Rew, L., Esparza, D., & Sands, D. (1991). A comparative study among college students of sexual abuse in childhood. *Archives of Psychiatric Nursing*, *5*, 331-340. Retrieved from CINAHL Plus with Full Text database.

Rew, L., Taylor-Seehafer, M., & Fitzgerald, M. L. (2001). Sexual abuse, alcohol, and other drug use and suicidal behaviors in homeless adolescents. *Issues in Comprehensive Pediatric Nursing, 24*(4), 225-240. doi:10.1080/014608601753260326

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, *58,* 307-321. Retrieved from EBSCO*host* database.

Rijkeboer, M., & de Boo, G. (2010). Early maladaptive schemas in children: Development and validation of the schema inventory for children. *Journal of Behavior Therapy and Experimental Psychiatry*, *41*(2), 102-109. doi:10.1016/j.jbtep.2009.11.001

Rind, B. (2001). Gay and bisexual adolescent boys' sexual experiences with men: An empirical examination of psychological correlates in a nonclinical sample. *Archives of Sexual Behavior, 30,* 345-368. Retrieved from EBSCO*host* database.

Rind, B., & Tromovitch, P. (1997). A meta-analytic review of findings from national samples on psychological correlates of child sexual abuse. *Journal of Sex Research, 34,* 237-255. Retrieved from EBSCO*host* database.

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124,* 22-53. doi:10.1037/0033-2909.124.1.22

Risin, L. I., & Koss, M. P. (1987). The sexual abuse of boys: Prevalence and descriptive characteristics of childhood victimizations. *Journal of Interpersonal Violence, 2,* 309-323. Retrieved from EBSCO*host* database.

Robertson, A. (1998). A comparison of adult social functioning and retrospective ratings of family environment characteristics in adult women with and without reported histories of child sexual abuse. *Dissertation Abstracts International, Section B: Physical Sciences & Engineering, 58,* 5196-5197. Retrieved from EBSCO*host* database.

Rodriguez-Srednicki, O. (2001). Childhood sexual abuse, dissociation and adult self-destructive behavior. *Journal of Child Sexual Abuse, 10,* 75-90. Retrieved from EBSCO*host* database.

Roesler, T., & Wind, T. (1994). Telling the Secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence, 9,* 327-338. Retrieved from EBSCO*host* database.

Rogers, C. M., & Terry, T. (1984). Clinical intervention with boy victims of sexual abuse. In I. Stewart and J. Greer (Eds.), *Victims of sexual aggression* (pp. 91-104). New York, NY: Van Nostrand & Reinhold.

Romano, E., & De Luca, R. (1997). Exploring the relationship between childhood sexual abuse and adult sexual perpetration. *Journal of Family Violence, 12,* 85-98. Retrieved from E-Journals database.

Romano, E., & De Luca, R. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and Violent Behavior, 6*, 55-78. Retrieved from EBSCO*host* database.

Romans, S., Martin, J., & Mullen, P. (1997). Childhood sexual abuse and later psychological problems: Neither necessary, sufficient, nor acting alone. *Criminal Behaviour & Mental Health, 7,* 327-338. Retrieved from E-Journals database.

Rosenberg, M. (1985). *Conceiving the self.* Malabar, FL: R.E. Krieger.

Rosenberg, M. (1976). *Beyond Self-Esteem: Some Neglected Aspects of the Self-Concept.* Retrieved from ERIC database.

Rosenberg, M., & McCullough, B. (1981). Mattering: Inferred significance and mental health among adolescents. *Research in Community & Mental Health, 2,* 163-182. Retrieved from PsychARTICLES database.

Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence, 31*, 67-77. Retrieved from E-Journals database.

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*, 813-819. doi:10.1037/0003-066X.41.7.813

Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress, 10,* 539-555. Retrieved from MEDLINE database.

Roussis, P., & Wells, A. (2008). Psychological factors predicting stress symptoms: Metacognition, thought control, and varieties of worry. *Anxiety, Stress, & Coping, 21,* 213-225. doi:10.1080/10615800801889600

Rowland, D. L., Zabin, L. S., & Emerson, M. (2000). Household risk and child sexual abuse in a low income, urban sample of women. *Adolescent & Family Health, 1,* 29-39. Retrieved from ERIC.

Rumstein-McKean, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review, 21*, 471-490. doi:10.1016/S0272-7358(99)00069-0

Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse & Neglect, 32*, 211-226. Retrieved from EBSCO*host* database.

Rush, F. (1980). *The best kept secret: Sexual abuse of children.* New York: McGraw-Hill.

Russell, D. (1986). *The secret trauma: Incest in the lives of girls and women.* New York: Basic Books.

Rutter, M. (1984). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry: The Journal of Mental Science, 147,* 598-611. Retrieved from MEDLINE database.

Rutter, M. M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*(3), 316-331. Retrieved from E-Journals database.

Ryan, G. (1986). Annotated bibliography: Adolescent perpetrators of sexual molestation of children. *Child abuse & Neglect, 10*, 25-31. Retrieved from EBSCO*host* database.

Ryan, G., Miyoshi, T. J., Metzner, J. L., Krugman, R. D., & Fryer, G. E. (1996). Trends in a national sample of sexually abusive youths. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*, 17-25. Retrieved from Child Development & Adolescent Studies database.

Ryan, T. A., Morrison, T. G., & McDermott, D. T. (2010). Body image investment among gay and bisexual men over the age of 40: A test of Social Comparison Theory and Threatened Masculinity Theory. *Gay & Lesbian Issues & Psychology Review, 6,* 4-19. Retrieved from Gender Studies database.

Sabotta, E. E., & Davis, R. L. (1992). Fatality after report to a child abuse registry in Washington State, 1973-1986. *Child Abuse & Neglect, 16*, 627-635. Retrieved from SocINDEX with Full Text database.

Saewyc, E., Magee, L., & Pettingell, S. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual & Reproductive Health, 36*, 98-105. Retrieved from EBSCO*host* database.

Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., . . . Skuse, D. (2003). Development of sexually abusive behaviour in sexually victimised males: A longitudinal study. *Lancet, 361*(9356), 471-476. Retrieved from EBSCO*host* database.

Sameroff, A. J., & Fiese, B. H. (1990). Transactional regulation and early intervention. In S. J. Meisels, J. P. Shonkoff, S. J. Meisels, J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 119-149). New York: Cambridge University.

Santa Mina, E., & Gallop, R. (1998). Childhood sexual and physical abuse and adult self-harm and suicidal behavior: A literature review. *Canadian Journal of Psychiatry, 43*, 793-800. Retrieved from Child Development & Adolescent Studies database.

Sansonnet-Hayden, H., Haley, G., Marriage, K., & Fine, S. (1987). Sexual abuse and psychopathology in hospitalized adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 26*, 753-757. Retrieved from Child Development & Adolescent Studies database.

Santa Mina, E. E., & Gallop, R. (1998). Childhood sexual and physical abuse and adult self-harm and suicidal behavior: A literature review. *Canadian Journal of Psychiatry, 43*, 793-800. Retrieved from EBSCO*host* database.

Sarrel, P. M., & Masters, W. H. (1982). Sexual molestation of men by women. *Archives of Sexual Behavior, 11*, 117-131. Retrieved from EBSCO*host* database.

Savin-Williams, R. C. (1998). *"--And then I became gay": Young men's stories*. New York: Routledge.

Scarpa, A. A., Wilson, L. C., Wells, A. O., Patriquin, M. A., & Tanaka, A. A. (2009). Thought control strategies as mediators of trauma symptoms in young women with histories of child sexual abuse. *Behaviour Research & Therapy, 47*, 809-813. doi:10.1016/j.brat.2009.06.002

Schlossberg, N. K. (1989). Marginality and mattering: Key issues in building community. *New Directions for Student Services, 485*-515. doi:10.1002/ss.37119894803

Schwartz, M. (1994). Negative impact of sexual abuse on adult male gender: Issues and strategies of intervention. *Child and Adolescent Social Work Journal, 11*(3), 179-194. Retrieved from Child Development & Adolescent Studies database.

Sebold, J. (1987). Indicators of child sexual abuse in males. *Social Casework, 68,* 75-80. Retrieved from Gender Studies database.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5-14. doi:10.1037/0003-066X.55.1.5

Shapiro, D., & Levendosky, A. (1999). Adolescent survivors of childhood sexual abuse: The mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse & Neglect, 23,* 1175-1191. Retrieved from Academic Search Premier database.

Shonk, S. M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology, 37,* 3-17. doi:10.1037/0012-1649.37.1.3

Shotter, J., & Gergen, K. J. (1994). Social construction: Knowledge, self, others, and continuing the conversation. In S. Deetz (Ed.), *Communication yearbook 17* (pp. 3-33). Thousand Oaks, CA: Sage Press.

Sidanius, J., Pratto, F., & Bobo, L. (1994). Social dominance orientation and the political psychology of gender. *Journal of Personality and Social Psychology, 67,* 998-1011. Retrieved from Gender Studies Database database.

Siegel, J. M., Sorenson, S. B., Golding, J. M., Burman, M. A., & Stein, J. A. (1987). The
    prevalence of childhood sexual assault: The Los Angeles epidemiology catchment
    area project. *American Journal of Epidemiology*, 126, 1141-1153. Retrieved from
    Gender Studies Database database.

Sigfussdottir, I. D., Asgeirsdottir, B. B., Gudjonsson, G. H., & Sigurdsson, J. F. (2008).
    A model of sexual abuse's effects on suicidal behavior and delinquency: The role
    of emotions as mediating factors. *Journal of Youth & Adolescence, 37*, 699-712.
    doi:10.1007/s10964-007-9247-6

Sinclair, V. G., & Wallston, K. A. (2004). The development and psychometric evaluation
    of the Brief Resilient Coping Scale. *Assessment, 11,* 94-101. Retrieved from
    EBSCO*host* database.

Sjoberg, R., & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose
    experiences were documented by videotape. *American Journal of Psychiatry, 159*,
    312-314. Retrieved from Academic Search Premier database.

Smith, H. D., Fromuth, M. E., & Morris, C. C. (1997). Effects of gender on perceptions
    of child sexual abuse. *Journal of Child Sexual Abuse, 6*(4), 51-63. Retrieved from
    MasterFILE Premier database.

Snell, W. E., Hawkins, R. C., & Belk, S. S. (1988). Stereotypes about male sexuality and
    the use of social influence strategies in intimate relationships. *Journal of Social &
    Clinical Psychology,* 742-48. Retrieved from EBSCO*host* database.

Sobsey, D., Randall, W., & Parrila, R. K. (1997). Gender differences in abused children with and without disabilities. *Child Abuse & Neglect, 21*, 707-720. Retrieved from EBSCO*host* database.

Sorsoli, L., Kia-Keating, M., & Grossman, F. (2008). "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, *55*, 333-345. doi:10.1037/0022-0167.55.3.333

Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin, 116*, 340-362. doi:10.1037/0033-2909.116.2.340

Spaccarelli, S., & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse & Neglect, 19*, 1171-1182. Retrieved from SocINDEX with Full Text database.

Spence, J. (1984). Gender identity and its implications for the concepts of masculinity and femininity. *Nebraska Symposium On Motivation [Publication]*, *32,* 59-95.

Spence, J. T., & Buckner, C. (1995). Masculinity and femininity: Defining the undefinable. In P. J. Kalbfleisch, M. J. Cody, P. J. Kalbfleisch, M. J. Cody (Eds.), *Gender, power, and communication in human relationships* (pp. 105-138). Hillsdale, NJ: Lawrence Erlbaum.

Spence, J. T., & Buckner, C. E. (2000). Instrumental and expressive traits, trait stereotypes, and sexist attitudes. *Psychology Of Women Quarterly*, *24*, 44-63. Retrieved from Academic Search Premier.

Spence, J. T., & Helmreich, R. (1978). *Masculinity & femininity: Their psychological dimensions, correlates, and antecedents.* Austin : University of Texas Press. Retrieved from UNCG University Libraries' Catalog database.

Spokas, M., Wenzel, A., Stirman, S. W., Brown, G. K., & Beck, A. T. (2009). Suicide risk factors and mediators between childhood sexual abuse and suicide ideation among male and female suicide attempters. *Journal of Traumatic Stress, 22*, 467-470. Retrieved from E-Journals database.

Stalker, C. A., Gebotys, R., & Harper, K. (2005). Insecure attachment as a predictor of outcome following inpatient trauma treatment for women survivors of child abuse. *Bulletin of the Menninger Clinic, 69*, 137-156. Retrieved from EBSCO*host* database.

Stander, V. A., Olson, C. B., & Merrill, L. L. (2002). Self-definition as a survivor of childhood sexual abuse among Navy recruits. *Journal of Consulting and Clinical Psychology*, *70*, 369-377. doi:10.1037/0022-006X.70.2.369

Stanley, J. L., Bartholomew, K., & Oram, D. (2004). Gay and bisexual men's age-discrepant childhood sexual experiences. *Journal of Sex Research*, *41*, 381-389. Retrieved from EBSCO*host* database.

Steever, E. E., Follette, V. M., & Naugle, A. E. (2001). The correlates of male adults' perceptions of their early sexual experiences. *Journal of Traumatic Stress*, *14*, 189-204. Retrieved from EBSCO*host* database.

Stein, J. A., Golding, J. N., Siegel, J. M., Burnam, M. A., & Sorenson, S. B. (1988). Longterm psychological sequelae of child sexual abuse. The Los Angeles

Epidemiological Catchment Area Study. In G. E. Wyatt & E. J. Powell (Eds.), *Lasting effects of child sexual abuse*. Beverly Hills: Sage.

Stiffman, A. (1989). Physical and sexual abuse in runaway youth. Child Abuse & Neglect, 13, 417-426. Retrieved from Child Development & Adolescent Studies database.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. London: Sage.

Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, *7*, 177-193. Retrieved from Child Development & Adolescent Studies database.

Tarakeshwar, N., Hansen, N. B., Kochman, A., Fox, A., & Sikkema, K. J. (2006). Resiliency among individuals with childhood sexual abuse and HIV: Perspectives on addressing sexual trauma. *Journal of Traumatic Stress*, *19*, 449-460. doi:10.1002/jts.20132

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9,* 455-471. Retrieved from SocINDEX with Full Text database.

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). Mahwah, NJ: Lawrence Erlbaum.

Teram, E., Stalker, C., Hovey, A., Schachter, C., & Lasiuk, G. (2006). Towards malecentric communication: Sensitizing health professionals to the realities of

male childhood sexual abuse survivors. *Issues in Mental Health Nursing*, *27*, 499-517. doi:10.1080/01612840600599994

Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148*, 10-20. Retrieved from Academic Search Premier database.

Terry, K. J., & Tallon, J. (2004). *Child sexual abuse: A review of the literature.* Retrieved from http://www.usccb.org/nrb/johnjaystudy/litreview.pdf

Teyber, E. (2000). *Interpersonal process in psychotherapy* (4th ed.). Belmont, CA: Brooks/Cole.

Thompson, E., & Pleck, J. (1986). The structure of male role norms. *The American Behavioral Scientist*, 29, 531-543. Retrieved from EBSCO*host* database.

Thompson, E., Pleck, J., & Ferrera, D. (1992). Men and masculinities: Scales for masculinity ideology and masculinity-related constructs. *Sex Roles*, 27, 573-604. Retrieved from EBSCO*host* database.

Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. Child Abuse & Neglect, 11, 371-383. Retrieved from Child Development & Adolescent Studies database.

Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect*, 23, 929-945. Retrieved from EBSCO*host*.

Trickett, P. K., McBride-Chang, C., & Putnam, F. (1994). The classroom performance and behavior of sexually abused females. *Development & Psychopathology, 6,* 183-194. Retrieved from EBSCO*host* database.

Trickett, P. K., & Putnam, F. W. (1993). Impact of child sexual abuse on females: Toward a developmental, psychobiological integration. American Psychological Society, 4, 81-87. Retrieved from PsycINFO database.

Tsai, A., Loftus, E. F., & Polage, D. (2000). Current directions in false-memory research. In D. Bjorklund (Ed.), *False-memory creation in children and adults* (pp. 31-44). Mahwah, NJ: Lawrence Erlbaum.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impact of psychosexual functioning in adult women. *Journal of Abnormal Psychology, 88*, 407-417. Retrieved from PsycINFO database.

Tufts New England Medical Center, Division of Child Psychiatry. (1984). *Sexually Exploited Children: Service & Research Project* (Final report for the Office of Juvenile Justice and Delinquency Prevention.) Washington, DC: U.S. Department of Justice. Retrieved from SocINDEX with Full Text database.

Turell, S. C., & Armsworth, M. M. (2000). Differentiating incest survivors who self-mutilate. *Child Abuse & Neglect*, *24*, 237-249. Retrieved from Academic Search Premier database.

Twaite, J., & Rodriguez-Srednicki, O. (2004). Childhood sexual and physical abuse and adult vulnerability to PTSD: The mediating effects of attachment and dissociation. *Journal of Child Sexual Abuse*, *13*, 17-38. Retrieved from EBSCO*host* database.

Ullman, S. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse*, *12*, 89-121. doi:101300/J070v1201_05

Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse, 16*, 19-36. doi:10.1300/J070v16n01_02

Ullman, S. E., & Filipas, H. H. (2005). Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse & Neglect: The International Journal, 29*, 767-782. Retrieved from EBSCO*host* database.

U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2009). *Child Maltreatment 2007.* Washington, DC: U.S. Government Printing Office. Retrieved from http://www.acf.hhs.gov/programs/cb/pubs/cm07/cm07.pdf

Valentine, L., & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*, *21*, 216-224. Retrieved from EBSCO*host* database.

Vander Mey, B. J. (1988). The sexual victimization of male children: A review of previous research. *Child Abuse & Neglect, 12*, 61-72. Retrieved from Child Development & Adolescent Studies database.

van der Hart, O., & Horst, R. (1989). The dissociation theory of Pierre Janet. *Journal of Traumatic Stress, 2*, 397-412. Retrieved from SocINDEX with Full Text database.

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving

psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*, 253-265.

Retrieved from Academic Search Premier database.

van der Kolk, B. A., & van der Hart, O. (1989). Pierre Janet and the breakdown of

adaptation in psychological trauma. *American Journal of Psychiatry, 146*, 1530-

1540. Retrieved from SocINDEX with Full Text database.

van Gerko, K. K., Hughes, M. L., Hamill, M. M., & Waller, G. G. (2005). Reported

childhood sexual abuse and eating-disordered cognitions and behaviors. *Child

Abuse & Neglect: The International Journal*, 29, 375-382. doi:

10.1016/j.chiabu.2004.11.002

Violato, C., & Genuis, M. (1993). Problems of research in male child sexual abuse: A

review. *Journal of Child Sexual Abuse, 2*(3), 33-54. Retrieved from EBSCO*host*.

Wagner, A. W., & Linehan, M. M. (1994). Relationship between childhood sexual abuse

and topography of parasuicide among women with borderline personality

disorder. *Journal of Personality Disorders, 8*, 1-9. Retrieved from PsycINFO

database.

Wagnild, G. M. (2003). Resilience and successful aging: Comparison among low and

high income older adults. *Journal of Gerontological Nursing*, *29*(12), 42-49.

Retrieved from EBSCO*host* database.

Wagnild, G., & Young, H. (1988). Hardiness among elderly women. [serial online].

November 1, 1988. Available from: ERIC, Ipswich, MA.

Wagnild, G. M., & Young, H. M. (1990). Resilience among older women. *Image: Journal of Nursing Scholarship, 22*, 252-255. Retrieved from EBSCO*host* database.

Wagnild, G., & Young, H. M. (1991). Another look at hardiness. *IMAGE: Journal of Nursing Scholarship*, *23*(4), 257-259. doi:10.1111/j.1547-5069.1991.tb00682.x

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of The Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165-178. Retrieved from EBSCO*host* database.

Waller, G. (1991). Sexual abuse as a factor in eating disorders. *British Journal of Psychiatry*, *159*, 664-671. Retrieved from EBSCO*host* database.

Waller, G. (1992). Sexual abuse and the severity of bulimic symptoms. *British Journal of Psychiatry, 161*, 90-93. Retrieved from EBSCO*host* database.

Walsh, K., Blaustein, M., Knight, W. G., Spinazzola, J., & van der Kolk, B. A. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse, 16*, 1-17. doi:10.1300/J070v16n01_01

Walsh, K., Fortier, M., & DiLillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression & Violent Behavior*, *15*, 1-13. doi:10.1016/j.avb.2009.06.009

Wampold, B. E., Kivlighan, D. M., & Heppner, P. P. (1999). *Research design in counseling* (3rd ed.). Belmont, CA: Brooks/Cole.

Waterman, J. (1993). Mediators of effects on children: What enhances optimal functioning and promotes healing? In J. Waterman, R. Kelly, M. Oliveri, M., & J. McCord (Eds.). *Behind the playground walls: Sexual abuse in preschools*. New York, NY: Guilford Press. Retrieved from PsycINFO database.

Waterman, C. K., & Foss-Goodman, D. (1984). Child molesting: Variables relating to attribution of fault to victims, offenders, and nonparticipating parents. *Journal of Sex Research*, *20*, 329-349. Retrieved from E-Journals database.

Watkins, B., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, *33*, 197-248. doi:10.1111/1469-7610.ep11373653

Weaver, T. L., & Clum, G. A. (1995). Psychological distress associated with interpersonal violence: A meta-analysis. *Clinical Psychology Review, 15,* 115-140. doi:10.1016/0272-7358(95)00004-9

Weber, F., Gearing, J., Davis, A., & Conlon, M. (1992). Prepubertal initiation of sexual experiences and older first partner predict promiscuous sexual behavior of delinquent adolescent males--unrecognized child abuse? *Journal of Adolescent Health*, *13*, 600-605. Retrieved from EBSCO*host* database.

Wellman, M. M. (1993). Child sexual abuse and gender differences: Attitudes and prevalence. *Child Abuse & Neglect*, *17*, 539-547. Retrieved from SocINDEX with Full Text database.

Wenninger, K., & Ehlers, A. (1998). Dysfunctional cognitions and adult psychological

    functioning in child sexual abuse survivors. *Journal of Traumatic Stress*, *11*, 281-

    300. Retrieved from E-Journals database.

West, D. J. (1998). Boys and sexual abuse: An English opinion. *Archives of Sexual*

    Behavior, *27*, 539-559. Retrieved from EBSCO*host* database

Westcott, H. L., & Jones, D. P. (1999). The abuse of disabled children. *Journal of Child*

    Psychology And Psychiatry, And Allied Disciplines 40, 497-506. Retrieved from

    MEDLINE EBSCO*host*.

Westerlund, E. (1992). *Women's sexuality after childhood incest*. New York: W. W.

    Norton.

Whiffen, V. E., Benazon, N. R., & Bradshaw, C. (1997). Discriminant validity of the

    TSC-40 in an outpatient setting. *Child Abuse & Neglect, 21*, 107-115. Retrieved

    from EBSCO*host* database.

Whiffen, V. E., & MacIntosh, H. B. (2005). Mediators of the link between childhood

    sexual abuse and emotional distress. *Journal of Trauma, Violence, & Abuse, 6*,

    24-39. doi:10.1177/1524838004272543

Whiffen, V. E., Thompson, J. M., & Aube, J. A. (2000). Mediators of the link between

    childhood sexual abuse and adult depressive symptoms. *Journal of Interpersonal*

    Violence, 15, 1100-1120. Retrieved from EBSCO*host* database.

Whiting, B. E. (1982, January). Determinants and consequences of mattering in the

    adolescents' social world. *Dissertation Abstracts International*, *43*, [e-book].

ProQuest Information & Learning; 1983. Available from: PsycINFO, Ipswich, MA.

Widom, C. S., & Morris, S. (1997). Accuracy of adult recollections of childhood victimization, Part 2: Childhood sexual abuse. *Psychological Assessment*, *9*, 34-46. doi:10.1037/1040-3590.9.1.34

Williams, L. M., & Finkelhor, D. (1995). Paternal caregiving and incest: Test of a biosocial model. *American Journal of Orthopsychiatry, 65*, 101-114. Retrieved from SocINDEX with Full Text database.

Williams, L. M., Siegel, J. A., & Pomeroy, J. J. (2001). Validity of women's self-reports of documented child sexual abuse. In A. Stone, & J. Turkkan (Eds.), *The science of self-report: Implications for research and practice* (pp. 211-226). Malwah, NJ: Lawrence Erlbaum.

Wind, T. W., & Silvern, L. (1994). Parenting and family stress as mediators of the long-term effects of child abuse. *Child Abuse & Neglect, 18,* 439-453. doi:10.1016/0145-2134(94)90029-9

Wiseman, M. C., & Moradi, B. (2010). Body image and eating disorder symptoms in sexual minority men: A test and extension of objectification theory. *Journal of Counseling Psychology*, *57,* 154-166. doi:10.1037/a0018937

Wolfe, V. V., Gentile, C., & Wolfe, D. A. (1989). The impact of sexual abuse on children: A PTSD formulation. Behavior Therapy, 20, 215-228. Doi:10.1016/ S0005-7894(89)80070-X

Wolfe, D. A., Sas, L., & Wekerle, C. (1994). Factors associated with the development of posttraumatic stress disorder among child victims of sexual abuse. *Child Abuse & Neglect, 18*, 37-50. Retrieved from Child Development & Adolescent Studies database.

Wolfe, J. J., Kimerling, R. R., Brown, P. P., & Chrestman, K. K. (2000). Life Stressor Checklist. *Journal of Traumatic Stress*, 13115-128. Retrieved from EBSCO*host* database.

Woodiwiss, J. (2004). (Re)writing memories: Childhood sexual abuse and everyday life. In N. Kelly, C. Horrocks, K. Milnes, B. Roberts, & D. Robinson (Eds.), *Narrative, memory, and everyday life* (pp. 42-67). Huddersfield, UK: University of Huddersfield Press.

Woodward, C., & Joseph, S. (2003). Positive change processes and post-traumatic growth in people who have experienced childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research, and Practice, 76*, 267-283. Retrieved from Academic Search Premier database.

Wyatt, G. E. (1985). The sexual abuse of Afro-American and white-American women in childhood. *Child Abuse & Neglect*, *9*, 507-519. Retrieved from Child Development & Adolescent Studies database.

Wyatt, G. E., & Powell, G. J. (1988). *Lasting effects of child sexual abuse*. Newbury Park, CA: Sage.

Yama, M. F., Tovey, S. L., Fogas, B. S., & Teegarden, L. A. (1992). Joint consequences of parental alcoholism and child sexual abuse, and their partial mediation by

family environment. *Violence and Victims, 7*, 313-325. Retrieved from

EBSCO*host* database.

Yates, A. (1987). Psychological damage associated with extreme eroticism in young

children. Psychiatric Annals, 17, 257-261. Retrieved from PsycINFO database.

Yi, S., Poudel, K., Yasuoka, J., Palmer, P., Yi, S., & Jimba, M. (2011). Risk vs.

protective factors for substance use among adolescents in Cambodia. *Journal of*

Substance Use, 16, 14-26. doi:10.3109/14659890903531261

Young, M. S., Harford, K. L., Kinder, B., & Savell, J. K. (2007). The relationship

between childhood sexual abuse and adult mental health among undergraduates:

Victim gender doesn't matter. *Journal of Interpersonal Violence, 22,* 1315-1331.

doi:10.1177/0886260507304552

Yuan, N. P., Koss, M. P., & Stone, M. (2006). *The psychological consequences of sexual*

trauma. VANet: National Online Resource Center on Violence against Women.

Harrisburg, VA. Retrieved on September 19, 2008 from Child Development &

Adolescent Studies database.

APPENDIX A

MATTERING TO OTHERS QUESTIONNAIRE

Each person has ideas or feelings about how other people see them. I am interested in how you think people think about you. Choose the rating you feel is best for you and circle the number provided. (Mother, Father, Teachers, Friends)

	Not much/	somewhat/	a lot
	(1)	(3)	(5)

1. I feel special to my FRIENDS.   1 2 3 4 5

2. I am needed by my FRIENDS.   1 2 3 4 5

3. I am missed by my FRIENDS when I am away.   1 2 3 4 5

4. When I talk, my FRIENDS try to understand what I am saying.   1 2 3 4 5

5. I am interesting to my FRIENDS.   1 2 3 4 5

6. My FRIENDS notice my feelings.   1 2 3 4 5

7. My FRIENDS give me credit when I do well.   1 2 3 4 5

8. My FRIENDS notice when I need help.   1 2 3 4 5

9. I matter to my FRIENDS.   1 2 3 4 5

10. People have many things to think about. If your FRIENDS
    made a list of all the things they think about where do you
    think you'd be on the list?   (Top) 5 4 3 2 1
(Bottom)

11. If your FRIENDS made a list of all the things they care
    about, where do you think you'd be on the list?   (Top) 5 4 3 2 1
(Bottom)

APPENDIX B

HOFFMAN GENDER SCALE

Form B (for Males)

	Strongly Disagree	Disagree	Some-what Agree	Tend to Agree	Agree	Strongly Agree
1. When I am asked to describe myself, being male is one of the first things I think of	1	2	3	4	5	6
2. I am confident in my masculinity.	1	2	3	4	5	6
3. I meet my personal standards for masculinity.	1	2	3	4	5	6
4. My perception of myself is positively associated with my biological sex.	1	2	3	4	5	6
5. I am secure in my masculinity.	1	2	3	4	5	6
6. I define myself largely in terms of my masculinity.	1	2	3	4	5	6
7. My identity is strongly tied to my masculinity.	1	2	3	4	5	6
8. I have a high regard for myself as a male.	1	2	3	4	5	6
9. Being a male is a critical part of how I see myself.	1	2	3	4	5	6
10. I am happy with myself as a male.	1	2	3	4	5	6
11. I am very comfortable being a male.	1	2	3	4	5	6
12. Masculinity is an important aspect of my self-concept.	1	2	3	4	5	6
13. My sense of myself as a male is positive.	1	2	3	4	5	6
14. Being a male contributes a great deal to my sense of self-confidence.	1	2	3	4	5	6

Form A (for Females)

	Strongly Disagree	Disagree	Some-what Agree	Tend to Agree	Agree	Strongly Agree
1. When I am asked to describe myself, being female is one of the first things I think of	1	2	3	4	5	6
2. I am confident in my femininity.	1	2	3	4	5	6
3. I meet my personal standards for femininity.	1	2	3	4	5	6
4. My perception of myself is positively associated with my biological sex.	1	2	3	4	5	6
5. I am secure in my femininity.	1	2	3	4	5	6
6. I define myself largely in terms of my femininity.	1	2	3	4	5	6
7. My identity is strongly tied to my femininity.	1	2	3	4	5	6
8. I have a high regard for myself as a female.	1	2	3	4	5	6
9. Being a female is a critical part of how I see myself.	1	2	3	4	5	6
10. I am happy with myself as a female.	1	2	3	4	5	6
11. I am very comfortable being a female.	1	2	3	4	5	6
12. Femininity is an important aspect of my self-concept.	1	2	3	4	5	6
13. My sense of myself as a female is positive.	1	2	3	4	5	6
14. Being a female contributes a great deal to my sense of self-confidence.	1	2	3	4	5	6

APPENDIX C

MALE ROLE ATTITUDES SCALE

How much do you agree or disagree with the following statements? Circle the number closest to your opinion.

	Disagree a lot	Disagree a little	Agree a little	Agree a lot
1.It is essential for a guy to get respect from others.	1	2	3	4
2.A man always deserves the respect of his wife and children.	1	2	3	4
3.I admire a guy who is totally sure of himself .	1	2	3	4
4.A guy will lose respect if he talks about his problems.	1	2	3	4
5.A young man should be physically tough, even if he's not big.	1	2	3	4
6.It bothers me when a guy acts like a girl.	1	2	3	4
7.I don't think a husband should have to do housework.	1	2	3	4
8.Men are always ready for sex.	1	2	3	4

APPENDIX D

THE RESILIENCE SCALE

Directions: Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, circle "1" if you strongly disagree with the statement, circle "4" if you are neutral, and if you strongly agree, circle "7."

	Strongly Disagree						**Strongly Agree**
1. When I make plans, I follow through with them.	1	2	3	4	5	6	7
2. I usually manage one way or another.	1	2	3	4	5	6	7
3. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
4. Keeping interested in things is important to me.	1	2	3	4	5	6	7
5. I can be on my own if I have to.	1	2	3	4	5	6	7
6. I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
7. I usually take things in stride.	1	2	3	4	5	6	7
8. I am friends with myself.	1	2	3	4	5	6	7
9. I feel that I can handle many things at a time.	1	2	3	4	5	6	7
10. I am determined.	1	2	3	4	5	6	7
11. I seldom wonder what the point of it all is.	1	2	3	4	5	6	7
12. I take things one day at a time.	1	2	3	4	5	6	7
13. I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
14. I have self-discipline.	1	2	3	4	5	6	7
15. I keep interested in things.	1	2	3	4	5	6	7
16. I can usually find something to laugh about.	1	2	3	4	5	6	7
17. My belief in myself gets me through hard times.	1	2	3	4	5	6	7
18. In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
19. I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
20. Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7

21. My life has meaning.	1	2	3	4	5	6	7
22. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
23. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
24. I have enough energy to do what I have to do.	1	2	3	4	5	6	7
25. It's okay if there are people who don't like me.	1	2	3	4	5	6	7

APPENDIX E

STRESSFUL LIFE EVENTS SCREENING QUESTIONNAIRE—REVISED

The items listed below refer to events that may have taken place at <u>any point in your entire life</u>, including early childhood. **If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire. (**<u>Please print or write neatly)</u>.

1. Have you ever had a life-threatening illness?

    No _____ **Yes** _____   If yes, at what age? _____

Duration of Illness _____

Describe specific illness _____

2. Were you ever in a life-threatening accident?

    No _____ **Yes** _____   If yes, at what age? _____

Describe accident_____

Did anyone die? ____ Who? (Relationship to you)_____

What physical injuries did you receive? _____

Were you hospitalized overnight? No_____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?

    No _____ **Yes** _____   If yes, at what age? _____

How many perpetrators?_____

Describe physical force (e.g., restrained, shoved) or weapon used against you.

_____

Did anyone die? _____

Who?_____

What injuries did you receive? _____

Was your life in danger? _____

4. Has an immediate family member, romantic partner, or <u>very close</u> friend died because of accident, homicide, or suicide?

   No _____ **Yes** _____   If yes, how old were you? _____

How did this person die?
_____

Relationship to person lost
_____

In the year before this person died, how often did you see/have
contact with him/her?

                              _____
                              _____

Have you had a miscarriage? No _____ Yes _____ If yes, at what
                                  age?_____

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever <u>physically forced</u> you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?

   No _____ **Yes** _____   If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more

      than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify stranger, parent, etc.) _____

Has anyone **else** ever done this to you? No_____ Yes_____

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?

  No _____ **Yes** _____   If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.-2 yrs. _____, more

      than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify sibling, date, etc.) _____

What age was this person? _____

Has anyone **else** ever done this to you? No_____ Yes_____

7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?

  No _____ **Yes**_____   If yes, at what age _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10 _____

If repeated, over what period? 6 mo. or less _____ , 7 mos.- 2 yrs. _____, more

      than 2 yrs. but less than 5 yrs _____, 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt)_____

Were you ever injured? _____ If yes, describe _____

Who did this? (Relationship to you) _____

Has anyone **else** ever done this to you? No _____   Yes _____

8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?

No _____ **Yes** _____   If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more

     than 2 yrs. but less than 5 yrs. _____ , 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt) _____

Were you ever injured?_____ If yes, describe_____

Who did this? (Relationship to you) _____

If sibling, what age was he/she_____

Has anyone **else** ever done this to you? No_____ Yes _____

9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?

     No _____ **Yes** _____ If yes, at what age? _____

If yes, how many times? 1 _____, 2-4 _____, 5-10 _____, more than 10_____

If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more

     than 2 yrs. but less than 5 yrs. _____ , 5 yrs. or more _____.

Who did this? (Relationship to you) _____

If sibling, what age was he/she_____

Has anyone **else** ever done this to you? No_____ Yes _____

10. Other than the experiences already covered, has anyone ever <u>threatened</u> you with a weapon like a knife or gun?

     No _____ **Yes** _____ If yes, at what age? _____

If yes, how many times? 1 _____ , 2-4 _____ , 5-10 _____, more than 10_____
If repeated, over what period? 6 mo. or less _____, 7 mos.- 2 yrs. _____, more

than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Describe nature of threat _____

Who did this? (Relationship to you) _____

Has anyone **else** ever done this to you? No_____ Yes _____

11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?

     No _____ **Yes** _____   If yes, at what age? _____

Please describe what you witnessed _____

Was your own life in danger? _____

12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?

  No_____ **Yes**_____

If yes, at what age? _____ Please describe. _____

_____

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?

  No_____ **Yes**_____

If yes, at what age? _____ Please describe. _____

_____

APPENDIX F

SCALE AUTHORS' PERMISSION FOR USE

Mail Calendar Documents Sites Contacts   egrall@uncg.edu | Settings | Help | Sig

label:instrument-perms   Search Mail   Search the Web   Show search options / Create a filter

Mail
Contacts
Tasks

NYT Global Home - NATO Set to Take Full Command of Libyan Campaign - 1 hour ago   Web Clip

« Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam   Delete   Move to   Labels   More actions   ‹ Newer 3 of 4 Ol

Compose mail

Inbox (1)
Sent Mail
Drafts
All Mail
Trash

ADMISSIONS
ASU
Dissertation Stuff
Instrument Perms
Priority
Receipts
SAVE THIS!!! (3)
3 more ▾

Elizabeth Graves
Search, add, or invite

New window
Print all
Expand all
Forward all

Permission to use the SLESQ   Instrument Perms   X

Elizabeth Graves	Dr. Goodman, My name is Elizabeth Graves, and I am a third year doc student a...	Feb 6
Lisa Goodman	Hi Elizabeth, Thanks for your interest in the SLESQ. Feel free to use it - I ...	Feb 6
Elizabeth Graves	Dr. Goodman, Thank you so much for your permission to use the SLESQ. I am hon...	Feb 13
Lisa Goodman to me	show details Feb 14	Reply

Hi Elizabeth,
Sounds like an interesting study. The SLESQ is not copyrighted and I am fine with your adding questions, as long as you make it clear that you are doing so. I'd love to hear what you find.
Best,
Lisa Goodman, Ph.D.
Professor and Director of Training
Department of Counseling and Developmental Psychology
Lynch School of Education
Boston College
Campion 310
Chestnut Hill, MA 02467

From: Elizabeth Graves [egrall@uncg.edu]
Sent: Sunday, February 13, 2011 12:05 PM
To: Lisa Goodman
Subject: Re: Permission to use the SLESQ

Dr. Goodman,

Thank you so much for your permission to use the SLESQ. I am honored -- and grateful.

Next, I have two brief questions for you that I wonder if I could trouble you with...

First, could you tell me if the SLESQ is copyrighted? (my guess would be that it is, but I haven't seen the copyright symbol in any of the forms I have seen either in the attached copy or in other dissertation studies/articles.) I ask because the Graduate School office requires me to include proof of consent in my Appendix if it is copyrighted. If so, they have assured me that your last email to me meets that qualification.

Secondly, I wonder if you would permit me to add one primary question and two follow-up (sub-questions) to the SLESQ to better accommodate the language/definition typically used by my sample to describe a particular traumatic experience?

Briefly, the background for this question is this: the sample for my study is a group of resilient men who have child sexual abuse (CSA) histories. My problem is that the language and definition that men use is significantly different from that which women use to describe their sexual abuse experiences. However, most of the research in CSA has been in samples of women and it is, therefore, women's conceptualization and language for CSA that is reflected in U.S. law, society, the literature, and all current measurements that assess for it. Many researchers feel this needs to be remedied, but few studies have undertaken the charge.

In my particular study, I am desperately trying to get at how men both experience and define what most researchers in this field of study term CSA. Your language in your instrument comes closest to being able to do that. So, my second question to you -- whether you might allow me to add only those few questions that help me determine whether or not respondents meet "culturally-male" criteria for CSA -- is designed to help me get at that male experience by allowing me to include only those participants in my study who meet either the accepted-definition or the typically-male definition for CSA -- or both.

Changes would include adding the following question: In your childhood years (up to age 15) did you ever have consensual sexual contact with someone who was five years or more older than you? (and, if so, follow-up questions would be:) At what age? What age was the other person? What gender was the other person?

And the following follow-up questions to #5 on the SLESQ:
What age was the person(s) who did this? What gender was the other person? Did you ever tell anyone about it? If you did tell, did they believe you? Did they help you?

I understand that modifying an instrument is problematic on many fronts. However, for the purposes of my study, I am using the SLESQ as a tool for determining inclusion criteria for my study on males with CSA, though I hope to be able to look at comparisons between other forms of trauma and CSA on my own to see if they merit further study for men as they seem to indicate for women.

Respectfully submitted,
Elizabeth Graves

On Sun, Feb 6, 2011 at 7:40 PM, Lisa Goodman <lisa.goodman@bc.edu<mailto:lisa.goodman@bc.edu>> wrote:
Hi Elizabeth,
Thanks for your interest in the SLESQ. Feel free to use it - I am attaching a copy.
Best,
Lisa Goodman, Ph.D.
Professor and Director of Training
Department of Counseling and Developmental Psychology
Lynch School of Education
Boston College
Campion 310
Chestnut Hill, MA 02467

From: Elizabeth Graves [egrall@uncg.edu<mailto:egrall@uncg.edu>]
- Show quoted text -

Reply   Forward

Mail Calendar Documents Sites Contacts   egrall@uncg.edu | Settings | Help | Sig

label:instrument-perms   Search Mail   Search the Web   Show search options
                                                                  Create a filter

Mail   Rotten Tomatoes: Movies - 34% Battle: Los Angeles - 1 hour ago   Web Clip ‹
Contacts
Tasks   « Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam   Delete   Move to   Labels   More actions   ‹ Newer 4

Compose mail   Crafting a dissertation on construct of mattering...   Instrument Perms X   New window
                                                                                                                     Print all
Inbox (1)   Elizabeth Graves   Dr. Marshall, Please forgive me for troubling you with my appeal. I am a doct...   4/8/10   Expand all
Sent Mail
Drafts   Sheila Marshall to me   show details 4/8/10   Reply   Forward all
All Mail
Trash   Dear Elizabeth,

ADMISSIONS   The conference paper you are looking for was a spin-off of my dissertation. I don't have a copy (J.D. Lambert might, but I doubt it as
ASU   our thinking has moved on). If you are looking for the MTOQ, it is in the appendix of the article in J of Adolescence. Feel free to use
Dissertation Stuff that scale.
Instrument Perms
Priority   Let me know if there is anything else I can help you with.
Receipts
SAVE THIS!!! (3)   Sheila
3 more ▾   - Show quoted text -
                   Sheila K. Marshall
Elizabeth Graves School of Social Work
                   2080 West Mall
Search, add, or invite University of British Columbia
                   Vancouver, BC
                   CANADA V6T 1Z2
                   Phone: (604) 822-5672; Fax (604) 822-8656

                      Reply   Forward

                      Elizabeth Graves   Dr. Marshall, Thanks so much for your reply. I know you are busy, and so I ap...   4/8/10
                      Sheila Marshall   Dear Elizabeth, My thinking about mattering changed between finishing my diss...   4/8/10
                      Elizabeth Graves to Sheila   show details 4/8/10   Reply
                   I know that article well! Thanks so much for your recommendations -- so appreciated -- and I will do just that!

                   Sincerest thanks,
                   Elizabeth

                   PS: And I will keep you up on how it all comes out! So nice of you to say so :-)
                   - Show quoted text -
                   --
                   - Show quoted text -

                      Reply   Forward

                   « Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam   Delete   Move to   Labels   More actions   ‹ Newer 4

Elizabeth Graves

UNCG Mail - Greetings from a UNCG doc student working under LDB :...   https://mail.google.com/a/uncg.edu/?AuthEventSource=SSO

Mail Calendar Documents Sites Contacts   egrall@uncg.edu | Settings | Help | Sig

label:instrument-perms   Search Mail   Search the Web   Show search options
                                                                Create a filter

Mail   ESPN.com - Mavs top Wolves for 11 straight 50-win seasons - 11 hours ago   Web Clip ‹
Contacts
Tasks   « Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam Delete   Move to   Labels   More actions   ‹ Newer 2 of 4 Ol

Compose mail   **Greetings from a UNCG doc student working under LDB :-)** Instrument Perms X   New window
                                                                                                              Print all
Inbox (1)   Elizabeth Graves   Dr. Hoffman, Greetings! My name is Elizabeth Graves, and I am a third year do...   Feb 5   Expand all
Sent Mail   Rosemarie Hoffman   I am out of the office throughout the Spring 2011 semester and Summer 2011 se... Feb 5   Forward all
Drafts
All Mail   Rosemarie Hoffman to me   show details Feb 18   Reply
Trash
                   Elizabeth,
ADMISSIONS
ASU   Thank you for your email. I hope that I responded to your request but I'm not sure whether or not I did. You absolutely have my
Dissertation Stuff permission to use the HGS! All I ask is that you share the results of your research with me.
Instrument Perms
Priority   I just want to make sure that you have the correct version of the instrument. It contains 14 items, plus an open ended question that
Receipts   should appear at the top of the page.
SAVE THIS!!! (3)
3 more ▾   I wish you the best - let me know if you have any questions.

Elizabeth Graves   Rose Marie Hoffman
                   - Show quoted text -
Search, add, or invite --
                   Rose Marie Hoffman, Ph.D.
                   Professor; Coordinator, School Counseling Programs
                   Department of Advanced Studies in Education & Counseling
                   College of Education
                   California State University, Long Beach
                   1250 Bellflower Blvd.; Long Beach, CA 90840-2201
                   office: AS-223
                   email: rhoffman@csulb.edu
                   website: http://www.ced.csulb.edu/school-counseling

                     Reply   Forward

                   « Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam Delete   Move to   Labels   More actions   ‹ Newer 2 of 4 Ol

                           You are currently using 220 MB (2%) of your 7563 MB.

                        Last account activity: 0 minutes ago at IP 67.223.74.184. Details
                   UNCG Mail view: standard | turn on chat | older contact manager | basic HTML. Learn more
                      ©2011 Google - Terms of Service - Privacy Policy - Program Policies - Google Home
                                         Powered by Google

Mail Calendar Documents Sites Contacts   egrall@uncg.edu | Settings | Help | Sign

| label:instrument-perms | Search Mail | Search the Web | Show search options / Create a filter |

Mail

ESPN.com - Williams, Arizona crush Duke's hopes to repeat - 8 hours ago   Web Clip <

Contacts

Tasks

« Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam   Delete   Move to   Labels   More actions   1 of 4 Olds

Compose mail

Permission to Use the MRAS   Instrument Perms X   New window / Print all / Expand all / Forward all

Inbox (1)
Sent Mail
Drafts
All Mail
Trash

ADMISSIONS
ASU
Dissertation Stuff
Instrument Perms
Priority
Receipts
SAVE THIS!!! (3)
3 more ▾

Elizabeth Graves

Search, add, or invite

Elizabeth Graves   Dr. Pleck, My name is Elizabeth Graves, and I am a third year doctoral studen...   Mar 13 (12 days ago)

Pleck, Joseph to me   show details Mar 13 (12 days ago)   Reply

Dear Elizabeth Graves,

I am happy to give you permission to use the MRAS.

Attached is a summary of relevant information.

Best wishes,

Joseph Pleck

From: Elizabeth Graves [mailto:egrall@uncg.edu]
Sent: Sunday, March 13, 2011 11:32 AM
To: jhpleck@illinois.edu
Subject: Permission to Use the MRAS
- Show quoted text -

📄 **Measures of male role attitudes.doc**
44K View Download

Reply   Forward

Elizabeth Graves to Joseph   show details Mar 13 (12 days ago)   Reply

Terrific! Thank you so much!

Much appreciated, Dr. Pleck -- you made my weekend!

Elizabeth
- Show quoted text -

Reply   Forward

« Back to "Instrument Perms"   Remove label "Instrument Perms"   Report spam   Delete   Move to   Labels   More actions   1 of 4 Olds

You are currently using 220 MB (2%) of your 7563 MB.

Last account activity: 7 minutes ago at IP 67.223.74.184.   Details
UNCG Mail view: standard | turn off chat | older contact manager | basic HTML. Learn more
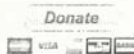©2011 Google - Terms of Service - Privacy Policy - Program Policies - Google Home
Powered by Google

365

The Resilience Scale™

Home • **Obtain the Resilience Scale** • Buy the User's Guide • Test Your Resilience • Free Papers • FAQs • Contact Us

Obtain the Resilience Scale

- **There is no charge for using the Resilience Scale.**
  The only requirement is that you comply with the Terms of Use. If you find the RS and/or the RS-14 valuable, however, and would like to support our research (and this Web site), then we will gratefully accept donations.
- **Use in your Dissertation is included.**
  The RS and/or the RS-14 may be reproduced in the appendix of your dissertation without further permission, as long as you use it according to our Terms of Use. Please remember that you may not change the Resilience Scale in any way.
- **Purchase the** *Resilience Scale User's Guide* to learn more about how to use, score and interpret the Resilience Scale.

To get the RS and the RS-14, please fill out the following information:
(This information is transmitted securely using SSL encryption, and will be used and protected according to our Privacy Policy)

*My Name is	* = Required
*My Project's title is	
*My Population of Interest is	
*My Organization is	
*My eMail Address is	
I plan to use the	25-Item 14-Item Resilience Scale
My Phone Number is	(optional)

I understand the Terms of Use as set forth in this Web site, and I agree to comply with them, including submitting the results of my study to Dr. Gail Wagnild upon its completion.

I understand & agree   I do not agree

Reset

Get the most out of the Resilience Scale!

Buy the *Resilience Scale User's Guide Version 3* today!

The *Resilience Scale User's Guide*™ is essential if you want to properly administer the Resilience Scale and accurately interpret your results.

With the purchase of a *Resilience Scale User's Guide*, you will receive FREE the following 20-page Special Report (a US$10 value):

Or you can buy separately the *Special Report on the 25-Item Resilience Scale* for US$10.00 by clicking the button below:

Buy Now

Click here to see the *Special Report's* Table of Contents.

Click here to read the Abstract.

Click here to learn more about the *Resilience Scale User's Guide*™

PayPal
VISA
DSC_VIS
BANK

When the "I understand & agree" icon is clicked, the instrument appears (25 & 14)

APPENDIX G

FULL-STUDY MODIFIED SLESQ-R

Comparison of SLESQ-R Versions

SLESQ_R Version Modified for the Proposed Study: (added questions are designated by italics)

	NO	YES
1. Have you ever had a life-threatening illness?	NO	YES At what age? _____ How long did illness last? _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* _Yes_ _No_
2. Were you ever in a life-threatening accident?	NO	YES At what age? _____ Type of accident? _____ Did anyone die? _Yes_ _No_ Were you physically hurt? _Yes_ _No_ Were you hospitalized overnight? _Yes_ _No_ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* _Yes_ _No_
3. Was physical force ever used against you in a robbery/mugging/crime?	NO	YES At what age? _____ How many perpetrators? _____ Did anyone die? _Yes_ _No_ Were you physically hurt? _Yes_ _No_ Was your life in danger? _Yes_ _No_ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely*

		helpless? <u>*Yes*</u> <u>*No*</u>
4. Has an immediate family member, romantic partner, or *very* close friend died because of an accident, homicide, or suicide?	NO	YES How old were you? _____ How did he/she die? _____ Your relationship to person lost? (e.g., He/she was my_____) Was this loss a miscarriage? <u>Yes</u> No *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>*Yes*</u> <u>*No*</u>
5. *In your childhood years (before age 18) did you ever have consensual sexual contact with someone who was five or more years older than you?*	NO	YES *At what age?* _____ *What age was the other person?* _____ *Was the other person male or female?* <u>*M*</u> <u>*F*</u> *Would you describe the experience as positive, negative, or neutral?* <u>*Positive*</u> <u>*Negative*</u> <u>*Neutral*</u> *Did you feel either when it happened or now that the experience was abusive?* <u>*Yes*</u> <u>*No*</u>
6. At any time, has anyone (parent, family member, romantic partner, stranger, or someone else) ever physically forced you to have intercourse, oral sex, or anal sex against your wishes, or when you were helpless (such as being asleep or intoxicated)?	NO	YES At what age? _____ How many times? _____ Over what period of time? _____ Who did this? (the person(s) relationship to you) _____ *What age was the person(s) who did this?* _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>*Yes*</u> <u>*No*</u> *Did you ever tell anyone about it?* <u>*Yes*</u> <u>*No*</u> *If you did tell, did they help?* <u>*Yes*</u> <u>*No*</u>

7. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch theirs, or tried to make you have sex against your wishes?	*NO*	*YES* At what age? _____ How many times? _____ Over what period of time? _____ Who did this? (the person(s) relationship to you) _____ *What age was the person(s) who did this?* _____ *Was the person who did this male or female?* <u>M F</u> *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>Yes No</u> *Did you ever tell anyone about it?* <u>Yes No</u> *If you did tell, did they help you?* <u>Yes No</u>
8. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack you or harm you?	NO	YES At what age? _____ How many times? _____ Over what period of time? _____ Were you ever injured? Yes No Who did this? (the person(s) relationship to you) _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>Yes No</u>
9. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?	NO	YES At what age? _____ How many times? _____ Over what period of time? _____ Were you ever injured? <u>Yes No</u> Who did this? (the person(s) relationship to you) _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely*

		helpless? <u>*Yes*</u> <u>*No*</u>
10. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you that you were no good?	NO	YES At what age? _____ How many times? _____ Over what period of time? _____ Who did this? (the person(s) relationship to you) _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>*Yes*</u> <u>*No*</u>
11. Other than the experiences already covered, has anyone ever threatened you with a weapon like a gun or a knife?	NO	YES At what age? _____ How many times? _____ Over what period of time? _____ Describe the nature of the threat _____ _____ Who did this? (the person(s) relationship to you) _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>*Yes*</u> <u>*No*</u>
12. Have you ever been present when another person was killed, seriously injured, sexually assaulted, or physically assaulted?	NO	YES At what age?_____ How many times? _____ Describe what you witnessed _____ _____ Was your own life in danger? <u>Yes</u> <u>No</u> *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>*Yes*</u> <u>*No*</u>
13. Have you ever been in any other situation	NO	YES At what age? _____

where you were seriously injured or your life was in danger (e.g., military combat, living in a war zone)?		Please describe _____ _____ *Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless?* <u>Yes</u> <u>No</u>
14. Have you ever been in any other situation not already mentioned that was extremely frightening or horrifying, or one in which you felt extremely helpless?	*NO*	*YES* *At what age?* _____ *Please describe* _____ _____

SLESQ_R Original Version

(removed or simplified questions are designated by italics):

STRESSFUL LIFE EVENTS SCREENING QUESTIONNAIRE - REVISED

      The items listed below refer to events that may have taken place at <u>any point in your entire life</u>, including early childhood. **If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire. (**<u>Please print or write neatly)</u>.

1. Have you ever had a life-threatening illness?

    No _____ Yes _____   If yes, at what age? _____

Duration of Illness _____

Describe specific illness _____

2. Were you ever in a life-threatening accident?

    No _____ Yes _____   If yes, at what age? _____

*Describe accident*_____

Did anyone die? ____   *Who? (Relationship to you)*_____

What physical injuries did you receive? _____

Were you hospitalized overnight? No_____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?

    No _____ Yes _____   If yes, at what age? _____

How many perpetrators?_____

Describe physical force (e.g., restrained, shoved) or weapon used against you.

_____

Did anyone die? _____

Who?_____

What injuries did you receive? _____

Was your life in danger? _____

4. Has an immediate family member, romantic partner, or <u>very close</u> friend died because of accident, homicide, or suicide?

   No _____ **Yes** _____   If yes, how old were you? _____

How did this person die?

_____

Relationship to person lost _____

In the year before this person died, how often did you see/have contact with him/her?

                              _____

                              _____

Have you had a miscarriage? No _____ Yes _____ *If yes, at what age?_____*

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever <u>physically forced</u> you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?

   No _____ **Yes** _____   If yes, at what age? _____

If yes, how many times? *1 _____, 2-4 _____, 5-10 _____, more than 10_____*
If repeated, over what period? *6 mo. or less _____, 7 mos.-2 yrs. _____, more*

than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify stranger, parent, etc.) _____

*Has anyone **else** ever done this to you? No_____ Yes_____*

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?

   No _____   Yes _____   If yes, at what age? _____

If yes, how many times? *1 _____, 2-4 _____, 5-10 _____, more than 10_____*

If repeated, over what period? *6 mo. or less _____, 7 mos.-2 yrs. _____, more*

        than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Who did this? (Specify sibling, date, etc.) _____

What age was this person? _____

*Has anyone **else** ever done this to you? No_____ Yes_____*

7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?

   No _____   Yes_____   If yes, at what age _____

If yes, how many times? *1 _____, 2-4 _____, 5-10 _____, more than 10 _____*

If repeated, over what period? *6 mo. or less _____ , 7 mos.- 2 yrs. _____, more*

        than 2 yrs. but less than 5 yrs _____, 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt)_____

Were you ever injured? _____ If yes, describe _____

Who did this? (Relationship to you) _____

*Has anyone **else** ever done this to you? No _____   Yes _____*

8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?

     No _____ Yes _____   If yes, at what age? _____

If yes, how many times? *1 _____, 2-4 _____, 5-10 _____, more than 10_____*

If repeated, over what period? *6 mo. or less _____, 7 mos.- 2 yrs. _____, more*

       than 2 yrs. but less than 5 yrs. _____ , 5 yrs. or more _____.

Describe force used against you (e.g., fist, belt) _____

Were you ever injured?_____ *If yes, describe_____*

Who did this? (Relationship to you) _____

If sibling, what age was he/she_____

*Has anyone **else** ever done this to you? No_____ Yes _____*

9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?

     No _____ Yes _____ If yes, at what age? _____

If yes, how many times? *1 _____, 2-4 _____, 5-10 _____, more than 10_____*

If repeated, over what period? *6 mo. or less _____, 7 mos.- 2 yrs. _____, more*
     than 2 yrs. but less than 5 yrs. _____ , 5 yrs. or more _____.

Who did this? (Relationship to you) _____

If sibling, what age was he/she_____

*Has anyone **else** ever done this to you? No_____ Yes _____*

10. Other than the experiences already covered, has anyone ever <u>threatened</u> you with a weapon like a knife or gun?

     No _____ **Yes _____** If yes, at what age? _____

If yes, how many times? *1 _____ , 2-4 _____ , 5-10 _____, more than 10_____*

If repeated, over what period? *6 mo. or less _____, 7 mos.- 2 yrs. _____, more*

     than 2 yrs. but less than 5 yrs. _____, 5 yrs. or more _____.

Describe nature of threat
_____

Who did this? (Relationship to you)
_____

*Has anyone **else** ever done this to you? No_____ Yes _____*

11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?

     No _____ **Yes _____** If yes, at what age? _____

Please describe what you witnessed _____

Was your own life in danger?
_____

12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?

  No_____ Yes_____

If yes, at what age? _____ Please describe. _____

_____

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?

No_____ Yes_____

If yes, at what age? _____ Please describe. _____

_____

APPENDIX H

DEMOGRAPHIC SURVEY

(Place at the start of the study's instrument in informed consent document) Are you 18 years of age or older?

Yes ____   No ____

(Place directly before the HGS) The next survey has two forms, one for males and a slightly different one for females. Please indicate your gender so that you are provided with the correct form.

(a) ___Male   (b) ___ Female   (c)___ Transgender   (d)___ Other

(Place at the end of the instrument) <u>General Information About You:</u>
Directions: Please check the box next to those traits that best describe you.
103. Age:

(a) ___ 18-22   (b) ___ 23-25   (c) ___ 25-29
(d) If older than 29, please write in your age. How old are you? _____

104. Level in College (in terms of number of *course credits* earned):

(a) ____ Freshman   (b)____ Sophmore
(c) ____ Junior   (d)____ Senior   (e) ____ Graduate Student

105.Ethnicity:

___ White, Caucasian   ___ African American   ___ Latino
___ Asian/Pacific Islander   ___ Native American   ___ Arabian descent
___ Multiracial   ___ Other: _____

106.Socioeconomic Status:

(a) ___ Upper class (wealthy)   (b) ___ Upper middle class
(c) ___ Lower middle class   (d) ___ Low socioeconomic class

107.Sexual Orientation:

(a)___ Heterosexual/Straight
(b)___ Homosexual/Gay or Lesbian
(c)___ Bisexual
(d) ___Other: _____

108. Sexual Attraction: Which of the following best describes your sexual attraction experience?

       ___Exclusively attracted to Females
       ___Mostly attracted to Females and some attraction to Males
       ___Equally attracted to both Females and Males
       ___Mostly attracted to Males and some attraction to Females
       ___Exclusively attracted to Males

APPENDIX I

RECRUITMENT EMAIL (NCSU, PHASE TWO)

Dear [Department/College Name] Major:

The [Name] Department has given me permission to contact you. I am a doctoral student at The University of North Carolina at Greensboro who is conducting research at North Carolina State University. I am emailing to invite your participation in my dissertation study that looks at how successful young adult college students bounce back after stressful life events that may have happened to them in the past.

I hope to use the answers you provide on this survey to help middle school and high school students who have had stressful events in their lives 'bounce back' so that they are able to go on to college and be successful. Participation involves completing an online survey that takes about 15 minutes.

If you choose to participate in this study you may (a) be entered for a chance to win in a drawing for a $450 Visa Gift Card, and (b) request a copy of the results.

In order to participate, you must be between the ages of 18-29 and have at least an eighth grade level of fluency in English. (You need not, however, be a native English-speaker).

To participate in this study, or just to learn more about it, please click on the following link:

https://www.surveymonkey.com/s/66MH56K

Thank you for your consideration,

Elizabeth Graves
Doctoral Candidate
The University of North Carolina at Greensboro

Note: Verbal recruitment script for Phase One of data collection (paper surveys at ASU) was identical to this recruitment email, with the exception of the Survey Monkey link. A paper survey was distributed to participants after they verbally indicated willingness to participate in the study.

APPENDIX J

INFORMED CONSENT (ASU, PHASE ONE)

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Matters of Life

Project Director: Dr. L. DiAnne Borders   Student Researcher: Elizabeth G. Graves

What is the study about?

This is a research project. The purpose of this project is to explore factors that may affect how young adult college students bounce back after stressful life events that they may have experienced.

Why are you asking me?

You have been chosen to participate in the study because you are between 18 – 29 years of age and are enrolled at college or university that is participating in this research project. Also, because of your enrollment at a school of higher learning, the researcher considers you to be pretty academically successful. Since this is a study about how young people bounce back after any stressful life events they may have faced, your academic success makes you important to this study.

What will you ask me to do if I agree to be in the study?

As a participant in this study, you will be asked to answer questions on a survey. It may take you about 15 minutes, though some people have been known to take a little more and some people to take a little less time to complete the survey. The only foreseeable risks to you are those associated with possible feelings of discomfort some people may feel answering questions about possibly stressful life events. Most people who took the survey reported not feeling uncomfortable, but a few did. If you feel uncomfortable during the survey, you are free to withdraw your consent to participate without penalty or prejudice; your participation is entirely voluntary. Should you have feelings of discomfort and wish to talk with someone about them, you may contact the student counseling clinic at 828-262-3180 to schedule an appointment.

After you have completed and turned in your survey, you will be given $5.00 to compensate you for your time and attention.

What are the dangers to me?

The Institutional Review Board at Appalachian State University, where the researcher is employed, and at The University of North Carolina at Greensboro, has determined that participation in this study poses minimal risks to participants in the study. As mentioned, some participants may find a few of the survey questions uncomfortable. For that reason, you may want to spread out in this immediate area to take your survey so that others can't observe your answers. Although most respondents who were asked about their experience of taking the survey have reported having either positive or neutral feelings during the survey, some have reported mild discomfort and were glad that they had taken the survey privately. If you have

such feelings while taking the survey and wish to discuss them with someone, you may contact the student counseling center on campus at 828-262-3180 to schedule an appointment.

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336) 256-1482. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can also be answered by calling Mr. Eric Allen (336- 256-1482). Questions regarding the research itself can be answered by Elizabeth Graves by calling her at 828-262-8376 or emailing her at graveseg@appstate.edu or by Dr. L. DiAnne Borders by calling her at 336-334-3425 or emailing her borders@uncg.edu.

Are there any benefits to me for taking part in this research study?

There are no direct benefits to you for taking part in this research study

Are there any benefits to society as a result of me taking part in this research?

The benefit to society that may emerge from your participation in this study is that information gained from this research may assist school counselors and others who work with children and adolescents to create effective interventions to better assist kids in bouncing back from their own stressful life experiences.

Will I get paid for being in the study? Will it cost me anything?

There is no cost to you for participating in the study. Once you have completed and turned in your survey, however, you will receive $5.00 to compensate you for your time and attention to the survey.

How will you keep my information confidential?

It is important to the researcher that your responses remain confidential. Therefore, you will not be asked in this survey for any personally-identifying information such as your name, contact information, student number, or any information that could link your survey answers back to you. Furthermore, you are encouraged to find a place in this area to take your survey where your answers won't be observed by others. All the surveys collected in this study will be stored in a locked cabinet in a locked office on campus. Later, after data entry, data will be stored on this researcher's password-protected computer file and (as a back up, an external hard drive that will also be under lock). These records will be maintained for 5 years following the closure of the project, at which point they will be destroyed. By indicating your agreement with this consent form, you agree that you understand the procedures and any risks and benefits involved in this research.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty or prejudice. If you do withdraw, it will not affect you in any way. You may either turn the survey back in to the researcher or simply take it with you to destroy yourself. You may decide according to your own conscience whether your time working on the survey should be compensated with the compensation money being offered. Your survey will not be checked by the researcher or assistants prior to compensation.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness

to continue to participate, this information will be provided to you.

Voluntary Consent by Participant: By accepting in-hand and filling out this paper survey, you are agreeing:

1. that you have read this consent form
2. that you fully understand the contents of this document
3. that you are openly willing to consent to take part in this study (that you aren't be coerced)
4. that you have no further questions concerning this study
5. that you are 18 – 29 years of age
6. that you can read and understand English on (at least) an 8th grade level
7. that you are not a student enrolled in a course taught by this researcher (Elizabeth Graves)

Note: The informed consent document that was administered to Phase Two participants (via online surveys through Survey Monkey) was identical to this one, with two exceptions: 1) correct contact phone numbers for the NCSU student counseling center were substituted for those given here for ASU, and 2) mention made of the $5.00 compensation was replaced with an explanation of the chance to enter to win the $450 Visa Gift Card drawing.

APPENDIX K

FULL STUDY INSTRUMENT—REVISED

Closest Person Survey:

Directions: Please take a moment right now to consider who you feel the person closest to you is. Now, please answer the following questions as you think about this person.

Directions: Now, please answer the following questions about how you think the person closest to you thinks about you.	Not much		Some what		A lot
1. I feel special to the person closest to me.	1	2	3	4	5
2. I am needed by the person closest to me.	1	2	3	4	5
3. I am missed by the person closest to me when I am away.	1	2	3	4	5
4. When I talk, the person closest to me tries to understand what I am saying.	1	2	3	4	5
5. I am interesting to the person closest to me.	1	2	3	4	5
6. The person closest to me notices my feelings.	1	2	3	4	5
7. The person closest to me gives me credit when I do well.	1	2	3	4	5
8. The person closest to me notices when I need help.	1	2	3	4	5
9. I matter to the person closest to me.	1	2	3	4	5
10. People have many things to think about. If the person closest to you made a list of all the things he/she thinks about, where do you think you'd be on the list?	Top 5	4	3	2	Bottom 1
11. If the person closest to you made a list of all the things he/she cares about, where do you think you'd be on the list?	Top 5	4	3	2	Bottom 1
12. Please indicate the nature of the relationship you have to this one person you feel is closest to you. You may use the write-in blank below or circle one of the following: This person is my: best friend (male), best friend (female), boyfriend, girlfriend, sister, brother, mother, father, step-mom, step-dad, aunt, uncle, female cousin, male cousin, female coworker, male coworker, female teammate, male teammate, female coach, male coach, female teacher, male teacher, female pastor, male pastor, or other _____	NA	NA	NA	NA	NA

Family Survey:

Directions: Each person has ideas or feelings about how other people see them. I am interested in how you think your **FAMILY** thinks about you. Choose the rating you feel is best for you and circle the number provided.	Not much		Some what		A Lot
13. I feel special to my family.	1	2	3	4	5
14. I am needed by my family.	1	2	3	4	5
15. I am missed by my family when I am away.	1	2	3	4	5
16. When I talk, my family tries to understand what I am saying.	1	2	3	4	5
17. I am interesting to my family.	1	2	3	4	5
18. My family notices my feelings.	1	2	3	4	5
19. My family gives me credit when I do well.	1	2	3	4	5
20. My family notices when I need help.	1	2	3	4	5
21. I matter to my family.	1	2	3	4	5
22. People have many things to think about. If your family made a list of all the things they think about where do you think you'd be on it?	Top 5	4	3	2	Bottom 1
23. If your family made a list of all the things they care about, where do you think you'd be on the list?	Top 5	4	3	2	Bottom 1

Friends Survey:

Directions: Each person has ideas or feelings about how other people see them. I am interested in how you think your **FRIENDS** think about you. Choose the rating you feel is best for you and circle the number provided.	Not much		Some-what		A Lot
24. I feel special to my friends.	1	2	3	4	5
25. I am needed by my friends.	1	2	3	4	5
26. I am missed by my friends when I am away.	1	2	3	4	5
27. When I talk, my friends try to understand what I am saying.	1	2	3	4	5
28. I am interesting to my friends.	1	2	3	4	5
29. My friends notice my feelings.	1	2	3	4	5
30. My friends give me credit when I do well.	1	2	3	4	5

31. My friends notice when I need help.	1	2	3	4	5
32. I matter to my friends.	1	2	3	4	5
33. People have many things to think about. If your friends made a list of all the things they think about where do you think you'd be on the list?	Top 5	4	3	2	Bott om 1
34. If your friends made a list of all the things they care about, where do you think you'd be on the list?	Top 5	4	3	2	Bott om 1

Gender Attitudes Survey:

Directions: The next survey has two forms, one for males and a slightly different one for females. Please indicate how you identify your gender so that you are provided with the correct form. (Question 35)

(a) ___ Male OR Transgender-Identifying as Male OR Other (take the male survey)

(b) ___ Female OR Transgender-Identifying as Female OR Other (take female survey)

Survey Directions: For this survey, please indicate how much you agree or disagree with each statement below by circling the number in the appropriate box that best reflects your feelings.

	Strongly Disagree	Disagree	Some-what Agree	Tend to Agree	Agree	Strongly Agree
36. When I am asked to describe myself, being male is one of the first things I think of	1	2	3	4	5	6
37. I am confident in my masculinity.	1	2	3	4	5	6
38. I meet my personal standards for masculinity.	1	2	3	4	5	6
39. My perception of myself is positively associated with my biological sex.	1	2	3	4	5	6
40. I am secure in my masculinity.	1	2	3	4	5	6
41. I define myself largely in terms of my masculinity.	1	2	3	4	5	6

42. My identity is strongly tied to my masculinity.	1	2	3	4	5	6
43. I have a high regard for myself as a male.	1	2	3	4	5	6
44. Being a male is a critical part of how I see myself.	1	2	3	4	5	6
45. I am happy with myself as a male.	1	2	3	4	5	6
46. I am very comfortable being a male.	1	2	3	4	5	6
47. Masculinity is an important aspect of my self-concept.	1	2	3	4	5	6
48. My sense of myself as a male is positive.	1	2	3	4	5	6
49. Being a male contributes a great deal to my sense of self-confidence.	1	2	3	4	5	6
50. What do you mean by 'masculinity'?						

Directions: Please circle how much do you agree or disagree with the following statements.

	Disagree a lot	Disagree a little	Agree a little	Agree a lot
51. It is essential for a guy to get respect from others.	1	2	3	4
52. A man always deserves the respect of his wife & children.	1	2	3	4
53. I admire a guy who is totally sure of himself .	1	2	3	4
54. A guy will lose respect if he talks about his problems.	1	2	3	4
55. A man should be physically tough, even if he's not big.	1	2	3	4
56. It bothers me when a guy acts like a girl.	1	2	3	4
57. I don't think a husband should have to do housework.	1	2	3	4
58. Men are always ready for sex.	1	2	3	4

<u>Life Experiences Survey:</u>

Directions: Below are some questions about life events that may or may not have happened to you. Please indicate whether you have experienced each life event by circling "yes" or "no." If you have had that event happen to you, then there may be more questions that follow that will ask about the circumstances of that situation.

		NO	YES
59	Before you turned 18, did you move one or more times to a new town?	NO	YES
60	Before you turned 18, did you have a close, stable friendship with a friend or group of friends?	NO	YES
61	Before you turned 18, did you have sexual contact with someone who was 5 or more years older than you that was consensual (that you wanted or desired)?	NO	YES Looking back now, how would you describe the experience? Positive / Negative / Neutral What gender was the other person? Male / Female What age were you? _____ What age was the older person? ___
62	Before you turned 18, did your parent(s) or guardian(s) experience a separation or divorce?	NO	YES
63	Have you ever had a life-threatening illness?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No What age were you? _____
64	Were you ever in a life-threatening accident?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No Did anyone die in the accident? Yes / No Were you physically hurt? Yes / No What age were you? _____
65	Has an immediate family member, romantic partner, or *very close* friend died because of an accident, homicide, or suicide?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No How were you related to this person?_____ What age were you? _____
66	Was physical force ever used against you in a robbery?	NO	YES Did you find this situation extremely frightening or horrifying or

			one in which you felt extremely helpless? Yes / No Were you physically hurt? Yes / No Was your life in danger? Yes / No
67	Before you turned 18, did anyone older than you or bigger than you bully you or attempt to intimidate you?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No Were you physically hurt? Yes / No
68	Before you turned 18 years old, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack you or harm you?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No Were you ever injured? Yes / No What was the person(s) relationship to you? _____
69	Before you turned 18, did a parent, romantic partner, or family member repeatedly ridicule you, put you down, ignore you, or told you that you were no good?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No How often did this happen? Once or twice / A lot What was the person(s) relationship to you? _____
71	Before you turned 18 years old, did anyone 5 or more years older than you ever make you feel uncomfortable by behaving in a sexual way toward you that you did *not* welcome or like?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No What age were you? _____ What age was this person(s)? _____ What did this person(s) do that made you feel uncomfortable? _____ _
72	Before you turned 18 years old, did anyone (of any age) ever *force or convince* you to have sexual contact with him/her against your wishes or when you were helpless (such as being asleep, intoxicated, or high)?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No Did you tell anyone about it? Yes/No Did they help you? Yes/No What age were you? _____ What age was this person(s)? _____
73	After turning 18 years old, has anyone ever physically *forced* you to	NO	YES Did you find this situation extremely frightening or horrifying or

		NO	YES
	have sexual contact against your wishes, *or* when you were helpless (such as being asleep, intoxicated or high)?		one in which you felt extremely helpless? Yes / No Did you ever tell anyone about it? Yes / No If you did tell, did hat person help you? Yes / No
74	After turning 18 years old, have you been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No Were you ever injured? Yes / No What was the person(s) relationship to you? _____
75	Other than the experiences already covered, has anyone ever threatened you with a weapon like a gun or a knife?	NO	YES Did you find this situation extremely frightening or horrifying or one in which you felt extremely helpless? Yes / No At what age? _____ What was the person(s) relationship to you? _____
76	Other than experiences already covered above, have you ever been in any other situation where you were seriously injured, your life was in danger, or where you felt extremely frightened, horrified, or helpless?	NO	YES At what age? _____ Please describe _____ _____
77	IF you answered "yes" to any of these life events, please answer the following question: *Do you willingly engage in some form of work that helps people who have experienced similar struggles or challenges in their lives such as you have faced in your life? (e.g., unpaid community service, volunteer work, OR other type of paid work that helps others with similar struggles as yours.)*	NO	YES

Personal Attribute Survey:

Directions: Please read the following statements and circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, circle "1." If you are neutral, circle "4," and if you strongly agree, circle "7."

	Strongly Disagree						**Strongly Agree**
78. When I make plans, I follow through with them.	1	2	3	4	5	6	7
79. I usually manage one way or another.	1	2	3	4	5	6	7
80. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
81. Keeping interested in things is important to me.	1	2	3	4	5	6	7
82. I can be on my own if I have to.	1	2	3	4	5	6	7
83. I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
84. I usually take things in stride.	1	2	3	4	5	6	7
85. I am friends with myself.	1	2	3	4	5	6	7
86. I feel that I can handle many things at a time.	1	2	3	4	5	6	7
87. I am determined.	1	2	3	4	5	6	7
88. I seldom wonder what the point of it all is.	1	2	3	4	5	6	7
89. I take things one day at a time.	1	2	3	4	5	6	7
90. I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
91. I have self-discipline.	1	2	3	4	5	6	7
92. I keep interested in things.	1	2	3	4	5	6	7
93. I can usually find something to laugh about.	1	2	3	4	5	6	7
94. My belief in myself gets me through hard times.	1	2	3	4	5	6	7
95. In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
96. I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
97. Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7
98. My life has meaning.	1	2	3	4	5	6	7
99. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
100. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
101. I have enough energy to do what I have to do.	1	2	3	4	5	6	7
102. It's okay if there are people who don't like me.	1	2	3	4	5	6	7

General Information About You:

Directions: Please check the box next to those traits that best describe you.

103. Age:
 (a) ___ 18-22 (b) ___ 23-25 (c) ___ 25-29
 (d) If older than 29, please write in your age. How old are you? _____

104. Level in College (in terms of number of *course credits* earned):
  (b) ____ Freshman (b)____ Sophmore
  (c) ____ Junior (d)____ Senior (e) ____ Graduate Student

105. Ethnicity:
  ___ White, Caucasian ___ African American ___ Latino
  ___ Asian/Pacific Islander ___ Native American ___ Arabian descent
  ___ Multiracial   ___ Other: _____

106. Socioeconomic Status:
  (b) ___ Upper class (wealthy) (b) ___ Upper middle class
  (c) ___ Lower middle class (d) ___ Low socioeconomic class

107. Sexual Orientation:
  (a)___ Heterosexual/Straight
  (b)___ Homosexual/Gay or Lesbian
  (c)___ Bisexual
  (d)___Other: _____

108. Sexual Attraction: Which of the following best describes your sexual attraction experience?

  ___Exclusively attracted to Females
  ___Mostly attracted to Females and some attraction to Males
  ___Equally attracted to both Females and Males
  ___Mostly attracted to Males and some attraction to Females
  ___Exclusively attracted to Males

APPENDIX L

PILOT STUDY INFORMATION AND INFORMED CONSENT FORM

Project Title: Pilot Study Project to Determine if Survey for Use in Dissertation Study

Research is Viable for Undergraduate College Males

Principal Investigator: Dr. DiAnne Borders, Counseling and Educational Development Dept

Student Researcher: Elizabeth Graves, Doctoral Student in Counseling

What is this all about?

I am asking you to participate in this research study because I am in the process of putting together my survey for a study that I will conduct this fall for my dissertation, and I would like some feedback from some undergraduate college males about how the experience they have in taking the survey. Though the study this fall will be done by email (via an online survey) I will be giving you a paper copy today so that you can refer back to it if you have suggestions for me about how to change my survey to make it better.

This survey is estimated to take about 20 minutes. Depending upon your answers to some of the questions, it may take a bit longer. After you finish the survey, I will ask you some questions about your experience in taking the survey. I will not ask you about your answers to the questions – I do not want to know your answers. Our conversation afterwards about improving the survey might take up the remaining part of the hour. If it does not, then we will end when we finish.

How will this negatively affect me?

Other than the time you spend taking the survey there are no known or foreseeable risks or costs to you in participating in this study, though some people may experience discomfort with one or some of the questions. If this happens, you can stop

the survey and come get me out in the hallway to tell me that you are finished, or, if it is just minor discomfort you are experiencing, you are welcome to finish the survey and then tell me later that some questions caused you discomfort.

Whether or not you experience any discomfort, I will be giving you two business cards of services here on campus available to UNCG students for no charge. These are two places that you can go to or call to make an appointment if you feel you could use some help talking about any discomfort you felt.

What do I get out of this research project?

You will take with you the knowledge that the time you spent here today is going to helping others. That is because society will benefit from your participation in this study. In helping me make this survey the best it can be when others finally take it, others will be more likely to finish it. This means that I can collect data that will then be used to help create programs to help adolescents and college students be successful.

Will I get paid for participating?

You will be paid $20 for the hour that we spend here. If you do not finish the survey, then you will be paid a prorated amount for the time you did spend here.

What about my confidentiality?

I will do everything possible to make sure that your personal information is kept confidential. For example, I will not be asking you your name or any identifying information. Also, I will not be collecting your survey – only you will ever have access to it. When we finish here today a paper shredder will be provided so that you can destroy it before you leave – or you are welcome to take the survey with you if you prefer.

What if I don't want to be in this research study after all?

You do not have to be part of this project. This project is voluntary and it is up to you to decide to participate in this research project. If you agree to participate at any time in this project you may stop participating without penalty (other than the prorated amount mentioned above).

What if I have questions?

You can ask me anything about the study here today. In order not to bias your answers, though, some questions may be best answered after you complete the survey. Or, if you'd rather, you can contact me later instead (Elizabeth Graves egrall@uncg.edu or 828-226-5076). If you contact me by email or phone but want me not to have any information about you, please take care to block your number before placing the call, or send me an email from an account outside the UNCG system that cannot be traced. If you have concerns about how you have been treated in this study call Eric Allen UNCG Compliance officer, at 336-558-5429.

Informed Consent:

If you give your consent to participate in this study, then please tell me now verbally (aloud) that you consent to participate. Then, because I am not collecting your name or any identifying information from you, you do not need to sign this paper. Instead, please take this paper with you so that you can reach me if you decide you need to.

Thank you for your participation,

Elizabeth Graves