

What do we know about the effects of male sexual abuse?: A review

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What do we know about the effects of male sexual abuse? A Review

Synopsis

The author reviews a number of studies that catalogue the after-effects of sexual abuse for male children and adolescents. An extensive bibliography follows.

About the Author

Ann Wolbert Burgess, RN, DNSc. is an internationally recognized expert on the treatment of trauma and abuse and a Professor in the Connell School of Nursing at Boston College. The recipient of such honors as the Sigma Theta Tau International Audrey Hepburn Award and the American Nurses Association Hildegard Peplau Award, Burgess was most recently van Ameringen Professor of Psychiatric Mental Health Nursing at the University of Pennsylvania. She teaches courses in Victimology, Forensic Science and Crime and Justice.

Professor Burgess was a co-founder, with Prof. Lynda Holmstrom of the Boston College Sociology Department, of one of the first hospital-based crisis counseling programs at Boston City Hospital. She later worked with FBI Academy special agents to study serial offenders, and the links between child abuse, juvenile delinquency and subsequent perpetration.

How does sexual abuse affect the male child victim? There is no evidence that sexually abused children present a single, characteristic syndrome. The type of reaction depends on the severity of the abuse and length of duration, presence and type of coercive or violent behavior, extent of family support, and the child's own attitude and coping skills. Although victims of child sexual abuse appear to be at risk of a psychiatric disorder, community based studies suggest that up to 40% of adults exposed to child sexual abuse may be symptoms free. We don't know what influences this resiliency nor do we know the process that leads to symptomatology (Fergusson & Muller, 1999). But clinical studies confirm the myriad of problems experienced by men with a history of childhood sexual abuse (Prentkly & Burgess, 2000). In what follows, I review findings from several studies.

In a London study of 150 male patients seen at a genitourinary clinic, 21 men gave a history of sexual assault. Eleven of the men had been abused before the age of 16, 7 after age 16, and 3 in both age groups. With one exception, all of the perpetrators were male. Only 3 cases were reported to the police or other agencies. Those who had been abused as minors were more likely to acknowledge subsequent psychological difficulties and to have obtained professional counseling (Keane, Young, Boyle and Curry, 1995).

A survey of 172 community agencies reported contact with 3,635 men who had sought treatment for sexual assault occurring during adulthood. Most assaults occurred between the ages of 16 and 30 and

the vast majority of these men experienced symptoms of posttraumatic stress disorder (Isley and Gehrenbeck-Shim, 1997).

Coxell and King (1996) analyzed data from a London community sample of 1,480 males. Problems reported after the sexual assault included confusion about sexual orientation, sexual problems, posttraumatic stress disorders, problems forming close relationships, mistrust of adult men, suicide, and various mood disorders.

Gill and Tutty (1999) report on 10 men referred for the study by their therapists and who ranged in age from 27 to 50. They had been multiply abused between ages 4 to 10 and the abuse lasted from three months to seven years. All but two of the boys had been abused by more than one perpetrator on several occasions, 4 having been abused by men, 5 by both male and female perpetrators, and 1 by a female. Each believed his abuse was unique and felt ashamed of having been abused. Only one had told a mother and she had minimized it. Many counselors failed to explore childhood sexual abuse as it related to the man's presenting problem. The men saw themselves as misfits, not feeling they fit the male image of being strong and in control. Eight of the men sought counseling for problems with relationships. Five of their partners had described them as being physical, emotionally, or sexually violent or excessively controlling. The men were unable to trust others or be emotionally available for their partners; they also had serious problems maintaining a sexual relationship.

In the Holmes and Slap (1998) analysis of studies, the victims (15%-39%) who reported negative responses to the sexual abuse were more likely to have been subjected to the use of force, have had a much older male perpetrator, and to have been fondled and penetrated. Males who reported positive reactions to their victimization included being older than age 12 at the time of abuse, being abused by a female (88% report positive response); being abused over a longer time period, and remembering physical pleasure.

Despite the occasional report of a "positive" outcome to abuse, Quinn (1999) points out that the results of untreated sexual abuse are not positive. For example, male sexual abuse victims are more likely than non-sexually abused victims to suffer depression, have bulimia, have behavioral and legal problems, poor school performance, suicidal thoughts, and substance abuse. Sexual problems included difficulty controlling sexual feelings, being "oversexed" and forcing sex on others.

What approaches have proven effective in treating victims of child sexual abuse? In the second paper in this series, I will comment on a range of methods.

For further reading (studies cited by Professor Burgess are listed below; links to an extended bibliography follow)

Coxell AW & King MB. Male victims of rape and sexual abuse. *Sexual & Marital Therapy*. 1996;11(3): 297-308.

Fergusson DM & Mullen PE. *Childhood Sexual Abuse: An Evidence Based Perspective*. Thousand Oaks, CA:Sage,1999.

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Holmes WC & Slap GB. Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. JAMA. 1998; 280(21):1855-62.

Isley PJ & Gehrenbeck-Shim D. Sexual assault of men in the community. J Community Psychology. 1997;25(2):159-166.

Keane FE, Young SM, Boyle KM & Curry KM. Prior sexual assault reported by male attenders at a department of genitourinary medicine. International Journal of STD and AIDS. 1995;6(2):95-100.

Prentky RA & Burgess AW. Forensic Management of Sexual Offenders. New York: Kluwer Academic/Plenum;2000.

Quinn KM. Unseen and unheard: Male victims of sexual assault. Coalition Commentary, Springfield, IL: ICASA;1999.

To pursue the references cited above and additional material, please follow this link.