



# Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse<sup>☆</sup>



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## ABSTRACT

Child sexual abuse (CSA) can have a profound effect on the long-term mental health of boys/men. However, not all men with histories of CSA experience psychopathology. To improve prevention and intervention services, more research is needed to understand why some male survivors experience mental health problems and others do not. The purpose of this study was to examine factors related to mental distress among a large, non-clinical sample of men with histories of CSA ( $N = 487$ ). Using a cross-sectional design with purposive sampling from three national survivor organizations, data were collected through an anonymous Internet-based survey. Multivariate analyses found that only one of the four CSA severity variables—use of physical force by the abuser—was related to mental distress. Additional factors that were related to mental distress included the number of other childhood adversities, years until disclosure, overall response to disclosure, and conformity to masculine norms. Overall, the final model predicted 36% of the variance in the number of mental health symptoms. Mental health practitioners should include masculine norms, disclosure history, and childhood adversities in assessments and intervention planning with male survivors. To more fully explicate risk factors for psychopathology in this population, future studies with probability samples of men that focus on mediational processes and use longitudinal designs are needed.

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## Introduction

Not long ago, the sexual abuse of boys was considered a rare or even nonexistent public health problem (De Francis, 1969). Over the past few decades, however, media coverage of institutional scandals (e.g., Boys Scouts of America, Catholic Church, Penn State University) has brought dramatic accounts of sexual victimization of boys to the American public (Boyle, 1994). Although prevalence rates vary due to methodological considerations, Finkelhor, Turner, Ormrod, and Hamby (2009) found that 7.5% of boys experienced sexual victimization in a nationally representative sample of youth in the United States. This finding is consistent with international studies which have found that between 5% and 10% of men report having been sexually abused in childhood (World Health Organization, 2006).

Sexual abuse can have a profound effect on boys' development and negatively impact their long-term physical, psychological, social, and spiritual health in adulthood (for reviews, see Andrews, Corry, Slade, Issakidis, & Swanston, 2004;

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Hunter, 2006; Putnam, 2003; Spataro, Moss & Wells, 2001). In terms of mental health, CSA is related to an increased risk of experiencing a range of psychiatric disorders (Cutajar, Mullen, Ogloff, Wells, & Spataro, 2010; Molnar, Buka, & Kessler, 2001; Spataro, Mullen, Burgess, Wells, & Moss, 2004) and mental health problems such as suicidality (O'Leary & Gould, 2009). Recent studies have found that the deleterious effects of CSA and other child adversities can last across the lifespan and into old age (Draper et al., 2008; Talbott et al., 2009).

Despite advances in our knowledge of the prevalence and effects of CSA for boys/men, male survivors remain an under-researched and stigmatized population; most research on long-term outcomes of CSA has been conducted with female samples (Spataro et al., 2001). Also, not all adult survivors of CSA develop severe psychopathology or interpersonal dysfunction (Hunter, 2006; Putnam, 2003). In addition to sexual abuse characteristics (e.g., age at onset, relationship to abuser, physical injury), researchers have started to examine other factors that may explain the potentially harmful effects of CSA on long-term mental health such as parental response to disclosure, coping style, social support, blame/shame, and family environment (Elliott & Carnes, 2001; Whiffen & MacIntosh, 2005). More research is needed to understand the processes involved in psychopathology for survivors (Spataro et al., 2004; Steel, Sanna, Hammond, Whipple, & Cross, 2004) and to thereby improve our ability to strengthen and target prevention and intervention services. Thus, the purpose of this study was to identify risk and protection factors related to long-term mental distress for male survivors using a large, non-clinical sample of men with self-reported histories of CSA.

### *Sexual abuse severity*

Clinicians and researchers have speculated that characteristics of the sexual abuse experience may explain differential mental health outcomes for survivors (Andrews et al., 2004; Lew, 2004). More severe forms of sexual abuse may inflict a deeper wound by reinforcing helplessness, powerlessness, and self-blame for survivors. Many of the existing studies on long-term outcomes have focused on indicators of abuse severity. For example, some research has established that compared to other forms of CSA (e.g., pornography, voyeurism, exposure of body), sexual abuse involving physical contact is associated with higher levels of depression and other psychological problems in adulthood (Andrews et al., 2004; Nelson et al., 2002). Other studies have found that penetration (Briere & Elliott, 2003; Cutajar et al., 2010; Dube et al., 2005; O'Leary & Gould, 2009), duration or frequency (Briere & Elliott, 2003; Molnar et al., 2001; Steel et al., 2004), coercion or force (Boudewyn & Liem, 1995; Molnar et al., 2001), and relation to the abuser (Molnar et al., 2001; O'Leary, Cooney, & Easton, 2010) are related to more long-term mental health and trauma symptoms. However, not all studies have found that these abuse variables predict long-term psychopathology (e.g., Cutajar et al., 2010). Furthermore, because most of the existing research has been based on samples of female survivors, it is unclear whether indicators of CSA severity exert a similar effect for men. To examine these possibilities, we hypothesized that duration, penetration, use of force, and incest would be positively related to mental distress among men with histories of CSA.

### *Other childhood stressors*

Recognizing that “sexual abuse does not occur in a vacuum” (Finkelhor, 1998, p. 1865), researchers have started to examine how childhood environment and other co-occurring stressors can compound the long-term effects of CSA on survivors' mental health. *Polyvictimization*, for example, has been proposed as a model to study childhood adversities (Finkelhor, Omrod, Turner, & Holt, 2009) and encompasses multiple forms of child maltreatment (e.g., neglect, physical abuse) and victimization (e.g., witnessing community or domestic violence). In a study with a large nationally representative sample of youth ( $N=2,030$ ), polyvictimization, defined as exposure to four or more types of adversities in the past year, was highly predictive of trauma symptoms (Finkelhor, Omrod, & Turner, 2007). Another pioneering study examined a range of childhood stressors or adversities (e.g., physical or sexual abuse, parental mental illness, domestic violence) in a large sample of adult patients in a California primary care setting ( $N=9,508$ ; Felitti et al., 1998). The Adverse Childhood Experiences (ACE) study found a graded relationship between the number of ACE categories and numerous health risk behaviors and diseases (e.g., smoking, obesity, heart disease) in adulthood (Felitti et al., 1998). Several subsequent studies have found that ACE categories are related to long-term mental health problems as well as the leading causes of death (e.g., Dube et al., 2001). Based on the ACE empirical studies and the polyvictimization perspective, we hypothesized that there would be a positive relationship between the number of childhood adversities and mental distress.

### *Disclosure*

The interpersonal process of telling another person about the sexual abuse (i.e., disclosure) has been identified as a critical component of recovery for survivors in several theoretical frameworks. For example, account-making is a stage-based, sociopsychological trauma processing model (Harvey, Orbach, & Weber, 1990). According to this theory, survivors attempt to gain understanding of traumatic experiences, in part, through discussions with other people. Other theories that focus more specifically on recovery (Chouliara, Karatzias, & Gullone, 2013) or healing (Draucker et al., 2011) from CSA also highlight the importance of disclosure. If met with a helpful response, disclosure of sexual abuse can promote health and recovery for survivors by reducing problems associated with shame, self-blame, isolation, and the burden of maintaining a secret.

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