



## Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning

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### ABSTRACT

**Objective:** Coping strategies of men who were sexually abused in childhood were examined to ascertain their relationship to clinical diagnoses. Time elapsed since the abuse occurred was examined for its relationship to psychological functioning. Clinical psychopathology of this primary sample of sexually abused men was compared to a community sample of men.

**Methods:** A primary sample of 147 Australian men was recruited from agencies and self-help groups who support adults who were sexually abused in childhood. For comparative purposes a secondary data set that consisted of 1,231 men recruited randomly in an Australian community survey was utilized. Both samples were administered the 28-item General Health Questionnaire (GHQ28). The primary sample was administered the 60-item coping style inventory instrument (COPE).

**Results:** Coping strategies influenced the possibility of being classified as clinical or non-clinical. The most important strategies associated with better functioning were positive reinterpretation and growth and seeking instrumental social support. Whereas strategies that were more associated with a clinical outcome were themed around internalization, acceptance and disengagement. The sample of men who were sexually abused in childhood was up to 10 times more likely to be classified as “clinical” than the sample of community men. Time elapsed since the abuse occurred did not have a moderating effect on men's psychological functioning.

**Conclusions:** Men who have been sexually abused in childhood are more likely to have clinical diagnoses but coping strategies may play an important part in this outcome. Seeking active assistance appears to be important coping strategy in reframing the experience, however, the timing of this help seeking is not critical.

**Practice implications:** The findings reinforce the importance of professionals being aware that men's psychiatric symptoms might be the sequel to past child sexual abuse. Coping strategies that focus on internalization or disengagement are potentially damaging to the men's long-term psychological functioning. Importantly there are coping strategies that appear to have a moderating effect on clinical diagnoses. Focus needs to be given to support services to male victims that provide practical strategies and allow for cognitive reframing to assist men to see their strength and positive growth arising from survival.

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### Introduction

The long-term consequences of child sexual abuse on men remains a relatively under researched in comparison to women. This is despite a comparable proportion of men reporting sexual abuse. An Irish population survey ( $n = 3,120$ ) revealed a

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prevalence rate of one in six men and one in five women reporting contact sexual abuse under the age of 17 years (McGee, Garavan, de Barra, Byrne, & Conroy, 2002). There is a general consensus in the literature that child sexual abuse can result in long-term mental health problems for men similar to effects reported in the more substantial body of literature on female victims (Banyard, Williams, & Siegel, 2004; Young, Harford, Kinder, & Savell, 2007). Specific effects that relate to male survivors of child sexual abuse have been reported to include shame around masculine identity, guilt, extreme anger, withdrawal and suppression, often through drug use (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Mendel, 1995; Spataro, Moss, & Wells, 2001).

It is evident in studies predominantly on women sexually abused in childhood that there is substantial heterogeneity in psychological outcomes (Rutter, 2007). Finkelhor (1990) estimated 20% and 40% of child sexual abuse survivors do not have assessable psychological dysfunction due to the abuse. McGee et al.'s (2002) study revealed that the large majority (78%) of men who were sexually abused did not report significant effects. However, a larger proportion of these men met the criteria for posttraumatic stress disorder (PTSD) than nonabused men, while time elapsed since the abuse occurred decreased the rate of PTSD (McGee et al., 2002). An Australian population survey found that men who reported being sexually abused in childhood were 6 times more likely to have poor mental health than nonabused men, but importantly the study reported that child sexual abuse was not associated with a decrease in the proportion of men and women whose mental and physical health were well above the mean (Najman, Nguyen, & Boyle, 2007). They speculate that this suggests that there is a group of men and women who appear to be relatively unaffected by the experience of child sexual abuse, leading to questions about protective coping strategies.

Numerous studies have attempted to explain the variance of psychological outcomes by identifying predictive variables from the characteristics of abuse (for example: Banyard et al., 2004; Kendall-Tackett, Williams, & Finkelhor, 1993). Severer forms of sexual abuse such as penetration and incest are also related to poorer psychological functioning (Kendall-Tackett et al., 1993; McGee et al., 2002). Most resiliency and coping research has concentrated on child and adolescent victims' more immediate responses to sexual abuse and other forms of maltreatment (Heller, Larrieus, D'Imperio, & Boris, 1999; Kinard, 1998; Sagy & Dotan, 2001). Research that has focused on coping strategies as a moderating factor in psychological outcome has contained mostly female participants (for example: Filipas & Ullman, 2006; Wright, Crawford, & Sebastian, 2007). There have been calls (Mendel, 1995; O'Leary & Gould, 2008) over the last 15 years called for research to address the lack of knowledge about coping strategies that explain why some men fare better than others.

There are numerous challenges in distinguishing coping strategies from the actual effects of trauma (Coyne & Racioppo, 2000). Added to this complexity is the influence of situational factors that might be determinant of positive and negative coping strategies, for example, social support may be influenced by the availability of services and societal attitudes to sexual abuse. For example, Wolfe, Jaffe, and Jetté (2003) identified that children abused within institutional settings can face increased isolation from positive support because of community denial stemming from the status and power of the institution and perpetrator. Notwithstanding these challenges, identifying coping styles remains an important objective in order to make a contribution to the development of intervention and service delivery models for men sexually abused in childhood.

Studies examining coping strategies that have included men who were sexually abused in childhood have been characterized by small samples sizes. Sigmon, Greene, Rohan, and Nichols (1996) examined coping and psychological adjustment in 19 men and 59 women who were survivors of childhood sexual abuse. Findings indicated that both males and females reported similar coping styles, with avoidance coping techniques being the most frequent strategy. Males employed a greater use of acceptance strategies and females used more emotion-focused strategies. These coping styles predicted significant variance in current adverse psychological adjustment. Runtz and Schallow (1997) conducted research on 11 men who reported sexual abuse. Men were more likely to use coping styles associated with adverse psychological adjustment, such as, substance abuse, avoidance, and self-blame. Results showed that social support made it more likely for positive coping strategies such as emotional expression and seeking active assistance to occur, which in turn led to better psychological adjustment.

Liem, James, O'Toole, and Boudewyn (1997) examined resilience among 41 male and 104 female undergraduate victims' of childhood sexual abuse, resilient individuals were more likely to see themselves as being able to bring about cognitive change with respect to their abusive experience, and they were less likely to blame themselves. Results from studies of women survivors have reported similar coping strategies associated with poor psychological functioning including avoidance, extreme self-reliance, and disengagement, while fewer psychological problems were associated with strategies that sought active social support and viewed themselves positively as a result of dealing with the trauma (Steel, Sanna, Hammond, Whipple, & Cross, 2004). Another study of women survivors' found that cognitive coping strategies evident in a well-adjusted group included: disclosing and discussing experiences of sexual abuse; minimization (not viewing abuse as a significant stressor); positive reframing; and refusing to dwell on the experience (Himelein & McElrath, 1996).

A combination of coping strategies and time may mitigate long-term psychological functioning. The literature has reported that disclosure and the time elapsed since the abuse may have some interaction with psychological outcomes. Studies of women survivors revealed that delays in disclosure were associated with PTSD (Brewin & Holmes, 2003). It is widely acknowledged that males disclose child sexual abuse at a lower rate than females (McGee et al., 2002; Paine & Hansen, 2002) and men take longer to later discuss their experience of sexual abuse in later life (O'Leary & Barber, 2008). The impact of these two factors is less clear for men, for example, Ullman and Filipas (2005) reported that time take to disclose had no effect, while McGee et al. (2002) suggested a decrease in the rate of PTSD in line with the time elapsed since the abuse occurred. As a result it is not clear whether the time taken to disclose sexual abuse and the time elapsed since the abuse occurred has a significant impact on men's long-term psychological functioning.

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