

## Resilience to child sexual abuse in male college students

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### **Abstract:**

Little is known about men's experiences in the aftermath of child sexual abuse (CSA). Consistent themes from qualitative studies were operationalized and tested for their impact on resilience. For the sample of college-enrolled men (N = 55), the themes of mattering and of traditional male attitudes were not related to resilience, but the theme of gender self-acceptance significantly predicted 23% of the variance in resilience scores. Importantly, the men's perceptions of the CSA events they experienced, whether they described these events as abusive or consensual, were not related to the men's resilience scores. The results indicated that effective counseling approaches to support men's recovery processes differ from those supporting women's recovery. These results suggest that mental health counselors should focus on encouraging male survivors' gender self-acceptance, exploring what it means to be a man in modern society, and examining points of connection with and disconnection from that cultural portrayal.

**Keywords:** child sexual abuse | resilience | college students | male survivors

### **Article:**

Child sexual abuse (CSA) is a problem that has been well documented for decades (e.g., Finkelhor, Ormrod, Turner, & Hamby, 2005; Freud, 1896; Kinsey, Pomeroy, Martin, & Gebhardt, 1953), yet most research has been sharply gender discrepant. Although current prevalence rate estimates of CSA are 1 in 3 in women (Loeb et al., 2002) and 1 in 6 in men (Hopper, 2010), the vast majority of CSA research over the last century has been focused on women rather than men (see reviews in Browne & Finkelhor, 1986; Garnefski & Arends, 1998; Graves, 2012; Kendall-Tackett, Williams, & Finkelhor, 1993; Loeb et al., 2002). Researchers tend to cite men's reluctance to report or disclose their abuse experiences as the primary reason for their relative absence from the literature (G. R. Holmes & Slap, 1998; Hunter, 2009; Watkins & Bentovim, 1992), hypothesizing gender-specific reasons for men's disinclination to report their abuse, including the fear of being labeled as gay (Finkelhor, 1984; Little & Hamby, 1999); the stigma of being perceived as a weak or vulnerable man, resulting in gender-based shame (King,

Coxell, & Mezey, 2000; Noll, Trickett, & Putnam, 2003); and the failure to identify their experience as sexually abusive in the first place (Condy, Templar, Brown, & Veaco, 1987; Fromuth & Burkhart, 1987; see also reviews in Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; G. R. Holmes, Offen, & Waller, 1997; G. R. Holmes & Slap, 1998; Hopper, 2010; Romano & DeLuca, 2001; Watkins & Bentovim, 1992).

Nevertheless, researchers need to find ways to access this population so that the processes leading to resilience in men with abuse histories can be utilized by mental health counselors, especially since the resilience-development process appears to vary a good deal by gender (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007). For example, Little and Hamby (1999) found that engaging in therapy, talking about their abuse with others, studying or journaling about their CSA experiences, and renegotiating family-of-origin relationships were keys to women's recovery processes, but not to men's. Likewise, Banyard and Cantor (2004) found that resilient female trauma survivors had greater peer attachment and social support satisfaction, while resilient male survivors reported greater paternal attachment. In light of these findings, some researchers have examined the resilience processes of apparently resilient men with CSA histories (e.g., Andersen, 2008b; Durham, 2003; Fater & Mulaney, 2000; Gilgun & Reiser, 1990; Hunter, 2009; Kia-Keating, Sorsoli, & Grossman, 2010; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006). Four consistent qualitative themes have emerged: (a) meaning-making from the abuse experience; (b) finding and utilizing safe relationships within which trust, openness, and dependence can be reexperienced; (c) reaching out to others in a desire to assist them with their own coping with and healing from CSA; and (d) renegotiating notions of masculinity that both allow for and embrace experiences discordant with traditional male norms--and then experiencing self-acceptance within those renegotiated notions. Such findings are encouraging for mental health counselors who seek to offer effective treatment to men, but more research is needed to test these themes in larger samples to assess their transferability.

We conducted the present study with the objective of operationalizing several of the consistent qualitative themes into constructs that could be measured quantitatively and tested as predictors of resiliency in a sample of male college students with histories of sexual abuse. Of particular interest were the relational and gender identity themes, as they seemed particularly relevant to clinical treatment with CSA. Taking our cues from other researchers in this field (e.g., Andersen, 2008a; Hunter, 2009; Steever, Follette, & Naugle, 2001), we choose those constructs that seemed the closest approximations to the qualitative themes. For the relational theme, we chose *mattering*, the perception that one is important to others, as counselors can intentionally initiate *mattering* relationships in schools and other agencies. For renegotiations of masculine identity, a theme unique to male (in contrast to female) CSA recovery and resilience, we attempted to measure two processes identified by Kia-Keating et al. (2005): (a) the extent to which men with CSA histories embrace or reject traditional cultural notions of masculinity and (b) the extent to which they experience gender self-acceptance, defined as the level of comfort one feels as a member of one's gender group.

Because CSA-resilience researchers (e.g., Banyard & Cantor, 2004; Himelein, 1995; Himelein & McElrath, 1996; Liem, James, O'Toole, & Boudewyn, 1997; McClure, Chavez, Agars, Peacock,

& Matosian, 2008; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007) have often cited college enrollment as an accepted indicator of some aspects of resilience, we tested the variables in a sample of college-enrolled men with histories of CSA. One primary research question guided this study: To what extent do perceptions of self as mattering to others, gender self-acceptance, and male role attitudes predict resilience in a sample of college-enrolled men with a history of CSA? An ancillary question concerned whether perceptions of self as mattering to three referents (closest person, family, friends) separately predicted men's resilience. Since resilient men's primary relational support may differ from women's (e.g., Banyard & Cantor, 2004; Little & Hamby, 1999), we hoped to discern whether one group had a greater impact on men's resilience development. Based on the literature (see review in Browne & Finkelhor, 1986), we defined CSA 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 minor's consent or (b) occurred to a child under 18 years of age without his consent (i.e., entailed use of force or coercion) by a perpetrator of any age and regardless of age discrepancy (W. C. Holmes, 2008; Steever et al., 2001).

## **METHOD**

### **Participants**

Participants were 55 men, recruited from two universities, who had experienced CSA in line with our definition. This sample size exceeded a power analysis based on the desired power of .8 and effect size of .3, which yielded a minimum of 36 participants. Of the 55, 89.1% were 18-22 years of age, 9.1% were 23-25, and 1.8% were 26-29. They included first-year students (40.0%), sophomores (21.9%), juniors (14.5%), seniors (20.0%), and graduate students (3.6%). The majority indicated Caucasian heritage (65.5%); others indicated African American (10.9%), Latino American (7.3%), Asian American (1.8%), or multiracial (14.5%) heritage. Participants identified their sexual orientation as straight (87.3%), gay (7.3%), or bisexual (5.4%). Of the 53 participants responding, 83.6% described their experience of sexual attraction as including women only, 5.4% as including primarily women but also some men, 1.8% as including men and women equally, and 5.4% as including men only. Based on 51 responses to questions about socioeconomic status (SES), 7.3% were classified as wealthy, 47.3% as upper middle class, 34.5% as lower middle class, and 3.6% as low SES.

Of the 55 students, 50.9% reported experiences consistent with having been targeted by potential CSA perpetrators for acts consistent with grooming behaviors that typically occur prior to abuse; 18.2% described one or more experiences meeting the criteria for CSA; and 52.7% reported one or more experiences consistent with present definitions for consensual CSA contact with a minor (sexual contact between the respondent as a minor and someone 5 or more years older). Notably, 9 of the 28 respondents who reported only experiences of grooming responded to the subsequent item ("What did this person do that made you feel uncomfortable?") with explicit descriptions of severe unwanted sexual contact (i.e., intercourse, fondling of genitalia under the clothing) that met the study criteria for CSA. In addition, 24.1% of those reporting consensual contact with a partner 5 or more years older (a) were 15 years of age or under at the time of the event(s), (b)

described the experience as either neutral or negative, and (c) reported that their partners/abusers were on average 18.4 years older than themselves.

## Measures

**Mattering to Others Questionnaire.** The Mattering to Others Questionnaire (MTOQ; Marshall, 1998, 2001) measures one's self-perceptions as significant to specified others (e.g., a parent). Respondents use a 5-point numerical scale (1 = not much, 5 = a lot) to rate the first nine items (e.g., My --notices my feelings; I am needed by--) and then rank themselves on a hypothetical list of things they believe the person thinks and cares about, using a scale of 5 (top of the list) to 1 (bottom of the list). Respondents completed the MTOQ three times for person closest [to them], family, and friend. The MTOQ has been used in studies of adolescents and undergraduates, yielding Cronbach's alphas between .76 and .96 (e.g., Marshall, 2004; Rayle, 2005). Marshall (1998, 2001) reported that self-esteem and measures of belonging were positively associated (without overlapping) with mattering. In the current sample, [alpha]87, .93, and .92 (person closest, family, and friends, respectively).

**Hoffman Gender Scale.** The Hoffman Gender Scale (HGS; Hoffman, Borders, & Hattie, 2000) was designed to assess self-confidence in one's gender identity along two subscales (7 items each): gender self-definition (e.g., Being a male is a critical part of how I see myself) and gender self-acceptance (e.g., I meet my personal standards for masculinity), rated on a Likert scale (1 = strongly disagree, 6 = strongly agree). In two studies with undergraduates, Hoffman et al. (2000) reported high Cronbach alphas (range of .88 to .94), factor analysis supporting the two subscales, and discriminant validity based on expected low correlations with a traditional measure of masculinity and femininity (Bem, 1974). We chose not to include the gender self-definition subscale based on Kia-Keating et al. (2005), who found that both men who scored high and those who scored low on gender self-definition were resilient, while self-acceptance of their masculinity mattered most to men's recovery process. Cronbach's alpha for the gender self-acceptance subscale (HGS-SA) was [alpha] = .91.

**Male Role Attitudes Scale.** The Male Role Attitudes Scale (MRAS; Pleck, Sonenstein, & Ku, 1993) assesses one's attitudes toward traditional male roles along two dimensions: male status (items 1-3, e.g., It is essential for a guy to get respect from others) and male toughness/antifemininity (items 4-8, e.g., A young man should be physically tough even if he's not big and It bothers me when a guy acts like a girl), rated on a Likert scale (1 = disagree a lot, 4 = agree a lot). Evidence for construct and discriminant validity is strong (Thompson, Pleck, & Ferrera, 1992), including samples of various ethnic groups of adolescents and young adult men (Pleck et al.). Cronbach's alpha scores were  $\alpha = .61$ , perhaps reflecting the elusive nature of the construct (Wampold, Kivlighan, & Heppner, 1999).

**Resilience Scale.** The Resilience Scale (RS; Wagnild & Young, 1990) is a 25-item measure assessing one's perception of personal resilience, as conceived within psychoanalytic and existentialist theoretical traditions. Respondents rate statements about their acceptance of self and life (e.g., I feel proud that I have accomplished things in life) and their sense of personal competence (e.g., When I am in a difficult situation, I can usually find my way out of it) on a

Likert scale (1 = strongly disagree, 7 = strongly agree). Estimates of reliability and validity in studies with diverse samples have been consistently high (Black & Ford-Gilboe, 2004; Rew, Taylor-Sheehafer, & Fitzgerald, 2001; Wagnild, 2003; Wagnild & Young, 1990), and the scale has been highly recommended for adolescent populations (Ahern, Kiehl, Sole, & Byers, 2006). Cronbach's alpha was  $\alpha = .84$ .

**Stressful Life Events Screening Questionnaire--Revised.** The Stressful Life Events Screening Questionnaire--Revised (SLESQ-R; Goodman, Corcoran, Turner, Yuan, & Green, 1998) assesses lifetime exposure to potentially traumatic events and was included in this study primarily to determine inclusion criteria. Participants indicate whether they have experienced a range of life events (e.g., life-threatening illness; robbery; sudden loss of a loved one; attempted, unwanted, or forced sexual contact; physical child abuse; witnessing another person being harmed or violated). For affirmative responses, participants answer a series of questions about the event(s) (e.g., number of incidents, age at the time, injuries sustained, type of relationship shared with the perpetrator). The term abuse did not appear in the language of the three items designed to assess for CSA, consistent with researchers' recommendations (e.g., Etherington, 2000; King et al., 2000; Little & Hamby, 1999; Renken, 2000; West, 1998). Goodman et al. (1998) reported support for concurrent and convergent validity. Respondents indicating an affirmative answer to any of the three CSA items were included in the sample.

With permission from the questionnaire's author, several questions were added to assess relevant dynamics qualitative researchers identified as important for many men with CSA histories. First, students indicated whether the life event was "extremely frightening or horrifying or one in which you felt extremely helpless," thus assessing for criterion A2 of the DSM-IV posttraumatic stress disorder diagnosis (Kubany et al., 2000; Wolfe, Kimerling, Brown, & Chrestman, 2000). (The SLESQ-R only assesses for criterion A1.) The second question, "In your childhood years (before age 18) did you ever have consensual contact with someone who was five or more years older than you?" reflected findings that males often do not perceive themselves to have experienced CSA (e.g., cases of teenage males and adult females), but rather self-define the event as something closer to childhood sexual experiences with adults (CSE) (Etherington, 2000; King et al., 2000; Little & Hamby, 1999; Renken, 2000; West, 1998). Finally, to gather data on those factors that researchers say are critical (see reviews by Black & DeBlassie, 1993; Violato & Genuis, 1993; Watkins & Bentovim, 1992), the following questions were added to the CSA items: "What age was the person(s)?" "Was the person male or female?" "Would you describe the experience as positive, negative, or neutral?" "Did you ever tell anyone about it? If you did tell, did they help you?"

## Procedures

Following approval by the Institutional Review Board and a pilot study, we used two recruitment strategies at two universities in the southeastern United States. First, at a large research university, all students enrolled in the pre-health and First-Year College majors were invited via e-mail to participate through an online survey. Of the 75 men who responded (out of an estimated potential 3,100 students enrolled in those majors, 2% response rate), 5 men (7%) reported histories of sexual experiences consistent with our inclusion criteria. Given the low

response rate, we changed our strategy at the second regional university. Here, the sample was drawn from all college-enrolled males responding to verbal recruitment invitations to participate in a resilience study issued in person at several pedestrian hubs on campus. Of the 275 paper-based survey respondents (an estimated 80% of those who received the verbal invitation), 50 (16%) met the inclusion criteria. The overall reporting rate for both groups was 15.7%, consistent with recent reports (e.g., Hopper, 2010).

## RESULTS

### Preliminary Data Analysis

First, because previous researchers have seldom explored potential relationships of demographic variables in studies of men who experienced CSA, but have found some relationships in studies of women (e.g., Walsh et al., 2007), correlations were calculated between descriptors (e.g., demographics, type of CSA experienced) and resilience scores. None were significant. Second, the means, standard deviations, and intercorrelations for all variables were computed (see Table 1). Participants' scores on all three MTOQ scales, HGS-SA, and RS were high, with limited variability; their MRAS scores indicated moderately high endorsement of traditional male gender roles, again with limited variability. Among the mattering scales, family and friend referents were significantly correlated with each other and with the total score. HGS-SA was significantly correlated with RS and (moderately) with mattering to friend. Importantly, correlations among the three predictor variables (i.e., MTOQ total scores, HGS-SA, and MRAS) were not significant, suggesting that the three instruments assessed three distinct and unrelated constructs.

**Table 1.** Descriptive Statistics and Correlation Matrix for Predictors of Resilience and the Resilience Scale

	<b>M</b>	<b>SD</b>	<b>MCP</b>	<b>MFa</b>	<b>MFr</b>	<b>MTotal</b>	<b>HGS-SA</b>	<b>MRAS</b>	<b>RS</b>
<b>MCP</b>	4.36	.522	1.000	-.227	-.207	.154	.320*	.025	-.075
<b>MFa</b>	4.03	.793		1.000	.431**	.787**	-.094	-.004	-.009
<b>MFr</b>	3.65	.716			1.000	.760**	-.023	.012	.174
<b>MTotal</b>	4.01	.417				1.000	.061	.015	.063
<b>HGS-SA</b>	5.28	.707					1.000	.228	.482***
<b>MRAS</b>	20.65	3.973						1.000	.083
<b>RS</b>	142.16	14.31							1.000

*Note:* MCP = mattering to closest person; MFa = mattering to family; MFr = mattering to friends; MTotal = total mattering score; HGS-SA = Hoffman Gender Scale- Sell Acceptance; MRAS = Male Role Attitudes Scale; RS = Resilience Scale. \*Correlation is significant at the  $p < .05$  (2-tailed) level. \*\*Correlation is significant at the  $p < .01$  (2-tailed) level.

### Main Analysis

To address the main research question, a simultaneous general linear multiple regression was performed utilizing MTOQ total scores, HGS-SA, and MRAS as predictor variables and RS as the criterion variable. Results indicated a statistically significant relationship,  $[F.sub.(3,51)] =$

5.21,  $p = .003$ , with an [R.sup.2] value of .234, indicating that the model accounted for over 23.4% of the variance in resiliency scores. An examination of the regression coefficients indicated that only the HGS-SA variable significantly contributed to changes in resiliency (see Table 2). For the ancillary research question, a hierarchical multiple regression was performed to determine the amount of variance each mattering (MTOQ) source contributed to the prediction of resilience. Mattering to the closest person was entered first, followed by family and then friends; none significantly predicted changes in resilience,  $[F.sub.(3,51)] = .75$ ,  $p > .05$  (see Table 3).

**Table 2.** Regression Model Summary: Impact of Independent Variables on College Men's Resilience (Resilience Scale)

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Se of Estimate
<b>1</b>	.484 <sup>a</sup>	.234	.189	12.88559
Variables	Standardized B	<i>t</i>	<i>p</i>	
<b>MTOQ</b>	.03	.28	.79	
<b>HGS-SA</b>	.49	3.86	.003	
<b>MRAS</b>	-.03	-.03	.82	

*Note.* MTOQ = Mattering to Others Questionnaire (total mattering); HGS-SA = Hollman Gender Scale-Self. Acceptance; MAAS = Male Role Attitudes Scale. <sup>a</sup>Predictors: MAAS. MTotal, HGS-SA. Dependent variable: RSTotal.

**Table 3.** Hierarchical Multiple Regression of Resilience on the Three Mattering Scales

Variables	Standardized B	<i>t</i>	R <sup>2</sup>
<b>Model 1: MTOQ-CP</b>	-.76	-.55	.006
<b>Model 2: MTOQ-CP</b>	-.08	-.57	.006
<b>MTOQ-Fa</b>	-.03	-.19	
<b>Model 3: MTOQ-CP</b>	-.06	-.40	.042
<b>MTOQ-Fa</b>	-.11	-.73	
<b>MTOQ-Fr</b>	.21	1.38	

*Note.* MTOQ = Mattering to Others Questionnaire: CP = closest person: Fa = family: Fr = friend. None of the MTOQ subscales predicted changes in resilience.

### Follow-Up Analysis

In light of the nonsignificant findings, we queried whether complicating issues pertaining to survivors' perceptions of sexual abuse, which are so well documented in the literature (e.g., Rellini & Meston, 2007), were perhaps at play. In other words, we speculated that the perception some men held of 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 explore this speculation, we divided respondents' data into two categories. First, CSA Severity Low ( $n = 33$ ) was composed of those who indicated they had had a mutually consenting sexual relationship prior to age 18 with an adult 5 or more years older, described in retrospect as a positive or neutral

experience. Second, CSA Severity High ( $n = 22$ ) was composed of those who indicated they had experienced one of the following (exclusive of the above conditions): (a) experience of a sexual, but noncontact, event as a minor by someone 5 or more years older that comprised 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" behavior that typically precedes a CSA contact event); (b) experience of a coercive or physically forceful sexual event that took place against the participant's wishes and was felt to be "extremely frightening or horrifying or [an event] in which you felt extremely helpless"; and (c) experience of a consensual sexual contact event between the minor at age 15 or younger and someone 5 or more years older that was described in retrospect as a negative experience. After dividing the sample into these two groups, we conducted a correlation analysis to see if, as other researchers have discovered, the severity of CSA experience was related to resiliency score outcomes. The high-severity CSA group yielded an insignificant Pearson correlation value ( $r = .072$ ,  $p = .60$ ), as did the low-severity CSA group ( $r = -.072$ ,  $p = .60$ ).

## **DISCUSSION**

This study represents the first quantitative examination of several consistent qualitative themes revealed in narratives of resilient men with histories of CSA. Specifically, we investigated the relationships of (a) renegotiation of masculine identity, comprising gender self-acceptance and traditional male role attitudes, and (b) mattering, a relational process, with the development of resilience in college male survivors. The results indicated that the only variable significantly predicting resilience in this sample was gender self-acceptance. This variable, an important indicator of the renegotiation of masculine identity (RMI) narrative theme identified in prior research (Andersen, 2008b, 2008; Durham, 2003; Gilgun & Reiser, 1990; Grossman, Sorsoli, & Kia-Keating, 2006; Kia-Keating et al., 2005, 2010; Sorsoli, Kia-Keating, & Grossman, 2008), accounted for over 23% of the variance in resiliency, a substantive finding in this field.

Kia-Keating et al. (2005) described the RMI construct as containing three developmental steps that the men with CSA histories in their study moved through on their way to recovery from the abuse: (a) trying to "engage with traditional expectations of masculinity" (p. 175); (b) trying to reconcile the emasculating experience of abuse with society's masculine ideal but finding discordance; and (c) renegotiating "conventional masculine norms" (p. 175) such that both their abuse experiences and their personal definitions (or redefinitions) of masculine identity could exist in harmony (in a state of personal acceptance). Because of the reliability problems with the MRAS, it is not clear whether traditional male attitudes were rejected (or accepted) by the men. As a result, no conclusions can be drawn as to how salient this variable is with regard to men on the road to RMI. The significant finding for gender self-acceptance, however, supports the developmental trajectory proposed by Kia-Keating et al. and indicates that mental health counselors should consider specifically addressing gender self-acceptance in their work with this population.

The lack of predictive power of mattering is perplexing, given its relevance to known psychological outcomes of CSA and participants' developmental stage (e.g., Dixon, Scheidegger, & McWhirter, 2009; Elliott, Cunningham, Becker, Reuland, & Gelles, 2008; Marshall, 2001).

One possible explanation is that almost 40% of participants were in the first semester of their freshman year in college, typically a time of transition wherein most relationships are in a stage of negotiation (e.g., new friends) or renegotiation (e.g., parents). In contrast, the insignificant follow-up findings for the relationship between (a) the type of CSA experienced, based on the men's descriptions of the CSA events, and (b) the men's resilience scores are noteworthy. Researchers have reported conflicting findings around whether outcomes of CSA-type events are contingent upon men's perceptions of the events (e.g., Arreola, Neilands, Pollack, & Catania, 2008; W. C. Holmes, 2008; King, Coxell, & Mezey, 2002). The results of this study lend support to the argument that it matters very little whether the sexual encounters males experience as minors are conceived of as consensual or nonconsensual, or as negative, neutral, or positive, as perception bore no relation to resilience. This is another important consideration for mental health counselors.

### Limitations

Several limitations reflect the complexity of conducting research on this topic. First, we chose and operationalized variables based on consistent qualitative themes in research on male CSA; others might make different choices. Second, we captured participants' resilience at one moment in time, yet resilience is widely understood to be a developmental process (e.g., Daigneault, Hebert, & Tourigny, 2007; Heller, Larrieu, D'Imperio, & Boris, 1999; Richardson, 2002). Because survivors' recovery processes wax and wane with other life circumstances over the life span, something clearly is lost in a onetime measure of resilience. A related limitation is that CSA resilience was treated independently from any other past or current stressful life events. Indeed, some of the men in our study reported other forms of abuse and violence, which likely interacted with their CSA histories in influencing their resilience scores, yet we did not control for these other events. Third, the sample was limited in terms of diversity, including ethnicity, sexual orientation, SES, and rank in college. Somewhat skewed scores with limited variability for several measures also should be considered.

### Implications for Research, Training, and Practice

Toward the cause of further advancing the field of CSA research with male populations, several suggestions for future research are posited. Replication with more diverse samples of male college students is warranted, as well as men at other psychosocial stages. Studies of male survivors of CSA who report less resilience would help determine the relevance of the independent variables at other recovery process stages. Comparisons of data from those reporting multiple types of stressful life experiences, as well as those reporting CSA only, also could be instructive. This type of research has been conducted with large samples of female participants for decades but remains uninvestigated in studies of men. Finally, additional qualitative studies are needed, especially to further explore complex themes such as meaning-making.

Nevertheless, our results provide some limited but clear implications for the counseling field. Around counselor training, our findings may be particularly helpful as counselor educators prepare their students to serve traumatized populations, as required in accreditation standards (Council for Accreditation of Counseling and Related Educational Programs, 2016). Due to the

lack of research, students may have been taught to treat CSA in men similarly to how they treat CSA in women, yet our results, combined with the limited qualitative studies, suggest that they should do otherwise. In particular, counselors working with men recovering from CSA should consider directing the focus of their work toward encouraging survivors' gender self-acceptance, exploring what it means to be a man in modern society, and examining points of connection with and disconnection from that cultural portrayal. The findings of Kia-Keating et al. (2005) regarding RMI in male CSA survivors could be instructive for helping male clients progress through that developmental sequence toward recovery. Indeed, our results indicate that recovery from, or at least resilience to, CSA is possible for men, in contrast to literature indicating that men externalize their rage in response to sexual abuse (e.g., Garnefski & Arends, 1998). Thus, we hope that our findings serve as a beacon of hope both to men recovering from CSA and to those mental health professionals struggling to find ways to serve them.

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