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Research Article

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Male Victims of Childhood Sexual Abuse by a Male or Female Perpetrator

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Abstract

The aim of the study was to expand the understanding regarding male victims of childhood sexual abuse (CSA) by male or female perpetrators. We compared 58 males who had been sexually abused by males with 39 males who had been abused by females in the domains of personality traits, trauma-related features, trauma-related psychopathologies, and fear of intimacy. The findings of the study revealed that male perpetrators were more aggressive and intensive in their abuse than female perpetrators, presumably generating greater psychopathology in their victims, including higher levels of neuroticism, PTSD and dissociative symptoms, fear of exposure, fear of attack, and fear of one's own destructiveness. Male victims of female perpetrators exhibited diverse types of psychopathology, similar to those of their female abusers—higher levels of extraversion, agreeableness, fear of merger, and fear of abandonment. The different needs of these two groups are discussed.

Keywords

Male victims of childhood sexual abuse; Male perpetrator; Female perpetrator

Introduction

Childhood sexual abuse (CSA) entered public awareness and began to receive research attention only in the late 1970s, in the context of the feminist movement [1,2]. Since then, CSA has become a universal concern of researchers and welfare policy determiners and practitioners [3].

Despite theoretical inconsistency, the current consensus is that childhood sexual abuse is broadly defined as any sexual activity perpetrated against a minor by threat, force, intimidation, or manipulation, intended to gratify the need of the abuser [3-5]. The abuse might be either a single occurrence or a continued ritual. Perpetrators might be close relatives or strangers, individuals acting alone, in pairs, or in a group, and might be directly or indirectly involved in the abuse. The initiation of the abuse might be by persuasion, seduction, threat, or force and violence. The actual abuse might or might not comprise penetration. Even if direct touching is not included, it might involve other types of exploitation such as premature exposure to pornography or taking pornographic photos of the child [6,7].

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A major area of research, in the context of CSA, is its long-term psychological effects in adulthood. CSA is commonly perceived as a major trauma, and as such, might generate developmental, behavioral, cognitive, intrapersonal, and interpersonal difficulties. The impact of CSA, however, varies in accordance with the nature of the abuse—if the abuser is a relative, if the abuse involves intercourse or attempted intercourse, if threats or force are used, as well as the duration and frequency of the abuse [8-10].

Studies demonstrate the many long-term harmful effects that CSA might have on victims, including guilt, shame, sexual identity confusion, low self-esteem, parental and other relationship difficulties, and propensity to further victimization in adulthood [3,11-13]. Victims of continued CSA are often forced to react repeatedly to the abuse in a defensive manner, influencing the formation of their personality, so that the abuse becomes a central element of their identity and experience long after it has ended. Consequently, many of the victims develop long-term psychiatric disorders, mainly personality, sexual, eating, dissociative and substance abuse disorders, as well as chronic PTSD, anxiety and, depression [3,10,14-17]. In an attempt to find an expression that encompasses the extensive effect of CSA on adult victims, Herman [18] suggested the term "complex PTSD," although this has not yet been accepted as a formal diagnosis in the DSM [19].

Influenced by the feminist struggle to bring women's voices to the fore, studies in the field focused mainly on female victims of male perpetrators, and overlooked other forms of CSA. This notwithstanding, research shows that the impact of CSA might differ across gender [20], suggesting that additional forms of CSA require further exploration. One such type of CSA, which has begun to receive the attention of scholars only in recent years, is male victims of male perpetrators. In addition, even though females have not been regarded as sexual abusers of children, historically, current evidence has proven otherwise [1,21]. Few studies presented cases in which females were involved in sexually victimizing children either actively (as the primary abuser) or passively (as the male's partner). These studies, however, are relatively rare, referring mainly to case studies, and tending to focus on the female perpetrators rather than on their victims [22-25]. Indeed, CSA of boys has been increasingly acknowledged and can no longer be ignored. In addition to the 8% to 31% of adult women who have been exposed to CSA, research shows that 3% to 17% of adult men have been victimized as well [3,21]. However, it has also been documented that welfare workers are less likely to validate cases involving male victims of CSA [26] and that the victims themselves are reluctant to report the abuse [27].

In terms of perpetrator gender distribution, males are still the primary abusers of both girls and boys, with females committing 5% to 20% of all sexual crimes against children. Nevertheless, proportionately more boys (20%) than girls (5%) are sexually abused by females. Additionally, women's main victims have been shown to be family members rather than strangers [28-30]. Notably, however, researchers agree that most prevalence figures are likely to be significantly underestimated due to conceptual and methodological limitations, for instance the use of retrospective reports, which are affected by memory reconstruction, and recruitment difficulties such

Table 1: Demographic profile of the two research groups.

	Males sexually abused by males n = 58	Males sexually abused by females n = 39	
Age (M ± SD)	38.1 ± 3.3	36.2 ± 2.8	t = 1.0
Age at abuse (M ± SD)	9.1 ± 3.8	11.1 ± 3.2	t = 2.3**
Years of education (M ± SD)	16.2 ± 2.3	18.3 ± 2.4	t = 1.2
Psychiatric diagnosis (%) Yes No	50 (86) 8 (14)	21 (54) 18 (46)	χ^2 = 21.0***
Sexual Orientation (%) Heterosexual Homosexual Bisexual	 31 (54) 21 (36) 6 (10)	 22 (56) 17 (44) -	χ^2 = 4.3[1]

**p<0.01; ***p<0.001; 1Due to the empty cells, the homosexual and bisexual categories were combined for the purpose of analysis.

as reliance on official records that in many cases do not include the disclosure of the victim's identity or even a report of the event [3,31].

The aim of the present study was to expand the knowledge regarding males' CSA victims of either male or female perpetrators, and to deepen the understanding of its consequences in adulthood. More specifically, the study compared males sexually abused in childhood by male perpetrators with males abused by female perpetrators in the domains of personality traits, trauma-related features, trauma-related psychopathologies, and fear of intimacy. The contribution of the three former domains to the understanding of fear of intimacy was examined as well. As such, the findings of the study provide extensive and novel insights into the phenomenon of males' CSA.

Method

Sample

Participants in the study were 97 male adults who had been victims of childhood sexual abuse. Of these, 58 (60%) had been sexually abused by male perpetrators, and 39 (40%) by female perpetrators. Table 1 presents a demographic comparison between participants in the two groups, using chi-square and t-test analyses.

As shown in the table, significant differences between the groups were found in age at abuse (t=2.3; p<0.01), with males sexually abused by males being younger at the abuse (M=9.1; SD=3.8) compared to those sexually abused by females (M=11.1; SD=3.2). In addition, the frequency of reported psychiatric diagnoses appeared to be higher among males sexually abused by male perpetrators (86%) than among males sexually abused by female perpetrators (54%; χ2=21.0; p<0.001).

Procedure

Recruitment took place between 2006 and 2012. Ninety-seven therapists working in private clinics were located from ads in phone books or on the Internet, and from several lists of professionals. Eligible therapists were clinical psychologists, clinical social workers, psychiatrists, art therapists, sexual therapists, and couple and family therapists, whose ads referred to, or indicated working with, victims of childhood sexual abuse. In addition, a snowball method was applied, adding another 46 therapists.

Altogether, 143 therapists were approached, with 102 (71%) agreeing to participate in the study, after recognizing eligible patients. The participating therapists were re-approached once a year for new patients. Each therapist recruited a mean of 1.1 (SD=1.7) patients to the study, during a period of six years.

Inclusion criteria for patients were: age at recruitment 18 to 70, age at the abuse 6 to 16, fluent in Hebrew, at least three months in present therapy, and no active psychosis. Initially, the therapists presented the study to patients and explained its goals: "to learn from you about the long-term consequences of childhood sexual abuse, as a means of developing and improving methods of intervention." The therapists emphasized that anonymity would be assured and that either consent or refusal to participate in the study would have no effect on the therapy.

Patients, who agreed to participate, signed a secrecy-concession (only for psychiatric diagnosis) and an informed-consent, describing the study in detail. Accordingly, therapists provided available participants' formal psychiatric diagnoses. Next, the study's interviewers contacted participants and filled in the study's questionnaires with them in a face-to-face two-hour meeting. All interviewers received extensive professional preparation.

Instruments

Demographic questionnaire: The questionnaire comprised a broad demographic profile, including variables such as age, age at abuse, gender, and years of education, psychiatric disorder, and sexual orientation.

Assessment of childhood sexual abuse: Due to inconsistency in the definitions of CSA, a special procedure was employed in the current study to describe the relevant scope of the phenomenon. Three focus-groups, with 10 of the participating therapists at each, were performed. The aim of these groups was to outline categories of sexual abuse behaviors. Then, all participating therapists, as well as two academic specialists, commented on the initial draft, leading to the formation of the following checklist of sexually abusive behaviors employed in the study. For each category, participants were asked to check positive (1 – I have been exposed to this behavior) or negative (0 – I haven't been exposed to this behavior), providing a measure of a number of sexually abusive behaviors.

Checklist of sexually abusive behaviors:

- Everyday activities performed in a sexual manner (e.g., in the bath, in the toilet, in bed, or through intrusive fondling).
- Inappropriate exposure to sexuality in general (e.g., movies, magazines, inappropriate sexual education).
- Inappropriate exposure to the sexuality of the perpetrator (e.g., solo-masturbation, sexual acts with others).
- Sexual acts with the child, without penetration (e.g., kissing or masturbating nearby or with the child).
- Sexual acts with the child, with penetration (e.g., oral, genital, rectal, or with a foreign object).
- Promoting sexual encounters with others (children or adults).

Additional Questions about the Abuse:

1. Who was the perpetrator(s)? _____
2. Age of the victim at abuse _____
3. Duration of the abuse _____

Table 2: Comparisons between the groups in the main research variables.

	Males sexually abused by males n = 58	Males sexually abused by females n = 39	*t*-test
Number of sexually abusive behaviors *(M ± SD)*	3.9 ± 2.6	1.3 ± 0.9	3.12***
Levels of PTSD symptoms *(M ± SD)*	2.0 ± 1.6	1.2 ± 1.9	2.91***
Levels of dissociative symptoms *(M ± SD)*	59 ± 2.7	49 ± 1.8	1.72**
Big Five Domains			
Extraversion	3.1 ± 1.3	3.6 ± 2.1	2.2**
Neuroticism	3.5 ± .08	2.4 ± 3.1	4.0***
Agreeableness	2.9 ± 1.0	3.6 ± 2.1	3.1***
Conscientiousness	2.8 ± 1.1	3.0 ± 2.4	1.2
Openness	3.1 ± 1.0	3.0 ± 1.2	1.3
Fear of Relationships Domains			
Fear of merger	1.8 ± 0.9	2.5 ± 0.9	3.74***
Fear of exposure	2.3 ± 0.7	1.8 ± 0.4	2.71*
Fear of attack	2.4 ± 0.8	1.6 ± 0.4	2.69*
Fear of abandonment	1.7 ± 0.3	2.1 ± 0.8	3.48**
Fear of one's own destructiveness.	2.5 ± 0.8	1.6 ± 0.4	3.64***
Fear of Intimacy (Total)	2.2 ± 1.2	1.8 ± 1.3	2.3**

*p<0.05; ***p<0.01; ***p<0.001

4. Nature of the abuse: by force, by threats, by seduction, by persuasion

PTSD Symptoms Scale-Self-Report (PSS-SR; [32]): The PSS-SR is a 17-item self-report questionnaire aimed at

assessing the level of posttraumatic stress symptoms during the preceding two weeks. Each item corresponds to one of the 17 DSM-III-R diagnostic criteria for PTSD. The severity of each item is rated on a four-point Likert scale ranging from 0 (not at all) to 3 (very much). The total severity score is calculated as the mean of the respondents' ratings on the 17 items. The questionnaire was found to be reliable in the present study, with a Cronbach's alpha of .91.

Dissociative Experiences Scale (DES) [33]: The DES contains 28 items and allows patients to quantify the frequency of their dissociative symptoms on a scale from 0 to 100%, with higher scores indicating more frequent experiences. It produces a total score, which is the sum of the individual item scores. A cut-off score of ≥30 is often used as a screening point for pathological levels of dissociation. Cronbach's alpha reliability for the DES in this study was .90.

Big Five Inventory (BFI): The Big Five Inventory (BFI) is a 44-item Likert scale, self-report measure of the broad personality domains of extraversion, neuroticism, agreeableness, conscientiousness, and openness. Each domain is assessed by eight to 10 short phrases (e.g., Conscientiousness: "Perseveres until the task is finished"). The reliability of the scale is high (typically>.80). Convergent and discriminant validity of the scales are well-established [34]. The questionnaire was found to be reliable in the present study, with a Cronbach's alpha of .92 for extraversion, .89 for neuroticism, .90 for agreeableness, .88 for conscientiousness, and .91 for openness.

Fear of Close Relationships Questionnaire (FCPRQ): The questionnaire contains 30 questions, covering six types of fear, each including six items: 1. fear of merger; 2. fear of exposure; 3. fear of attack; 4. fear of abandonment, and 5. fear of one's own destructiveness. In addition, a total fear of intimacy is calculated with the mean of all 30 items. Participants are asked to indicate how often they experience/d each feeling or behavior in their current or last intimate relationship, on a scale ranging from 1 (never) to 5 (always) (e.g., are you worried that your partner may leave you? Do you tend to cling to others?). Cronbach's alphas for the five sub-scales and for the total score, in the current study, ranged from .84 (fear of merger) to .93 (fear of one's own destructiveness).

Results

Perpetrators in the study were predominantly male (60%). They were close family members (fathers and brothers), or other relatives (grandfathers and uncles), whereas female perpetrators (40%) were all biological or stepmothers.

The analysis revealed significant differences between the groups ($\chi 2=8.1$; $p<0.001$) in the distribution of the sexually abusive behaviors. The most common behavior among males sexually abused by females was everyday activities performed in a sexual manner (58%), whereas among males sexually abused by males, it was sexual acts with penetration (81%). In both groups, the sexual abuse was initiated and maintained by persuasion or by seduction (60% to 80%). The duration of the abuse for all participants ranged from single-episode to three years (M=1.9; SD=3.9), with no significant differences between the groups. Table 2 presents a comparison between the groups in the main research variables via t-test analyses.

As shown in the table, the two research groups differ significantly in all measures, excluding conscientiousness and openness in the Big Five Inventory. Males sexually abused by males reported more instances of sexually abusive behavior ($t=3.12$; $p<0.001$), and scored higher on levels of PTSD symptoms ($t=2.91$; $p<0.001$), levels of dissociative symptoms ($t=1.72$; $p<0.01$), neuroticism ($t=4.0$; $p<0.001$), fear of exposure ($t=2.71$; $p<0.5$), fear of attack ($t=2.69$; $p<0.5$), fear of one's own destructiveness ($t=3.64$; $p<0.001$), and fear of intimacy ($t=2.3$; $p<0.01$). Males sexually abused by females, on the other hand, scored higher on extraversion ($t=2.2$; $p<0.01$), agreeableness ($t=3.1$; $p<0.001$), fear of merger ($t=3.74$; $p<0.001$), and fear of abandonment ($t=3.48$; $p<0.001$).

Next, hierarchical regression analysis was conducted to identify variables explaining the fear of intimacy in the entire sample. Due to the small group size, both groups were combined and only variables showing previous association with fear of relationships were entered into the model. In Block I, three personality traits were entered—neuroticism, extraversion, and agreeableness. In Block II, three trauma-related variables were entered—perpetrator's gender as a dummy variable, number of sexually abusive behaviors, and abuse duration. In Block III, two trauma-related psychopathology variables were entered—levels of PTSD symptoms and levels of dissociative symptoms. Table 3 presents the results of the analysis.

As indicated in the table, the personality variables together accounted for 11% of the variance in fear of intimacy, with agreeableness as a positive predictor. The trauma-related variables contributed a further 27% of the explained variance, with male perpetrators, number of sexually abusive behaviors, and abuse duration, as positive predictors. Finally, the trauma-related psychopathology variables explained an additional 12% of the variance, with only levels of dissociative symptoms as a positive predictor.

Discussion

Childhood sexual abuse (CSA) has become a major topic of

Table 3: Hierarchical regression analysis with fear of intimacy as the dependent variable (n=97).

	Adjusted R^2	B	SE(B)	Beta	T value
Block I	0.11 (F = 7.20)***				
Neuroticism		0.04	0.01	0.06	0.93
Extraversion		0.23	0.29	0.07	0.78
Agreeableness		0.06	0.02	0.27	2.85***
Block II	0.27 (F = 7.82)***				
Perpetrator's gender (0=male; 1=female)		-0.12	0.05	-0.29	4.07**
Number of sexually abusive behaviors		0.14	0.04	0.24	2.61**
Abuse duration		0.07	0.02	0.21	2.18***
Block III	0.12 (F = 3.34)***				
Levels of PTSD symptoms		0.02	0.00	0.11	1.23
Levels of dissociative symptoms		0.10	0.06	0.18	2.13**
**p<.01; ***p<.001					

public concern and has received increased attention in recent decades [3]. However, research into CSA involving male victims, particularly of female perpetrators, is still in its infancy [22,26]. The aim of the present study was to expand and deepen the understanding of males' CSA and its effects in adulthood. We compared 58 males, who had been sexually abused in childhood by male perpetrators, with 39 males, who had been abused by female perpetrators, in the domains of personality traits, trauma-related features, trauma-related psychopathologies, and fear of intimacy. In addition, we examined the contribution of the three former domains to the understanding of fear of intimacy.

Consistent with previous findings [28,29], males were the predominant abusers of male CSA victims (60%). However, a conspicuous number of the participants (40%) were sexually abused by females. These rates challenge earlier assumptions regarding the low incidence of CSA by females, particularly with no male partner initiating the abuse [22, 28-30].

The findings of the study revealed other significant differences in the abuse profile of the two groups. Whereas the approximate age of abuse among males sexually abused by males was 9 years, males sexually abused by females were generally older at the time of the abuse, with approximate age of 11 years. In both groups, however, the sexual abuse was initiated and maintained by persuasion or by seduction, with a duration ranging from a single-episode to three years. This similar pattern of initiating and maintaining the abuse might be related to the fact that the majority of the perpetrators were relatives and close family members, and already involved in the victims' lives. As the family domain lends itself to prolonged duration of abuse, a mean duration of three years does not seem out of the ordinary.

The sexually abusive behavior of male perpetrators appeared to be more diverse and aggressive, with a higher incidence of sexual acts than among female perpetrators. Most male perpetrators were fathers, brothers, grandfathers, or uncles, performing mainly, but not solely, sexual acts with penetration. Most female perpetrators were biological mothers or stepmothers performing everyday activities in a sexual manner. This is consistent with previous findings [28-30] that female abusers generally target their biological children or stepchildren, whereas abuse by male perpetrators extends also to other relatives. This may be understood based on the higher frequency of mother—child interaction including regular intimate involvement, thus enabling the crossing of boundaries without the child's understanding of its inappropriateness. Moreover, he may well interpret sexual encounters with his mother as love and affection, leading to his erroneously positive perception of this behavior.

A deeper exploration of the specific personality and psychopathology profile of both groups might shed additional light on the emotional, yet different, complexities confronting male victims of CSA.

The victims of male perpetrators exhibited higher levels of fear of exposure, fear of attack, and fear of one's own destructiveness, reflecting direct prolonged reactivity to the abuse. This may be attributed to the observations that their traumatic exposure was at an earlier age, was more intrusive and intensive, and included more sexually abusive behaviors. Accordingly, their levels of neuroticism, PTSD and dissociative symptoms, and frequency of psychiatric diagnoses, were indeed higher than male victims abused by female perpetrators. The high levels of sexually abusive behaviors were also found to have a positive association with fear of intimacy. These findings are in keeping with others, suggesting that more violent traumas generate higher levels of psychopathology [35]. Moreover, the high levels of dissociative symptoms, which are generally viewed as harmful in the long-term [3], might have hindered the victims' ability to cope with the trauma, as reflected in the positive association of these symptoms with the fear of intimacy.

Another possible explanation for the greater distress among victims of male perpetrators is that sexual intimacy with a female, even if inappropriate, is more acceptable for males because it conforms to societal norms and is anticipated within the normal developmental process. In contrast, male-to-boy sexual interest might cause the boy to question his sexual identity and masculinity, while female perpetrator interest in boys might have the opposite, though pathological, effect.

Male victims of female perpetrators exhibited higher levels of extraversion, agreeableness, fear of merger and fear of abandonment, which might reflect a different emotional coping mechanism. These symptoms seem to correspond to some of the features defining borderline personality disorder [19], a prevalent diagnosis among female sexual offenders [22]. This may imply that the male victims of female perpetrators employed various identification processes (e.g., identification with the aggressor, introjections, incorporation) rather than posttraumatic reactivity, as a means of coping with the abuse. This postulation is supported by the finding that victims of female perpetrators scored higher on agreeableness, which was found in other studies to be higher among females than among males, and was also found to be positively associated with fear of intimacy. The use of identification mechanisms might also be understood on the grounds that all female perpetrators in the study were mothers or stepmothers, and therefore, potentially more attached to their victims.

The present study has its limitations and the findings must be viewed with caution, as all participants were therapy patients whose therapists had selected them to take part in the study. Moreover, they reported retrospectively about experiences in the distant past, and the information gathered could be subject to biases related to memory reconstruction as well as to the therapeutic process. Furthermore, research findings demonstrate a clear lack of congruence between the low number of official reports of CSA to authorities, and the high rates of CSA in youths' and adults' self-reports [3]. Nevertheless, the

new, significant knowledge about CSA among males that emerged from their accounts should not be disregarded.

First and foremost, in contrast to traditional assumptions, the prevalence of sexual abuse of boys, by both males and females, might be greater than previously assumed. Whereas feminist efforts heightened the awareness of girls' and women's victimization by males, the possibility that boys can be victims of CSA, and that females might be child abusers has scarcely been recognized. The findings of the study confirm that CSA of males by females can no longer be overlooked or be regarded as a marginal phenomenon. It is clear that the reported rates of male CSA by females are consistently underestimated, in part, due to the shame, guilt, and stigma attached to such exposure. Indeed, it has been found that welfare workers are less likely to substantiate cases involving male victims, and many CSA victims might go unrecognized [3,26,36]. Even though the males in the study sample have received therapy, having disclosed their CSA history, many others would benefit from further research and efforts by professionals to locate and treat them.

Along the same lines, the findings of the study clearly suggest that the perpetrator's gender is a differentiating factor in the profile of abuse among male CSA victims, and their reactions to it. Therefore, research and clinical attention must be tailored to each specific group. Public awareness of CSA of girls by their fathers or other close male relatives has increased significantly in recent years, showing that environmental alertness enables high rates of early identification and protection. The results of the present study, however, illustrate that CSA, particularly by female perpetrators, might be difficult to detect, as it occurs within a seemingly intact relationship with no visible evidence of the child's resistance or distress. Indeed, intimacy between a mother and child is likely to be perceived positively and will rarely evoke suspicion by the environment, especially if the victims use latent coping strategies.

Thus, more sensitive means of identifying certain cases of CSA are needed based on a deeper exploration of its various forms. Education in this field should focus on differentiating between appropriate and inappropriate behaviors, not only with a stranger, but also in the context of what should seemingly be the most secure domain—the mother—child relationship.

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