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Exploratory study of underresearched aspects of sexual abuse in a college population

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AN EXPLORATORY STUDY OF UNDERRESEARCHED
ASPECTS OF SEXUAL ABUSE IN A COLLEGE POPULATION

By

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B. A., Beloit College, 1983
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An Exploratory Study of Underresearched Aspects of Sexual Abuse in a College Population (212 pp.)

Directors: John R. Bradley, Ph.D.
            Herman A. Walters, Ph.D.

The main purpose of this research was to provide a descriptive account of underresearched aspects of sexual abuse. A screening questionnaire designed to provide information on past sexual abuse and other sexual experiences was administered to 153 male undergraduates and 157 female undergraduates. Among male subjects, a total of 13 or 8.5% had experienced some type of sexual abuse as a child and/or as an adult. Among female subjects, a total of 65 or 41.4% had experienced such victimization. Descriptive data obtained from the administration of the screening questionnaire also included, but were not limited to, information regarding victims of peer sexual abuse and the perpetration of sexual offenses by females.

The study’s formal hypotheses stated that the groups of adult male and female sexual abuse survivors would manifest greater anger, greater exaggerated responses of aggression, and greater depression when contrasted to the normative samples of the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2), the Novaco Provocation Inventory (NPI), the Overcontrolled Hostility (O-H) scale of the MMPI-2, and the Beck Depression Inventory (BDI), respectively. Limited support, however, was found for these hypotheses. In testing done with 38 follow-up subjects (i.e., those with sexual abuse and/or atypical sexual histories), the mean scores for the groups of male survivors did differ (T>65) from the average of the MMPI-2 normative sample in the direction of heightened anger as assessed by scale 8. Additionally, women who had experienced child sexual abuse from peers obtained a mean group score that was significantly different from the mean of the NPI standardization sample. Responses obtained from a follow-up survey also made some contributions in furthering descriptive knowledge about this sample of subjects.

Taken together, the descriptive and empirical results of this study have provided a small yet sound basis for future research. A solid framework has been established for gathering descriptive data on sexual abuse and its survivors. Replication of the current work with larger groups of subjects thus may offer some more conclusive evidence regarding both the study’s formal hypotheses and the merit of the instrumentation used in assessing anger and depression among adult survivors.
Preface

I would like to express my thanks to my advisors, Dr. John Bradley and Dr. Herman Walters, for their guidance and support of my efforts. Their assistance has meant a great deal to me, both personally and professionally.

I also would like to say thank you to my parents, Frank and Mary Stermock. Their love, caring, and sacrifice have touched my life in immeasurable ways, and I am deeply grateful for their support of all my endeavors. My thanks goes as well to my brother, Michael, for sharing with me his love of learning in all its diverse forms and in appreciation for the interest and enthusiasm that he has had for this project and for his conviction in my ability to accomplish it.
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Chapter 1

Literature Review

Introduction

Within the last decade, the phenomenon of child and adolescent sexual abuse has become an issue which continues to spark national concern. Medical and psychological research, media exposure, and the disclosure of individual experiences have heightened public awareness of this complicated and problematic topic. Based upon the findings of earlier survey work, Finkelhor (1984) notes the surprisingly high degree of knowledge that many in the lay public have with regard to the victims of sexual abuse, their reactions to sexual victimization, and differences in the nature of abuse experiences. The decline of some public misconceptions about sexual victimization (e.g., abuse only affects girls; intercourse constitutes the majority of abuse experiences, etc.) has led Finkelhor to observe "it is probably time for writers on the subject of sexual abuse to take a new approach. The old myths about sexual abuse are not as widespread as . . . writers have implied. . . . Even if myth was still widespread, the literary device of debunking the myths has worn thin and could use some rest" (p. 102).

These comments concerning the decline of a once prevalent sexual abuse "mythology" reflect, in part, the merits of more open public education and
discussion regarding this issue. A concomitant of receding myth, however, is the necessity of more fine-grained analyses of the intricate variables surrounding the perpetration and effects of sexual abuse. If the time for "myth debunking" has passed, the time for enhancing knowledge of disturbing realities has only begun.

This current, exploratory study attempts to contribute to such development by looking at facets of sexual abuse perpetration and effects that, to a large degree, have been neglected by previous empirical research. With regard to the long-term effects of sexual abuse, much clinical lore (Porter, Blick, & Sgroi, 1982) and some empirical study (Browne & Finkelhor, 1986) have focused upon anger and depression as two likely affective outcomes of a sexual abuse history. It is important, however, to resist the temptation of taking these observations at face value. Although clinical lore is rife with creative speculations concerning the effects of sexual abuse, interpretive inaccuracies can be sown from even the most sagacious combination of professional experience and common sense. The existing body of empirical literature also raises questions with regard to the true "empirical nature" of reported findings. As Browne and Finkelhor (1986) demonstrate in their review of research on the effects of sexual abuse, the term "empirical" as applied in this relatively nascent area of study frequently has included work that "attempted to quantify the extent to which a sequelae to sexual abuse appeared in a specific population" (p. 66). While some such studies employed objective measures, many others were based principally on clinical judgment.
In attempting to determine the long-term presence of anger and depression among child and adolescent sexual abuse survivors, these cautionary observations concerning the existing literature are noteworthy for two reasons. Firstly, when "veritable" empirical studies of potential effects are done, adult female survivors are often the exclusive objects of study. Bolton, Morris, and MacEachron (1989) note, for example, that although the female victim of childhood sexual abuse has been the focus of several studies using the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1940), no such studies have included the male victim. Thus while the common mean profiles for adolescent and adult female survivors in psychotherapy have included significant elevations on scales 4 (Psychopathic Deviate) and 8 (Schizophrenia), scales which incorporate facets of aggressive and angry behavior (Scott & Stone, 1986a, 1986b; Tsai, Feldman-Summers, & Edgar, 1979), there are no comparable data to apply to adolescent and adult males with sexual abuse histories. Additionally, the literature indicates that to date, the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) has not been employed in the assessment of either male or female sexual abuse survivors.

The proposed effect of depression also has received some empirical support in work done exclusively with adult female survivors (Bagley & Ramsay, 1986; Briere & Runtz, cited in Browne & Finkelhor, 1986), although studies by Herman and Meiselman (cited in Browne & Finkelhor, 1986) based on clinical
samples "have not shown . . . clear differences in depression between victims and nonvictims" (p. 69). Interestingly, the literature reveals no use of a well-known and widely employed instrument such as the standard form of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) in more clearly determining levels of depression among female sexual abuse victims (though it should be noted that Fromuth's 1986 study of the relationship between prior sexual abuse and the later psychological and sexual adjustment of college women did employ the short form of the BDI).

A review of the literature further yields no evidence of any empirical studies of depression among adult male survivors. Thus when Bolton et al. (1989) state that "most adult male survivors exhibit problems associated with the 'big three': anxiety, anger, and depression" (p. 172), clinical observation, however well-developed, seems to be taking precedence over empirical fact, at least with regard to the latter two suppositions.

The second note of caution regarding the existing literature has bearing upon the way in which more abstruse aspects of sexual abuse are both investigated and interpreted in relation to the long-term effects of victimization. The phenomenon of female perpetration of sexual abuse is an issue that encompasses vehement sociopolitical debate as to the role of and reasons for a woman's participation in a sexual offense. Incorporated into this debate are the observations of those who question the actual extent of female offending. These observers note that the data gathered on the incidence of female perpetration are
obtained from unrepresentative victim samples such as adult male offenders who had themselves been childhood victims of female perpetrators (Finkelhor & Russell, 1984). In the case of the 1979/1980 National Study of the Incidence and Severity of Child Abuse and Neglect (which showed that 46% of the 44,700 cases of sexual abuse reported to child protective or other public service agencies during the study year involved perpetration by a mother or mother substitute), Finkelhor and Hotaling (1984) comment that women "were cited as perpetrators for allowing the sexual abuse to occur, not for committing it themselves. . . . There is a vast degree of difference between playing such a role and being the person who actually physically molests the child" (p. 27). Finkelhor and Russell (1984) note that when the data are reanalyzed and "these 'perpetrators' . . . subtracted . . . the percentage of female abusers drops dramatically to 13% in the case of female victims and 24% in the case of males" (p. 173). Even these revised figures of female perpetration are questioned for a variety of reasons, including the possibility that a male co-perpetrator coerced the female's participation in the abuse (Finkelhor & Hotaling, 1984; Finkelhor & Russell, 1984).

Yet in the debate regarding the "true" nature of female perpetration, scant attention is paid to the perceptions of those who are being victimized. Put another way, the degree of (e.g., active participant vs. passive facilitator) and reasons for (e.g., coerced vs. noncoerced) female perpetration may not be viewed by the young people subjected to abuse as relevant distinctions. A review of the
empirical literature finds no research examining the short-term or long-term perceptions of survivors regarding female involvement in their abuse and how such involvement may have affected them emotionally. Thus at this juncture, it is not possible to state if survivors’ perceptions of female involvement are influenced by the type or degree of female participation in the abuse. Additionally, other variables (e.g., duration of a woman’s involvement) may affect survivors’ perceptions and concomitant emotional reactions.

An important sidelight to this issue, however, is the frequently noted clinical observation that male and female survivors feel a great deal of anger toward their nonoffending mothers in cases of incestuous contacts perpetrated by males (DeYoung, cited in Browne & Finkelhor, 1986; Meiselman, 1978; Zaphiris, 1986). Female survivors of incest also are observed as having contempt toward all women, including themselves (Herman, cited in Browne & Finkelhor, 1986).

While observations do not necessarily translate into conclusions drawn from empirical research, these clinical findings suggest that, at the very least, female caretakers have not been "absolved" of any complicity or lack of protection (i.e., either knowingly or unknowingly) that may have precipitated or encouraged the abuse experiences. If some of the anger reflected in objective measurements of female victims and clinically observed in both female and male victims is grounded in hostile perceptions of and reactions to adult female caretakers, then even passive female facilitation of abuse may carry a long-term
emotional consequence for those abused. Additionally, the difference between passive female facilitation and active male offending previously noted by Finkelhor and Hotaling (1984) with regard to the National Incidence Study's conception of perpetration may be more apparent than real.

Female offending also may carry specific emotional sequelae for male victims. The effects of direct female perpetration (i.e., either solo offending or active offending committed in conjunction with other perpetrators) may have a bearing upon male victims' perceptions of their own masculinity. Although some clinical observations vaguely report no serious emotional effects as a consequence of female instigated abuse (Lukianowicz, 1972) or highlight positive psychodynamic components of mother-son incest (Shengold, 1980), other clinical viewpoints comment upon deleterious sequelae. Johnson and Shrier (1987), Masters (1986), and Sarrel and Masters (1982) have noted sexual dysfunctions among adolescent and adult males with histories of female perpetrated abuse. Sarrel and Masters (1982) also observe that members of their clinical sample (i.e., of 11 males who had been sexually molested by females when adults, adolescents, or children) experienced "feelings of inadequacy as a man, homosexual anxieties, and sexual performance anxieties" because they had been able to sexually respond under circumstances in which it was believed "a normal man would have been impotent" (p. 127). Masters' (1986) observation that each individual in his clinical sample "lived with their sexual distress for more than 2
years . . . before seeking consultation" (p. 37) further suggests that males may experience difficulty in reporting female perpetrated assault.

Another body of developing literature based upon medium to large-scale surveys maintains, however, that male survivors of heterosexual assault retrospectively perceive the abuse in a less negative manner than do male survivors of homosexual assault or female survivors of heterosexual assault and report more positive, neutral, or mixed descriptions regarding the impact of abuse experiences on their present functioning, current sexual attitudes, and present sexual functioning (Condy, Templer, Brown, & Veaco, 1987; Fritz, Stoll, & Wagner, 1981; Woods & Dean, cited in Bolton et al., 1989). Condy et al. nevertheless observe that forcible coercion by the female offender and the offender's relationship to the male victim (i.e., if the offender was a relative) negatively affected the survivor's perception of the experience at the time the abuse occurred and subsequently, his perception of his adult sex life (with this current perception being especially influenced by a history of coercion).

In contrast to the aforementioned studies of males victimized by females, the male survivors of homosexual molestation are represented in other segments of the clinical literature as often identifying themselves as homosexual (Bess & Janssen, 1982; Johnson & Shrier, 1985, 1987). Based upon their work with clinical samples of homosexually and heterosexually molested boys and adolescent males, Johnson and Shrier (1987) suggest that male youths molested by men may misperceive both the experiences and themselves as homosexual
because of their having been found sexually desirable by older men. If such
misperceptions exist, they may be affecting the willingness of young males
and/or their support systems to report abuse experiences. Finkelhor (1984) and
Zaphiris (1986) comment upon how fears of being considered homosexual or
effeminate may contribute to the underreporting of male victimization.

Clinical interpretations thus appear to differ with regard to the effects of
direct female perpetration against young males. Some clinical camps highlight
the sexual performance disturbances and homosexual anxieties engendered by
heterosexual assault. Other clinical observers note that negative affective
responses and homosexual self-labeling are predominant among those males
molested by men and less evident among those molested by women. It also is
possible, however, that each position converges on a more central theme; i.e.,
that perpetration (whether committed by a male or female) may affect young
males in such a way that anxieties regarding self-perceptions of masculinity
concomitantly affect the reporting of abuse. Crewdson (1988) addresses this
possibility when noting that while male victims of homosexual assault often fear
being socially stigmatized as homosexual, it "goes against the grain of their [i.e.,
males’] masculinity to acknowledge having been taken advantage of by anybody"
(p. 70). The reports of some males retrospectively assessing their heterosexual
abuse experiences in positive or neutral terms therefore may reflect an
unwillingness to be seen as "less than a man" by acknowledging that a sexual
encounter with a woman was unwanted or coerced and had incurred harmful consequences.

Additionally, Johnson and Shrier (1987) note that in their clinical sample of 25 adolescent males (11 of whom were molested by females and 14 of whom were molested by males), most of the molestations had occurred before the boys reached puberty. Yet within the researchers' larger population of approximately 500 male adolescent medicine clinic patients, no boy under the age of 14 and few under the age of 17 responded affirmatively to routine questions regarding past or current sexual victimization. Although Johnson and Shrier have no ready explanation for the hypothesized lack of reporting among younger boys, they suggest that these young males may have felt "guilty and anxious about the meaning" (p. 652) of any sexually abusive experiences.

If such is the case, it would seem to offer some support to the notion that young males' hesitancy in reporting sexual abuse exists irrespective of the perpetrator's gender. The literature, however, reveals no investigative work done with regard to identifying specific factors that may prohibit young males' more wide-scale reporting of this type of abuse.

In providing this preliminary overview of the literature, the aim has been to identify those areas of sexual abuse study that are sorely in need of empirical research, or in some cases, initial clinical investigation. This present, exploratory study of underinvestigated aspects of sexual abuse incorporates the points previously put forth by:
(1) The examination of the proposed, long-term effect of anger among adult male and female sexual abuse survivors through the administration of the MMPI-2.

(2) The investigation of the proposed, long-term effect of depression among adult male and female survivors through the administration of the BDI.

(3) The exploration of female perpetration through a survey of adult male and female survivors' perceptions of female involvement in their abuse experience(s).

(4) The examination of adult male survivors' motivations to report/not report sexual abuse experience(s).

The current study thus seeks to rectify some existing gaps in the clinical and empirical literature on sexual abuse. As this study is considered exploratory in nature, the latter two areas of investigation (i.e., survivors' perceptions of female involvement and male survivors' motivations to report/not report) are included as research forays that may yield future avenues for empirical study. The possible relationship between the clinically observed anger of women survivors toward their adult female caretakers and the anger that some women survivors manifest on objective measurements already has been discussed. Additionally, one can speculate as to how male motivations to report or not report sexual abuse may influence an affective state such as depression. A
positive or neutral feeling about the effects of female molestation may, for example, dampen or negate the feelings of depression that could result from the perception of having "let a woman take advantage" of one.

The existence of such reactions is, at this point, a postulation and, therefore, dependent upon the results of the empirical work generated by this study. Nevertheless, these types of observations are raised throughout the course of the current literature review as they eventually may shed new perspectives on the phenomenon of sexual abuse.

A more formal statement of the present research follows further elucidation of points made in the clinical and empirical literature with regard to the topics under study. Such explication provides a firm basis for the design of the current research and highlights with greater depth the practical and theoretical necessity of this "new approach" to the study of sexual abuse.

**Definitions of Sexual Abuse**

The many definitions of sexual abuse reflect the many different approaches that researchers have taken with regard to this issue (Brant & Tisza, 1977; Groth, 1979; Russell, 1983; Wyatt, 1985). Finkelhor (1979), for example, in his questionnaire on sexual abuse, defines the phenomenon as all types of sexual contact and noncontact experiences (i.e., anything that seemed "sexual" to the respondents). This broad conceptualization, in part, represents "a deliberate attempt to see if respondents would volunteer some amorphously defined
experiences” (p. 49). Finkelhor’s conception of sexual abuse also incorporates three "categories of relationship based on age criteria" (p. 55). Thus for an experience to be considered sexually abusive, it must include either a child victim of 12 or under with an adult 18 or over; a child of 12 or under with an older child/adolescent perpetrator who is at least 5 years older than the victim; or a young adolescent aged 13 to 16 with an adult at least 10 or more years older than the adolescent.

Finkelhor’s broad conceptualization of sexually abusive experiences is of benefit inasmuch as it evokes the gamut of such abuse - - from incidents of exhibitionism to the perpetration of intercourse. The imposition of age criteria, however, no longer seems warranted in light of current knowledge regarding sexual offending among preadolescent as well as adolescent youth (Fehrenbach, Smith, Monastersky, & Deisher, 1986; Malmquist, 1985; O’Brien & Bera, 1986; Umrigar, 1990). Umrigar (1990) notes that "nationwide in 1988, 267 children between the ages of 10 and 12 were arrested on rape charges, according to FBI [Federal Bureau of Investigation] figures. Another 98 children below the age of 10 were also arrested for rape. . . . 1,721 children between the ages of 10 and 12 were arrested for sexual offenses other than rape or prostitution."

Disturbingly, these known cases are referred to as "the tip of the iceberg" (C1). Given this increasing recognition of juvenile offenses, it can no longer be assumed that a sexual contact instigated by a 9-year-old with a 6-year-old is harmless "childhood exploration."
The present study therefore seeks to retain a broad view of the nature of sexually abusive experiences while also not limiting such experiences to contacts within specific age parameters. In reviewing the different definitions put forth in the sexual abuse literature, Kempe's (1978) definition seems best suited for meeting this goal. Kempe defines sexual abuse as "the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles" (p. 382). The current study further defines as "adolescent" any individual below the age of 18 years.

**Historical Overview**

A brief historical overview of the sexual abuse literature pertaining to the effects of abuse is important as it underscores the recency with which researchers have considered such experiences to carry deleterious consequences. Early case study work undertaken by Bender and Blau (1937), Bender and Grugett (1952), Lukianowicz (1972), and Sloane and Karpinski (1942) yielded what Bolton et al. (1989) label a "minimal effects" position (p. 71). This label refers to the common theme among early authors that sexually abusive experiences incurred few lasting or serious ill effects upon the children involved. Additionally, Bender and Blau (1937) and Lukianowicz (1972) made periodic reference to the instigation of adult sexual contacts on the part of victimized children and adolescents. Bender and Blau (1937) noted, for example, that in some of their
described cases, the child "assumed an active role in initiating the relationship. . . . frequently we considered the possibility that the child might have been the actual seducer rather than the one innocently seduced" (p. 514). In commenting upon their observations, Bender and Blau further noted that the psychoanalytic view of Karl Abraham received some support; that is, "sexual trauma may be regarded as a form of infantile sexual activity . . . in many cases it was desired by the child unconsciously" (p. 500).

The notion of the child’s unconsciously desiring sexual contacts with adults also seems likely to have enhanced the perception that abusive experiences produced few negative consequences. For if an experience was considered, on some level, to have been desired, then its aftermath could be more readily viewed as innocuous or its ill effects as transitory.

Not all early theoretical conceptions of sexual abuse, however, ascribed to the "minimal effects" position. Sugar (1983), in citing the work of the psychoanalyst Sandor Ferenczi, notes that Ferenczi not only believed the sexual abuse of children occurred with relative frequency, but also maintained that the victimized child reacted to such abuse "in ways that would be unexpected . . . the child tends to minimize it, or feels it is not something that was inflicted on him (or her), or treats it as a fantasy and not as an actuality" (p. 200).

Ferenczi’s position is noteworthy because it broke with the traditional psychoanalytic belief that stories of sexual abuse were often manifestations of unconscious Oedipal fantasies. Additionally, his conceptualizations provided
some explanation for the short-term effects that his contemporaries had noted within their case studies of abused children. Thus, Bender and Blau’s (1937) observation that children had emotional reactions which were "remarkably devoid of guilt, fear or anxiety regarding the sexual experience" (p. 517), could have been interpreted in concert with Ferenczi’s comments detailing children’s minimization or denial of abusive incidents. Regrettably, Ferenczi’s death in 1933 may have precluded the widespread transmission of his ideas. For the following 3 decades, research which regarded child sexual abuse as a "true" phenomenon with concomitant effects remained sparse, although some estimation and investigative work was undertaken periodically (DeFrancis, 1969; Gagnon, 1965; Weinberg, 1955).

Finkelhor (1979) credits two sociopolitical forces as the actual "shapers" of the heightened public and professional recognition given to the problem of sexual abuse within the late 1970s. He notes that the coalition of the child protection lobby and the women’s movement created "a professional and moral legitimacy for the problem which has helped boost it into prominence." Yet Finkelhor further observes that each partner in this coalition approaches the problem from a different perspective; the child protection lobby including sexual abuse as "but another facet of the child-battering problem" and the women’s movement incorporating it as "a subcategory of the general phenomenon of rape." Finkelhor, however, believes that "as a social phenomenon, [sexual abuse]
... really does belong at the juncture between these two concerns. It shares aspects of both other problems, but it also has features unique to itself" (p. 2).

As an extension of Finkelhor's comments, it can be seen that the links between sexual abuse and other social problems have created a current climate wherein clinical observations about the adverse effects of such abuse are more readily advanced. For example, when the women's movement and child welfare lobby put forth the concept of victimization as opposed to complicity, those offended against through sexual abuse or rape could be seen not as "seducers" but as "victims." This semantic distinction of "victim" (a term now often replaced by the more favored concept of "survivor") is nevertheless important in its own right as an historical development in public and professional perceptions of the sequelae of sexual abuse. For in considering an abused child to be a victim, it became possible to more easily conceive of ill effects resulting from the perpetration of offenses, and a blanket "minimal effects" position became less tenable.

Interestingly, the present sociocultural climate as well as the unique aspects of the phenomenon may have hampered (albeit for different reasons) the progress of empirical work on the effects of sexual abuse. The current climate has deepened the political slant to the problem such that some professionals (McIntyre, 1981; Nelson, cited in Finkelhor, 1984; Zaphiris, 1986) now view sexual abuse as an outgrowth of a patriarchal social structure and male socialization patterns (Finkelhor, 1984). Without debating the veracity of this
perspective, it nevertheless seems possible that as with any other view, this position could warrant change in the face of contradictory empirical evidence. The scantness of empirical literature thus may be a reflection of the recent historical tendency to frame the problem in a particular social light. If such is the case, empirical research on the effects of sexual abuse may have been affected by some cultural predetermination of the questions to be posed and the manner in which they would be examined (e.g., the lack of any investigation regarding the victim's perception of his or her mother's/female caretaker's role in the abuse).

It is equally possible, however, that some of the features which distinguish sexual abuse from other social problems such as rape (e.g., the less frequent use of physical force and violence; the frequent commission of sexual acts other than intercourse), have created lingering doubts regarding the existence of adverse effects resulting from such abuse. The dearth of empirical literature dealing with the effects of sexual abuse may be a concomitant of these doubts. Indeed, Tsai et al. (1979) note that in addition to case studies which have asserted few serious consequences of sexual abuse, there have been some claims that "childhood sexual contact with an adult may have a positive impact on the child" as such contact is seen as diminishing a "child's chance of psychosis" and allowing "for a better adjustment to the external world" (Rascovsky & Rascovsky, cited in Tsai et al., 1979, p. 408). Finkelhor (1984) more recently has observed that although "much of the American psychiatric community" has
abandoned the notion that sexual abuse experiences are, most often, "fantasies" that express "a child's Oedipal conflicts and not real events," the Freudian viewpoint "still works to reinforce any natural ambivalence about the problem" (p. 11).

This overview has discussed the frameworks through which sexual abuse and its effects historically have been seen and currently may be interpreted. Through this process, it is possible to see that although professional thought regarding the issue of effects has undergone some recent change, a variety of reasons may exist to explain the lag in empirical study. These points, in turn, are important as they offer a clear conception of the theoretical antecedents from which the present study proceeds.

**Prevalence of Sexual Abuse**

In addressing the prevalence of sexual abuse in the United States, the term "prevalence" must first be distinguished from the term "incidence." Peters, Wyatt, and Finkelhor (1986) note that studies of "prevalence" attempt to "estimate the proportion of a population that have been sexually abused in the course of their childhood" while studies of incidence attempt to "estimate the number of new cases occurring in a given time period, usually a year" (p. 16). This section is principally concerned with the issue of prevalence.

It also is important to recognize that differing figures are reported from the various prevalence studies. One reason for such differences lies in the
different definitions that are applied to the phenomenon of sexual abuse. Additionally, studies may be influenced by veritable differences in the prevalence of sexual abuse within various regions of the country or among various groups of people. Differing prevalence figures also may be the result of differences in interview and questionnaire methodologies (Peters et al., 1986). The purpose of this section thus is not to uncover the "true" prevalence of the phenomenon, but rather to emphasize that, regardless of the prevalence study cited, sexual abuse is a significant individual and societal problem whose reporting is influenced by a variety of sociocultural forces.

Russell (1983) obtained data on prevalence from interviews conducted with a random sample of 930 adult women in San Francisco, California. For the purposes of her study, Russell made distinctions between extrafamilial and intrafamilial child sexual abuse. The former was defined as "one or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from petting (touching of breasts or genitals or attempts at such touching) to rape, before the victim turned 14 years, and completed or attempted forcible rape experiences from the ages of 14 to 17 years (inclusive)" (p. 135). Intrafamilial child sexual abuse was defined as "any kind of exploitive sexual contact that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years old. Experiences involving sexual contact with a relative that were wanted and with a peer were regarded as nonexploitive . . . An age difference of less than five years was the criterion for a peer
relationship" (p. 136). Russell's definitions of child sexual abuse did not include incidents of exhibitionism and other experiences that might involve no physical contact. Additionally, her reporting of prevalence rates separated abusive incidents that occurred to children aged 13 and under from those that occurred to young people under the age of 17.

Based upon these criteria, Russell found that 16% of her subjects reported "at least one experience of intrafamilial sexual abuse before the age of 18 years," while "12% reported at least one such experience before the age of 14 years." Thirty-one percent of Russell's subjects "reported at least one experience of extrafamilial sexual abuse before the age of 18 years," and "20% reported at least one such experience before the age of 14 years." Notably, when Russell combined both categories of sexual abuse, 38% of her interviewees reported "at least one experience before the age of 18 years," and "28% reported at least one such experience before the age of 14 years" (p. 133).

Although direct comparisons cannot be made, the degree of prevalence noted within Russell's findings does not appear anomalous. Wyatt (1985) employed a broad definition of sexual abuse that incorporated "non-body contact such as solicitations to engage in sexual behavior and exhibitionism," as well as experiences involving "body contact such as fondling, intercourse and oral sex" (p. 510). All experiences that occurred when victims were aged 12 or younger were included if the perpetrator was older, as the child victim was not considered able to provide informed consent. If victimization occurred between
the ages of 13 and 17 "experiences were considered abusive if the perpetrator was older and if the experiences were unwanted. If the perpetrator was an age peer, regardless of the age of the victim, the experiences had to be unwanted" (p. 511).

Wyatt applied this definition in a structured interview format with a random sample of 248 women aged 18 to 36 and found that "154 (62%) reported at least one incident of sexual abuse prior to age 18" (p. 507). Among Wyatt's 126 African-American subjects, 57% reported having been abused, while 67% of her 122 white-American subjects reported an abuse history. This slight ethnic difference in prevalence rates was noted as not being statistically significant.

While other prevalence studies also have examined the issue with regard to the extent of female victimization (Fromuth, 1986; Gagnon, 1965), additional studies have included rates of male victimization as well. Two such studies have utilized samples of male and female college students. Finkelhor's (1979) questionnaire survey (noted earlier in conjunction with his definition of sexual abuse) was administered to 796 undergraduate men and women from six New England universities. Among those surveyed, 19.2% of the women and 8.6% of the men reported an abuse experience prior to the age of 17. Fritz et al. (1981) utilized an anonymous questionnaire survey which was given to 952 college students enrolled in psychology courses at the University of Washington. The Fritz et al. questionnaire defined molested males and females as those subjects
who "reported at least one sexual encounter with a post-adolescent individual before the subject reached puberty. Sexual encounter was defined as an instance in which physical contact of an overtly sexual nature occurred" (p. 55). Based upon this definition, the rate of molestation for the sample of 540 women surveyed was 7.7%. The rate of molestation for the sample of 412 men surveyed was 4.8%.

The work of Kercher and McShane (1984) explored the prevalence of sexual abuse histories among a more divergent group of men and women. Questionnaires were sent to a random sample of 2,000 individuals whose names were drawn from a list of persons holding valid Texas driver's licenses. Within these questionnaires, sexual abuse was broadly defined as "sexual interaction between a child and an adult or between two minors when the perpetrator is significantly older than the victim or is in a position of power over the victim" (p. 495). Of the 1,056 people who responded to Kercher and McShane's questionnaire, 3% of the males and 11% of the females reported this type of abuse history.

The varying reports of sexual abuse prevalence collectively point to the fact that such abuse is not an extremely rare phenomenon among young males and females. In making this observation, however, it is important to return to a previously raised issue; that is, the likely underreporting of male victimization.

Zaphiris (1986) comments upon this underreporting and sees it as an outgrowth of this society's expounding of "maleness" at the expense of
"promoting the welfare of the victimized male child" (p. 1). In putting forth his theoretical perspective on the issue of underreporting, Zaphiris notes that:

Our society views a report of sexual abuse of a boy as more of a violation than his sexual maltreatment. The report is envisioned as counterproductive to his normal growth and development [which are viewed as reflecting the traits of independence, rationality, and aggressiveness] and more damaging than the abuse. It is possible that in the minds of casefinders, reporting the sexually maltreated male child represents an attack on patriarchy and blocks their reporting. In this sense, then, the casefinder and the offender are ipso facto friends. (p. 2)

Yet the issue of the underreporting of male sexual abuse is not based solely upon speculative clinical or theoretical observations. Existing research also has been utilized to question the reporting of male sexual abuse cases. In examining the prevalence figures on male victimization obtained from each of the aforementioned studies, as well as from the work of Finkelhor and Bell and Weinberg (cited in Finkelhor, 1984), Finkelhor (1984) suggested that a likely prevalence figure for "abuse experiences to boys under 13 or before puberty might be between 2.5% and 5%." Based upon this estimate, Finkelhor "extrapolated to a national level" and further estimated that "550,000 to 1,100,000 of the currently 22 million boys under 13 (census estimate 1980) would eventually be victimized." Finkelhor did acknowledge that this extrapolation might involve an erroneous assumption that the victimization rate for "boys who are now children" remains unchanged from "the rate found among boys who are now adults." He noted, however, that if the rate of victimization
remained "relatively constant from year to year," approximately "46,000 to 92,000 new victimizations would have to occur each year" in order to reflect the estimated total of boy victims (p. 155).

Finkelhor's extrapolations to proposed annual incidence figures for boys under 13 have a bearing upon the issue of underreporting inasmuch as these figures exceed the number of young male victims currently being reported (Finkelhor, 1984). Finkelhor observed that the National Incidence Study of Child Abuse and Neglect "estimated approximately 7,600 cases of sexually abused boys known to professionals in the country for 1979" (p. 155). He went on to note cogently that even if the National Incidence Study's figure was doubled or tripled, it still would "not come close to the predicted incidence based on a conservative estimate like 2.5% of all boys." Finkelhor thus concluded that while his estimation was "rough and unscientific . . . it illustrates the fact that the vast majority of abused boys are not coming to public attention" (p. 156).

This conclusion also receives some support from other sources which, although as "rough and unscientific" as Finkelhor's estimation, convey not only the widespread negligence of the male victim, but also the societal tendency not to consider sexual contacts involving young males as potential victimizations (thereby reflecting Zaphiris' postulation). In conjunction with the first point, it is interesting to note the results of a random, nationwide survey conducted by the Los Angeles Times in July of 1985. The Times survey was undertaken to investigate the extent of sexual victimization histories among adult men and
women in the United States. Of the 2,627 men and women questioned, 22% (27% of the women and 16% of the men) reported having been sexually abused as children. Among those reporting past victimization, one third stated that they had never spoken to anyone about their experiences. Even when victims reported their abuse to someone, in most instances, "nothing had been done; only 3 percent of the cases were ever reported to the police" ("At Least 22%," cited in Crewdson, 1988, p. 29).

The responses to the Times survey suggest that many cases of female as well as male victimization are unreported and, by extension, that abuse is, in general, underreported. The problem of unreporting and underreporting male victims is especially relevant, however, in light of the social connotations that may affect the way in which sexual contacts involving young males are interpreted.

Such connotations are most apparent when considering the sexual abuse of boys and adolescent males by adult females. Crewdson (1988) notes that "of the male victims questioned by the Los Angeles Times, 17 percent said they had been abused by adult women while they were boys." In making estimates based upon current population data, Crewdson further states that this percentage "translates to more than two million American men who had similar experiences as children, and another million boys who will be abused by women before they reach adulthood" (p. 70).
Crewdson believes that cultural perceptions have created a mythology about sexual relationships involving women and boys that ultimately contributes to the underreporting of such contacts. From Crewdson's perspective, this mythology has led society and its protective service agencies not to take seriously the existence of sexually *abusive* relationships between women and boys. Additionally, the presence of such myth is viewed as affecting the way in which young males interpret sexual contacts with adult women. Crewdson asserts that molested males may experience some confusion as to whether or not they have been sexually abused. Such confusion, in turn, is said to emanate from societal messages which convey the mystique and romance of sexual initiation through intercourse with an older woman.

Certainly, society's "cultural arms" have artistically embraced the concept that sexual experiences between women and boys have a benign or even beneficial effect. For example, in his 1971 film, *Murmer of the Heart (Le Souffle Au Coeur)*, the prolific French director, Louis Malle, describes a relationship between a mother and son that culminates in incest. The film's ending scene suggests that the two protagonists emerge from their experience not only unscathed, but also "transformed" (Lawson, 1989).

Trying to ascertain directly how cultural perceptions may influence the way in which abused males conceive of and deal with their abuse experiences is nevertheless difficult. Some insight into this influence, however, may be garnered from the phrasing of responses to a retrospective survey of sexually
abused males conducted by the Child and Family Service Agency of Knox County, Tennessee (cited in Crewdson, 1988). The Agency's first attempt to locate subjects consisted of placing an advertisement in the local newspaper "asking to hear from men who had been sexually abused as children." Although only a few replies were received in response to this initial request, "when the wording of the ad was changed from 'sexual abuse' to 'sexual experiences,' more than a hundred men responded" (Crewdson, 1988, p. 71).

Of these respondents, only 25% stated that they had been abused by men. The remainder had had some type of childhood sexual experience with adult females. These experiences, in turn, were marked by their severity. While nearly all of the incidents involved the women fondling the boys' genitals or exposing their breasts or genitals to them, "in more than three-quarters of the cases the women also performed oral sex on their victims." Additionally, "sixty-two percent of the experiences involved intercourse" (Crewdson, 1988, p. 71).

The severity of female perpetrated abuse also does not appear unique to the Knox County survey. High rates of intercourse and genital touching were found in Condy et al.'s (1987) retrospective study of males who had had childhood sexual contacts with adult females. Petrovich and Templer (1984) further comment upon the incidence and type of heterosexual perpetration against young males. In a retrospective study done with 83 prison inmates convicted of raping women at least 17 years of age, 49 (59%) of the rapists reported a history
of heterosexual molest. Sixty (82%) of the heterosexual molestations involved sexual intercourse; a finding which contrasts with the more frequently noted acts of fondling and looking reported in conjunction with the offenses of male child molesters. With regard to this latter point, Petrovich and Templer cite Groth's observation that among the male child molesters whom he has treated, the majority did not engage in "any sort of penetration - - vaginal, oral, or anal" (p. 810).

The issue of the generalizability of the Petrovich and Templer findings will be covered in a later section. More germane to the current discussion, however, are the perceptions which male victims hold toward their sexually extensive contacts with older females. As noted earlier, the majority of Condy et al.'s (1987) male subjects retrospectively reported positive feelings toward noncoerced sexual experiences with older females. It thus may be that the male respondents to the revised Knox County survey perceived their own involvements with more positive or neutral affect (i.e., as the increased response to the term "sexual experiences" may connote). If such is the case, these perceptions would be surprising in light of several factors. Firstly, the average age of Knox County respondents at the time their female instigated abuse began was 11. Additionally, 23% of respondents noted that "they were physically harmed in ways that ranged from slapping and spanking to ritualistic or sadistic behavior" (Crewdson, 1988, p. 71). The relative youth of these individuals at the time of their first abuse and the not infrequent use of violence in these victimizations
therefore suggest that if the increased response rate to the phrase "sexual experiences" was due to positive or neutral perceptions of the incidents, respondents may have been culturally inculcated to regard the events in such ways. In contrast, reports in the literature reveal that sexually abused females are often likely to maintain that "their being heterosexually involved in childhood was traumatic and had deleterious effects upon their adult sex lives" (Adams-Tucker; Finkelhor, cited in Condy et al., 1987, p. 391). Condy et al. suggest that if a perceptual difference toward abuse experiences exists, it may be "a function of the double-standard in our society which forbids sexual activity more strenuously in girls than in boys" (p. 391).

Unfortunately, the Knox County survey does not appear to have included any questions regarding respondents' perceptual or affective distinctions between the terms "sexual abuse" and "sexual experiences" or the possible preferences among subjects to respond to the latter phrase. Without the knowledge that may have been garnered from such questions, there remains viability in Zaphiris' (1986) assertion that males may consider the report of sexual abuse to be a reflection of a submissive, dependent, and ultimately, feminine status. Such an interpretation thus may prevent the more wide-scale reporting of sexual offenses perpetrated against males.

There also may be a myriad of other factors acting to influence the underreporting of sexually abused boys and young males, particularly if the
abusive incidents were committed by females. For example, Masters (1986) notes that:

The legal classification of statutory rape in this country cannot be universally applied to the crime of an older woman sexually abusing a young boy. Eleven states, plus the District of Columbia, still have gender-specific statutory rape laws that have generally been upheld by the courts, usually on the premise that young females, because of their potential for pregnancy, require greater protection than young males. (p. 36)

Therefore, incidents which would be classified (but for the gender of the perpetrator and victim) as statutory rape, escape not only reporting, but also criminal prosecution.

The underreporting of female perpetrated abuse against both boys and girls further may be facilitated by the types of contact that women traditionally have had with children. Crewdson (1988), Groth (1979), and Justice and Justice (1979) comment upon the subtle ways in which women, as caretakers of children, can engage in sexually abusive behavior toward young people. Finkelhor and Russell (1984), however, disagree; asserting that the sexual socialization of women establishes a restraint in their activities with children which prohibits them from sexualizing experiences such as breast feeding.

There has been some research done in regard to the frequency with which children intimately touch their parents. Rosenfeld, Bailey, Siegel, and Bailey (1986) found in a survey of over 500 households that a child’s touching his or her father’s genitals or his or her mother’s breasts or genitals was positively

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correlated with the child and parents bathing together, although such touching also occurred within other aspects of home life. Mothers reported more touching with their children than did fathers, and allowed their daughters to touch them somewhat more frequently than their sons. Mothers further reported feeling more positively about being touched by their daughters than by their sons. Fathers reported feeling equally negative about being touched by their same or opposite sex children.

The Rosenfeld et al. findings suggest that both women and men have opportunities for sexualized contacts with children as part of the "normal" activities of daily caretaking and home life. Thus, contrary to Finkelhor and Russell's (1984) statements, women's sexual socialization histories may not uniquely restrain them or make them immune from engaging in such contacts. It is conceivable that some of the positive feelings expressed by surveyed mothers about daughters' intimate touching may, in part, be a reflection of their own sexual feelings generated by the incidents. In their statements, Finkelhor and Russell ignore the possibility of women having inappropriate sexualized feelings. Such an oversight may, in turn, be based upon cultural stereotypes which tend to view women as not acting in sexually self-centered ways.

The Rosenfeld et al. findings also reveal a "gray area" in defining and estimating the prevalence of sexual abuse. For example, some parents surveyed in the Rosenfeld et al. study considered their intimate touching with children to be educative and outgrowths of natural curiosity, but not illicit. Such
perceptions, however, overlook the possibility that behaviors of this nature may overstimulate children and prompt emotional confusion regarding appropriate sexual boundaries.

Extreme difficulty thus exists in conceptualizing the types of behaviors investigated by Rosenfeld et al. It may well be impossible to know when adults, in the confines of their own homes, "cross the line" between permitting sexual exploration and fostering sexual abuse (i.e., as behaviors which began more innocuously could persist as parental sexual satisfaction becomes a motivator for abuse). This "line" is nevertheless important to contemplate as it has a bearing upon the way in which adult sexual contacts with children are professionally and societally delineated and publicly reported.

The preceding discussion of prevalence has examined many of the sociocultural intricacies which affect individual and societal perceptions of sexual abuse and thereby, the phenomenon's reporting. Although much detail has been accorded to an apparently straightforward topic, this straightforwardness is illusory; reports of sexual abuse prevalence are dependent upon the particular definitional and social conceptualizations applied to the phenomenon. For the purposes of the present study, thorough analyses are necessary to justify the inclusion of specific areas and subjects of study (e.g., the examination of factors affecting the reporting of sexual abuse among male victims). Until such work is done, quite recent observations regarding the parity of sexual abuse occurrence
among boys and girls (L. C. Blick, personal communication, August 12, 1988; Crewdson, 1988) will remain speculative.

The following sections further outline questions and issues raised with regard to the present study’s investigation of anger and depression among female and male survivors of sexual abuse. The final section addresses female perpetration of sexual abuse, as this type of offending may carry distinct sequelae for it victims.

### Studies of Anger Among Females with Sexual Abuse Histories

While the literature reveals that to date, no empirical studies have directly assessed the presence of anger as a potential concomitant of child or adolescent sexual abuse perpetrated against females, several studies using the MMPI in testing adolescent and adult female survivors have found significant elevations (T>70) on scale 4 (Psychopathic Deviate) and scale 8 (Schizophrenia), thus suggesting the presence of angry feelings that may be manifested in impulsive and/or aggressive ways (Scott & Stone, 1986a, 1986b; Tsai et al., 1979). Nevertheless, these cited studies represent the existing literature regarding the use of the MMPI with female survivors. The literature yields no evidence of any use of the MMPI-2 with sexually abused females. The outcomes of former studies therefore should be regarded as "first steps" toward the understanding of sexual abuse sequelae, rather than as definitive conclusions.
In the initial work of Tsai et al. (1979) three groups of 30 women each were tested: "a clinical group consisting of women seeking therapy for problems associated with childhood molestation; . . . a nonclinical group consisting of women molested as children but who had never sought therapy and considered themselves to be well adjusted; and . . . a control group of women who had not been molested" (p. 407). In addition to giving their subjects the MMPI, Tsai et al. also administered a scale regarding participants' "perceived overall adjustment" as well as a sexual experiences questionnaire developed by the authors (p. 409).

In reporting the mean MMPI scale scores for the clinical, nonclinical, and control groups, Tsai et al. noted that "even though the clinical group was significantly higher" than the other two groups on the Hypochondriasis (Hs), Depression (D), Psychopathic Deviate (Pd), Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc), and Social Introversion (Si) scales, "only on two scales - Pd and Sc - were the means more than 70 for the clinical group." In commenting upon the modal 48' profile for this group, Tsai et al. observed that "15 of the 30 clinical group members had this . . . configuration" (p. 413). The authors reported that among the frequent concomitants of a 4-8 profile were "problems stemming from early establishment of an attitude of distrust toward the world . . . sexuality seen as a hostile act through which anger is released . . . [and] low self-concept" (p. 414).

The other instruments employed by Tsai et al. also yielded some intriguing findings. Notably, the clinical group was "significantly less satisfied
with their current sexual relations" (p. 413) and in this respect, led the authors to compare this group's self-reported sexual dissatisfaction to similar reports obtained from adult rape victims several months post-assault. Indeed, follow-up studies of rape victims done by Nadelson, Notman, Zackson, and Gornick (1982) highlighted reports of sexual problems attributed to the rapes, including difficulties with current sexual relationships.

Of especial significance with regard to the present study, however, are the self-reports of anger expressed by members of the clinical group toward their mothers for "perpetuating the pathological sexual relationships through active collusion, passive acceptance, or obliviousness and denial" (p. 415). This observation of negative feelings among female survivors toward their mothers underscores the possibility that victimized individuals may not make emotional distinctions between the active offender and the facilitator of sexual abuse. The latter's lack of protection actually may yield greater feelings of betrayal and concomitant anger among those who were subjected to abuse.

Yet the Tsai et al. study is not without its limitations. Women in their clinical sample may have shown poorer emotional adjustment than those in the nonclinical group for reasons unrelated to the molestation (Tsai et al., 1979). Specific facets of previous molestation experiences also may have increased the clinical group's vulnerability to future victimization and its negative sequelae. Hence, the clinical group's noted similarity to rape victims (i.e., regarding
dissatisfaction with current sexual relationships) may have been a more direct function of recent sexual assault perpetrated against those with molest histories.

More current work by Scott and Stone (1986a) employed the MMPI to study psychological disturbance in two different age groups of survivors of father-daughter incest. The mean profiles of 27 adolescent victims (i.e., no one over the age of 19) and 31 adult victims (i.e., no one under the age of 30) were analyzed and compared. Each of those tested had a history of childhood molestation committed by fathers or stepfathers, and all were in psychotherapy at the time of their testing. The results of Scott and Stone's testing revealed that "the overall profiles were more elevated for the adult victims than for the adolescent victims. Both groups were elevated (T>70) on Scale 8 (Sc), and the adults also were elevated on Scale 4 (Pd), while the adolescents were high (T = 69) on Scale 9 (Ma)" (p. 251). In summarizing the similarity and differences in elevations between these two age groups, Scott and Stone speculated that:

Being sexually victimized by the father produces arrestment of ego development and related identity confusion at the core of the personality. However, the variable of time since the molestation seems to determine how this core disturbance is expressed. Shorter time and less development, as exemplified by the adolescent victims, seem to produce more of an identity crisis, while the long-term effects from living for years with the core damage may result in . . . 'an at odds with the environment' resignation. (p. 258)

In making this observation, Scott and Stone highlighted the excitability, irritability, and confusion often reflected in those with 89/98 profiles. In
concomitantly describing those with 48/84 profiles, the authors emphasized the interpersonal perceptions of danger, hostility and rejection, and the accompanying behavior of warding off anticipatory hurt by lashing out in anger and rebellion.

Interestingly, Scott and Stone also observed that among adolescent victims, "Only 28% reported that their mother knew the incest was going on," while "Forty percent of the adult group were sure that their mother knew about the incest at the time it was occurring" (p. 254). This difference between the Scott and Stone groups may suggest that a victim's awareness of her mother's knowledge of the incest increases over time. Thus, it is possible that this developing awareness mirrors the maturing victim's development of different "core" disturbances in personality. If such is the case, then the anger and rebelliousness reflected in the adult survivors' 48/84 code-types may have been, in part, an outgrowth of increased awareness of and anger toward unsupportive significant others.

It is also possible that this differing awareness as well as the differing MMPI elevations reflect veritable differences between the two groups which were due to factors other than developmental changes. In another study (Scott & Stone, 1986b), 22.7% of 22 daughter victim subjects (aged 15 to 20 years) produced a 48/84 code-type, thereby suggesting that among some female victims, further development may not be a factor in the acquisition of angry and rebellious feelings. Of this group, however, 36.4% produced a code-type of
The work of Scott and Stone (1986b) involved administering the MMPI to four groups of subjects from incest families who were in therapeutic treatment programs at the time of testing. In addition to their group of daughter victims, Scott and Stone tested natural father perpetrators (n = 33), stepfather perpetrators (n = 29), and nonparticipating mothers (n = 44). The profiles of these four groups also were compared to the profiles obtained from contemporary matched control groups.

While the mean profiles for all parent groups were within normal limits (T<70), the daughter group exhibited pathological elevations (T>70) on scales 4 (Pd) and 8 (Sc) and also differed significantly from its control group on these scales. In noting these elevations and the significant difference in conjunction with the approximately two thirds of victimized subjects who produced either a 48/84 or 89/98 code-type, Scott and Stone asserted that members of their daughter group presented a "distinct picture of psychological disturbance" (p. 367).

Similar to Tsai et al. (1979), Scott and Stone (1986b) noted that such code-types clinically represented blocked or distorted resentments arising from feelings of personal vulnerability coupled with a lack of trust and protection. In citing observations from Graham, Scott and Stone added, "It is likely that they [i.e., the victim subjects] have learned to protect themselves by emotional
withdrawal and by displaced acting out, anger, and rebellion. . . . Such individuals often have serious concerns . . . about their sexuality and fears that they cannot perform, so they engage in antisocial acts in an attempt to demonstrate sexual adequacy" (p. 367).

Unlike Tsai et al., Scott and Stone did not specifically comment upon any anger which daughter victims may have felt toward their nonoffending mothers. The latter authors, however, did make some interesting observations regarding the "relatively high incidence of 34/43 code types" among their group of nonparticipating mothers. Scott and Stone noted that "This code type is commonly associated with dissociative phenomena. This dissociation is consistent with themes in the literature indicating that, by her absence, the nonparticipating parent may be directly or indirectly encouraging the incestuous activity" (p. 367).

While these observations repeat the point raised by Tsai et al. regarding the presence of "active collusion" or "passive acceptance" among nonoffending mothers, a more abstruse point also may be present. Namely, the "dissociation" referred to by Scott and Stone may reflect learned patterns of behavior based upon nonparticipating mothers' own sexual abuse histories. Although many female victims of childhood sexual abuse do not, as adults, directly perpetrate such abuse against their own or other children, several authors (Crewdson, 1988; Goodwin, McCarty, & DiVasto cited in Alter-Reid, Gibbs, Lachenmeyer, Sigal, & Massoth, 1986; Russell, cited in Browne & Finkelhor, 1986) have commented
upon the apparently heightened tendency of those with abuse histories to establish intimate relationships with individuals who will be physically or sexually abusive to the adult survivor and/or her children. This tendency, in turn, may be an outgrowth of the lack of protection displayed to nonparticipating mothers during their own childhood abuse experiences. The betrayal of offspring and the denial or facilitation of sexual abuse thus may be the "norm" by which such mothers have learned to behave in relation to their children. Yet although these behaviors may be concomitants of early learning, historical antecedents do not negate the importance of examining victims' perceptions of the nonoffending parent. There not only may be greater feelings of anger among victims toward those who failed to provide protection, the possible lessons instilled by such feelings (e.g., that significant others are not to be trusted or supported) also may "set the victim up" to intergenerationally perpetuate the disturbing legacy of sexual abuse.

Although the difficulty in "sorting out" questions of causality and the extent of familial influences may account for the lack of empirical studies which directly assess anger as a possible sequelae of child or adolescent sexual abuse, the cited studies utilizing the MMPI to investigate the code-types produced by female victims have yielded results which suggest the presence of heightened anger among abuse survivors. Nevertheless, empirical research has not progressed from these studies. There is no information from the MMPI or any other objective personality test regarding how female adults with sexual abuse
histories respond to items concerning the expression of angry or aggressive feelings.

The dearth of empirical research following the work of Scott and Stone (1986a; 1986b) also has left lingering questions as to how past-victimized adults in nontherapy settings might respond to items on the MMPI. Although the Tsai et al. (1979) study employed a nonclinical group of sexual abuse survivors who labeled themselves "well-adjusted," the vague and subjective nature of this term prevents the generalization of these individuals' results to other nonclinical groups of survivors who have not engaged in such self-labeling. Additionally, certain subgroups of former victims (e.g., those who are now students) have not been included in any investigatory work that utilizes the MMPI (or more currently, the MMPI-2) in the personality assessment of abuse survivors. The concluding statement and Method section which follow this literature review further highlight how the present study is designed to remediate these and other noted research deficits.

**Studies of Anger Among Males with Sexual Abuse Histories**

As with female survivors of child or adolescent sexual abuse, no empirical studies to date have directly assessed the presence of anger as a potential concomitant of sexual abuse perpetrated against males. As noted earlier, there have been no studies employing the MMPI in the assessment of male sexual
abuse survivors (Bolton et al., 1989). The current literature review also has found no empirical studies utilizing the MMPI-2 or any other objective personality measure in the assessment of male victims.

Although no empirical data exist, clinical observations have frequently pointed to the presence of heightened anger among male victims of either male or female perpetrated sexual abuse (Freeman-Longo, 1986; Margolin, 1986; Sarrel & Masters, 1982; Zaphiris, 1986). Facets of Zaphiris' observations also are similar to observations raised by DeYoung (cited in Browne & Finkelhor, 1986), Meiselman (1978), and Tsai et al. (1979) regarding the presence of anger among female sexual abuse survivors toward their nonoffending mothers. In referring to male incest victims, Zaphiris specifically notes that when the boy "discovers that incest is not common in the families of his peers, he develops intense hostility toward his mother for not protecting him" (p. 2). Additionally, Kempe (1978) and Wahl (1960) have commented upon the potential of either male or female perpetrated incest to produce psychosis among male victims. Given the dearth of empirical information regarding anger among male sexual abuse victims, however, other related studies may provide more fruitful, though albeit constricted, avenues for exploring its manifestation among these survivors.

Two such studies centered on the presence of molestation histories or histories of sexual trauma among men convicted of rape or child molestation. These studies have a potential bearing upon the issue of anger among male sexual abuse victims inasmuch as anger is theoretically conceptualized as
providing the motivational intent underlying one of three proposed typologies of rape (i.e., the anger rape) (Groth & Hobson, 1983). Furthermore, the release of anger and frustration through the form of power assertion is sometimes viewed as a motivating force in child molestation (Freeman-Longo, 1986).

In the first of these studies, Groth (1979) investigated the presence of "sexual trauma" in the life histories of 348 men incarcerated for crimes of sexual assault; 170 of the subjects had sexually assaulted adults, and 178 had sexually assaulted children. Groth defined "sexual trauma" as "any sexual activity witnessed or experienced which was emotionally upsetting or disturbing to the subject" during his formative years (p. 11). Data regarding the past occurrence of sexually traumatic events were obtained from interviews with the subjects and/or reviews of their clinical records. Groth's study also included a small comparison group of 62 male law enforcement officers who were given an anonymous questionnaire concerning the presence of sexual trauma within their developmental histories. This comparison group was described as being comparable to the offender sample with respect to age and socioeconomic background.

Groth found that 106 (31%) of his subjects had incurred some type of sexual trauma during their childhood years (ages 1 to 15). Of those offenders who reported histories of sexual trauma, 56 (32%) had been convicted of sexually assaulting children, and 50 (29%) had been convicted of sexually
assaulting adults. Only two members of the comparison group reported histories that included some form of sexual trauma.

Several facets of and observations from Groth's work merit particular attention within the context of the current research. Firstly, it is worth noting that among the offenders' assailants, 29 (27%) were adult females, and 15 (14%) were female peers (i.e., persons less than 5 years older than the subjects). Additionally, the pattern of victimization for rapists yielded some differences when compared with the pattern for child molesters. Among rapists, 13 (26%) had been pressured into sexual activity by an adult who was in "a position of dominance and authority" in regard to the subject and "enticed or misled the child into the sexual activity" (p. 13). Fifteen (30%) of the rapists reported histories of sexually stressful situations wherein "the anxiety resulted from family reaction to the discovery of the subject's involvement in sexual activity" (p. 13). In contrast, 39 (70%) of child molesters had experienced forcible sexual assault.

Other pertinent contrasts include the nature of victimization among rapists and child molesters and the gender of their respective perpetrators. Among rapists, 35 (70%) were sexually traumatized by family members, while only 15 (27%) of child molesters experienced incestuous victimization. Furthermore, 19 (38%) of the rapists incurred sexual trauma from adult females, while 12 (24%) of this group were traumatized by female peers.

In contrast, 30 (54%) of the child molesters were victimized by adult males. Among child molesters, 10 (18%) were victimized by adult females, and
only 3 (5%) met with victimization from female peers. Although the age of trauma for both rapists and child molesters was predominantly preadolescent (i.e., before the age of 13), 40% of the rapists had reached adolescence before being sexually victimized, whereas this was so for only 25% of the child molesters.

These observations from Groth’s work have bearing upon the issues of anger among male sexual abuse victims and how female perpetration may affect such anger. In reiterating that child molesters had more frequently experienced forcible assaults, while rapists had more often encountered pressure-filled or stressful sexual incidents, Groth noted:

The principal psychological impact of the former may be one of fear (especially of adults) and of the latter, one of anger. This would be consistent with the child molester’s turning away from adults and directing his interest towards children, who are safer and less threatening. The fact that rapists were victimized more by females than males may in part explain their victim-selection of women as targets in their offenses. (p. 15)

Among those offenders who did not appear to have been victims of sexual trauma during their developmental years, many more rapists than child molesters had an older, more experienced, consenting adult partner initiate them into sexual intercourse. Although the number or gender of these adult partners was not delineated, this observation as well as previously noted observations (e.g., regarding the number and types of nonforcibly assaultive trauma within the developmental histories of rapists and the older age of trauma onset more frequently seen among rapists) suggest that some angry or hostile emotional
sequelae possibly result from situations that might not be intuitively regarded as extensive or severe sexual abuse.

The second study regarding the presence of molestation histories among sexual offenders is the previously cited research of Petrovich and Templer (1984). This study focused upon the prevalence of heterosexual child molestation among individuals convicted of rape. As noted earlier, 49 (59%) of the 83 inmate subjects reported a history of heterosexual molest. Additionally, in 56 (77%) of these cases, the molester was sexually abusive on more than one occasion. Of the 60 (82%) of cases which involved sexual intercourse, 34 cases also included fellatio and cunnilingus, 3 cases involved fellatio, 1 case included cunnilingus, and 22 cases involved intercourse without oral sex. Although Petrovich and Templer did not assess the offenders' perceptions of or feelings toward the abuse experiences, the severity of the experiences would appear, at the very least, conducive to the presence (if not conscious acknowledgement of) anger.

When the research of Petrovich and Templer is considered in conjunction with Groth's findings and observations, there appears to be some support for the presence of heightened anger among male sexual offenders who have personal histories of sexual victimization. Such histories may, in turn, contribute to the perpetration of "anger rapes" and other sexual offenses fueled by individual anger.
Because the work of Groth (1979) and Petrovich and Templer (1984) utilized samples of incarcerated male sexual offenders, the generalizability of any inferences predicated upon their research is limited. Nevertheless, some extrapolations from Groth's research and previously noted studies seem pertinent with regard to the issue of how male sexual abuse survivors conceive of and cope with the emotional sequelae of their abuse experiences.

In laying the groundwork for such extrapolations, it is first worth noting Groth's (1979) observation that "when asked if they were ever the victim of a sexual assault as a child," many of his offender subjects "gave the curious response, 'It might have happened, but if it did I don't know it'" (p. 15). Groth offered some speculation as to why these particular subjects were unable to further explain or elaborate upon the possibility of prior victimization. He noted that "since the subjects were undergoing evaluation for disposition of their cases, a number of them may simply have denied victimization out of concern as to how such information might be viewed" (p. 15).

If such concern was present, it may suggest that among Groth's subjects, anxiety about being viewed as a "victim" outweighed any potential, judicial benefit that victim status may have offered with regard to being seen in a more sympathetic light. Such anxiety, in turn, may have been a logical outgrowth of the subjects' environment. Within a prison setting, the public perception of a "victim identity" could have held a myriad of harmful consequences for these inmate subjects.
The potential reluctance among Groth's subjects to reveal past victimizations may, however, reflect a larger issue that has already been noted. Namely, that males' acknowledgement of a sexual abuse history may often be considered tantamount to acknowledging a feminine status and its accompanying stereotypical traits of dependency, submissiveness, and passivity (Zaphiris, 1986).

Males with histories of heterosexual abuse thus may be particularly willing to cast such experiences in a positive or neutral light in order to assert their masculine role and concomitant imperviousness to the "feminine" phenomenon of victimization. With regard to the types of feelings held toward heterosexual abuse, Condy et al.'s (1987) study is again of especial relevance inasmuch as this research found that positive or mixed feelings toward noncoerced heterosexual molest were self-reported among a majority of diverse groups of male survivors (i.e., sexual offenders, persons convicted of nonsexual offenses, and college students).

In examining the possible tendency of male victims to frame sexual abuse experiences in more positive or neutral terms, two other works also are worth mentioning, particularly with regard to males’ retrospectively stated feelings about homosexual molest. As noted earlier, of the 412 men questioned in the Fritz et al. (1981) study, 20 (4.8%) acknowledged a molestation history. Among those with such a history, "the percentages of heterosexual and homosexual molestation were 60% and 40%, respectively" (p. 56). Although Fritz et al. did not distinguish between the feelings of male victims toward female versus male
perpetrated molest, only two subjects (10%) reported problems with adult sexual adjustment that were perceived as consequences of the sexual abuse. The majority of male subjects with molest histories provided a positive or neutral assessment of their sexual experiences.

In addition to the Fritz et al. (1981) findings, the clinical observations of Freeman-Longo (1986) are of note. Based upon his work with sexual offenders at the Oregon State Hospital, Freeman-Longo comments that although some perpetrators have personal sexual abuse histories, these histories do not foster empathy toward their own subsequent victims. In referring to offenders who had not yet begun the treatment process, Freeman-Longo writes, "In those cases where the men did reflect back on their own sexual victimization, they focused on what they considered to be the positive part of the experience, the pleasurable aspects of touch and good sexual feelings, and repressed the traumatic aspects" (p. 413). While Freeman-Longo does not provide specific information regarding the gender of those who sexually abused the later offenders, it seems reasonable to assume that at least some of the original perpetrators were males.

Although any generalizations from the Fritz et al. findings and Freeman-Longo's observations would be extremely tenuous, these reports do raise the interesting possibility that not all male victims of male perpetrated molest may express negative feelings about or fears of homosexuality resulting from such encounters. When such a possibility is viewed in conjunction with research describing the positive or neutral feelings accorded by males to female
perpetrated molest, it suggests that for some male survivors, the underreporting of sexual abuse may not be a sole reflection of concerns or fears regarding sexual orientation, but as noted earlier, may manifest concerns that span the more encompassing issue of masculinity and its perceived representation. As previously suggested, it seems that for some male victims, the assumption of positive or neutral feelings about abuse experiences could provide a "buffer" whereby a negative emotional sequelae such as depression might be warded off or "dampened." From such a perspective, such feelings could then be construed as coping mechanisms through which more stereotypically male reactions (e.g., feelings of being "in control") might be maintained.

Many males also may receive cultural reinforcement for refusing to acknowledge abuse incidents as victimizations (Crewdson, 1988; Zaphiris, 1986). At the heart of such reinforcement, however, may lie a more fundamental cultural prohibition. Namely, that particular emotional reactions (e.g., depression) are more strongly connoted as "feminine" and thus, more virulently discouraged among males. If such is the case, it would offer additional support to the notion that some male victims report positive or neutral feelings toward sexual abuse experiences in order to negate the effects and/or occurrence of depression. Thus in spite of clinical observations detailing depression in male victims, the lack of empirical research regarding depression among adult male survivors may signify a culturally based lack of interest in or appreciation for the necessity of such study.
The existence of cultural prohibitions against depressive reactions in male sexual abuse victims further may carry grave implications for those survivors who cannot sustain positive or neutral affect toward the abuse experiences. For such individuals, negative affect may more readily be expressed through anger; an emotion that males may be able to demonstrate with more encouragement and toleration from the larger society. With this possible cultural approbation as a support, a minority of male victims may, in turn, "act out" their anger through committing sexual offenses themselves.

The possible expression of anger through sexual offending does not, however, address the issue of anger within the larger population of nonvictimizing male survivors. The expression of anger through sexual aggression also is a phenomenon that may be influenced by a variety of developmental factors unrelated to the occurrence of past sexual victimization. Even if past victimization does play a role in the evolution of future sexual aggression, the particular components of prior abuse experiences (e.g., the presence of coercion; the gender of the perpetrator) may figure more prominently than the abuse itself with regard to the selective development of sexual offending.

Nevertheless, as any postulation is, at best, tenuous within this underresearched area, one extrapolation may be warranted. That is, since anger may well receive more cultural support as a "viable means" of male emotional expression (particularly when contrasted to depression), it also may be more
readily present than depression among adult male sexual abuse survivors. Yet because no empirical research has utilized any objective personality testing to explore this possibility, it remains like some of the other issues raised in the current paper - - an open and debatable question in need of initial investigatory work. Additionally, as with their female counterparts, no objective testing has been done with regard to how male sexual abuse survivors respond to specific items concerning the expression of angry or aggressive feelings.

In closing this section, it is worth noting several observations which summarize information on the treatment of sexually abused males. Groth (1979) comments upon the professional necessity of attending to young male victims in order to understand and evaluate the impact and consequences of abuse experiences. Within this process, Groth notes the need for developing therapeutic programs to assist young males who have been sexually traumatized.

A decade later, however, Bolton et al. (1989) similarly observe a great need for treatment programs designed for male victims of sexual abuse. In reporting the results of an informal survey of programs providing services to sexual abuse victims in the United States, Bolton et al. note that less than 5% "described programs specifically designed for the male victim of any age and fewer still for the male adult survivor of childhood sexual abuse" (p. 94).

In their comparison study of 25 sexually abused boys and 180 sexually abused girls, Pierce and Pierce (1985) also note that when psychotherapeutic treatment was recommended for these children, male victims were more likely to
complete treatment, but were seen for less time than females. The majority of males were seen for 4 or fewer months, while less than half of the females were seen for such a relatively brief period. Although Pierce and Pierce observe that the small sample of males might affect any interpretation of their findings, they suggest several reasons as to why abused boys were kept in treatment for shorter periods of time than abused girls. Among such reasons was the assumption of professionals that boys would be less disturbed by abuse experiences than girls.

These observations are striking because they denote the static nature of professional interest in and services for male survivors of sexual abuse. That little development of services for sexually abused males has occurred within the past decade is all the more noteworthy because this lack of development lies in contrast to increasing services for female survivors. The imbalance in treatment programming suggests that professionals are not providing equal understanding with regard to the emotionally traumatizing aspects of sexual abuse for both male and female victims.

Interestingly, Schiff (1980) provides some possible insight into why the male victim is accorded so little professional and public understanding. Schiff notes that "unfortunately, many individuals look sneeringly at the male victim, and probably think, 'He got what's coming to him!'" (p. 1501). Although Schiff's comment was focused upon the child and adult male rape victim, his observation seems equally applicable to male victims of other types of sexual assault inasmuch as many of the avenues for such assault reflect situations viewed with
disdain by the general public (e.g., male prostitution; prison or any other institutionally perpetrated assault; or any type of experience that involves sexual contact between two males). While female survivors of sexual victimization also face societal censure in the form of "victim blaming" (i.e., holding the victim responsible for the perpetration of the offense), cultural strictures for male victims may be even more severe. As our society frequently equates masculinity with aggression and power, the victimized male may become a public symbol of weakness. If such a perception exists, the increased societal awareness of male sexual victimization (Finkelhor, 1984) may coexist with a public ambivalence toward the acceptance and care of the male survivor. Anger among some sexually abused males thus may stem not only from the victimization experience and its accompanying interpersonal betrayal, but also from the way in which the larger society conceives of and treats the phenomenon of male victimization.

**Studies of Depression Among Females with Sexual Abuse Histories**

Clinical observations of depression among females with sexual abuse histories have appeared in the literature since the early case reports of Sloane and Karpinski (1942) briefly referred to the presence of depressive symptoms in some young women with histories of incest. Subsequent to these initial observations, similar reports have been made by other clinical observers (Kaufman, Peck, & Tagiuri, 1954; Porter et al., 1982; Rosenfeld, Nadelson, Kreiger, & Blackman, 1977).
While some previously noted studies based on clinical samples have not shown well-delineated differences in depression between sexually abused and nonvictimized females (Browne & Finkelhor, 1986; Meiselman, 1978), studies of nonclinical samples more recently have pointed to greater depressive symptomatology among adult women who had been sexually victimized as children. As an outgrowth of a community mental health study conducted in Calgary, Alberta, Bagley and Ramsay (1986) noted that 21.7% of a random sample of 377 women reported experiencing serious sexual assault during childhood (i.e., up to the age of 16). "Serious sexual assault" was defined as a sexual experience "involving either someone at least three years older than the subject, or someone of any age using direct force or threat to effect at least a manual assault on the child's genital area" (p. 36).

Bagley and Ramsay also administered various instruments to assess depression among their sample of subjects. On the Middlesex Hospital Questionnaire's measure of depression, 15% of the sexually abused as compared to 7% of the nonabused reported experiencing depressive symptoms. Likewise, women with a history of child sexual abuse scored significantly more depressed than nonabused women on the Centre for Environmental Studies Depression Scale (CES-D); i.e., 17% versus 9% with clinical symptoms of depression in the last week (Bagley & Ramsay, cited in Browne & Finkelhor, 1986).

The possible link between childhood sexual abuse and depression has been investigated in other studies of nonclinical female samples. Peters (cited in
Browne & Finkelhor, 1986) interviewed a random sample of 119 women in Los Angeles, California and found that physical contact within sexually abusive experiences was "associated with a higher incidence of depression and a greater number of depressive episodes over time" (p. 69). Women with sexual abuse histories also were more likely to have been hospitalized for depression than were nonvictimized women. Additionally, Browne and Finkelhor (1986) cogently note with regard to the Peters' study that "in a multiple regression [which] included both sexual abuse and family background factors . . . the variable of child sexual abuse made an independent contribution to depression" (p. 69).

Studies of depression in female sexual abuse survivors have been conducted with nonclinical samples of college women as well. In a study of 301 college women, Sedney and Brooks (cited in Browne & Finkelhor, 1986) found a greater incidence of depressive symptoms in subjects with histories of child sexual abuse. Sixty-five percent of the women with abuse histories reported such symptoms in contrast to 43% of the nonsexually abused women who constituted the control group. As with Peters' findings, those who had been abused also were more likely to have been hospitalized for depression. Eighteen percent of the abused subjects had been hospitalized in contrast to 4% of the nonabused, control group subjects.

Browne and Finkelhor note that the Sedney and Brooks findings are surprising in light of the latter researchers' use of a broad definition of sexual contact which may not have discerned and excluded some consensual experiences
with peers. The former authors observe, however, that the results of Sedney and Brooks are consistent with the results obtained from a more carefully controlled study undertaken by Briere and Runtz (cited in Browne & Finkelhor, 1986). In their survey of 278 undergraduate women, Briere and Runtz employed 72 items of the Hopkins Symptom Checklist. Subjects' responses to these items indicated that women with sexual abuse histories reported having more depressive symptoms during the 12 months preceding the study than did women with no histories of sexual victimization.

When viewed together, the aforementioned studies of nonclinical samples suggest that depression is not uncommon among women who have experienced sexual abuse. Browne and Finkelhor (1986) go so far as to note that empirical findings "seem to confirm" the clinical literature's frequently cited observations of depression as the "symptom most commonly reported" among adult females molested as children (p. 69).

The claim that depression is more likely to be manifested in women who were sexually victimized during childhood appears to obtain further support from clinical reports concerning long-term emotional changes in women who have undergone other types of sexual trauma. For example, of the 41 adult female rape victims interviewed by Nadelson et al. (1982) 1 to 2 1/2 years after the assault, 17 (41%) stated that they "experienced depressive feelings related to the rape." Additionally, some of these individuals experienced "continuous sadness and others noted intermittent episodes of severe depression" (p. 1268).
The emotional reactions of adult women rape victims cannot, of course, be viewed as completely comparable to the emotional sequelae experienced by adult females who were sexually abused as children. Nevertheless, the presence of depressive symptoms among both groups may suggest that regardless of the age of the victim or type of abusive incident, sexual trauma is capable of instilling depressive reactions in those who are victimized. Furthermore, it may be that a history of early sexual abuse incurs such depressive symptomatology as hopelessness and thus sets up a pattern whereby the female victim does not feel confident in her ability to protect herself from later sexual trauma. Such a possibility is alluded to in studies by Fromuth (1986), Miller, Moeller, Kaufman, DiVasto, Pathak, and Christy (1978), and Russell (cited in Browne & Finkelhor, 1986). These investigations found that women with histories of child and adolescent sexual abuse had a heightened vulnerability to sexual revictimization when compared with women who did not have histories of early sexual trauma. Indeed, Fromuth (1986) found that even when considered in conjunction with parental support factors, a history of sexual abuse made an independent contribution in predicting the occurrence of future coercive sexual experiences. Based upon the findings of these studies, it thus is possible that a tendency toward revictimization may not reflect only a depressive reaction such as hopelessness, but also the concomitant depressive feature of low self-esteem and its accompanying sense of personal mistrust (i.e., particularly with regard to individual perceptions of interpersonal danger).
Yet in spite of the empirical studies and clinical observations which endorse the greater likelihood of depressive symptoms in female sexual abuse survivors, this body of work is confronted by some methodological shortcomings. As noted earlier, a review of the literature reveals no study to date that has employed the standard form of the BDI in the assessment of women with sexual abuse histories. Fromuth (1986) did employ the short form of the BDI in her study of 383 sexually abused and nonabused college women. From her investigation, Fromuth found that 12% of the abused women scored at the level representing moderate to severe depression; a finding that did not significantly differ from the 14% of nonabused women who scored in this same range. Nevertheless, it should be noted that while the short version of the BDI correlates well with the original form (Beck & Beamesderfer, cited in Fromuth, 1986), no replication of Fromuth's study has been done.

The lack of replication with the short form and the concomitant void in research employing the original version point to the continued need for investigating the proposed, long-term effect of depression through the administration of the BDI to adult females with sexual abuse histories. The current research attempts to meet this need through the administration of the standard form of the BDI to such women.

Two closing observations remain with regard to the issue of depression in adult females with histories of childhood sexual abuse. Firstly, in their study of individuals molested as children, Fritz et al. (1981) reported that the sole
significant difference between abused women noting current sexual maladjustment and abused women not reporting current sexual problems was the past use of positive coercion to perpetrate the sexually abusive incidents. "Positive coercion" was defined as the offering of rewards to induce sexual interactions with a child. Fritz et al. suggested that the guilt incurred by "succumbing to molestation without physical force" might compound the trauma associated with the abuse "such that its [i.e., the molestation's] effect is felt in adult life." In comparison, "the recipient of verbal threats or physical attack could absolve herself of culpability" and thereby alleviate guilt-inducing feelings of responsibility for the molestation (p. 58). Put in more everyday parlance, the victim of positively coerced sexual abuse may not see herself as having put up "any struggle" to "defend" herself. For Fritz et al., the "critical nature" of positive coercion was underscored "by the fact that the problem and no-problem groups did not differ with respect to frequency of coercion (without regard to type of coercion)" (p. 58).

Although the majority of molested females questioned in the Fritz et al. study tended to assign decidedly negative qualities to their early sexual experiences (in contrast to molested males' tendencies to assess the experiences in positive or neutral terms), the self-reports of current sexual maladjustment among women with histories of "positive coercion" raise, by extension, some pertinent questions with regard to the long-term presence of depression in such victims. In other words, one can speculate as to whether or not there is a
greater likelihood of depression in women who were subjected to sexual abuse instigated through positive coercion.

The additional report of Condy et al. (1987) concerning the past and current negative perceptions of male victims toward forcibly coerced sexual experiences with females also presents an interesting sidelight to the issue of depression among female victims of positively coerced abuse. This sidelight represents the possibility that depression among women survivors may be more influenced by a history of positive coercion, while a history of negative coercion may be more conducive to depression in adult male survivors. This latter possibility will be explored more fully in the following section.

While these conceptualizations are purely speculative, it is intriguing to again note that in the Fritz et al. (1981) study, males with histories of either heterosexual or homosexual molest were not only more likely than their female counterparts to assess their childhood sexual contact(s) in positive or neutral terms, they were also more likely to have experienced sexual abuse predicated upon positive coercion. Although the noted assessments do not necessarily imply that male victims had no depressive symptoms fostered by sexual abuse, such reactions may suggest that some of the possible antecedents for depression (e.g., guilt) are less frequent in the positively coerced male and more common in the positively coerced female.

Discussion of any potential, emotional concomitant of sexual abuse once more should be tempered with the realization that other personal, familial, or
social factors may prompt or influence the display of a given affective reaction. With this caveat in mind, there does appear to be some empirical grounding to the claim that sexual abuse plays an independent role in later fostering depression among adult female survivors. Yet as with the previously noted phenomenon of anger in men and women with sexual abuse histories, the possible concomitant of depression may itself be affected by factors more germane to the particular type of abuse incidents and aspects pertaining to the offenders and victims involved in such incidents.

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**Studies of Depression Among Males with Sexual Abuse Histories**

Although a review of the research yields no evidence of any direct empirical studies of depression among adult male survivors of sexual abuse, the various surveys and clinical reports done with relation to this topic have produced a mixed view toward the issue. Specifically, male victims of heterosexual molest have been reported as having more positive, neutral, or mixed feelings regarding the self-perceived retrospective impact of the molest upon their general present functioning and/or current sexual attitudes and functioning (Condy et al., 1987; Fritz et al., 1981; Woods & Dean, cited in Bolton et al., 1989).

Such self-reports also have been echoed in other survey work which has examined subjects' reactions to male as well as female perpetrated abuse. Baker and Duncan (1985), in their study of child sexual abuse prevalence in Great
Britain, observed that only 7 of the 206 subjects reporting sexual abuse histories further reported that the experiences had "improved the quality of their lives" (p. 462). Yet of the 7 persons reporting improvement, 5 (71%) were male, with over half of these cases involving abuse committed by women. Additionally, males with histories of either homosexually or heterosexually perpetrated abuse (i.e., 40% of the 206 subjects) reported feeling "significantly . . . less damaged by their abusive experiences" than their female counterparts (p. 462). This finding is interesting in light of the fact that these males also reported a greater variety and number of sexually abusive experiences than did females with such histories and were further more likely than females to have been subjected to abuse involving noncoital physical contact (though boys and girls were at equal risk for abuse involving intercourse).

As with males' responses to the Knox County, Tennessee survey (cited in Crewdson, 1988), the findings of the Baker and Duncan study provocatively suggest that men may view even quite serious and/or extensive childhood sexual contacts with adults as "experiences" and hence, not attach "abuse" connotations to such contacts (or attach a lesser degree of personal severity to these experiences). The Baker and Duncan study furthermore lends some support to the notion that males' more positive or neutral assessments of abuse incidents may sometimes extend to male perpetrated molest; a possibility that has already been cited with regard to the findings of Fritz et al. (1981) and the observations of Freeman-Longo (1986). In turn, this possibility again raises the issue as to
whether or not the positive or neutral assessments of male victims toward sexual abuse serve to dampen or negate any depressive reactions that may result from victimization experiences.

Nevertheless, it must once more be noted that not all surveys and clinical reports have consistently found or observed positive or neutral affective reactions among males to homosexually or heterosexually perpetrated abuse. Indeed, the work of Johnson and Shrier (1985, 1987) reveals a somewhat inexplicable development in the stated perceptions of sexually victimized boys and young males toward heterosexual abuse incidents. In their first study (Johnson & Shrier, 1985), the authors noted the results of a 6 year experience wherein all medical interviews of adolescent males in an adolescent medicine clinic included questions regarding sexual molestation. Forty adolescent males reported such sexual trauma during their preadolescent years. This study group was then compared with a randomly selected, age-matched sample who did not report preadolescent abuse.

While in the course of the first survey, "a number of . . . adolescent males reported having had an initial sexual experience during preadolescence with an older teenage or adult woman," these experiences were not included in the study as they were not perceived by the adolescents as "forced sex" (although, as the authors have noted, these experiences would be defined as molestations using Finkelhor's somewhat conservative 1979 definition of molest) (p. 375). In a similar, subsequent study done in the same adolescent medicine...
clinic (Johnson & Shrier, 1987), however, a study group of 11 adolescent and young males reported experiencing female perpetrated molest committed against them as children, preadolescents, or adolescents as highly traumatic.

Johnson and Shrier (1987) further observed that "with regard to the effect of the sexual molestation - - both the recollection of the immediate impact and the current self-perceived impact on the victim's life - - no significant differences were noted between the male-molested [n = 14] and the female-molested groups" (p. 651). The majority of both groups recalled the immediate impact of the molestation as "strong" or "devastating" and continued to rate the abuse experience in the same manner at the time of reporting several years later.

It is interesting to speculate as to why these two, similar studies yielded different self-stated perceptions of boys and young males toward female perpetrated molest. It could well be that veritable differences existed between the two groups of female-molested males such that each group perceived the sexual experiences in quite different ways. It also is possible that the authors, in some manner, changed the tone of the medical interviews so as to make the acknowledgement of female perpetrated molest "easier."

The Johnson and Shrier studies additionally comment upon the assessments of young male victims toward homosexually perpetrated molest. In their 1985 study, Johnson and Shrier noted that 60% of the 40 adolescent males reporting histories of preadolescent sexual abuse perceived the sexual assault(s) as having had a significant impact on their lives.
Furthermore, in each Johnson and Shrier study, male-molested boys were more likely than female-molested youth (1987) or the control groups of nonmolested adolescents (1985, 1987) to label themselves as homosexual or bisexual. In the 1985 study, male-molested boys "identified themselves as currently homosexual nearly seven times as often and bisexual nearly six times as often as the control group" (p. 374). In the 1987 study, over half \( (n = 8) \) of the male-molested boys identified themselves as homosexual or bisexual and "often linked" their sexual orientation to their "sexual victimization experience(s)." In contrast, the female-molested group "seemed no more likely to identify themselves as homosexual than the control group of unmolested adolescents" (p. 651).

Based upon the self-reports of their subjects, Johnson and Shrier (1987) put forth the previously noted observation that the male victim of male perpetrated molest may label the experience as homosexual and concomitantly misperceive himself as homosexual. Additionally, Johnson and Shrier observed that such misperceptions may be especially heightened if the male victim "has had no opportunity to be reassured and relieved of his guilt and anxiety about his role in the molestation experience. Once self-labeled as homosexual, the boy may then place himself in situations that leave him open to homosexual activity" (p. 652). In drawing from data collected during psychiatric interviews conducted with a small sample of male and female incest survivors presenting at a psychiatric walk-in clinic, Bess and Janssen (1982) have echoed Johnson and
Shrier's observations in noting that a significant number of male survivors who reported homosexual incest seduction also had made "a homosexual orientation adjustment in adult life" (p. 43). Johnson and Shrier (1987) have noted cogently, however, that the majority of homosexual men do not report histories of child molestation, and the majority of male pedophiles do not consider themselves to be homosexual. Nevertheless, it may be of some significance to note that the majority of sexually traumatized males in the Bess and Janssen (1982) and Johnson and Shrier (1985, 1987) studies were either black or Hispanic. Sexual abuse committed against males who are also members of minority groups thus may incur greater doubts or fears (perhaps because of differing cultural variables) related to issues of sexual orientation. In turn, it is conceivable that such reactions may contribute to the formation of depressive symptoms among some of these individuals (though self-doubts regarding personal sexuality also may effect a depressive concomitant among male victims who are not minority group members). As a point of contrast, it is interesting to observe that several authors (Finkelhor, 1984; Meiselman, 1978) have found scant connections between sexual abuse committed against females and subsequent homosexual activity. Issues concerning future sexual preference therefore may be more germane to the emotional aftereffects of sexual abuse as experienced by males.

The Johnson and Shrier studies further note that victimized males may experience broader concerns associated with anxiety, feelings of helplessness, and
guilt. These authors (1987) have suggested that such feelings (as described by both study groups) also affected the high rates of sexual dysfunction reported by male as well as female-molested youth.

The incidence of sexual dysfunction and the subjective sense of psychological distress reported by each group with regard to the molestation experiences have led Johnson and Shrier (1985, 1987) to note some similarity between the psychosexual reactions of their victimized adolescent male subjects and the reactions observed among adult female rape victims (Nadelson et al., 1982). Such a possibility suggests that there may be some common affective responses among male and female sexual trauma victims (e.g., anxiety, helplessness, and guilt) that are revived by attempts at subsequent sexual activity (Johnson & Shrier, 1987) and also may function as the emotional precursors to a more "full-scale" depressive reaction.

Yet given the relatively small samples employed in the Johnson and Shrier (1985, 1987) and Nadelson et al. (1982) studies, any generalization of this possibility to larger and/or more varied groups of sexual trauma victims is not presently warranted. Johnson and Shrier (1985) also point to the general difficulty in interpreting the personal meaning given to terms denoting individual assessments of life events and their potential impacts. In commenting upon the fact that 60% of their initial study group reported "a subjective impression that their childhood sexual experience had a significant impact on their lives," these
authors state the concomitant need for further investigation to clarify "which areas of their [i.e., the subjects'] lives they consider to have been affected" (p. 375). From a broader perspective, this observation has import for any discussion of depression among male victims of sexual abuse as it underscores the complexity of translating statements which imply a self-perceived negative or adverse impact resulting from the abuse. Thus, while phrases such as "significant impact," "negative assessment," or "bad feelings" are sometimes useful terms to employ in surveys, they are not tantamount to individual acknowledgements of depressive reactions.

This observation also serves to highlight the continued need for studies which more directly attempt to ascertain the presence of depression among adult males with sexual abuse histories. The terminology applied in previous surveys has left an "on the one hand, but on the other hand" mark upon the task of conceptualizing if and how depressive reactions affect male sexual abuse victims. Such a mark can be clearly seen in the current study's consideration of depression and its expression among male survivors. It has been noted that victimized males may "defend against" depression by looking upon (and/or feeling culturally mandated to look upon) childhood sexual contacts as "experiences" rather than as abuse or by developing angry rather than depressive reactions. Yet a "flip side" to these possibilities exists; namely, that rather than castigating the male victim, the larger society may react to the sexually abused male (when compared with the abused female) in such a manner as to ameliorate
more readily any negative emotional sequelae stemming from an abusive incident(s).

Questions also have been raised with regard to how the type of coercion employed in the perpetration of sexually abusive incidents may influence the potential advent of depression among some abuse survivors. One possibility that was put forth centered upon the way in which "negative coercion" may be more likely to effect a depressive concomitant for sexually abused males, while "positive coercion" may be more likely to effect such a concomitant among sexually abused females. This possibility, however, is itself subject to the same scrutiny and alternative explanation put forth with regard to other issues surrounding the existence of depression in men and women with sexual abuse histories. For example, the Condy et al. (1987) and Fritz et al. (1981) studies have noted that males with histories of "positively coerced" childhood or adolescent sexual experiences assessed such experiences in positive or neutral terms (the Condy et al. study further noting that males abused through forcible coercion assessed the experiences in negative and traumatic terms). In contrast, Johnson and Shrier (1987) found that although the "vast majority of . . . female molesters used persuasion rather than physical force or threats (10 of 11 cases)," most of the study group of female-molested males nevertheless considered the molestations to be traumatic (p. 651). In this respect, then, Johnson and Shrier's study group of female-molested males resembled Fritz et al.'s group of females who had been subjected to positively coerced sexual molestation by
predominantly male perpetrators. Both groups assessed their nonforcibly coerced sexual experiences in decidedly harmful terms.

It should be noted that an "either/or" state of affairs surrounding the issue of depression among males is not entirely unexpected at this point in the development of empirical research concerning the emotional concomitants of sexual abuse, particularly as such effects relate to the experiences of male victims. Indeed, at this juncture, the dearth of empirical knowledge concerning the aftereffects of male sexual victimization warrants the depth of exploration that reasoned speculation can provide.

It is clear, however, that given the present level of research regarding this topic and related issues, it is not yet possible to reconcile divergent findings. With this thought in mind, the current study does not take on such a task but rather elects to note those existing observations from case reports and small-scale studies of clinical samples that lend some useful, initial perspectives to the consideration of depression among male victims of sexual abuse.

Certainly, clinical reports (Bolton et al., 1989; Gil, 1988; Sarrel & Masters, 1982) have provided descriptions of depressive reactions among sexually victimized males. Nielsen (1983) conducted a literature review of the current perspectives on the sexual abuse of boys and concluded that two-thirds of all victims of childhood sexual abuse suffer some type of emotional difficulties, of which depression was among one of the most common effects described. Nielsen further proposed that individuals may encounter "depression and sexual
dysfunction" in adulthood if the emotional trauma resulting from abuse remains unresolved (p. 141).

Nielsen's work provides no explanation as to why these two particular sequelae (i.e., depression and sexual dysfunction) are proposed to persist without the intercession of trauma resolution. However, given the findings of previously noted studies regarding the presence of sexual dysfunction or sexual performance anxieties among sexually abused males (Johnson & Shrier, 1985, 1987; Masters, 1986; Sarrel & Masters, 1982), some relevant suppositions appear to exist with regard to the proposed concomitant of depression. Masters (1986), for example, observes that the evolution of sexual performance anxieties in victimized males may develop secondarily from the broader sense of loss with regard to personal security in the masculine role or from the fear that peer groups will label victimization as "weakness." While the Masters' study focused upon female-perpetrated assault, there is no reason to assume that Johnson and Shrier's (1985) male-molested subjects did not feel a similar sense of loss or fear in addition to their stated sexual performance concerns.

The principal or more encompassing supposition resulting from these observations reflects the notion that the loss of security within one's male identity may be the "common denominator" which links the possible sequelae of depression and sexual dysfunction in adult males whose abuse traumas are not resolved. If such is the case, there would again appear to be some similarity between the reactions of sexually abused males and female rape victims with
regard to the traumatic emotional impact of losing control over individual security (Nadelson et al., 1982). However, the possibility that a male may feel this loss in conjunction with a loss of control over his masculine identity carries some potentially distinct emotional import. Depression and sexual dysfunction may be especially salient emotional features for adult males with histories of unresolved sexual trauma when such men are confronted by the demands of engaging in developmentally appropriate sexual contacts. Such contacts are often culturally interpreted as times in which a man has (or should have) his greatest sense of personal control and masculine identity. In light of this societal view, the adult male survivor may face several emotional predicaments. He not only may encounter anxieties regarding the "adequacy" or "normalcy" of his sexual performance, he also may possess feelings of doubt and/or depression centering around his ability to "take control" in a manner that is culturally sanctioned or encouraged for males.

In commenting upon the way in which depression and sexual dysfunction may concurrently affect some adult male survivors, a larger issue can again be framed. Namely, because of possible cultural prohibitions against males' direct expression of depression, this potential sequelae may be more readily apparent in tandem with other sequelae such as sexual dysfunction. This possibility appears heightened by the observation of victimized young males being less likely to talk about molestation experiences with family members (i.e., when compared to victimized females) (Fritz et al., 1981). Such males may encounter perceived or
enunciated discouragement from talking about their abuse experiences or they may simply feel that such discussion would not alter their life circumstances or prevent the abuse from recurring. In any case, the observed reluctance of males to discuss or their suggested reluctance to report (Johnson & Shrier, 1985) sexually abusive incidents also may work to promote the more indirect expression of depressive reactions among men with sexual abuse histories (such that these reactions "come out" in concert with other symptoms of abuse).

While depressive reactions in male victims of sexual abuse may be found in conjunction with other negative sequelae, this observation does not mean to imply that depression cannot "stand alone" as a potential effect of abuse committed against males. Several clinical reports (Bolton et al., 1989; Sarrel & Masters, 1982) have cited depression as a common emotional concomitant of sexual abuse perpetrated against males.

In noting that at least some male victims experience depression as a frequent concern, it behooves any discussion of the issue to examine the way in which professionals may view the existence of depression among these individuals (i.e., as such an understanding may provide insight into the dearth of studies concerning depression as a potential primary concomitant of sexual abuse committed against males). Although extrapolation also guides this examination, it is important to consider how depressive reactions may or may not be heightened by the diagnoses given to sexually abused males. In elucidating this point, the work of Adams-Tucker (1982) may provide a cogent example.
In her study of the proximate effects of sexual abuse in childhood, Adams-Tucker reported on the diagnoses given to 28 abused children (22 girls and 6 boys) evaluated at a university-based child guidance clinic. Data were gathered from clinic records and from the evaluators on a variety of variables. Based upon this work, Adams-Tucker stated that "one can draw on a continuum a composite portrait of augmented emotional disturbance in these 28 children using the following factors, in decreasing order of importance: being female; being unsupported by a close adult; being molested by one's father (and being molested by more than one relative); being genitally molested; and having a presenting complaint of suicidal, withdrawn, runaway, aggressive, or sex-related behaviors" (p. 1255). Interestingly, although five of the six male victims had been forced to perform fellatio, they received less severe diagnoses than those given to the 18 genitally molested girls (i.e., with the molest involving the perpetrator's manual or genital contact with the child's genitals).

These differences in diagnoses are compelling for several reasons. Firstly, such differences may suggest that evaluators took a more benign view to the sexual abuse sequelae exhibited by molested boys. Conversely, these differences also may be attributable to differences between molested boys and girls with regard to other variables that could have influenced individual reactions to abuse incidents (e.g., Adams-Tucker noted that half of the abused boys received considerable support from a significant adult).
Yet from a larger perspective, it may be that regardless of the specific reason(s) for the differences in diagnoses (i.e., whether or not they emanated from differences in professional and/or sociofamilial appraisal), the resulting effect could conceivably be one of lessening or elevating depressive reactions among male victims. With regard to the former possibility, a more benign view toward the effects of victimization and/or the victim himself may serve to alleviate feelings of personal damage or guilt, thereby also alleviating some of the likely antecedents of depression. If this possibility represents an accurate assessment of perceptions toward male victimization and the sexually abused boy, then it may be that depression is less common among male as compared to female victims (though for different reasons than those previously suggested).

The latter possibility, however, may reflect an opposing scenario. The less severe diagnosis of the male victim may indicate that some potentially relevant symptomatology is not being "picked up on" during the course of the victim's clinical assessment. While such a failure in judgment may not carry any immediate consequences for the victim, the cumulative effect of inattention to the full range of possible emotional concomitants may be such that a depressive reaction is fomented after a span of dormancy. Additionally, such a reaction could be heightened by the victim's general impression that his emotional needs were not considered worthy of greater professional concern.

Naturally, it is difficult, if not impossible, to carry this issue beyond the level of suppositions based solely upon the observations of one study.
(Adams-Tucker, 1982). Nevertheless, a previously cited observation from Pierce and Pierce (1985) also asserts that professionals may assume boys suffer less emotional disturbance from their sexually abusive experiences than girls. Although based exclusively upon clinical speculation, this observation highlights the questionable nature of professional attitudes toward the male victim of sexual abuse. The possible existence of a generically "tepid" response to the male victim further may contribute to the formation of less severe diagnoses with regard to the emotional impact of such abuse upon boys and young males.

This possibility, however, constitutes another speculation. Thus, the issue of professional opinions influencing diagnostic impressions and concomitantly, the formation of depression among sexually abused males remains a matter for continued debate. Interestingly, one exploratory means toward the resolution of such debate may lie with the perceptions of the victims themselves. Some knowledge may be gleaned from asking males who received psychodiagnostic and/or psychotherapeutic services following reports of sexual abuse how they conceived of the treatment accorded to them and its perceived effects upon their emotional status.

Before concluding this section on depression among males with sexual abuse histories, one additional clinical observation appears necessary. As postulated earlier, the expression of depressive reactions in male victims may indirectly occur in conjunction with other (often more readily apparent) behaviors which also may be symptomatic of the abuse. Of especial note is the possible
relationship between the affective sequelae of childhood sexual victimization and the development of substance abuse. This relationship has been suggested in studies of both female sexual abuse victims (Briere, cited in Browne & Finkelhor, 1986; Peters, cited in Browne & Finkelhor, 1986) and male and female substance abusers (Benward & Densen-Gerber, cited in Rohsenow, Corbett, & Devine, 1988; Cohen & Densen-Gerber, cited in Rohsenow et al., 1988; Harrison & Lumry, cited in Rohsenow et al., 1988). The investigations of substance abusers are hampered, however, by a lack of control group data, thus making it impossible to say whether the reported rates of childhood sexual abuse among such individuals are higher than the rates would be for matched control samples (Rohsenow et al., 1988).

Nevertheless, the Rohsenow et al. study is noteworthy in its own right as it relates to the issue of substance abuse among males with sexual victimization histories and how such abuse may be, in part, a function of more general depressive symptoms within these men. The subjects of Rohsenow et al.'s study were adult and adolescent males and females who had been admitted to an inpatient chemical dependency rehabilitation program during certain selected periods of time. The authors’ principal question was whether the rates of reported sexual abuse would rise following the professional staff's instigation of routinely asking patients about the presence of child sexual abuse histories. Four 6 month periods of time were chosen to reflect the point at which no questions pertaining to sexual abuse were asked, the points at which questions were asked
unsystematically or if a patient showed any signs of having experienced child sexual abuse, and that point when each patient was asked routinely, and at various times, about the occurrence of prior sexual victimization.

Rohsenow et al. employed a stringent definition of child sexual abuse in order to identify only those individuals with "serious unresolved issues" (p. 15). The criteria of this definition included the victim's having been 16-years-old or younger when the abuse first occurred, the sexual event having involved some direct physical contact with unclothed genitals, rather than incidents of exhibitionism or solicitation, and the sexual event having been experienced as dysphoric by the victim either at the time or when the victim was older. The final criteria were the perpetrator's having been at least 5 years older or more powerful than the victim, and the victim's perception of the event as still unresolved (e.g., assistance to effect a successful psychological resolution was not provided during childhood by a supportive adult).

This detailed account of the Rohsenow et al. study provides a fuller appreciation of the authors' findings. Rohsenow et al. report that before routine inquiry began, only 4% of adult males and 20% of adult females acknowledged a history of sexual abuse. After routine inquiry began, the rate of reported child sexual abuse quadrupled for adult males and rose to 74% to 77% of adult females. Among adolescent boys, the authors note that "the rates of reported . . . sexual abuse appear to be much higher . . . than for the adult males as 23 to 42% of the teenaged males admitted to having been molested"
Additionally, Rohsenow et al. observe that as but one adolescent female was in treatment during the first time period under investigation (i.e., thereby prohibiting comparisons), "the reports of child sexual abuse currently range from 71 to 90% of . . . teenaged girls compared to only 50% when the question was only occasionally asked" (p. 15).

The results of Rohsenow et al.'s study appear particularly relevant to the issue of the indirect expression of depression among victimized males. This relevancy exists not only because of the dramatic increases in reporting of male victimization following the "routine" asking of questions regarding prior sexual abuse, but also because of the possible implications inherent in any proposed relationship between past sexual victimization and later chemical dependency. Rohsenow et al. address such implications in noting that among the several theoretical reasons which may underlie any postulated relationship is the broad conceptualization that substance abuse may be an attempt to control the "various dysphoric emotional states" (p. 17) that can arise from the unresolved trauma of sexual abuse. Reminiscent of studies detailing the possible emotional underpinnings of sexual dysfunction among sexually abused males (Johnson & Shrier, 1985, 1987), Rohsenow et al. also observe that substance abuse may serve as a means for coping with other proposed long-term effects of sexual trauma such as a sense of individual powerlessness, low self-esteem, and social isolation resulting from a "damaged sense of self, impaired social skills, and inability to trust others" (p. 17).
That substance abuse may be an especially pertinent avenue for further exploring the issue of depression among males with sexual abuse histories is again suggested by comments from Rohsenow et al. which echo previously noted comments (Johnson & Shrier, 1985, 1987; Zaphiris, 1986) regarding the possible motivations underlying males' proposed hesitancy to report abuse incidents.

Rohsenow et al. assert that men have been:

Even more reluctant [i.e., than women] to disclose their own childhood sexual victimization . . . because: (a) the lack of media coverage of boys as victims has led boys to think that no one will believe them if they disclose and that there must be something feminine about them if a man would sexually use them, (b) men are afraid of being stigmatized as homosexual if they disclose their victimization by a man and of being stigmatized as 'sick' or liars if they report being victimized by their mothers, and (c) men are taught to be self-reliant emotionally and not tell others about being hurt. (p. 14)

These assertions once more imply that sexually abused males may manifest the antecedents of depression (e.g., a sense of powerlessness and low self-esteem) and/or depression itself through a host of other conditions such as sexual dysfunction or substance abuse that also may be the sequelae of the same root problem. Regrettably, however, Rohsenow et al. note that to date, no data seem to be available with regard to the question of how the emotional and social impacts of child sexual abuse may affect the later tendencies of some males to turn to alcohol or drugs in an attempt to deal with these more primary effects of victimization.
Yet it is of equal importance to note that even when the possible impairments resulting from sexual abuse are "subtle," they may nevertheless be "disturbing to the individual" (Johnson & Shrier, 1987, p. 652). The challenge of more empirically based work is one of providing clearer conceptions of such impairments and (when applicable) discerning how they may be represented in conjunction with other disorders. This task is "no small order," particularly when applied to the topic of sexually abused males and the sequelae of abuse which they endure. Certainly, the current section has pointed to the continued need for the more direct assessment of depression in male survivors of sexual abuse. The administration of the BDI to such adult males would appear to serve the dual purpose of filling the untapped need for some form of objective assessment in relation to this issue and therefore provide a basis for any further research in this area.

Research Regarding Female Perpetration of Sexual Abuse

In this final section, more specific attention is given to the issue of female perpetration of sexual abuse. Although this issue has been raised at various points in the current literature review, it nevertheless warrants additional explication as the phenomenon itself and the sequelae which it may carry are only beginning to be researched. Thus, it is hoped that an overview of existing clinical opinion and study on this topic will provide the basis for a greater understanding of the nature of female perpetration and its possible effects upon
those it victimizes. It should be noted, however, that the present discussion is intended to be but a "cursory overview" and is not meant to offer definitive statements or conclusions with regard to this complex and multifaceted issue.

From an historical standpoint, female perpetration represents an "always present, but seldom acknowledged" phenomenon. Indeed, one of the most heinous acts of sexual sadism and mass murder was committed by a woman. During the early 1600s, Countess Elizabeth Bathory of Hungary and two of her female servants committed acts of sexual torture and murder against more than 600 girls and young women. Although the perpetrators were eventually apprehended and tried (the two servants being executed, and the Countess Bathory sentenced to "imprisonment in perpetuity"), the ghastliness of these female engineered crimes has been obscured by the passage of time (Hoyt, 1984, p. 88).

The literature also reveals other historical reports of female perpetrated sexual abuse, though these instances are far less grisly than the previous example. Bolton et al. (1989) note that in 1886, "Krafft-Ebing . . . posited the presence of female pedophilia" through citing reports of two such cases (p. 62). Although more current review has questioned the validity of these reports, subsequent case citings made during the mid to latter part of this century (Bender & Blau, 1937; Ferenczi, cited in Sugar, 1983; Lukianowicz, 1972) continued to comment upon the phenomenon of female perpetration in a variety
of forms (e.g., incestuous contacts; sexual exploitation of children by female acquaintances).

Additionally, Fritz et al. (1981) note that within the seminal work on sexual behavior carried out by Kinsey and his associates in the 1940s, was the observation that their records included "some cases of pre-adolescent boys involved in sexual contacts with adult females, and still more cases of pre-adolescent boys involved with adult males" (p. 58). Data regarding such involvements were not systematically obtained from each of Kinsey's subjects, however, and thus, the frequency of contacts with adult men and women could not be calculated precisely.

Nevertheless, these observations from Kinsey and his associates are of importance to the issue of female perpetrated sexual abuse, particularly when considered with regard to subsequent observations concerning the rates of reported sexual activity among adolescent males. Brooks-Gunn and Furstenberg (1989), in citing the work of Hofferth and Hayes, note that "Historically, boys were much more likely to make their sexual debut as teenagers than girls. Estimates of selected samples from the 1940s to 1960s are that one third to two thirds of male teenagers were sexually active" (p. 250). Although it may be that adolescent females were underreporting the extent of their sexual behavior, if such was not the case, one can then logically ask with whom were adolescent males engaging in sexual activity? It appears doubtful that the minority of adolescent females engaging in sexual intercourse could have exclusively
comprised the group of consenting partners for a far greater number of sexually active adolescent males. While Kinsey's comments focused upon preadolescent boys, a sociohistorical question arises with regard to the extent of adolescent males' sexual contacts with older women. If there was less parity in the expression of sexual behavior among teenaged boys and girls during this general time period (1940s to 1960s), it seems plausible to suspect that at least some adolescent males were gaining their "sexual experience" through activity with older women. Thus, the early work of Kinsey and his associates also may have overlooked and/or underestimated the frequency with which this type of sexual activity took place.

From an historical perspective, the possibility of young males having greater sexual contacts with older females raises some intriguing questions with regard to the effects of such contacts. For example, in discussing the cumulative effects of these types of involvements, one needs to consider the messages that may have been sent to generations of young males regarding sexual activity. As alluded to earlier, one possible message may have been that intercourse with an older female was a "rite of sexual initiation."

Underlying this message, however, is the tacit assumption that the male (as "naive inductee") need not take responsibility for his part in the activity. Again, from an historical standpoint, one can consider how such an initial message and accompanying assumption may have traditionally shaped males' subsequent views toward their respective roles as sexual partners (particularly
with regard to the amount of responsibility assumed in accordance with such roles). The issue of whether or not males assume "their share" of personal accountability in sexual interactions, therefore, may, at least in part, be a reflection of what they have learned from early sexual encounters. If there has historically been greater initial sexual contact between younger males and older females, then it may be reasonably suggested that these females have contributed to the "sexual mores" of their younger male partners. If such mores have been less than socially optimal, it seems necessary to examine the possible part played by older girls and women in culturally establishing or accepting this type of male response. Although sexual contacts between older females and younger (often adolescent) males are frequently looked upon with a "benign eye" by both female and male participants (Condy et al., 1987; Fritz et al., 1981; Mathews, 1987; Wolfe, 1985; Woods & Dean, cited in Bolton et al., 1989), this view may not necessarily reflect the depth of the sociocultural effects that such contacts may hold.

This consideration is likewise important when contemplating the estimated incidence figures on female perpetrated sexual abuse. While the present discussion does not mean to imply that the number of female sexual abusers exceeds or equals the number of male abusers, data from a variety of surveys and anecdotal reports suggest that the prevalence of female offending is underreported, in some instances, possibly because of the sway of culturally bound preconceptions of female sexual and maternal behavior. The force of
such preconceptions may be especially salient with regard to sexual abuse committed by babysitters or day care workers. A report from the Child Assault Prevention Project cited by the Institute for Child Advocacy (1988) notes that while the risk of sexual abuse in day care centers is "lower than the risk children run of being abused in their own household," abusers in day care settings "did not fit conventional stereotypes," as over a third of the perpetrators were women (p. 1). In commenting upon abuse committed within day care settings in the state of California, Crewdson (1988) also reports that the "California Department of Social Services has between two and three hundred investigations of day-care centers under way at any one time, the majority of which involve sexual abuse. Given that there are six thousand licensed day-care centers in that state, the number under investigation is relatively small. Looked at another way, it is far too large" (p. 118).

These observations regarding sexual abuse committed in day care centers serve to highlight the often overlooked reality that by virtue of employment patterns, women have a high degree of access to children in work settings (e.g., as the majority of day care workers, primary school teachers, nurses, housekeepers, and nannies are female). Yet although this access may provide an enhanced means to perpetrate sexually abusive acts, such a possibility commonly seems to go unspoken or unconsidered. As has been noted with regard to similar points raised within the Prevalence section and in other segments of the current literature review, the resistance to acknowledging the increased
opportunity for females to commit sexually abusive acts may, in part, be a reflection of societal prohibitions against thinking of women as capable of aggression or abuse.

Other data, however, continue to refute this idealized notion. From their questionnaire survey of treatment providers, Knopp and Lackey (1987) state that as of that year, 40 respondents were involved in the treatment of 256 female sexual abusers. Thirty-five respondents noted that their female offender clients had committed a collective total of 911 reported sexual offenses. Of these 911 acts, 646 involved "hands-on sexual offenses" (defined as child molestation and/or rape involving digital penetration or rape with a foreign object). In turn, 622 of these crimes involved known or related victims, with 329 of the hands-on offenses involving male victims. Acts of penetration accounted for 77 of the hands-on offenses, with 44 of these acts involving female victims. "Hands-off offenses" (defined as obscene phone calls, voyeurism, exhibitionism, and fetishism) accounted for 98 of the reported acts, while "other sexual offenses" (defined as bestiality, prostitution, and child or adult pornography) represented 167 of the total number of reported offenses perpetrated by females (Knopp & Lackey, 1987, p. 5).

Based upon data from 30 treatment providers, Knopp and Lackey also note that 93% of all reported female sexual abusers had been sexually victimized themselves prior to offending. Mathews (1987) further has observed that approximately one quarter of the adolescent female offenders treated at her
prototypic program in Minnesota have experienced abuse perpetrated against them by a female. These findings are noteworthy because they are contrary to Finkelhor and Russell's (1984) postulations regarding the comparative rarity of sexually abused females eventually perpetrating such abuse against others, and supportive of the general belief that a potentiality exists with regard to any victim's subsequent acting out of the sexual trauma committed against them.

Additionally, it is worth mentioning that from an anecdotal standpoint, a growing number of articles pertaining to female sexual abusers are appearing within the press (Hovey, 1989; Modic, 1989a, 1989b; Rhoden, 1990a, 1990b; "Women Who Forced," 1990). Gil (1988) notes that in California, a support group, "Women Molested by Mothers," has been established. Taken together, these observations suggest that there may be some increasing public realization of the phenomenon of female perpetration.

The professional literature also has evidenced increased awareness of the female offender. In addition to previously cited studies and case reports (Condy et al., 1987; Crewdson, 1988; Fritz et al., 1981; Johnson & Shrier, 1985, 1987; Masters, 1986; Sarrel & Masters, 1982; Shengold, 1980; Wahl, 1960), the case citings of Grob (1985), Hollender, Brown, and Roback (1977), and Zavitzianos (1971) highlight the phenomena of exhibitionism and fetishism among women.

Yet another developing body of case reports and small-scale clinical studies have focused upon providing detailed accounts of the characteristics of female sexual abusers. As with the previously noted research regarding the
victims of such abuse, the small sample sizes employed in reports and studies of female offenders preclude a great deal of generalizing about the nature of these individuals and the abusive acts they commit. Nevertheless, some "common threads" seem to be emerging from the existing literature on this topic.

Based upon work done with adolescent and adult female sexual offenders in outpatient treatment settings, Mathews (1987) has formulated a typology of female sexual abusers. The first category within this typology is the "Exploration/Exploitation" abuser, defined as a female adolescent who generally engages in fondling or oral sex with children 6 years of age or younger. The victims are often nonsibling males, and the abuse frequently occurs in babysitting situations. The adolescent perpetrator is usually 16 years of age or younger and, as the title of the category implies, sexually inexperienced.

The second category within Mathews' typology is that of "Personality Disordered/Severe Abuse History/Self Initiators." Offenders in this category are described as being adolescent or adult females who often disclose their acts of abuse while in therapy for other issues. These girls and women frequently have their own histories of physical and sexual abuse, usually committed against them by male family members. The sexual abuse which they later commit against others "often replicates their own abuse" (p. 3), leading Mathews to assert that such prior experiences influence the selection of these offenders' victims (i.e., who are described as commonly being females between the ages of infancy through 10 years). Mathews notes that in testing this category's sample of
adolescent offenders with the Millon Adolescent Personality Inventory (MAPI) and a sexual attitudes questionnaire, problems with "peer security, self-concept . . . body comfort, angry outbursts, rigid female sex roles, and low ego-development" were suggested (p. 3). Additionally, Mathews' testing of her sample of adult female offenders with the MMPI revealed elevations on scale 4 (Pd) and on the MacAndrew Alcoholism scale (MAC), thereby suggesting participation in asocial or antisocial behavior and risk taking behavior. The adult offenders also had low scores on scale 5 (Mf), reflecting the self-presentation of stereotypic female roles.

The third typological category is that of "Developmentally Arrested or Regressed." This category represents adult female offenders who are sexually involved with preadolescent or adolescent males. Mathews describes these women as feeling "needy, insecure, or lonely" at the time the abuse occurs, and notes that they have "a great deal of difficulty seeing [their] behavior as inappropriate" (p. 5).

The fourth category within Mathews' typology is that of the "Male-Coerced" offender. The female sexual abusers in this category are either adolescents or adults, though the victims of adolescent offenders are age peers, while the victims of adult abusers are generally "children of both sexes who are relatives or neighbors" (p. 4). These offenders report physical and sexual abuse histories that are somewhat less severe than those experienced by the "Personality Disordered" offenders. Additionally, the "Male-Coerced" offenders
are described as being isolated by their husbands or boyfriends and threatened or faced with physical abuse or abandonment if they do not participate in the sexually abusive behaviors. In testing with the MAPI, this sample of adolescent female offenders obtained results which suggest "some dependent characteristics and peer-security issues." The testing of the adult sample with the MMPI and Tennessee Self-Concept Scale yielded results suggestive of "low self-concepts and ego-strength, passive-aggressive tendencies, dependency, and [as with the "Personality Disordered" offenders] rigid female sex roles" (p. 5).

Mathews' sample of female co-perpetrators also revealed a distinct group of "Male Accompanied" offenders. The title of this category signifies that while the abuse is "either male or female initiated," there is "no coercion for the other to be involved" (p. 5). The female offenders in this group are described as being in late adolescence or adulthood, with victims being 14 years of age or older. Victims are noted as being acquaintances or the female abuser's children. The offending females also have had histories of addictions to drugs and alcohol, and the sexual crimes that they commit tend to be of a more violent nature.

Many of the characteristics of female offenders which are highlighted in Mathews' typological framework are described in the findings of other clinical reports and small-scale studies. In their descriptive reports, Lloyd (1987) and Wolfe (1985) comment upon the feelings of dependency and isolation that were found among some of their noted female offenders. Additionally, Lloyd (1987) echoes some of Mathews' statements in observing that parental incest (whether
male or female initiated) frequently is the culmination or outgrowth of the perpetrator's own sense of personal insecurity and inadequacy.

Adams-Tucker (1982), Larson and Maison (1987), McCarty (1986), and Wolfe (1985) each cite case examples of female offenders co-offending with males. Wolfe observes that half of the 12 women described in her report on female perpetrators offended in concert with male adults. Likewise, a majority of Larson and Maison's sample (n = 15) acted in conjunction with a male. McCarty notes examples of females acting as accomplices to or aiding and abetting the occurrence of male perpetrated sexual abuse, while Wolfe also describes instances wherein females were coerced by males into committing abuse or initiated abuse which was then furthered by male offenders.

Wolfe further comments upon two women in her sample who had been molesting unrelated adolescent males within the context of self-described "love affairs." The descriptions of these offenders seem closely attune to Mathews' descriptions of the "Developmentally Arrested or Regressed" female perpetrator, with Wolfe noting that societal support for this type of sexual interaction was recognized by the offending women and consequently made their treatment more difficult.

Although Wolfe's sample was quite small, it suggests some differences between female and male child molesters. One such difference is the occurrence of co-perpetration with other adults, a phenomenon not frequently seen among male offenders. Wolfe also notes that the female offender's rationalization of
sexual abuse on the "grounds of dependency" is an excuse seldom put forth by a corresponding population of male perpetrators. Additionally, she posits that her female subjects "seemed to have begun their offending activities at a later age than a corresponding group of male offenders." Another difference is noted with regard to the nature of the offenses. Wolfe observes that "the actual offense behaviors [i.e., among females] included less attempts to induce a child to manipulate the offender's genitalia than would probably be found in a corresponding male population" (p. 8).

Some similarities, however, may exist between female and male perpetrators. Based upon her work, Wolfe notes that the victim of either type of perpetration is more likely to be a family member as opposed to an unrelated person. Both offenders are thought more frequently to apply psychological as compared to physical coercion in order to gain a victim's compliance. Wolfe further asserts that each group of offenders typically employs denial, projection, and minimization as defense mechanisms when confronted by the consequences of their actions.

Larson and Maison (1987), in their treatment of female sexual offenders at the Minnesota Correctional Facility - Shakopee, also comment upon the "psychosexual immaturity" of these women (i.e., immaturity with regard to both their information about and emotional response to sexuality and sexual functioning). This observation parallels a comment from Freeman-Longo (1988)
concerning male offenders' underdeveloped level of knowledge about comparable issues of sexuality and its expression.

Yet another similarity between female and male perpetrators may rest with the past incidence of victimization committed against these offenders during their own childhood and adolescent years. As previously noted, Groth (1979) has commented upon the existence of sexual victimization histories in the backgrounds of male sexual offenders. Similarly, Larson and Maison (1987), Mathews (1987), McCarty (1986), and Wolfe (1985), each comment upon past sexual trauma perpetrated against many of their female offender subjects. In Wolfe's sample, although 7 of the 12 women reported sexual victimization during childhood, the majority of formerly abused offenders were found among that half of the sample which co-offended with males. In McCarty's sample, however, women who were "independent" offenders and those who were co-offenders experienced greater parity with regard to the issue of prior sexual victimization.

Additionally, six of McCarty's "independent" female offenders and five of Wolfe's female perpetrators reported substance abuse histories, with Wolfe noting that the frequency of drug and alcohol abuse among her sample of female sexual abusers is "probably similar to that seen in a comparable male population" (p. 7). Indeed, Bess and Janssen (1982) observe that histories of parental alcoholism were reported by 40% of their incest victim subjects (i.e., by those who were either heterosexually or homosexually abused). Substance abuse histories also have been highlighted in case reports of women involved in the perpetration of
neonatal incest (Chasnoff, Burns, Schnoll, Burns, Chisum, & Kyle-Spore, 1986). In these cases, however, each of the women was in chemical dependence remission during the noted periods of incestuous activity. Echoing the opinions of previously cited researchers, Chasnoff et al. hypothesize that other factors such as loneliness, social alienation, and isolation may have been the actual precursors of the incestuous activity as well as the substance abuse.

In discussing some of the purported characteristics of female offenders, the formerly mentioned study by Condy et al. (1987) also is of note as it included the administration of the 71-item Mini-Mult (an abbreviated form of the MMPI) to 172 female prison inmates convicted of various (nonsexual) crimes. Sixteen of these 172 women had responded affirmatively to Condy et al.'s question, "Did you ever have sexual contact with a boy before he was 16 years old, when you were 5 years or more older than he, and at least 16 years old?" (p. 381). In turn, this group of 16 females obtained significantly higher elevations on the Mini-Mult Schizophrenia and Hypomania scales when compared to female inmates who had not been sexually involved with boys. Nevertheless, Condy et al. report that the "bulk of the evidence" did not point to the presence of psychosis among those women who had had sexual contacts with young males. These authors state that the "F Scale and the 'psychotic tetrad' (Paranoia, Psychasthenia, Schizophrenia, and Hypomania Scales)" were not "as highly elevated in the involved prison women" as such scales frequently are in "psychotic psychiatric patients." Condy et al. conclude that "perhaps a
reasonable generalization about females who have sexual contacts with boys is that they are atypical persons." The authors note, however, that continued research is "needed to clarify their [i.e., involved females'] personality and psychopathological characteristics" (p. 392). Interestingly, the majority of female inmates (n = 13) who were sexually involved with boys also had been subjected to early heterosexual experiences themselves. Not only does this observation support previous case citings of prior victimization histories among female offenders (Larson & Maison, 1987; Mathews, 1987; McCarty, 1986; Wolfe, 1985), it again questions the assumption (Finkelhor & Russell, 1984) that females have much greater immunity from acting out past sexual trauma committed against them. Margolin (1986) also "goes against the grain" of Finkelhor and Russell's postulations (i.e., that women are less sexually self-centered) in commenting upon the capacity of incestuous mothers to act in extremely sexually demanding ways.

Although the issue of female perpetration of sexual abuse clearly demands further study, one stumbling block to such research may lie within the very secrecy of the phenomenon. In his case descriptions of incestuous mothers, Marvasti (1986) reinforces Mathews' (1987) observation that female offenders often disclose their acts of sexual abuse within the context of individual or group psychotherapy. Thus even though professionals are obligated to make reports of such abuse, there may be a degree of "client protectiveness" which inhibits more wide-scale investigation of these women and their offenses. Indeed, Marvasti
notes that none of the five mother-child incest cases described in his report "have been involved with the justice system, so they are not included in any public statistics" (p. 68).

This latter point is important as the issue of prosecuting female perpetrated sexual offenses has a bearing upon the way in which the professional and lay public view such offenses (i.e., critically or benignly). In commenting upon the "societal consequences" meted out to her sample of female sexual offenders, Wolfe (1985) notes that a "comparable male sample would probably contain a higher percentage experiencing incarceration" as one such consequence. Wolfe, however, observes that only one member of her sample had a prior arrest record. Thus, the probation or diversion status accorded to most of the women in her sample appears to have reflected their standings as "first offenders." Yet as with male sexual offenders, there is the strong possibility that the prosecuted offense did not represent the "first" sexual offense committed by the female perpetrators. Nevertheless, Wolfe further suggests that a sampling of a "similar male offender population would probably reveal a somewhat higher percentage [of] arrest records" (p. 6) than was present in her sample of female perpetrators (i.e., implying another potential difference between female and male offenders).

Yet not all cases involving female perpetration of sexual abuse are "swept under the rug." In a 1984 report commissioned by the Massachusetts Trial Court (Office of Commissioner of Probation) regarding the adjudication of 20 female rapists, it was found that the conviction rate for these women (i.e., on charges of
rape) was 30%, thus comparable to the state's 33% conviction rate of male rape defendants. Furthermore, of those females who were convicted of rape, "all were incarcerated except one who received a suspended sentence of incarceration with 5 years probation" (Brown, Hull, & Panesis, 1984, p. 9). Paralleling profiles of male rapists, the majority of female rape defendants were young (in these cases, between the ages of 17 and 24), and the victims were known to the perpetrators as either family members, friends, or acquaintances. The victims of the women rapists, however, were generally female with the majority of these victims being under the age of 17. Yet as Brown et al. observe, four of the victims were males, and they were also under the age of 17.

In commenting upon the Massachusetts report, it is worth noting that this state has had a relatively long tradition of gender equality with regard to the prosecution of sexual offenses. The landmark case of Commonwealth v. Denise Whitehead (Mass. 400 NE 2d 821) further refined Massachusetts' "gender neutral" rape statutes of 1974 with its opinion that "a female accessory to a male/female rape could also be charged with rape." Additionally, the decision states that "situations in which both victim and offender are female constitutes rape as well" (Brown et al., 1984, p. 2).

This citation of the Whitehead case is of some import as it again highlights the fact that the reporting and prosecution of female perpetrated abuse is often subject to the legal definitions of such offenses as they are applied on a state by state basis. In turn, this lack of uniformity in definition and prosecution
would seem to have some influence not only upon the public view of female instigated offenses, but also upon the victim’s view toward these acts and his or her role in them (i.e., as victim or accomplice).

This latter issue is itself encompassed in the broader framework of the possible sequelae of female perpetrated sexual abuse. As with many other aspects of the general topic of sexual abuse, no research has been done with regard to the (perhaps distinct) consequences of female-committed offenses. Earlier in this section, some subtle cultural effects of sexual contact between young males and older females were suggested in conjunction with noting the findings of Kinsey’s groundbreaking research. It should also be noted, however, that some negative effects of heterosexual assault were self-reported by subjects in the Woods and Dean study (cited in Bolton et al., 1989) of a nonclinical sample of adult males who had been sexually victimized as children. Of the 13% who reported negative effects on their sexual functioning, sexual dysfunctions, preoccupation with sex, sexual dissatisfaction, and infidelity were frequently mentioned. Many of these themes also mirror concerns noted in the self-reports of heterosexually assaulted males interviewed in other studies (Johnson & Shrier, 1987; Masters, 1986; Sarrel & Masters, 1982). Additionally, nearly half (49%) of all the Woods and Dean subjects (i.e., those who had been either heterosexually or homosexually assaulted) reported being sexually attracted
to female adolescents either "sometimes" (35%), "often" (10%), "very often" (2%), or "always" (2%). Furthermore:

Sexual attraction to male adolescents and/or young children of either gender was reported by 16% of the sample. Sixteen percent reported having sexual fantasies involving children, 20% agreed that 'parents should show their kids sexual practices,' and 14% expressed the belief that it is 'healthy' for parents and children to engage in sexual activity. (p. 80)

Although it cannot be said that heterosexual or homosexual abuse led to the responses and negative effects noted by the Woods and Dean subjects, these self-reports especially call into question the "innocuous" nature sometimes accorded to the female perpetration of molest against males. From a larger perspective, however, it is apparent that many more questions exist with regard to the phenomenon of female perpetration. The scope of such questions merit the establishment of greater research concerning this important yet troubling topic.

Concluding Statement Regarding the Current Research

Before beginning the chapter on methodology, it seems appropriate to review briefly the purposes and general outline of the current research. The hypotheses of this research and a more detailed account of its design will be presented in the following section.

As noted in the Introduction, research regarding sexual abuse has overlooked or underinvestigated several important aspects of this phenomenon.
The additional understanding of such aspects would, in turn, promote the further development of knowledge about and treatment of sexual abuse perpetration and the sequelae experienced by its victims.

An analysis of the literature has already highlighted four key areas within the current research:

1. The examination of the proposed, long-term effect of anger among adult male and female sexual abuse survivors through the administration of the MMPI-2.

2. The investigation of the proposed, long-term effect of depression among adult male and female survivors through the administration of the BDI.

3. The exploration of female perpetration through a survey of adult male and female survivors' perceptions of female involvement in their abuse experience(s).

4. The examination of adult male survivors' motivations to report/not report sexual abuse experience(s).

In addition to the objective measurements cited within the first two areas of research, the analysis of the literature points to the need for assessing how adults with sexual abuse histories respond to items concerning the expression of aggression when confronted with feelings of frustration or provocation. Such an assessment would seem to provide greater insight into the various manifestations
of anger among sexual abuse survivors. In order to obtain this type of assessment, the Overcontrolled Hostility (O-H) scale (Megargee, Cook, & Mendelsohn, 1967) of the MMPI-2 and the Novaco Provocation Inventory (NPI; Novaco, 1977) will be administered to male and female sexual abuse survivors.

Other issues pertaining to sexual abuse and its sequelae also have been raised at different points throughout the current review and analysis of the literature (e.g., the role of substance abuse as a coping tool to counter or "mask" depression among some male victims of sexual abuse; the perceived effects of positive or negative coercion to comply with abuse upon the emotional status of adult survivors; the "gender connotations" applied by male and female survivors to particular emotional reactions such as anger and depression). As no empirical work has yet been attempted with regard to the examination of these and other noted issues, the questions which they raise seem particularly amenable to the exploratory nature of the present study. Although the latter two areas of investigation within the current research (i.e., survivors' perceptions of female involvement in sexual abuse and male survivors' motivations to report/not report abuse) are the principal areas of preliminary work that may lead to future empirical study, the additional issues highlighted in this literature review can be readily incorporated into the two questionnaire surveys which will be administered during the course of this research. Thus, the initial questionnaire used to screen for individuals with sexual abuse histories (see Appendix A) also incorporates questions regarding the use of potentially abusive substances. The
employ of such a questionnaire is intended to "ease" individuals into answering questions regarding sexual abuse and to assess the type and degree of substance abuse that may be occurring among those with victimization histories. The second survey (see Appendix B) will accompany the individual administrations of the MMPI-2, O-H scale, BDI, and NPI to male and female sexual abuse survivors. This survey includes the exploratory questions (both principal and supplementary) noted in conjunction with the issues raised in the present review. The exploratory structure of this survey is highly amenable to the overall exploratory framework of the current study. As with the larger study, the purpose of this survey is not to provide definitive conclusions, but rather to serve as the potential basis for further research.

Support for the current research format is obtained from the observations and comments of other clinicians and researchers. Rohsenow et al. (1988) note that while the long-term "damaging consequences of childhood sexual victimization have been described . . . in clinical literature in recent years . . . actual empirical data on the long-term consequences have been sparse" (p. 14). In commenting specifically upon the male victim of sexual abuse, Finkelhor (1984) observes that there is a "crying need" for research in regard to this aspect of victimization. He further notes that "even purely descriptive accounts" of work with sexually abused males would be "an important resource given the current state of ignorance on the subject" (p. 230). That such work still represents a pressing need is reflected in Bolton et al.'s (1989) citation of an
observation from Groth, Hobson, and Gary. Groth et al. note that "dependable information" concerning the sexual molestation of males is "very limited" and "much more research needs to be directed toward this issue" (p. 43). Finally, Gil (1988) comments upon the need for research among male and female survivors "to determine if there are differences" between types of emotional problems experienced by each group (p. 28).

Thus from each of these cited fronts, the current investigation attempts to establish a beginning for further work concerning neglected areas of study within the field of sexual abuse research. As noted at the outset of this literature review, Finkelhor (1984) has called for a "new approach" to the subject of sexual abuse. The current research is designed to meet the challenge and contribute to the formation of such a new direction.
Chapter 2

Method

Subjects

The initial subjects were 153 male and 157 female college students enrolled in introductory psychology classes at the University of Montana. Subjects received course credit for their participation in this study. All subjects were 18 years of age or older.

Procedure and Instrumentation

Subjects were seated with a space between one another. They were asked to read and (if agreed to) sign an informed consent sheet detailing the nature of participation in the study (see Appendix C). Subjects then were given a screening questionnaire regarding aspects of substance use and past sexual experiences (see Appendix A).

Those subjects who reported atypical sexual experiences (e.g., a consenting adolescent sexual contact with a much older person) or sexual abuse histories were given the opportunity to take the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), the Overcontrolled Hostility (O-H) scale of the MMPI-2 (Megargee, Cook, & Mendelsohn, 1967), the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the Novaco Provocation Inventory (NPI; Novaco, 1977), and a more in-depth survey concerning previous sexual
encounters (described in Appendix B). The MMPI-2 provided a general personality assessment of sexual abuse survivors and also was employed as a means of evaluating the presence of anger among such individuals. Although different scales might manifest elevations (T>65) indicative of anger and aggressive outbursts (e.g., scale 6 - Paranoia; scale 9 - Hypomania), past research with the MMPI (Scott & Stone, 1986a, 1986b; Tsai, Feldman-Summers, & Edgar, 1979), suggested that scales 4 (Psychopathic Deviate) and 8 (Schizophrenia) were most likely to reveal elevations respectively indicative of directly and indirectly expressed anger and hostility among groups of adult survivors (though past research in this regard had focused exclusively on female survivors). Additionally, the 50 items on scale 4 incorporated topics such as family problems, delinquency, sexual problems, and difficulties with authorities (Graham, 1987) which might be particularly salient to the life experiences and behaviors of former sexual abuse victims. Further explication regarding the employ of the MMPI-2 is given in the following subsection.

The administration of the 28-item O-H scale of the MMPI-2 provided further assessment of the expression of aggression among adult survivors when confronted with feelings of frustration or provocation. Elevated scores (T>65) on this scale suggest the occasional display of exaggerated aggressive responses without apparent provocation (Butcher et al., 1989). Thus, the O-H scale provided additional information regarding another facet of anger and its display among sexual abuse survivors.
The 21-item, standard form of the BDI was administered to assess current cognitive symptoms of depression in past victims of abuse and to establish a basis for further investigation of the question of depression among abuse survivors. The 80-item NPI also was administered to provide a convergent and more fine-grained measure of anger. The items on the NPI describe situations that are related to anger arousal, and subjects rate the degree to which the incidents described by the items would anger or provoke them. The NPI provided an assessment of the overall tendency toward anger among sexual abuse survivors and was of benefit in discerning the types of events which survivors interpret as provocative or anger-inducing.

Subjects were offered additional course credit for their further participation in this study. The individual administration of the subsequent inventories and survey was designed to alleviate any personal anxiety that subjects might have had if asked to complete such instruments in a group setting. The experimenter also was available during the initial group screening and subsequent individual assessments to attend to any questions or concerns that subjects might have had. Subjects who desired further information or who wished to discuss the study in greater detail were invited to contact the researcher (see Appendix E with regard to the subject information sheet).
Minnesota Multiphasic Personality Inventory-2

As noted within the Literature Review, the MMPI-2 had not, to date, been employed in the assessment of either male or female sexual abuse survivors. Additionally, it was noted that prior studies which did employ the MMPI in the assessment of female survivors only utilized samples of former victims who were in psychotherapy at the time of testing or who had given themselves the label of "well-adjusted" (Scott & Stone, 1986a, 1986b; Tsai et al., 1979).

Thus, the use of the MMPI-2 within the current study encompassed the assessment of a more divergent group of sexual abuse survivors (i.e., males as well as females; individuals who were not in therapy settings and had not engaged in self-labeling). From a methodological standpoint, the MMPI-2 also served as a more contemporary control group, therefore making it preferable to the use of the MMPI normative sample (Scott & Stone, 1986b).

Hypotheses and Statistical Analyses

The hypotheses for the current study were as follow:

(1) In this exploratory analysis, it was hypothesized that the groups of adult male and female sexual abuse survivors would differ from the average of the MMPI-2 normative sample in the direction of greater anger, as manifested by average survivor group scores of T>65. The survivor groups would, in particular, differ (T>65) from
the average of the MMPI-2 normative sample in the
direction of heightened anger as assessed by scale 4
(Psychopathic Deviate) and scale 8 (Schizophrenia).
(a) It was further hypothesized that the groups
of adult survivors would differ from the
average of the MMPI-2 O-H scale normative
sample in the direction of greater
exaggerated responses of aggression, as
manifested by average survivor group scores
of T>65.
(2) The groups of adult male and female sexual abuse
survivors would differ from the average of the BDI
normative sample in the direction of greater depression,
as manifested by average survivor group scores of at
least 16 (i.e., representing levels of mild-moderate
depression).
(3) The mean group scores of adult male and female sexual
abuse survivors would be 1.00 standard deviation greater
than the mean of the NPI standardization sample since
the survivors presumably experienced a greater level of
anger than an unselected group.
It should be noted that as no empirical work had indirectly or directly assessed anger or depression in male sexual abuse survivors, the findings from the present research were preliminary and descriptive. Additionally, the exploratory structure of both surveys was intended to fit within the overall exploratory framework of the current study. The results of each survey were intended to provide descriptive accounts of underresearched facets of sexual abuse and to serve as the potential bases for future empirical research.
Chapter 3

Results

The screening questionnaire (see Appendix A) was administered to 153 male subjects (mean age = 21.7) and 157 female subjects (mean age = 22.7). Subjects were grouped according to their responses to questions regarding past sexual experiences and/or the occurrence of past childhood and/or adult sexual abuse. Table 1 and Table 2 provide a breakdown of subject classifications for male and female subjects, respectively. Among male subjects, a total of 13 or 8.5% had experienced some type of sexual abuse as a child and/or as an adult. Among female subjects, a total of 65 or 41.4% had experienced sexual victimization as a child and/or as an adult. Female subjects, however, endured more abuse experiences across age ranges when compared to their male counterparts. A numerical breakdown of categories comprising the total number of female subjects with abuse histories is provided in Table 3.

Some of the responses given by both male and female subjects with regard to the specific question of prior childhood sexual abuse led to the creation of a "child victim of peer abuse" category. This category meets the definition of sexual abuse as put forth in the Literature Review but specifies that the age difference
Table 1
Classification of Male Subjects Based on Their Responses to the Screening Questionnaire

<table>
<thead>
<tr>
<th>Classification</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Child Victim</td>
<td>6</td>
<td>3.9</td>
</tr>
<tr>
<td>2) Child Victim of Peer Abuse</td>
<td>5</td>
<td>3.3</td>
</tr>
<tr>
<td>3) Adult Victim Only</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>4) Child + Adult Victim</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>5) Child, Child/Adult or Child/Peer Victim</td>
<td>12</td>
<td>7.8</td>
</tr>
<tr>
<td>6) Adult or Child/Adult Victim</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>7) Child Atypical Only</td>
<td>31</td>
<td>20.3</td>
</tr>
<tr>
<td>8) Adult Atypical Only</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>9) Child + Adult Atypical</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>10) Child or Child/Adult Atypical</td>
<td>32</td>
<td>21.0</td>
</tr>
<tr>
<td>11) Adult or Child/Adult Atypical</td>
<td>5</td>
<td>3.3</td>
</tr>
<tr>
<td>12) Other (i.e., nonabused and no atypical experience)</td>
<td>107</td>
<td>70.0</td>
</tr>
</tbody>
</table>

Classification Labels for Male and Female Subjects Signify the Following:
1) Child Victim = Child victim of an older (nonpeer) perpetrator.
2) Adult Victim Only = An individual who has experienced sexual victimization since the age of 18.
3) Child + Adult Victim = An individual who has experienced sexual victimization as both a child and as an adult.
4) Child, Child/Adult or Child/Peer Victim = This classification category encompasses individuals who experienced sexual victimization as a child with an older (nonpeer) perpetrator, or experienced sexual victimization as both a child and as an adult, or experienced sexual victimization as a child with a peer perpetrator.
5) Adult or Child/Adult Victim = An individual who has experienced sexual victimization as an adult or as a child and as an adult.
6) Child + Adult Atypical = An individual who has had an atypical sexual experience during childhood and during adulthood.
7) Child or Child/Adult Atypical = An individual who has had an atypical sexual experience during childhood or during childhood and during adulthood.
8) Adult or Child/Adult Atypical = An individual who has had an atypical sexual experience during adulthood or during childhood and during adulthood.
Table 2
Classification of Female Subjects Based on Their Responses to the Screening Questionnaire

<table>
<thead>
<tr>
<th>Classification</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Child Victim</td>
<td>22</td>
<td>13.9</td>
</tr>
<tr>
<td>2) Child Victim of Peer Abuse</td>
<td>21</td>
<td>13.4</td>
</tr>
<tr>
<td>3) Adult Victim Only</td>
<td>17</td>
<td>10.8</td>
</tr>
<tr>
<td>4) Child + Adult Victim</td>
<td>16</td>
<td>10.2</td>
</tr>
<tr>
<td>5) Child, Child/Adult or Child/Peer Victim</td>
<td>42</td>
<td>26.8</td>
</tr>
<tr>
<td>6) Adult or Child/Adult Victim</td>
<td>33</td>
<td>21.0</td>
</tr>
<tr>
<td>7) Child Atypical Only</td>
<td>23</td>
<td>14.6</td>
</tr>
<tr>
<td>8) Adult Atypical Only</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>9) Child + Adult Atypical</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>10) Child or Child/Adult Atypical</td>
<td>23</td>
<td>14.6</td>
</tr>
<tr>
<td>11) Adult or Child/Adult Atypical</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>12) Other (i.e., nonabused and no atypical experience)</td>
<td>82</td>
<td>52.2</td>
</tr>
</tbody>
</table>
Table 3
Total Number of Female Subjects
with Abuse Histories (Breakdown by Categories)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Child Victim Only</td>
<td>16 of 65</td>
<td>24.6</td>
</tr>
<tr>
<td>2) Peer Victim Only</td>
<td>11 of 65</td>
<td>16.9</td>
</tr>
<tr>
<td>3) Child + Peer</td>
<td>5 of 65</td>
<td>7.7</td>
</tr>
<tr>
<td>4) Adult Victim Only</td>
<td>17 of 65</td>
<td>26.2</td>
</tr>
<tr>
<td>5) Child + Adult</td>
<td>11 of 65</td>
<td>16.9</td>
</tr>
<tr>
<td>6) Child + Adult + Peer</td>
<td>4 of 65</td>
<td>6.2</td>
</tr>
<tr>
<td>7) Adult + Peer</td>
<td>1 of 65</td>
<td>1.5</td>
</tr>
</tbody>
</table>

65
between perpetrator and victim is no more than 5 years. This definition of "peer" was determined, in part, by a similar definition drafted by Russell (1983).

Subjects' responses to the screening questionnaire also yielded a high number of "atypical" categorizations. The child atypical categorization represents sexual experiences that occurred before the age of 18 and that were, at the least, questionable, but were not, in any case, acknowledged by subjects as having been sexually abusive (i.e., even when an experience matched the definition of sexual abuse stated within the questionnaire). Based upon subjects' responses, the child atypical category broke down into five subclassifications:

1) An experience with an individual who was more than 5 years older than the subject and involved some type of contact between partners' breasts and/or genitals (or such contact directed toward one partner) or attempts at such contact.

2) Any sexual experience or attempted sexual experience that occurred between the subject and a family member or caretaker (e.g., a babysitter). This category excluded exploratory touching between peer-aged siblings or cousins.

3) Any childhood or adolescent sexual experience in which multiple partners were involved in the same sexual event. This category excluded exploratory touching among peers.
4) Any sexual experience from the age of 12 or younger with an age peer that involved some type of penetration of one or both partners (i.e., oral, anal, vaginal, and/or digital) or attempted penetration.

5) Any childhood or adolescent sexual contact with a complete stranger.

The adult atypical categorization represents sexual contacts between subjects and complete strangers that had occurred since subjects were 18 years of age.

Among male subjects who acknowledged a history of childhood sexual abuse, the most common forms of such abuse involved nonpenetration experiences. Seven of these 12 men had been subjected to episodes of exhibitionism, with 4 being made to show their genitals to someone else. Six male subjects out of 12 experienced unclothed touching of their genitals, while 5 engaged in unclothed touching of someone else's breasts and/or genitals. Five male respondents also were subjected to having their genitals fondled, and 3 men reported being made to fondle someone else's breasts and/or genitals. Four male subjects had encountered attempted sexual intercourse.

A mean of 2.1 perpetrations occurred against male subjects reporting childhood sexual abuse. The mean age of male subjects at the time(s) of abuse was 9.1 years. Eight male perpetrators and 6 female perpetrators committed the offenses. First-degree relatives were not involved in any of the perpetrations; rather, the majority of offenders were male acquaintances (i.e., 7 of the 8 male
perpetrators) or female acquaintances or babysitters (i.e., 5 of the 6 female perpetrators).

Female subjects with histories of childhood sexual abuse reported more varied forms of abuse when compared to their male peers, although such differences in reports well may be a function of sample characteristics and/or size. As with their male counterparts, though, a substantial number of nonpenetration experiences were acknowledged. Women reporting childhood sexual abuse endorsed with some frequency episodes of clothed touching of their breasts and/or genitals (i.e., 20 of 47 subjects) and unclothed touching of their breasts and/or genitals (i.e., 18 of 47 subjects). Seventeen female subjects abused as children reported having had their breasts and/or genitals fondled. Thirteen of such subjects noted incidents of attempted sexual intercourse.

Sexually abused women, however, also reported more episodes of abuse involving some type of penetration. Eighteen of these 47 women were subjected to sexual intercourse (i.e., vaginal intercourse). Sixteen women were subjected to digital penetration, while 4 endured penetration through the insertion of a foreign object. Three women were subjected to anal intercourse.

Five female subjects endured oral sex performed on them, while 6 women with abuse histories were made to perform oral sex on a male partner and one was made to perform oral sex on a female partner. With regard to mens’ responses to categories of oral penetration, 2 such subjects had oral sex performed on them,
while 2 men were made to perform oral sex on a male partner. Of the 2 male subjects forced to perform oral sex on a male partner, one such subject also endured fellatio performed on him.

A mean of 5.2 perpetrations occurred against female subjects reporting childhood sexual abuse. The mean age of female subjects at the time of first abuse was 11.6 years. Seventy-three male perpetrators and 2 female perpetrators committed the offenses. Male acquaintances comprised 38.7% of all perpetrators, although first-degree relatives such as fathers and brothers contributed to the perpetration of sexual offenses as well (i.e., comprising 6.7% and 10.7% of the total number of perpetrators, respectively).

The formal hypotheses of the current study concerned the examination of the potential artifacts of the proposed, long-term effects of anger and depression among adult male and female sexual abuse survivors. To accomplish this task, the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and the standard form of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) were administered to a group of 15 male and 23 female follow-up subjects (i.e., individuals who had noted histories of atypical sexual experiences and/or sexual abuse in response to items on the screening questionnaire and who had agreed to further participation in the study for additional course credit).
Neither the MMPI-2 nor the standard form of the BDI had been used previously in the assessment of adult male or female sexual abuse survivors. Scales 4 (Psychopathic Deviate) and 8 (Schizophrenia) of the MMPI-2 were selected for particular scrutiny in this study because past research involving the administration of the MMPI to groups of female survivors (Scott & Stone, 1986a, 1986b; Tsai, Feldman-Summers, & Edgar, 1979) suggested that such scales were most likely to reveal elevations respectively indicative of directly and indirectly expressed anger and hostility among groups of adults with sexual abuse histories. Finally, in order to obtain additional assessments regarding the expression of aggression among follow-up subjects when confronted with feelings of frustration or provocation, respectively, the Overcontrolled Hostility (O-H) scale (Megargee, Cook, & Mendelsohn, 1967) of the MMPI-2 and the Novaco Provocation Inventory (NPI; Novaco, 1977) also were administered.

Classification of male follow-up subjects was done in the following manner (some of the following figures represent overlap in subject categories):

Group 1 = Child Sexual Abuse (CSA) (n = 4)
Group 2 = Child Sexual Abuse/peer (CSA/peer) (n = 1)
Group 3 = Adult Sexual Victimization (ASV) (n = 1)
Group 4 = Group 1 + Group 2 (n = 5)
Group 5 = Group 1 + Group 2 + Group 3 (n = 6)
Group 6 = Atypical Sexual Experience/child (ASE/child) (n = 10)
Group 7 = Atypical Sexual Experience/adult (ASE/adult) (n = 1)

Group 8 = Group 6 + Group 7 (n = 11)

Group 9 = Abuse and Atypical Groups Combined (n = 15)

Follow-up subjects' responses to the selected instruments yielded the following results among male subjects with regard to the study's hypotheses:

1) On scale 4 of the MMPI-2, means for the groups varied from a low of 56.7 obtained by Group 5 to a high of 61.5 obtained by Group 8. Between the means obtained by these groups, Group 1 had a mean of 58.8, Group 4 a mean of 58.8, Group 6 a mean of 59.8, and Group 9 a mean of 58.6. Single subject T-scores were obtained for Group 2 (T = 59), Group 3 (T = 46), and Group 7 (T = 79). In light of the group means obtained in testing with the follow-up sample, the hypothesized difference between the adult male sexual abuse survivors and the normative sample on scale 4 of the MMPI-2 was not confirmed. The second half of the first hypothesis (i.e., regarding scale 8) was, however, confirmed for the groups of abused subjects, with the differences in the predicted direction for these groups. Group 1 obtained a mean of 66.3, Group 4 a mean of 70.8, and Group 5 a mean of 66.8. Single subject T-scores in abuse categories were obtained for Group 2 (T = 89) and Group 3 (T = 47). The groups of atypical subjects obtained the following means; Group 6 a mean of 63.2, Group 8 a mean of 62.7, and
Group 9 (the combination of abused and atypical subjects) a mean of 61.8. A single subject T-score was obtained for Group 7 (T = 58).

a) The hypothesized difference between the groups of adult male survivors and the normative sample on the MMPI-2 O-H scale was not observed. The group means on this scale ranged from 44.3 for Group 5 to 50.8 for Group 8. The other group means were between these values; with Group 1 obtaining a mean of 49.0, Group 4 a mean of 46.2, Group 6 a mean of 50.4, and Group 9 a mean of 49.5. Single subject T-scores for Groups 2 and 3 each equaled 35, while the single subject T-score for Group 7 equaled 55.

2) The hypothesized difference between the groups of adult male survivors and the normative sample of the BDI was not confirmed. Mean scores for all subject groups were below the cutoff points for both mild and mild-moderate depression (i.e., with such points representing scores of at least 10 and 16, respectively). Group means on the BDI ranged from 2.0 for Group 4 to 6.4 for Group 6. Group means falling between these values were 2.5 for Group 1, 2.3 for Group 5, 6.1 for Group 8, and 5.1 for Group 9. The single subject comprising Group 2 did not obtain any score on the BDI, while the subject comprising Group 3 obtained a score of 4. The subject within Group 7 obtained a score of 3.
3) The normative sample of the NPI had a standard deviation of 44.26 and a mean of 241.47. The observed mean scores among the groups of male follow-up subjects on this instrument ranged from 247.9 for Group 8 to 252.3 for Group 5. Between these values, Group 1 obtained a mean of 248.5, Group 4 a mean of 251.0, Group 6 a mean of 248.2, and Group 9 a mean of 251.5. The single subject within Group 2 obtained a score of 261, and the subject comprising Group 3 obtained a score of 259. The subject within Group 7 obtained a score of 245. Given the mean scores for all subject groups on the NPI, support for the third hypothesis was not found.

Classification of female follow-up subjects was done in the following manner (some of the following figures represent overlap in subject categories):

Group 1 = Child Sexual Abuse (CSA) (n = 10)
Group 2 = Child Sexual Abuse/peer (CSA/peer) (n = 6)
Group 3 = Adult Sexual Victimization (ASV) (n = 15)
Group 4 = Group 1 + Group 2 (n = 13)
Group 5 = Group 1 + Group 2 + Group 3 (n = 20)
Group 6 = Atypical Sexual Experience/child (ASE/child) (n = 8)
Group 7 = Abuse and Atypical Groups Combined (n = 23)

Follow-up subjects’ responses to the selected instruments yielded the following results among female subjects with regard to the study’s hypotheses:
1) On scale 4 of the MMPI-2, means for the groups varied from a low of 57.2 obtained by Group 2 to a high of 60.7 obtained by Group 3. Group means falling between these values were as follow; 59.6 for Group 1, 58.8 for Group 4, 59.5 for Group 5, 58.4 for Group 6, and 59.0 for Group 7. The hypothesized difference between the adult female sexual abuse survivors and the normative sample on scale 4 of the MMPI-2 was not confirmed. The hypothesized difference between the adult female survivors and the normative sample on scale 8 also was not confirmed. The group means for follow-up subjects on this scale ranged from 56.8 for Group 2 to 64.5 for Group 1. Between these values, Group 3 obtained a mean of 56.9, Group 4 a mean of 61.9, Group 5 a mean of 58.3, Group 6 a mean of 57.9, and Group 7 a mean of 59.3.

a) The hypothesized difference between the groups of adult female survivors and the normative sample on the MMPI-2 O-H scale was not observed. The group means on this scale varied from a low of 49.4 obtained by Group 1 to a high of 57.8 obtained by Group 2. The other group means were between these values; with Group 3 obtaining a mean of 52.7, Group 4 a mean of 51.9, Group 5 a mean of 53.2, Group 6 a mean of 52.1, and Group 7 a mean of 52.8.

2) The hypothesized difference between the groups of adult female survivors and the normative sample of the BDI was not confirmed.
Mean scores for all subject groups were below the cutoff points for both mild and mild-moderate depression (i.e., with such points representing scores of at least 10 and 16, respectively). Group means on the BDI ranged from 5.5 for Group 3 to 8.3 for Group 1. Group means falling between these values were 6.0 for Group 2, 7.2 for Group 4, 6.4 for Group 5, 5.6 for Group 6, and 6.2 for Group 7.

3) Support for the third hypothesis was not found among 6 of the 7 groups of female follow-up subjects. Among the 6 groups, mean scores on the NPI ranged from 239.6 for Group 3 to 264.8 for Group 4. Between these values, Group 1 obtained a mean of 253.3, Group 5 a mean of 252.9, Group 6 a mean of 250.4, and Group 7 a mean of 251.1. The exception to this noted pattern of means was Group 2 (CSA/peer) which had a mean of 308.3.

In addition to the formal hypotheses, the current study also posed a number of exploratory questions within the context of a survey (see Appendix B) administered to the 38 follow-up subjects. Two of the issues investigated through the follow-up survey were seen as possibly leading to future avenues for empirical study:

1) The exploration of female perpetration through the examination of adult male and female survivors' perceptions of female involvement in their abuse experience(s) and —

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2) The examination of adult male survivors' motivations to report/not report sexual abuse experience(s).

With regard to the first issue, it should be noted that while 6 of the 14 perpetrators against children described in male responses to the screening questionnaire were females, direct female perpetration was mentioned far less often in the responses of follow-up subjects. One out of 15 male follow-up subjects reported female perpetration, while none of the 23 female follow-up subjects reported instances of this type of offending. Thus given the general lack of follow-up data concerning direct female involvement in sexual abuse, it is not possible to comment on the issue of survivors' perceptions regarding such involvement. Among women follow-up subjects, however, it was possible to assess survivors' emotional reactions toward mothers or caretaking females at the time(s) the sexual abuse was occurring (such assessment was not possible for male subjects as only 1 out of 5 sexually abused men responded to this question).

Of the 13 female follow-up subjects who experienced some type of sexual abuse while in childhood, three such persons were offended against by peers alone and either reported no negative feelings toward their mothers at the time the abuse was taking place or noted that the question was not applicable to them. Of the 10 female follow-up subjects offended against by nonpeer perpetrators (or including offenses by nonpeer perpetrators), responses to this question were available from 9 individuals (six of whom had been offended against by relatives). Of these 9
subjects, seven noted negative feelings toward their mothers or other caretaking females at the time(s) the sexual abuse was occurring, with feelings of resentment, anger, betrayal, and/or abandonment being the items most frequently endorsed, respectively. Such responses, in turn, offer some support for an observation raised in the Literature Review; namely, that female victims of sexual abuse may not make emotional distinctions between the active offender and the individual who failed to provide protection against the perpetrator. Such possible blurring of emotional distinctions between the perpetrator and the nonprotector may, however, occur mainly at the time of the offense(s). For among the 9 subjects offended against by nonpeers, only four currently reported holding negative feelings toward their mothers or other caretaking females in regard to the prior sexual abuse. The remaining 5 subjects expressed current neutral or mixed feelings toward their female caretakers in relation to the past abuse.

The second issue considered as possibly leading to future empirical study was the examination of adult male survivors’ motivations to report/not report sexual abuse experiences. This issue was noted as being important given the possibility that sexual abuse against males is underreported because such abuse may engender victims’ fears of homosexuality and/or general anxieties about masculinity (i.e., for "having let" another person take advantage of one sexually).

The results of the follow-up survey, however, prohibit any conclusive remarks on this issue. Of the 38 follow-up subjects, only one female subject noted
that the occurrence of abuse had been reported to a protective services agency.

Therefore, it is not possible to comment upon general motivations among this
group of subjects with regard to the reporting of sexual abuse. Comments
regarding males' motivations not to report sexual abuse also are restricted due to
the small number of men with abuse histories who answered the follow-up survey.

Of the 5 men with such histories, two did not respond to the question concerning
possible hesitations in reporting the abuse, one noted that the abuse had not been
reported because the offender had died, and another stated that "it wasn't so
important that criminal action should have been taken." Only one such subject
endorsed any of the potential responses; this individual acknowledged hesitations in
reporting the sexual abuse because of fears that others would regard him as
homosexual and because he did not want to get the perpetrator in trouble. In
commenting about the lack of reporting, this subject added, "(I) just knew 'it
wasn't right.'"

The relative dearth of mens' responses to this issue, however, may reflect a
broader-based phenomenon. Thirty-two male respondents to the screening
questionnaire (i.e., 21.0%) had had child or child/adult atypical sexual experiences.
Given the serious nature of these events as previously outlined, it may be that
among this group of male subjects, atypical childhood sexual contacts were truly
perceived as "experiences." If such is the case, then even blatant acts of abuse
perhaps are being viewed by these subjects as innocuous events within their life
histories or events from which they have learned. A comparison of some of the male and female screening questionnaire responses to statements assessing past and current feelings toward subjects' first sexual experiences suggests that males are indeed viewing such experiences (regardless of their actual nature) in a more positive light than are females. With regard to subjects' general feelings at the time of their first sexual experiences, a descriptive overview of respondents' answers revealed that 88.9% of males endorsed having positive feelings at that time as compared to only 64.3% of females. Males also appeared to have more personal investment within their first sexual experiences. Among male subjects, 60.8% reported that their first sexual experience satisfied their sense of curiosity. Among female subjects, this figure was 36.9%. Thirty-two percent of males reported feeling pride with regard to their first sexual experience, as compared to only 7% of females.

Subjects' current feelings toward their first sexual experiences also revealed that males continued to assess these events more favorably than females. Eighty-three percent of men held current positive feelings with regard to their first sexual experiences as compared to 64.3% of women. Categories comprising such positive feelings included "feelings of having 'learned more' about sexual activity" (i.e., as a result of one's first sexual experience) and "feelings of currently enhanced sexual functioning because of the nature of your first sexual experience." Among male subjects, 54.9% endorsed the former item as compared to 40.8% of
female respondents. Males also endorsed the latter item more frequently when compared to females; 35.3% of men, but only 18.5% of women noted currently enhanced sexual functioning as a positive outcome of their first sexual experience.

The percentages of male subjects endorsing past and current positive feelings toward their first sexual experiences suggest that among many male respondents, there was a generally favorable, experiential outlook with regard to these events. Yet given the number of male respondents with atypical sexual histories, coupled with the lack of elevation among any of the male subject groups on the BDI, it also may be that an experiential outlook served some men as a mechanism for coping with negative affective reactions that might have arisen from any unwanted or unsettling sexual contact.

In addition to the principal, exploratory questions posed within the second half of the study, this research also examined several other issues in order to obtain initial, descriptive data on aspects of sexual abuse that might supplement professional understanding of this phenomenon and its sequelae. One such issue concerned the perceived effects of positive or negative coercion to comply with abuse upon the emotional status of adult survivors. Given the dearth of follow-up responses to the matter of coercion, however, it was not possible to discern any perceived effects of type of force upon emotional status. Among the 14 men and women with abuse histories who responded to this part of the follow-up survey, 10
individuals responded "no" with regard to being subjected to any type of coercion (i.e., to either positive or negative coercion as each term was defined in the follow-up survey).

Another supplementary issue dealt with the gender connotations applied by male and female survivors to particular emotional reactions such as anger and depression. It was proposed that classification of these feelings would reflect cultural stereotypes — i.e., that both groups of survivors would view anger as a principally male phenomenon and depression as a principally female phenomenon. In turn, such classifications were proposed to affect the display of these emotions among survivors; with men more readily expressing anger and women more readily expressing depression. Again, it was not possible to make such determinations due to the lack of direction in subject responding to the first part of this issue. Among the 37 follow-up subjects who responded to questions regarding their gender connotations of anger and depression, a total of 32 endorsed anger as a gender-neutral phenomenon, while 34 endorsed depression as a gender-neutral phenomenon.

The final supplementary issue was the role of substance abuse as a coping tool to counter or "mask" depression among some male survivors of sexual abuse. Investigation of this issue revealed that while it was not possible to discern the function of substance abuse among male victims (i.e., as only one male follow-up subject reported receiving treatment for alcohol and/or drug dependency as an
adult, and only one noted such treatment prior to the age of 18), through subjects’ responses to the screening questionnaire, it was possible to assess the use of alcohol among survivors in relation to coping with anger and depression and the role of substances in the commission of sexual offenses against children. Among all male survivors of sexual abuse, 2 of 13 or 15.4% reported drinking to lessen anger, while 3 of 13 or 23.1% reported drinking to lessen depression. Among all female survivors of sexual abuse, 15 of 65 or 23.1% reported drinking to lessen anger, and 20 of 65 or 30.8% endorsed drinking to lessen depression.

While no male survivors of childhood sexual abuse reported alcohol and/or drug involvement in the perpetration of abuse against them, 27 of 47 female survivors of childhood abuse (i.e., 57.4%) noted that alcohol and/or drugs were always or sometimes involved in their abuse. Additionally, 17 (36.2%) of these women acknowledged always or sometimes being drunk and/or high at the time(s) of their abuse, and 12 (25.5%) noted that they were always or sometimes given alcohol and/or drugs to make them more compliant with or accepting of the sexually abusive act(s). Among women abused as children, 26 (55.3%) reported that their perpetrator(s) was always or sometimes drunk and/or high at the time(s) of the abuse.

Although the majority of childhood abuse reported in this study was not committed by first-degree relatives, drinking problems among such relations might have contributed to a lack of protection of the subjects, thereby making these
individuals accessible to offenders. Drinking problems among close relatives also could have diverted attention from the subjects and their symptoms or complaints of abuse. Table 4 thus provides a breakdown of first-degree relatives with drinking problems related to male and female survivors of child sexual abuse, respectively.
Table 4
First-Degree Relatives with Drinking Problems Related to Male Survivors of Child Sexual Abuse

<table>
<thead>
<tr>
<th>Frequency/Percent</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 6 of 12 survivors (50.0%) said</td>
<td>&quot;father&quot; had drinking problem</td>
</tr>
<tr>
<td>2) 2 of 12 survivors (16.7%) said</td>
<td>&quot;mother&quot; had drinking problem</td>
</tr>
<tr>
<td>3) 1 of 12 survivors (8.3%) said</td>
<td>&quot;stepfather&quot; had drinking problem</td>
</tr>
<tr>
<td>4) 1 of 12 survivors (8.3%) said</td>
<td>&quot;stepmother&quot; had drinking problem</td>
</tr>
<tr>
<td>5) 4 of 12 survivors (33.3%) said</td>
<td>&quot;siblings&quot; had drinking problem</td>
</tr>
</tbody>
</table>

First-Degree Relatives with Drinking Problems Related to Female Survivors of Child Sexual Abuse

<table>
<thead>
<tr>
<th>Frequency/Percent</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 20 of 47 survivors (42.6%) said</td>
<td>&quot;father&quot; had drinking problem</td>
</tr>
<tr>
<td>2) 10 of 47 survivors (21.3%) said</td>
<td>&quot;mother&quot; had drinking problem</td>
</tr>
<tr>
<td>3) 7 of 47 survivors (14.9%) said</td>
<td>&quot;stepfather&quot; had drinking problem</td>
</tr>
<tr>
<td>4) 3 of 47 survivors (6.4%) said</td>
<td>&quot;stepmother&quot; had drinking problem</td>
</tr>
<tr>
<td>5) 17 of 47 survivors (36.2%) said</td>
<td>&quot;siblings&quot; had drinking problem</td>
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Chapter 4

Discussion

The results of this research provided some intriguing descriptive data with regard to underinvestigated aspects of sexual abuse and their manifestations within this sample of college students. A review and analysis of the results indicated, however, far more limited support for the study's formal hypotheses. The varied nature of these results thus presents some challenges when considering future research needs in this complex but often neglected area of empirical study.

The descriptive data obtained through this study provide cogent information about the scope of sexual abuse. The prevalence figures obtained in the current study (i.e., 8.5% of male subjects had encountered some type of sexual abuse as a child and/or as an adult, while 41.4% of female subjects had experienced sexual victimization as a child and/or as an adult) are higher when compared to other investigations of prevalence carried out with larger samples of college student subjects (Finkelhor, 1979; Fritz et al., 1981). This difference may be, in part, a reflection of differences in definitions of sexual abuse and/or questionnaire surveys applied by previous researchers with regard to the issue of prevalence. However, even when this issue is limited only to the prevalence of childhood sexual victimization, the outcomes of the current study indicate a
greater prevalence of such abuse among surveyed subjects in comparison to previous work with similar subject samples. For example, Finkelhor’s (1979) survey of 266 male and 530 female college students revealed that 8.6% of the men and 19.2% of the women had experienced child sexual abuse (Finkelhor’s definition of such abuse is provided in the Literature Review). In contrast, 12 of 153 male subjects in the present study (7.8%) had endured sexual abuse as a child with an older perpetrator, as a child and as an adult, or as a child with a peer as the perpetrator. Among the 157 female subjects, 42 (26.8%) were included in one of these breakdowns of child sexual abuse.

In noting prevalence differences between the current study and previous research, it is important to add that the results of any prevalence work utilizing samples of college students may not be generalizable to the larger, nonstudent population of adult men and women. Finkelhor (1979), however, has observed that in comparison to the general population, prevalence rates of child sexual abuse among samples of college students might be "artificially low" since such students "are more middle class and more psychologically healthy, and so perhaps less likely to have been sexually victimized" (p. 54).

If such is the case, then it may be that the prevalence figures obtained in the present research (i.e., for all types of sexual abuse) remain somewhat low in contrast to the general population. It also may be that the figures obtained in the current study are higher than those obtained through previous student surveys because of characteristics of this particular student sample. The ever-increasing
public attention paid to the issue of sexual abuse further may have given this
group of subjects a more acute sense of the phenomenon and what it constitutes.
Additionally, the screening questionnaire utilized within the present study may
have been more sensitive than previous instruments in picking up on past abuse
experiences. The fine-grained nature of this questionnaire may have given
subjects greater flexibility in responding to items concerning prior sexual abuse.

Finally, prevalence figures from the current research may have been
influenced by this study's lack of excluding peer-perpetrated offenses from its
tally of child sexual abuse incidents. Previous large-scale studies (Finkelhor,
1979; Fritz et al., 1981; Russell, 1983) did not include instances of peer sexual
abuse when arriving at their respective prevalence figures. As noted in the
Literature Review, however, such omission no longer is warranted given the slow
but growing awareness of sexual offenses committed by both children and
Fehrenbach, Smith, Monastersky, & Deisher, 1986; Harris, 1992; Malmquist,
1985; O'Brien & Bera, 1986; Umrigar, 1990). In the current study, the issue of
peer sexual offending is underscored by the frequency of such abuse as reported
by male subjects (i.e., 5 of 12 men abused as children had been offended against
by peers) and female subjects (i.e., 20 of 47 women abused as children had
experienced peer-perpetrated offenses alone or in addition to nonpeer-perpetrated
abuse).
These data regarding peer offending thus provide a small yet important inroad into this largely uninvestigated area of child sexual abuse. Such information is but a stepping stone, however, to the investigation of other issues surrounding peer perpetration. Alpert (cited in Adler, 1991) has observed, for example, that little research has been done on topics such as peer sexual abuse "in part because sexual activity between children has long been thought to be normal" (p. 16). Therefore, many questions remain as to when and how childhood sexual exploration "crosses the line" into peer perpetrated childhood sexual abuse.

In spite of it not being possible to assess survivors' perceptions regarding direct female involvement in their abuse experiences, the descriptive data obtained from the screening questionnaire do provide some useful, general information about female-perpetrated offenses against children. Although this issue was not particularly pertinent to the abuse experiences encountered by female subjects (i.e., as only 2 of the 75 perpetrators involved in offenses against women were themselves female), female sexual offending was more prominent in the childhood abuse histories of male subjects. With regard to male subjects, not only were 6 of their 14 perpetrators female, but 5 of these 6 female perpetrators were either acquaintances or babysitters. This finding, in turn, is noteworthy because it lends some partial support to Mathews' (1987) typology of the "Exploration/Exploitation" female sexual abuser (i.e., defined by Mathews as a female adolescent who generally engages in fondling or oral sex with children.
6 years of age or younger, with the victims frequently being nonsibling males and the abuse often occurring in babysitting situations). Among males offended against by females, two specific instances of abuse occurred during babysitting situations, with the offenders either engaging in fondling or fondling and simulated intercourse with their victims. Interestingly, babysitter involvement with male subjects increased when the experiences of male respondents with child atypical categorizations also were considered. In response to questions concerning the first exposure of one’s genitals to someone else, 5 male subjects with child atypical histories reported that this experience had included bodily contact with a babysitter (it should be noted that the screening questionnaire’s delineation of this experience excluded washing or grooming activities that occurred while subjects were infants or young children). In response to questions concerning one’s first experience of seeing someone else’s breasts and/or genitals, 4 male respondents with child atypical backgrounds noted that this event included bodily contact with a babysitter.

When babysitter involvement in atypical experiences is considered in conjunction with such involvement in abuse experiences, it becomes possible to question with renewed vigor comments from previous researchers (Finkelhor & Russell, 1984) suggesting that the sexual socialization of women establishes restraint in their activities with children. Subjects’ reports concerning sexual experiences with babysitters also reinforce comments from Rosenfeld et al.
(1986) concerning the possibility that caretaking activities might evolve into overstimulation of children if appropriate sexual boundaries are not enacted.

This study's descriptive data thus have provided a basis for an initial discussion of underinvestigated aspects of sexual abuse. The limited support for the investigation's formal hypotheses nevertheless points to the difficulty in specifically examining the potential artifacts of the proposed long-term effects of anger and depression among adult survivors. Scale 4 (Psychopathic Deviate) of the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) had been included in this study in conjunction with scale 8 (Schizophrenia) as these scales were considered likely to reveal clinical elevations indicative of directly and indirectly expressed anger among groups of adult sexual abuse survivors. Scale 4, however, was not clinically elevated (i.e., T>65) among any of the adult male or female survivor groups, while scale 8 was clinically elevated among the groups of male survivors only. Thus, there was but partial support for the second half of the first hypothesis — the mean scores for the groups of male survivors did differ (T>65) from the average of the MMPI-2 normative sample in the direction of heightened anger as assessed by scale 8.

The Overcontrolled Hostility (O-H) scale (Megargee, Cook, & Mendelsohn, 1967) of the MMPI-2 also was selected for examination in this study as this scale provides further assessment of anger in its more subtle forms. The O-H scale is designed to assess an "individual's capacity to tolerate
frustrations without retaliating" (Butcher et al., 1989, p. 38). Clinical elevations (T>65) on the O-H scale are suggestive of persons who respond appropriately to frustrations most of the time, but who also "occasionally display exaggerated aggressive responses without apparent provocation" (Butcher et al., 1989, p. 39). In the current study, however, the mean scores for the groups of adult male and female sexual abuse survivors did not differ from the average of the MMPI-2 O-H scale normative sample in the predicted direction of greater exaggerated responses of aggression.

The groups of adult male and female survivors also did not differ from the average of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) normative sample in the predicted direction of greater depression. Mean scores for all subject groups in this study were below the cutoff points for both mild and mild-moderate depression.

The Novaco Provocation Inventory (NPI; Novaco, 1977) was included within this research in order to provide a convergent and more fine-grained measure of anger. The NPI examines anger arousal through individuals' ratings of the degree to which specific incidents (e.g., "Being overcharged by a repairman who has you over a barrel"; "Someone makes a mistake and blames it on you.") would anger or provoke them. It was hypothesized that adult male and female sexual abuse survivors would experience a greater level of anger than an unselected group. With one exception, however, the mean group scores of adult survivors were not one standard deviation greater than the mean of the NPI
standardization sample. The exception to these results was found in the mean score of women who had experienced child sexual abuse from peers.

The results of this study pose several challenges in interpretation. It is first important to note that as the instrumentation used in this part of the study had not been previously employed with groups of adult male and female sexual abuse survivors, it is not possible to state whether the obtained results are truly reflective of the actual responses of the larger population of adult survivors or if the results have been influenced by the particular characteristics of the tested subjects and/or of the testing situation as presented within this study. This caveat must be especially applied to the results obtained from male survivors, that group for which no previous standardized testing (e.g., the MMPI) has been done.

With these cautions in mind, it is worth noting that scale 8 of the MMPI-2 did appear more sensitive than scale 4 in assessing various aspects of anger among male survivors (e.g., resentfulness; hostility).* In turn, any such difference in sensitivity may reflect the fact that scale 8 measures more indirect anger (e.g., hostile feelings that an individual is unable to express), while scale 4 assesses more direct manifestations of anger (e.g., aggressive outbursts or assaultive behavior). The mean group scores of male survivors on scale 8, however, also suggest that in addition to indirect anger, these individuals may

*Although scales 4 and 8 examine the presence of other emotional reactions and behaviors, both scales share an emphasis in assessing facets of anger.
have been experiencing unconventional or unusual beliefs and/or behaviors. While the small number of male survivors in the follow-up sample precludes extensive comment on this latter possibility, it may be that the presence of such beliefs and/or behaviors actually served subjects by providing outlets for angry feelings that could not be expressed.

There was a lack of clinical elevation on scale 4 and scale 8 among all groups of female survivors. It thus may be that among these groups of women, there was a lack of either direct or indirect anger as assessed by the MMPI-2. Women sexually abused as children by nonpeer perpetrators (CSA), however, came closest to a group elevation on scale 8 (group mean = 64.5). Although a clinical elevation on scale 8 might have been obtained with a larger female CSA sample, this is but a reasoned speculation at the present time.

As no groups of male or female survivors obtained clinical elevations on the O-H scale, there again is little comment that can be made. It can, perhaps, be noted that even if indirect anger was present among male survivors, the overcontrol of such anger did not appear to be an issue. At first blush, this possible state of affairs might seem contradictory. Upon further consideration, however, it would appear that the very nature of indirect anger would prohibit any exaggerated aggressive responses; rather, it would seem that alternative behaviors (e.g., daydreaming; fantasy) would function as the channels through which indirect anger is released.
The lack of clinical elevation among all groups of male and female survivors on the BDI does contradict a host of clinical and empirical observations regarding the presence of depression in men and women who have endured sexual abuse (Bolton et al., 1989; Browne & Finkelhor, 1986; Nadelson et al., 1982; Nielsen, 1983; Sarrel & Masters, 1982). Although the current research had suggested (within the context of the Literature Review) that anger may be a more culturally accessible and permissible emotional outlet for male survivors when contrasted to depression, it also was noted that depression may find similar cultural approbation for female survivors when contrasted to anger. The lack of any clinical elevation on the BDI among the groups of female survivors thus is particularly striking. Such an outcome, however, obtains some partial yet related support from Fromuth's (1986) finding that sexually abused and nonabused college women (n = 383) did not differ significantly with regard to their rates of moderate to severe depression as assessed by the short form of the BDI. Nevertheless, it should be noted that the CSA group of female survivors came closest to a clinical elevation on the BDI (group mean = 8.3). This mean is approaching the cutoff point for mild depression (i.e., represented by a score of at least 10). Reminiscent of their response to scale 8 of the MMPI-2, there thus is the possibility that if the female CSA sample had been larger, a clinical elevation indicative of mild depression might have been obtained.
In comparison to the absence of any clinical elevation on the BDI among the groups of female survivors, the lack of any such elevation among the groups of male survivors is somewhat less surprising. Yet as alluded to in the Results section, men may have merely utilized more indirect means of expressing feelings such as depression. It was previously mentioned that some men may have come to look upon prior atypical or aberrant sexual events from an experiential framework so as to cope with any negative affective reactions that could have arisen from unwanted or unsettling sexual contacts. This hypothesis was based on the percentage of male respondents with child or child/adult atypical sexual histories (i.e., 21.0%) coupled with the lack of elevation among any of the male subject groups on the BDI. Viewing atypical sexual activities as "experiences," however, may have done more than just assist some men in dealing with the potential emotional aftereffects of aberrant sexual events. In deeming such events as experiences, some male subjects may have been reinforcing their self-perceptions of masculinity. As Crewdson (1988) has observed, many males will go to great lengths to deny any type of victimization in order to protect a masculine self-image. "Atypicality" may be one such protective device.

Yet an experiential outlook in regard to aberrant sexual encounters also may fit with a larger theme; namely, that males who have met with abusive and/or atypical events may feel, for personal and/or societal reasons, more comfortable in reacting to such sexual encounters in indirect ways (e.g., indirect
emotional and/or behavioral responses; indirect labeling of aberrant sexual contacts). While this proposal is but a hypothesis, it merits some attention as so little is currently known from an empirical standpoint about how males respond to potentially disturbing sexual encounters.

The results obtained from subject groups on the NPI reveal that for all but one group, heightened levels of anger (i.e., as assessed by the Novaco) were not present. The exception to this pattern was found among women who had been sexually abused by peers (CSA/peer mean = 308.3). This lone, significant finding faces several interpretations. Firstly, the finding itself may reflect a Type 1 error. However, it also is important to note that the Novaco taps very direct responses to items regarding anger arousal. It thus may be that among this particular group of female survivors, there was a greater degree of directly-manifested anger.

Although the current study did not do specific, mean age breakdowns in regard to each of the follow-up groups, such breakdowns may be useful in subsequent research for a variety of reasons. Regarding the single, significant finding on the Novaco, for example, it may be that surveyed women sexually abused by peers are younger (as a group) than surveyed women abused by nonpeers. Thus as a function of age and/or of changing cultural standards, younger women may have, in turn, felt more comfortable than their older counterparts in directly expressing anger (though it should be noted that other group characteristics may have contributed to differences in such expression).
Additionally, age data may help to sort out a somewhat "mixed picture" regarding patterns of general, emotional expression among female survivors. Although limited empirical data prohibit a great deal of discussion, it appears that at least some female survivors were using both direct and indirect means (e.g., drinking) of coping with negative emotions. In conjunction with further research on these issues, age data may assist in determining which female survivors are especially likely to manifest particular coping styles.

Further research covering the many facets and implications of the current study (e.g., the influence of type of abuse upon emotional expression) is, however, necessary if a fuller empirical understanding of sexual abuse is to accompany the initial work of this research. The small follow-up sample (n = 38) within the present study has restricted comments regarding the empirical data and, to a lesser extent, also has restricted comments regarding the descriptive data. As has been noted, small sample size further may have contributed to the failure of the female CSA group to obtain clinical elevations on scale 8 of the MMPI-2 and on the BDI.

Sample size limitations, however, could be countered rather easily if subsequent research offered larger incentives for additional participation. Extra class credit, for example, might be available to those eligible subjects who have agreed to take the battery of standardized tests and the follow-up questionnaire, but who have already attained their 10 units of experimental credits. (The

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fulfillment of experimental credits was the reason most often given by eligible and consenting subjects for not continuing participation in the study).

It should be noted, however, that regardless of the size of the follow-up sample in subsequent research, there may be some issues for which a limited response will frequently be rendered. For example, questions regarding the reporting of child sexual abuse may consistently yield small numbers of adult subjects who state that such victimization had been reported to a protective services agency. Not only was the phenomenon of nonreporting found among this study's follow-up subjects, it also has been found in much larger, nationwide surveys of adult male and female survivors (Crewdson, 1988). Thus it may be that for certain issues concerning this often-taboo subject, even small sample sizes are depicting a currently accurate, though regrettable, state of affairs.

**Summary**

The current study has provided a small yet sound beginning for further descriptive and empirical research regarding traditionally underinvestigated aspects of sexual abuse. The descriptive findings from the current study underscore the intricacies regarding the perpetration and aftermath of sexual abuse (e.g., the negative emotional reactions of female survivors toward their mothers or other caretaking females at the time(s) of abuse). Such descriptive data are not only important in their own right, they also serve to establish a basis for future empirical investigation. Too often, however, sources of
descriptive data have been neglected due to a simple want of asking thoughtful questions. The current research, however, has provided a solid framework and model for posing such fine-grained questions, especially on a wide-scale, screening level.

The empirical component of this research has been met with greater limitations due, in part, to a small follow-up sample, but also due to the inherent difficulties in examining the potential artifacts of any proposed, long-term emotional effects of sexual abuse upon adult survivors. The current study specifically examined potential artifacts associated with the proposed, long-term effects of anger and depression among such survivors. The limited support found for the study’s formal hypotheses thus may reflect several larger (and possibly interrelated) limitations. It may be that the selected instrumentation was not uniformly sensitive in discerning the various aspects of anger and depression among survivors. It also may be that these emotional phenomena are not as prominent among all survivors as the clinical literature would suggest. A third possibility is that different survivor groups may manifest different coping styles and emotional reactions based upon their particular abuse histories and/or particular group characteristics.

When the descriptive and quantitative data are considered together, however, it is possible to see how the information gathered to date highlights specific areas in need of continued study. The advantages and disadvantages of the current study’s design also enable some reflection on how such further
research may be achieved. The following subsection thus provides a brief overview of considerations and recommendations for future research.

Considerations and Recommendations for Future Research

In order to conduct future research that will provide further elucidation of descriptive data and perhaps yield more substantive empirical data, it would appear necessary to enlarge the sample of subjects who participate in the first half of the study (i.e., the screening questionnaire respondents). If the sample of screening questionnaire subjects was enlarged to include 300 males and 300 females, there also would be an increase in the number of subjects who would be eligible to participate in the second half of the study (i.e., those with sexual abuse and/or atypical sexual histories would be eligible to take the battery of standardized tests and to complete the follow-up survey). A larger number of subjects participating in the second half of the study would, in turn, strengthen the empirical component of the research. Given the limited empirical results of the initial research, however, it would appear necessary to retain the original hypotheses and instrumentation of the present study as replication of the current work with larger groups of subjects may offer some more conclusive evidence regarding both the hypotheses and the merit of the instrumentation in assessing anger and depression among adult survivors.
With these considerations in mind, the following issues appear to require particular attention in future research through either increased emphasis within the screening and follow-up questionnaires or through separate, more specified study:

1) The phenomenon of atypical sexual experience warrants additional research with regard to any specific deleterious effects that might result from such an event. In the current study, 13 of the 23 female subjects with child atypical histories (56.5%) also were victims of some type of sexual abuse. Although it is not possible to comment upon how frequently the atypical event preceded the abusive event, additional research could scrutinize any possible relationship between atypical experience and future abuse. Further investigation of this matter also could include an emphasis on how frequently child atypical experience precedes peer-perpetrated child sexual abuse (i.e., in order to determine if and how peer-perpetrated abuse may evolve from atypical experience). This type of investigation, however, may entail some inquiry with regard to the time intervals between atypical experience and peer offending.

Additional research on atypical sexual experience also could encompass further examination of men's perceptions about engaging in aberrant sexual activity. Such an examination appears necessary in
order to achieve a fuller understanding of if and how an experiential outlook may serve as a coping tool and/or lead to the underestimation of male sexual abuse victims.

2) A second issue requiring additional research concerns the past and current feelings that female survivors of child sexual abuse hold toward their mothers or caretaking females. Based upon subjects’ responses to the follow-up survey, it was noted that at the time(s) of abuse, particularly, these female victims may not have made emotional distinctions between the active offender and the individual who failed to provide protection against the perpetrator. It is important to emphasize, however, that the majority of female survivors who endorsed negative feelings toward their mothers or female caretakers at the time(s) of abuse had been offended against by relatives. Thus, future research could be focused upon the role of relative perpetration in heightening any negative emotional reactions (e.g., resentment; feelings of betrayal) that women survivors felt/feel in relation to their female caretakers. Additional research regarding women survivors’ emotional reactions toward their mothers or female caretakers also could examine the issue of how such survivors assigned blame for their abuse and how blame may/may not be modified as a function of maturity.
3) A third issue warranting further research is the role of drinking as a tool to lessen anger and/or depression among sexual abuse survivors. Subjects' responses to the screening questionnaire suggest that at least among some survivors, drinking may be used as a coping device. Future research could examine drinking motivations in relation to survivors' obtained scores on instruments such as the NPI and BDI. Given this study's results regarding the role of substances in the perpetration of child sexual abuse against females, additional research on this issue also could be valuable in determining any patterns or outcomes associated with substance use and the commission of sexual offenses (e.g., Do females who acknowledge being drunk and/or high at the time(s) of the offense have diminished perceptions of their abilities to be self-protective?).

4) Another area for future research concerns the issue of sexual dysfunction among women with sexual abuse and/or atypical sexual histories. On the current study's follow-up questionnaire, 10 of the 23 female subjects acknowledged having some type of sexual dysfunction before and/or since the age of 18. Future research on this matter could follow several routes that need not be mutually exclusive:
   a) Additional prevalence data regarding sexual dysfunction could be acquired from larger groups of women with abuse and/or atypical histories.
b) The frequency of sexual dysfunction as contrasted to the frequency of depression among groups of formerly abused women could be investigated (i.e., it may be that such dysfunction is more common among female survivors than is depression).

c) The prevalence of sexual dysfunction among female survivors of peer sexual abuse could be specifically examined as Alpert (cited in Adler, 1991) notes that such dysfunction may be a prominent sequelae of this type of abuse.

It is important to note that males with sexual abuse and/or atypical sexual histories should not be summarily excluded from research related to sexual dysfunction. However, any such research including males may need to consider the possibility that men could feel a heightened sensitivity in regard to disclosing information about sexual dysfunction. On the current study’s follow-up questionnaire, 3 of the 15 male subjects reported some type of sexual dysfunction before and/or since the age of 18. While this figure comprises 20% of this small sample of men, it nevertheless behooves any future research to examine the matter of hesitations in disclosure (and the resulting possibility of underestimation) when analyzing data on males’ reports of sexual dysfunction.

In closing, it is worth noting that at some future point in researching underinvestigated aspects of sexual abuse, interview data may be quite helpful in
clarifying issues that are particularly subtle or are in need of further qualitative distinctions. Previous studies (Finkelhor, 1979; Russell, 1983; Wyatt, 1985) have set a precedent for the use of interviews in general sexual abuse research. Thus, interview data may be an important component in augmenting professional understanding of an especially complex and multifaceted phenomenon.
References


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Appendix A
Screening Questionnaire

QUESTIONNAIRE

Please do not put your name anywhere on this questionnaire. Try to answer all questions as best you can. The questionnaire is divided into different sections, so do not skip any parts. Remember that your answers are anonymous, so please be as honest as possible. If you have any questions, please ask.

PART I: For the following questions, please fill in the blank or circle the appropriate answer.

1. Age: ________________________
2. Sex: 1. Male 2. Female

PART II: This part of the questionnaire is about the use of alcoholic beverages. A few questions ask about marijuana or other drug use.

1. How often do you drink alcoholic beverages? (Circle the number for the item closest to your usual drinking).
   1. Never
   2. About once or twice per year
   3. Once per month
   4. Twice per month
   5. Once per week
   6. Two or three times per week
   7. Four or five times per week
   8. Every day
   9. More than once per day

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2. When you drink alcoholic beverages, how many do you usually drink per occasion (i.e., at any one time)? (Circle one)

1. None
2. One drink (beer, shot, glass of wine, etc.).
3. Two drinks
4. Three drinks
5. Four drinks
6. Five drinks
7. Six drinks
8. Seven or more drinks

3. If you drink alcoholic beverages, please indicate below how much each of the statements describes your reasons for drinking. To do this, circle the number for your choice after each statement. Circle only one response for each item. (If you do not drink alcoholic beverages, please go to Question 4).

A. I worry less about what others are thinking of me.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

B. I feel less lonely.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

C. I feel less shy.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

D. To help me forget that I’m not the kind of person I would like to be.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

(Question #3 is continued on the next page)
E. To make me feel less angry.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

F. To help me relax.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

G. To help me go to sleep.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

H. To give me confidence.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

I. To help me deal with pressure.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

J. To help me feel less depressed.
   1. Does not describe my reasons for drinking
   2. Somewhat describes my reasons for drinking
   3. Very much describes my reasons for drinking

4. How often do you use marijuana? (Circle one)
   1. Never
   2. Occasionally
   3. Frequently
   4. Daily
5. How often do you use other drugs? (Circle one)
   1. Never
   2. Occasionally
   3. Frequently
   4. Daily

6. What is the relationship of your alcohol use to your use of other drugs? (Circle one)
   1. Use neither drugs nor alcohol
   2. Use only alcohol
   3. Use alcohol and marijuana
   4. Use alcohol and other drugs
   5. Use drugs instead of alcohol

7. How many times has there been trouble in your home because of drinking? (Circle one)
   1. More than once
   2. Once or never

8. How often do/did members of your family drink more than a moderate amount? (Circle one)
   1. Infrequently
   2. Frequently

9. Which members of your family have had problems with drinking? (Circle every item that applies)
   1. Father
   2. Mother
   3. Stepfather
   4. Stepmother
   5. Aunts or uncles
   6. Grandparents
   7. Brothers or sisters
   8. Cousins

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PART III: The next set of questions concerns past sexual experiences. Please note that "sexual experience" is defined as any bodily contact with one or more other persons that was of a sexual nature. Please answer the questions seriously and carefully. Your responses will remain strictly confidential.

1. At what age was your first sexual experience? _______________________

2. What type of activity did you engage in during your first sexual experience? (Circle every item that applies to your first sexual experience).
   1. Kissing
   2. Clothed touching of your genitals
   3. Unclothed touching of your genitals
   4. Clothed touching of someone else's breasts and/or genitals
   5. Unclothed touching of someone else's breasts and/or genitals
   6. Fondling the breasts and/or genitals of someone else
   7. Having your genitals fondled
   8. Oral sex (performing fellatio on your partner)
   9. Oral sex (performing cunnilingus on your partner)
   10. Oral sex (recipient of fellatio)
   11. Attempted sexual intercourse
   12. Sexual intercourse (i.e., vaginal intercourse)
   13. Performing anilingus on your partner
   14. Recipient of anilingus
   15. Attempted anal intercourse
   16. Anal intercourse
   17. Penetration through insertion of a foreign object
   18. Penetrating someone else through insertion of a foreign object
   19. Digital penetration (i.e., penetration with fingers)
   20. Digitally penetrating someone else
   21. Other (please specify) _______________________________

3. What gender was your partner?
   1. Male
   2. Female
   3. If more than one partner was involved in your first sexual experience, please specify the number and gender of partners:
      ____________________________________________________________________
      ____________________________________________________________________
4. At the time of your first sexual experience, what age was your partner?  
(Fill in the blank)  
(Partner’s approximate age in years)  

If more than one partner was involved in your first sexual experience, please specify their ages at the time:  

5. Were alcohol and/or drugs involved in your first sexual experience?  
(Circle one)  
1. Yes  
2. No  

6. If alcohol and/or drugs were involved in your first sexual experience, were you drunk and/or high at the time of the experience?  
(Circle one)  
1. Yes  
2. No  

7. If alcohol and/or drugs were involved in your first sexual experience, was/were your partner (or partners) drunk and/or high at the time of the experience?  
(Circle one)  
1. Yes  
2. No  

8. At the time of your first sexual experience, what was your relationship to your partner(s)?  
(Circle every item that applies)  
1. Boyfriend  
2. Girlfriend  
3. Male acquaintance  
4. Female acquaintance  
5. Male stranger  
6. Female stranger  
7. Father  
8. Mother  
9. Grandfather  
10. Grandmother  
11. Stepfather  
12. Stepmother  
13. Brother  
14. Sister  

(Question #8 is continued on the next page)
15. Half brother
16. Half sister
17. Stepbrother
18. Stepsister
19. Foster brother
20. Foster sister
21. Foster father
22. Foster mother
23. Uncle
24. Aunt
25. Male cousin
26. Female cousin
27. Other (please specify) __________________________

9. At the time of your first sexual experience, were your feelings about it:
(Circle one)

1. Positive (Go on to Question 10; skip Question 11)
2. Negative (Go on to Question 11; skip Question 10)

10. If you had positive feelings at the time of your first sexual experience, did those feelings include: (Circle every item that applies)

1. Feelings of being cared for
2. Feelings of greater maturity
3. Excitement
4. Having sense of curiosity satisfied
5. Pride
6. Feelings of being pleasured
7. Other (please specify) __________________________

11. If you had negative feelings at the time of your first sexual experience, did those feelings include: (Circle every item that applies)

1. Anger
2. Depression
3. Anxiety
4. Guilt
5. Fear
6. Embarrassment
7. Other (please specify) __________________________
12. What are your current feelings toward your first sexual experience? (Circle one)
   1. Positive (Go on to Question 13; skip Question 14)
   2. Negative (Go on to Question 14; skip Question 13)

13. If you currently have positive feelings toward your first sexual experience, do these feelings include: (Circle every item that applies)
   1. Feelings of being cared for
   2. Feelings of having "learned more" about sexual activity
   3. Feelings of currently enhanced sexual functioning because of the nature of your first sexual experience
   4. Excitement
   5. Other (please specify) __________________________________

14. If you currently have negative feelings toward your first sexual experience, do these feelings include: (Circle every item that applies)
   1. Depression
   2. Anger
   3. Embarrassment
   4. Guilt
   5. Anxiety
   6. Fear
   7. Other (please specify) __________________________________

15. At what age were you when you were first asked by someone to engage in a sexual experience with them? _______________________

16. What gender was the person who first asked you to engage in a sexual experience with them?
   1. Male
   2. Female
   3. If more than one person was involved in first asking you to engage in a sexual experience with them, please specify the number and gender of such persons:
      ____________________________________________________________
      ____________________________________________________________
17. At the time, how old was/were the person (or persons) who first asked you to engage in a sexual experience with them? _________________________

18. Did your first offer to engage in a sexual experience result in your first experience actually taking place? (Circle one)
   1. Yes
   2. No

19. At what age were you when you first showed your genitals to someone else? (i.e., without any bodily contact necessarily occurring and excluding washing or grooming activities that occurred when you were an infant or young child).

20. Did any bodily contact occur during your first experience (noted in Question 19 above) of showing your genitals to someone else? (Circle one)
   1. Yes
   2. No

21. At what age were you when you were first shown someone else’s breasts and/or genitals? (i.e., without any bodily contact necessarily occurring).

22. Did any bodily contact occur during your first experience of seeing someone else’s breasts and/or genitals? (Circle one)
   1. Yes
   2. No

23. What gender was the person to whom you first showed your genitals?
   1. Male
   2. Female
   3. If you first showed your genitals to more than one person, please specify the number and gender of such persons:

24. At the time, how old was/were the person (or persons) to whom you first showed your genitals? _________________________

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25. What was your relationship to the individual or individuals to whom you first showed your genitals? (Please see list of possible relationships included under Question 8 and provide more than one response if appropriate).

26. What gender was the person who first showed their breasts and/or genitals to you?
   1. Male
   2. Female
   3. If more than one person first showed their breasts and/or genitals to you, please specify the number and gender of such persons:

27. At the time, how old was/were the person (or persons) who first showed their breasts and/or genitals to you? _______________________________

28. What was your relationship to the individual or individuals who first showed their breasts and/or genitals to you? (Please see list of possible relationships included under Question 8 and provide more than one response if appropriate).

29. At the time you first showed your genitals to someone else, were your feelings about this experience: (Circle one)
   1. Positive (Go on to Question 30; skip Question 31)
   2. Negative (Go on to Question 31; skip Question 30)

30. If you had positive feelings at the time you first showed your genitals to someone else, did those feelings include: (Circle every item that applies)
   1. Feelings of greater maturity
   2. Excitement
   3. Pride
   4. Fun
   5. Pleasure
   6. Other (please specify) _______________________________
31. If you had negative feelings at the time you first showed your genitals to someone else, did those feelings include: (Circle every item that applies)

1. Guilt
2. Anxiety
3. Anger
4. Depression
5. Fear
6. Embarrassment
7. Other (please specify) ________________________________

32. What are your current feelings toward your first experience of showing your genitals to someone else? (Circle one)

1. Positive (Go on to Question 33; skip Question 34)
2. Negative (Go on to Question 34; skip Question 33)

33. If you currently have positive feelings toward your first experience of showing your genitals to someone else, do these feelings include: (Circle every item that applies)

1. Feelings of being cared for
2. Excitement
3. Feelings of having "learned more" about your body and/or sexuality
4. Other (please specify) ________________________________

34. If you currently have negative feelings toward your first experience of showing your genitals to someone else, do these feelings include: (Circle every item that applies)

1. Depression
2. Guilt
3. Anxiety
4. Anger
5. Embarrassment
6. Other (please specify) ________________________________

35. At the time when you were first shown someone else's breasts and/or genitals, were your feelings about this experience: (Circle one)

1. Positive (Go on to Question 36; skip Question 37)
2. Negative (Go on to Question 37; skip Question 36)
36. If you had positive feelings at the time you were first shown someone else's breasts and/or genitals, did those feelings include: (Circle every item that applies)

1. Excitement
2. Pleasure
3. Fun
4. Feelings of being cared for
5. Other (please specify) ________________________________

37. If you had negative feelings at the time you were first shown someone else's breasts and/or genitals, did those feelings include: (Circle every item that applies)

1. Anxiety
2. Anger
3. Depression
4. Fear
5. Guilt
6. Embarrassment
7. Other (please specify) ________________________________

38. What are your current feelings toward your first experience of someone else showing their breasts and/or genitals to you? (Circle one)

1. Positive (Go on to Question 39; skip Question 40)
2. Negative (Go on to Question 40; skip Question 39)

39. If you currently have positive feelings about your first experience of someone else showing their breasts and/or genitals to you, do these feelings include: (Circle every item that applies)

1. Feelings of having "learned more" about the human body and/or sexuality
2. Excitement
3. Feelings of being cared for
4. Other (please specify) ________________________________
40. If you currently have negative feelings about your first experience of someone else showing their breasts and/or genitals to you, do these feelings include: (Circle every item that applies)

1. Anxiety
2. Embarrassment
3. Anger
4. Guilt
5. Depression
6. Other (please specify) _________________________________

41. Do you ever wonder or have uncertainty as to if any prior sexual experience was sexually abusive? (Circle one)

1. Yes
2. No

If "yes," please briefly describe the nature of the experience that you are uncertain about:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

42. Do you consider yourself to have ever been subjected to any type of sexual abuse? (i.e., "sexual abuse" is defined as the involvement of children and adolescents "in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles." "Adolescent" is further defined as any individual below the age of 18 years). (Circle one)

1. Yes
2. No
43. If you consider yourself to have been subjected to any type of sexual abuse, what type or types of sexual activities were you subjected to? (Circle every item that applies)

1. Was not subjected to sexual abuse
2. Solicitation to engage in sexual behavior
3. Sexualized kissing or hugging
4. Exhibitionism (i.e., someone else showing their breasts and/or genitals to you)
5. Your being made to show your genitals to someone else
6. Clothed touching of your genitals
7. Unclothed touching of your genitals
8. Clothed touching of someone else’s breasts and/or genitals
9. Unclothed touching of someone else’s breasts and/or genitals
10. Having your genitals fondled
11. Being made to fondle someone else’s breasts and/or genitals
12. Oral sex (having fellatio performed on you)
13. Oral sex (being made to perform fellatio on someone else)
14. Oral sex (being made to perform cunnilingus on someone else)
15. Attempted sexual intercourse
16. Simulated intercourse (i.e., the simulation of intercourse without penetration actually taking place)
17. Being made to perform sexual (vaginal) intercourse on someone else
18. Having anilingus performed on you
19. Being made to perform anilingus on someone else
20. Attempted anal intercourse
21. Anal intercourse
22. Being made to anally penetrate someone else
23. Penetration through insertion of a foreign object
24. Being made to penetrate someone else through insertion of a foreign object
25. Digital penetration (i.e., penetration with fingers)
26. Being made to digitally penetrate someone else
27. Being made to participate in pornography
28. Being made to participate in prostitution
29. Directed exposure to adult sexual activity
30. Other (please specify) ________________________
44. Did the sexual abuse occur on more than one occasion? (Circle one)

1. Was not subjected to sexual abuse
2. Yes
3. No

If the abuse happened more than one time, approximately how many times did it occur? ________________________________

45. What gender was/were the person (or persons) who committed the sexual abuse against you? (Circle one)

1. Was not subjected to sexual abuse
2. Male
3. Female
4. Both a male and a female were involved in the perpetration of the sexual abuse
5. More than one male was involved in the perpetration of the abuse
6. More than one female was involved in the perpetration of the abuse
7. More than one male and more than one female were involved in the perpetration of the abuse

If the abuse happened on more than one occasion, please specify the number and gender of individuals who perpetrated the abusive incidents:

____________________________________________________

____________________________________________________

46. At the time, how old was/were the individual (or individuals) who committed the sexual abuse(s) against you?

1. Was not subjected to sexual abuse
2. ________________________________

47. How old were you at the time (or during the times) sexual abuse was committed against you?

1. Was not subjected to sexual abuse
2. ________________________________
48. What was your relationship to the perpetrator or perpetrators of the sexual abuse(s)? (Please see list of possible relationships included under Question 8 and provide more than one response if appropriate).

1. Was not subjected to sexual abuse

49. Were alcohol and/or drugs involved in the perpetration of sexual abuse(s) against you? (Circle one)

1. Was not subjected to sexual abuse
2. Yes
3. No
4. Sometimes

50. If alcohol and/or drugs were involved in the perpetration of sexual abuse against you, were you drunk and/or high at the time of the abuse(s)? (Circle one)

1. Was not subjected to sexual abuse
2. Yes
3. No
4. Sometimes

51. Were you given alcohol and/or drugs to make you more compliant with or accepting of the sexually abusive act(s)? (Circle one)

1. Was not subjected to sexual abuse
2. Yes
3. No
4. Sometimes

52. If alcohol and/or drugs were involved in the perpetration of sexual abuse against you, was/were the perpetrator(s) drunk and/or high at the time of the abusive act(s)? (Circle one)

1. Was not subjected to sexual abuse
2. Yes
3. No
4. Sometimes
53. As an adult (i.e., since the age of 18), have you experienced any type of sexual victimization? (Circle one)

1. Yes
2. No

54. If you have experienced sexual victimization since becoming an adult, did this victimization include: (Circle every item that applies)

1. Have not experienced sexual victimization since becoming an adult
2. Attempted rape
3. Rape
4. Any other type of unwanted sexual activity (please specify)

55. If you have experienced sexual victimization since becoming an adult, did such victimization occur: (Circle one)

1. Once
2. More than once
3. Have not experienced sexual victimization since becoming an adult

56. If you have experienced sexual victimization since becoming an adult, what was the gender of the individual who victimized you?

1. Have not experienced sexual victimization since becoming an adult
2. Male
3. Female
4. If more than one individual was involved in your sexual victimization, or if you have experienced more than one victimization, please specify the number and gender of perpetrators:
57. If you have experienced sexual victimization since becoming an adult, approximately what age was/were the individual (or individuals) who victimized you?

1. __________________________________________________________

2. Have not experienced sexual victimization since becoming an adult

58. If you have experienced sexual victimization since becoming an adult, what was your relationship to the individual or individuals who victimized you? (Please see list of possible relationships included under Question 8 and provide more than one response if appropriate).

1. __________________________________________________________

2. Have not experienced sexual victimization since becoming an adult

This is the end of the questionnaire. Thank you very much for your participation in this research.
Appendix B

Survey to Accompany Individual Administrations of the MMPI-2, O-H Scale of the MMPI-2, NPI, and BDI

QUESTIONNAIRE

Please do not put your name anywhere on this survey. This survey mainly concerns more specific questions regarding various facets of previous sexual encounters, past sexual abuse incidents, and perceptions of both kinds of sexual experiences and their potential effects. A few questions concern drug and alcohol use, and other experiences and opinions. Please answer the questions seriously and carefully. Your responses will remain strictly confidential.

PART I: For the following questions, please fill in the blank or circle the number for the appropriate answer.

1. Age: ___________________________
2. Sex: 1. Male 2. Female

PART II: This set of questions chiefly explores a wide range of past sexual experiences and your reactions to them. Please circle the number next to your answer for each question. Some of the questions ask for brief, descriptive answers. Additionally, there may be some questions that are not applicable (N/A) to your personal history.

1. How would you distinguish between the terms "sexual experiences" and "sexual abuse"? 

_____________________________________________________________________
_____________________________________________________________________

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2. Were you ever involved in a consenting, early sexual experience(s) (i.e., prior to the age of 18), with someone whom you considered to be an adult? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 3)
2. No, not consenting (Please go to Question 14)
3. N/A (Please go to Question 14)

How old were you at the time(s) of this experience(s)?

3. If you were involved in more than one early sexual experience with an adult, was it with: (Circle one) (If you were not involved in more than one early sexual experience with an adult, please go to Question 4).

1. The same partner
2. Different partners

Approximately how many times did such early sexual experiences occur with the same partner? __________________________________________________________

Approximately how many times did such early sexual experiences occur with different partners? ________________________________________________________

4. If you were involved in an early sexual experience(s) with an adult, what was the gender of your partner? (Circle one)

1. Male
2. Female
3. Both a male and a female were involved
4. More than one male was involved
5. More than one female was involved
6. More than one male and more than one female were involved

If you had early sexual experiences with more than one partner, please specify the number and gender of partners:

____________________________________

____________________________________
5. If you were involved in an early sexual experience(s) with an adult, how old was your partner at the time(s) of your involvement?

If more than one partner was involved in your early sexual experience(s), please specify their ages at the time(s):

6. At the time of your early sexual experience(s) with an adult(s), what was your relationship to your partner(s)? (Circle every item that applies)

1. Boyfriend (i.e., your boyfriend)
2. Girlfriend (i.e., your girlfriend)
3. Male acquaintance (i.e., your male acquaintance)
4. Female acquaintance (i.e., your female acquaintance)
5. Male stranger
6. Female stranger
7. Father
8. Mother
9. Grandfather
10. Grandmother
11. Stepfather
12. Stepmother
13. Brother
14. Sister
15. Half brother
16. Half sister
17. Stepbrother
18. Stepsister
19. Foster brother
20. Foster sister
21. Foster father
22. Foster mother
23. Uncle
24. Aunt
25. Male cousin
26. Female cousin
27. Other (please specify) ________________________________
7. What type of activity or activities did you engage in during your early sexual experience(s) with an adult(s)? (Circle every item that applies to your early sexual experience(s)).

1. Kissing
2. Clothed touching of your genitals
3. Unclothed touching of your genitals
4. Clothed touching of someone else's breasts and/or genitals
5. Unclothed touching of someone else's breasts and/or genitals
6. Fondling the breasts and/or genitals of someone else
7. Having your genitals fondled
8. Oral sex (performing fellatio on your partner)
9. Oral sex (performing cunnilingus on your partner)
10. Oral sex (recipient of fellatio)
11. Attempted sexual intercourse
12. Sexual intercourse (i.e., vaginal intercourse)
13. Performing anilingus on your partner
14. Recipient of anilingus
15. Attempted anal intercourse
16. Anal intercourse
17. Penetration through insertion of a foreign object
18. Penetrating someone else through insertion of a foreign object
19. Digital penetration (i.e., penetration with fingers)
20. Digitally penetrating someone else
21. Other (please specify) ___________________________________________________________________

8. At the time, were your feelings about your early sexual experience(s) with an adult(s): (Circle one)

1. Positive (Go on to Question 9; skip Question 10)
2. Negative (Go on to Question 10; skip Question 9)

9. If you had positive feelings at the time of your early sexual experience(s) with an adult(s), did those feelings include: (Circle every item that applies)

1. Feelings of being cared for
2. Feelings of greater maturity
3. Excitement
4. Having sense of curiosity satisfied
5. Pride
6. Feelings of being pleasured
7. Other (please specify) ___________________________________________________________________
10. If you had negative feelings at the time of your early sexual experience(s) with an adult(s), did those feelings include: (Circle every item that applies)

1. Depression
2. Anger
3. Anxiety
4. Guilt
5. Fear
6. Embarrassment
7. Other (please specify) __________________________

11. What are your current feelings about your early sexual experience(s) with an adult(s)? (Circle one)

1. Positive (Go on to Question 12; skip Question 13)
2. Negative (Go on to Question 13; skip Question 12)

12. If you currently have positive feelings about your early sexual experience(s) with an adult(s), do these feelings include: (Circle every item that applies)

1. Feelings of being cared for
2. Feelings of having "learned more" about sexual activity
3. Feelings of currently enhanced sexual functioning because of the nature of your early sexual experience(s)
4. Excitement
5. Other (please specify) __________________________

13. If you currently have negative feelings about your early sexual experience(s) with an adult(s), do these feelings include: (Circle every item that applies)

1. Anxiety
2. Depression
3. Anger
4. Fear
5. Embarrassment
6. Guilt
7. Other (please specify) __________________________
14. Do you consider yourself to have ever been subjected to any type of sexual abuse? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 15)
2. No (If "no," please go to Question 54)

How old were you at the time(s) of the sexual abuse(s)?

15. If you consider yourself to have been subjected to any type of sexual abuse, what type or types of sexual activities were you subjected to? (Circle every item that applies)

1. Solicitation to engage in sexual behavior
2. Sexualized kissing or hugging
3. Exhibitionism (i.e., someone else showing their breasts and/or genitals to you)
4. Your being made to show your genitals to someone else
5. Clothed touching of your genitals
6. Unclothed touching of your genitals
7. Clothed touching of someone else's breasts and/or genitals
8. Unclothed touching of someone else's breasts and/or genitals
9. Having your genitals fondled
10. Being made to fondle someone else's breasts and/or genitals
11. Oral sex (having fellatio performed on you)
12. Oral sex (being made to perform fellatio on someone else)
13. Oral sex (being made to perform cunnilingus on someone else)
14. Attempted sexual intercourse
15. Simulated intercourse (i.e., the simulation of intercourse without penetration actually taking place)
16. Being made to perform sexual (vaginal) intercourse on someone else
17. Having anilingus performed on you
18. Being made to perform anilingus on someone else
19. Attempted anal intercourse
20. Anal intercourse
21. Being made to anally penetrate someone else
22. Penetration through insertion of a foreign object
23. Being made to penetrate someone else through insertion of a foreign object
24. Digital penetration (i.e., penetration with fingers)

(Question 15 is continued on the next page)
25. Being made to digitally penetrate someone else
26. Being made to participate in pornography
27. Being made to participate in prostitution
28. Directed exposure to adult sexual activity
29. Other (please specify) __________________________

16. Did the sexual abuse occur on more than one occasion? (Circle one)

1. Yes
2. No

If the abuse happened more than one time, approximately how many times did it occur, and what types of abuse experiences happened at each time?

________________________________________

17. What gender was/were the person (or persons) who committed the sexual abuse against you? (Circle one)

1. Male
2. Female
3. Both a male and a female were involved in the perpetration of the sexual abuse
4. More than one male was involved in the perpetration of the abuse
5. More than one female was involved in the perpetration of the abuse
6. More than one male and more than one female were involved in the perpetration of the abuse

If the abuse happened on more than one occasion, please specify the number and gender of individuals who perpetrated the abusive incidents:

________________________________________

18. At the time, how old was/were the individual (or individuals) who committed the sexual abuse(s) against you?

________________________________________
19. What was your relationship to the perpetrator or perpetrators of the sexual abuse(s)? (Please see list of possible relationships included under Question 6 and provide more than one response if appropriate).

20. If a family member, friend, or acquaintance was the primary perpetrator of the sexually abusive act(s), was a parent or caretaking adult other than the perpetrator aware of the abuse(s)? (Circle one)

1. Yes (If "yes," please go to Question 21)
2. No (If "no," please go to Question 25)
3. N/A (Please go to Question 25)

21. If "yes" (i.e., in response to Question 20 above), was this parent or caretaking adult your mother or another female? (Circle one)

1. Yes
2. No

22. Did your nonperpetrating parent or caretaking adult attempt to stop the sexual abuse(s)? (Circle one)

1. Yes (If "yes," please go to Question 23)
2. No (If "no," please go to Question 25)

23. If your nonperpetrating parent or caretaking adult did attempt to stop the sexual abuse(s), was their intervention effective? (Circle one)

1. Yes
2. No

24. If your nonperpetrating parent or caretaking adult had not intervened, do you think that the sexual abuse(s) would have stopped? (Circle one)

1. Yes
2. No

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25. Do you consider your mother or another caretaking female in any way responsible for the sexual abuse(s) committed against you? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 26)
2. No (If "no," please go to Question 26)

If "yes," how do you consider her to be responsible?

26. What were your feelings toward your mother or other caretaking female at the time the sexual abuse(s) was/were occurring? (Circle every item that applies)

1. Anger
2. Feelings of protectiveness
3. Betrayal
4. Guilt
5. Feelings of concern
6. Fear
7. Depression
8. Feelings of responsibility
9. Anxiety
10. Resentment
11. Other (please specify) __________________________

27. What are your current feelings toward your mother or other caretaking female in relation to the sexual abuse(s) committed against you? (Circle every item that applies; then please go to the follow-up on the next page)

1. Betrayal
2. Depression
3. Anger
4. Fear
5. Anxiety
6. Guilt
7. Feelings of protectiveness
8. Resentment
9. Feelings of responsibility
10. Feelings of concern
11. Other (please specify) __________________________
Do you believe that your past or current feelings toward your mother or other caretaking female have affected your subsequent relationships with females? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 28)
2. No (If "no," please go to Question 28)

If "yes," how have such feelings affected your subsequent relationships with females? ________________________________

28. If a female was involved in the perpetration of sexual abuse(s) against you, was her involvement: (Circle one) (If N/A, please go to Question 36).

1. To facilitate the abuse'(s) occurrence (i.e., to make it easier for the abuse(s) to occur)
2. To actively participate in the abuse'(s) occurrence
3. To sometimes facilitate the abuse'(s) occurrence and to sometimes actively participate in the abuse(s)

29. If a female was involved in the perpetration of sexual abuse(s) against you, was her involvement: (Circle one)

1. Coerced (i.e., forced)
2. Noncoerced (i.e., not forced)
3. Sometimes coerced, and sometimes noncoerced

30. If a female facilitated the perpetration of sexual abuse(s) against you, do you consider her: (Circle one)

1. More responsible for the sexual abuse(s)
2. Equally responsible for the sexual abuse(s)
3. Less responsible for the sexual abuse(s)
4. N/A
31. If a female actively participated in the perpetration of sexual abuse(s) against you, do you consider her: (Circle one)

1. More responsible for the sexual abuse(s)
2. Equally responsible for the sexual abuse(s)
3. Less responsible for the sexual abuse(s)
4. N/A

32. If a female was coerced into the perpetration of sexual abuse(s) against you, do you consider her: (Circle one)

1. More responsible for the sexual abuse(s)
2. Equally responsible for the sexual abuse(s)
3. Less responsible for the sexual abuse(s)
4. N/A

33. If a female was noncoerced into the perpetration of sexual abuse(s) against you, do you consider her: (Circle one)

1. More responsible for the sexual abuse(s)
2. Equally responsible for the sexual abuse(s)
3. Less responsible for the sexual abuse(s)
4. N/A

34. If a female was involved in the perpetration of sexual abuse(s) against you, what were your feelings toward her at the time the abuse(s) was/were occurring? (Circle every item that applies)

1. Anxiety
2. Guilt
3. Anger
4. Betrayal
5. Feelings of protectiveness
6. Fear
7. Depression
8. Feelings of concern
9. Feelings of responsibility
10. Resentment
11. Other (please specify) ________________________________
35. If a female was involved in the perpetration of sexual abuse(s) against you, what are your current feelings toward her? (Circle every item that applies)

1. Guilt
2. Feelings of protectiveness
3. Anger
4. Resentment
5. Fear
6. Depression
7. Feelings of responsibility
8. Anxiety
9. Feelings of concern
10. Betrayal
11. Other (please specify) ________________________________

36. Was/were the sexual abuse(s) committed against you perpetrated through positive coercion? (i.e., positive coercion is defined as the offering of rewards or other inducements to participate in the abuse): (Circle one)

1. Yes
2. No
3. Sometimes

37. Was/were the sexual abuse(s) committed against you perpetrated through negative coercion? (i.e., negative coercion is defined as the threat or occurrence of attack to gain compliance with the abuse): (Circle one)

1. Yes
2. No
3. Sometimes
38. Was a report ever made to a protective services agency regarding the perpetration of sexual abuse(s) against you? (Circle one)

1. Yes (If "yes," please go to Question 39)
2. No (If "no," please answer the follow-up, then go to Question 52)

If a report was never made to a protective services agency, was the perpetration of the sexual abuse ever disclosed to anyone? (Circle one)

1. Yes (If "yes," please answer the next follow-up, then go to Question 52)
2. No (If "no," please go to Question 52)

If "yes," to whom was the abuse disclosed, and who made the disclosure? What, if anything, was done, and what happened to the perpetrator(s)? Additionally, how old were you when the disclosure of the abuse was made, and how long had the abuse been occurring before it was disclosed? (If the abuse had already stopped, please note how long it had occurred and the period of time between its ending and its disclosure).

________________________________________________________________________
________________________________________________________________________

39. If a report was made to a protective services agency, who made the report? (Circle every item that applies)

1. Self
2. Mother
3. Father
4. Other family member (please specify) ___________________
5. Teacher
6. Physician
7. Mental health professional (please specify) ________________
8. Social worker
9. Other health care provider (please specify) ________________
10. Friend of family
11. Personal friend
12. Clergyman
13. Other (please specify) ____________________________________
40. How old were you at the time the report was made? _____________________

41. Had the sexual abuse(s) already stopped at the time the report was made?  
   (Circle one)
   1. Yes
   2. No

42. How long had the sexual abuse(s) been occurring before it was reported?  
   ________________________________________________________________

   If the abuse(s) had already stopped, how long had it occurred, and how long
   was the period between its ending and its report?

   ________________________________________________________________

43. If a report was made to a protective services agency, to what agency was it
   made? (Circle every item that applies)

   1. Social service agency (please specify) ___________________________
   2. Police
   3. Hospital/Medical Center
   4. Mental health services (please specify) _________________________
   5. Other (please specify) _______________________________________

44. If a report was made to a protective services agency or agencies, was the
   report effective in stopping the perpetration of the sexual abuse(s)?  (Circle
   one; then please go to the follow-up)

   1. Yes
   2. No
   3. The sexual abuse(s) had stopped prior to the reporting of it 
      (Question 44 is continued on the next page)
If a report was made, was/were the perpetrator(s) of the abuse(s): (Circle every item that applies)

1. Reported to the police or another criminal justice authority
2. Arrested and convicted of sexual abuse(s)
3. Arrested but convicted of another offense(s)
4. Arrested but not convicted of sexual abuse(s)
5. Required to receive psychotherapeutic services
6. Nothing happened to the perpetrator(s)
7. Other (please specify) ________________________________

45. In your opinion, was the report motivated by: (Circle every item that applies)

1. Concern for your well-being
2. A desire to see the perpetrator(s) punished
3. The insistence of a professional or of someone else outside the family
4. Other (please specify) ________________________________

46. If a report was made to a protective services agency, how did you feel with regard to the treatment given to you by the particular agency or agencies? (Circle one)

1. Generally positive (Go on to Question 47; skip Question 48)
2. Generally negative (Go on to Question 48; skip Question 47)

47. If you felt generally positive with regard to your treatment, did this feeling include: (Circle every item that applies)

1. Feelings of being cared for
2. Feelings of being believed
3. Feelings of lessened guilt and/or anxiety
4. Feelings of being safe
5. Other (please specify) ________________________________

48. If you felt generally negative with regard to your treatment, did this feeling include: (Circle every item that applies)

1. Feelings of increased guilt and/or anxiety
2. Feelings of blame
3. Feelings of responsibility
4. Feelings of being a "troubblemaker" to your family
5. Feelings of embarrassment
6. Other (please specify) ________________________________
49. If a report was made to a protective services agency, how do you currently feel with regard to the treatment given to you by the particular agency or agencies? (Circle one)

1. Generally positive
2. Generally negative

50. If a report was made to a protective services agency or agencies, do you believe that their treatment of you helped you to cope with any adverse emotional effects of the sexual abuse(s)? (Circle one)

1. Yes
2. No

51. If a report was made, did the protective agency or agencies at any time recommend that you receive psychotherapy to address issues related to the sexual abuse(s)? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 52)
2. No (If "no," please go to Question 52)

If you received psychotherapy as a result of a report being made to a protective services agency, do you believe that the therapy was effective in helping to alleviate any adverse emotional reactions brought about by the abuse(s)? (Circle one)

1. Yes
2. No

52. Have you at any time received psychotherapeutic services to address issues related to your sexual abuse? (Circle one)

1. Yes (If "yes," please answer the follow-up, then go to Question 53)
2. No (If "no," please go to Question 53)

If "yes," how old were you at the time(s) you received psychotherapy?
53. Did you ever hesitate to report the sexual abuse(s): (Circle every item that applies)

1. Because of your fears regarding homosexuality
2. Because of fears that others would regard you as homosexual
3. Because you did not want to be viewed as "complaining"
4. Because you were expected to "tough it out"
5. Because of your own illegal activities
6. Because you did not want to get the perpetrator(s) in trouble
7. Because no one would have believed you anyway
8. Other (please specify) ______________________________________________________________________

54. Do you consider depression to be: (Circle one)

1. A principally male phenomenon
2. A principally female phenomenon
3. A gender-neutral phenomenon

55. Do you consider anger to be: (Circle one)

1. A principally male phenomenon
2. A principally female phenomenon
3. A gender-neutral phenomenon

56. As an adult (i.e., since the age of 18), have you experienced any type of sexual victimization? (Circle one)

1. Yes (If "yes," please go to Question 57)
2. No (If "no," please go to Question 61)

57. If you have experienced sexual victimization since becoming an adult, did this victimization include: (Circle every item that applies)

1. Attempted rape
2. Rape
3. Any other type of unwanted sexual activity (please specify) ______________________________________________________________________
58. If you have experienced sexual victimization since becoming an adult, did such victimization occur? (Circle one)

1. Once
2. More than once

59. If you have experienced sexual victimization since becoming an adult, what was the gender of the individual who victimized you? (Circle one; then please go to the follow-ups)

1. Male
2. Female
3. If more than one individual was involved in your sexual victimization, or if you have experienced more than one victimization, please specify the number and gender of perpetrators:

   __________________________________________________________________________

   __________________________________________________________________________

   Approximately what age was/were the individual (or individuals) who victimized you? __________________________________________________________________________

   How old were you at the time (or during the times) you were sexually victimized as an adult? __________________________________________________________________________

60. If you have experienced sexual victimization since becoming an adult, what was your relationship to the person or persons who victimized you? (Please see list of possible relationships included under Question 6 and provide more than one response if appropriate).

   __________________________________________________________________________

61. As an adult (i.e., since the age of 18), have you experienced any type of sexual dysfunction? (Circle one)

1. Yes
2. No

62. Before becoming an adult (i.e., prior to the age of 18), did you experience any type of sexual dysfunction? (Circle one)

1. Yes
2. No
63. If you have experienced sexual dysfunction since becoming an adult or prior to adulthood, did this dysfunction include: (Circle every item that applies) (If N/A, please go to Question 64)

1. Inhibition of sexual desire
2. Premature ejaculation
3. Erectile difficulties
4. Difficulties with orgasm
5. Failure to ejaculate
6. Other (please specify) ____________________________

64. As an adult (i.e., since the age of 18), have you ever been hospitalized for depression? (Circle one)

1. Yes
2. No

65. Before becoming an adult (i.e., prior to the age of 18), were you ever hospitalized for depression? (Circle one)

1. Yes
2. No

66. As an adult (i.e., since the age of 18), have you participated in any inpatient or outpatient program to treat alcohol and/or drug dependency? (Circle one)

1. Yes
2. No

67. Before becoming an adult (i.e., prior to the age of 18), did you ever participate in any inpatient or outpatient program to treat alcohol and/or drug dependency? (Circle one)

1. Yes
2. No
68. If you participated in any inpatient or outpatient program to treat chemical dependency (i.e., since becoming an adult or prior to adulthood), were you dependent upon: (Circle one) (If N/A, please go to Question 69)

1. Alcohol
2. Drugs
3. Both alcohol and drugs

If you were dependent upon alcohol, approximately how much (and what type(s) of alcohol) were you drinking before receiving treatment?

If you were dependent upon drugs, what kind(s) of drugs and how much were you using before receiving treatment?

Do you still use alcohol and/or drugs? (Circle one)

1. No
2. Still use alcohol (Approximately how much and what type(s)?)
3. Still use drugs (Approximately how much and what type(s)?)
4. Still use alcohol and drugs (Approximately how much and what type(s)?)

69. If applicable, do you believe that your present emotional state has been influenced by a history of sexual abuse? (Circle one) (If N/A, please do not respond)

1. Yes (If "yes," please go to Question 70)
2. No
70. If "yes" (i.e., in response to Question 69 above), how has your current emotional functioning been affected? (Circle every item that applies)

1. Feel more guilty
2. Feel less secure
3. Feel more angry
4. Feel more depressed
5. Feel more dependent
6. Feel more independent
7. Feel more sensitive to others
8. Feel less sensitive to others
9. Feel more responsible
10. Feel more fearful
11. Feel more anxious
12. Feel less "in control" of my life
13. Other (please specify) ___________________________

This is the end of the survey. Thank you very much for your participation in this research.
INFORMED CONSENT

You are being asked to fill out a questionnaire concerning opinions, preferences, and experiences. Some of the material is personal; some of it is of a sexual nature, and some of it concerns drug and alcohol use and other experiences. Some individuals may not wish to participate in this study because of the sexually explicit content of some of the questions, or for other reasons. There is no penalty for withdrawing from the experiment at any time for any reason. Individuals electing not to participate will receive one experimental credit for this experiment. Some of the experiences that are asked about may have been a source of considerable upset to affected individuals, so students are reminded that their participation is voluntary.

At the end of the experimental study, an information sheet will be mailed to you if you request such an information sheet and provide the experimenter with your name and mailing address. The experimenter is available on an individual basis at 543-7939 or 243-4523 if you have questions, concerns, or problems regarding any aspect of this experiment.
YOUR RESPONSES TO THIS QUESTIONNAIRE WILL REMAIN COMPLETELY CONFIDENTIAL. THE DATA FROM THIS EXPERIMENT WILL BE POOLED TO LOOK AT GROUP COMPARISONS. IT WILL NOT BE POSSIBLE TO IDENTIFY ANY INDIVIDUAL.

Please sign below if you are willing to complete the first half of this experiment (i.e., filling out this questionnaire).

Name: ______________________________________________

Date: ______________________________

Additional participation in this study would involve completing a general personality inventory (MMPI-2), an inventory regarding cognitive symptoms of depression (BDI), an inventory concerning general reactions to provocation (NPI), and a survey concerning past sexual experiences. YOUR RESPONSES TO THESE INVENTORIES AND SURVEY ALSO WILL REMAIN COMPLETELY CONFIDENTIAL, AND IT WILL NOT BE POSSIBLE TO IDENTIFY ANY INDIVIDUAL.
Check here with regard to further participation in this study for additional credit. If you choose to further participate, please signify how you would like to be reached.

_____ Yes, I would be willing to further participate in this study.

_____ No, I would not be willing to further participate in this study.

I can be reached at: (please give your name, telephone number, and address)

______________________________________________________________

______________________________________________________________
Appendix D

Changes in the Screening Questionnaire
and Follow-up Survey Made to
Accommodate Female Subjects

1) The following items from the screening questionnaire reflect changes made to accommodate female subjects:

1) Part III, #2, category 2: Clothed touching of your breasts and/or genitals
2) Part III, #2, category 3: Unclothed touching of your breasts and/or genitals
3) Part III, #2, category 7: Having your breasts and/or genitals fondled
4) Part III, #2, category 10: Oral sex (recipient of cunnilingus)
5) Part III, #19: At what age were you when you first showed your breasts and/or genitals to someone else? (i.e., without any bodily contact necessarily occurring and excluding washing or grooming activities that occurred when you were an infant or young child).
6) Part III, #20: Did any bodily contact occur during your first experience (noted in Question 19 above) of showing your breasts and/or genitals to someone else?
7) Part III, #23: What gender was the person to whom you first showed your breasts and/or genitals?
8) Part III, #24: At the time, how old was/were the person (or persons) to whom you first showed your breasts and/or genitals?

9) Part III, #25: What was your relationship to the individual or individuals to whom you first showed your breasts and/or genitals?

10) Part III, #29: At the time you first showed your breasts and/or genitals to someone else, were your feelings about this experience:

11) Part III, #30: If you had positive feelings at the time you first showed your breasts and/or genitals to someone else, did those feelings include:

12) Part III, #31: If you had negative feelings at the time you first showed your breasts and/or genitals to someone else, did those feelings include:

13) Part III, #32: What are your current feelings toward your first experience of showing your breasts and/or genitals to someone else?

14) Part III, #33: If you currently have positive feelings toward your first experience of showing your breasts and/or genitals to someone else, do these feelings include:

15) Part III, #34: If you currently have negative feelings toward your first experience of showing your breasts and/or genitals to someone else, do these feelings include:

16) Part III, #43, category 5: Your being made to show your breasts and/or genitals to someone else

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17) Part III, #43, category 6: Clothed touching of your breasts and/or genitals
18) Part III, #43, category 7: Unclothed touching of your breasts and/or genitals
19) Part III, #43, category 10: Having your breasts and/or genitals fondled
20) Part III, #43, category 12: Oral sex (having cunnilingus performed on you)
21) Part III, #43, category 17: Sexual intercourse (i.e., vaginal intercourse)

22) Regarding Part III, #43: The category, "Being made to anally penetrate someone else," had been included in the male version of the screening questionnaire (i.e., category 22), but was omitted from the female version.

2) The following items from the follow-up survey reflect changes made to accommodate female subjects:

1) Part II, #7, category 2: Clothed touching of your breasts and/or genitals
2) Part II, #7, category 3: Unclothed touching of your breasts and/or genitals
3) Part II, #7, category 7: Having your breasts and/or genitals fondled
4) Part II, #7, category 10: Oral sex (recipient of cunnilingus)
5) Part II, #15, category 4: Your being made to show your breasts and/or genitals to someone else

6) Part II, #15, category 5: Clothed touching of your breasts and/or genitals

7) Part II, #15, category 6: Unclothed touching of your breasts and/or genitals

8) Part II, #15 category 9: Having your breasts and/or genitals fondled

9) Part II, #15, category 11: Oral sex (having cunnilingus performed on you)

10) Part II, #15, category 16: Sexual intercourse (i.e., vaginal intercourse)

11) Regarding Part II, #15: The category, "Being made to anally penetrate someone else," had been included in the male version of the follow-up survey (i.e., category 21), but was omitted from the female version.

12) Part II, #63: If you have experienced sexual dysfunction since becoming an adult or prior to adulthood, did this dysfunction include:

1. Inhibition of sexual desire

2. Vaginismus (painful contractions of the vaginal muscles which can prevent the occurrence of sexual intercourse)

3. Difficulties with orgasm

4. Other (please specify) ____________________________

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Appendix E
Information Sheet

AN EXPLORATORY STUDY OF UNDERRESEARCHED ASPECTS
OF SEXUAL ABUSE IN A COLLEGE POPULATION

INFORMATION SHEET

The study in which you participated involved the investigation of
underresearched aspects of sexual abuse. The initial survey questionnaire which
you filled out was used to gather information on the prevalence of past sexual
trauma and atypical sexual experiences among individuals who are now college
students. This questionnaire was used to screen for individuals with sexual abuse
and/or atypical sexual experience histories. This screening questionnaire also was
used to assess the type and degree of substance abuse among those with such
histories.

Some individuals who reported certain sexual experiences were asked to
complete other questionnaires for additional course credit. This extra participation
involved completing a general personality inventory (MMPI-2), an inventory
regarding cognitive symptoms of depression (BDI), an inventory concerning general
reactions to provocation (NPI), and a survey concerning past sexual experiences.
These inventories and survey were given to study personal reactions to sexual
incidents experienced by male and female survivors of abuse. The study had
hypothesized that individuals who had certain experiences would differ from the average of the normative samples of these inventories in the direction of greater anger and depression. The second questionnaire was administered as a more in-depth survey of previous sexual encounters. This second survey also explored underresearched questions concerning the long-term effects of sexual abuse (e.g., self-perceived effects on current emotional functioning) and examined other underinvestigated aspects of this type of experience (e.g., the nature of and reactions to any female involvement in the perpetration of the abuse).

Responses to the questionnaires and inventories will remain completely confidential. The data from this research were pooled to look at group comparisons, and no individual will be identified.

Your participation in this study is appreciated as it may increase our understanding of the effects of sexual experiences and the potential treatment needs of those who have been abused. Should you have any additional questions regarding this research, or should you desire a referral for services to more fully address issues related to personal victimization, please contact me at 543-7939 or 243-4523.

Again, thank you for your participation in this study.

Anne C. Stermock