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# BRIEF REPORTS

# SYMPTOMATOLOGY IN MEN WHO WERE MOLESTED AS CHILDREN: A Comparison Study

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*Forty male and 40 female crisis center clients, evenly divided in terms of molestation history, were examined for possible long-term sequelae of sexual abuse. Although molestation during childhood was associated with previous suicide attempts and with elevated symptomatology on the Trauma Symptom Checklist, no differences between males and females were found on these variables.*

Recent research on child sexual abuse indicates that such experience is commonly associated with a variety of long-term psychological symptoms. In their review of the sexual abuse literature, for example, Browne and Finkelhor *(1986)* concluded that,

> . . . sexual abuse is a serious mental health problem, consistently associated with very disturbing subsequent problems in some important portion of its victims (p. 72).

Typically, such studies examine the childhood histories of various samples of adult women and find that individuals who were abused as children are more likely than their nonabused cohorts to report symptoms of depression and anxiety *(Bagley & Ramsay, 1985; Briere & Runtz, 1987a, 1987b, 1988; Gold, 1986; Herman, 1981; Peters, 1984)*, interpersonal problems and "acting out" behavior *(Briere & Runtz, 1987b; Courtois, 1979; Herman, 1981; Peters, 1984; Runtz & Briere, 1986)*, suicidality *(Bagley & Ramsay, 1985; Briere & Runtz, 1986; Sedney & Brooks, 1984)*, dissociative experiences *(Briere, in press; Briere & Runtz, 1987a, 1987b, 1988)*, and sexual problems *(Courtois, 1979; Herman, 1981; Jehu, Gazan & Klassen, 1984/85; Meiselman, 1978)*. Several writers have suggested that these difficulties may be understood as a form of chronic Post-traumatic Stress Disorder *(Blake-White & Kline, 1985; Goodwin, 1984; Lindberg & Distad, 1985)*, although others have questioned whether this syndrome explains all abuse-related symptomatology *(Briere & Runtz, 1987b; Finkelhor, 1987)*.

Despite this interest in the effects of childhood sexual abuse in female populations, however, surprisingly little attention has

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been paid to males who were molested as children *(Browne & Finkelhor, 1986)*. Finkelhor *(1984)* has suggested that this relative neglect is not due to an absence of male abuse victims, *per se*, but rather the result of *a)* investigator assumptions regarding the "typical" abuse case (i.e., an older male victimizing a young girl), and *b)* social phenomena that discourage male abuse disclosures, such as expectations of self-reliance and avoidance of implied homosexuality (most sexual abusers, regardless of the gender of the victim, are male). Recent data suggest that at least 3% to 9% of men in the general population were sexually victimized as children *(Finkelhor, 1984)*. Because of the dearth of information on males, the impact of such victimization is largely unknown, nor do we have much data on potential differences in male versus female abuse effects.

In order to address this problem, the present study examined psychological symptomatology in clinical subjects as it covaried with sexual abuse history and subject gender. It was hypothesized that men with histories of sexual abuse would report more psychological difficulties than would nonabused males. Given the lack of information in this area, however, it was not clear whether such symptoms would be equivalent to those experienced by female sexual abuse victims.

## METHOD

### *Subjects*

The subjects of the study were 80 clients presenting to the crisis counseling program of a community health center, selected on the basis of self-reported sexual abuse history (40 abused, 40 nonabused) and gender (40 males, 40 females). The mean age at the time of the study was 27.1 years, and breakdown by marital status was as follows: 52.5% single, 32.5% married or living as married, and 15% separated or divorced. There were no significant differences in age or marital status in terms of gender or sexual abuse history.

### *Procedure*

Subjects were included in the present study as they presented for intake appointments until all four abuse and gender conditions (nonabused/abused, male/female) were represented by 20 subjects each. During their intake evaluation, subjects were categorized on a number of clinical and demographic variables, including history of childhood sexual victimization. In the current study, this was defined as any self-reported sexual contact, from fondling to intercourse, experienced before age 16 and initiated by someone five or more years older. Since earlier research has established that most clients will not spontaneously report such information *(Briere & Runtz, 1987b)*, abuse history was ascertained by direct questioning. Also queried were history of suicide attempts, and current psychological symptomatology as measured by the Trauma Symptom Checklist (TSC-33) *(Briere & Runtz, 1987a)*. The TSC-33 is a 33-item symptom checklist specifically developed to tap post-traumatic psychological disturbance; it consists of five clinical subscales (Dissociation, Anxiety, Depression, Sleep Disturbance, and hypothesized Post Sexual Abuse Trauma) and a total score. Work with the TSC-33 indicates reasonable reliability (total scale $\alpha = .89$, average subscale $\alpha = .71$) and validity (TSC subscales identified 79% of clinical sexual abuse victims in a discriminant analysis; $p < .0001$) *(Briere & Runtz, 1987a)*. In the present study, because gender differences seemed possible in this symptom cluster, an experimental sixth scale, Anger, was also scored; it consisted of three TSC-33 items: "trouble controlling your temper," "trouble getting along with others," and "desire to hurt others." Sexually abused subjects were also evaluated on the presence of incest, self-reported extent of sexual victimization (fondling only = 1, genital contact but no pen-

Table 1

HISTORY OF SUICIDE ATTEMPTS ACCORDING TO GENDER AND SEXUAL ABUSE

| | NONABUSED | | ABUSED | |
|---|---|---|---|---|
| ATTEMPTS | *M* | *F* | *M* | *F* |
| None | 16 | 15 | 9 | 9 |
| One or more | 4 | 5 | 11 | 11 |
| *N* | 20 | 20 | 20 | 20 |

etration = 2, oral/anal/vaginal penetration = 3), the age at which sexual abuse of the subject began, and the age at which the abuse ended.

**RESULTS**

Comparison of male versus female sexual abuse victims indicated that females experienced more extensive abuse ($\bar{x}$[female] = 2.95, $\bar{x}$[male] = 2.45; $t(38) = -3.47$, $p < .001$), and were typically abused to a later age than males ($\bar{x}$[female] = 13.9 years, $\bar{x}$[male] = 11.8 years; $t(38) = -2.35$, $p < .024$). Males and females did not differ, however, on the age when sexual abuse began (9.0 years and 9.6 years, respectively), $t(38) = -0.48$, *NS*, or on the relative prevalence of incest (50% in both cases).

Analysis of the suicide data revealed that, as shown in TABLE 1, male and female sexual abuse victims had an equally high likelihood (55%) of previous suicide attempts, as opposed to a 20% and 25% likelihood, respectively, for nonabused males and females. This difference between abused and nonabused subjects was significant both for males ($\chi^2(1) = 5.25$, $p < .022$) and for females, ($\chi^2(1) = 3.75$, $p < .053$).

A 2 (gender) × 2 (abuse history) Multivariate Analysis of Covariance (MANCOVA) was performed on the TSC-33 data, using the six symptom subscales as dependent variables, and subject age as a covariate. This approach was used because of the possibility that the present age of the subject might have an extraneous impact on symptomatology, and should therefore be "partialled-out" of the analysis *(Cohen & Cohen, 1983)*. Regression output from the MANCOVA indicated that, in fact, the covariate (age) was significantly associated with two subscales: older subjects, regardless of abuse status, reported greater Anxiety ($\beta = .24$, $p < .038$) and greater Depression ($\beta = .25$, $p < .028$). MANCOVA produced a highly significant main effect of sexual abuse ($F(6,70) = 7.20$, $p < .0001$), but no effect of sex ($F(6,70) = 0.54$, *NS*) nor a gender × abuse interaction, $F(6,70) = 0.72$, *NS* (see TABLE 2). Post-hoc evaluation of the abuse effect revealed significant discriminant functions and univariate results for all six TSC-33 scales (see TABLE 3), indicating that sexual abuse was associated with greater symptomatology in all instances. Univariate Analysis of Covariance (ANCOVA) of the total TSC-33 score paralleled the MANCOVA results, indicating no effect of gender, no gender × abuse

Table 2

MEAN TSC-33 SUBSCALE SCORES ACCORDING TO GENDER AND SEXUAL ABUSE

| | MALE | | FEMALE | |
|---|---|---|---|---|
| TSC-33 SUBSCALE | NONABUSED (*N* = 20) | ABUSED (*N* = 20) | NONABUSED (*N* = 20) | ABUSED (*N* = 20) |
| Dissociation | 3.00 | 7.05 | 2.60 | 6.60 |
| Anxiety | 6.00 | 10.05 | 5.45 | 9.25 |
| Depression | 10.15 | 14.65 | 10.05 | 13.55 |
| Anger | 2.20 | 4.15 | 2.20 | 2.95 |
| Sleep Disturbance | 4.40 | 7.10 | 4.30 | 6.65 |
| Post Sexual Abuse Trauma-hypothesized | 3.05 | 7.40 | 2.80 | 8.20 |
| Total TSC-33 | 30.05 | 46.20 | 26.45 | 41.40 |

Table 3

UNIVARIATE *Fs* AND DISCRIMINANT FUNCTION RESULTS FOR SIGNIFICANT SEXUAL ABUSE EFFECT

| TSC-33 SCALE | *F*(1,75) | *p*< | *DFA** |
|---|---|---|---|
| Dissociation | 24.62 | .001 | *.73* |
| Anxiety | 20.03 | .001 | *.66* |
| Depression | 15.21 | .001 | .57 |
| Anger | 6.16 | .015 | .36 |
| Sleep Disturbance | 16.98 | .001 | *.61* |
| Post Sexual Abuse Trauma-hypothesized | 44.98 | .001 | *.99* |

* Discriminant structure coefficients, considered meaningful (italicized) at /c/≥.35.

interaction, but a main effect of sexual abuse, $F(1,75) = 26.98$, $p < .0001$.

Pearson correlation analysis, relating each TSC-33 subscale score, total TSC-33 score, and number of suicide attempts to characteristics of the abuse (presence of incest, extent of abuse, age at which abuse began, age at which abuse ended), separately for males and females, revealed no significant ($p \leq .01$) relationships.

## DISCUSSION

As anticipated, a history of childhood sexual victimization was associated with later psychological dysfunction in both male and female clinical subjects. Interestingly, despite the fact that males reported less extensive and less extended abuse than did females, there were no gender differences among abused subjects in terms of either previous suicide attempts or TSC-33 subscale scores. Thus, to the extent that the current data are representative, it is possible that childhood sexual victimization has an equivalent impact on males and females regardless of any differences in its severity or duration between the sexes. This conclusion is congruent with the results of a study by Urquiza and Crowley *(1986)*, who found no clear differences because of gender among former sexual abuse victims on the ten scales of the Moos Family Environment Questionnaire, the Counseling and Empirical scales of the Tennessee Self-Concept Scale, and the various subscales of the TSC-33 (although the total TSC-33 score was higher for males).

An alternative hypothesis is that sexual abuse is even more traumatic for males than for females, since lower male abuse levels were associated with symptomatology equal to that of more severely abused females. This possibility suggests that had males been abused at levels equivalent to females (i.e., equal extent and duration), their symptom scores might have been higher than those of female subjects. Such extrapolation must be made with great care, however, since it may be impossible to determine what equivalent amounts of abuse would be for male versus female subjects. Furthermore, the present study found no effect of extent of abuse on symptomatology, results which are congruent with most other studies in this regard *(Browne & Finkelhor, 1986)*.

The finding of a sexual abuse main effect in this study replicates other work by the authors and others with regard to greater suicidal tendencies and psychological symptomatology in subjects with a history of childhood sexual victimization. Although the current data indicate that such patterns of abuse-related problems occur in both sexes, it cannot be stated that all postabuse effects are manifested equally in males and females, since only a limited domain of difficulties was tapped in the present study. It is quite possible, for example, that male abuse victims may be more prone to act out their trauma through violence toward others, whereas females may be more likely to turn their trauma inward in terms of revictimization or self-destructive acts *(Carmen, Reiker, & Mills, 1984; Friedrich, in press; Runtz, 1987)*. Future research in this area is clearly indicated, with special attention to those gender-specific mechanisms that may mediate between psychological impact and subsequent behavior toward both self and others.

In conclusion, the present study suggests that, at least with reference to symptoma-

tology, male sexual abuse victims experience the impact of molestation in much the same ways as do female victims. Thus, the information available on sexually abused women may, to some extent, be applicable to males. Certainly the current findings indicate that males are no more immune to the effects of sexual victimization than are females, despite their hypothesized tendency to avoid seeking help for such experiences.

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