RESEARCH

ADULT MALE VICTIMS OF CHILD SEXUAL ABUSE

—by Robert J. Kelly, Virginia MacDonald, & Jill Waterman

One on the most underresearched and clinically underserved populations is that of adult males who were sexually abused during childhood. While there has been a growing literature on the initial and long-term effects of sexual abuse on females (for a review see Browne and Finkelhor, 1986), few studies have examined the effects of child sexual abuse on males. Most surveys of nonclinical samples have found that between 2.5% and 8.7% on men are sexually victimized in childhood (Bell and Weinberg, 1981; Finkelhor, 1979; Finkelhor, 1984; Fritz, Stoll and Wagner, 1981; Kercher and McShane, 1983), although a recent Los Angeles Times survey estimated that this prevalence rate may be as high as 16%, depending upon the definition of child sexual abuse that is used (Timnick, 1985). According to Finkelhor (1984), even if we assume that the true prevalence rate for boys under age 13 is between 2.5% and 5%, this would mean that between 550,000 and 1,100,000 boys in the United States would eventually be victimized before age 13, with approximately 46,000 to 92,000 new victimizations occurring each year.

Despite the magnitude of this problem, both clinical services and empirical research focusing on the trauma suffered by these males are lacking. Our best estimate from networking with other professionals in the field is that probably fewer than 50 therapy groups for adult male victims exist throughout the country. From a research perspective, few published empirical reports focus on the long-term effects of child sexual abuse in adult males.

We are in the process of conducting a comparison study focusing on the symptomatology of men who seek services at a community clinic, comparing those who do and do not have histories of child sexual abuse. The abused sample consists of men who applied to join the clinic's Men's Abuse Survivor's Group. This sample was screened to exclude men who were attracted to or had molested children. To date, we have calculated statistics on the first thirty-eight men who have been interviewed for our group program.

We devised a 35-item symptom checklist based upon the symptoms reported in research studies on female victims. No formal scale development was conducted on this measure. At least half of the men reported previous or current suffering from 27 of the 35 symptoms. These symptoms and percentages of men reporting them are as follows:

* low self esteem (95%)
* depression (92%)
* feelings of being different (90%)
* feelings of isolation (87%)
* discomfort in social situations (82%)
* difficulty trusting men (82%)
* discomfort in intimate relationships (79%)
* extreme anxiety (79%)
* extreme guilt or shame (76%)
* suicidal thoughts (76%)
* flashbacks of abuse incident (74%)
* difficulty maintaining friendships with men (71%)
* sexual preoccupations (71%)
* family problems (71%)
* confusion about sexual identity (68%)
* difficulty establishing romantic relationships (64%)
* nightmares (61%)
* sleeping problems (58%)
* extreme anger (58%)
* difficulty maintaining romantic relationships (54%)
* compulsive sexual behaviors (53%)
* difficulty trusting women (50%)
* eating problems (50%)
* employment problems (50%)
* aversion to sexual intimacy (50%).

We also administered the MMPI to 37 of these men and found that most profiles were characterized by multiple clinical-scale elevations (T>70) Twenty-nine profiles (78%) had three or more of the eight primary clinical scales elevated (excluding scale 5, Masculinity-Femininity, and scale 0, Social Introversion), and 22 profiles (59%) had five or more elevated scales. For 21 of the 37 profiles (57%), scale 2 (Depression), scale 4 (Psychopathic-deviate), and scale 8 (Schizophrenia), were all significantly elevated. Scale 5 (Masculinity-Femininity), the highest mean scale, was elevated for 31 (84%) of the profiles.

Until we analyze comparable date from a control group we cannot discuss the relative frequency of these symptoms in abused versus non-abused men. Nevertheless, from our research and our therapy sessions with this population, we have observed that these men tend to have a definite cluster of problems, and that they attribute many of these problem to their abuse. Male survivors experience the same dynamics that female survivors report, such as betrayal, powerlessness, stigmatization, and traumatic sexualization (see Finkelhor and Browne, 1986). However, the psychological impact of thesedynamics may be different because of the very different socialization process males undergo. Research that focuses on the gender-specific effects of child sexual abuse is badly needed. Knowledge of these gender-specific effects could be incorporated into clinical interventions designed especially for male or female victims.

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Robert J. Kelly Ph D., is a licenced psychologist in private practice in Hollywood, CA, and an Assistant Research Psychologist at the UCLA Dept. of Psychology

Virgina McDonald is a psychological intern at Judge Baker Child Guidance Clinic and Children's Hospital, Boston, MA.

Jill Waterman is an Adjunct Professor of Psychology at the UCLA Dept. of Psychology.

Correspondence should be addressed to Dr. Kelly at the UCLA Psychology Dept., 2172 Franz Hall, Los Angeles, CA 90024-1563.

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