RELATIONSHIPS BETWEEN CHILDHOOD VICTIMIZATION,

SELF AND WORLD BELIEFS, AND COPING PATTERNS

IN ADULT MALE UNDERGRADUATES

By

SEAN MICHAEL HAYES

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Department of Counselling Psychology

The University of British Columbia
Vancouver, Canada

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ABSTRACT

In recent years, there has been an increased interest in broadening the study of sexual abuse to include male child victims and to investigating the well-being of male adults with a history of sexual abuse. The research is however primarily descriptive. This study applied a theoretical framework to the investigation of coping patterns amongst three groups of male undergraduate students (those with a history of childhood sexual abuse, those with a history of negative events other than sexual abuse, and those with a non-victimizing history) attending a large Canadian university and a large community college. One hundred and thirty-five male respondents ($\underline{M}$ age = 22.17 years) completed a survey regarding their self-worth, assumptions about the benevolence and meaningfulness of the world, degree of gender role stress, choice of coping strategies in interpersonal stressful situations, and history of negative childhood events. Thirteen respondents reported having been sexually abused as a child (9.63% of the total), 25 respondents reported having experienced victimizing events other than sexual abuse (18.52%), and 97 respondents reported no victimizing events (71.86%). Hierarchical multiple regression analyses were used to investigate the effect of the self and world assumptions, and gender role stress upon the relationship between victim status and the use of coping strategies in a interpersonal stressful situation. As hypothesized, there was a significant linear relationship between the schema and gender role stress scores, and the coping score, which accounted for 21% of the variance. Distortion in schematic patterns and high gender role stress were positively related to the use of maladaptive coping patterns. Expected moderating effects between gender role stress and schematic

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distortion upon the relationship between victimization status and the use of maladaptive coping patterns, however did not arise. The findings contribute knowledge about the effect of undergraduate men's values and beliefs upon coping patterns.

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INTRODUCTION

The literature prior to about 1970 viewed child sexual abuse as an exotic, virtually negligible phenomenon taking place in very rare circumstances, in very rare families, and perpetuated by very unusual men (Butler, 1982). Recent research has revealed that child sexual abuse is in fact more pervasive than the previous literature indicated. The Badgley Commission on Sexual Offences against Children and Adolescents reported that 50% of adult women and 33% of adult men had been sexually victimized at some point in their lives, and 75% of these assaults occurred when the victim was younger than 17 years (Badgley et al., 1984).

Much of the research and findings to date have focused on female children or female adults. In recent years, there has been increased interest in examining the incidence of sexual abuse of males (e.g., DeJong, Hervada, & Emmett, 1983; Farber, Showers, Johnson, Joseph, & Oshins, 1984; Nasjleti, 1980; Fromuth & Burkhart, 1989; Showers, Farber, Joseph, Oshins, & Johnson, 1983). For example, Sebold (1987) estimates that 46,000 to 92,000 boys are sexually abused each year in the United States. This is likely a conservative estimate because less than 8% of the total number of sexually abused male children are thought to come to public attention (Nielsen, 1985). In spite of this increased interest, many problems in the literature pertaining to male sexual abuse victims remain. In a recent review of the existing literature, Vander Mey (1988) concludes that only two credible studies focusing on male sexual abuse victims have been conducted in the last decade.

The situation is more problematic when exploring the issue of long-term effects of sexual abuse on male victims. The consequences of

the sexually abusive experience for a male *survivor* (a term used to denote an individual who was a victim of sexual abuse during childhood or adolescence; Bolton, Morris, & MacEachron, 1989) are thought to include flashbacks of the event, feelings of isolation, unworthiness, anger, hostility, masculine identity confusion, recapitulation of the victimizing event with the survivor acting as the offender, depression, sexual dysfunction, and use of alcohol or drugs to cope (Bagley & Ramsey, 1985; Dimock, 1988; Nasjleti, 1980; Roger & Terry, 1984; Summit & Kryso, 1978). However, these statements are generally derived from clinical impressions and are primarily descriptive. There is uniform lack of application of theory to the literature on male sexual abuse survivors, precluding an understanding of the experience for the survivor and impeding the design of treatment programs. The purpose of this study was to explore how male survivors cope with an interpersonal stressful event, as related to the belief system they hold about themselves, about the world, and about their role as men.

Theoretical Background

The literature pertaining to male sexual abuse survivors and their well-being is particularly hampered by its lack of a theoretical framework. The following areas are suggested as important for consideration of male survivors and their present daily functioning: (a) the coping patterns of male survivors relative to their non-abused counterparts and to victims of traumatic events other than sexual abuse, when confronted with an interpersonal stressful situation (Lazarus & Folkman, 1984); (b) an effort to explore survivors' conceptions about the self and the world (Janoff-Bulman, 1989); and (c) gender role stress (Eisler & Skidmore, 1987), as logic dictates that the experience of

males with a sexually abusive history may be distinct from others due to cultural stereotypes attached to their 'victim' status.

Coping with Stress

In recent years, there has been an increased interest in investigating how people cope with stressful events in their lives (e.g., Anderson, 1977; Billings & Moos, 1981; Folkman & Lazarus, 1980; Parkes, 1984; Pearlin & Schooler, 1978). Coping is generally perceived as a response designed to fulfill one of two functions: (a) a problem-focused function--attempts by the individual to manage or alter the source of stress, through action; and (b) an emotion-focused function--efforts that seek to regulate or ameliorate the affect inherent to the stressful situation, without necessarily acting upon the stressor itself. A finding often cited in the research on coping functions is that males are generally prone to utilizing the more active, problem-focused coping functions, and that the use of these active strategies is generally associated with greater adaptiveness and mental health than is the use of the emotion-focused strategies (e.g., Carver, Scheier, & Weintraub, 1989; Felton, Revenson, & Hinrichsen, 1984; Kahana, Kahana, & Young, 1987; Miller & Kirsch, 1987; Mitchell & Hodson, 1983; Parkes, 1984, 1990; Vingerhoets & van Heck, 1990). This study was thus designed to respond to some of the research questions about coping patterns demonstrated *within* a group of adult male undergraduates, and amongst male sexual abuse survivors in particular.

Schemas

Janoff-Bulman (1989) argues that early in life human beings develop preconceptions called schemas that guide our expectations of ourselves, others, events, and the world around us. She identifies

eight types of schemas grouped under three headings: (a) Benevolence of the world (subdivided into the benevolence of the impersonal world and the benevolence of other people; (b) Meaningfulness of the world (subdivided into the assumption that outcomes of events are distributed in a just manner, in a controllable manner, and in a nonrandom manner; (c) Self-worth (subdivided into a positive bias toward personal worth, a positive bias toward controllability, and a bias toward (good) luck. Because of these schemas, human beings tend to perceive the world through "rose-coloured glasses" and yet these distorted conceptions (distorted relative to what reality dictates) are essential to our sense of stability in our world (Janoff-Bulman, 1989).

Experiencing a stressful life event can be expected to seriously threaten and challenge the evolution of these essential schemas and the positive bias they provide us. Samples from populations that have faced traumatic life events, such as cancer (Collins, Taylor, & Skokan, 1990) and death of a child or a spouse (Lehman, Wortman, & Williams, 1987) report changes in their sense of purpose and means of functioning. Directly related to the goals of this study, Janoff-Bulman (1985, 1989; Janoff-Bulman & Frieze, 1983) has investigated the assumptive schemas of college students who have experienced life events that the students rated as extremely negative. The author found that male college students with histories of victimizing events differed on three of the eight world assumption postulates relative to their non-victimized counterparts: they had a lower sense of personal worth, showed less belief in the benevolence of the impersonal world, and had stronger beliefs in the distribution of events arising randomly. Thus, this

study included schemas as a factor potentially affected by victimization, and possibly affecting subsequent coping.

Gender Role Stress

Included in Janoff-Bulman's (1985, 1989; Janoff-Bulman & Frieze, 1983) research on schemas are the beliefs about the self. It seemed logical to extend the beliefs about the self to include self-conceptualizations about one's gender role, given its emphasis in society. The roles individuals are assigned on the basis of their biological gender play a central part in our lives. In many societies men are assigned instrumental roles that encourage dominance, action, aggression, ambition, emotional stoicism, and competition (Franklin, 1984; Munroe & Munroe, 1975). These social guidelines can be expected to affect appraisal of a stressful life event. Specifically, research has shown that certain situations are particularly stressful for men, including challenges to physical adequacy or intellectual ability, situations that require emotional expressivity or affectionate behavior between men, being subordinate to women, and help-seeking (Collier, 1982; Eisler & Skidmore, 1987; Eisler, Skidmore, & Ward, 1988; Good, Dell, & Mintz, 1989; Lash, Eisler, & Schulman, 1990; O'Neil, Helms, Gable, David, & Wrightsman, 1986). I proposed that some of the situations outlined by Eisler and his colleagues (Eisler & Skidmore, 1987; Eisler et al., 1988; Lash et al., 1990) as stressful for men would be especially stressful for male survivors who, at least in theory, have experienced an attack upon their sense of self and masculinity. Stress in coping with the male role is suggested by the literature to be particularly common amongst male survivors (Dimock, 1988; Rogers & Terry, 1984).

Rationale and Hypotheses of Study

To supplement the descriptive data in the field, the percentage of undergraduate males who reported having experienced a victimizing event rated as extremely negative by the respondents of Janoff-Bulman (1989) study was documented. These events included a fire that destroyed the home, a disabling accident, death of a sibling, death of a parent, a sexually abusive act(s) in childhood, and a sexually coercive act in adulthood (Janoff-Bulman, 1989; Janoff-Bulman, Personal Communication, November 1990).

The main purpose of this study was to examine the relationship between a history of sexual abuse and other victimizing events, assumptive schemas, and gender role stress with coping patterns in an interpersonally stressful situation. The victimization, assumptive schema, and gender role literature seemed particularly relevant to an exploration of coping patterns given the model of coping that is postulated by Lazarus and Folkman (1984). According to this model, coping is conceived as process-oriented that emphasizes individual appraisal of a stressful situation and the accompanying reaction to the stressor. Thus, this model differed from earlier conceptualizations of coping wherein a blanket level of stress is associated with a specific event (e.g., Dohrenwend & Dohrenwend, 1974). Instead, it is the person, his or experiences (such as a victimizing history), and his or her's frame of reference of values and beliefs (such as those embodied by schemas and gender role stress), that dictate how the victimizing event(s) is integrated into one's life (Janoff-Bulman, 1989).

For this study, schemas and the degree of gender role stress of survivors, victims, and non-victims were examined in regards to their

choice of coping strategies when dealing with a recent interpersonal stress. First, I argue that victims of challenging life events need not be a uniform group as is often implied by the literature. Given the limited available clinical literature, such a situation may be difficult for victims, but it may vary according to how they have experienced and processed the traumatic life events. Thus, how do male victims (those with a history of sexual abuse or a history of other victimizing events such as fire or a disabling accident) cope relative to non-victims when confronted with the same type of situation? It was of particular exploratory interest to investigate whether sexual abuse survivors would utilize a greater degree of maladaptive coping functions (as defined by Carver et al., 1989) relative to their non-victimized counterparts and relative to other types of victims. Victims of negative life events may cope with an interpersonal situation that is stressful for men with a greater relative use of the maladaptive coping functions. However, it was expected that the strength of the relationship between victim status and the use of maladaptive coping would be moderated (strengthened) by pessimistic schematic beliefs and a high level of male gender role stress. In particular, based upon Janoff-Bulman's (1989) findings, it was expected that those victims of negative life events who *also* demonstrated a negative or pessimistic sense of self-worth, benevolence and meaningfulness of the world would evidence a greater use of maladaptive coping functions. Similarly, it was expected that gender role stress would act as a moderating influence upon the relationship between victim status and coping patterns in a stressful interpersonal situation. How do a group of men cope when confronted with an interpersonally stressful situation that potentially challenges their

masculinity and male sexuality? In particular, it was expected that male survivors would demonstrate a greater reliance on maladaptive coping patterns *if* they evidence a higher degree of male gender role stress, because their victimizing experience can be theorized to be an attack upon their masculinity.

LITERATURE REVIEW

The literature pertaining to male sexual abuse survivors is sparse, but in recent years there has been more interest in this area. In the following section, a brief overview of the findings on child sexual abuse is presented, and attention is then directed to the available findings on the prevalence of male child sexual abuse, the difficulties that plague these estimates, the types of abuse which occur, and the long-term consequences thought to transpire for the survivor. Much of this research is, however, restricted by its lack of a theoretical framework. Thus, to better define the questions of interest in this study, a review of the coping, schemas, and gender role literatures is included. Finally, a summary of these areas to integrate the findings and structure the proposed research is incorporated.

Sexual Abuse

The traditional assumption underlying clinical attention to sexual abuse was that the children involved were retarded, seductive girls and the adults were inadequate, sociopathic fathers (Summit & Kryso, 1978). The foundations of psychiatry and psychology reinforced a cultural scepticism of the prevalence of sexual abuse. The Freudian viewpoint was influential in this regard, as it argued that childhood sexual victimization claims arose from fantasies derived from the child's Oedipal conflicts. In effect, psychoanalysis argued that the origin of the sexual victimization lay within the child, not in reality. The medical profession paid little attention to the victims, as the victimization experience generally did not include medically significant trauma. Social service movements, such as child care services, tended to subsume sexual abuse with other forms of abuse and neglect

(Finkelhor, 1982), implicitly denying its significance. Thus, if early clinicians were aware of adult sexual activity with children, such events were often met with scepticism or an overemphasis upon pathology (Lanyon, 1985; Masson, 1984). The reality of sexual abuse of children is in fact that it is widespread, affecting people of all ethnic, religious, and socioeconomic backgrounds. As Butler (1982) argues, the supposed taboo against child sexual abuse was in fact a taboo against *talking about* such activities.

Prevalence of Sexual Abuse of Children

In the early research on child sexual abuse, many of the findings reflected the scepticism as to its prevalence. Incest was thought to occur as few as 1.1 times per million people in the 1930's (Benward & Densen-Gerber, 1975). Weinberg (1955) estimated that only 9 children per million were sexually abused. A report by the American Humane Society (DeFrancis, 1969) made a slightly higher claim of 40 sexually abused children per million. Helfer and Kempe (1968) estimated that 14% of California's *reported* child abuse cases were sexually related. Landis (1956) and Gagnon (1965) went further than their contemporaries. Landis (1956) stated in a survey of colleges students 30% of the male and 35% of the female children reported contact with an "adult sexual deviate." Gagnon (1965) estimated that 25% of American women reported nonaccidental childhood sexual contact, or 500,000 female children aged 4 to 13 years were sexually abused.

More recent estimates state that some 336,000 children are thought to be sexually abused per year in the United States (Sarafino, 1979). Herman and Hirschman (1977) project that about 20 million Americans are involved in incestuous situations at some point in their lives. In the

United States, The National Center on Child Abuse and Neglect estimated in 1981 between 60,000 and 100,000 American children were being sexually abused per year (Department of Health and Human Services, 1981). In a study of 278 college students, Briere and Runtz (1988) found that 14.7% of the women reported experiencing sexual abuse. Russell (1984) found that 38% of adult women retrospectively reported incestuous or extrafamilial abuse before they had reached 18 years of age. Other research indicates that 20% to 62% of all women have had childhood sexual encounters with adults, and from 4% to 12% of these incidents occurred with relatives (Finkelhor, 1979; Finkelhor, Araji, Baron, Browne, Peters, & Wyatt, 1986; Gagnon, 1965). It has been argued that sexual abuse may actually exceed physical abuse as the major form of victimization of children (Finkelhor, 1979). However, much of the research conducted to date is based upon retrospective accounts, cases reported to the authorities, suffers from definitional failures in the field, or suffers because of an emphasis upon the pathology of the perpetrators (Lanyon, 1985). These factors may have contributed to the lack of agreement as to the prevalence of sexual abuse in the general population. As Finkelhor et al. (1986) states "the reality is that there is not yet a consensus among social scientists about the national scope of sexual abuse" (p. 16).

Male Child Sexual Abuse

If there is confusion concerning sexual abuse of female children, there have been distinct problems if not outright scepticism regarding the sexual victimization of young males. The bulk of male sexual abuse research suffers from limited samples with no control groups, convenience samples, post factum victim reports, lack of replication,

and research principally focused on females or which attends to only one type of abuse, such as incest or rape (Janus, McCormack, Burgess, & Hartman, 1987). Moreover, social and cultural perceptions attached to male childhood sexual abuse are generally ignored (Finkelhor, 1984; Finkelhor et al., 1986; Giaretto, 1982; Groth, 1979). For example, there has been a prevailing clinical and lay perception that girls far outnumber boys as the victims. Statistics reported to victim advocate programs and law protection agencies continue to reflect female children as the primary targets of sexual abuse. Recognition, reporting, prevention, and treatment of abuse all holds a clear female focus (Swift, 1980). A type of 'classic model' of sexual abuse has emerged which states that (only) female children are the victims of adult males (only). A cultural double standard on sexual abuse thus exists, wherein boys are rarely considered as potential sex abuse victims. This situation has lead Geiser (1979) to conclude, in a statement later echoed by Peters (1986), that the

> sexual misuse of male children is a poorly misunderstood area of child abuse, replete with much misinformation and many myths...(and that) the dynamics of the sexual abuse of males have little in common with those involving females. (Geiser, 1979, p. 76)

There are a number of possible reasons behind this phenomenon. In many cases the abuse of males goes undiscovered in absence of sister victims (Pierce & Pierce, 1985). The child protective services have not been concerned with boys as they are more likely to be abused outside the family than are girls (Rogers & Terry, 1984). The women's movement has been instrumental in raising the public consciousness to female

subordination and victimization, but has often excluded male victims. The tendency has been to identify sexual abuse with cultural misogyny, and link it to rape (Finkelhor, 1982). As such, the rape crisis services have been directed to women of any age, to the exclusion of male victims. In addition, some boys are excluded as victims as they are abused by female assailants (more often than are girls) and females are not often perceived as potential abusers. Cultural stereotypes dictate mothers as asexual, incapable of sexually molesting their own children (Nasjleti, 1980). On a broader scale the very policies designed to correct the problem may omit male molestation, and thus imply its nonexistence. For example, some legal statutes define child abuse as rape, sodomy, aggravated rape (Pierce, & Pierce, 1985). Given such definitions, molestation that does not involve penetration of the child, as female adult - male child abuse generally would not, is precluded. De Young (1982) reports a case wherein

> a New Jersey Superior Court ruled that no woman could be
> prosecuted for "carnally abusing" a boy under the age of 16. The
> explanation given for this ruling is that "young girls can become
> pregnant: young boys cannot. Young girls suffer physical damage
> from intercourse or attempted intercourse; young boys cannot. (p.
> 71)

Prevalence of Male Child Sexual Abuse

The following research details that evidence which is available concerning the prevalence of male child sexual abuse. Because the focus of this study does not involve treatment aspects of sexual abuse, nor does it focus upon female child victims, female survivors, or male

offenders, the literature reported primarily pertains to male child victims, and to the effects on the adult and adolescent survivors.

Groth, Hobson, and Gary (1982) state that male children comprise 1/3 of the number of children who are targets of sexual offenses committed by male adults. Showers and his colleagues (Farber et al., 1984; Showers et al., 1983) in a review of the literature on this area report that boys constitute from 5% to 25% of reported sexual abuse cases. Based on their study of reported child sexual abuse cases, Rogers and Terry (1984) argue that as many as 1/4 of all child sexual abuse victims are male. Similarly, Finkelhor (1986) estimates that there is a 4:1 to a 2.5:1 ratio of female to male victimization.

Telephone interviews of 2,626 people over the age of 18 years, randomly sampled from all residential telephones in the United States, were conducted assessing sexual abuse (Finkelhor, Hotaling, Lewis, & Smith, 1990; Kohn, 1987). The participation rate was 86%, and of the 1145 males who were involved, 16% reported sexual victimization. The Badgley Commission (Badgley et al., 1984) polled 2000 men and women in 210 Canadian communities. The authors report that one in eight Canadian males have been childhood victims of sexual abuse. Finkelhor (1979) collected survey data on the sexual behaviors and experiences of 796 college students (a 90% response rate) and found that 9% of the 266 males surveyed indicated that they had been sexually victimized as children. Over 50% of the men who reported abuse indicated they had been forced to participate. In the limited research available from outside North America, Baker and Duncan (1985) found that 8% of U.K. males surveyed reported sexual victimization as children.

In studies of specific populations, the number of sexually abused males is even higher. In a study on the experiences of adolescent runaways, 38.2% of the males reported sexual abuse as children (Janus, McCormack, et al., 1987). Serrill (1974) found that 75% of 150 imprisoned male sex offenders reported sexual abuse as children. Groth and Burgess (1979) reported that 31% (106 out of 348) of men convicted of sexual assault had experienced a sexual trauma between the ages of 1 and 15 years, in comparison to only 3% of matched sample of law enforcement officers. Freeman-Longo (1986) reported that some 80% of sexual offenders had been sexually victimized as children. Bard, Carter, Cerce, Knight, Rosenberg, and Schneider (cited in Finkelhor & Browne, 1988) found that 57% of male child molesters had been sexually molested as children compared to 23% of adult rapists. Amongst male adolescent sex offenders, estimates of those who have themselves been abused as children run from 19% to 50% (Gomes-Schwartz cited in Davis & Leitenberg, 1987; Fehrenbach, Smith, Monastersky, & Deisher, 1986).

Given the lack of accord in the research, all that can be concluded is that somewhere between 2.5% and 31% of the general population of males have been sexually victimized as children or adolescents (Finkelhor, 1980, 1984; Finkelhor et al., 1986). However, even this summary is tentative for, as Janus, Burgess, and McCormack (1987) state, the bulk of the information on the sexual abuse of males is limited to isolated clinical cases (Awad, 1976; Dixon, Arnold, & Calestro, 1978), or to reports on specific populations such as prisoners (Tierney, & Corwin, 1983), psychiatric or psychotherapy samples (Carmen, Reiker, & Mills, 1984; Emslie & Rosenfeld, 1983), rapists (Petrovitch & Templar, 1984), juvenile offenders (Fisher & Berdie, 1978; James &

Meyerding, 1977; McCord, 1983; Paperny & Deisher, 1983) adolescent

runaways (Adams-Tucker, 1982), male prostitutes (Janus, Scanlon & Price,

1984), suicidal adolescents (De Jong et al., 1983), and hospital

emergency room patients (Ellerstein & Canavan, 1980). Furthermore, the

molested boys who do come to the attention of authorities and

researchers may be unrepresentative of male sexual abuse cases, as these

cases are often characterized by extreme physical violence, race, lower

socioeconomic status, and the severity of the offense.

Underreporting of Male Child Sexual Abuse

As alluded to above, accurate estimates of childhood sexual abuse

are difficult to obtain because many, if not most, incidences remain

shrouded in secrecy. Some 90% of all sexual abuse cases are believed to

be unreported (Blumberg cited in Cleveland, 1986; Katz & Mazur, 1979),

and there are a number of factors which need to be considered in

understanding the underreporting by child sexual abuse victims, be they

male or female. Butler (1978) describes a "conspiracy of silence" that

sexual abuse victims may evidence for various reasons. Monaco and Gaier

(1988) write that children often feel that they are to blame, or assume

that they initiated the abuse in their search for affection and

attention. Moreover, they may feel guilt due to pleasure they may have

experienced, or because of money or gifts received to encourage

participation. They infer that they must have cooperated, and

sanctioned the abuse. They may be fearful as they were threatened with

harm or manipulated to feel responsible for any harm that happens to

family if he or she tells. Parents may not believe a child who reports

an abusive situation, or if they do, may overreact and make the child

feel different. This may further the sense of blame the child feels.

Many female victims are likely to be hesitant to report their own abuse, obscuring accurate prevalence data. However, Peters (1986) argues that in terms of reporting sexual abuse "(female) reluctance fades in comparison to that of the male victim" (p. 81). Landis (1956) reports that none of the male college students who had been sexually victimized as children in his sample had reported their assault to the authorities, and only 17% had reported the incident to their parents (versus 43% of the female counterparts). Male victims of sexual assault, it seems, are even more prone than female victims to remain hidden from public attention, as the official police, hospital and child welfare records indicate (Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980; Zawitz cited in Janoff-Bulman & Frieze, 1987). Most men never report their own childhood victimization (Badgley et al., 1984; Finkelhor, 1979; Fritz, Stoll, & Wagner, 1981; Johnson & Shrier, 1985; Landis, 1956; Nasjleti, 1980). Those cases of male child sexual abuse that have come to public attention are likely unrepresentative, perhaps indicative of less than 8% of the total number of sexually abused male children (Nielsen, 1985). Summit (1983) has concluded that male child victimization may well be as frequent, leave the victim feeling as helpless but that the male child victim or male survivor may be more secretive than his female counterparts. Similarly, Rogers and Terry (1984) conclude that the "the true incidence (of male child sexual abuse) is probably substantially higher in that boys are substantially less likely to report their victimization" (p. 93).

The Male Child Victim

It should be noted that due to the difficulties in the literature concerning male child sexual abuse, in effect there is little agreement

as to the development or events surrounding male abuse. Thus, generalizations as to the 'typical' male child abuse victim are of little validity. Much of the findings are based on similarities found between male and female child abuse victims. However, Farber et al. (1984) suggest that the experiences for both male and female victims are very similar, in terms of the dynamics of the abuse, the following details the state of available research upon male child sexual abuse.

Reinhart (1987) reported that a large range of sexually abusive activities for the male child victims occur. Orogenital contact seems to be a dominant form of abuse amongst the younger age group of victims. In older victims (over eight years of age), Reinhart (1987) found that 50% of the boys had experienced anal intercourse, and concludes that these results are similar to the findings of other researchers in the field. As a group, boys reported that they were forced to engage in more direct sexual contact than girls (masturbation, oral sex), and reported more threats, force, and physical abuse in conjunction with the sexual abuse (Nielsen, 1985; Pierce & Pierce, 1985). Ellerstein and Canavan (1980) compared male and female child victims of sexual abuse and although they found few differences between the males and females respective experiences, the authors do state that boys were more likely to be assaulted in public places than girls, and were more prone to physical injury stemming from the assault. It has also been argued that male child victims are more subject to abuse by more than one offender than are girls (20% and 13%, respectively; Rogers & Terry, 1984).

A number of studies have found that the male sexual abuse victim is generally younger than his female counterpart. Pierce and Pierce (1985) report that the male child victim of sexual abuse in their sample

of reported cases has a modal age of 7 years, as compared to a modal age of 14 years for the female child victim. In an attempt to explain this finding, Pierce and Pierce (1985) hypothesize that as boys grow older, they may be better able to ward off continued abusive involvement, and thus are less represented in the older age brackets. Older males may also withhold disclosure due to costs involved. Other researchers have offered support for this hypothesis. Groth and Burgess (1979) report that the majority of their sample of male child victims (68%) were molested as a preadolescent, with 15% under the age of seven. Similarly, Briere, Evans, Runtz, and Wall (1988), De Jong et al. (1982), Finkelhor (1984), and Russell (1984) claim that male child victims are generally younger than their female counterparts. However, Ellerstein and Canavan (1980) found no differences in the respective ages of their male and female child victim samples. Furthermore, the aforementioned Los Angeles Times Poll (Finkelhor et al., 1990; Kohn, 1987) found the median age of abuse was 9.9 years for boys versus 9.6 years for girls.

Pierce and Pierce (1985) state that their sample of 25 male child sexual abuse victims came from larger, poorer families, in which other children were also sexually abused. The male child victim was more likely than the female child victim to live with his natural mother without a father figure in the home. This latter finding has been supported by Los Angeles Times Poll research (Finkelhor et al., 1990). Pierce and Pierce (1985) hypothesize that this may make the boys more psychologically vulnerable to offenders outside of the home because of the need for a male model/companion. However, a note of caution in the generalization of these results is needed as the sample Pierce and Pierce studied were <u>reported</u> cases of sexual abuse, which may not be

representative of the population of sexually abused males. Nonetheless,

it can be noted that other authors concur with the finding that boys are

generally abused by individuals outside the immediate family (e.g.,

neighbour, coach, baby-sitter), although girls are more likely to be

incestuously abused (Finkelhor et al., 1990; Rogers & Terry, 1984;

Sgroi, 1982).

If the abuse is reported, boys are less likely than girls to be

removed from the home (Pierce & Pierce, 1985). Furthermore, the authors

found that male victims were more likely to complete treatment but

received less time in counselling than females. This may be due to the

fact that workers in the field may feel less competent with a boy, or

that they perceive less damage to a boy than a girl.

Most studies have found that the victims are abused by a male

adult or adolescent (Farber et al., 1984; Finkelhor, 1979; Johnson &

Shrier, 1985). Finkelhor et al. (1990) state that in the Los Angeles

Times Poll 83% of the offenders against boys were men. Groth and

Burgess (1979) report that 42% of the assailants were adult males, and

27% were adult females, with a further 9% and 14% of assaults involving

male and female peers, respectively. Generally, males do dominate as

the principal offenders. However, there is some research which has

found a higher percentage of female offenders than male offenders (Fritz

et al., 1981; Petrovitch & Templar, 1984). The incidences of female

molestation of boys ranges from 12.5% to 60% (depending upon the sample

studied) versus as few as 5% of girls reporting molestation by women

(Finkelhor, 1979; 1984; Groth & Burgess, 1979; Johnson & Shrier, 1987;

Nasjleti, 1980). Woods and Dean (1984) report that males abused by

females reacted with same amount and type of distress as those abused by

males. In contrast, Forward and Buck (1988) conclude that the nature of mother-son incest could be the most "subtly traumatic of all forms of incest" (p. 72). Female molesters of males are more likely to use persuasion than threats. Even Woods and Dean (1984), in a non-clinical sample of adults abused as children, report that 50% of those abused by women now see the experience as positive, versus only 16% of those who were abused by men. Similarly, Fromuth and Burkhart (1989) investigated the relationship between childhood sexual abuse and later psychological and sexual adjustment in two samples of college men ($\underline{N}$=582). There were discrepancies in the results for the two samples, but the authors concluded that the majority of sexually abuse men did not experience serious long-term effects. However, the authors qualify their results by the fact that most of the men who reported sexual abuse reported that the perpetrator was female and that the experience was not negatively perceived. They argue that cultural expectations regarding gender-role behaviors may influence the memories of abusive experiences when the perpetrator is female.

In contradiction to the cultural lore, the perpetrator is rarely mentally ill or a psychopath (Pierce & Pierce, 1985) nor are the male perpetrators necessarily homosexual (Geiser, 1979). He or she is often known to the victim, and is in a position of trust and power to the boy, such as a neighbor, baby-sitter, coach, or parent's partner (Badgley et al., 1984; Finkelhor et al., 1986; Vander Mey, 1988).

In summary, the male child victim is thought to be subject to orogenital and anal abuse, is younger and is subject to more physical abuse concurrent with the sexual assault than his female counterpart. His assailant is generally male, a non-family member, and often known

and trusted. Given this descriptive information, qualified by the limited and often contradictory research available in the field, the following details the research available upon the consequences of the abuse for the adult survivor.

Long-Term Consequences for the Male Survivor

It is only in the last decade that extensive attention has been devoted to the consequences of childhood victimization for the survivor. In part, this may be due to earlier writers who claimed that there were few, if any detrimental effects of sexual contact between a child and an adult. Bender and Blau (1937) reported that many of the anecdotal reports of victims showed few ill effects. Rascovsky and Rascovsky (1950) went so far as to suggest that such contact promoted childhood psychosocial adjustment. Today, there is some indication that there may be negative consequences for sexual abuse survivors. Blumberg (1978) writes that sexual abuse during childhood interrupts the 'normal' process of development for both male and female children. Browne and Finkelhor (1986) go further by stating that there is no question that sexual abuse brings authentic changes to the survivor's life. The research on samples of female survivors indicates that low self-esteem, interpersonal and sexual difficulties, and suicidal ideations have been linked to a history of sexual abuse (Briere, 1984; Briere & Runtz, 1986, 1987, 1990; Briere & Zaidi, 1989; Courtois, 1979; Gold, 1984; Herman, 1981; Jehu, Gazan, & Klassen, 1984; Maltz & Holman, 1987; Meiselman, 1978; Peters, 1988; Sedney & Brooks, 1984).

Male sexual abuse survivors report having problems with their self concept and have feelings of unworthiness (Summit & Kryso, 1978). Briere et al. (1988) studied the long-term sequelae of 20 male and 20

female self-reported sexual abuse survivors from a population of 80

males and females who reported to a community crisis counselling

program. The authors defined self-reported sexual abuse as any contact

from fondling to intercourse before the age of 16 years, wherein the

offender was 5 or more years older. The findings indicated that male

and female survivors have an equally high likelihood of suicide

attempts, and report greater anxiety, anger, dissociation, sleep

disturbances, and depression than their nonabused counterparts who

report for counselling.

Janus, McCormack et al. (1987) conclude in their study of runaways

and homeless youth (ages 16 to 21 years), that male sexual abuse

survivors differ from their non-abused counterparts, reporting

significantly lower levels of happiness and satisfaction as measured by

the Piers-Harris Self Concept Scale (Piers, 1969). The authors also

conclude that the survivor demonstrates more difficulties in

relationships with same sex and opposite sex individuals, a greater fear

of adult men, greater trouble with school and employers, a tendency to

withdraw more from their friends, age inappropriate activity or

regression, phobias, disturbed sleeping and eating patterns,

hyperactivity, a preoccupation with sexuality (excessive masturbation),

suicide attempts, and distorted body concerns (appearing obsessively

clean, or excessively disorderly perhaps in hopes to decrease their

appeal). The authors conclude that these patterns are indicative of

unresolved sexual abuse (Burgess & Holstrom, 1975, 1979). They further

found evidence of more physical and emotional symptomatology, including

headaches, stomachaches, suicidal feelings, and tension in the survivor

sample versus their non-victimized counterparts.

In terms of coping, adolescent male sexual abuse survivors demonstrate greater avoidance of feelings (trying to forget about the event, blocking out feelings concerning the event, avoiding people who reminded them of the event) than their non-molested counterparts (Janus, McCormack et al., 1987). Donaldson (1983) portrayed the consequences of such childhood abuse as a cycle of denial followed by intense intrusive thoughts about the event(s). Adult survivors report that they may experience flashbacks of the event, feel isolated, angry, hostile, and stigmatized, suffer from depression, and turn to alcohol or drugs to cope (Bagley & Ramsey, 1985; Nasjleti, 1980).

There are also reactions unique to male survivors which distinguish them from females. Dimock (1988) delineate three common reactions of male survivors: (a) male role confusion; (b) sexual compulsiveness; and (c) masculine identity confusion in regards to sexual preference. Rogers and Terry (1984) found a similar trio of responses, but labelled them in terms of the behavioral manifestations: (a) inappropriate attempts to reassert masculinity; (b) a confusion over sexual identity; (c) a recapitulation of the victimizing experience. These responses are detailed below, and may be seen in the period immediately following the experience, in the long-term as the male develops, or both.

Male role confusion. The female survivor is likely to turn her trauma inwards following a revictimization or self-destructive pattern rather than directing her anger at those she was trained to nurture (Briere et al., 1988; Peters, 1986). In contrast, Peters (1986) theorizes that the male survivor seeks to regain his control and transfer his pain to others, as might be expected given that he is

taught "the overpowering law of survival through retaliation and aggression" (p. 89). The male thus seems to follow the 'the best defense is a good offense' notion. He tends to be particularly concerned with regaining his culturally sanctioned control and power lost through the experience of being a victim. In some cases, this may lead to extreme acts of aggression, such as fire-setting, confrontative behavior, and physically aggressing against others. Bruckner and Johnson (1987) found that adult male survivors, unlike their female counterparts, were prone to taking direct action against their offenders, in some cases, physically threatening them.

Sexual compulsiveness. A significant problem experienced by survivors is difficulty with sexual intimacy (Finkelhor, 1979; Meiselman, 1978). Bruckner and Johnson (1987) suggest that a sexual victimization experience entails betrayal by a trusted other and may lead to difficulty in establishing and maintaining intimate relationships for the survivors. For male survivors, relationships may be initiated with intense involvement, and then followed by an abrupt withdrawal (Dimock, 1988). Blumberg (1978) reports that some sexually abused male adolescents may become impotent. On the other hand, Dimock (1988) suggests that in male victims, compulsive masturbation and preoccupation with sexual thoughts, similar to addictive behaviors are common.

Survivors may experience sexual dysfunctions because of their premature introduction into their sexuality and their inability at that age to integrate the emotional and psychological dimensions of the physical experience (Nasjleti, 1980). Sexual promiscuity is also seen in these victims who may dissociate themselves from the feelings

involved and perceive their sexuality only as a means to achieve power (Dimock, 1988; Summit & Kryso, 1978). The male survivors of female assailants are thought by some authors to be particularly prone to a high rate of sexual dysfunctions (Johnson & Shrier, 1987; Justice & Justice, 1979). Rapists and incestuous fathers have often been found to have had sexual contact with their mothers, and such relationships have been linked to schizophrenia in those boys that develop mental disorders (Nasjleti, 1980). Rapists in particular experience more heterosexual than homosexual abuse (Groth & Burgess, 1979), and their sexual deviance in later life may be linked to their feelings of anger in stressful sexual situations. They may subsequently turn this anger against women who were their initial offenders.

The effect of homosexual abuse as a boy may lead the adolescent or adult survivor to be very concerned about this connection, particularly if the male child found the experience pleasurable in some way. He may need to avoid the implication that he may be latently homosexual, as the society defines such contact unacceptable. Extreme homophobic concerns are often demonstrated by male survivors, and are perceived as attempts by the survivor to convince himself, his peers and others of his masculine sexual identity which has been threatened by the victimization (Sebold, 1987). In apparent contradiction to this, Finkelhor (1984) found that young males abused by older males were 4 times more likely than their non-abused counterparts to engage in homosexual behavior. This may arise, the author theorizes, because the survivor may label himself as homosexual because of his apparent attractiveness to the perpetrator. Although Finkelhor (1984) and Johnson and Shrier (1985) did find relationships between adult homosexuality and child

molestation, inferences of causality between abuse and subsequent homosexuality should not be drawn.

Recapitulation of victimizing experience. The victimizing experience may lead to a repeat of the victimizing scenario with the male as the offender as he "elects to give rather than receive abuse" and thus takes on the power of his victimizer (Rogers & Terry, 1984). The authors clarify that overidentification with the offender is common when there has been no legal action taken against the offender. It is further possible that males are following a need to ward off possible future attacks by such 'tough' behavior. Aggressive sexual behavior thus becomes a means to convince themselves and the world that they are masculine, and serves to increase the fragile sense of security and personal control of the survivor. This may also contribute to the oft held conception that a sexually abused male becomes a sexually abusive male. Swift (1977) maintains that male child sexual abuse victims "constitute a high risk for community sexual offenses later in life" (p. 324). An adult male survivor may turn to children who are less threatening to him. However, caution is advised in the inference that all sexually abused male survivors become sexual offenders, for clearly not all do. Childhood sexual abuse may be a facilitating factor in the development of the offender, but more knowledge is needed as to the other variables involved (Freeman-Longo, 1986).

In summary, the literature available seems to suggest that for many sexual abuse survivors there are long-term emotional and physical consequences. These effects are thought to include feelings of unworthiness, confusion about identity, anger, and difficulties with sex. Coping can include dissociation, and cycles of denial and

intrusive thoughts or flashbacks of the event. However, most if not all these findings are based upon clinical observations, and lack systematic empirical investigation.

<div align="center">Theoretical Background</div>

Coping with Stress

Lazarus and his colleagues (Folkman, & Lazarus, 1980, 1985; Lazarus, 1966; Lazarus & Folkman, 1984, 1987) have paved the way for a conceptual framework of coping with stressful life events. Lazarus and Folkman (1984) developed a transactional model of coping with stressful situations, be they internal or external. The authors emphasize the role of cognitive processes in the appraisal of an event as being stressful or not.

The authors stressed that coping was process-oriented, focusing on the behavior or thoughts of the individual in a specific situation. This viewpoint is based on research that has found support for more variability than stability in coping patterns across stressful encounters (Cohen & Lazarus, 1973; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). This differentiates the authors from other theories and research that postulate individual *consistency* in perception and response to stressful situations (e.g., Carver et al., 1989; Kobasa, 1979; Stone & Neale, 1984; Wheaton, 1983). For example, McCrae (1982) argues that preferred ways of coping may derive from traditional personality dimensions, and subsequent research (McCrae & Costa, 1986) has indicated that even the coping functions outlined by Lazarus and his colleagues may be linked to specific dimensions of personality, the so-called 'traits'. The distinction between those who argue that individuals consistently prefer specific coping strategies versus those

who argue for variability in the use of coping strategies, may be due to the differences in situational versus temporal stability. Compas, Forsythe, and Wagner (1988) report that the choice of coping strategies is consistent across several times when the individual is responding to the *same* event. On the other hand, across *different* stressors, the authors report that individuals display greater variability than consistency in their choice of coping strategies. Thus, one needs to take into account the situation and time variables.

The approach postulates four processes of responding to a stressful event: primary appraisal, secondary appraisal, coping, and outcome. Although the authors do not postulate a chronological order to these processes, the following pattern is most logical. Initially, an individual is hypothesized to evaluate an incident, its potential harm or benefit, and its relevance to his or her well-being or the well-being of important others (primary appraisal). This process is dependent upon the situation and the individual's beliefs and values (Lazarus, Delongis, Folkman, & Gruen, et al., 1985). The primary appraisal process leads to the attachment of a meaning to the event which may be reappraised at any point, which determines the emotional reaction to the event. An individual may then use secondary appraisal to evaluate which, if any, of a wide variety of coping responses to apply to contend with that event. Coping includes the behavioral or cognitive efforts to manage the internal and/or external demands of the situation and its appraisal, and is not dependent upon outcome; i.e., coping is not equated with mastery.

The authors conceived of two general functions of coping, problem-focused and emotion-focused (Folkman & Lazarus, 1980) and empirically

derived items to assess these functions. Problem-focused coping

includes those attempts by the individual to manage or alter the source

of stress, through action. Emotion-focused coping refers to those

efforts that seek to regulate or ameliorate the affect inherent to the

stressor, without necessarily acting upon the stressor itself. Factor

analyses indicated that problem and emotion-focused coping can be

further broken down into, respectively, two and six specific strategies:

confrontative coping and planful problem-solving, and distancing, self-

controlling, seeking social support, accepting responsibility, escape-

avoidance, and positive reappraisal (Folkman & Lazarus, 1985; Folkman,

Lazarus, Dunkel-Schetter, Delongis, & Gruen, 1986). There is, however,

some criticism of the problem-focused/emotion-focused distinction

espoused by the authors. Parkes (1984) points to the fact that the two

scales are significantly intercorrelated. Carver and his colleagues

(Carver et al., 1989; Scheier, Weintraub, & Carver, 1986) argue that the

factors which the Lazarus and Folkman model designate as emotion-focused

or problem-focused often diverge in content, and some are negatively

correlated.

There is little consensus as to which functions are most effective

for mental health. Carver et al.'s (1989) findings indicate that

problem-focused coping efforts such as active coping and planning are

associated with optimism, self-esteem, hardiness, and Type A behavior,

whereas emotion-focused coping efforts such as denial, displayed the

opposite pattern. Some research suggests that problem-focused coping

decreases emotional distress and increase positive affect, whereas

emotion-focused coping increases emotional distress and negative affect

(Felton et al., 1984; Kahana et al., 1987; Mitchell & Hodson, 1983;

Solomon, Mikulincer, & Avitzur, 1988). Other research cites opposite

findings (Baum, Fleming, & Singer, 1983; Marrero cited by Pruchno &

Resch, 1989). The problem may be related to the fact that coping and

its effectiveness may be dependent upon the type of stressor. For

example, Folkman and Lazarus (1985) showed how students' patterns of

coping with exams shifted dramatically across pre-exam, post-exam, and

post-grade stages. Emotion-focused strategies, such as denial and

avoidance operate by diverting attention from the event that is in the

past and thus out of the individual's control. Thus, the authors

suggest, emotion-focused strategies are suggested to take precedence,

and perhaps be more adaptive in dealing with situations beyond the

individual's control, such as illness (Pearlin & Schooler, 1978). By

contrast, problem-focused coping may be more appropriate in modifiable

situations (Coyne, Aldwin, & Lazarus, 1981; Lazarus & Folkman, 1984).

There have been a number of reviews of the literature for sex

differences in coping with stress (e.g., Miller & Kirsch, 1987;

Vingerhoets & Heck, 1990). One of the strongest empirical differences

that did emerge from the literature is the finding that men in general

are more prone to 'action-oriented' coping functions or problem-focused

coping (e.g., planned and rational actions), whereas women were more apt

to use functions that modify or express their emotional responses

(Billings & Moos, 1981; Carver et al., 1989; Folkman & Lazarus, 1980;

Viney & Westbrook, 1982). In terms of implications for this study, one

would expect the 'average' male to utilize a lesser proportion of

maladaptive coping (as defined by Carver et al., 1989) relative to total

coping. By contrast, victims of negative live events (fire, disabling

accident, sexual abuse etc) would utilize a greater proportion of

maladaptive coping functions relative to total coping when faced with a situation that is particularly stressful for men. Identification of specific differences amongst types of victims are not possible at this point, given the lack of literature in this area, and thus this question remains exploratory.

This study focused on coping with a recent situation in the respondent's life that was self defined as modifiable and important. It is assumed that in general, males would be likely to apply the adaptive strategies to it as defined by Carver et al. (1989). In addition, to increase consistency of the stressors cited across respondents, the situation was of an interpersonal nature. Research indicates that conflicts with others who are not family members are by far the most distressing events in daily life (Bolger, Delongis, Kessler, & Schilling, 1989).

Schemas

The concept of the cognitive schema has received increased attention over the last two decades. Briefly, a schema refers to a cognitive structure of organized prior knowledge, abstracted from experience with specific instances. The schema acts as a type of guide for the processing of new information and the retrieval of stored information (Fiske & Linville, 1980; Fiske & Taylor, 1984; Hastie, 1981). For example, a self-schema would be a knowledge structure that summarizes the information about the self in a particular domain, such as performance abilities.

Janoff-Bulman (1989) argues that there are three fundamental categories (with eight postulates) of world assumptions embodied by schemas. These eight schemas are subject to strong biases which operate

to enhance their maintenance and stability. The first category is an assumed Benevolence of the world and one's own invulnerability within that world (subdivided into assumptions about the benevolence of the impersonal world and of people). In brief, people tend to maintain a sense that the world and people in the world are basically good, and that misfortune and unkind people are basically rare. Second, people tend to believe that event outcomes are distributed according to predictable principles of justice (Rawls, 1971) and controllability (Janoff-Bulman, 1979). This is the Meaningfulness of the world or "just world" (Lerner, 1980) hypothesis (subdivided into the principles of justice, controllability of events, and randomness). In effect, people "deserve what they get" in a "just world". Thus, a person's "good" character determines whether he or she is subject to a traumatic event. In addition, a person's "proper" behavior (e.g., being careful at night) is assumed to determine what will happen to that person. A person who does not follow these distributional principles, but instead argues there is nothing one can be or do to counter misfortune would attribute life events as arising from chance (randomness). Finally, people hold biased views as to how much they feel they personally deserve good versus bad outcomes (Janoff-Bulman, 1989). This is the Worthiness of Self assumption (subdivided into self-worth, self-controllability, and luck). As with the distributional principles, one tends to maintain positive perceptions of one's moral character, one's behavior, and one's chance or good luck.

Human beings thus do not strive to comprehend reality in a logical manner. Rather, adaptive functioning is characterized by biases and distortions. In brief, in order to retain a bright outlook on life,

people tend to be excessively positive in their awareness of self

(Greenwald, 1980) and have an exaggerated sense of their personal

control of events (the so-called illusion of control; Langer, 1975). In

fact, the amount of control people have over events is generally

overestimated (Langer, 1975; Taylor, 1983; Wortman, 1976). Finally,

people tend to be unrealistically optimistic about their future

underestimating the chance of negative events, like divorce befalling

them (Lehman & Nisbett, 1985). These schemas are resistant to being

altered. In fact, information that is incongruent with our schemas may

even be distorted to fit the existing theory (Nisbett & Ross, 1980).

People tend to remember and cling to schema consistent information

better than they remember schema inconsistent information (Anderson,

Lepper, & Ross, 1980; Ross, Lepper, & Hubbard, 1975; Rothbart, Evans, &

Fulero, 1979). It is hypothesized that this "conservatism in

maintaining schemas derives from our fundamental need for stability and

coherence" (Janoff-Bulman, 1989, p. 115).

Researchers have recently begun to focus on the effects of

negative life events upon an individual's basic assumptions about his or

her world (Janoff-Bulman, 1985, 1989; Janoff-Bulman & Frieze, 1983;

Taylor, 1983, 1988; Taylor, Collins, Skokan, & Aspinwall, 1989). The

authors have argued that stressful life events can pose a threat to

one's life assumptions, and their underlying schemas. In other words,

negative outcomes can be expected when considering the direct impact

that the event has upon the victim (Collins et al., 1990). Victims may

perceive themselves as weak, frightened, out of control, helpless,

deviant, powerless, and lacking autonomy (Bard & Sangrey, 1979; Coates &

Winston, 1983; Horowitz, Wilner, Marmar, & Krupnick, 1980). Negative

events such as rape, assault, severe illness or accident seem random and meaningless, and thus may threaten the entire conception of one's world, disturbing the stability and coherence so strongly required. To deal with such an experience, victims need to integrate their experience with their prior assumptions about the world and themselves. However, the existing schemas are positively biased, and thus not designed to accept the negative information a victimizing experience entails. The dilemma is as follows: the experience must be discounted and reworked to fit the schemas as they exist, or the old theories must be reworked in such a way as to avoid a complete system collapse.

Reworking the event. The extent to which the victim so defines him or herself as a victim within his or her current frame of assumptions may alter the negative impact of the incident. In the face of events that are highly stressful, self esteem is potentially threatened or lowered. Victims of such events may seek self-enhancement to re-establish ego strength and adaptive functioning through a number of means, including behavioral self-blame, positive reinterpretations, and downward comparisons. Through behavioral self-blame, the victim seeks to blame his or her own actions, and not his or her character. Thus, he or she can avoid the disruptive self-labelling as a victim by convincing him or herself that, in the future attempts can be made to modify behavior and avoid revictimization (Affleck, Allen, Tennen, McGrade, & Ratzan, 1985; Baum et al., 1983; Janoff-Bulman, 1979; Peterson, Schwartz, & Seligman, 1981; Tennen, Affleck, & Gerschman, 1986; Timko & Janoff-Bulman, 1985). Similarly, he or she can reinterpret the experience as a positive event. As Collins et al. (1990) state, the victim can initiate responses to a victimizing event that lead to

positive outcomes. A victim who strives to find increased self-knowledge through positive reinterpretation of the event, or sets new priorities can reduce the attack upon their world assumptions. Through downward comparison, a victimized individual compares him or herself with a less fortunate other (Affleck, Tennen, Pfeiffer, Fifield, & Rowe, 1987; Bulman & Wortman, 1977; Collins et al., 1990; Taylor, 1983, 1988; Taylor & Brown, 1988; Taylor, Wood, & Lichtman, 1983; Wills, 1987; Wood, Taylor, & Lichtman, 1985). For example, a paralyzed individual likens his or her condition to a quadrapalegic and considers him- or herself fortunate.

It has been argued in recent years that victims who succeed in overcoming tragic events often utilize behavioral self-blame, positive reinterpretations, and/or downward comparisons of the incident. The underlying assumption of these responses is that they enable victims to minimize or distort their awareness of the liabilities of their new status, put the changes in the best light, and perhaps grow personally. For example, Collins et al. (1990) have found that in their sample of 55 cancer patients, positive changes were reported in the domains of daily activities and relationships. Similarly, it has been shown that female rape victims who attribute the rape to their own unsafe behavior have fewer psychological difficulties following the incident (Scheppele & Bart, 1983). These responses are adaptive means by which information that is incongruent with one's world assumptions is rendered congruent. Schema-discrepant information is thus discounted, and the individual is thus able to maintain his or her world schemas. He or she thus continues to believe that he or she is a good person, and that the world is benevolent and has meaning (Janoff-Bulman & Thomas, 1989). By

contrast, Summit (1983) suggests that a reinterpretation of the event in a positive light may be dangerous. He argues that a male sexual abuse survivor, who because of gender role constraints is distinctively intolerant of the sense of helplessness accompanying the victimization, may rationalize the event as positive. The danger may be that he may not only accept the relationship, but keep the power of it alive by perpetuating such relationships in his adult life by acting as the offender. The survivor may thus deny the negative aspects of the event.

Reworking the schemas. By contrast, individuals who blame themselves for their experience and attribute the victimization to characterological factors, may be unable to reconcile their experience with the existing schemas. Characterological factors are more enduring and all-pervasive than behavioral characteristics. Thus an individual who holds his or her own personality or traits as responsible for the negative event may feel considerably more vulnerable to similar events in the future. He or she may feel his or her previously held conceptualizations about the world, its kindness, the role of chance, and his or her idiosyncratic value are worthless. This may lead to a greater sense of hopelessness (Frieze, 1979), and entail an actual restructuring of the schemas themselves. To this end, a pattern of responses that includes recurrent thoughts about the event (Janoff-Bulman, 1989) alternating with denial of the event occurring may arise (Horowitz, 1980, 1982, 1983; Janoff-Bulman & Timko, 1987), similar to the coping patterns outlined above for male survivors. The recurrent thoughts and denial of the event pattern affects the processing of the negative information of the event, as opposed to the interpretation of the information of the event that accompanies behavioral self-blame,

positive reinterpretation, and denial. Denial may be a stage enabling one to rebuild one's assumptions gradually, as such a fundamental shift is a radical process. Denial thus slows this process. Recurrent thoughts act as a type of reminder that the event is still present in the memory and has yet to be worked through. Thus denial and recurrent thoughts are interdependent, alternating processes involved in assimilating traumatic experiences.

Research on negative or stressful life experiences has shown that people may indeed alter their theories about themselves and their world. In terms of coping with such events, Collins et al. (1990) found that 55 cancer patients reported some negative changes in their views of the self, the world, and the future. Janoff-Bulman (1989) surveyed a sample of 202 female and 136 male undergraduates, focusing on self-report of traumatic life events they may have experienced (rape, incest, fire, severe disabling accidents, death of a parent or a sibling) and their responses to the Zung Rating Depression Scale (Zung, 1965). Of this sample, 83 (38 men and 45 women) reported having experienced a victimizing experience(s), and this group had significantly lower perceptions of self-worth and perceived the impersonal world in a more negative light than did their non-victimized counterparts. In terms of the meaningfulness of the world, a gender-by-victimization interaction emerged for randomness, wherein male victims believed in chance more than their non-victimized counterparts, but female victims believed in chance less than their non-victimized counterparts. Further analyses of variances on the remaining five assumptions did not differentiate victims from non-victims. In addition, in terms of depression measures, male victims seem to report being more depressed than their female

victim counterparts. Consistent with this is the finding that male victims feel more vulnerable than do females.

Thus, based on empirical findings, an investigation of male victims should, at minimum, include assessments of the impersonal world, self-worth, and the randomness schema. Furthermore, schemas are conceptually relevant to coping patterns. Carver et al. (1989) found that adaptive coping efforts are associated with optimism and self-esteem whereas maladaptive coping efforts displayed the opposite pattern. In addition, Parkes (1984) found that subjects with an external locus of control (Rotter, 1966) were more rigid and potentially more maladaptive in their coping responses, indicating a higher emphasis on emotion-focused coping strategies. It seems logical therefore that victims who demonstrate schemas of lower self-worth, pessimism towards the benevolence of the impersonal world, and a stronger belief in the role of chance (associated with an external locus of control) would also demonstrate greater maladaptive coping efforts.

In summary, there is evidence to suggest that victims' assumptive worlds differ from their non-victimized counterparts. Some victims may have differentially reworked the event(s), or reworked their schemas, and some may evidence little impact (positive or negative) of their ordeal. Thus the Self-worth, Benevolence of world, and the Meaningfulness of the world schemas were investigated in this study to examine the impact of these schemas upon coping with a interpersonal stressful event. This is in accord with Lazarus and Folkman's (1984) model of coping that points to the importance of values and beliefs held by the individual. It is expected that an individuals who have a distorted negative schematic pattern (i.e., a reduced sense of Self-

worth, a negative assumptions about the Benevolence of the world, a reduced sense of the Meaningfulness of the world), would be more prone to act to avoid coping directly with the situation. Thus such individuals would be more likely to make greater use of maladaptive or 'questionable' coping strategies relative to total coping functions. Moreover, it is expected that there are possible interactive effects of the distorted schematic pattern and victimization status (such as fire, disabling accident, death of a parent, sexual abuse etc), upon the choice of coping strategies. In other words, victims of negative life events who, *in addition*, evidence distorted pessimistic schemas are expected to utilize a greater proportion of maladaptive coping, relative to their victimized counterparts who do not evidence distorted schemas, and relative to their non-victimized counterparts with or without distorted schemas. Finally, in regards to the focus of this paper, it is of exploratory interest to investigate whether differences in the use of maladaptive coping emerge between sexual abuse survivors with distorted schemas relative to their non-abused counterparts and to other types of victims.

Gender Role Stress

In recent decades, the importance of gender roles as a factor in human behavior has entered the mainstream of research. The pioneering work of Daryl and Sandra Bem (Bem & Bem, 1970) demonstrated that males and females are often subject to differential child-rearing practices and social expectations. Men are expected to be active, aggressive, sexually dominant, and in control of their emotions, whereas women have more expressive roles which highlight emotional expressivity and nurturance (Franklin, 1984; Munroe & Munroe, 1975). Maccoby and Jacklin

(1974) write that the expectations of males and females are guided by the gender roles and identities, which begin to develop by 3 years of age (Money & Wiedeking, 1980). Their toys and media roles teach them these lessons from an early age (Hartley, 1960; Peters, 1986). Block (1983) described differences in parental expectations of boys versus of girls wherein boys are pressured more to achieve, compete, to be more emotionally controlled, more independent, and more personally responsible, and to be less accepting of gender stereotype deviance. In addition, the fear of appearing feminine or failing in the male-assigned tasks can lead to an excessive conformity to the male role (O'Neil, 1981). Moreover, as Pleck (1981) argues, there may be a greater condemnation of males who fail to live up to the masculine gender role norm than of females who violate their respective norms.

For a male, as adherence to the male sex role is characterized by instrumentality, strength, aggressiveness, control and emotional inexpressiveness, sexual abuse as a child would be theoretically antithetical to the male identity. In particular, one can consider the effects of gender role on the abusive experience in terms of the male ethic which promotes: (a) strength; (b) self-reliance; (c) independence and responsibility; (d) the emphasis upon male heterosexual sexual initiative and dominance versus the emphasis upon female sexual passivity; and (e) heterosexuality as the norm.

Strength. Males in the West are raised to perceive themselves as invulnerable, strong, and competitive. Males survivors appear to be far less likely than their female counterparts to report sexual abuse or to discuss their experiences as victimization may be interpreted as being inconsistent with the masculine role (Janoff-Bulman & Frieze, 1987).

Thus being a victim, who is by definition nonaggressive, nonassertive, noncompetitive, and non self-reliant is simply not masculine (Finkelhor, 1979).

Self-reliance. Seeking help subsequent to a victimization experience would also be an example of a situation contradictory to male gender role stereotypes. Help-seeking could be perceived as a sign of failure or weakness and, if a male sought out another male for support, potentially as a sign of homosexuality. Males learn to be silent about troubling experiences. Good et al. (1989) conclude that traditional attitudes about the male role in society, concern about expressing affection toward other men, and concern about expressing emotions are negatively related to seeking professional psychological help, and to fewer reports about past help-seeking behavior. Thus, it is not surprising that survivors who do come forward about their own sexual victimization report that they felt they should have been able to handle the situation, or been in control (Monaco & Gaier, 1988). One subject said "I think that deep down if I were a real man I should have been able to stop the abuse" (Dimock, 1988, p. 209). The survivor's fears of being disbelieved or denigrated as a victim are justified by the reactions of people in the male's life (Nasjleti, 1980). Rogers and Terry (1984) state that "in our experience, denial or minimization of impact is much more common for parents of boy victims than it is for the parents of girls victims" (p. 99).

Independence and responsibility. Traditionally, boys are generally allowed more independence than girls in terms of their activities outside the home and in terms of their restrictions to indoor and secure environments (Medrich, Roizen, Ruben, & Buckley, 1982). Boys play

enhances exploration and independence, and encourages him to be self-reliant (Brooks-Gunn & Matthews, 1979; Nicholson, 1985). This differential socialization leads to less protectiveness to boys, greater expectation of competency, and an expectancy that he will have less to fear along the road. A victimized boy may chose to remain silent to avoid loss of this freedom (Nasjleti, 1980), but these conditions may expose him to more potentially abusive situations outside the home.

The counter side to this independence given to boys is the cultural perception which holds that a boy is more responsible for the events which befall him. Thus in some cases he may be more subject to blame for an abusive situation than a female abuse victim. Waterman and Foss-Goodman (1984) have examined gender variables relating to attribution of fault to child victims. Their results indicate, for a group of 15-year old victims, that college students assigned greater blame to boys than they did to girls. Similarly, Hayes (1988) found that eight and nine-year old boy victims who smiled during sexual contact with an adult were seen by college students as enjoying the act more, and were considered significantly more blameworthy than any other group of child sexual abuse victims. Consistent with this finding, Hayes (1988) found that the adults who molested the smiling boys were considered to be significantly less at fault than any other adult group who molested children. Admittedly such results must be viewed with caution and require replication, but it does suggest an interesting possibility of perceived male victim responsibility.

Heterosexual sexual dominance and initiative. Males do tend to be the predominant assailants in child sexual abuse cases. However, as Justice and Justice (1979) argue it may be that offending women are more

subtle in their actions. For example, fondling may be passed off as maternal childcare. Thus, in some case, females also need to be seen as potential abusers. The assailant role is considered a stereotypically masculine role, particularly if it is characterized by violence, aggression or daring (Schur, 1984). Yet, some researchers have argued that molestation by females is not an uncommon experience and may be much higher than reported in crime statistics (Groth & Burgess, 1979; Johnson & Shrier, 1987). Thus, if a male is abused by a female, he may be reluctant to see himself as a victim because of the link between passivity and femininity and what this entails for his masculinity. A boy is generally encouraged to strive for dominance in his sexual relations with women: if he does not he is not manly. Objecting to sexual activity with females is not seen as normal for males, as males are believed to have a greater sexual urge, to be more sexually active at a younger age, and to be the sexual initiator (Hoyenga & Hoyenga, 1979; Peters, 1986). The seduction of a male child by an older woman is perceived growthful experience for a boy and not harmful, "a romantic initiation into manhood" (Peters, 1986, p. 85). His age-mates may even be jealous of this. Moreover, there are mixed messages present in the sexual socialization of young males. While females are often cautioned against sex play, males are often implicitly given tacit permission to explore their sexuality, providing that it is not homosexual in nature (Bolton et al. 1989; Masters, Johnson, & Kolodny, 1985). Thus, while incidents wherein adults engage in "age discrepant heterosexual contact with young females is viewed with disdain at best and sexual abuse at worst . . . the same situation involving a young male may be seen as an early introduction to sexual prowess" (Bolton et al., 1989, p. 17).

Similarly, Rogers and Terry write "while we routinely identify the 8-year-old girl engaged in intercourse by a 16-year-old boy as a victim, we often fail to apply the same standard when the victim is a boy" (p. 92). If a boy claims abuse, then he is not fitting the mould of being sexually active and dominant, and faces disbelief and perhaps even derision. Such contact is perceived by others as merely being inappropriate sex play rather than victimization (Roger & Terry, 1984).

The literature has at times enforced this view. Forward and Buck (1988) write of an article published by a researcher in 1977 who "with absolutely no background in psychology or sociology . . . found that mother-son incest 'represents 10% of the incidence (of all incest) and is 70%' positive" (p. 72). Similarly, Finch (1973) concluded (with no evidence) that sons are not likely to be harmed by an incestuous experience. In fact, clinical evidence contradicts the sexual fantasy that boys benefit from sexual experiences with their mothers or other women. Bruckner and Johnson's (1987) hypothesize that the "nature of the sexual behavior appeared to have little effect on the degree of trauma experienced" (p. 83). Disbelief in male child abuse by women is particularly damaging to the boy who is left with the burden of responsibility or even alleged initiative (Finkelhor, 1979). Generally, he may be prone to being held more responsible than other victims for his own abuse in his view and in the view of society. Dimock (1988) quotes a subject:

> I was too ashamed to tell anyone because I thought I was to blame and that a mother would never do anything like that to her child. I couldn't cope with it because I was weak and vulnerable. (p. 209)

This leads to an excessive fear on the part of the victim of being seen as feminine or, worse yet, as gay.

Heterosexuality as the norm. A homosexual taboo is prevalent in the West, and this leads to a narrow range of sexual experiences as being acceptable for a boy. A boy molested by another male fears he himself will characterized as homosexual or become homosexual himself, particularly if he derived some pleasure from the contact. This fear may prevent his disclosure of the event (Pierce & Pierce, 1985). Instead, he may seek his own behavioral or characterological factors to blame for his abuse, with their respective consequences for his self-schemas. He may criticize himself for his own appearance, speech, or clothing which would in any way have indicated femininity and thus contributed to his attack (Rogers & Terry, 1984). A boy abused by a male might fear that he would be labelled as not having "resisted enough".

Hayes (1988) found that college students perceive female victims' future sexual orientation as being primarily heterosexual, regardless of whether the assailant was male or female. By contrast, boys abused by male adults were perceived as more likely to become homosexual or bisexual than heterosexual. Parents have been found to espouse similar fears for their molested son's future sexual orientation, seeking treatment for him for the sole purpose of making sure their son does not become gay (Nasjleti, 1980). Rogers and Terry (1984) claim that the reactions of parents to their child's assault is often the same for male and female victims, marked by guilt, anger, and concern. However, if a son is abused by another male then the parents are more likely to deny the event, blame the victim, and have unrealistic fears about their

son's future sexual orientation. Geiser (1979) states that it seems parents are concerned about the effects of abuse upon a son's masculinity but rarely express the equivalent fear for an abused daughter's femininity. Thus the paradoxical cultural viewpoint which emerges is that "heterosexual rape of a female child will turn her against men and sex, but homosexual rape of a male child will turn the boy toward men and homosexuality" (Geiser, 1979, p. 77). "A female can be a victim and still maintain her sexual identity" (Peters, 1986, p. 81) but the abused male bears a double taboo of homosexuality and of victimization. The homosexual taboo may further hamper disclosure of male child sexual abuse by the perpetrators who are extremely reluctant to admit to abuse of a male child (Sebold, 1987). The victimizer may be more willing to reveal abuse of a female child, and in an incestuous household it has often been assumed that only the female(s) have been attacked. Moreover, there is a powerful assumption made that a man who molests a boy must be homosexual. As the habitual molester of boys is rarely attracted to adult males, his lack of a homosexual orientation is often used to exonerate him.

In summary, being a victim is associated with feminine characteristics (Howard, 1984; Schur, 1984), wherein victims are regarded as passive, helpless, trusting, dependent, and requiring nurturance. Given these role differences, it is perhaps not surprising that literature focusing on victimization has overrepresented women (Janoff-Bulman & Frieze, 1987). Females are, in a sense, the 'classic' victim, and males the 'classic' assailant. This creates a cultural insensitivity to male victims (Farber et al., 1984). Female victims are not "apt to question the legitimacy and stability of their identity as

women. Male victims, however, are likely to question their male identity" (Janoff-Bulman & Frieze, 1983, p. 175). There are, as Goldberg (1976) warns, "hazards of being male", particularly if he is a victim.

Given this cultural and social milieu, it is important in any examination of male sexual abuse survivors to attend to gender role factors. It can be hypothesized that these gender role stereotypes would be influential in the appraisal of, and coping with, negative life events, given the importance of individual beliefs outlined by the Lazarus and Folkman (1984) model. An individual experiences stress when he or she perceives him- or herself as unable to cope. In particular, in studying adult coping patterns, it can be hypothesized that those life situations wherein the male role is challenged or threatened may be particularly difficult for a male experiencing a high degree of male gender role stress. Therefore, those males who demonstrate a high degree of gender role stress might be expected to demonstrate a greater reliance on maladaptive coping functions, given the link between emotional stress and use of such functions. This study was designed to include measures of gender role stress to investigate its relationship to choice of coping in an interpersonal stressful situation. Furthermore, it was expected that male sexual abuse survivors who, according to the clinical literature available, would evidence a high degree of gender role stress, would evidence a greater degree of maladaptive coping functions relative to their non-abused counterparts and relative to victims of events that are theoretically less challenging to the male role.

Summary and Integration

Male sexual abuse survivors, more often than their non-abused counterparts, report anxiety, anger, dissociation, sleep and eating disturbances, phobias, depression, suicidal ideations, feelings of unworthiness, problems with self concept (male role and identity confusion), low levels of happiness and satisfaction, more headaches, stomachaches, tension, more difficulties in relationships with same sex and opposite sex individuals, preoccupation with sexuality, and distorted body concerns. In terms of coping, there is some evidence to suggest that the survivors engage in cycles of denial followed by intense intrusive thoughts about the sexual abusive event(s) (Donaldson, 1983). However, little empirical work has involved measures of adult daily functioning with stressful life events. Given the importance of individual history in terms of coping responses, it seems logical that the suggested negative behavioral, emotional, and cognitive effects of a sexually abuse history would affect one's coping patterns in daily life. Moreover, it was hypothesized that assumptive worlds and perceptions of self in terms of gender role stereotypes are two moderating factors to the suggested relationship between victim status and coping responses, given the suggested effects of a victimizing history upon schemas and gender role perceptions. Victims are thought to demonstrate a lower sense of Self-worth, less belief in the Benevolence of the world, more stress in their male role, and a reduced belief in the Meaningfulness of the world than their non-victimized counterparts.

The purpose of this research was to examine potential differences amongst male sexual abuse survivors relative to their non-abused counterparts by (a) identifying differences in the structure of coping

with an interpersonal stressful situation as a factor of having been victimized as a child and; (b) examining whether any differences that emerge amongst the men are further related to the schemas and to self-evaluations as a male. To this end, two models were suggested. In the first, a history of victimization, the schematic pattern, and the degree of gender role stress of the individual were viewed as having main effects upon the pattern of coping functions. For example, a male reporting no abuse in his childhood would demonstrate a 'healthy' pattern of 'typically' male coping (i.e., utilizing a high degree of adaptive, problem-solving functions when facing the controllable situation presented). A similar pattern would be observed for a male whose world schemas reflect the positive biases of 'health', or who evidences a relatively low degree of gender role stress, regardless of abusive history. The second model suggests that a particular schematic pattern and the degree of gender role stress *moderate* the effect a history of victimization has upon coping functions utilized (Baron & Kenny, 1986). Thus the following hypotheses are suggested:

(1) Victimization status, schematic pattern, and the degree of gender role stress together significantly contribute to the pattern of coping evidenced.

(2) Pessimistic self and world schemas would moderate (strengthen) the proportion of maladaptive coping strategies utilized by victims of negative life events.

(3) High degrees of male gender role stress would moderate the proportion of maladaptive coping strategies utilized by victims of negative life events.

(4) Sexual abuse survivors with high degree of male gender role stress
would evidence a higher proportion of maladaptive coping
strategies than victims of other negative life events, given the
'attack' of a sexually abusive experience(s) upon masculinity.

(5) Finally, a question of exploratory interest: was victimization
status moderated by schema scores? For example, did victims of
sexual abuse who have distorted schemas, evidence a
higher/lesser/or similar proportion of maladaptive coping
strategies than victims of other negative life events?

METHOD

Subjects

Surveys were distributed to students of undergraduate classes from various departments at a large Western Canadian university and a large community college, over a 5-month period. Surveys were distributed to a number of classes from various departments, including Psychology, Biology, Forestry, Commerce, Medicine, Dentistry, Geography, Physical Education, and Sociology classes, to attempt as representative a sample as possible. Of the 805 distributed, 204 were returned by males, yielding an return rate of 25% . (An additional 17 were returned by females respondents and not used in the analysis). While a 25% return rate seems relatively low compared to other studies (e.g. Finkelhor, 1979), it should be noted that all respondents were volunteers who did not receive credit or financial remuneration for their participation as other studies have done (Finkelhor, 1979; Fromuth & Burkhart, 1989).

Thirty-three surveys were missing more than 50% of the items on the entire survey, and were classified as incomplete. An additional 15 surveys were also not utilized in the analysis because of difficulty in classifying the respondent as to his victimization status (see Appendix A).

The remaining pool of 156 surveys was examined for missing items, and the subscale mean calculated and utilized as a replacement for such items. If a subscale was missing more than 75% of the items required for its compilation, the subscale was counted as missing. Seven surveys were missing more than 75% of the items required for 2 or less subscale compilations, and thus in the regression analyses, these seven surveys were omitted because summed scale scores are precluded.

The 156 respondents were also screened on the basis of the stressor reported, and the information provided regarding the stressor. (Respondents who scored less than 2 on the 'importance' and 'change' items were excluded from the analysis; see Appendix C, items #2 and #4 following stressor details). This was done to ensure that respondents were detailing stressors of similar importance and changeability. This process resulted in 21 respondents being excluded from the final analyses. Thus the descriptive and subscale analyses were based on a sample of 135 respondents. The respondents were divided into three categories, yielding 13 sexual abuse victims (9.63% of the total), 25 other victims (18.52%), and 97 non-victims (71.86%).

Demographic characteristics of the 135 respondents can be seen in Table 1. (Due to the small cell sizes involved, the demographic categories for each variable were collapsed into dichotomous categories). The sample's median age was 21.0, which is the same as the median age of the undergraduate males registered in 1988/1989 at the university (Office of Budget, Planning, and Systems Management, 1989). Thus, in terms of age the sample was representative of the population from which it was drawn. (Details as to the median age of the college sample were not available from the administration.)

Table 1

Demographics for Victim, Other Victim, and Non-Victim groups

Variable	Group			
	NV (N=97)	SA (N=13)	OV (N=25)	Total[a] (N=135)
	f	f	f	f(%)
Years in Post -secondary				
< 4 years	86	10	22	118(88.1%)
> 4 years	10	3	3	16(11.9%)
Marital Status				
Single	87	11	22	120(88.9%)
Married/Sep/ Divor/Widow	9	3	3	15(11.1%)
Ethnic Background				
European	76	11	16	103(76.3%)
Non-European	20	3	9	32(23.7%)
Hometown size				
< 25000 people	22	2	7	31(23.3%)
> 25000 people	73	11	18	102(76.7%)
Father's Marital Status				
Lives with mother	75	7	16	98(73.1%)
Divor/Sep/Widow/ Deceased	21	6	9	36(26.9%)
Mother's Marital Status				
Lives with father	74	8	16	98(72.6%)
Divor/Sep/Widow Deceased	22	6	9	37(27.4%)
Mean Age (years)	21.9	23.5	22.0	22.0
SD	4.2	4.0	4.7	4.3

NV =Non-victims, SA= Sexual abuse survivors, OV= Other victims.
[a] Due to some respondents omitting items, total columns may not total N =135.

<u>Sampling Procedure</u>

Respondents were recruited from male undergraduate students enrolled at a university and at a community college. At the outset of a lecture period, the author introduced himself and the research project to the class. Male students in the class were asked to volunteer to participate in a study investigating current coping patterns, and they were informed that they would be asked to respond to questions about childhood experiences and their perceptions of these experiences. They were encouraged to complete the survey anonymously to elicit accurate and honest reporting of any information. They were informed that numbers were recorded on the test packet for calculation of return rates and to permit respondents to report any concerns to the author about his survey utilizing the identification number, and thus protecting his anonymity. Survey packets that included the informed consent form (see Appendix B) and the survey (See Appendix C) were then distributed, and students voluntarily elected to complete the form. They completed the survey in their own time, and returned the completed forms to the following lecture period. Some respondents also mailed the surveys directly to the author's department, in the envelopes provided.

<u>Instruments</u>

<u>Demographics</u>. Figures available from Census Canada and from the university and college administration were utilized to construct questions pertaining to the background of the respondent, including family, ethnic, and educational background.

<u>Schemas</u>. The self-report World Assumptions Scale (WAS; Janoff-Bulman, 1989) was used to assess respondents' current schematic conceptualizations about themselves, others, and the world. The WAS was

constructed by deductively generating 64 of the "clearest, most

straightforward, most unambiguous" items for the eight world

assumptions, on a 8-point Likert scale ranging from 'disagree

completely' to 'agree completely'. Janoff-Bulman's original sample pool

was 254 respondents (155 females and 99 males) and the scale was then

cross-validated on a sample of 356 (212 females, 144 males). Through

this process, she reduced the scale to 32 items with alpha reliabilities

ranging from .66 and .78. Janoff-Bulman factor analyzed the scale and

reported that the items fall into the seven proposed factors

(eigenvalues exceeding 4.0) including: (a) the benevolence of people

(Cronbach's alpha .68) and benevolence of the world (.72) emerged as a

single factor; (b) assumptions that outcomes of events are distributed

in a just manner (.71); (c) in a controllable manner (.66); (d) and in a

nonrandom manner (.67); (e) a positive bias toward personal worth (.73);

(f) bias to self-controllability (.73); and (g) a negative bias to luck/

or randomness (.76). Because of the reliabilities and moderate

intercorrelations of the individual subscales, I proposed (in accord

with Janoff-Bulman, Personal communication, November 29, 1990), that a

summed Schema score could be also utilized, comprised of all items.

The 32-item form of the WAS was used in this study. The response

choice of the scale was reduced to a 6-point Likert scale ranging form 0

('strongly disagree') to 5 ('strongly agree') (Janoff-Bulman, Personal

communication, October 12, 1990). All but five of individual items

(which were reverse-scored in their original format) were reverse-

scored, and then summed to yield an overall score indicating pessimistic

assumptive schemas. Thus, a high overall Schema score indicated a

'negative bias' or 'distorted' adherence to the schemas; a low score

indicates a 'positive' or 'healthy' schematic pattern. Thus, the total scale scores ranged from 0 (a strong belief in the respective schema) to 32 (a strong disbelief to the respective schema).

Cronbach's alphas for the 135 respondents in this study were calculated for the eight subscales. These were generally good, ranging from .61 (justice) to .79 (benevolence of people, benevolence of the world), with a mean of .72. The summed Schema score's alpha was .70, supporting its use in the subsequent analyses. Intercorrelations between the subscales ranged from .01 to .55 ($\underline{M}$ = .22), supporting the moderate to low intercorrelational structure found by Janoff-Bulman (1989). Intercorrelations between the subscales and the summed Schema score ranged from .32 (self-controllability) to .75 (benevolence of the world) ($\underline{M}$ = .55), providing support for the use of this summed score in the final analyses.

Gender Role Stress. The Masculine Gender Role Stress scale (MGRS; Eisler & Skidmore, 1987) was used to assess a respondents' level of stress in his masculine role. The MGRS scale was based on the model of stress appraisal outlined by Lazarus and Folkman (1984), and is composed of 40 items describing situations designated as more stressful for men than for women, which respondents rated on a 6-point Likert scale ranging from 'not stressful' (0), to 'extremely stressful' (5). Factor analyses of the scale items by the authors have shown that the items form five clusters of situations that challenge men's (a) physical adequacy; (b) intellectual ability; (c) ability to achieve; or (d) that require emotional expressivity; and (e) wherein men are subordinate to women. The MGRS scale has been shown to have good internal consistency with alpha coefficients in the low 0.90's, and a high test-retest

reliability over a 2-week period for males ($\underline{r}$=.93; Skidmore, 1988). Construct validity has been demonstrated by the finding that males do score higher than females (Eisler & Skidmore, 1987). Finally, convergent validity has been supported by Eisler et al.'s (1988) finding that the MGRS correlates positively with the Multidimensional Anger Inventory (Siegel, 1966) and the "state" form of the State-Trait Anxiety Scale (Spielberger, Gorusch, Lushene, Vagg, & Jacobs, 1983).

For the purposes of this study, the complete 40-item scale and the summed total Gender Stress score (ranging from 0 to 200) was utilized as there is little empirical or theoretical evidence to indicate that any of the sub-factors have a particular relationship with choice of coping patterns. One item, "Having your children see you cry", was slightly modified to "Having children see you cry", to reflect the selected sample that would be unlikely to have children. Higher scores on the scale indicate a high degree of stress related to the masculine role; lower scores indicate a low degree of stress.

The subscales demonstrated good internal consistency for the 135 respondents in this study. Cronbach alphas ranged from .72 to .88 ($\underline{M}$ = .79) for the subscales, and was .88 for the summed Gender Role Stress score supporting its use in the study. Similarly, the intercorrelations of the five subscales with summed Gender Stress score were high (physical inadequacy .89; emotional inexpressiveness .78; subordination to women .82; intellectual inferiority .84; and performance failure .81), supporting the use of the Gender stress score in the analyses.

Coping and stressful event. The COPE inventory (Carver et al., 1989) was used to assess the different ways respondents used to respond to the stressful situation. It is a self-report checklist comprised of

10 subscales with 4 items each. Responses are scored on a 4-point

Likert scale from "I usually don't do this at all" (1) to "I usually do

this alot" (4). This scale was modified in terms of verbal tense to fit

the situation elicited in this study (see below), to responses ranging

from "I didn't do this at all" (1) to "I did this alot" (4). Thus,

subscale scores could range from 4 to 16.

In terms of scale generation, the authors theoretically wrote

items as belonging to one of 13 possible coping functions: active

coping, planning, suppression of competing activities, restraint coping,

seeking social support for instrumental reason, seeking social support

for emotional reasons, focusing on and venting of emotions, behavioral

disengagement, mental disengagement, positive reinterpretation and

growth, denial, acceptance, and turning to religion (see Appendix D).

Subsequently, two more scales, alcohol and drug use and humour, were

added but are regarded as exploratory as little empirical work has been

conducted with them.

Carver et al. (1989) administered the items to a sample of 978

undergraduate students. Correlations between the COPE scales and

personality traits of optimism, self-esteem, hardiness, and anxiety were

all in the predicted direction (see Carver et al., 1989), offering

convergent validity without being so strong as to imply that the coping

styles were merely different formats of personality variables. The

authors reported that Cronbach's alpha reliabilities were all above .60

($\underline{M}$ = .73), with the exception of the mental disengagement factor which

the authors interpret as arising from its multiple-act criterion.

Factor analyses yielded 11 interpretable factors, in accord with the

theoretical assignment of items to factors with the exceptions that

seeking of social support for instrumental or for emotional reasons
loaded as a single factor, as did active coping and planning items.
Moreover, there were clusters of factors (supported by second-order
factor analyses: See Appendix D) that seemed to indicate adaptive active
coping functions (active coping, planning, suppression of competing
activities, restraint coping, positive reinterpretation and growth), and
a second cluster that included more the "questionable" or maladaptive
coping functions (denial, behavioral disengagement, mental
disengagement, focus on and venting of emotions, and acceptance). Many
of the these coping functions were inversely correlated with the
adaptive, active cluster of functions. Thus these 10 subscales are used
in this study, classified as either adaptive or maladaptive.

Cronbach's alpha reliabilities were calculated for the sample
utilized in this study, and the results were very similar to the
findings of the Carver and Scheier (1989). Of the 10 subscales, alphas
were all above .62 ($\underline{M}$ = .71), with the exception of the mental
disengagement factor (.50). The alphas for the scores used in the final
analyses were as follows: Maladaptive coping .69, Adaptive coping .68,
and the Coping ratio .59 supporting their use in the study.
Intercorrelations between these scales for this study's sample were also
in accord with the findings of Carver et al. (1989). All were below
.62, supporting their independent structure, but as the Carver et al.
(1989) had found, active coping, planning, suppression of competing
activities, and positive reinterpretation and growth do positively
correlate, indicating adaptive coping functions (see Table 7, Appendix .
Moreover, denial, behavioral disengagement, mental disengagement, focus
on and venting of emotions, and acceptance positively correlate

together, indicating a maladaptive cluster of coping functions. (The

only exception to this clustering was the Restraint coping score which

loaded on both maladaptive and adaptive coping). Many of the these

coping functions were inversely correlated with the adaptive cluster of

functions. Thus, there was justification to sum scores as hypothesized

into a maladaptive score (comprised of denial, behavioral disengagement,

mental disengagement, focus on and venting of emotions, and acceptance)

and an adaptive score (active coping, planning, suppression of competing

activities, restraint coping, and positive reinterpretation and growth).

Subsequently, the maladaptive coping score for each respondent was

divided by the sum of the maladaptive and adaptive scores, to yield the

Coping ratio (the proportion of maladaptive coping strategies to total

coping strategies). The maladaptive and adaptive coping scores could

range from 20 to 80, and the Coping ratio from 0 to 1.0.

In terms of issues that threaten males, the work of Eisler and his

colleagues (Eisler & Skidmore, 1987, 1989; Eisler, Skidmore, & Ward,

1988; Lash et al., 1990) and similar work by O'Neil et al. (1986) has

shown that the cognitive appraisal of a situation that challenges a

man's physical adequacy is stressful for men. In addition, in terms of

survivors, Briere and Runtz (1990) investigated the relationship between

reported childhood physical, sexual, and psychological abuse and three

types of psychological dysfunction in adulthood (low self-esteem, sexual

dysfunction, and aggression) in 277 female undergraduate students. The

authors concluded that there is a unique relationship between sexual

abuse and later sexual dysfunction.

Respondents to this survey were asked to complete the COPE after

being instructed to think about, and to briefly detail a stressful

encounter involving an 'intimate' encounter, which was experienced in the last two months. It was hoped that by this instruction, all respondents conceived of roughly the same type of stressful situation (as opposed to previous research that has permitted respondents to select any stressful incident) and report at the same temporal stage of the process, as suggested by Carver et al. (1989). The respondents reported recent stressors that involved one of four types of encounters: (a) 23% reported stressors entailing initial contact with someone ("I was very interested in this girl, I asked her to dance and she said no", "Having to tell this girl who sits next to me in class that I'm not interested in her except as a friend" "Sexual tension between me and this person"); (b) 54% reported difficulties with one's spouse or intimate other ("My break-up with my girlfriend", "Fight with my wife over how much attention I give her"); (c) 8.5% reported difficulty with a friend ("My friend pulled a scam on mid-term" "Having to cope with my friend who was very upset emotionally"); (d) 8.5% reported a variety of miscellaneous stressors ("A meeting with my boss" "My fanatically anti-smoking father discovering that I have smoked for over a year"). An additional 6.2% of the respondents did not give details of the stressor but indicated it's importance/ changeability and thus were able to be included in the sample. There was a 87% inter-rater concordance on the categorization of the stressor.

Respondents were then asked to indicate how important and modifiable they felt the situation to be, and how effective they felt in dealing with it, on scales of 1 ('not at all important/ changeable/ effective') to 5 ('very important/ changeable/ effective'). This was done in order to establish that respondents provided similarly important

and changeable situations as suggested Folkman and Lazarus (1980, 1985)

(See Table 2). The effectiveness item was not utilized to categorize

individuals because respondents were equally distributed in their

response choices for this item.

Table 2

Frequencies and Means of Stressor Descriptors, and Intercorrelations

with Adaptive and Maladaptive Coping subscales (N=156)

Variable	Frequencies					
Value:	*1*	*2*	*3*	*4*	*5*	*Missing*
Importance ($\underline{M}$=3.83)	3	18	24	64	43	4
	1.9%	11.5%	15.4%	41%	27.6%	2.6%
Changeability ($\underline{M}$=2.9)	18	42	45	32	13	6
	11.5%	26.9%	28.8%	20.5%	8.3%	3.8%
Effectiveness ($\underline{M}$=2.6)	29	42	48	29	4	4
	18.6%	26.9%	30.8%	18.6%	2.6%	2.6%

Intercorrelations

	Adaptive coping	Maladaptive coping
Changeability	.15*	-.19**
Importance	.13*	-.01
Effectiveness	.14*	-.26**

1 ='not at all', 2 ='slightly', 3 ='moderately', 4 ='quite',
5 =' extremely'.

* $\underline{p}$ < .05   ** $\underline{p}$ < .01

In this study, it was particularly important that respondents rate the situation "slightly changeable/important" at minimum (score = 2) in order to elicit predictions as to adaptive and maladaptive coping patterns utilized in the situation. Subscales can only be subdivided into the adaptive/maladaptive categories providing that a respondent details a stressful situation that he felt was changeable and important to him. Intercorrelations between changeability/importance and the adaptive/maladaptive subscales confirmed this relationship (see Table 2). Thus those respondents who rated the situation detailed as "not at all changeable/important" were excluded from final analyses. Respondents whose scores on these variables were missing were assigned mean group values. This resulted in 21 subjects (16 Non-Victims, 5 Other Victims) being excluded from the analyses, and thus the final analyses were conducted on the sample pool of 135 (Non-victims=97, Sexual abuse survivors=13, and Other-victims=25).

Respondents were then asked to check applicable coping responses in a 40-item list comprising 10 of the adaptive and maladaptive scales that people might use to manage the internal or external demands of the stressful encounter they have detailed.

Victimizing events. The 135 respondents were classified according to their responses on the negative life event questions. The findings of Janoff-Bulman (Personal communication, October 12, 1990, 1989) were utilized as the basis for citing those victimizing events other than sexual abuse or assault, rated as extremely negative and/or challenging by college students. Thus, respondents were asked if they had experienced death of a parent/or sibling, a fire that had destroyed their home, a serious accident that disabled them, or sexual assault (as

defined below). In addition, they were asked to state at what time in their life this event occurred, and how they perceived that event now (positively, mostly positively, neutral, mostly negative, negative).

Sexual abuse. A prominent problem inherent in the literature is the differences in the definitions utilized. Numerous terms are used in the literature, often interchangeably: sexual abuse, sexual victimization, sexual exploitation, sexual assault, sexual misuse, child rape, child molestation, and sexual mistreatment (Bolton et al., 1989). In some studies, a definition of sexual abuse is not given at all but rather inferred (Fritz et al., 1981). The lack of a uniform definition for child sexual abuse has hampered much of the work to date, and remains an unsolved issue (Finkelhor et al., 1986). In particular, there are a wide variety of definitions pertaining to the (a) type of sexual behavior which constitutes sexual abuse particularly contact versus noncontact abuse; (b) the age of the perpetrator or of the victim; and (c) age differential between victim and offender.

In terms of sexual abuse, Badgley et al.'s (1984) guidelines construe any unwanted sexual act, non-contact or contact as abusive. Contact abuse involves fondling of genitals, buttocks, and/or breasts, oral-genital contact, attempted vaginal and/or anal penetration, vaginal and/or anal penetration, use of foreign objects for vagina and/or anus. Non-contact experiences would include: voyeurism, self-exposure, exposure to pornographic materials, exposure to the sexual acts of others, or to the suggestion that the child become involved in any of aforementioned activities. The act is considered abusive when so defined by the victim's perception that the situation was abusive, i.e. that informed consent not given or not possible given his or her

emotional, physical, cognitive development, or wherein the offender

utilizes his or her position of power and trust to manipulate coercion.

Some research has suggested that noncontact situations are harmful to

females but not to males (Schultz, 1980), but this hypothesis has not

been tested.

In terms of the definition of childhood, Badgley et al. (1984)

states that a child is anyone under the age of 16 years. Russell (1984)

and Wyatt (1985) both employed the criterion of anyone under the age of

17 years be considered a child. Finkelhor (1979; 1984) sets the

parameter as under the age of 16 years, but further restricts childhood

sexual abuse to acts occurring under the age of 12. Other research

varies the upper limit for childhood from 15 years to 18 (Bolton et al.,

1989). Finally, there is a wide variety in perpetrator-child age

differences utilized in studies. Finkelhor (1984) states that if the

difference is 3 years or more, then the activity can be considered

abusive. Briere et al. (1988) sets the age difference at 5 years to

constitute abuse.

Varying definitions can all lead to differing outcomes of studies.

Wyatt and Peters (1986) found that by imposing the criteria of

Finkelhor's (1979) study or of Russell's (1983) study, upon Wyatt's

(1985) study, there was a 14% decrease in the number of individuals

identified as having been abused. Monaco and Gaier (1988) found that

when they altered the method of soliciting reports of child sexual

abuse, there was a much smaller discrepancy between male and female

victims than emerges in other formats.

The lack of a consistent definition in the field was an obstacle

in this study, and the choice was made to be moderate in the definitions

utilized. In particular, consideration had to be given to the age of the respondent population, which was expected to be between 18 and 23 years. Given this factor, utilizing Russell's (1984) or Wyatt's (1985.) definition of under 17 as a child seemed too high. Thus, sexual experiences that the person had at or before the age of 14 with an adult (family or non-family) over the age of 17 years was used to define cases of childhood sexual abuse. Those sexual experiences that are considered as abusive are primarily contact, ranging from kissing or hugging to intercourse, and one non-contact episode of an 'invitation to do something sexual' is also included. Sexual experiences that the male had after the age of 14 that he defines as not having consented to was defined as sexual assault or rape. The sexual assault respondents were considered part of the other victims group.

Respondents completed a modified version of Finkelhor's (1979) self-report survey of childhood sexual experiences (see Appendix C). Finkelhor's original questionnaire includes several parts on family, physical, and sexual issues and is lengthy. A shortened version of the survey was used to assess only sexual experiences. Due to confidentiality issues, direct validation of information provided by respondents was not available in the origin of Finkelhor's (1979) survey, but indirect validation was obtained by comparing its findings to those of other surveys. Finkelhor's survey yielded somewhat higher rates of reporting than did other research projects. No other additional validity or reliability estimates are reported in the literature, but the survey remains one of the most commonly utilized (e.g., Briere & Runtz, 1988; Hatfield, 1987).

Pilot Study

The survey utilized was piloted for its face validity and its potential reactivity on a sample of 15 males. This enabled the author to estimate that the time required to complete the survey ranged from 25 to 40 minutes. In addition, some questions were altered for clarification or to broaden categories to reflect the demographics of the student sample. For example, in the pilot form a marital category of common-in-law was added.

Statistical Analyses

To test the hypotheses of the study, hierarchical multiple regression analyses were utilized. The advantages of this methodology are two-fold. First, and foremost, as determination of causality is not the goal of this research, but instead prediction of maladaptive coping patterns is sought, multiple regression is recommended as the procedure of choice (Wampold & Freund, 1987). Second, Baron and Kenny (1986) suggest the use of regression in order to explore potential moderating effects. As it is expected that cell sizes of the victim categories will be unequal, the design is nonorthogonal wherein main and interaction effects are not independent. Multiple regression is useful with such a design because the $\underline{R}^2$ score (proportion of variance of the dependent variables explained by the independent variables) for each effect can be examined separately if based upon standardized scores (Wampold & Freund, 1987). To this end, the independent continuous variables (Schema and Gender Role stress scores) were standardized before analysis, and unstandardized regression coefficients calculated.

The hierarchical regression equation was calculated by entering variables into the equation according to research relevance and the

structural aspects of the design (see Wampold & Freund, 1987), in the following order: (a) Step 1, the victimization status, schematic pattern and gender role stress scores; and (c) Step 2, the interactive factors, victimization status X schematic pattern /or gender role stress. To render the victimization status information in a quantitative format, dummy coding was used in the following manner: sexual abuse survivors were scored as 1,1; victims of other events were scored as 1,0; and by implication, non-victims as 0,0 (Cohen & Cohen, 1975; Glass & Hopkins, 1984). Thus the model is

$$Y' = b_1X_1 + b_2X_2 + b_3Z_1 + b_4Z_2 + b_5X_1Z_1 + b_6X_1Z_2 +$$
$$b_7X_2Z_1 + b_8X_2Z_2 + a$$

where Y' (the coping ratio) is regressed onto (X_1 indicating sexual abuse victims compared to all others, X_2 indicating all victims compared to the non-victims), Z_i (potential moderating variables of schema and gender role stress), and the interactions between X_i and Z_i (See Appendix E for more details). If an overall significant effect for the regression equation is found, moderating effects are indicated by significant interaction terms of X_i and Z_i, the main effects of X_i and Z_i are controlled. Ideally, the Z_i terms will further be uncorrelated with the predictor X_i term, and the criterion Y' (Baron & Kenny, 1986), although such a scenario is unlikely and moderate intercorrelations are expected. Due to the expected moderate sample size for the groups and the low power of moderated regression (Champoux & Peters, 1987), interactive effects were considered significant at the $p < .10$ level.

RESULTS

Descriptive Statistics

The 135 respondents were classified into subgroups according to the victim classifications. To reiterate, contact sexual experiences that the person had at or before the age of 14 with an adult (family or non-family) over the age of 17 years was used to define cases of childhood sexual abuse. Sexual experiences that the male had after the age of 14 that he defines as not having consented to was defined as sexual assault or rape, and considered part of the other victims group. This latter group also included respondents who reported having experienced a death of a parent or sibling, a fire that destroyed their home, or a disabling accident.

There were 13 sexual abuse victims or 9.63% of the 135 respondents (See Table 3). This figure is close to that found by other researchers (Baker, 1985; Finkelhor, 1979), but slightly lower than the numbers found by Badgley et al. (1984), who utilized broader definitions of sexual abuse. My results are certainly within the 2.5% to 31% range postulated by Finkelhor and his colleagues (1980, 1984; Finkelhor et al., 1986, 1990) as an estimate for the number of sexually abused males in the general population.

In terms of other types of victimization, there were 25 other victims (18.52% of the sample that included 3 victims of fire, 6 death of a parent, 4 death of a sibling, 4 victims of serious accidents, 8 assault victims; see Table 3), and 97 non-victims (71.86%). These group sizes closely reflect the findings of the Janoff-Bulman (1989) study. It is interesting to note that, with the exception of the death of a

parent group, most respondents reported that they perceived the

victimizing event as neutral or positive.

Table 3

Descriptive Information on Victimized Groups

Variables	Mode
Other Victims group (N=25)	
1. Death of Parent Age when parent died	8 - 11 years
Experience	Mostly negative
2. Death of Sibling Age when sibling died	4 - 7 years
Experience	Neutral
3. Fire Age when fire occurred	4 - 7 years
Experience	Neutral
4. Disabling accident Age when accident occurred	12 - 15 years
Experience	Mostly positive
5. Assault Age when assault occurred	After 16 years
Experience	Positive
Gender of offender	Female
Relationship of offender	Friend/friend of parents
Force	A little
Sexual Abuse Group (N=13) Age when abuse occurred	12 - 15 years
Experience	Positive
Gender of offender	Female
Relationship of offender	Person known, but not a friend
Force	No

Analyses of Demographic Differences

As a preliminary analysis, it was important to test for differences between the three sub-groups (Sexual abuse survivors, other victims, non-victims) to determine the extent to which demographic differences might predict scores on the predictor and criterion variables. If such differences arose, these might require inclusion in the final analysis as possible influences upon hypothesized group differences. Utilizing one-way analyses of variances (ANOVA; See Table 1 for subgroup means and frequencies), there were no significant differences between the mean ages of the subsamples, $F(2,132) = .94$, p =.39.

Chi-square analyses of independence on the categorical demographic variables revealed that there were no significant differences between the three groups in terms of the respondents year in post-secondary education (first 4 years of study vs. more than 4 years), $\underline{x}^2$ (2, $\underline{N}$ = 134) = 1.745, $\underline{p}$ = .42; marital status (single vs. married/separated/divorced/widowed), $\underline{x}^2$ (2, $\underline{N}$ = 135) = 1.822, $\underline{p}$ = .40; ethnic background (European vs. Asian/Other), $\underline{x}^2$ (2, $\underline{N}$ = 135) = 2.567, $\underline{p}$ = .28; hometown size (less than 25000 vs. larger than 25000), $\underline{x}^2$ (2, $\underline{N}$ = 133) = .766, $\underline{p}$ = .68); father's marital status (living with mother vs. separated/divorced/widowed/deceased), $\underline{x}^2$ (2, $\underline{N}$ = 134) = 4.740, $\underline{p}$ = .09); and mother's marital status (living with father vs. separated/divorced/widowed/deceased), $\underline{x}^2$ (2, $\underline{N}$ = 135) = 3.580, p = .17). Thus, it was established that the three sub-groups did not significantly differ on any of the demographic variables surveyed.

<u>Analysis of Coping Scale score in relation to Schema and Gender Role</u>

<u>Stress scores.</u>

The means, standard deviations and Pearson intercorrelations of

the Schema, Gender Role Stress, and Coping scores are shown in Table 4.

These values are based upon $\underline{N}$=128, due to 7 respondents (5 Non-Victims,

2 Other-Victims) omitting items that precluded subscale totals.

The obtained MGRS Gender Role Stress mean score was very close to

that obtained by Watkins, Eisler, Carpenter, Schechtman, and Fisher

(1991) on a sample of 92 male employees of a midwestern delivery

organization ($\underline{M}$ = 83.2, $\underline{SD}$ = 21.0). Similarly, the obtained means for

the subscales of the coping scores (see Appendix F) were all within one

standard deviation of those found by other researchers (e.g., Blaney,

Millon, Morgan, Eisdorfer, & Szapocknic, 1990; Carver et al., 1989).

Comparisons of the respondent's means on the assumptive schema scores,

and gender role stress subscale scores to other studies could not be

conducted. This arose because past research with the WAS and MGRS

scales has utilized older versions of the scales, with different scoring

keys and total items.

Table 4

Means, Standard Deviations, Pearsons Intercorrelations of Predictor

and Criterion Variables ($\underline{N}$ = 128)

Variable	NV($\underline{N}$=92)		Group[a] SA($\underline{N}$=13)		OV($\underline{N}$=23)	
	$\underline{M}$	$\underline{SD}$	$\underline{M}$	$\underline{SD}$	$\underline{M}$	$\underline{SD}$
Schema	62.9	15.0	61.5	21.2	60.8	15.2
Gender Role stress	88.2	28.1	89.6	36.2	79.5	32.4
Cope Ratio	.45	.06	.44	.07	.44	.05

Intercorrelations

	2	3
1. Schema	.04	.38
2. Gender Role Stress	−	.24
3. Cope ratio	−	−

Note. 7 respondents are not included in the summary statistics because of some loss of item information (on less than three subscales for the entire survey).

[a] SA= Sexual abuse survivors, OV= Other victims, NV =Non-victims.

Analyses of variances (ANOVA) with the three groups as a between subjects factor, revealed no statistical differences between the means of the overall Schema score (indicating a negatively biased schematic pattern), $F(2,125) = .186$, $p = .83$, nor for the means of the Gender role stress score, $F(2,125) = .839$, $p = .43$. Similarly, no significant mean differences were found between the groups for the Coping Ratio score (the score of the maladaptive coping scales as a proportion of total coping scores), $F(2, 125) = .436$, $p = .44$.

A correlation matrix was calculated to visually inspect the strength of relations between the predictors (schematic distortion, gender role stress) and the criterion variable (ratio of maladaptive coping strategies to total coping strategies) (See Table 4). The intercorrelations between the predictors were very low ($r = .04$), supporting the hypothesis that the schema and gender role stress scores are measuring separate constructs.

Multiple Regression Analyses. A two-stage multiple regression analysis was conducted to examine the extent to which, in Step 1, a history of victimization, schemas, and gender role stress predicted the maladaptive ratio scores; in Step 2, the additional variance accounted for by the interactions between the victimization category and schema/gender role stress variables. The full analysis is shown in Table 5. Findings from the stages of the analysis are detailed below.

Table 5

Hierarchical Regression Analysis Predicting Maladaptive Coping as a

Proportion of Total Coping From Victimization, Schema score, and Gender

Role Stress scores ($\underline{N}$=128)

Source	Cumulative $\underline{R}^2$	Increase in $\underline{R}^2$	$\underline{t}$	$\underline{df}$	$\underline{p}$	$\underline{B}$[a]
			Step 1			
Victim1[b]			-0.841	1,123	.40	-0.011
Victim2[b]			0.171	1,123	.86	0.003
Schema			4.614	1,123	.001	0.022**
Gender stress	.205	.205	2.742	1,123	.007	0.013*
			Step 2			
V1XSchema			0.088	1,119	.93	0.001
V2XSchema			-0.562	1,119	.58	-0.010
V1XGender Stress			-0.195	1,119	.85	-0.002
V2XGender Stress	.213	.008	-0.456	1,119	.65	-0.007

<u>Note</u>. 7 respondents are not included in the regression analyses because
of some loss of item information (on less than three subscales for the
entire survey).
The continuous variables were standardized for interpretation of the
interactive terms.
[a] $\underline{B}$ values are the unstandardized coefficients from the final
simultaneous analysis, each term being corrected for all other terms in
the model.
[b] Dummy coded in the following manner: Victim1 scored as 0,1,1 (Non-
victims compared to all victims), Victim2 scored as 0,1,0 (Sexual abuse
victims compared to all others).
The constant's value in the equation is .452.
*$\underline{p}$ < .05.   **$\underline{p}$ < .001.

Step 1. In the first step, the victimization variables, the summed Schema score, and Gender Role Stress score were entered simultaneously. The overall model at this stage was significant, $\underline{F}(4,123) = 7.93$, $\underline{p} = .001$, and 21% of the variance in maladaptive coping ratio scores was explained. The Schema score showed a highly significant positive relationship with the maladaptive coping ratio, $\underline{t}(123) = 4.614$, $\underline{p} = .001$. In addition, the Gender Stress score showed a significant positive relationships with the maladaptive ratio score, $\underline{t}(123) = 2.742$, $\underline{p} = .007$. However, neither of the victim variables, Victim1 (in which all victims are compared to all non-victims) nor Victim2 (in which sexual abuse victims are compared to all others) were related to the maladaptive coping ratio, $\underline{t}(123) = -.841$, $\underline{p} = .40$ and $\underline{t}(123) = 0.171$, $\underline{p} = .86$. In terms of the hypotheses of this study, support was thus found for two of the three predictors of Hypothesis 1. Both self and world schemas, and gender role stress account significant variance in maladaptive coping as a proportion of total coping. Victimization, however, does not account for any significant variance. Thus, pessimistic or negative self and world views, and high stress in the male gender role are positively related to maladaptive coping in an intimate, interpersonal situation.

Step 2. Cross-product terms representing interactions between the Schema scores and victimization variable, and Gender Role stress and victimization variable, were entered simultaneously. The overall model at this stage was significant, $\underline{F}(8,119) = 4.024$, $\underline{p} = .001$, and 21.3% of the variance in maladaptive coping ratio scores was explained. However, all four interaction terms were not significant. Thus, hypotheses #2,

#3, #4, and #5 were not supported. Moderating effects of schema and gender role stress were not found.

Further Analyses Kirk (1982) suggests that ratio scores not be utilized for analysis, due to their lack of normality. An examination of the distribution of this sample's coping ratio score revealed that the skewness was relatively low (skewness values = 1.04). Nonetheless, it seemed prudent to validate the results on a continuous variable, the maladaptive coping score (See Appendix G for results).

It could be argued that the respondents who claimed sexual assault should be grouped with those who reported sexual abuse, given the similar nature of their victimization. Thus, a second hierarchical regression analysis was conducted altering the composition of the groups to comparisons between non-victims, sexual abuse and sexual assault victims, and victims of other events (See Appendix G for results).

DISCUSSION

The findings of this study contribute to the literature on coping with interpersonal stress, and have implications for understanding the means by which male undergraduates cope. First, by asking a respondent to indicate the importance of the incident and his perception of the changeability of the stressful situation, specific predictions could be made as to the adaptive/or maladaptive nature of his coping patterns. Second, coping with interpersonal stressors was conceived in terms of schemas, masculine-gender role stress, and victimization, which has previously not been examined in the coping literature. Main and interactive effects of assumptive schema, gender role stress, and history of victimization were examined in relation to predictions made about maladaptive coping as a ratio of total coping strategies utilized. Third, this differed from other studies of coping (e.g., Carver et al., 1989) in that a specific stressor was elicited from respondents that was hypothesized to be particularly stressful for male sexual abuse survivors. Fourth, a theoretical foundation regarding victims' (in general) coping patterns, and specific to male survivors, was established that to date has been lacking. By examining the experiences and frame of reference of values and beliefs, the importance of which are postulated by Lazarus and Folkman (1984), it was possible to make predictions as to the choice of coping strategies when dealing with a recent interpersonal stress. Thus, victims of challenging life events need not be a uniform group as is often implied by the literature, but may vary according to how they have experienced and processed the traumatic life events, how they view themselves, others, and the world.

Assumptive Schemas, Gender Role Stress and Coping

Lazarus and his colleagues (Lazarus, Delongis et al., 1985) argue that coping with stress should not be measured merely in terms of the objective environmental input, but in terms of the individual's subjective assessment of the event and the impact of his or her values and beliefs upon that assessment process. The present work supports this contention, indicating that the way an undergraduate male views himself, others, and his world has an impact upon how he copes in interpersonally stressful situations. First, the degree of negative bias the undergraduate male holds in his schematic perceptions of others and his world is positively related to how maladaptively he deals with a changeable, important, interpersonal stressor that has recently occurred. Research indicates that use of maladaptive strategies, such as denial, mental/behavioral disengagement, and acceptance, is not a positive response to stress when the situation is modifiable (e.g., Coyne et al., 1981; Lazarus & Folkman, 1984; Zuckerman, 1989). Thus, Janoff-Bulman's (1989) contention that adherence to 'rose-coloured' schema is essential to our sense of stability in the world is supported by this study. Without this positive bias, undergraduate males are more prone to react to a stressor with 'questionable' coping strategies. Second, my results indicate that male undergraduates who have high degrees of gender role stress, evidence a higher proportion of maladaptive coping strategies. This directly supports Eisler and Blalock's (1991) argument that strict adherence to masculine schemata distorts or restricts the process of appraisal and coping. This rigidity in the male role may thus lead to dysfunctional or maladaptive behavior in interpersonal stressful situations. In summary, the results

of my study indicate the importance of including schema and gender role beliefs of the coper as factors that limit the choices of coping strategies (secondary appraisal) when facing a stressful situation.

Victimization and Coping

In terms of supplementing the descriptive data in the field, 19% of the sample indicated that they had experienced events that were rated as extremely negative by the respondents of Janoff-Bulman's (1989) study (i.e., fire that destroyed the home, death of a parent, death of a sibling, serious accidents, assault victims). This result closely reflect the findings of the Janoff-Bulman (1989) study. With the exception of those who experienced a death of a parent, most reported experiencing the event as neutral or positive. This points to other research (Collins et al., 1990; Scheppele & Bart, 1983), wherein victims of negative life events can initiate responses such as behavioral self-blame, positive reinterpretation, or downward comparisons of a victimizing event that leads to positive outcomes. In this sample, victims and non-victims did not differ in their patterns of coping. It is possible that mmany of the victimized individuals in this study had reworked the event to experience personal growth, continue to believe that the world is benevolent, has meaning, and as individuals they are good people, and thus do not demonstrate long-term consequences in terms of the strategies utilized in stressful interpersonal situations.

The results of the study offer evidence that some males, at least among a university/college student population, are sexually victimized as children. The 13 sexual abuse victims comprised 10% of the sample, and this is close to the figures (ranging from 8% to 16% of their samples) found by other researchers who have sample college populations

(Baker, 1985; Finkelhor, 1979, 1980, 1984; Finkelhor et al., 1986, 1990). As with other researchers, the abuser was known to the male child, but not a family member (unlike female sexual abuse victims who are more often abused by family members). However, the victims in this sample did differ from those reported in the of majority of research in terms of the age at which the abuse occurred, the gender of the perpetrator, and their perception of the experience. This sample reported the abuse occurring at a higher modal age (between the ages of 12 and 15) compared to the modal age of other studies (between 7 and 9 years; Groth & Burgess, 1979; Finkelhor et al., 1990; Kohn, 1987; Pierce & Pierce, 1985). In addition, seven out of the 13 males who were classified as having been sexually abused according to the definitions established, reported sexual encounters with female adults. This result was in contrast to other researchers who found that most sexual abuse victims are abused by a male adult or adolescent (Farber et al., 1984; Finkelhor, 1979; Finkelhor et al., 1990; Johnson & Shrier, 1985). This may also explain why those respondents in this sample who reported the abuse by a female, claimed the experience was positive/mostly positive and involving no force. In contrast, the 6 males who reported sexual encounters with male adults viewed these experiences far more negatively. This finding points to the controversy in the literature regarding the impact of a female versus a male molester on the victim. Woods and Dean (1984) reported that males abused by females reacted with the same amount and type of distress as those abused by males. However, Forward and Buck (1988) state that female molesters of males are more likely to use persuasion than threats, and Woods and Dean (1984) report

that 50% of those abused by women see the experience in retrospect as positive, compared with only 16% of those who were abused by men.

My hypotheses pertaining to the impact of victimization upon maladaptive coping as a ratio of total coping patterns were not supported, neither in terms of main effects nor moderated by the schema or gender role stress scores. In terms of the hypotheses of the study, there are a number of concerns that may have precluded the effects sought. First and foremost, the sample yielded 13 respondents who volunteered information about a history of sexual abuse. Although this does reflect the realities of the population, this did pose concerns for statistical analyses because of the unbalanced nature of the design. To date, there is little consensus as to an adequate cell sizes required for regression analyses (Wampold & Freund, 1987), but it seems that such large group differences may have masked potential group differences. In future, other methods of data collection could be considered to increase the numbers of respondents who report childhood contact with adults. For example, Bradburn and Sudman (1979) note that respondents disclose more often, when answering questions regarding socially undesirable actions (such as questions pertaining to childhood sexual contact with adults), in face-to-face interviews than when answering similar items on a self-administered questionnaire.

It is also important to consider the nature of the victimization groups that were reported in the sample outlined above. Sixty-two percent of the reported sexual abuse cases cited abuse by females, involving no force, and reported the experience as positive, in retrospect. Similarly, the majority of other victims reported that they perceived the victimizing event as being positive. This finding is

consistent with that of Fromuth and Burkhart (1989), who found that the majority of their male college sample reported abuse by females, and did not perceive this experience as negative. They conclude that males may deny the abusiveness of the event and report it as positive. Thus, I can only conjecture that the victimized respondents surveyed by my study may also be a specific group who have not appraised their experience as victimizing, and experienced little or no negative consequences in terms of future coping patterns. Other work should extend this kind of investigation and include factors that might impact upon coping strategies in adult life, such as perception of the victimizing event, the time elapsed since the event, whether the event was intra- or inter-personal, and the gender of the molester in the case of sexual abuse or assault.

Post hoc analyses with maladaptive coping as the criterion did reveal an interaction (at $p < .10$) between one victimization grouping (sexual abuse and sexual assault victims, compared with a combined group of those who had experienced other forms of victimization and those without a victimizing history) and schema. Thus, there was no relationship between the degree of schematic distortion and maladaptive coping for the sexual abuse/assault victims, whereas for the non-victimized/other victims group, greater schema distortion was related to more maladaptive coping. Schemas strengthened (moderated) the use of maladaptive coping for non-sexual abuse victims and non-victims, contrary to the Hypothesis 2 wherein the moderator effect was expected for the sexually abused victim group. One explanation is that the sexual abuse/assault victims ways of coping with intrapersonal stressful events are not affected by schematic distortion because of their history

of intrapersonal victimization. Their experiences may have taught them to cope differently than their non-victimized or non-interpersonally victimized counterparts. However, this conclusion is tentative and requires further research before definitive causal links can be established.

Methodological Issues

There are a number of limitations that need to be considered in this study as a whole. Foremost, it should be noted that although schema and gender role stress factors did significantly account for the pattern of maladaptive coping, a large portion of variance was left unaccounted. One cannot exclude the possibility that other variables cause any relationships that emerged, or account for larger portions of the unexplained variance. For example, a number of authors have suggested the importance of obtaining social support in order to buffer the individual from the impact of stress, and thus acting as an effective coping mechanism (Eckenrode & Gore, 1981; Lazarus & Folkman, 1984). Research has indicated that social support is positively related to physical and mental health measures (Sarason, Shearin, Pierce, & Sarason, 1987). Thus, social support during or following a intimate stressful situation may be factor in predicting maladaptive/adaptive coping strategies utilized.

It should also be noted that due to the nature of the study, causal relationship between victim status, world schemas, gender role stress, and coping cannot be established. However, as the goals of this study were explanatory, that is to demonstrate that certain clusters of variables may coincide with certain coping strategies, this is not a handicap (see Wampold & Freund, 1987). Second, attention needs to be

drawn to the fact that the numbers of respondents comprised only 25% of the total surveys distributed. This may have arisen because of the nature of the sampling procedure, wherein a large number of surveys were distributed to a wide variety of classes, and perhaps did not reach a potential respondent or were not returned because the student was absent from the following lecture. In addition, respondents did not receive any monetary remuneration or course credit for their participation (which is often the case in other studies of this nature), which may have lowered return rates. Nonetheless, it is of concern in terms of generalizability issues. Third, any conclusions that are obtained from this study must be tempered by its retrospective nature. Attempts were made to control for this by asking respondents to recall recent (in the last two months) challenging events, but it remains a concern. Fourth, is that the experiences of the college student nonclinical sample may not be generalizable to the abusive experiences of other populations. Any inferences drawn from this study must then be reexamined in a broader, non-university sample. Finally, it should be noted that those who do report abuse may derive from a select group distinct from those who do not report abuse. In this study the majority of victims claimed the victimizing experience was positive/mostly positive. Underreporting may be endemic to those victims for whom the experience was negative.

Concluding Comment

Implications of this research are worth noting for future investigations of male coping patterns. First, as the results show, a respondent's beliefs and values in terms of schematic perceptions and gender role appraisal are associated with patterns of coping in adult functioning. Thus, it is important to include such variables in studies

of coping. In terms of consideration of victims and the long-term impact of their experiences upon their coping abilities, my results do not indicate any relationship to coping. However, it still seems important that victims are not treated as a uniform group, given the findings on schemas and gender role stress. Often the assumption is made that by virtue of an individual's victim status, he or she will suffer negative consequences or be in some way qualitatively different from others. Members of this sample, however, do not seem to show such negative effects. More research is needed, wherein larger numbers of respondents who report victimizing experiences are surveyed, before definitive conclusions can be reached concerning any relations, or lack thereof, between coping and victimization. Such research should include assumptive schemas and gender role stress, as demonstrated by my study, as well as details about the victimizing experience. In the interim, practitioners may want to avoid assumptions about the impact of victimizing experiences, and specifically about a sexually abusive experience, upon coping in adult life at this early stage of research in the field.

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APPENDIX A

<u>Victim Classification</u>.   In the original design of the survey, a third category of sexual victimization was deemed important, wherein a respondent had experienced sexual victimization by a peer. According to the definitions utilized in this study, this would include those who experienced sexual activities at the age of 14 or younger with someone 17 years or younger. These are defined as being abusive dependent upon the level of consent the respondent cites. However, while 15 respondents indicated sexual contact with someone 17 years or younger, they did not indicate their own age and/or whether or not force against themselves was involved. Thus, these respondents could not conclusively be categorized and were excluded from the analyses.

APPENDIX B

INFORMED CONSENT BY RESPONDENTS TO
PARTICIPATE IN A RESEARCH PROJECT

Project Title: Coping with interpersonal stressors in relation to
    childhood challenges to conceptualizations of the self and the
    world.

Name: Sean M. Hayes

Telephone #:   (Stress Research Laboratory)

Supervisor: Dr. Bonnie Long

Dear Participant:

This research is being undertaken as a part of my M.A. thesis in
Counselling Psychology. The objective is to compile a documented
description of certain challenging childhood experiences of the male
undergraduate student, and to examine the associations between these
experiences and daily adult functioning.

I am therefore requesting your involvement in completing the following
survey. In granting me your participation in this research, you will be
asked to respond to questions about your beliefs about the world,
others, yourself, and of certain stressful situations. In addition, you
will be asked about the occurrence of certain familial, social and
developmental events in your childhood. Your confidentiality in this
project is assured. In fact, to this end, you are asked not to record
your name on the survey, but to use the subject number listed on the
right-hand side of this form. Your personal identity will not be
revealed in any publication arising from this research.

Your participation is completely voluntary. You may refuse to respond
to any question, or refuse to continue to participate at any point. You
can simply return the blank or partially completed form with its cover
sheet, and this action will in no way jeopardize your class standing.
If you require further information, or have any questions about the
procedure, you may contact Dr. B. Long, Department of Counselling
Psychology, University of British Columbia (228-4756). Upon completion
of this study, copies of the results will be available through the
Department of Counselling Psychology.

Completion of the questionnaire indicates that you have given consent,
have read this document, have received an adequate opportunity to
consider the information provided, and that you voluntarily agree to
participate in the project. If you have any questions, please do not
hesitate to contact me at 228-5345. I thank you for your participation.

<u>APPENDIX C</u>

<u>Survey</u>

1. Your age at your last birthday:_____.

2. Year in University:_____.

3. Faculty and Major in
   University:_____.

4. Your marital status (circle one):
   a. Single
   b. Married/Common-in-law
   c. Separated or divorced
   d. Widowed

5. What is your predominant ethnic background (circle no more than two):
   a. Northern-European
   b. Southern-European (Mediterranean)
   c. Eastern-European
   d. Oriental
   e. East-Indian
   f. West-Indian
   g. Other   _____

6. Location of previous institute of education attended:
   _____ (Town, Country)

7. In the first 12 years of your life did you live mostly in (pick the
   one you lived in the longest):
   a. a farm
   b. a town of under 5000
   c. a town of between 5000 and 25000
   d. a town of between 25000 and 100000
   e. a town of between 100000 and 500000
   f. a town larger than 500000

8. About your father/Adoptive father, is he
   1. Living with your mother
   2. Divorced or separated from her
   3. Widowed
   4. Living apart for some other reason
   5. Deceased

9. About your mother/Adoptive mother, is she
   1. Living with your father
   2. Divorced or separated from him
   3. Widowed
   4. Living apart for some other reason
   5. Deceased

The following questions concern your personal views about yourself and the world in which you live. Please use the scale that follows in responding to the statements below. Please answer honestly; we are interested in your true beliefs.

> 1 = strongly disagree
> 2 = moderately disagree
> 3 = slightly disagree
> 4 = slightly agree
> 5 = moderately agree
> 6 = strongly agree

_____ 1. Misfortune is least likely to strike worthy, decent people.

_____ 2. People are naturally unfriendly and unkind.

_____ 3. Bad events are distributed to people at random.

_____ 4. Human nature is basically good.

_____ 5. The good things that happen in this world far outnumber the bad.

_____ 6. The course of our lives is largely determined by chance.

_____ 7. Generally, people deserve what they get in this world.

_____ 8. I often think I am no good at all.

_____ 9. There is more good than evil in the world.

_____10. I am basically a good person.

_____11. People's misfortunes result from mistakes they have made.

_____12. People don't really care what happens to the next person.

_____13. I usually behave in ways that are likely to maximize good results for me

_____14. People will experience good fortune if they themselves are good.

_____15. Life is too full of uncertainties that are determined by chance.

_____16. When I think about it, I consider myself very lucky.

_____17. I almost always make an effort to prevent bad things from happening to me.

_____18. I have a low opinion of myself.

_____19. By and large, good people get what they deserve in this world.

_____20. Through our actions we can prevent bad things from happening to us.

_____21. Looking at my life, I realize that chance events have worked out well for me.

1 = strongly disagree
2 = moderately disagree
3 = slightly disagree
4 = slightly agree
5 = moderately agree
6 = strongly agree

_____22. If people took preventative actions, most misfortune could be avoided.

_____23. I take the actions necessary to protect myself against misfortune.

_____24. In general, life is mostly a gamble.

_____25. The world is a good place.

_____26. People are basically kind and helpful.

_____27. I usually behave so as to bring about the greatest good for me.

_____28. I am very satisfied with the kind of person I am.

_____29. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves.

_____30. If you look closely enough, you will see that the world is full of goodness.

_____31. I have reason to be ashamed of my personal character.

_____32. I am luckier than most people.

Please rate the following items according to how stressful the situation would be for you. Give each item a rating on the scale of 0 to 5, ranging from not stressful to extremely stressful. For example:

A. Driving a car   0
B. Discovering you have a serious illness   4
C. Losing your keys   2

NOT STRESSFUL					EXTREMELY STRESSFUL
0	1	2	3	4	5

_____ 1. Feeling that you are not in good physical condition.

_____ 2. Telling your spouse that you love her/him.

_____ 3. Being outperformed at work by a woman.

_____ 4. Having to ask for directions when you are lost.

_____ 5. Being unemployed.

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  ----------------------------------------------------------------
        NOT                                        EXTREMELY
     STRESSFUL                                     STRESSFUL
        0          1          2          3          4          5
  ----------------------------------------------------------------
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_____ 6. Not being able to find a sexual partner.

_____ 7. Having a female boss.

_____ 8. Having your lover say s/he is not satisfied.

_____ 9. Letting a woman take control of the situation.

_____ 10. Not making enough money.

_____ 11. Being perceived by someone as "gay" or "lesbian".

_____ 12. Telling someone that you feel hurt by what they said.

_____ 13. Being married to someone who makes more money than you.

_____ 14. Working with people who seem more ambitious than you.

_____ 15. Finding that you lack the occupational skills to succeed.

_____ 16. Losing in a sports competition.

_____ 17. Admitting that you are afraid of something.

_____ 18. Being with a woman who is more successful than you.

_____ 19. Talking with a "feminist".

_____ 20. Being unable to perform sexually.

_____ 21. Being perceived as having feminine traits.

_____ 22. Having children see you cry.

_____ 23. Being outperformed in a game by a woman.

_____ 24. Having people say that you are indecisive.

_____ 25. Being too tired for sex when your lover initiates it.

_____ 26. Appearing less athletic than a friend.

_____ 27. Talking with a woman who is crying.

_____ 28. Needing your spouse to work to help support the family.

_____ 29. Having others say that you are too emotional.

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--------------------------------------------------------------
   NOT                                              EXTREMELY
   STRESSFUL                                        STRESSFUL
     0          1          2          3          4          5
--------------------------------------------------------------
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_____ 30. Being unable to become sexually aroused when you want.

_____ 31. Being compared unfavourably to men.

_____ 32. Comforting a male friend who is upset.

_____ 33. Admitting to your friends that you do housework.

_____ 34. Working with people who are brighter than yourself.

_____ 35. Getting passed over for a promotion.

_____ 36. Knowing you cannot hold your liquor as well as others.

_____ 37. Having a man put his arm around your shoulder.

_____ 38. Being with a woman who is much taller than you.

_____ 39. Staying home during the day with a sick child.

_____ 40. Getting fired from your job.

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I am interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. The following asks you to indicate what _you_ generally do and feel, when _you_ experience stressful events. Obviously different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.
Think of the last time you experienced stress in an _interpersonally intimate_ situation. For example, the last time you were on a date with someone you were intimately involved with, or in the presence of someone that you were interested in, that was particularly stressful for you. First, briefly describe the situation:

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2. How important do you consider the situation (please check one):
                        _____ not at all important
                        _____ slightly important
                        _____ moderately important
                        _____ quite important
                        _____ extremely important

3. How competent/effective did you feel when you had to deal with it:

_____ not at all effective

_____ slightly effective

_____ moderately effective

_____ quite effective

_____ extremely effective

4. How amenable to change do you feel the situation was:

_____ not changeable at all

_____ slightly changeable

_____ moderately changeable

_____ quite changeable

_____ extremely changeable

Now think about the situation you have just described, and how you reacted to it. Then indicate the extent to which you did whatever each following statement says. Please try to respond *separately in your mind to each item*. Choose thoughtfully, and make your answers as true for you as you can. Please answer every item, and remember there are no "wrong" or "right" answers.

1 = I didn't do this at all

2 = I did this a little bit

3 = I did this a medium amount

4 = I did this a lot

_____ 1. I try to grow as a person as a result of the experience.

_____ 2. I turn to work or other substitute activities to take my mind off things.

_____ 3. I get upset and let my emotions out.

_____ 4. I concentrate my efforts on doing something about it.

_____ 5. I say to myself "this isn't real".

_____ 6. I admit to myself that I can't deal with it, and quit trying.

_____ 7. I restrain myself from doing anything too quickly.

_____ 8. I get used to the idea that it happened.

_____ 9. I keep myself from getting distracted by other thoughts and activities.

_____ 10. I daydream about things other than this.

_____ 11. I get upset, and am really aware of it.

_____ 12. I make a plan of action.

_____ 13. I accept that this has happened and it can't be changed.

_____ 14. I hold off doing anything about it until the situation permits.

1 = I didn't do this at all
2 = I did this a little bit
3 = I did this a medium amount
4 = I did this a lot

_____ 15. I just give up trying to reach my goal.

_____ 16. I take additional action to try to get rid of my problem.

_____ 17. I refuse to believe that it has happened.

_____ 18. I let my feelings out.

_____ 19. I try to see it in a different light.

_____ 20. I sleep more than usual.

_____ 21. I try to come up with a strategy about what to do.

_____ 22. I focus on dealing with this problem, and if necessary let other things slide a little.

_____ 23. I give up the attempt to get what I want.

_____ 24. I look for something good in what is happening.

_____ 25. I think about how I might best handle the problem.

_____ 26. I pretend that it hasn't really happened.

_____ 27. I make sure not to make matters worse by acting too soon.

_____ 28. I try hard to prevent other things form interfering with my efforts at dealing with this.

_____ 29. I go to the movies or watch TV to think about it less.

_____ 30. I accept the reality of the fact that it happened.

_____ 31. I feel a lot of emotional distress and I find myself expressing my feelings a alot.

_____ 32. I take direct action to get around the problem.

_____ 33. I force myself to wait for the right time to do something.

_____ 34. I reduce the amount of effort I'm putting into solving the problem.

_____ 35. I learn to live with it.

_____ 36. I put aside other activities in order to concentrate on this.

_____ 37. I think hard about what steps to take.

_____ 38. I act as though it hasn't even happened.

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                    1 = I didn't do this at all
                    2 = I did this a little bit
                    3 = I did this a medium amount
                    4 = I did this a lot
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_____ 39. I do what has to be done, one step at a time.

_____ 40. I learn something from the experience.

It is now generally realized that many people have had a wide variety of experiences as children and while they are still growing up. Some are very upsetting and painful, and some are not. Some influence people's later lives, and some are practically forgotten. As little is known about these events, we would like you to respond to whether any of the following experiences occurred while growing up. Some may be hard to disclose, but it is needed to lead to a better understanding of people with similar experiences. Once again, recall that this is strictly confidential.

Please indicate which (if any) of the following events have happened to you during your life:

1. Death of a parent (circle one):
          a. Not applicable
          b. Before the age of 4 years
          c. Between the age of 4 and 7 years
          d. Between the age 8 and 11 years
          e. Between the age of 12 and 15 years
          f. After the age of 16
2. In retrospect, would you say this experience was:
          1. Positive
          2. Mostly positive
          3. Neutral
          4. Mostly negative
          5. Negative

3. Death of a sibling (circle one):
          a. Not applicable
          b. Before the age of 4 years
          c. Between the age of 4 and 7 years
          d. Between the age 8 and 11 years
          e. Between the age of 12 and 15 years
          f. After the age of 16.
4. In retrospect, would you say this experience was:
          1. Positive
          2. Mostly positive
          3. Neutral
          4. Mostly negative
          5. Negative
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5. Fire that destroyed your home (circle one):
    a. Not applicable
    b. Before the age of 4 years
    c. Between the age of 4 and 7 years
    d. Between the age 8 and 11 years
    e. Between the age of 12 and 15 years
    f. After the age of 16

6. In retrospect, would you say this experience was:
    1. Positive
    2. Mostly positive
    3. Neutral
    4. Mostly negative
    5. Negative

7. An accident that resulted in your being seriously disabled (circle one):
    a. Not applicable
    b. Before the age of 4 years
    c. Between the age of 4 and 7 years
    d. Between the age 8 and 11 years
    e. Between the age of 12 and 15 years
    f. After the age of 16

8. In retrospect, would you say this experience was:
    1. Positive
    2. Mostly positive
    3. Neutral
    4. Mostly negative
    5. Negative

A. I want to ask you about any sexual experience (if there are more than one, choose one) you had *before the age of 14* with an adult (over the age of 17) including strangers, friends, coach, neighbours, or family members, such as cousins, aunts, uncles, brothers, sisters, mother or father.

No such experience: [     ]
    (If 'No such experience', skip to Section B)

1. About how old were you at the time: _____.
2. Approximate age of the other person: _____.
3. Sex of the other person:    1. Male    2. Female
4. Relationship to other person: 1. Stranger
    2. Person you knew, but not a friend.
    3. Friend of yours/ of your parents
    4. A cousin
    5. An aunt or uncle
    6. A grandparent
    7. A sister/ a brother
    8. A father/ a stepfather
    9. A mother/ a stepmother
    10. A guardian

5. What happened (Circle 1 for Yes, 2 for No for each line):     Yes  No
a. An invitation or request to do something sexual                1    2
b. Kissing or hugging in a sexual way                             1    2
c. Another person showing his or her sexual organs to you.        1    2
d. You showing your sexual organs to another person.              1    2
e. Another person fondling you in a sexual way.                   1    2
f. You fondling another person in a sexual way.                   1    2
g. Another person touching your sexual organs.                    1    2
h. You touching another person's sexual organs.                   1    2
i. Intercourse, but without attempting penetration.              1    2
j. Intercourse.                                                   1    2
k. Other: _____ .

                                              Yes     No    A little
6. Did the other person(s) threaten or force you:  1      2        3

7. In retrospect, would you say this experience was:
    1. Positive
    2. Mostly positive
    3. Neutral
    4. Mostly negative
    5. Negative

I would like you to think of any sexual experience that occurred to you
*after the age of 14* that you did not consent to. That is, a sexual
experience that was forced on you, done against your will, or that you
didn't want to happen. (If this relationship is described in the
previous section, do not repeat it).

No such experience: [    ]

1. About how old were you at the time: _____ .
2. Approximate age of the other person: _____ .
3. Sex of the other person:             1. Male      2. Female
4. Relationship to other person: 1. Stranger
                                 2. Person you knew, but not a friend.
                                 3. Friend of yours/ of your parents
                                 4. A cousin
                                 5. An aunt or uncle
                                 6. A grandparent
                                 7. A sister/ a brother
                                 8. A father/ a stepfather
                                 9. A mother/ a stepmother
                                 10. A guardian

5. What happened (Circle 1 for Yes, 2 for No for each line):    Yes  No
a. An invitation or request to do something sexual      1   2
b. Kissing or hugging in a sexual way    1   2
c. Another person showing his or her sexual organs to you.    1   2
d. You showing your sexual organs to another person.    1   2
e. Another person fondling you in a sexual way.    1   2
f. You fondling another person in a sexual way.    1   2
g. Another person touching your sexual organs.    1   2
h. You touching another person's sexual organs.    1   2
i. Intercourse, but without attempting penetration.    1   2
j. Intercourse.    1   2
k. Other: _____ .

                          Yes     No    A little
6. Did the other person(s) threaten or force you:  1     2       3

7. In retrospect, would you say this experience was:
    1. Positive
    2. Mostly positive
    3. Neutral
    4. Mostly negative
    5. Negative

-----------------------------------------------------------------

I am grateful for your participation in this survey.  I recognize that some of these questions may have been very personal.  It is often difficult to capture a person's life experiences in a questionnaire, so your participation is all that more important.  If you have found any of it frustrating or unclear, please contact me

APPENDIX D

COPE. Examples of COPE items include: "I take additional action to try to get rid of the problem" (active coping), "I try to come up with a strategy about what to do" (planning), "I focus on dealing with this problem, and if necessary let other things slide" (suppression of competing activities), "I force myself to wait for the right time to do something" (restraint coping), "I look for something good in what is happening" (positive reinterpretation and growth), " I seek God's help" (religion), "I ask people who have had similar experiences what they did" (seeking social support for instrumental reasons), "I try to get emotional support from friends or relatives" (seeking social support for emotional reasons), "I get upset and let my feelings out" (focus on and venting of emotions), "I refuse to believe that it has happened" (denial), "I turn to work or other substitute activities to take my mind of things" (mental disengagement), "I just give up trying to reach my goal" (behavioral disengagement), "I learn to live with it" (acceptance).

Test-Retest Findings of the COPE. Carver et al., (1989) had two samples of students completed slightly differing versions of the scale 8 and 6 weeks after the initial testing. Test-retest reliabilities were generally stable ranging from .46 to 86 (8 week retest) and .42 to .89 (6 week retest).

Secondary Factor Analyses. Carver et al., (1989) conducted a second exploratory factor analysis on a sample size of 156 who were asked to indicate their responses to a specific situation in their lives. Correlations among these scales was generally low, supporting the independent structure found in earlier analyses. This analysis also

revealed that three scales in addition to the five already discussed indicated adaptive coping (seeking instrumental social support, seeking emotional social support, and turning to religion), but were less associated with the active coping functions of the first cluster, and are thus not include in this study.

APPENDIX E

Regression Model.  The model for the hierarchical simultaneous

regression is as follows

$$Y' = b_1X_1 + b_2X_2 + b_3Z_1 + b_4Z_2 + b_5X_1Z_1 + b_6X_1Z_2 +$$

$$b_7X_2Z_1 + b_8X_2Z_2 + a$$

where the categories of the independent variable of victim status are

denoted as $X_1$ (sexual abuse and other victims compared to non-victimized

others) and X2 (sexual abuse victims compared to all others), the

potential moderating variables of the schematic pattern score and degree

of gender role stress are designated as Z1 and Z2, and the predicted

variable Y (the proportion of maladaptive coping to total coping) is

designated as Y'.  The a term is the Y axis intercept, and the b terms

are the partial regression coefficients (interpreted as each unit of Xi

or Zi changes, the predicted value of Y or Y' will change bi units).

These terms are chosen to minimize the average squared error, in order

that the regression equation be the best fit equation (Glass & Hopkins,

1984; Wampold & Freund, 1987).

APPENDIX F

Table 6

*Means and Standard Deviations of Age, Schema Subscales, Gender*

*Subscales, and Coping Subscales*

| Variable | M | SD |
|---|---|---|
| Age (years) (N=135) | 22.04 | 4.28 |
| Benevolence of the world (N=134) | 11.22 | 3.69 |
| Benevolence of people (N=135) | 10.23 | 3.46 |
| Justice (N=134) | 14.87 | 3.55 |
| Control (N=135) | 13.22 | 3.38 |
| Random (N=135) | 14.18 | 4.05 |
| Self-worth (N=135) | 8.77 | 4.01 |
| Self-control (N=134) | 9.51 | 2.88 |
| Luck (N=135) | 8.81 | 3.05 |
| Summed Schema score (N=132) | 62.46 | 15.90 |
| Physical inadequacy (N=135) | 24.48 | 8.01 |
| Emotional inexpressiveness (N=135) | 13.12 | 6.42 |
| Subordination to women (N=135) | 10.87 | 8.18 |
| Intellectual inferiority (N=135) | 12.21 | 5.92 |

Table 6 (cont.)

| Variable | M | SD |
|---|---|---|
| Performance failure (N=134) | 25.78 | 6.89 |
| Gender Role Stress score (N=134) | 86.30 | 29.35 |
| Positive reinterpretation and Growth (N=135) | 11.24 | 2.74 |
| Active coping (N=134) | 9.90 | 2.81 |
| Planning (N=135) | 11.24 | 3.23 |
| Suppression of competing activities (N=134) | 8.35 | 2.64 |
| Restraint coping (N=134) | 10.37 | 3.27 |
| Adaptive coping score (N=135) | 46.34 | 9.11 |
| Acceptance (N=134) | 11.93 | 2.66 |
| Mental disengagement (N=135) | 8.39 | 2.52 |
| Behavioral disengagement (N=133) | 6.90 | 2.55 |
| Focus on and venting of emotions (N=135) | 8.90 | 3.06 |
| Denial (N=135) | 5.55 | 2.02 |
| Maladaptive coping score (N=132) | 41.71 | 7.29 |
| Coping Ratio score (N=132) | .474 | .061 |

Note. In some cases, N is less than 135 due to missing items.

APPENDIX G

Further Analyses.  The regression analyses were also conducted on

the maladaptive coping scores as a continuous variable, rather than as a

proportion of total coping scores.  (These analyses were conducted on

$\underline{N}$=129, as six respondents had omitted items required to compile the

maladaptive coping score).  All continuous variables were standardized.

The results indicated very similar findings to those already discovered.

The Schema score showed a highly significant positive relationship with

the maladaptive coping ratio, $\underline{t}$(124) =3.74, $\underline{p}$ =.001, as did Gender Role

Stress, $\underline{t}$(124)=2.81, $\underline{p}$ =.01.  There were no significant relationships

for the victim categories, nor any significant interactive (moderating)

relationships.  The overall regression equation was significant,

$\underline{F}$(8,120) = 3.11, $\underline{p}$ = .001, with 17% of the variance in the maladaptive

scores accounted for.

In order to determine whether different group comparisons

contributed differentially to coping, a second hierarchical regression

analysis was conducted altering the composition of the groups to

comparisons between non-victims, sexual abuse and sexual assault

victims, and victims of other events.  This analysis did not alter the

results already obtained.  The Schema score showed a highly significant

positive relationship with the maladaptive coping ratio, $\underline{t}$(123) =4.614,

$\underline{p}$ =.001, as did the Gender Role Stress, $\underline{t}$(123)=2.708, $\underline{p}$ =.007.  There

were no other significant main or interactive effects.

In a third multiple regression, an interesting pattern emerged

upon examination of the relationships between the predictors and the

maladaptive coping score as a continuous variable, wherein the group

comparisons were between non-victims, sexual abuse and sexual assault

victims, and victims of other events. Once again, the Schema score

showed a highly significant positive relationships with the maladaptive

coping score, $\underline{t}$(124) =3.745, $\underline{p}$ =.001 ($\underline{B}$ =2.461),  as did the Gender Role

Stress, $\underline{t}$(124)=2.747, $\underline{p}$ =.01, ($\underline{B}$ =1.713). In terms of the interactive

(moderating) relationships, the Victim2 X Schema (sexual abuse plus

sexual assault victims versus all others) showed a significant negative

relationship with the maladaptive coping score, $\underline{t}$(124)=-1.737, $\underline{p}$ =.09 ($\underline{B}$

=  -4.516).  No other interactive terms were significant.

Unstandardized regression coefficients ($\underline{B}$ values) were determined

from the final simultaneous analysis on the maladaptive coping score, in

which each term was corrected for all other terms.  The obtained $\underline{B}$

values were used to derive graphical representation of the interaction.

(See Cohen and Cohen, 1983 for details of the computational method to

from simple regression equations from which graphical representations of

interactions can be derived.)  The Victim2 X Schema interaction is shown

in Figure 1.

*Figure 1*.  The relation between summed Schema scores (S)
and Maladaptive Coping score (Y) for NV (Non- and Other
Victims; Y= 2.462(S) + 41.776, N=110), and for SA (Sexual
abuse and assault Victims; Y= .913(S) + 42.656, N=18).

As the Victim1 X Schema (all victims versus Non-Victims) relationship is non-significant, we can conclude that the Other-Victims and Non-Victims regression equations are essentially parallel. An explanation of the signficant Victim2 X Schema interaction plotted in Figure 1 reveals that sexual assault/abuse victims who have distorted schematic patterns will be less likely to cope ineffectively with an intimate stressor than his non-victimized/other victim counterparts. As the level of schema distortion increases, Non-Victims and Other-Victims' maladaptive coping scores increase at a significantly higher rate than do Sexual abuse victims. Thus, Schema acts as a moderating (strengthening) influence on the relationship between Other Victimization/Non-Victimization and maladaptive coping scores. This stands in direct contrast to Hypothesis #2 of this study.

APPENDIX H

Table 7

Pearson Intercorrelations of Schema Subscales, Gender Roles Stress

Subscales, Coping Subscales, Coping Ratio and Age (N=128)

| Variable | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|
| 1. Benevolence of the world | .55 | .41 | .20 | -.21 | .38 | .10 | .43 | .75 |
| 2. Benevolence of people | | .15 | -.06 | -.16 | .34 | -.01 | .31 | .55 |
| 3. Justice | | | .52 | -.28 | .14 | .05 | .24 | .63 |
| 4. Control | | | | -.17 | .04 | .34 | .04 | .49 |
| 5. Random | | | | | -.29 | .05 | -.12 | -.54 |
| 6. Self-worth | | | | | | .07 | .24 | .59 |
| 7. Self-control | | | | | | | .12 | .32 |
| 8. Luck | | | | | | | | .54 |
| 9. Summed Schema score | | | | | | | | - |

| Variable | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|
| 10. Physical inadequacy | .63 | .67 | .63 | .72 | .89 |
| 11. Emotional inexpressiveness | | .54 | .60 | .49 | .78 |
| 12. Subordination to women | | | .62 | .50 | .82 |
| 13. Intellectual inferiority | | | | .68 | .84 |
| 14. Performance failure | | | | | .81 |
| 15. Gender Role Stress score | | | | | - |

Table 7 (cont.)

| Variable | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---|---|---|---|---|---|---|---|---|---|
| 17. Positive reinterpretation and Growth | .46 | .47 | .35 | .08 | .17 | .05 | -.13 | .11 | .01 |
| 18. Active coping | | .62 | .50 | -.10 | -.01 | -.11 | -.32 | .28 | -.07 |
| 19. Planning | | | .44 | .11 | .13 | -.10 | -.23 | .30 | -.01 |
| 20. Suppression of competing activities | | | | .02 | .16 | .10 | .03 | .33 | .14 |
| 21. Restraint coping | | | | | .19 | .24 | .35 | -.17 | .29 |
| 22. Acceptance | | | | | | .09 | .14 | .14 | .01 |
| 23. Mental disengagement | | | | | | | .47 | .06 | .37 |
| 24. Behavioral disengagement | | | | | | | | -.01 | .34 |
| 25. Focus and venting of emotions | | | | | | | | | -.01 |
| 26. Denial | | | | | | | | | - |

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| 27. Maladaptive coping | .23 | .18 | .11 | .01 | -.29 | .43 | -.03 | .09 | .32 |
| 28. Adaptive coping | -.17 | -.11 | -.11 | -.16 | -.10 | -.01 | -.21 | -.26 | -.18 |
| 29. Coping Ratio | .31 | .21 | .17 | .12 | -.13 | .32 | .15 | .31 | .38 |
| 30. Age | -.07 | -.18 | .04 | .04 | .19 | -.09 | .06 | -.06 | -.11 |

Table 7 (cont.)

| Variable | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|
| 27. Maladaptive coping | .20 | .28 | .09 | .23 | .25 | .25 |
| 28. Adaptive coping | -.08 | -.04 | -.15 | -.01 | -.05 | -.09 |
| 29. Coping Ratio | .19 | .24 | .19 | .17 | .22 | .24 |
| 30. Age | -.25 | -.19 | -.18 | -.17 | -.09 | -.22 |

| Variable | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---|---|---|---|---|---|---|---|---|---|---|
| 27. Maladaptive coping | .08 | -.06 | .06 | .28 | .29 | .51 | .67 | .66 | .48 | .52 |
| 28. Adaptive coping | .70 | .73 | .81 | .68 | .38 | .21 | .06 | -.10 | .25 | .13 |
| 29. Coping Ratio | -.53 | -.64 | -.63 | -.33 | -.10 | .23 | .43 | .57 | .16 | .27 |
| 30. Age | .20 | .25 | .24 | .11 | -.04 | -.05 | -.14 | -.08 | -.10 | -.08 |

| Variable | 27 | 28 | 29 | 30 |
|---|---|---|---|---|
| 27. Maladap coping | | .21 | .58 | -.16 |
| 28. Adaptive coping | | | -.67 | .22 |
| 29. Coping Ratio | | | | -.31 |
| 30. Age | | | | - |