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## Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors<sup>☆</sup>

Sarah E. Ullman<sup>\*</sup>, Henrietta H. Filipas

*Department of Criminal Justice (M/C 141), University of Illinois at Chicago, 1007 West Harrison Street, Chicago, IL 60607-7140, USA*

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### Abstract

**Objective:** This research examines the understudied issue of gender differences in disclosure, social reactions, post-abuse coping, and PTSD of adult survivors of child sexual abuse (CSA).

**Method:** Data were collected on a cross-sectional convenience sample of 733 college students completing a confidential survey about their demographic characteristics, sexual abuse experiences, disclosure characteristics, post-abuse coping, and social reactions from others.

**Results:** Female students reported greater prevalence and severity of CSA, more distress and self-blame immediately post-assault, and greater reliance on coping strategies of withdrawal and trying to forget than male students. Women were more likely to have disclosed their abuse to others, to have received positive reactions, and to report greater PTSD symptom severity, but were no more likely to receive negative reactions upon disclosure than men. Women delaying disclosure had greater PTSD symptom severity, whereas men's symptoms did not vary by timing of disclosure. Additional regression analyses examined predictors of PTSD symptom severity and negative and positive social reactions to abuse disclosures.

**Conclusions:** Several gender differences were observed in this sample of college students in terms of sexual abuse experiences, psychological symptoms, coping, PTSD, and some aspects of disclosure and social reactions from others.

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*Keywords:* Gender differences; Child sexual abuse; College Students; Social reactions; PTSD symptoms

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<sup>\*</sup> Corresponding author.

## Introduction

A large body of research has documented many negative psychological and social impacts of child sexual abuse (CSA) experiences in samples of adult survivors (see Beitchman et al., 1992; Browne & Finkelhor, 1986; Cahill, Llewelyn, & Pearson, 1991; Neumann, Houskamp, Pollock, & Briere, 1996; Polusny & Follette, 1995; Putnam, 2003 for reviews). Various investigators have reported that abuse characteristics, such as more severe abuse, of longer duration, or by trusted perpetrators, are associated with poorer mental health outcomes (Banyard & Williams, 1996; Bennett, Hughes, & Luke, 2000; Kendall-Tackett, Williams, & Finkelhor, 1993; Mullen, Martin, Anderson, Romans, & Herbison, 1993). Features of the aftermath of abuse, such as self-blame attributions (Hoagwood, 1990; McMillan & Zuravin, 1997; Owens & Chard, 2001; Ullman, 1996), avoidance/disengagement coping strategies (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Long & Jackson, 1993; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Runtz & Schallow, 1997), and negative social reactions from others to abuse disclosures (Ullman, 2003), have also been found to be associated with poorer adjustment.

### *Gendered social context of child sexual abuse*

CSA occurs within a “gendered” social context in which males have more power than females in our society. Therefore, it is critically important to consider the role of gender in examining correlates of post-abuse adjustment. Sexual abuse is more prevalent and severe among women (Putnam, 2003). Although CSA has psychological effects on both men and women, some evidence suggests more trauma symptoms in women experiencing severe abuse than men (Ketring & Feinhauer, 1999). On the other hand, both sexes appear to be more symptomatic if abused by father figures, so abuse characteristics and possibly post-abuse responses may vary in their effects by gender. Banyard, Williams, and Siegel (2004) compared hospital records of adult survivors of CSA victims and found similarity in context and consequences of CSA by gender, although females had more symptoms. For males, number of incidents, injury by a caretaker, and other adult traumas explained their mental health symptoms, whereas analyses of female data (Banyard & Williams, 1996; Banyard, Williams, & Siegel, 2001) showed that physical force, closer victim-offender relationship, older age at the time of abuse, and other lifetime traumas explained their mental health symptoms. It is possible that more severe CSA cases and/or more selective samples are associated with fewer gender differences in CSA than populations with better or more variability in functioning, such as community or college samples. In these latter samples, however, the bias of males underreporting CSA and its consequences may also be likely and may increase the appearance of greater effects of CSA on females. Few studies of gender differences in nonclinical samples exist, but Runtz and Schallow (1997) tested several structural equation models in a sample of 302 male and female college students. They found a good model fit for both genders which showed that coping and social support mediated the associations of child sexual and physical abuse. However, these models included victims and nonvictims and used more general measures of support and coping (see Merrill et al., 2001 for a similar study). Studies of gender differences are also needed within samples of victims to understand factors that differentiate varying degrees of recovery, which may then be targeted in treatment and prevention efforts.

### *Gender differences in post-abuse coping and PTSD*

Researchers have indicated the prevalence of CSA in the general population to be between 13 and 16% in males (Polusny & Follette, 1995) and 15–33% for females (Kendall-Tackett et al., 1993). No

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