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ATTACHMENT THEORY IN THE TREATMENT OF SEXUALLY ABUSED BOYS

by

Kathryn L. Hickey

B.A., May, 1988, Rhodes College
M.S., May, 1990, University of Memphis

Psy.D. Dissertation submitted to the
Graduate Institute of Professional Psychology
Doctoral Program in Clinical Psychology
University of Hartford
in partial fulfillment of the
requirements for the degree of
Doctor of Psychology
2001

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ABSTRACT

ATTACHMENT THEORY IN THE TREATMENT OF SEXUALLY ABUSED BOYS

Kathryn L. Hickey, Doctor of Psychology, 2001

Psy.D. Dissertation Chaired by John G. Mehm, Ph.D.
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The formation of relational bonds is intrinsic to human nature. They are the building blocks of what it means to be human. Common ideas and beliefs are the basis for society, culture, religion, and family. During times of crisis, humans seek the safety and comfort of those with whom they have formed close bonds. Yet our society tends to minimize the importance of these close relationships for males in crisis. Sexual abuse creates a crisis in the lives of both the victims and their families, especially when the victim is a boy. Attachment theory counters this deprivation by identifying ways to correct and strengthen the boy's innate desire for relational bonds and recognizes the need to also support the parent who has also been traumatized by the son's abuse.

Attachment theory is an easily understood concept for therapist, abuse victim, and family. Not only will utilizing the tenets of attachment theory generate a more supportive environment for the boy to work through his abuse issues, but many of the abuse dynamics in need of correction are based on the need for bonds. This dissertation first delineates the presence of male sexual abuse victims and their need for treatment. Next attachment theory is introduced along with its applicability for the treatment of male sexual abuse victims. Taking into account the needs of males and the attachment issues affected by the abuse experience, an assessment questionnaire was developed that elicits the information necessary to begin treatment using attachment theory. The assessment

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instrument has three main objectives. The first objective is to identify attachment characteristics between the boy and his family, and between the boy and the perpetrator, and to identify characteristics of the internalized working model the boy has developed. The second objective is to determine what factors are preventing the caregiver from providing a secure base for the child. The third objective is to identify factors that contribute to revictimization as well as factors in the family (e.g., low SES, troubles in the parental relationship, drug usage, and psychiatric difficulties) that may contribute to an insecure attachment. An accompanying guide is also part of the assessment instrument to help the interviewer understand what information needs to be elicited and why this information is important to treatment.

As an additional component, an Interview Summary is also presented to offer a clear overview of the issues presented for treatment.

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First, I dedicate this work to my father, Henry Kyle Hickey, who was always my safe harbor and rock. He was, and always will be my comfort and support. To my mother, Niwa, who has loved, encouraged and supported me, thank you. To my understanding, loving, and unsurpassable husband, Farhad, I thank with all my heart. To the lights of my life, Henry Kyle and Nina Katelyn, mommie will always love you. Their presence has given me insight and strength to see this through. And finally, to John Mehm, without his guidance and support, I never would have made it through the maze of the dissertation process. Thank you John for sticking with me through all the years.

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CHAPTER I

SEXUAL ABUSE AS IT PERTAINS TO BOYS

Introduction

Advances in our society have led to women taking a more active role in influencing social mores, resulting in a greater social equality between the sexes. A corollary of sexual equality is the increased awareness of the abuse of power that often accompanies sexual encounters. The women's movement of the 1960's is credited with bringing attention and concern to the issue of sexual victimization and the need for mental health treatment for its victims (Banning, 1989; Young, Bergandi, & Titus, 1994). Researchers have developed treatment programs for victims and society has taken steps to punish perpetrators of sexual abuse against women. In almost every community there are services designed to meet the medical, emotional, and legal needs of sexually abused women. In conjunction with the treatment of adult sexual abuse victims, there has also been an emphasis on protecting children against sexual abuse.

Denying women and children control over their bodies is steeped in the foundations of eastern and western cultural and religious traditions. Men have long considered women and their children to be their property whose purpose is to fulfill their needs. Rush (1980) chronicled the status of women and children throughout the centuries. For example, the Talmud stipulated that a female was the property of her father and her worth was the price he could receive for her use. A child of three years and one day could be betrothed if the groom had sexual intercourse with her. Sexual relations with a child under this age was considered a non-issue as it did not affect the father's ability to benefit

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financially from her bride price. Likewise, the early Christian church established the age of seven for the betrothal of girls, sexual relations before the age of seven were considered inconsequential. Throughout the ages it has been understood that a woman had no control over her sexual partners since her worth was a monetary factor.

It was not until the late 1800's that the crusade against the sexual exploitation of women and children began in England. Josephine Butler called attention to the plight of women and children forced into lives of prostitution. She and her followers brought public attention to the practice of white slavery that filled the brothels with women, boys, and girls, to satisfy the lust of many upstanding Englishmen. Her investigations revealed the presence of as many boys as girls in these brothels, many under the age of twelve (Rush, 1980).

In 1896, Freud stated that childhood sexual abuse was an actual occurrence that resulted in hysteria. Unfortunately in 1905, Freud reversed his opinion of the causes of hysteria and instead stated that these childhood memories were projections of the child's own desires for the opposite sex parent (Whetsell-Mitchell, 1995). Freud's belief that these memories were but fantasies led other professionals to question the existence of childhood sexual abuse (Freedman, Kaplan, & Sadock, 1975, as cited in Matthews, 1996; Whetsell-Mitchell, 1995). This idea that sexual abuse was but a fantasy pervaded the mental health and medical fields well into the twentieth century.

In the 1950's and 1960's, father-daughter incest was acknowledged, but again, the victim was most often blamed for causing the abuse and the negative consequences of this abuse were denied (Whetsell-Mitchell, 1995). The first widespread challenges to these ideas emerged during the 1970's when women began meeting to discuss and

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chronicle their experiences of childhood sexual abuse and molestation (Rush, 1980). These discussions led to the passage of federal legislation in 1974 (PL 93-247) making child mistreatment, including sexual abuse, a legally punishable act. This law also set forth principles regarding those who were responsible for initiating the enforcement of this law through reporting (Mendel, 1995; Child Abuse Prevention and Treatment Act, 1996). Each state interprets the federal law individually, but mandatory reporters include, though are not limited to, health care workers, law enforcement officials, and school personnel. Eighteen states require anyone who suspects child abuse or neglect to be a mandatory reporter of these suspicions (Child Abuse Prevention and Treatment Act, 1996).

With the identification of child victims, the need to develop treatment programs emerged. Most treatment and protection programs evolved through determining the specific needs of women that were critical in overcoming abuse (Hack, Osachuk, & De Luca, 1994). Despite the research and treatment of sexually abused women and girls, there has been little acknowledgement of the male sexual abuse victim (Browne & Finkelhor, 1986; Conte, 1982; Kelly, MacDonald & Waterman, 1990, as cited in Young et al., 1994).

One reason for the lack of research on sexually abused males is the reluctance to accept male vulnerability to sexual abuse and the possibility that males can be coerced into sexual encounters (Freeman-Longo, 1986, as cited in Young et al., 1994; Sarrel & Masters, 1982, as cited in Waterman & Foss-Goodman, 1984; Watkins & Bentovim, 1992). Victimization is antithetical to the model of maleness that exists in our culture (Brownmiller, 1975, as cited in Mendel, 1995; James & MacKinnin, 1990, as cited in

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Young et al., 1994). Not only does mainstream society deny the probability of boys becoming sexual abuse victims, but boys themselves do not think that they will become victims. Dziuba-Leatherman and Finkelhor (1993) administered questionnaires to 44 boys between the ages of 10 and 16. The subjects ranked their likelihood of experiencing both positive and negative events. Results indicated that the boys ranked becoming a victim of sexual abuse as lower than experiencing any other negative event, even contracting AIDS. This mode of thinking by males themselves has contributed to the omission of men in sexual abuse investigations. Males do not allow themselves to believe that they can become victims of sexual abuse and as a result many researchers do not include men/boys in their investigations of sexual abuse.

Male victims have yet to establish themselves as a distinct and unique group, unlike female sexual abuse victims. Treatment programs for males were originally based on those already in existence for females, but research is beginning to reveal that males and females have different experiences regarding sexual abuse and different treatment needs. Males are now developing their own language based on the specific needs of their gender (Mendel, 1995). Laws are also being changed to include offenses against males and define the parameters of sexual abuse. These laws dictate to the public service agencies the scope of their duties and the population they are allowed to serve. Recognition of male victimization will provide more attention, funding, treatment, and legitimacy to this forgotten population. Unfortunately, the denial of male sexual victimization impedes the diagnosis and treatment of the physical and psychological trauma resulting from the abuse and many of these untreated victims go on to pose problems to society in the future.

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Definition of Sexual Abuse

A review of the literature presents a plethora of definitions of sexual abuse used by researchers, treatment providers, service agencies and the general public. Some definitions are exhaustive while others are extremely conservative. The legal definition of sexual abuse falls under the legislation of the Child Abuse Prevention and Treatment Act, first passed in 1974 and later amended in 1996 as Public Law 104-235. The Child Abuse Prevention and Treatment Act broadly defines sexual abuse as:

> The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (p. 29).

Although all state statutes prohibit sexual penetration or sexual contact between adults and children, the definition of sexual contact is different in each state. Many states also have gradations of child rape and sodomy depending on the age of the victim and the age of the perpetrator. For example, Alabama defines rape or sodomy as sexual intercourse with a victim between the ages of 12 and 16 and the perpetrator being a male, at least 16 years old, and 2 years older than the victim. In Idaho, only females are considered victims of rape under the law. In Connecticut the definition of a child is a person under the age of 16, with sexual abuse being defined as sexual molestation or exploitation. Connecticut defines rape in the first degree as sexual intercourse with a child under the age of 13 when the child is at least 2 years younger than the perpetrator Conn. Gen. Stat., 1998); second degree rape is sexual intercourse with a child between the ages of 13 and 16 and who is also 2 or more years younger than the perpetrator (or if

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the perpetrator is a guardian or school employee) (Conn. Gen. Stat., 1998), fourth degree rape involves intentionally subjecting another person to sexual contact when that person is under 15 (or under 18 if the perpetrator is a guardian or responsible for the general supervision of the victim) (Conn. Gen. Stat., 1998). Massachusetts (Mass. Gen. Law, 1999) does not include sexual exploitation in its standard but states that "whoever induces a person under 18 of chaste life to have unlawful sexual intercourse" may be guilty of child abuse and neglect. Massachusetts also categorizes the level of punishment depending on the age of the child. Indecent assault and battery of a child under the age of 14 is punishable by 10 years in the state prison while sexual intercourse or unnatural sexual intercourse with a child under 16 (when force is used or threat of bodily injury) is punishable by incarceration in the state prison for 5 years to life. (Mass Gen Laws Ann. ch 272δ 4 1999. Massachusetts has also deemed that children under 14 are incapable of consenting to sexual intercourse.

Legal statutes also vary in the penalties for sexual contact with children. Connecticut mandates a prison sentence of 10 years for sexual intercourse with a child under the age of 10 and Mississippi law can punish a person over the age of 18 with life in prison or death for carnally and unlawfully knowing a child under the age of 14 (National Clearinghouse on Child Abuse and Neglect Information, 1999). State laws reflect the beliefs of its citizens. These beliefs ascribe differing levels of blame and responsibility for self-protection that are dependent on the level of psychological and cognitive functioning of perpetrator and victim. Children are considered blameless for crimes committed against them. As a child reaches adolescence, he is given more freedom and personal responsibility in decisions regarding sexual activities. Although

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society expects adolescents to gradually increase their sexual knowledge and even engage in some sexual experimentation, all states acknowledge that caretakers have a responsibility to protect children and adolescents from sexual exploitation. The law recognizes that caretakers often exert influence over their wards that impedes the child or adolescent from refusing the requests of the caretaker, even when the requests involve sexual acts. Because of the bond that exists between a child and his caretaker, the caretaker has a greater duty to protect the child than other adults.

As with the variance in legal definitions, there is no standard research definition of sexual abuse to date. It is left to the interpretation of researcher, law enforcement, or mental health provider, to define the parameters of sexual abuse (Whetsell-Mitchell, 1995). Schechter and Roberge (1976, as cited in Watkins et al., 1992) define sexual abuse as engaging in sexual relations with children and adolescents who are dependent in a developmental sense and therefore cognitively unable to understand or give informed consent to sexual activities. This definition seems to encompass the parameters that are of concern for those who treat child victims. Another concern for treatment providers and researchers is the age and the age differential between victim and abuser. Researchers commonly use an age differential of 5 years or more to define the parameters of abuse (Watkins et al., 1992). Johnson (1988, 1989, as cited in Watkins et al., 1992) proposed using an age difference of 2 years to help define the parameters of abusive sexual activities between peers. These age differentials are in accordance with the laws of different states, as most states that define the age of the perpetrator specify the age difference to be between 3 and 5 years (National Clearinghouse on Child Abuse and Neglect Information, 1999).

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After determining that the specific age differential exists for qualification of sexual abuse, the next step in defining abuse is to classify the actual behavior that occurred between victim and perpetrator. Obvious sexual abuse includes some form of contact between victim and perpetrator such as fondling, oral-genital contact, frottage, vaginal intercourse, and anal intercourse (Whetsell-Mitchell, 1995). The biggest discrepancy in defining abuse is whether to include or exclude noncontact offenses. Forms of noncontact abuse include sexual comments, exhibitionism, voyeurism, and viewing pornography. Some states include noncontact offenses as forms of sexual exploitation and are punishable by fines and jail while other states only punish contact offenses (National Clearinghouse on Child Abuse and Neglect Information, 1999).

An additional issue to be considered by a clinician is how to determine abusive from non-abusive sexual contact. Sexualized attention such as caressing, kissing, and exposure to erotic literature can be experienced as either harmful or benign (Watkins et al., 1992). Regardless of the legal definition, some researchers believe that it is not the act but the exploitation of the child for the sexual gratification of the adult, regardless of the effects or lack thereof, to the child that defines abuse (Williams, 1995). For psychological treatment purposes, it is how the child perceives the situation that will determine the extent of the psychological trauma. Included in this perception is the emotional health of the family in which the child lives and the support that the child receives from his caregivers (Friedrich & Luecke, 1988) and from his environment. The psychological importance of the relationship between victim and abuser is another important issue for consideration in treatment planning.

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Methodological Issues

One difficulty in interpreting the research on sexual abuse is the nonexperimental nature of the studies. Much of the data currently available are in the form of case studies and surveys. Due to the inability to assign treatment conditions, interpretation of data may be skewed toward supporting the position of the researcher instead of experimental data that may or may not support the hypothesis being tested (Jumper, 1995, as cited in Rind, Tromovitch, & Bauserman, 1998). With nonexperimental research, conclusions cannot be drawn about the exact nature of the relationship between the variables under consideration. This greatly limits the generalizability of the conclusions (Keppel & Zedeck, 1989). Other difficulties with nonexperimental research include small sample sizes which often lack comparison groups, and the lack of sufficient objective measures. The retrospective nature of most case studies also requires the researcher to rely on clinical reports which allow for little control over methods of data collection and reporting (Watkins et al., 1992). Differences in prevalence rates are not only the result of differences in operational definitions used and in the methods of data collection, but also a result of the personal beliefs aroused by the topic of sexual abuse and honesty in reporting. Prevalence rates also vary according to the reasoning behind the study. Researchers interested in diagnostic sensitivity may use broad definitions and target populations that are more likely to have been abused in order to identify more victims. On the other hand, researchers interested in diagnostic specificity may turn to studies that use more specific and narrow definitions of abuse and that do not target at-risk populations. Rind et al. (1998) state that another problem with current reviews of research is that they do not report effect sizes and often ignore nonsignificant outcomes.

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They also believe that the only method to quantitatively measure effect sizes is to perform meta-analyses on the data. Yet meta-analytic reviews depend on accurate data collection techniques.

Recruiting subjects is also difficult in studies of sexual abuse. Rind et al. (1998) criticize the practice of recruiting participants for sexual abuse studies through general advertisement in newspapers, citing that the sample would be biased towards those volunteers who had more negative experiences. One could also argue that some subjects may be afraid or ashamed to disclose, or they may have repressed their abuse experiences and may not respond accurately to the questions. Children are also excluded as most do not read newspapers. Those who have been abused may not want to appear disturbed so they do not respond truthfully to questions that suggest that their abuse has caused them difficulties. In interpreting the data from surveys of identified sexual abuse victims, it is difficult for the researcher to separate denial by respondents of adverse effects from those who truly experience no adverse effects (Watkins et al., 1992). As for studies utilizing college students, this sample may be affected by respondents who have issues, either positive or negative, and may self-select to participate in other studies that do not ask questions about sexual experiences.

Rind et al. (1998) also criticized the lack of specificity that encompasses the terms child sexual abuse, perpetrator and victim. The authors cite Kilpatrick (1987); Nelson (1989); Okami (1990); and Rind and Bauserman (1993) as other sources that also criticize these loosely defined terms. They believe that the reason for the wide variance in reported numbers of victims, and the corresponding variance in the outcomes of psychological harm suffered by the victims, is due to the imprecise definitions of terms

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used in the studies. The authors believe that the lack of specificity allows for non-pathological cases of sexual experiences to obscure what could be the true harm suffered by victims of childhood sexual abuse. These are obvious areas in need of clarification.

The tool most often used in research of sexual abuse is the survey. A hindrance to conducting surveys is the difficulty in attaining the cooperation of children. Not only must the child agree to participate, but the parent or guardian's permission must also be obtained (Dziuba-Leatherman et al., 1993). It seems probable that a parent who has abused his/her child would not want to risk being exposed, and would therefore not allow the child to participate in any research that may uncover abuse. Another weakness in using questionnaires is that they may not offer suitable responses from which the subjects can select. This may result in an inaccurate representation of the subject's situation. Questionnaires that do not define abuse in specific terms leave the subject to interpret the question according to their own understanding of the topic. This may cause differential responding that can skew results (Dziuba-Leatherman et al., 1993). For example, questions that ask a respondent if he were a recepient of "unwanted touching" may result in an affirmative answer from a male who experienced some form of physical contact with another male whose sexual orientation was different from his own (Hooper, 1997). A Muslim male may also respond that he was the recipient of an "unwanted touch" by a female because females are often considered "unclean." While these examples may have been undesirable occurrences for the individual, these examples of nonsexual contact do not carry the same lasting trauma as being fondled, molested, or raped, and are generally not considered instances of sexual abuse. Questionnaires are also limited by the subject's ability to read and understand the questions, thus young children or mentally handicapped

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children and adults may not be able to respond appropriately (Watkins et al., 1992). It is therefore important to both the validity and reliability of the results that questions are clearly defined. While reviewing their results, researchers (Berger, Knutson, Mehm, & Perkins, 1988) using a questionnaire found that asking direct questions about specific types of abusive situations and acts was more effective in eliciting accurate responses than asking more global and possibly more anxiety provoking questions, such as asking if abuse had taken place (Zaidi, Knutson & Mehm, 1989). Researchers also achieved higher prevalence rates when using face to face interviews (Whetsell-Mitchell, 1995).

The study of human trauma does not lend itself to direct study or control of the variables. Taking into consideration all of the shortcomings of using surveys and archival research, these methods are still the best and one of the only methods available for studying victims of sexual abuse. Some ways in which psychology can improve upon the validity and reliability of research on sexually abused children are to create standardized criteria used in assessing and defining sexual abuse and to develop more reliable questionnaires (Zaidi et al., 1989).

Prevalence

Society does not like to think about the dark side of human nature. The thought of family members, neighbors, and friends as victims, or, worse yet, perpetrators of sexual abuse is repugnant. Failure to discuss child sexual abuse will not make the problem disappear, but instead aids the abusers by propagating nondisclosure. This silence also allows abusers to keep their deeds secret as they continue to victimize more children. Because the adults in their environment project the message that sexual matters are not an acceptable subject for discussion, children are discouraged from asking their parents for

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information. The societal condemnation of male weakness makes the topic of male sexual abuse an even greater topic for denial. Many males are denied information that may help them avoid being abused or attaining help after suffering the trauma of sexual abuse. This causes many males to suffer the negative physical and psychological traumas alone. Not only may the boy feel confused because he does not understand the sexual nature of the abuse, but he may have enough insight to feel that he has violated the standards of maleness. Creating a more accepting atmosphere regarding male victimization contributes to a decrease in the stigmatization and alienation felt by the male victim. This in turn may help reduce the time a male victim spends in therapy by facilitating disclosure at the onset of therapy (Mendel, 1995).

Statistics indicate that females are abused more often than males (Wellman, 1993). Yet boys are more likely to be the victims of violent sexual assaults (Office of Juvenile Justice and Delinquency Prevention, 1995). The abuse experienced by boys tends to be more invasive, involves more types of sexual acts, and more often involves multiple perpetrators (Bentovim, Elton, & Tranter, 1987; DeJong, Emmett, & Hervada, 1982; Ellerstein & Canavan, 1980; Gordon, 1990; Kaufman, 1980). Males are also more likely to be the victims of repeat offenders (Faller, 1989).

Underreporting

One of the most significant agencies involved with identifying, protecting, and collecting data on sexually abused children is Child Protective Services (CPS). Their mandate is to respond to abuse in the home (Faller, 1989). Yet statistics indicate that more boys are abused outside the family (36.6%) than are girls (10.9%), and this may be one contributing factor in the underreporting of abused males (Faller, 1989). This may

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also account for the smaller number of cases of abused boys under investigation by CPS. Cases of male abuse may also go unnoticed and unreported because case workers assigned to investigate reports of abuse of children in a home may not question the males if a female victim has been identified (Black & De Blassie, 1993). Helping professionals may unintentionally contribute to the underreporting of cases by not asking direct questions at the right time. Whenever a female child is identified as a sexual abuse victim, not only should her sisters be regarded as potential victims, but also her brothers.

Underreporting often results in cases where the victim blames himself. Many victims of sexual abuse have been convinced that they wanted or were responsible for the sexual experience. Boys are more likely to keep their abuse a secret. Research conducted in a treatment program with boys who had been abused over an extended period of time found that they felt too ashamed, partially responsible, scared of the abuser, or too attached to abuser to report the abuse. Other boys who were abused for a shorter time period were more likely to use excuses such as "It didn't bother me" and "I could handle it myself" as reasons for not reporting the abuse (Bagley, Wood, & Young, 1994). Some other reasons for nondisclosure are the incest taboo, threats made by the perpetrator towards the victim if he tells, and use of dissociation and denial by the victim of the abuse experience (Mendel, 1995).

There is evidence emerging that as many as one out of every three documented incidents of child sexual abuse are not remembered by adults who experienced them. The younger the child was at the time of the abuse, and the closer the relationship to the abuser, the greater the probability of not remembering the experience (Williams, 1995). A study of 129 women who had previous histories of childhood sexual abuse revealed

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that 38% failed to recall the abuse when questioned about their general abuse history 17 years later. The lack of memory is theorized to be related to the young age of the victim at the time of abuse as well as the close family relationship of abuser and victim (Williams, 1994). Accepting blame for the abuse as well as societal denial of childhood sexual abuse are also likely contributors to lack of memory.

There also seems to be a disparity between one's experiences and how one labels that experience. Research conducted on college students found a large discrepancy between acknowledgement of experiencing specific instances of physical punishment during childhood and labeling oneself as having been abused (Berger et al., 1988; DiTomasso & Routh, 1993). Berger and associates (1988) found that subjects would label specific physical punishments of others as being abusive while downgrading the same acts as "strict, harsh or uncompromising discipline" in conjunction with their own experiences (p. 260). For example, their study found that only 43% of those who had had bones broken by their parents would classify themselves as being abused. The researchers did not speculate on the nature of the unwillingness of the subjects to label their experiences as abusive, yet the evidence that the human psyche utilizes denial to protect itself from threatening labels is evident. It may be likely that a child internalizes the abuser's rationalization of the abuse. If the abuser tells the child that the child has caused the abuse then the child may believe he is somehow responsible. In these circumstances the abused child would not see himself as being abused, but instead believe that the abuse was a justified consequence of the child's own actions. This rationalization may be utilized most readily when the abuser is related to the child. A child needs to believe that his family cares for him and would do nothing to harm him.

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Although the 1988 Berger et al. study was conducted on physical abuse, the 1993 DiTomasso and Routh study compared college undergraduates responses to questionnaires of childhood physical and sexual abuse to their scores on hypnotic susceptibility and dissociation scales. Their results found a small (.21) correlation coefficient between sexual abuse and dissociation. From the physical abuse study and the DiTomasso and Routh study inferences can be made that victims of sexual abuse may employ more dissociation and denial surrounding their abuse. The DiTomasso study also found that 24% of the subjects acknowledged that they had been "beaten with a stick, switch or paddle, ... 12% received some kind of physical injury from parental disciplining, and 7% were punched by their parents" (p.480). Yet only 1.5% believed that they had been physically abused by a parent. This study on the subject's reluctance to classify oneself as an abuse victim supports the idea that the cases that are reported constitute a conservative representation of the actual number of abuse cases. It also appears that denying that one was abused by one's parents may negate some of the negative feeling associated with the experience. Unfortunately, it is difficult to determine if a victim is repressing his experiences due to an unwillingness to label the self as having been subject to a negative experience or if the victim has actually disassociated the experience from the self because of its painful and unacceptable nature. As previously stated, boys often experience more traumatic forms of abuse and it can be assumed that this may contribute to dissociation. Clearly this aspect of nondisclosure merits further investigation.

In a study utilizing college students reading vignettes and attributing blame associated with sexual abuse of males and females, researchers (Waterman et al., 1984)

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found that males placed more blame on 15 year old male victims of sexual abuse than did the women subjects. Males also rated 15 year old male victims to be more at fault for the abuse than 15 year old female victims because they did not resist the advances of the perpetrator. The researchers concluded that men set a higher standard of responsibility for themselves in regards to protecting themselves from harm. This in turn may make a male victim feel more responsible for his victimization and therefore less likely to report his abuse. This study also gives credence to the cultural stereotype of males being the aggressor in sexual encounters. This stereotype fosters the belief that boys who have been victimized somehow contribute to their abuse (Waterman et al., 1984).

Noncontact abuse may involve the highest percentage of unreported cases of childhood sexual abuse. Fergusson, Lynskey, and Horwood (1996) studied a birth cohort of more than 1,000 children after the subjects reached the age of 18. Of those subjects available, 1.8% of the males and 12.0% of the females responded affirmatively that they had experienced noncontact sexual abuse. None of the children sought treatment as a result of the experience and only 20.8% of the children perceived the experience as abusive. The report does not indicate if these incidences were reported to either parents or authorities, but it is probable that most children took no action and that the perpetrator was not reported to the legal authorities.

Another consequence of underreporting is that the victim does not receive therapy and is often left in a situation in which he or others in the community will be revictimized (Vander May, 1988). Due to the publicity attracted by the brutal sexual abuse and murder of young children by repeat offenders, society has taken action against the most deadly sexual predators. On October 31, 1994, Congress passed a statute, popularly know as

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Megan's law, requiring states to institute a program of registration and notification when a person convicted of multiple sex offenses is released from prison ("Megan Kanka", 1997). In May of 1996, President Clinton signed a bill (104 PL. 145,100 stat 1345) requiring community notification when a sex offender moves into a neighborhood. This law came about after a 7 year old girl, Megan Kanka, was raped and murdered by a convicted sex offender ("Megan Kanka",1997). This law and the public attention it shed on childhood sexual abuse will hopefully lessen the secrecy surrounding abused children. It also focuses attention on the dangerousness of sexual predators, the dubious chance of their reformation, and the continued threat that they pose towards children. The law and notification policy may also help society acknowledge the need to protect children from offenders by finding ways to prevent victims from becoming offenders. One possible negative situation created by Megan's law is that society may stereotype all sexual predators as deviants. The possibility of neighbors, childcare workers, relatives, and parents as perpetrators may be forgotten in the frenzy of exposing the convicted offender who enters the community. Failing to educate children on all potential perpetrators, especially about persons known to them, leaves a large population of potential abuse victims vulnerable.

Rates

Until recently, it was believed that boys were rarely abused, and in the rare cases of abuse, the perpetrators were either homosexuals or seriously psychotic men (Mendel, 1996). Depending on the definition of sexual abuse and the method of data collection, 2.5% to 38.2% of the male population has experienced some form of unwanted sexual contact. According to Finkelhor's survey of the then available research (1984, as cited in

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Janus, Burgess, & McCormack, 1987), 2.5% to 8.7% of the male population had been sexually victimized as children.

As part of the Child Abuse Prevention Treatment Act, the U.S. Department of Health and Human Services National Center on Child Abuse and Neglect conducts periodic studies of the prevalence rates of child abuse. These studies utilize reports of abuse from CPS and other mandated reporting agencies around the country. In 1993, 139,326 cases of substantiated sexual abuse were reported to the agencies involved in the study (Hopper, 2001). The last report (NIS-3) was published in 1997 and utilized data collected between 1993 and 1995. The 842 agencies in 42 counties found over 217,000 substantiated cases of child sexual abuse. From this data, researchers estimated that 3.2% of children in America were victims of sexual abuse.

When male college students were questioned concerning their experiences with sexual abuse, rates varied from 4.8% (Fritz, Stoll & Wagner, 1981), 7.3% (Risin & Koss, 1987), and 8.3% (Finkelhor, 1979), to 24% (Fromuth & Burkhart, 1987, as cited in Watkins et al., 1992). Finkelhor included non-contact experiences and used specific age criteria to identify victims and abusers. Fromuth and Burkhart used Finkelhor's criteria but also included sexual encounters between peers that involved threats or force. The inclusion of peer encounters may be one reason for the larger number of sexual abuse victims in the Fromuth and Burkhart study.

Rind et al. (1998) performed a meta-analysis on studies conducted on college students. These students answered questions pertaining to their recollection of childhood sexual abuse as part of a required portion of their coursework. Their analysis of the data found that 14% of college men had experienced sexual abuse during their childhood.

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Those reporting childhood sexual abuse suffered from poorer psychological adjustment than their non-abused peers. When taking into account answers to a question regarding their perception of how their family environment influenced their current functioning, the analysis was only able to attribute one percent of their current functioning to sexual abuse experiences. The authors acknowledged several deficiencies in the studies they used in their meta-analysis. These deficiencies included lack of scientific validity due to the lack of specificity used in the definition of the terms sexual abuse, victim and perpetrator as well as the lack of a control group. Rind et al. (1998) criticized other researchers for overreliance on clinical and legal samples yet they chose to exclude these populations from their analysis. From these studies, the authors concluded that childhood sexual abuse does not cause lasting psychological harm in and of itself in the population of victims that attend college. One could either surmise that there are few effects from childhood sexual abuse as the authors suggest, or one could surmise that the means used to find statistical significance was not adequate or that those victims who are able to attend college have more resources than their counterparts who are in clinical and penal settings.

The largest percentage of abuse victims was identified through a study by Janus and his colleagues (1987). They interviewed and administered questionnaires to 89 male runaways, aged 15-20, residing in a runaway shelter. Results indicated that 38.2% of the subjects had been sexually abused. This questionnaire defined sexual abuse as either having had non-consensual sex, and/or being molested, and/or having been forced to view sexual acts. Studies such as this, conducted on male runaways may be an accurate representation of the sexual abuse found in a subset of the male population but are not

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reflective of the prevalence rates of sexual abuse found in the general population. One explanation for the increase in prevalence rates of sexual assault in a runaway population may be due to their lifestyle involving prostitution and drug use (Janus et al., 1987). In a study by Haviland, Sonne, and Woods (1995) of another population at risk for sexual abuse, the rate of 18.9% was found for students (60 male, 49 female) in a residential treatment center for children with conduct disorders. The authors classified the perpetrators as being family members in 86.5% of the cases and of these, 62.2% were a parent or stepparent.

Bagley et al. (1994) conducted a study of 750 men aged 18 to 27. The research group contacted males in a province of Canada through the telephone book. Participants were asked to answer questions concerning "childhood events, current adjustment and current outlook on life" (p.687). This process of subject selection was repeated until 750 subjects were obtained. Of the men contacted, 72.9% agreed to participate in the study, and of these all but 16 finished the questionnaire. The questionnaire asked about "unwanted" experiences before the age of 17 and found a prevalence rate of 15.5%, with 6.9% of the respondents having been abused more than once. Although this study was able to procure a large number of subjects, certain populations of potential victims may not have been in the sample. Potential subjects who did not have their telephone numbers published, especially those in high risk populations of runaways and institutionalized persons, could not be included in the subject pool. Another limitation to the generalizability of these results is the lack of specific definition of sexual abuse in the study. Here again, a study's generalizability is limited by its lack of specificity in defining the research question.

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Studies using clinical samples yielded prevalence rates of sexual abuse ranging from 3% to 23%. The lowest rate came from a study using psychological records of 954 male and female patients of a regional medical center (Belkin, Greene, Rodrique, & Boggs, 1994). Reviewing records of emergency room admissions of a Buffalo, New York hospital, Ellerstein et al. (1980) found an 11% prevalence rate. Metcalfe, Oppenheimer, Dignon, and Palmer (1990) found a prevalence rate of 23% in their survey of 100 male psychiatric inpatients. One of the difficulties with using archival data is the inability to accurately control the method of data collection. One must assume that all personnel asked each patient the same questions and probed into each patients sexual abuse history to the same degree. Generalizability is also questionable for the Ellerstein et al. and the Metcalfe et al. studies. One could argue that the prevalence rates could be an overestimate if sexually abused men make up a greater percentage of psychiatric patients. It could also be argued that this number indeed is representative of the prevalence of sexual abuse in the general population, as men who are in treatment would be more candid concerning their history than someone questioned at random (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996). Research by Dimock and by Kendall-Tackett & Simon (1992, as cited in Dhaliwal et al., 1996) suggested that males in mental health setting may be more likely to remember their abuse as well as having some documentation of their abuse. Okami (1994, as cited in Rind et al., 1998) argues that victims who seek out psychiatric help experience extremely debilitating effects from childhood sexual abuse while other authors (Pope & Hudson ,1995; Rosenthal, 1977, as cited in Rind et al., 1998) argue that the information generated on a clinical population overestimates the severity of

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the damage caused by childhood sexual abuse because clients are led to believe by the therapist that their current problems are due to past sexual abuse.

Taking into account the suggestion from the Rind et al. (1998) study that the deleterious effects of sexual abuse are created by therapists, there still exists evidence that sexual abuse does negatively impact functioning in many victims. From the random sampling of telephone interviews (15.5% prevalence) to the male psychiatric patients (23% prevalence), it is evident that there is a population of sexually abused males in need of treatment. It is also evident that boys who are prostitutes, drug abusers, and those who are mentally ill appear to be more at risk for victimization. In most cases it is difficult to determine if the victimization was a causal factor for these other behaviors or whether the lifestyle increased the likelihood of the boy being singled out for victimization. But what is evident is that the presence of these circumstances should alert a treatment provider to inquire as to an abuse history.

Risk Factors

Characteristics of males often associated with increased vulnerability and likelihood of becoming sexually victimized include: passivity, girlish appearance or demeanor, bookishness, and lack of interest in stereotypically masculine interests (Lew, 1990a, as cited in Mendel, 1995). Gonsiorek (1993, as cited in Mendel, 1995) added that children in abusive, neglectful, substance abusing families are also vulnerable to sexual abuse. The sexually abused boy is usually an underachiever, in both school and at home, and the parents are often unavailable, either physically or psychologically, to the child, contributing to their poor social skills (Vander Mey, 1988). An 18 year longitudinal study using a New Zealand birth cohort found that being raised by a stepparent and being

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exposed to high levels of marital conflict were positively correlated with childhood sexual abuse (Fergusson et al., 1996). Vander Mey's (1988) research concluded other factors that increased a boy's risk of being sexually abused included living in a mother-headed family, having physically or psychologically neglectful parent(s), having had a previous same sex experience, having had a sibling abused, and living in a household in which the parent(s) suffers from personality and social difficulties. Other confounding factors present in many of the victims' families include poverty, enmeshment issues, and physical abuse (Mendel, 1995). Faller's (1989) study (as cited in Watkins et al., 1992) indicates that of sexually abused children, 46% of the males were classified as middle class as compared to 20.5% of females and 54% of the males were lower class as compared to 79.5% of the females.

Risk factors specific to father-son abuse include: the father sexually abused as a child; father-dominated household; low SES; other siblings abused; parental marital discord; paternal fear of homosexuality; mother emotionally distant; mother collusive and hostile toward males; physical abuse in the household; and parental alcohol abuse. In the case of mother-son abuse, risk factors include: mother sexually abused as a child, mother-dominated household, mother unmarried, low SES, maternal emotional/mental problems, and maternal alcohol abuse (Mendel, 1995). There is also a higher percentage of abuse victims among the runaway populations, among male prostitutes, in male only children's institutions, and in inpatient psychiatric populations (Watkins et al., 1992).

Issues Regarding Age of the Victim

The age of children included in studies of sexual abuse differs from researcher to researcher. In a study of homosexual adolescents the age of initial abuse ranged from 2-

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17 years (Doll, Joy, Bartholow, Harrison, Bolan, Douglas, Saltzman, Moss, & Delgado, 1992). A study of the records of Los Angeles police department found reports of abuse occurring in boys from the ages of 8 to 17 (Baker, 1980, as cited in Vander Mey, 1988). Males sexually abused as children report that their abuse typically began between the ages of 8 and 9, which is similar to the age of onset in women sexually abused as children (Dhaliwal, et al., 1996). Another study reported a mean age of onset of childhood abuse of 5.9 years with a standard deviation of 3.1 years (Haviland et al., 1995). One possible reason for the similar age of victimization for boys and girls is their similarity of sexual development and similarity in physical appearance at this age (Kendall-Tackett & Simon, 1992, as cited in Dhaliwal et al., 1996).

The age of the child when abuse begins is often a factor in identifying the perpetrator. Children under the age of seven are generally abused by relatives, caregivers, or someone known to the child and his family (Cantwell, 1995). This is generally the case due to the restricted environment of young children. As children grow and are allowed to venture outside of the home with less supervision, the possibility of strangers abusing the child increases (Cantwell, 1995).

The age at which a child is first abused is a factor in predicting psychological trauma. Studies indicate that a young child abused by a primary caregiver develops disturbances in reality testing and ability to relate to others (Haviland et al., 1995). Children under the age of four have an egocentric view of themselves and their surroundings. In an attempt to understand what is happening to him, a child at this developmental stage is likely to believe that he desired the abuse since he is unable to attribute events to anything outside of himself (Burkhardt, 1995). Children abused before

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the age of 5 years evidence more sexual problems, are more likely to experience feelings of depersonalization, and evidence more self-destructive behaviors than children abused later (Mendel, 1995).

According to research by Burkhardt (1995), at ages 4 to 6 the child's obedience and compliance with adult commands is based on the reasoning that "one obeys when one must and one disobeys when one can" (p.29). Children at this age are innately curious and the promise of tangible reinforcers and adult approval often serve to sustain the child's participation in the abusive situation. Although children in this age group prefer to do as they please, the authority figure has an "inherent right to govern" (p.29) because children at this age are dependent on the adult to meet their physical and emotional needs. When the authority figure's orders are "clearly wrong or harmful"(p.30) the child begins to question his placement of trust. Unfortunately, the child learns what is good and bad from experiences in his environment, and overt sexual experience is not a normal part of the child's world at this time. He cannot compare his experiences with his peers, and he is further limited in his ability to make sense of the situation by his lack of vocabulary and/or perceived threats from his abuser.

Burkhardt also found that the child aged 6 to 9 believes that he is subordinate to the authority figures in his life. He obeys his parents and other adults because he believes that his parents know what is best for him. The abuse experience may be viewed as a beneficial introduction to sex. This view may be shared by both the child and his adult abuser. By the age of 8, the boy has begun to view adults as more of an equal. The adult has experience in certain areas and therefore knows better but the child has learned that adults are also fallible. Obedience to the adult's orders is voluntary and by the time the

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child has turned 9, the adult-child relationship has a more reciprocal perspective. The child recognizes the adult's expertise in many but not all areas. Sex is one of these areas and may make a child vulnerable if the abuser presents himself as an expert with valuable information that the child wants.

Because knowledge of sexual topics is both taboo and outside of the child's developmental level of comprehension, sexual advances from male authority figures may be difficult for the child to understand and put into perspective. When the abuser has a place of power and trust in the child's life, the child may find it difficult to resist the adult's requests and to know that what the adult is requesting is wrong. It is easier for the child to trust his instincts and report abuse perpetrated by strangers since their power over the child may be less obvious (Burkhardt, 1995).

Perpetrator Characteristics

The majority of perpetrators of sexual abuse against children are males who are known to their child victims (Dimock, 1988; Finkelhor, 1984; Porter, 1986; Reinhart, 1987). Researchers have found that less than 15% of abuse is perpetrated by strangers (Whetsell-Mitchell, 1995). The 1992 Friedrich et al. study found that the majority of abused boys were victimized by a related adult who was rated by the boy as being at least moderately important to him. Hodge and Canter (1998) studied victim self-report questionnaires and police reports to discriminate between abuse by strangers and known perpetrators. Stranger abuse was a crime of power usually committed by a heterosexual male. Stranger abuse was also more likely to take place in an outdoor setting, include some degree of violence, and involve older victims. Groth and Burgess' (1980, as cited in Hodge et al., 1998) theory is that domination, power and aggression were the prompting

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for stranger abuse. Contrary to stranger abuse, when the perpetrator is known to the victim the attack often occurs inside either the perpetrator or victim's home. The victim is usually a young boy who obeys the perpetrator as he views the adult as a powerful person who must be obeyed.

While it is true that some molesters of young boys are homosexual, it is more often true that boys are abused by heterosexual men. These men generally develop a pattern of abusing many boys over a long period of time and do not discriminate between males and females but instead choose whoever is most vulnerable and/or available (Porter, 1986, and Summit, 1983, as cited in Singer, Hussey, & Strom, 1992).

Many researchers have attempted to classify child molesters. In her study of child abusers, Gresham (1990) cites the research of Burgess and Groth. She also makes a distinction between molesters who use seduction and persuasion and rapists who assault their victims. Burgess et al. (1978, as cited in Gresham, 1990), classify molesters into two categories. The first category is the fixated molester whose sexual orientation is for children. This molester is at an arrested socio-sexual level and usually prefers male victims. The second category in the Burgess et al. (1978) classification is the regressed offender. This offender's primary sexual orientation is toward age-mates and he usually prefers female victims. The molestation is in response to situational factors.

Groth (1979, as cited in Gresham, 1990) classified rapists into three categories. The first classification is the anger rapist who rapes a child as retaliation for a perceived injustice. The victim may be related to the person who wronged the rapist or a child who was an opportunistic victim. This rapist usually batters the child both physically and sexually. The anger rapist commits his assault in an impulsive and uncontrolled manner

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with alcohol or other intoxicants being involved in the commission of the act (Hobson, Boland, & Jamison, 1985). Hobson describes the progression of anger rapist's crimes as fantasies which cannot be fulfilled and therefore the rapist becomes obsessed with the attainment of these fantasies and rapes again and again. Groth's second classification is the power rapist who uses enough force or threat necessary to gain the child's cooperation. This rapist is less likely than the anger rapist to injure the child physically. Instead, the power rapist chooses a vulnerable child in an attempt to overcome his own feelings of insecurity and prove to himself that he is in control. The crime is generally premeditated and based on a fantasy in which the rapist has complete control over the situation and his victim (Hobson et al., 1985). Groth's third classification is the sadistic rapist who uses force against the child. The force used serves as a form of sexual stimulation for the rapist. The sexual acts are often ritualized and can include kidnapping, bondage, mutilation, acts of torture, and sometimes murder (Hobson et al., 1985). The victim has a symbolic meaning for the rapist, usually himself as a child. Of the above mentioned aggressors, the fixated molester, sadistic rapist, anger rapist, and the power rapist are all prone to select male victims and are also the least receptive to intervention (Gresham, 1990).

In selecting their victims, the incarcerated sexual offenders in the Singer et al., (1992) study reported a preference for their own children or selected children who were withdrawn, passive, compliant, trusting, and easy to manipulate. These children were often from broken homes. Children who appeared to need specialized attention and whose parents were not able to provide such attention were also targeted by child molesters (Project for the Advancement of Sexual Health and Safety, as cited in Singer et

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al., 1992). Once a child has been selected for victimization, the perpetrator often begins a process of grooming his victim. He begins by becoming a special person in the child's life. Through this close relationship the perpetrator manipulates the child by learning the child's likes and fears. As the nonsexual friendship continues, the perpetrator initiates sexual contact (Berliner & Conte, 1990). The perpetrator often presents sexual activities as adventures or special activities that are part of their special relationship (Sgroi, 1982 as cited in Singer et al., 1992). The sexual acts in and of themselves may not be traumatic to the child, but the secrecy and the age-inappropriate introduction to sexuality does have traumatic elements and repercussions (de Young, 1982).

According to de Young's (1982) study, long term sexual abuse is less likely to involve physical injury since the perpetrator wishes to sustain the abusive relationship as long as possible. In many instances the perpetrator will rehearse the molestation many times before actually touching the child in order to overcome the child's fear and anxiety. As the child begins to sense that what is occurring is wrong, the child may begin to exhibit signs of fear, guilt, anxiety, and even depression if the child feels that the adult has betrayed his trust.

Once the sexual abuse has been initiated, perpetrators employ a number of strategies to ensure continuation of the sexual relationship and discourage disclosure. The gradual transition from friendship to exploitation often confuses the child and decreases that likelihood the child will refuse the perpetrator's sexual advances (Reyman, 1990). Male victims may become confused after their molestation experiences because many boys are under the impression that only girls can be molested (de Young, 1982). Perpetrators often use rewards such as alcohol, drugs, friendship, and toys to increase

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compliance (Singer et al., 1992). When the child does not succumb to bribery, coercion is often used. In a study of 270 day care facilities where sexual abuse occurred, 31% of the cases involved physical force and 42% involved the threat of force (Finkelhor, Williams, & Burns, 1988, as cited in Reyman, 1990).

Findings of Singer and his colleagues (1992) found that the perpetrator may threaten to abandon the child if he refuses to participate in the sexual activities. For children who have little parental support, this fear of losing a caring adult often ensures compliance. The perpetrator may also convince the victim that he is to blame for the sexual activity by using the reasoning that the child is too sexually tempting and therefore the perpetrator is unable to control his impulses around the child. Another technique used by molesters is telling the child that sexual relations between children and adults is acceptable and it is only narrow-minded people who are against children and adults having sexual relations (Singer et al., 1992). Thus the perpetrator who has formed a relationship with his victim becomes an important figure in the child's life. The juxtaposition of abuse and attention most often results in long term psychological disturbance (Browne et al., 1986).

Abusive Parents

Parents who sexually abuse their own children have two distinct characteristics that differ from most other parents. The first is the capacity to become sexually aroused by their children and the second is the capacity to act on the arousal (Finkelhor & Araji, 1986, as cited in deYoung & Lowry, 1992; Williams & Finkelhor, 1988, as cited in deYoung et al., 1992). In incestuous families, the father may have abdicated his role as caretaker (Parker and Parker, 1986; Williams & Finkelhor, 1992, as cited in Friedrich,

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1995a). This lack of connection with the child may allow him to see the child in a sexualized manner (Friedrich, 1995a). The cycle of abuse termed traumatic bonding is characterized by deYoung et al. (1992) as a cyclic pattern of events based on the power differential between parent and child. The parent generally persuades the child to engage in the sexual act and then rationalizes the act in his/her mind as educating the child in the ways of sex. After using the child to fulfill his/her sexual desires, the parent often feels both the relief of sexual tension and guilt over abusing the child. This guilt often results in the parent returning to an appropriate parental role. As the cycle continues, the parent begins to rationalize his child's compliance as acceptance of the sexual relationship. Compliance on the child's part often results from the belief that he cannot refuse or a desire to have the sex act completed so that the parent will return to the loving, proper role.

Female Perpetrators

Condy, Templer, Brown and Veacon (1987, as cited in Lawson, 1993) reported that many males abused by females remembered the experience as nontraumatic unless coercion was involved. Lawson (1993) contends that many cases of mother-son abuse go unreported because many men only reveal such abuse after long-term treatment. He also contends that when these cases are reported, workers are less likely to act on this information.

Matthews (1996) reported that the majority of abuse committed by women occurred in daycare settings. Self-report studies have revealed that 60% of the males victimized in day care settings were abused by females (Johnson & Shrier, 1987), similar studies of male college students found that 72% to 82% of those males reporting abuse

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claimed that the perpetrator was female (Fromuth & Burkhart, 1987, 1989 as cited in Matthews, 1996; Seidner & Calhoun, 1984, as cited in Matthews, 1996). For men who have been convicted of raping women and committing other sexual offenses, 59% (Petrovich & Templer, 1984, as cited in Matthews, 1996), 66% (Groth, 1979, as cited in Matthews, 1996), and 80% (Brier & Smijanich, 1993, as cited in Matthews, 1996) reported being victims of sexual abuse by females.

Males are stereotyped as always willing to engage in sexual relations with females. Society condones male adolescent initiation into sexuality by an older woman (Hack et al., 1994; Mendel, 1995). The media, literature, and even history is full of examples of men looking forward to their first sexual experience. As a result of this social climate, male victims tend not to report less severe types of sexual abuse, especially those involving female perpetrators (Matthews, 1996). Sexual encounters of adolescent boys with adult women are often considered a normative sexual experience and are viewed by society as a positive developmental experience (Watkins et al., 1992). It is therefore difficult for treatment providers to overcome this bias towards early sexual experiences with older women. These boys who find their abuse experience traumatizing, uncomfortable, or unwelcome may feel confused by the conflict between society's promotion of male-female sexual experiences and their own feelings of revulsion and disdain.

Mendel (1995) postulated that more than 40% of the perpetrators of sexual abuse against males are women. He believes that the cases of women molesting boys are the greatest unreported category. Women in our country are not "supposed" to be sexually aggressive. Society refuses to believe that any woman other than one that is severely

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emotionally disturbed could abuse a child. Going along with this premise, those responsible for policing adult conduct (law enforcement officials and child protection advocates) rarely question the mother in cases of suspected sexual abuse.

Women, especially mothers are the caretakers of our society. As such, women are allowed a freer range of sexual contact with their children in the daily caretaking responsibilities of bathing, changing and dressing their children (Watkins et al., 1992). When women allow their sons to sleep with them, society usually views this as a case of the mother making the child overly dependent. This same situation with a father allowing his daughter to sleep with him would raise questions of inappropriate sexual behavior (Watkins et al., 1992).

Marvasti (1986) reported that the majority of women who abuse children are subtle and nonviolent. Mothers who use subtle and non-coercive means to gratify their own sexual desires may believe it is in the child's best interest (Lawson, 1993). Sroufe and Ward (1980, as cited in Friedrich, 1995a) observed the interactions of mothers and sons. Of the boys who were later found to have been sexually abused, the actions of these mothers toward their sons involved sexualized and intrusive contact including kissing and groping inside the clothing. They described the behavior of the boys as inattentive, overaroused and overactive.

Mendel's (1995) study determined that mother-son abuse was more detrimental to a boy's social development than abuse by a male. Abuse by the mother led to emotional immaturity and possible inability to develop sexual relations with others. Bolton, Morris, and MacEachron (1989) believe that male sexual development is impeded by maternal

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abuse because the male looses a sense of maternal protection and instead feels that he must care for himself at an earlier age.

Reaction to Abuse

Sexually abused boys acknowledge that the events surrounding the abuse were unpredictable and unalterable, but often feel they were nonetheless to blame for the situation. Males often feel that they should have been able to control the situation and avoid the abuse (Janus et al., 1987). Because of these feelings, sexually abused children often feel that they failed themselves and are consequently ashamed (Kaufman & Wohl, 1992).

Lew (1990a, 1990b, as cited in Mendel, 1995) distinguished three patterns of male identification following abuse. The first role is that of victim. The victim continually recreates situations throughout his life that place him at risk for further abuse. The second role is that of perpetrator. The probability of the victim becoming a perpetrator increases as the abuse is of long duration or the victim is abused by more than one person (Bagley, et al., 1994). The third role is rescuer. The rescuer helps others in ways he wanted to be helped. In this role the victim often recovers a sense of positive self esteem.

All children seek nurturance and safety. For many sexually abused children, needs for nurturance are identified as sexual. Many needs may have been met through the abusive relationship and sex continues to be viewed as the only way to receive nurturance. Real relationships with others are often seen as threatening and sexual behavior may be one of the few ways to relate safely and still have some needs met (Mendel, 1995).

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Physical Symptoms

Physical signs of sexual abuse include difficulties in walking or sitting; bleeding, pain or inflammation of the genital or rectal area; and venereal diseases in the rectum, throat, and genital area (Whetsell-Mitchell, 1995). A sudden onset of bedwetting in a child who had previously slept through the night unsoiled or wetting his pants during the day are also possible indicators of sexual abuse (Reyman, 1990). Black et al. (1993) reported that other potential indicators of sexual abuse include a sudden onset of fear during diaper changes, baths, or being dressed. A sudden, acute, and unexplained fear of a particular person could also indicate sexual abuse (Salter, 1988, as cited in Black et al., 1993). When young children exhibit excessive or compulsive masturbation this is also an indicator of some sexual trauma (Salter, 1988, as cited in Black et al., 1993; Schultz & Jones, 1983, as cited in Black et al., 1993).

Psychological Symptoms

As with many other psychological phenomenon, it is difficult to quantify mental and behavioral consequences resulting from sexual abuse. Experiencing unwanted sexual activity before the age of 17 has a statistically significant link with various indicators of poor mental health, including depression, anxiety, posttraumatic stress, and suicidal ideas and behaviors (Bagley et al., 1994). The primary negative effects following abuse are poor self image, acting aggressively or fearfully, feeling less rational and confident, being more likely to withdraw from usual activities, being more likely to be overly anxious to please adults, and to act out behaviorally (Conte, 1982). When working with young children, it is difficult to ascertain the effects of the abuse due to the limitations of their vocabulary and due to the fear of reprisal from the abuser. It can also be the case that the

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victim may suppress memories of abuse or not acknowledge that what happened to him was deviant. There is also the difficulty for parents to discriminate between behavioral symptoms of sexual abuse and the normal developmental changes of childhood (Reyman, 1990).

Symptoms of sexual abuse show themselves differently depending on the age and maturity of the child. A dramatic change in the behaviors of young children indicate the need for further investigation since these children often lack the verbal skills necessary to tell parents that they are troubled (Reyman, 1990). For Watkins et al. (1992) the following three factors often indicated a male had been abused: suddenly developing a fear of men or any type of sexual or close contact between males, inappropriately displaying their bodies in public, or disclosure of abuse from a sibling. Abused preschoolers often experience nightmares and inappropriate sexual behaviors. School-aged children may show inappropriate fears, behave neurotically and exhibit signs of general mental illness including Post-Traumatic Stress Disorder (Myers, 1989), aggressiveness, nightmares, develop school problems, behave hyperactively, or demonstrate regressive behaviors (Reyman, 1990). Adolescents often show signs of depression, often becoming withdrawn, and/or exhibit self-injurious behaviors including committing illegal acts, running away, abusing substances (Krug, 1989), and attempting suicide (Adams-Tucker, 1982, as cited in Black et al., 1993; Briere et al., 1988, as cited in Black et al., 1993). They may also begin complaining of somatic distress (Kendall-Tackett, Williams, & Finkelhor, 1993). Without treatment, these symptoms often translate into sexual dysfunction or offending behaviors in adulthood.

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Initial Symptoms

One study (Elwell & Ephross, 1987) concluded that 90% of sexually abused children experience behavioral changes after their abuse experience. Their research was conducted on 20 children who were under the age of 13. The behaviors evidenced by these children, listed from most frequent to least frequently experienced were: excessive dependence, fear of specific people, trouble going to sleep, waking at night, decrease in appetite, nervousness, pain related to physical area of attack, crying at night, difficulty in school work, fear of being alone, and not wanting to go to school.

An initial problem that often becomes chronic for abused boys involves entering into and maintaining meaningful relationships. These boys often have difficulty with authority figures (Bagley et al., 1994; Janus et al., 1987). A contributing factor to the boy's difficulty in interacting with and maintaining healthy peer relationships is the aggressive behaviors, sexualized behaviors, and lack of interpersonal boundaries that is commonly evidenced in most sexually abused boys (Friedrich, Berliner, Urquiza, & Beilke, 1988a). Externalizing behaviors have been shown to decrease over time (Friedrich, Urquiza, & Beilke, 1986).

One of the reasons that boys often do not receive treatment is that they seem to be more asymptomatic than females following their abuse. Some theories posit that the male child is more effective at suppressing his symptoms and is not recognized as needing therapy. From their review of the literature of child sexual abuse, Kendell-Tackett et al. (1993) offered the following explanations for the lack of symptoms observed in sexually abused males. One explanation is that the child has not yet processed his experiences and the true tramatization will present itself at a subsequent developmental stage when his

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victimization has more meaning or consequence. Another explanation may be that some adolescents and adults may not remember their abuse experience, as their investigations showed that the younger the child is at the time of the abuse, the greater the likelihood of amnesia in adulthood. Yet another explanation is that the child is resilient and has psychological, social, and alternative resources to cope with the abuse other than through formal treatment.

Conte (1988) studied a group of 369 children (24% boys), which included a comparison group of non-abused children, and found that 21% of the sexually abused children showed no symptoms of psychological disturbance following their documented abuse experience. In this study, the most important factor in reducing the effects was the presence of at least one supportive adult relationship. The converse was also true as the more pathological the family, the greater was the degree of trauma reported by the child. The factors under consideration are whether males are really less affected by sexual abuse or are more able to deny the effects, and the role of family dynamics and social support in the appearance of negative effects.

Long-term Symptoms

Factors predicting long-term disturbance include: long duration of abuse, young age of onset, severe abuse, and a close relationship between victim and perpetrator (Browne et al., 1986; Herman, Russell, & Trocki, 1986; Tsai, Feldman-Summers, & Edgar, 1979). These disturbances include a malevolent world view, sexual maladjustment, and need for psychotropic medications (Mendel, 1995). Acting in a sexualized manner was related to having multiple perpetrators and being abused many times (Friedrich et al., 1986). More general long-term effects often include depression

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and somatic disturbances, low self-esteem and negative self concept (Lew, 1988; Myers, 1989), guilt and self-blame (Hunter, 1991; Lew, 1988; Myers, 1989), problems with interpersonal and sexual relationships (Bruckner & Johnson, 1987; Dimock, 1988; Hunter, 1991; Krug, 1989; Lew, 1988), and becoming an abuser (Browne et al., 1986).

The normal fears and anxieties of childhood are often intensified by the feelings of violation caused by sexual abuse. When a child becomes burdened with the adult situation of having a sexual experience and the accompanying feelings (both positive and negative), he lacks the intellectual, emotional, and social maturity to cope with the situation. This increased anxiety can have a detrimental effect on the child's intellectual functioning by interfering with his ability to effectively work and concentrate on complex tasks (Clarizio & McCoy, 1983).

Not only can anxiety and worry caused by the feelings generated by the abuse experience interfere with intellectual functioning, but this can also interfere with the development of proper neural functioning in the brain. The study of the behavioral problems of sexually abused boys led Friedrich (1995b) to the research by Perry (1993, as cited in Friedrich, 1995b). Perry suggested that traumatic experiences can affect development in portions of the brain that regulate stress responses. Children subjected to chronic abuse and neglect have evidenced dysregulation in the catecholamine system of the central nervous system. The long-term stress of coping with the aftermath of the abuse can cause changes in brain structure that may permanently affect the boy's ability to effectively regulate his emotions.

Many adult survivors of childhood sexual abuse carry feelings of inadequacy (Dimock, 1988; Lew, 1988; Myers, 1989; Pierce & Pierce, 1985) due to a sense of lost

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power, control, and confidence in their manhood (Myers, 1989). In an effort to assert his masculinity, the male survivor may engage in risky sexual behaviors, such as having multiple female partners, victimizing others, or participating in violent or dangerous acts (Bruckner et al., 1987; Lew, 1988).

Sexually acting out is a common behavior in abused children. This inappropriate behavior is often the impetus for the parent to seek treatment for the child. Children act out sexually because young children do not understand that their actions are inappropriate and are accustomed to repeat what has been done to them (Fale et al., 1988, as cited in Cantwell, 1995). When the sexually acting out behavior involves other children, the parents cannot ignore this behavior or dismiss it as simple curiosity or explorative play. When adults do ignore sexually abusive activities, the child interprets this as acceptance of his behaviors (Kikuchi, 1995).

Perception of what is acceptable behavior in our society is different for males than females. Society values the ideas of individualism and achievement in males who are supposed to meet their psychological and material needs alone (Sommers-Flanagan & Walters, 1987). Since males appear to exhibit more externalizing behaviors, they often suffer more at the hands of society than females. Acting out behaviors draw attention to the abused boy through the negative acts that are most often punished through the legal system (Roane, 1992). The underlying victimization contributing to the inception of the acts goes untreated. This may result in the boy carrying around feeling of shame, blame, and fears of being homosexual, which may increase the likelihood of the victim engaging in self abusive activities such as drug and alcohol abuse and becoming a perpetrator (Gordon, 1990). Females, on the other hand, are more likely to hurt themselves and this

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often leads to others reaching out and comforting these victims and referring them to counseling once the victimization has been revealed.

Dynamics of the Trauma Associated with Sexual Abuse

One of the pioneers of sexual abuse study and research is David Finkelhor. He and his colleagues have conducted studies in the past and continue to conduct studies on the effects of sexual abuse on children. One of the hallmarks of his research is an integrative theory of the trauma experienced by abuse victims.

Finkelhor and Browne (1985) identified four sources of trauma. These are traumatic sexualization, betrayal, stigmatization, and powerlessness. Other variables influencing the degree of traumatization include the importance of the emotional relationship between perpetrator and child, type of abuse, and presence or absence of force (Friedrich et al., 1988b). According to Finkelhor et al. (1985), the traumagenic dynamics alter the child's cognitive and emotional orientation and distort his sense of self, his world view, and his affective capacities. The reactions of fear and anxiety to the abuse often impair the child's sense of efficacy and his ability to cope with stress. Due to these constraints, the child feels he is unable to control or cope with his environment, placing him at risk for further victimization. The sense of being unable to defend himself from unwanted advances makes him a target for those abusers who prey on vulnerable children.

Traumatic Sexualization

According to Finkelhor et al. (1985), traumatic sexualization occurs when a child is exposed to sexual experiences before he is developmentally, emotionally, and cognitively ready. This in turn results in a display of developmentally inappropriate and

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interpersonally dysfunctional behaviors (Mendel, 1995). Not only do these children display sexually inappropriate behaviors, but they also evidence confusion and misconceptions about proper sexual conduct (Smith & Howard, 1994). According to Kaufman et al. (1992), the actions of the perpetrator cause the child to give inordinate and inappropriate importance to his sexual organs. The child who has been repeatedly rewarded by the perpetrator for sexualized behaviors may begin to associate sex with the attainment of a valued reward. These rewards consist of affection, attention, privileges, and gifts (Finkelhor et al., 1985). Long term abuse may lead the child to consider this type of behavior as a normal means of giving and obtaining affection. The child may also associate emotions with sexual activities. The child also learns that sexual behaviors can be used to manipulate others or to satisfy his developmentally appropriate needs for attention and affection. He may try to engage his peers in sexual activities to gain their favor. These actions will most likely frighten his peers and cause them to further alienate and avoid him.

Inappropriate sexualized behaviors are also distressing to adults. From the case studies of Smith et al. (1994), sexually abused children placed in foster/adoptive homes are often asked to leave because the caretakers are uncomfortable with or repulsed by the child's sexual behaviors and revelations. Most adults feel uncomfortable or bewildered when they are the recipient of sexual overtures by a child. The child is again traumatized by the loss of a caring environment which may reinforce his feelings that he is not worthy of love without giving favors in exchange.

Larson and Maddock (1986) described the dynamics of intrafamily abuse as resulting in difficulty with personal boundaries due to family members engaging in

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symbiotic relational patterns. Emotional survival is dependent on the emotional and psychosocial status of other family members. This carries over into therapy with the victim exhibiting hypersensitivity to the emotions and stimuli of other victims. They often blame each other for their own anxiety and may feel victimized by the other's acting out due to their difficulty in shutting out stimuli. The incest victim's anxiety is often externalized through physical and sexual (hypermasculinity and homophobia) acting out. The homophobia also encompasses fear of closeness with other boys (Scott, 1992). Inappropriate actions most often occurs when the child experiences situations that are reminiscent of the abuse experience.

Betrayal

Feelings of betrayal occur when an abused child discovers that a person he depends on has caused him harm. The abused boy not only experiences betrayal from the offender but also from family members and trusted friends who are unable or unwilling to protect him, disbelieve that the abuse ocurred, or react to him differently after his disclosure (Finkelhor et al., 1985). The results of this revelation can include: extreme dependent behaviors; impaired ability to trust others; anger; hostility; grief; depression; and withdrawal from intimacy (Finkelhor et al., 1985; Mendel, 1995). Anger has been found to be a long-enduring emotion associated with childhood sexual abuse (Stein, Golding, Siegel, Burnam, & Sorenson, 1988, as cited in Smith et al., 1994). According to Smith et al. (1994), children who felt betrayed by a trusted adult may use anger to repel others who try to engage them in any close interpersonal relationship. The anger is characterized as a regressive or defensive mechanism against the possibility of further betrayal. Antisocial behaviors and delinquency may also represent a desire for retaliation

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against the betrayal (Finkelhor et al., 1985). The presence of subsequent attachment relationships may also revive the traumatic feelings of the original abuse and thereby trigger the fears of betrayal and the subsequent defense of anger.

Stigmatization

Stigmatization involves the negative connotations communicated to the child concerning his abuse experiences. These negative messages become incorporated into the child's self-image. Feelings associated with stigmatization include guilt, shame, lowered self-esteem, a sense of being different, withdrawal, isolation, self-mutilation, and suicide (Mendel, 1995). Acting out behavior serves to distance the victims from each other and their common issues, and serves to defend against the awareness of their own feelings of inadequacy. The degree of acting out can be used as an indicator of the lack of control and the need for distance.

When the child infers from others that he has been involved in something that is bad, shameful, or objectionable, he often incorporates these negative attributes into his sense of self (Mendel, 1995). These negative connotations are not only communicated by those around him, but also by his own awareness of the societal taboo against sexual activities between males. After disclosure, these negative feelings about the self are reinforced when others react with shock or blame. The longer the boy keeps the abuse secret, the more reinforced is the sense of stigmatization and the feeling that he is different in a negative way (Scott, 1992). The boy may avoid close relationships to protect his secret. These feelings of being bad and different may influence him to gravitate towards other stigmatized groups or activities such as drugs, criminal activity

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and prostitution (Finkelhor et al., 1985). An advantage of group therapy is that it helps boys feel accepted and normalizes their feelings and reactions to the abuse (Scott, 1992).

Powerlessness

Powerlessness, as defined by Finkelhor et al. (1985), occurs when the child's territory and body space are violated and is exacerbated by coercive or manipulative acts by the abuser. As a result of the abuse, the child may feel unable to protect himself against harm. Through the child's own beliefs about admitting to abuse and due to threats from the perpetrator, the child often fears that the repercussions of disclosure will be worse than allowing the abuse to continue. The child may regain a sense of control if he is able to either end the abuse or somehow influence the reoccurrence. The child may also try to regain some control over his life by dominating and controlling others (Finkelhor et al., 1985). A significant number of sexually abused children may resort to lying as a means of influencing others. According to the research of Smith et al. (1994), sexually abused children may tell peers falsehoods about other children in order to create dissention among the peer group. Smith et al. (1994) also found the case histories of sexually abused children examples of compulsive lying in which there was no apparent advantage to the child in telling a falsehood, yet it appeared that in situations where the child felt helpless or ineffective, lying became an instinctual response.

Cognitive, emotional, and experiential immaturity of the younger child makes regressive responses more likely, where as an older child may react by running away or escape by taking elicit drugs (Watkins et al., 1992). Violent acting out is often a reaction to unacceptable feelings. As Scott (1992) revealed, one obstacle during the healing process is containing this hostility, especially when it is directed at other group members.

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As a result of the abuse, the boy often questions his sense of efficacy and this may lead to feelings of anxiety, fear, and a need to control (Mendel, 1995). Identification with the aggressor and repetitious compulsions are means of compensating for feelings of powerlessness (Daldin, 1988, as cited in Smith et al., 1994). There is a circular and causal relationship between victim and offender. Feelings of victimization lead to externalized responding through offending and this in turn protects the boy from revictimization (Scott, 1992). The stress of the abuse and the need to overcome feelings of powerlessness may cause the victim to reenact childhood trauma to undo the hurt, except in the reenactment he plays the role of aggressor. Situational stress may also cause some individuals to regress to earlier patterns of psychosexual relating, including the awakening of latent or unresolved sexual interest in children (Bagley et al., 1994).

Friedrich (1995a) points out the overlapping characteristics of the traumagenic factors of reduced self-efficacy and a distorted view of the self that falls under both the stigmatization and powerlessness categories. He admonishes the clinician to pay attention to the whole child and not simply categorize and treat a symptom list. In evaluating the child who has been sexually abused along the four dimensions of traumagenic dynamics, the clinician should assess what dynamics are present and infer from this the predominant concerns for treatment. Next, predictions respecting the difficulties associated with each dynamic can be made.

Sexual Orientation as a Societal Issue

Most people assume that men who molest boys are homosexuals. Yet studies show that the ratio of homosexual pedophiles approximates the ratio of heterosexual pedophiles (Hack et al., 1994). Groth and Birnbaum (1978) report that offenders attracted

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to boy victims are typically uninterested in, or repulsed by, adult same sex relationships and find the young boy's feminine characteristics and absence of secondary sexual characteristics, such as body hair, appealing. A corollary to the myth that male molesters have a homosexual orientation is the belief that being victimized by another male means the victim must also have a homosexual orientation. This message may be particularly strong for a boy who has been abused by more that one male perpetrator (Watkins et al., 1992). Parents who give credence to this misconception may discourage their son from reporting the abuse or may minimize the trauma suffered by their son for fear that both themselves and their child will be stigmatized by the label of homosexuality (Groth et al., 1978; Hack et al., 1994). It also follows that if the perpetrator was homosexual, then the boy as well as his parents may be more reluctant to report the assault or even acknowledge that the assault occurred.

Johnson et al. (1987) found that males molested by males were more likely than those molested by females to view themselves as having a homosexual orientation, a devalued status in North American society. In this same study, males victimized by females reported the impact of the abuse to be more severe, possibly as a consequence of experiencing a reversal of stereotypical gender roles which placed the female in the more powerful role.

Cultural Issues

Attachment theory is based on the support, influence and relational experiences between parent and child. These influences can greatly help the boy or aggravate the trauma. Parents convey ideas regarding nudity, sexual expression, sex roles, and tolerance for diversion from tradition. Religious ideas regarding sexuality, homosexuality

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and abuse also contribute strongly to the acceptance and healing process of abuse victims. The cultural or family of origin beliefs that expect males to be able to protect themselves, take charge of sexual situations, and frown upon sexual relations between men may limit the parent's ability to support the son. Transmission of these beliefs has probably negatively influenced the child's image of himself as a competent male. Some cultures expect men to be the aggressor in sexual acts, and assume traditional (and rigid) sex roles (Canino & Spurlick, 2000). When this cultural norm is violated, both the child and parent may have issues that interfere with their support and positive feelings for the son. It is beyond the scope of this investigation to consider all of the different cultural and religious beliefs that influence male sex roles, parental support, and beliefs surrounding male sexual abuse. It is evident that each victim was raised and influenced by his environment and that these influences are an important factor in his recovery.

Victim Role

Females are usually abused by males and therefore are left with an intact female role model. Mendel (1995) studied treatment strategies for sexual abuse victims. He found that as part of their treatment and recovery, women are further inculcated into the "female" role through messages that they were victimized. This role of victim is in accord with the societal definition of typical female characteristics. The female victim of sexual abuse is told that the abuse was not her fault and she was powerless to stop the perpetrator. Being weak is not stigmatizing when one is a woman recovering from abuse. Indeed, one is expected to need comforting and support to work through such a traumatic experience. This is often not the case when males are abused.

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When a boy is abused by another male who is also a significant person in his life, the male image has been damaged. Being male and being told that you are now a victim does not conform to the male image of invulnerability, strength, and being in control. The stigma of a homosexual orientation is another component of the abuse that women do not have to work through in their recovery. The loss of power and competency he is feeling as a result of the abuse, mixed with the societal message that he does not fit the profile of a competent male creates problems in the boys self-concept and self-esteem.

Self Perception and Abuse

Male anatomy may play a key role in forming the perception that the victim enjoyed the experience. Because male genitalia is external, arousal to direct stimulation is more obvious. From the research by Matthews (1996) and Mendel (1995), obtaining an erection, experiencing pleasurable sensations, or having an orgasm is, to the male victim, physical "evidence" that he is attracted to other males. It also reinforces the male victim's mistaken belief that he was responsible in some way because he "obviously" enjoyed it. Contrary to popular belief, a male can have an erection and achieve orgasm even when fearful. Sexual abuse perpetrated against a male not only makes the victim question his sexual identity but also his masculinity (Bruckner et al., 1987; Dimock, 1988; Gilgun & Reiser, 1990; Johnson et al., 1987; Lew, 1988; Myers, 1989; Nasjleti, 1980; Rogers & Terry, 1984; Sebold, 1987; Watkins et al., 1992). Being forced to perform sexual acts on another male has long lasting effects on a boy's self-concept. The fear that the sexual abuse has caused or will cause him to become homosexual (Dimock, 1988; Finkelhor, 1984; Gilgun et al., 1990; Lew, 1988; Myers, 1989; Nasjleti, 1980), may develop into an

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irrational fear or intolerance of homosexuality (Gilgun et al., 1990; Lew, 1988; Myers, 1989).

Society instills in boys the idea that they should be self-reliant and independent. Sexual prowess is a valued male characteristic while showing weakness is linked to a homosexual identity and femininity, and this is looked down upon in mainstream society (Clarizio et al., 1985; Roane, 1992; Watkins et al., 1992). This contributes to the fear many boys have regarding homosexuals and their own abuse experience. Many boys are confused about the after effects of the abuse. The often feel uneasy about the homoerotic implications of the abuse (Rogers et al., 1984). If the boy responded to the abuse experience, he may feel that the perpetrators somehow knew that he was also homosexual and may have unknowingly given off signals only recognizable to another homosexual who subsequently singled him out for victimization (Mendel, 1995; Watkins et al., 1992). Because males tend to attribute to themselves the desire and willingness to participate in all sexual activities, the boy may feel that he was partially responsible for the abuse, especially if he characterizes himself as weak or less masculine that his peers (Finkelhor, 1984, as cited in Mendel, 1995). If the thought of having a homosexual orientation is unacceptable to the victim, this may lead him to repress or forget the experience (Watkins et al., 1992).

Johnson and Shrier (1985 and 1987, as cited in Mendel, 1995) reported that adolescent males who had been molested by a male indicated their sexual orientation as homosexual at a rate seven times greater than males who had not been molested. There was also a six fold increase of males reporting a bisexual orientation over a non-molested population. In a similar study by Finkelhor (1984), abused men were over four times

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more likely to report having engaged in homosexual activities that nonvictims. Interpretation of this data is difficult. One could speculate that homosexual men may be more inclined to report their abuse as there is no longer any stigmatization involved. It could also be argued that perpetrators select victims who may have homosexual inclination and who fit into the categorization of children who isolate themselves from their heterosexual peers. The inference that sexual abuse leads to homosexuality is a topic that is beyond the scope of this paper.

Reaction of Homosexual Adolescents

Studies indicate that adolescents with a homosexual orientation may be sexually abused at a higher rate than their heterosexual peers. Coleman (1989, as cited in Doll et al., 1992) stated that certain characteristics of adolescents with a homosexual orientation may make them more vulnerable to sexual abuse. They often lack peer and family support during this time of sexual exploration and may become confused about how to refuse unwanted sexual encounters. These adolescents may also put themselves in situations, such as gay bars and bookstores, where there is a greater risk for exploitation. When questioned about their sexual history, many homosexual adults reported they had sexual relationships while still minors with older men and that these experiences were either neutral or positive. Some men reported that they had their first sexual experiences before the age of five, with 64% of the partners being family members and 49% of the encounters involving the use of force (Doll et al., 1992). Doll questioned the veracity of the neutral or positive feelings associated with these reports and offered the alternative interpretation that the men reframed their experiences in order to cope with the potentially overwhelming experiences.

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Summary of Chapter One

Child sexual abuse is a crime perpetrated by an adult upon a child. In our society, the legal definition of child and adult are arbitrary. What is not arbitrary is that the spirit of the law is to protect children from adults who wish to use them to satisfy their sexual desires. Likewise, adults in a position of authority or are responsible for the well being of children are also legally and morally sanctioned for abusing children in their care. Our current culture acknowledges that childhood sexual abuse is no longer a fantasy or the result of children deliberately seducing innocent adults. Yet we are still influenced by our history that views children as the property of the parent. Society is working towards the goal of being responsible for the nurturnace and protection of children. Part of this nurturance of male sexual abuse victims is to acknowledge that males are abused and thereby entitled to treatment programs tailored to their needs. Of significant importance is the need to reduce the alienation felt by the majority of male victims.

One of the difficulties in creating a therapeutic atmosphere for male victims is the lack of public consensus on the definition of sexual abuse. In legal terms, there is consensus in all states that any sexual contact between a child and a caretaker is unacceptable and unlawful. Unfortunately, this is the only point on which all states agree. Legal definitions of abuse, abuser, and victim differ from state to state.

A corollary of the difficulty of lawmakers to come to a consensus on the parameters of sexual abuse is the difficulty of researchers in the field to agree on an operational definition of sexual abuse. Other difficulties in studying male sexual abuse are in designing studies that accurately identify victims and the circumstances of their abuse that most impacted their lives. Many of the studies that are used in collecting data

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on sexual abuse involve the use of questionnaires. Researchers are becoming more proficient in designing questionnaires that will elicit the information they are seeking. One design component found to increase accuracy is to ask specific questions and allow the subject to elucidate. These types of questionnaires eliminate the possibility of differential responding through individual interpretation. Yet even with improved questionnaires, there is a dearth of longitudinal research.

Although a researcher may have a perfectly designed questionnaire, he must then recruit subjects. The current social climate is not one that encourages male victims to come forth and report their abuse or even admit to having been abused. The difficulty in securing subjects and designing an effective tool in assessing disturbance in males leads to difficulty in determining prevalence rates of male sexual abuse.

From the available data, studies have found rates ranging from 1.8% to 38.2%. The lower rates are found through general questionnaires given to large numbers of college men while the higher percentages are found in populations of teenage runaways, a population in which one would expect to find higher rates of abused children. Many researchers believe that many cases go unreported due to helping professionals being unaware of the correct questions to ask (Black et al, 1993), victims not wanting to admit to abuse (Bagley et al., 1994; Berger et al., 1988; DiTomasso et al., 1993), and the inability of the victim to remember the abuse (Mendel, 1995; Watkins et al., 1992; Williams, 1994).

Society has certain standards for men and being a victim of sexual abuse does not fall within this standard (Mendel, 1995). Men are expected to protect themselves from harm. Males who do not hold to this standard are often ostracized from the rest of their

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peers. Unfortunately, it is this population of boys, those who are already isolated and suffer from self-esteem deficits, who are targeted by pedophiles (Porter, 1986, as cited in Singer et al., 1992; Summit, 1983 as cited in Singer et al., 1992). Because male sexual abuse is not within the realm of acceptable occurrences, abused males often suffer in silence.

Securing a child's participation in a sexual relationship almost always involves coercion. Some forms are obvious such are threats to harm the child or his family, while others are less obvious such as the promise of rewards, favors, or friendship. Yet it seems that the most effective form of coercion is the threat of abandonment or withdrawal of love from a person of emotional importance to the child. The coercion used by the perpetrator not only elicits the child's initial participation but also elicits silence on the part of the child.

The physical, emotional, and social ramifications following abuse are determined by the type of abuse and the closeness of the emotional attachment between child and perpetrator. One reaction felt by the majority of male victims is a sense of shame at not being able to have maintained control of the situation and prevented the abuse (Janus et al., 1987; Kaufman et al., 1992). Other effects suffered as the result of abuse range from repression of the incident to dramatic changes in behavior, developing a negative self-concept, and suicide. Finkelhor et al. (1995) categorized sources of trauma created by childhood sexual abuse as traumatic sexualization, betrayal, stigmatization, and powerlessness. These negative feeling created in the child are universal issues that must be addressed by the child and those around him also affected by the abuse. Males follow similar patterns of identification as female abuse victims in either viewing themselves as

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victims or rescuers (Lew, 1990a, 1990b, as cited in Mendel, 1995). A third process of identification found mainly in males in that of perpetrator. It is this role that is most detrimental to society. The male victim who becomes a perpetrator not only demonstrates his attempts to overcome his own victimization experiences in a negative fashion, but also continues the cycle of abuse for future generations.

Another issue for many boys who are molested by a male is sexual orientation. Although the majority of child molester are heterosexual males, the stigma of having been assaulted by another male often leads the boy, his family, and peers to believe he either has homosexual tendencies or is less of a man because another male molested him. For the adolescent who already has a homosexual orientation, he may feel more responsible for the abuse and either blame himself or reframe the experience as non-traumatic because he somehow deserved or wanted the abuse to occur (Doll et al., 1992).

Due to the stigmatization of male-on-male sex crimes in our current culture, male victims often have difficulty making sense of the situation. Difficulty in finding help is hampered by the male's reluctance to come forward and by the lack of social service agencies currently available to help males.

The next step in addressing the problem of male sexual abuse is to develop treatment strategies that address the unique needs of males. Some of the predominant areas in need of attention are: forming and maintaining relationships; overcoming social prejudices against male weakness and male on male sexual abuse; and providing adequate support and direction for the victim who may often turn to antisocial means of venting his feelings. Attachment theory is a useful framework for addressing many of the issues faced by male victims. By utilizing this framework, the clinician seeks to first

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provide the victim with a sense of security in a time when the boy's world is in a state of upheaval. Research has indicated that the role of the parents in the male's recovery is important. Attachment theory addresses the importance of this role in the psychological well-being of children and studies of parent-child interactions can be utilized to aid in treatment.

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CHAPTER II

ATTACHMENT

Sexual abuse creates trauma in relationships. Not only does the child suffer traumatic feelings from the abuse, but other family members are also affected. The parents must cope with the aftermath of disclosure, including their own feelings regarding the sexual abuse of their son. Attachment theory is a useful framework in offering insight into the trauma suffered by the victim and in aiding both the victim and his parents. By supporting the parents and helping them provide a secure base for their son, the son in turn may experience the nurturing environment necessary to work on his personal abuse issues.

The degree of traumatization is influenced by the child's attachments before the abuse occurred (Friedrich, 1995a) and by the reaction of his attachment figures after disclosure of abuse. When the abuser has a significant role in the child's emotional life, a multitude of factors interfere with the child's development (Clarizio et al., 1983). Sexual abuse by a parent or other close attachment figure often results in long-term disturbances in the child's feelings about himself and others (de Young et al., 1992). Sexual abuse by a nonrelative is more easily rationalized as a transient or anomalous event and may not interfere as much with a child's ability to form relationships, provided he still has a secure attachment and support system in his parents (Mendel, 1995).

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Fundamentals of Attachment Theory

Attachment

Attachment theory was first conceptualized by John Bowlby. Mary Ainsworth later collaborated with Bowlby and contributed the concept of the caregiver as a secure base for the child. Attachment theory evolved from Bowlby's study of the ethological comparison of bonds in animals with the bonds between mother and child. Through these studies he determined that there is a biological and instinctual basis for a child's attachment to its mother (Bretherton, 1991). Harlow's study of rhesus monkeys revealed that physical comfort is preferred over food in young monkeys (Harlow & Zimmermann, 1958, as cited in Bretherton, 1991). Bowlby incorporated studies of human and animal interactions with their young to explain the guiding forces of human relationships that begin at birth and continue throughout the lifetime. Throughout infancy and early childhood children depend on their parents to provide them with the basics of food, clothing, and physical protection, and as a result, children develop an affective-emotional link with the parent to ensure that the parent cares and nurtures them (Clarizio et al., 1983). In later years the dependence on the parent for physical protection develops into the need for their approval and attention as well as a fear of losing the parent (Ferguson, 1970, as cited in Clarizio et al., 1983).

Emotional dependence is an inborn characteristic of all humans and many animals. Human infants initially develop an attachment to the principal caretaker (Clarizio et al., 1983). As the child grows and is able to think for himself, the child attempts to influence his caretaker's actions so that they concur with the child's needs and desires. The child determines if there are stipulations to the caretaker's protection and

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attention. Through this mutual interaction, the child develops a degree of confidence or suspicion concerning the availability of the caretaker to provide for his needs (Ainsworth, 1989). Not only does the attachment relationship impact the child's level of social competence, but Bowlby (1973, as cited in Friedrich, 1995a) also proposed that the foundation of the personality is based on an internal working model formulated from the attachment experiences with the caregiver. This internal working model is based on the child's feeling of being desired, valued, and supported by the caregiver which is inferred from the caregiver's level of responsiveness, availability, and level of care for the child. When the child views his caretaker as a basis of safety, other people and situations are not as threatening, allowing for exploration (Holmes, 1997). This is the template used to base his beliefs about his degree of self-worth and how other will respond to him (Hadley, Holloway, & Mallinckrodt, 1993). Between the ages of 3 and 5 the child begins to form his concept of how he can expect to be treated by his caregivers (Holmes, 1997). The quality of the interactions between child and caregiver determines the characteristics of the child's attachment to his caregiver and ultimately influences his relationships with others.

According to Weiss (1991), attachment relationships are comprised of three factors. These factors are proximity seeking, secure base effect, and separation protest. Proximity seeking refers to the child's attempt to remain within the physically protective sphere of the parental figure. Regaining contact with the parental figure is elicited when the child, parent, or the parent-child relationship is threatened. Secure base effect refers to the child's ability to explore and play due to a sense of security felt towards the parental figure. Separation protest refers to the child's active attempts to regain access to the

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parental figure once separation has occurred. Feelings associated with separation protest include fear and helplessness. The degree to which these characteristics are exhibited by the child are used to classify the type of attachment relationship existing between child and caretaker.

Attachment relationships are classified into four basic categories. These include a secure attachment and three gradations of an insecure attachment: avoidant, resistant/ambivalent and disorganized. According to Turner (1991), a secure attachment is characterized by interactions between child and caretaker that are positive, relaxed, and confident. A secure attachment usually provides a secure base of emotional nurturance. It is from this working model with the caretaker that the child learns he can leave the nurturing figure and expect her to be available for comfort and reassurances upon their reunion (Ainsworth, 1989; Bretherton, 1991; Turner, 1991). Secure attachments are characterized by the caregiver encouraging the child's development of a sense of self through communicating their own values as well as through trusting and respecting the choices that the child makes for himself (Holmes, 1997). Holmes also believed that the caregiver in a secure relationship acknowledges and tolerates protest from the child. By allowing the child to see that the caretaker has this resiliency, the parent shows the child that one can overcome and go on after an emotional rejection. From this secure base, the child is able to form relationships with others in society (Clarizio et al., 1983). This secure base also contributes to the creation of a cycle of interacting in which the child expects positive social interactions, acts in ways to ensure that these actions come about, and is rewarded with the predicted positive outcome (Eagle, 1997).

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Weiss (1991) also believes that attachment relationships foster feelings of security while social relationships foster the ability to attain goals. Because the securely attached child can rely on his parents being available to him, self-reliance is fostered in the child. Weiss believes that the presence of attachment relationships helps children and adults maintain emotional stability in times of crisis. Adults who characterized their parents as warm, caring, and responsive considered themselves to be socially competent, and felt that they were capable of pursuing their goals (Hadley et al., 1993). It appears that having a basis of trust in others allows a child to view his environment as benevolent and view himself as capable of succeeding in this environment.

The absence of a secure attachment or dependence on the parents leads to difficulty in initiating and maintaining social relationships due to the child's lack of desire for the approval of others (Clarizio et al., 1983). Smallbone and Dadds (1998) label all children not securely attached to the caregiver as insecurely attached. They characterized the insecurely attached child as behaving in a coercive and noncompliant fashion in relation to the caregiver. Support of their characterization was derived from observations of interactions between physically abused children and their caregivers. In these interactions, the children behaved with a combination of aggressive, ambivalent and avoidant strategies in their attempts to engage the caregiver. An insecure attachment creates a vicious cycle of interacting in which the child expects negative reactions from others, behaves in ways to perpetuate a negative reaction , and subsequently receives validation of his perception of relationships.

The first classification of an insecure attachment style is the avoidant attachment. Aviodant attachments are classified by an emotionally neutral stance taken by the child in

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his interactions with the caretaker (Turner, 1991). According to Turner (1991), the insecurely attached child avoids interpersonal interactions and responds with minimal speech, little eye contact, and is physically distant when placed in situations requiring interpersonal exchanges. Fonagy and colleagues (1994, as cited in Holmes, 1997) theorized that children who live with trauma are unable to empathize with others because the insecurity in their lives renders them unable to make sense of their own thoughts and feelings. Holmes added that the avoidant person wants a relationship but the overwhelming fear of rejection keeps him at a distance. Friedrich (1995a) describes this style of relating as coming from the parent who is uncomfortable with or resents close interpersonal interactions and passes this manner of interacting at "arm's length" onto the child. Insecurely attached boys are more likely to control peer, giving them contact with others but not experiencing any receprocity. These children bring to future relationships expectations of insensitivity and rejection.

According to Turner (1991), a resistant/ambivalent attachment is characterized by a child who acts in an immature and dependent manner in the presence of his caretaker. When this child is reunited with his caretaker after a separation, he is often angry, frustrated, and behaves in a contrary manner. This child behaves as if he is confident of his abilities to explore one moment but the next moment he behaves as if his caretaker may abandon him. Holmes (1997) characterizes the ambivalent adult as desiring independence and autonomy but does not separate the fear of not being able to return to the secure base of the parent if needed. As a child, he was unable to develop an independent sense of self due to his inability to feel secure without the caretaker.

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The third insecure attachment classification is the disorganized type. According to Friedrich (1995a), children classified with a disorganized attachment have a history of at least one significant relational disruption. Parental neglect is common and the parents themselves often report a history of neglect or abuse in their childhood. These children "feel empty, fragmented, and not there" (p. 49). The attachment style of these children are characterized by a combination of aggressive, ambivalent, and avoidant tactics acted upon in a seemingly random fashion (Lyons-Ruth, 1996, as cited in Smallbone et al., 1988).

A secure attachment relationship may be a contributing factor to the lack of long term symptoms in some victims. Children who can confide in their parents and have in them an emotionally secure base to work through their feelings surrounding the abuse may not suffer as much trauma as those children who are not as securely attached (Haviland et al., 1995). Securely attached children may also experience fewer negative feelings concerning their sense of self-worth and may not feel they need to exchange sexual favors for attention.

Separation

Bowlby, Robertson, and Rosenbluth (1952) studied war orphans and hospitalized children and identified three response phases characteristic of children who have been separated from their attachment figure. The initial phase is protest which is the child's response to the anxiety he feels upon first separating from his attachment figure, usually the mother. During this phase the child becomes distressed and endeavors to regain proximity. These endeavors include calling to her, looking for her and either rejecting comfort from a stranger or by clinging desperately to the stranger. All of these behaviors

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indicate that the child is distressed, but has an expectation that his mother will return. The second phase in the separation process is despair and correlates with grief and longing. During this phase the child begins to display signs of hopelessness. Characteristic behaviors include withdrawal from normal activities, cessation of making demands from people around him, and monotonous or intermittent crying. Lack of actively seeking the mother figure is generally an indication of mourning and not an indication of a lessening of the child's distress. The third phase is denial or detachment and is a defensive response to the separation. The child begins to accept his surroundings and may return to play. Reappearance of the mother at this phase is often marked by apathy and distancing.

Most people go through the initial phase of protest as they mature but do not progress through the second or third phase. Instead, adolescents who have a relatively secure base in their parents are able to exist as an independent being who knows that support and security continues to exist if a need arises (Holmes, 1997). Holmes goes on to outline the progression of separation that culminates in autonomy. He states that by the time the child begins school, he knows that he is a separate entity from his parents. He begins to trust his ability to make friends and understand the social context of his environment. During the separation process, the child often exhibits anger at the parent for the loss of continuous contact. Knowing that he can receive comfort from the parent, and experiencing positive feelings from others that is similar to that of the parent, helps the child decrease his anger and fear of separation. By young adulthood, the securely attached person has the skills necessary to form relationships, make informed decisions, and act independently.

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Loss

Bowlby's (1969) investigations revealed that from the age of six months and lasting through adulthood the loss of a mothering figure produces negative feelings. This response includes making demands on others that produce anxiety and anger if unmet. Loss may also block the capacity to form intimate relationships. A mitigating factor in the trauma caused by the loss of the primary mothering figure was remaining in a familiar environment with a constant single caretaker. This generally resulted in less distress for the child.

Ainsworth's (1991) studies revealed that even brief separations from the mother, especially in an unfamiliar environment, were distressing to most children. Extrapolating from her research, it appears that the abused child may be exposed to several different forms of loss following disclosure. Losses may include the loss of the family member who abused him, loss of the family if the child is removed from the home, and possible loss of parental support. In cases where abusers have developed a relationship with the victim, the loss of attention and proximity to the perpetrator can present difficulties for the child. This threat is often what keeps victims from revealing their abuse.

Bonds Other Than Parental Bonds

Affectional Bonds

Ainsworth (1989, 1991) defines an affectional bond as a long-enduring connection to a specific person. The hallmark of this relationship is a desire for closeness. This bond is usually sustained over time and can endure through periods of separation. During separation there is a desire to reestablish communication and contact. Reunions are characterized by pleasure. Sudden separation or loss of the person causes grief.

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Attachment relationships are a type of affectional bond yet have the added criterion of providing comfort and security when the attachment is secure.

Parent Surrogates

Although the child's initial attachment pattern is established in early childhood, this pattern of how one thinks about oneself and subsequently relates to others can be changed by later life experiences (Murray & Cooper, 1994, as cited in Holmes, 1997). Parent surrogates can also become attachment figures or establish an affectional bond with a child. In the therapy relationship, the therapist tries to assume the role of the surrogate attachment figure in the hope of providing the client with a corrective secure base from which to reformulate a working model of healthy relationships (Ainsworth, 1991). Holmes (1997) predicts that children with an ambivalent attachment style will be scared that the therapist will be unable to tolerate his negative emotions. Part of the therapeutic process will involve allowing the boy to express his anger and see that the therapist can tolerate his emotions. The goal of the therapist is to have the boy realize that he can internalize the therapeutic relationship. This internalization would be the template for forming other healthy relationships.

Children also form attachment relationships with others during their formative years. Children form attachment relationships with their siblings, either in conjunction with a healthy attachment relationship with a parent or when a healthy attachment with the parent is absent (Ainsworth, 1989). In times of hazardous conditions, soldiers often form attachment relationships with their comrades (Weiss, 1982, as cited in Ainsworth, 1989). It appears that humans will form attachment relationships with others in situations which foster close proximity, the need for protection, and the need for emotional comfort.

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Unfortunately, perpetrators also assume the role of parent surrogate for many of their victims by providing the neglected child with attention. For the reasons stated above, the child who has formed an affectional bond with his perpetrator is often unwilling to lose this bond.

According to Bretherton (1991), anxiety is experienced by a child when a frightening situation occurs and the safety of the attachment figure is unavailable. Bowlby believed that excessive anxiety occurs when the child is threatened by parental abandonment or rejection, especially if the child feels that he is responsible for the separation. Anxious feelings can manifest themselves through a defensive lack of expression or concern as well as emotional excitation. A child who trusts and has affection for a series of mothering figures may gradually stop becoming attached to caretakers as he continues to experience the loss of these figures. This indifference towards caretakers may transfer to all close relationships (Bowlby, 1969). By taking into account this information, it would lead to the conclusion that the need for attachment relationships is strong in humans from birth throughout the life span. The importance of allowing and ensuring proper attachment relationships to develop appears to be an important factor in healthy development. Therefore, for boys who act out and require placement in institutional settings, attention needs to be taken to ensure that their attachment needs are met. For the neglected boy who acts out and has also been sexually abused, his need for closeness and support is often in conflict with his fear and mistrust of close relationships. Data from previous sections show that many sexually abused boys do not reveal their abuse and therefore their treatment needs go unmet while in the juvenile justice system, foster placement, or in psychiatric institutions. In most cases their

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acting out behavior is the focus of treatment, the need to form corrective bonds and build needed support in the parents or other caretakers may be overlooked. Because the male victim has already begun to reject forming close bonds with others in society, denying him the opportunity to form corrective attachment relationships increases the likelihood that he will suffer from a lifetime of dysfunctional relationships.

Peer Bonds

A secure dependence on parents during childhood leads to a dependence on peers in adolescence and then to a sexual partner in adulthood (Bretherton, 1991). In studying attachments among peers, Youniss (1980, in Parkes et al., 1991) interviewed and categorized children's interactions employing three age classifications and levels. Peer groups aged 6-8 were characterized as valuing sharing. Peers groups aged 9-11 were characterized as valuing reciprocity, dependability, and companionship. Peer groups aged 12-14 were characterized as valuing cooperation, reciprocity, ability to share feelings, ability to work out differences, and being accepted. Children over the age of 9 look for companionship, reciprocity, and acceptance. Taking these variables into consideration may aid therapists in focusing on issues of that developmental period. This research also helps to identify the factors that aid perpetrators in seducing their victims. An adult who will provide these qualities fills a void in the lives of neglected children.

In male adolescents, group membership and cohesion is an important means of identification (Ainsworth, 1991) and is important in the transition from relying less on the parent and more on the self. Children and adolescents use each other to compare what is acceptable (Sullivan, 1953; Youniss, 1980, as cited in Parkes, 1991). Yet the child takes the attachment template that was developed through his interactions with his parents and

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transfers these expectations and attitudes to his relationships with his peers (Turner, 1991). By distancing himself from his parents, the adolescent also distances himself from a source of emotional support, and a sexually abused adolescent may feel inhibited in confiding in his parents by his need for autonomy (Feiring, Taska, & Lewis, 1998).

The sexually abused male often feels different from his peers because of his secrets. He cannot engage in the sharing of feelings that is characteristic of this age and most likely feels that should he share his experiences, he would be rejected by the group. This in turn may contribute to the antisocial and acting out behavior exhibited by male victims. Feiring et al. (1998) stated that adolescents who feel that their only source of support is through their peers are at greater risk for acting out. They believe that the adolescent who has completely withdrawn from his family for emotional support may feel more vulnerable to negative reactions from peers and in the absence of family protection and nurturance, may exhibit faulty judgments.

A study of children placed in a residential setting due to behavioral problems revealed that those children who were abused by a primary caregiver often become alienated from others for self-protection (Haviland et al., 1995). The authors theorized that the child who alienates himself may experience a reduction in anxiety because he no longer feels threatened by interpersonal relationships. This anxiety is instead replaced with depressive feelings due to loss of a connection to others. Here again the importance of attachment bonds, giving the child a secure base and a role model, is seen as an essential component to emotional health and social competence.

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Adult Attachments

Attachment persists into adulthood through a transition in which the role of protector is transferred from the parent to a romantic partner. Weiss (1991) contends that support for this theory comes from studies of reactions to threats. Psychological arousal in both children and adults motivates the threatened person to seek the attachment figure. Grief associated with loss of the attachment figure is evident throughout the lifespan. Ainsworth (1989) believed that the internal model of the lost parent continued to influence the person and was evidenced through mourning and remembrances.

Weiss supported the belief that adult bonds are influenced by the type of childhood attachment. Adults who characterize their parents as unavailable may have difficulty forming adult bonds due to the distrust the child had for his parents' ability to provide adequate support (Wallerstein & Blakeslee, 1989, as cited in Weiss, 1991). Applying Weiss's theory to childhood sexual abuse helps to explain why some sexually abused boys have difficulty initiating and maintaining relationships. Along with the studies on identification with the aggressor, it can be surmised that the example of his male abuser, whether parent or another significant male, contributes to his identification of maleness to that of abuser. Smallbone and Dadds' (1998) study of offenders revealed that many experienced insecure attachment relationships with their caregiver and associated sexual feelings with negative cognitions and did not perceived sexual relationships as reliable, mutual associations. Their study concluded that as a group, rapists reported abusive relationships with their fathers as well as insecure attachments with their mothers. Smallbone and Dadds (1998) surmised that this combination of childhood experiences contributed to the adoption of a mindset of being unworthy of

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caring relationships and therefore the rapist adopted an uncaring, unsympathetic, abusive, and often violent approach to sexual encounters.

The therapist who tries to become a surrogate parent for this child may also encounter difficulties. In order for the therapist to use the therapy relationship as a corrective experience, the child must first allow the therapist to assume the parental role. For children who have already formed a mindset of relationships as being non-protective and hurtful, the therapist may find the situation daunting.

Abusive Parents

According to Weiss (1991), specific attachment figures are not replaceable, even in instances of parental neglect and abuse. Once a person becomes a source of security for a child, that person cannot be arbitrarily replaced with another. Although an attachment relationship can and often does exist in a situation where the parent also abuses the child, this is generally an insecure attachment. Some of the characteristics of abusive families that predate the abuse and contribute to the insecure attachment include rejection, role reversal or parentification, and unresolved trauma in the parent (Alexander, 1992). Parentification is a process in which the child becomes the caregiver to the parent. According to Holmes (1997) this defense results from the child not wanting to be the recipient of abusive parenting. Taking on the parenting role may be one that the boy feels is socially comfortable. By feeling that he is responsible for the parent, the boy has regained a sense of control. This premature responsibility often results in anger and preoccupation (Van Ijzendoorn et al., 1997) with close relationships. Healthy parents help the child associate words and meaning to feelings, but the abusive parent conveys the message that the child's feelings are inconsequential, especially those of pain, betrayal,

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and revulsion towards the parent (Leiman, 1995, as cited in Holmes, 1997). The child continues to depend on the abusive parent, but the relationship is devoid of any exchange of feelings and is not a source of interpersonal growth for the child (Holmes, 1997).

Weiss (1991) believes that a parent who provides a secure base for a child through toddlerhood, but later uses that child for sexual gratification may find that the child remains attached to the parent but those feelings of attachment are marked by ambivalence. The child of an abusive parent may also associate anger or maltreatment with attachment feelings. The child will often continue to seek out the abusive parent when feeling threatened, although these attachment feelings may cause psychological conflict in the child. One may extrapolate from the literature that the abused child would desire the termination of abuse but this most likely would mean the loss of the parent. Loss of the parent would elicit feelings of separation protest in the child. These threats of separation would cause the child to have to choose between the emotional loss of parental security and the cessation of the abusive experience. Whichever course the child elects, there will be a rift in the parent-child relationship and his feelings towards future relationships will be affected.

In the memoirs of a child abused by his psychotic mother, Berendzen (Berendzen & Palmer, 1993) recalls feeling that the loss of his parents, should he disclose, was worse than the abuse. He felt that his parents wanted the best for him and always provided him with life's necessities. Since his abuse experiences were sporadic and because he feared abandonment should he refuse his mother, he determined he could not stop the abuse but would instead stop himself from thinking about the abuse.

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According to Haviland and his collagues (1995), sexual abuse by a parent or stepparent produces many problems in the household. When a parent abuses his or her child, there is a betrayal and violation of the caretaking role ascribed to the parent. This child has lost the sense of having an interpersonal connection as a result of the violation of trust that results from the abuse. He also has as his role model someone who has hurt and betrayed him. With no secure base to respond to the child's experiences, the child may become withdrawn, rejecting all other social interaction in order to avoid the pain that he has learned accompanies close relationships. He may alternatively incorporate the offender's deviant system of relating to others through fear, coercion, and secrecy.

Like Berendzen, many children feel that their parents' main concern is for their well-being and therefore rationalize the abuse is an anomaly that occurs in their life. One method the child utilizes to preserve the role of the abusive parent as a caring and safe attachment figure is for the child to distort reality. According to Carey (1997), the abused child may be more concerned with maintaining the attachment relationship than protecting the ego. This child needs to believe that the parent is safe and in order to accomplish this, the child attributes the causes of abuse to himself. The child believes that he has behaved badly and, as a result, the parent had to behave in an abusive manner as rightful punishment. Not only does the child convince himself that he is "bad" but he generally begins to behave in a manner that reinforces this internal working model of himself. The child may begin to victimize others, become sexually active, exhibit difficulty with boundaries, and develop faulty attributes. When this "bad" child is revictimized by the parent or another adult, the child receives secondary gain from the revictimization. The secondary gain includes reinforcement of the self as "bad" as the

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parent only punishes the child through the victimization, thereby protecting the attachment relationship. The secondary consequence of this distortion is that the child first tends not to recognize dangerous situations and is therefore restricted in setting boundaries in dangerous situations. Unfortunately, both the positive and negative consequences of the distortions of reality follow the child throughout his lifetime.

Not only does the child lose the ability to recognize dangerous situations, but the abused child also has difficulty deciding between right and wrong behaviors as he no longer has a source to go to for guidance. Boys often learn from their abusers to respond to their aggressive and hedonistic impulses and act out against others (Clarizio et al., 1983). Boys who experienced extreme trauma and physical violence may exhibit an aggressive nature due to a lack of empathy (Hoppe & Singer, 1976). Empathy often inhibits aggressive actions against others (Feshbach & Feshbach, 1969, as cited in Hoppe et al., 1976).

Therapy that is directive and specific to the abuse experience can help these children focus on working on healthy, productive, and rewarding interactions. As the child learns that he is a worthy individual, he will learn to care for others. Being raised in an incestuous family usually demands that the child keep secrets and not verbalize his feelings. Therapy can help him connect the experiences of betrayal and trauma with feelings and thoughts (Friedrich, 1995a). Therapy also serves to help the child distinguish acceptable interacting from abusive and hurtful behaviors.

The neglected child is a prospective victim for a molester due to his fear of rejection and his acceptance of being used. The securely attached child is less likely to seek out the comfort of another adult nor is he likely to remain in an abusive relationship

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due to threats of abandonment from a non-parental molester (Mendel, 1995). Along with neglected children who find that their caretakers are unavailable and unable to fulfil their needs are the parentified children who assume the role of caretaker. The child who has taken on the role of the parent is in increased jeopardy of being abused. These children are accustomed to fulfilling the needs of adults before their own (Alexander, 1992).

Traumatic Bonding

According to deYoung and Lowry (1992), a child who is sexually abused by his parent often develops an intense attachment to the abusive parent and the parent to the child. Children who have strong ties to their sexually abusive parent may be unwilling to discuss details of the abuse or give inconsistent accounts of the events. This bond is characterized by an ongoing nonviolent sexual relationship that initiates out of a pattern of the parent desiring the child, pursuing the child, initiating sexual relations, and finally rationalizing the abuse. This pattern is followed by a period of respite from sexual advances. These nonabusive periods are often characterized by loving attention and a return to the normal characteristics of parent-child relationships. As the cycle of abuse continues, the parent may see the child's diminishing resistance as an acceptance of the sexual relationship and may interpret this acceptance as a willingness to participate. In the parent's mind, the child is contributing to the sexual relationship by this lack of resistance, making it easier for the parent to believe that the child is at least partially responsible and that the behavior therefore does not constitute sexual abuse. Another explanation for the child's waning resistance is in his understanding of the situation. The child often wonders what he did to make his parent subject him to unpleasant acts. As the child learns that he is powerless to avoid the abuse, he becomes more attuned to the

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parent's actions which signal that the abuse will again occur. Some children may hasten the sexual act in order to relieve the anticipatory anxiety and to return to the period of normality. The child can rationalize the parent's behavior as a just punishment, an anomalous and rare occurrence that is bearable in exchange for caretaking, or simply endure the sexual relationship because the child feels powerless to refuse.

Besides valuing protection provided by parents, children also value the power they possess. Boys emulate their fathers, or another adult authority figure, because he possesses privileges that are valued by the boy. The boy is motivated to imitate and identify with this authority figure in the hopes that he too will possess this power (Biller, 1973). When a boy is abused by a male authority figure, the abuser is no longer providing protection and nurturance, but still possesses power. When this abuser is a significant person in the child's life, the boy may continue to emulate the abuser in an attempt to gain the power the abuser still possesses, thus perpetuating the cycle of abuse in another generation. The child may also allow the abuse to continue in order not to lose the attention of the parental figure.

Adjustment to Living Without the Father

According to Shaw's (1991) research on divorce, the child's adjustment to the separation of the parents depends on two factors. The first factor is the child's ability to separate his relationship with his parents from their relationship with each other. The second factor is the child's ability to control his own space. One can extrapolate that the dynamics associated with both disclosure and divorce are similar for the child. When familial sexual abuse is revealed, the child and family may lose control of the situation. The father may be forced to leave the home and the child often feels responsible for his

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removal. This may be more relevant in cases where the child has been threatened with abandonment by the perpetrating parent and this prophecy becomes reality upon disclosure. From the studies previously cited, it is often more frightening to the child to lose a parent than to disclose the abuse.

Shaw (1991) also investigated the dynamics of family life without the father. When the father leaves the home, a new equilibrium must be established in three different areas. These areas include affectional relationships, restructuring authority, and restructuring the household duties. During this restructuring time, which generally lasts up to two years, the mother has less time to meet the affectional needs of her children, especially boys. The mother is also more inconsistent in her parenting and is less able to communicate with her children (Hetherington, 1986, as cited in Shaw, 1991; Hetherington, Cox, & Cox, 1981, as cited in Shaw, 1991).

Sheinberg (1992) details other challenges faced by the non-offending mother that often interfere with her ability to concentrate on giving her son the support he needs. Not only must she cope with the knowledge of the abuse but she must also cope with the responsibilities of disclosure for herself and her family. She must protect her child, answer to involved service providers, and cope with the betrayal of her partner. The loss of her husband as a supportive mate becomes more traumatic if the mother decides to divorce her husband. In order to help her child, the mother may need counseling in order to see herself as more that the mate of an abuser. Should she adopt this self-perception, it may paralyze her and limit her ability to be a source of support for her son.

Divorce most often results in a loss of income. This loss of income has other satellite effects that may include moving from the family home, change of school, and

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change of friends (Shaw, 1991). For the sexually abused child, the disruption of moving from a familiar environment may be more disruptive than for a non-abused child as it seems to interfere in the recovery process. As stated earlier by Bowlby (1969) a familiar environment and a consistent caregiver aid the child in recovering from the effects of loss of an attachment relationship.

Hetherington (1981, as cited in Shaw, 1991) found that boys suffer more adverse affects than girls following divorce. Boys are at increased risk for exhibiting antisocial and aggressive behaviors. Hetherington speculated that this resulted from the boys being exposed to more domestic disputes before the divorce and more inconsistent parenting following the divorce. Discipline seemed to be a problematic area for divorced mothers in regards to their sons. The newly divorced mother of a sexually abused son must also try to be a source of support, comfort, and security in a time when she herself may be needing these resources. Shaw (1991) suggested that the mother may become more permissive as she sees her son as a support or may become more rigid in response to the loss of emotional and financial resources. Either scenario places the son in a position of emotional turmoil.

Protecting Abusive Family Members

According to Ainsworth (1991), families take care of their children and other family members as part of an evolutionary need to ensure preservation of their genetic pool. Extrapolating from this research helps to explain why non-offending family members are reluctant to report offending kin to the authorities. It also helps to explain why victims are reluctant to report siblings or other family members who are abusive. Parents and other male family members also hold positions of power in the family

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hierarchy. Because of this, it may be difficult for the abused child to resist the advances of the adult and may feel even more uncertain about reporting such advances. Because children are often punished by their parents and other family members, it may be difficult for the child to distinguish abuse from punishment.

Many abused children do not report abuse by family members because they feel they are betraying the family (Eagle, 1997). As social beings we define ourselves by our family. Our heritage is a connection to others who are like us and this gives us a sense of who we are and distinguish us from others. To betray this pattern of living and relating is equivalent to giving up one's identity and a means of relating to one's heritage, even if it is abusive (Eagle, 1997).

Besides evolutionary considerations, social and economic needs also play a monumental role in the failure of reporting family abusers. Mothers in the de Young (1982) study were often in denial of paternal incest. De Young hypothesized that should she acknowledge that incest is occurring in her family, the mother would be faced with the possible dissolution of her marriage, loss of financial support, and public humiliation. She would also have to admit that she does not have a "perfect," traditional family. Upon acknowledging incest, the mother would also be placed in the position of stopping the abuse. Many women are not able to face these responsibilities and consequences of acknowledging the abuse.

For the sexually abused child the need to protect and preserve the family is a powerful deterrent to disclosure. Unfortunately, the child who refuses to disclose to keep the family together sacrifices his own psychological well-being for the family. From the previously cited research, it appears that the child also sacrifices future relationships due

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to lack of parental support. Taking on the role of protecting the family secret may also place him in jeopardy of becoming prey to other extrafamilial child abusers.

Victims Who Become Perpetrators

A major difference between male and female victims is the process referred to as the victim-to-offender cycle. Studies have proffered the following possible explanations for male victims who later become perpetrators: identifying with the offender, fixated arousal patterns centered on abuse, development of addictive sexual behaviors, cognitive distortions that prevent the development of empathy, intergenerational transmission of deviant behaviors, development of a pattern of violent offending which involves rape and sexual offenses, social learning of certain sexual behaviors, and an emotional attachment to the offender (Bagley et al., 1994). Those males who identified with the perpetrator often reported that they felt the sexual experience was either positive or had no effect on their life (Vander Mey, 1988). Long-term involvement in a coercive situation increases the likelihood that the boy will associate aggression with sexuality. This association can lead to a decreased ability to feel empathy for those who are oppressed or whom they have power over (Bagley et al., 1994; Friedrich, 1995a). The societal view of men as proactive and always able to care for and defend themselves contributes to the acceptance of males as aggressors and perpetrators.

Awad and Saunders (1989) studied adolescent child molesters and found that 5 of the 29 subjects also reported being victims of sexual abuse. As a group, the molesters exhibited difficulties in all areas of functioning, including learning, interpersonal, and emotional. From the self-reports of victims turned perpetrators, de Young (1982) found the common theme of victimizing a younger boy to compensate for the perpetrator's own

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feelings of helplessness and powerlessness. By becoming the perpetrator, the former victim gains a feeling of being in control. One victim turned perpetrator described the act of molesting a child as regaining control of the terror that he experienced as a child. This control gave him a feeling of strength and command that he lost during his own victimization. By becoming the aggressor, he reasserts his masculinity. The boy victim who becomes a perpetrator often believes that there are only two positions, victim or abuser (Mendel, 1995). Another explanation why the victim turns to perpetration is through the traumatic sexualization experience of the boy in which he has become conditioned to associating sexual arousal with coercive or aggressive sexual behaviors. Still others may show a lack of control when it comes to sexual matters due to the modeling they were exposed to by their abuser (Briere & Smiljanich, 1993, as cited in Mendel, 1995). And then there are those who have little or no desire for sex or use sex as a means of experiencing human contact due to their confusing sex and affection (Mendel, 1995).

The gender of perpetrator often affects the gender of the next generation of victims (Gerber, 1990). Gerber's clinical experiences revealed that males victimized by other males also choose to perpetrate against males. Mathews (1996) found that adolescent sex offenders who had been abused only by a female choose female victims themselves. Gerber (1990) believes that one factor that interrupts this cycle of victimization is the opportunity and ability to talk about the victimization experience.

From Cantwell's (1995) reports of social workers and therapists working with sexually aggressive children, it was found that young children often become addicted to sexualized behaviors. For treatment to be effective, implementation needs to begin in

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childhood. These children become preoccupied and even excited when caught or punished for engaging in sexual behaviors. When the acting out behavior has become repetitive, ingrained and habitual, the ability of the boy to control his impulses decreases. Also, as the behavior continues, the physical gratification becomes reinforcing and the addition of more deviant acts is likely as they increase the excitement and sense of control (Kikuchi, 1995). When the offending continues untreated from adolescence to adulthood, treatment of these long-standing sexually addictive behaviors is generally ineffective (Cantwell, 1995).

Because of the possibility of the victim becoming an offender, society must identify and treat male victims as quickly as possible to disrupt this cycle. In a study of adults convicted of sex crimes, 30% of these men committed their first offense before the age of nine (Friedrich, 1995a). The study by Friedrich did not question the men about their own sexual abuse histories, but information from other sources indicate that children of this young age generally do not initiate abusive sexual relations but are instead mimicking acts they were subjected to themselves.

The research by Smallbone and Dadds (1998) on incarcerated sex offenders found that those males who had an insecure attachment to their parents reported their sexual relationships were void of commitment or mutuality. The authors believed that sexual activity in this set of offenders was in response to negative thoughts and feelings generated by experiences reminiscent of problematic childhood attachment experiences. In contrast, the non-offending control group's sexual behaviors were characterized by feeling of security, reliability and mutuality. These case studies support the need to identify and treat male sexual abuse victims before they become perpetrators. It is

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imperative that characteristics that lead to offending be identified and targeted for treatment.

Parental Issues

When parents learn of their son's molestation, they must work through their own feelings. Many of these feelings resemble grieving and include shock, denial, anger, guilt, and finally acceptance (Hagans & Case, 1988, as cited in Reyman, 1990; Manion, McIntyre, Firestone, Ligezenska, Ensom, & Wells, 1996). Many parents also experience sleep disturbances, eating disturbances, headaches, fatigue and a feeling of loss of control (Regehr, 1990). Fathers generally have more difficulty accepting and coping with the abuse of a son than a daughter. The research by de Young (1982) indicates that fathers often feel humiliated and often have negative reactions at the time of disclosure. This humiliation is generally in regards to the father's perception of his son's diminished masculinity.

If the parents project their negative feelings onto the child, the child's own victimization is aggravated (Reyman, 1990). Even if the parents do not blame the child, knowing that he has caused pain to his parents may negatively affect the child. Parents are often uncertain as to how to approach their child and support him after the revelation of abuse. Often, the approach taken is not talk about the abuse. In a study by Feiring et al. (1998), many parents thought that this was the best strategy to adopt in the hopes that the child would simply forget that the abuse occurred. Unfortunately this approach generally exacerbates the symptoms and may be interpreted by the child that the parent is unconcerned or embarrassed by the child.

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According to Hepburn (1994), many males deny the need for treatment, stating that they suffered no ill effects from the abuse. This may actually be a sign that the male is attempting to accommodate to the abuse. Parents may also believe their son's denial as a result of their own desire to forget that the abuse occurred. Adolescents may have an additional reason to deny trauma in order to avoid therapy. For many adolescents, therapy is another dependent experience that comes at the time in their life when they are trying to assert their independence. Therapy is also a sharing relationship that leaves one vulnerable to an adult who asks for trust. Trusting a therapist may be especially difficult if the child perceived any negative feeling from the parent upon disclosure or if the perpetrator were a trusted family friend or relative.

In cases of both intrafamilial and extrafamilial abuse, the nonoffending parent must also work through feelings of betrayal by the perpetrator and the need for retribution (Regehr, 1990; Reyman, 1990). Parents may be especially frustrated when the child refuses to disclose to authorities or when it is in the best interests of the child not to pursue a court trial and subsequent punishment of the perpetrator (Reyman, 1990).

The Importance of Parental Support

When parents provide a secure base and respond to their child's disclosure in a realistic manner the likelihood increases of a positive prognosis for recovery over those children whose parents are not supportive or whose parents are unable to accept the truth of the abuse (Haviland et al., 1995). Another aspect of attentive parenting is the empathy children learn as a result of the mutually responsive relationship between parent and child (Cantwell, 1995). Cantwell describes the growth of empathy as a process that develops as a result of bonding, the development of trust, and finally the ability to understand that

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others can feel the same pain and trauma that he felt during his victimization. This ability to empathize with others decreases the likelihood that he will go on to abuse others.

Children of neglectful parents are more vulnerable to the stress of the abuse experience (Gomes-Schwartz, Horowitz, & Cardarelli, 1990). Children without a secure base may be at a higher risk of becoming violent offenders as they are more likely to use sexual behaviors as a tension-reducing mechanism (Gilgun, 1990). Reasons why the parent is unable to give the son support are varied. The parent living with unresolved trauma issues of his/her own has difficulty reading the emotional cues of the child and may provide inconsistent support to the child (Alexander, 1992). Families who were dysfunctional before the disclosure are generally unavailable to the child afterwards. These families often encourage the child's denial and/or minimization of the abuse and are generally not supportive of therapy (Gerber, 1990).

A rejecting parent is one who uses the child to satisfy his/her own needs and is also unavailable when the child needs support or comfort. The parent may feel that the son betrayed him/her for allowing himself to be abused or the parent may feel like a failure as a parent because the child was abused (Alexander, 1992). This child has no parental base in the family whom he can discuss his abuse experience. Whatever the reason for the parent's inability to provide support for the son, it is often the son who feels shame because of the lack of support.

From the research conducted by Feiring et al. (1998), support from parents influences how the child interprets the reaction he receives from others. From the example set by supportive parents, the child generalizes that other will also support him in his recovery. In the Feiring et al. study this sense of support is especially important for

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adolescents as they are generally seen as more responsible for their victimization and are also experiencing greater reluctance to depend on emotional support and nurturance from their parents. Feiring et al. concluded that the presence of parental support is related to fewer symptoms of depression, anxiety, stigmatization, and isolation.

According to investigations by Black et al. (1993), the father's support is crucial in the recovery process. During the process of family therapy, the father must be encouraged not to minimize the son's trauma and need for treatment (Porter, 1986). It is the father that the boy uses to determine how other males will react towards him.

In the survey by de Young (1982), mothers served as buffers between father and son when the son revealed his abuse. Fathers often felt that the son's masculinity had been diminished and often reported feeling humiliated when others became aware of the son's abuse. Many of the sons did not know of the father's feelings because of the support and comfort of the mother. The role of buffer and primary caregiver to a child who has been victimized creates stresses in the mother. Mothers in the study by Manion et al. (1996) scored significantly higher on levels of overall emotional distress, lower on levels of family functioning, and lower on feelings of competence in parenting than a comparison group of mothers of non-abused children. Boys without a soothing and responsive maternal presence after disclosure generally exhibit signs of anxious and ambivalent attachment (Friedrich, 1995a). The lack of a buffer may allow negative feelings of the father to negatively impact the boy's view of himself and his parents. The boy may regard his parents as unable to fulfill his needs of comfort, support, and protection.

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Parental Needs

In treating the victim, many therapists, child protective agencies, and other public agencies that help victims stress the need for parental support in order for the child to have the most positive outcome after disclosure. Yet most parents have little knowledge of the dynamics of sexual abuse or the skills needed to help their child through the recovery process (Deblinger & Heflin, 1996). According to Deblinger et al. (1996), individual therapy can provide parents with support in coping with their own reaction to their child's abuse, educate them in the dynamics of childhood sexual abuse, and provide them with skills training. Griggs and Boldi (1995) include in their treatment recommendations education about legal issues, sexual abuse education, ways to supervise the child, and knowledge concerning the difference between normal and acting out behaviors. They also advocate reviewing family dynamics to identify the most positive and healthy aspects of the family and strengthen weaknesses through utilizing support systems and developing a realistic expectation for treatment. The training utilized by Deblinger et al. is centered around helping parent and child discuss the issues of sex education, avoiding revictimization, and managing behavioral problems that may develop as a result of the abuse and disclosure. Their skills training component is designed to help the parent feel more comfortable in dealing with their child and as a consequence, makes the parent more responsive to the child. The added component of group therapy for parents is a helpful modality that allows the parents to normalize their fears and realize that there are other parents like themselves trying to cope with a sexually abused child (Griggs et al., 1995).

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Therapy should also help the parent keep the child safe from further revictimization while helping the parent work through any feelings of self-blame. Parents may feel guilty and responsible for either contributing or causing their child's abuse if the perpetrator were a babysitter or child care provider. As a result of their guilt from not being able to protect their child, some parents become overprotective while others become paralyzed. Parents' attempts to protect their child may impede the child's strivings to regain control, thus making the child more vulnerable to future abuse and reaffirm the child's labeling himself a victim (Regehr, 1990). Not only must parents try to help their child avoid revictimization, but must also protect the child from being traumatized by the legal processes that may accompany disclosure.

Parents may also hesitate in reporting the abuse in order to shield themselves from criticism others may place on their parenting skills (Regehr, 1990). The belief that others may assign blame to the parents is a rational fear that has been verified through questionnaires. In Kelly's (1989, as cited in Reyman, 1990) study of 228 child protective workers (20%), nurses (45%), and police officers (35%), only 12% who read vignettes of sexual abuse assigned all of the blame for the abuse to the perpetrator. Mothers were assigned some of the blame by 84% of the subjects, with nurses assigning more blame than other professionals. Should these professionals who are generally the first to interact with a family after disclosure, transmit their feelings regarding blame, this may further victimize the family as they cope with the abuse. In the case of abuse by the father, blaming the non-offending mother puts additional strain on the person who must shoulder the burden of keeping her family together through the recovery process. It is important that the therapist be aware that the parents may come to the therapy situation already

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wary and distrustful of those in the helping profession that have already added to their stress and guilt.

Due to the overwhelming responsibilities placed on parents after disclosure, the therapist often becomes a source of refuge and safety for the parents. The parents, in a time of stress also need a source of stability from which to work through their own emotional crisis. In the aftermath of disclosure, many parents reported difficulty in trusting other adults, especially those who care for their children (Davies, 1995). As both parents are trying to cope with their own issues, their capacity to comfort the other may be limited. Because of worry over how others, even close friends and family may react to knowledge of their child's abuse, a therapist may be a non-threatening and non-judgmental source of stability for parents immediately after disclosure. This may be especially relevant when the perpetrator is a grandparent, sibling, or other close family member. Deblinger et al. (1996) characterizes therapy as an interaction in which the parent is allowed the opportunity to vent his/her feelings of disbelief over the abuse and his/her anger at the child or perpetrator. By venting to the therapist, the parent may be better able to have his/her emotions acknowledged while giving as much support to the child without the parent's emotional baggage interfering. By giving the parents the opportunity to address their issues, they may have an increased capacity to listen to the child. Parents can also be made aware of their own feelings and avoid showing their negative reactions in the presence of the child.

When the perpetrator is known and trusted by the family, parents can also be exposed to the stress of divided loyalties between perpetrator and child. Davies (1995) studied 30 parents of 17 families whose child was referred to a child and family center.

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The perpetrator in all but one case was a well-known non-family member. In these cases the parents reported feeling stress due to the loss of the relationship with the perpetrator and loss of relationships due to other friends or family supporting the perpetrator. These losses reduced the pool of emotional support available to the family and victim. Loss of these significant relationships and their support negatively impacted 13 of the 30 parents in the study.

Parents need the opportunity to express their angry feelings toward the child in a safe manner that does not harm the child. Venting to the therapist or in a parental group setting may be the most effective means. From the research by Regehr (1990), parents often express anger towards their abused child for allowing the abuse to take place. Parents may also react angrily toward the child for not disclosing sooner or because the parent is angry that their lives have been disrupted. It is usually easier for the parents to blame themselves or the perpetrator when the child is young, but when the child is an adolescent the parent is more likely to attribute more blame to the child. The parent may also feel uncomfortable and react angrily that the child is no longer innocent in the ways of sex. The parent may see their child differently, feel reluctant to touch the child, and may see the child as more mature than his age due to his exposure to sexual experiences.

The need to vent to a therapist may be most helpful for parents of adolescent victims. From the research by Davies (1995), parents of adolescents often find it difficult to trust their children after disclosure. Parents also become more intrusive in their adolescent's activities. When this occurs, resentment often builds in the adolescent which leads to an increase in secrecy and subsequent negative interactions with the parents. The

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presence of a therapist may help both parent and adolescent to anticipate and resolve these problems.

By strengthening the family system, the boy feels more secure. This may prevent further instances of abuse by making the child less vulnerable to the advances of pedophiles seeking out emotionally isolated children. Therapy also seeks to help the parents recommit themselves to communicating and listening to their child's needs and reduce any feeling of rejection for the son (Friedrich, 1995a).

An essential element of the therapist's role is that of creating a firm alliance with the parents so that they can maintain their parental roles with a sense of self-respect. Elton, Bentovim, and Tranter (1987) identified four stages common to family intervention: disclosure of abuse, family disruption, movement toward rehabilitation, and the creation of a new family. Family therapy can aid the family in working out these elements discussed in individual and group therapies. Family therapy is also a vehicle for siblings to have their issues addressed.

Sexual Abuse and the Male Identity

Society dictates that males, in order to fulfill the definition of masculinity, must be independent, stoic and deny feelings of helplessness (Hack et al., 1994; Mendel, 1995). When sexual abuse occurs, the male faces an intense conflict between feelings of fear and helplessness and the socially ingrained response to suppress his emotions. Mendel's (1995) subjects reported feeling that, as victims, society placed them in the category of being weak or girlish. The labeling of a male as feminine attacks the core of the male image of being powerful and active, a protector and defender. All subjects in the Myers' (1989) study reported feeling that their sense of maleness was tarnished as a result

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of their abuse. They reported feeling "loss of power, control, identity, selfhood, confidence, and independence" (p. 210). From early childhood, boys are told that they need to protect their younger siblings and girls. This inability to see oneself as passive and defenseless may contribute to the boy's belief that he was responsible for the abuse so that, in his mind, he continues to be the one in charge and is not a victim. Mendel also reported that, since boys are expected to protect themselves, the boy is often blamed for allowing himself to be in a risky situation. This is one method of making sense of the chaos introduced into their world.

To study the prevailing biases against males as victims and to gather data on male views of their place in society, Broussard and Wagner (1988, as cited in Watkins et al., 1992) conducted a study using college students. Each student was asked to read vignettes of abuse situations and answer questions about their perception of the subjects of the vignettes. The victim in the vignettes was a 15 year old but the sex of the victim and perpetrator was varied as was the victim's response to the perpetrator (passive, encouraging, resistant, or upset). Results of questionnaires showed that the males rated perpetrators who abused males as less responsible for the abuse and least responsible when the male victim was encouraging. This study supports the prevalent view that male victims, their peers, and family members of abused males often view the victim as somewhat responsible for his own abuse. The tendency to deny male victimhood also negatively impacts the level of support and treatment that the victim receives.

Boys are reluctant to admit that they do not meet with society's expectations of them. The boy may feel weak, bad, and believe that he will be punished upon disclosure (Hack et al., 1994). Males who felt that they somehow were less masculine as a result of

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the abuse felt humiliated (Vander Mey, 1988). By being portrayed as a victim, the boy may be seen by his peers as less of a male and his participation in the abuse will probably be questioned. The child's self image is further battered by his feeling of being damaged. Guilt and self-blame surrounding his involvement in the situation as well as feelings of guilt for disclosing the abuse also lead to a poor self image (Sgroi, 1982, as cited in Kaufman et al., 1992). Instead of receiving the support he needs to overcome his abuse, he is likely to encounter prejudice and disbelief.

Lisak, Hooper, and Song (1996) studied males who used denial and distancing to cope with their emotions regarding abuse. Their studies found that some males cannot tolerate the emotions connected to the abuse and therefore avoid acknowledging the abuse. Feelings of vulnerability provoke psychological distancing of the self or physical distancing through aggression or leaving the source of emotional distress. Suppressing feelings usually resulted in the constriction or blunting of all emotions linked to feelings of vulnerability. These males develop an intolerance for distressing emotions, often relying on anger as an outlet for any emotional expression.

Kaufman et al. (1992) found that the child whose abuser acted as if nothing unusual had occurred between himself and the child, often developed feelings of helplessness. These feelings in the victim often result in a derailment of their ability to trust their own perceptions. Due to the lack of external validation of what he feels as a disruptive and painful emotional, and sometimes physical experience, the child often begins to doubt his ability to judge social and emotional situations. In cases of long-term abuse, the distorted view of sexuality propagated by the abuser becomes instilled into the child as his own.

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In addition to becoming an offender to overcome feelings of powerlessness due to the abuse situation and in order to avoid confronting their feeling towards this abuse, many boys adopt antisocial characteristics. These characteristics include: intimidating and threatening others; having fantasies of violence, mutilation, and revenge against the perpetrator; rage and paranoia regarding the abuse; and becoming physically abusive towards peers (Schacht, Kerlinsky, & Carlson, 1990). Many times these antisocial and abusive behaviors are a result of the abusive model of social interactions between adults and children experienced by the boy (Freidrich et al., 1988a). Without a corrective model to emulate, the boy will incorporate this destructive construct into his self-image.

Special Treatment Needs of Males

Males have issues that are different from the issues expressed by female victims. Treating a male sexual abuse victim from the same model used to treat female victims may alienate and turn him away from much needed therapy (Hepburn, 1994). The use of language-intensive and insight-based types of interventions may not be as effective in the treatment of male victims as it is with females. Boys tend to lag behind girls in the acquisition and use of language skills (Maccoby & Jacklin, 1974). Some of this may be related to different patterns of brain development and maturation in males and females. The literature on high-risk violent and aggressive male youths, many of whom are victims, is rich in documentation concerning the predominance of language deficits and other learning difficulties. This lag in language development may be one more reason why boys are less likely than girls to disclose their abuse (Matthews, 1996). Matthews' study in the expressive abilities of males led to the conclusion that being deficit in the ability to express oneself may contribute to the boy's unwillingness to participate in

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therapy. Matthews also theorized that a lag in language development, or even language deficits, may be based on differential socialization, family and environmental factors, or abuse and neglect issues. Males, generally, are not encouraged to talk about their feelings or personal thoughts. Consequently, males have limited experience exploring or expressing inner states of mind and emotion. They are more accustomed to acting on their impulses instead of contemplating the forces that drive their actions. Using exclusively language-intensive and insight-based types of interventions will often make him uncomfortable because he is neither able nor prepared to delve into such novel experiences (Matthews, 1996).

Another difficult topic for male victims to accept and integrate into their sense of self is being a victim. When women are abused, there is "someone" who did not protect them. There is a person the female can vent her anger toward. Males, on the other hand, internalize the feeling that there were not manly enough to protect themselves from attack (Mendel, 1995). When boys are abused by women, they may experience increased feelings of inferiority and worthlessness due to the role reversal of men as abusers and women as victims. According to Mendel's (1995) research, males are not aided in their recovery by being told that they are a victim, and that being treated as a helpless victim often hinders therapy by further injuring the already traumatized sense of self. In Mendel's interview with an adult male victim, the victim stated that being assured that he was a blameless and helpless victim evoked a sense of helplessness which was his greatest fear. This subject stated that he gravitated towards activity and aggression because he found being helpless unbearable. Not being able to protect oneself from the abuse equals failure on the part of male victims. Mendel (1995) stated that male victims

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needed to regain a feeling of security and competency and learn to address their own weaknesses. The role of the therapist is to assist the survivor in affirming his masculinity and sense of mastery over his environment and then integrate his experience of victimization into this framework.

Boys are most often referred for treatment due to behavioral problems (Harper, 1993). Treating the acting out behavior without looking at the underlying anger may in effect limit the boy's few avenues of expression. Boys often resort to violent behavior to communicate their anger over their abuse (Friedrich, 1995a). Allowing the boy to express his anger in a therapeutic environment may be an appropriate treatment approach for males. Instead of directing destructive thoughts and actions toward the self or others, the boy's anger can be channeled into therapeutic areas such as art or other means of nonverbal expression. This nonverbal expression can aid the therapist and patient in communicating with each other. Therapy must address other means of expression that is both therapeutic and socially acceptable.

One treatment modality found to be successful for both male and female sexual abuse victims is group treatment. While the scope of this paper cannot examine all of the pertinent aspect of group therapy for sexually abused males, the relationship of group therapy to attachment theory will be examined.

Schacht et al. (1990) advocate the use of group therapy with sexually abused boys. In these groups, members are able to share feelings and experiences which lessened the stigmatization of the abuse experience. Sexually abused males often have difficulty developing trust in close relationships with males due to stigmatization associated with incest, homosexuality, and vulnerability (Scott, 1992). Group therapy provides victims

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with the opportunity to develop trusting, supportive relationships with both peers and with the adult male therapist (Scott, 1992), and exchange information. Group therapy also provides the opportunity for catharsis of feelings, and fosters appropriate social interactions (Friedrich, Lucke, Beilke, & Place, 1992). Group leaders facilitate work on identifying abusive behaviors, defining acceptable behaviors and concretely defining standards by which to judge past and present behaviors. The group also helps the boys work through their issues in a safe environment. Within the group setting, the boys can develop relationships that are neither sexual nor abusive.

The group setting also allows a diffusion of the emotional experience. Sexual abuse is experienced by a child who is neither developmentally nor socially prepared to understand or cope with the trauma. The group provides a framework of safety which facilitates work on treatment issues. The goals of group therapy are summarized under six domains: increasing self-esteem; enhancing social support; providing a clearer understanding/knowledge of the abuse; modulation of anxiety via the development of relaxation and imagery skills; enhancing empathy; and improvement in appropriate relating with others (Friedrich et al., 1988a).

In order to take advantage of group therapy, there are many initial relational obstacles to overcome. The therapist's task is to help the boy to first trust the therapist and then learn to trust his own thoughts and feelings (Matthews, 1996). Societal mores have already taught the boy that he has failed to maintain the integrity of the male identity. He had failed to protect himself from harm and has allowed feeling of helplessness and vulnerability to invade his psyche. These feelings are antithetical to the goal of sharing experiences in therapy. One of the goals of group therapy is to provide an environment to

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foster a more secure attachment. A secure environment encourages mutually respectful interactions between peers and the group leaders. Abused boys need to be taught how to initiate healthy interactions and to be assertive without resorting to aggression (Friedrich, 1995a). The therapist must also teach the boys the words that correspond to their feelings and assist them in expressing these feelings (Friedrich et al., 1988a).

Utilizing joint male and female therapists is recommended to help boys feel less threatened in the group setting by Bruckner et al. (1987), Furniss (1990), Schacht et al. (1990), and Singer (1989). Abused boys often have difficulty trusting a male group therapist as well as other boys (Scott, 1992). Using two therapists may also give a greater sense of permanence, continuity, and safety to the boys. Regardless of the leadership makeup, group leaders must provide security for the group members before the work of therapy can begin. Group leaders implement rules and model healthy interactions using mutual respect in nonabusive and non-intrusive ways (Schacht et al. 1990). After creating an environment in which to work, the next step in the therapeutic process is to select issues to address. According to Furniss (1990), these include: opening up in group, especially in the presence of women, overcoming gender stereotypes and allowing the boys to ask for help in group, addressing fears of homosexuality if abused by a male perpetrator; and addressing possible ongoing sexual abuse by the boys themselves, and discussing fears of becoming an abuser later in life. The boys also learn to talk openly about issues of tension relief, express sexual fantasies in order to evaluate abusive tendencies, address issues of how to relate emotionally to others in a non-sexual manner, and try to find and identify a nonabusive father figure. It is also important to allow for discussion of possible harmful and hurtful parental reactions (Rogers et al., 1984) as well

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as reactions of peers and siblings. In regards to the boy's reaction to the abuse, the group needs to address feeling regarding denial or minimization, and self-blame. Structuring the group by means of time and subject matter along with strict adherence to concrete rules also ensures safety and security. It may also provide the boys with a system in which they are more able to successfully work within. The trauma of the abuse situation involves the breaking of many boundaries and the group experience tries to counteract the violation of a child's need for rules by reinstituting clearly defined boundaries (DeLuca, Boyes, Furer, Grayston, & Hiebert-Murphy, 1992).

Group leaders, especially males, can become surrogate male role models, modeling helpful, caring behaviors that do not trade exploitation for attention. The therapist also offers the child an experience with an adult who is attentive without requiring the child to satisfy some need of the adult. In this atmosphere, the child can recognize his own emotional reactions without confusing them with those of the perpetrator (Friedrich, 1995a). The therapist can also show support and empathy for the group members when he recognizes and supplies alternative methods of expressing feeling. By giving members a means to productively communicate with each other, the therapist is giving them the means of taking control of their issues.

In the research by Schacht et al. (1990), it was found that groups made up of same sex peers were optimal. DeLuca et al. (1992) also advocated for separation by gender and age for more effective treatment to reduce the embarrassment and inhibition that often surfaces when discussing sexual issues in mixed groups. Along with separation by sex, DeLuca found that the division of boys into groups by age produces cohesive groups that are developmentally similar. Groups of similarly aged peers may help each other feel

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more comfortable in discussing the sensitive topics involved in treatment (Ainsworth, 1991).

Researchers found that a boy's awareness that his peers are dealing with similar traumas is often immensely curative in and of itself. Scott (1992) affirmed the belief that many boys do not possess the social experience, verbal skills, or emotional maturity needed to share an unpleasant, shame-based emotional experience with others. The presence of other boys makes it less threatening to engage in a therapeutic relationship and thus easier than working with an individual male therapist. The ability to interact with peers can also help create a support system outside of the family (DeLuca et al., 1992). This would enhance the support already in place in the family system or it can replace nonexistent support.

Group therapy provides a safe vehicle for boys to learn information that will help prevent future abuse as well as providing a forum to foster appropriate social interactions. The group also fosters a sense of cohesion and a sense of not being different that can be a catharsis for feelings regarding their abuse (Ainsworth, 1992; DeLuca et al., 1992; Friedrich et al., 1992). When the boy joins the group process, his victimization is no longer a secret (Friedrich, 1995a). He is not only allowed to talk about his feelings about the abuse, but also encouraged and supported when he does disclose. The presence of other victims may also reduce each individual's resistance towards treatment. Group treatment also allows the boys to learn coping strategies from others and may enhance the boy's ability to seek alternative means of coping in future situations.

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Summary of Chapter Two

For those victims in need of assistance, there are limited community resources available to care for the male victim. For example, rape crisis centers are designed for the treatment of adult women and child protective agencies are generally mandated to act when the child is at risk in the home. These two agencies are the first order resources for many victims of sexual abuse but do not serve the majority of male children and adolescents who are generally abused outside the immediate family (Regehr, 1990). If a male is seen in therapy, the therapist can either try to fit the male's treatment into the traditional female oriented model or the therapist can look to other theoretical alternatives that address the relational traumas suffered by the boy. Like most other events in a person's life, sexual abuse does not occur in a void. Rind et al. (1998) surmised that because family environment and the experience of childhood sexual abuse are confounding factors on the later adjustment of some college students, the experience of childhood sexual abuse is therefore not a causal factor in the psychological well-being and functioning of this population. Another explanation for this confounding is that the human psyche is complex and that one cannot quantitatively separate its components. One could also surmise that meeting relational needs after disclosure is integral in overcoming the negative effects of the abuse experience. These societal, familial, and individual factors affect the boy's reaction and his conceptualization of the sexual abuse experience. For many therapists treating child victims of sexual abuse, attachment theory is useful in conceptualizing treatment strategies.

In terms of positive treatment outcomes, the worst case scenario involves a boy who has parents who have little regard for their child and are the perpetrators of sexual

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abuse against the child. According to Weiss (1991), the child who perceives his parent as providing some basis of security at some point in his life most likely has attachment feelings for the abusive parent. This child has grown up in a household where he is expected to meet the needs of the parent in order to keep the attachment figure available and performing as a provider. From Carey's (1997) research, this child has an internal working model of relationships that is characterized by ambivalence, anger, and withdrawal. His ability to trust others and form meaningful relationships has been compromised. Alternatively, the child may perceive the parental relationship as loving and protective while viewing himself as bad. This child believes the sexual abuse is a justified punishment for misdeeds.

In other instances the parents do not sexually abuse their child but are neglectful towards their child's needs. For this child, it is often the case that he has been targeted by a pedophile because he is a loner with low self-esteem and limited familial support. This pedophile would have romanced the boy by becoming the boy's confidant and surrogate parent before initiating the abuse. In this situation the boy would again have had his trust broken when another seemingly caring parental figure betrayed him. His internal working model of relationships would be comprised of examples from both his parents and from his abuser. The example he incorporates into his internal model of relationships is one of a powerful person using a weaker one for personal pleasure. The outcome for this situation is bleak because there is little likelihood that the boy would disclose his abuse on his own and should the abuse ever become known, there would be few supports for him outside of therapy. Attempts to reclaim his masculinity could induce him to act out aggressively and possibly assume the role of offender. Revelation of his abuse would

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probably only come about after he has been through the criminal justice system as a result of his acting out behavior or his own attempts to offend against other children. One may extrapolate from the research by Turner (1991) and Smallbone and Dadds (1998) that the boy from an ambivalent family environment may not disclose his abuse because he may consider the sexual abuse as no less detrimental than the psychological neglect received from his parents.

If this boy is subjected to a series of attachment figures and then loses these relationships, whether they be social workers, caretakers in the jail, or foster parents, he may soon begin to progress through the detachment phase of loss and eventually shun all attachment relationships. This in turn would impede the formation of empathy and lead to a future characterized by an inability to form close relationships. The likelihood of a positive treatment prognosis is less predictable in this case than in the case of a victim who has supportive parents.

It is important for the therapist working with sexually abused boys to ascertain if the parents are or have ever been nurturing and supportive. For children who have never experienced nurturance from their parents or another adult caretaker, the therapist's ability to form a relationship with the child is difficult. Instead an affectional bond may be more attainable. Attachment theory would suggest that alternative sources of support should be fostered. These sources of support and comfort include group therapy and other modalities that are not solely dependent on a close relationship between therapist and client. The rationale of using group therapy is to reduce and negate feeling of isolation and enhance positive social interactions. The neglected and lonely child has a preconceived expectation that any relationship with an adult will be rejecting and his

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needs ignored. The child who brings these feelings into the therapy situation will have difficulty working on issues requiring in-depth exploration of feeling and building trust. Again, the therapist may need to explore alternative methods of therapy.

Children whose caretakers were once supportive but are unable to be supportive at the time of disclosure may also benefit from group therapy to give him additional experience addressing feelings in a supportive environment. It is imperative for treatment to be effective that children with unsupportive parents are identified and that parental needs at the initiation of the treatment process are addressed. For some parents, the most one can expect is that they are able to hear from the therapist that they can help their child by not intensifying their son's victimization by blaming their child. For those parents who are overwhelmed by their own issues, parental therapy to address their own issues may be helpful for the son. By providing an outlet and source of support for the parents, they may be more able to resist blaming the child for increasing their burden.

If there can be a best case scenario for sexual abuse, it would involve a boy who is victimized by a person who has no attachment relationship to the boy, uses little force in the commission of the abuse, and the abuse does not involve penetration. This boy would also have strong ties to his parents and would be able to tell his parents of the abuse and expect and receive their full support during the recovery process. The securely attached child already has the internal working model that parents are supportive. With the parents acting as a source of support and safety, the child can explore his feelings regarding the abuse experience and examine his feelings towards his world.

Therapy needs to mimic natural coping resources by providing social support in hopes of promoting adaptive cognitions in victims (Friedrich, 1995b). Therapy also needs

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to teach and reinforce feelings of empathy, nurturance, cooperation, and problem solving (Ballester & Pierce, 1995). Attachment theory also calls attention to the possibility that the child may have positive feelings for the perpetrator, especially if the perpetrator were a close family member. By acknowledging the positive aspects of the relationship, the therapist can help the child separate these positive aspects from the painful and negative aspects of that relationship and focus on avoiding relationships that foster the negative feelings. By emphasizing the dual nature of the abusive relationship, the therapist can help the child choose to incorporate the positive aspects of the relationship and relinquish the negative.

All victims of sexual abuse are confronted with Finkelhor and Browne's sources of trauma: traumatic sexualization, betrayal, powerlessness, and stigmatization. Males also have added issues of sexual orientation confusion as well as the characteristic aggressive and antisocial behaviors that are common reactions to abuse. These antisocial reactions often result in social sanctions and punitive actions. Males are also confronted with the inferences of homosexuality that permeate same sex encounters. The parents also need to be aware that their son may feel less masculine and avoid treating him as a weak and helpless victim.

Group therapy may be a helpful addition to individual treatment for adolescents as well as their parents. For the majority of adolescents, peer acceptance and interaction is important in their ability to become separate and autonomous individuals (Turner, 1991).

Parents also need support in overcoming any negative feelings toward their son. Bowlby (1969) believed that parents who were supportive and are subsequently unable to respond in a supportive and protective manner may initiate the stages of separation in

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their child. The boy may try to regain the closeness that he previously experienced with his parents and failing to achieve this, he will progress from despair and grief to hopelessness and finally detachment. For the boy whose parents are unable to support him, therapy may provide the needed surrogate attachment figure and additional peer support through group therapy thereby lessening the likelihood that the boy will progress through the stages of detachment. For other parents, therapy may provide the support necessary to meet their needs so that they may have more resources available for their son.

Attachment theory is a useful concept to help boys and their families recover from the effects of sexual abuse. By encouraging the inborn need for solace following a traumatic event, the male victim can begin to regain a feeling of safety while he addresses the many abuse issues that can overwhelm him. By giving the parents support, comfort, and education needed to cope with the ancillary issues that they must face, they may feel more able to help their son feel supported and safe while working on his issues. The next progression in male treatment is for treating agencies to take the available research and put it into practice.

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CHAPTER III

A THEORETICAL ASSESSMENT INSTRUMENT FOR THE TREATMENT OF SEXUALLY ABUSED BOYS

Rationale for an Assessment Instrument

Women who have suffered sexual abuse have an established network of researchers and treatment providers working towards the resolution of their trauma. Unfortunately, male sexual abuse victims constitute an underreported, underserved, and stigmatized population. Males are reluctant to reveal their abuse due to fear (Berendzen et al., 1993; Singer et al., 1992), self-blame (Rogers et al., 1984), and denial (Bagley et al., 1994; Berger et al., 1988; Lisak et al., 1996; de Young, 1982). Society is also reluctant to admit that males are abused and, as a result, researchers, lawmakers, and many professionals trained to recognize childhood sexual abuse overlook male victims. Research on the prevalence of male sexual abuse lacks consensus on the definition, incidence, and the extent to which the abuse affects the present and future psychological functioning of the victim. Male victims deserve recognition and optimal treatment considerations to maximize their recovery.

Society also benefits when males receive treatment. Males are more likely to act out as a result of their abuse, this acting out may include criminal behaviors, self-injurious behaviors, and victimizing others (Carey, 1997; Clarizio et al., 1983; Conte, 1982; Gerber, 1990). Males who receive treatment are better able to interact with others in society and this in turn reduces his need to act out (Smallbone and Dadds, 1998). Research has shown that children who show the least traumatization from the aftereffects

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of the sexual abuse experience are those who have psychological, familial, and social coping skills and resources (Conte, 1988; Feiring et al., 1998). Treatment should therefore focus on reinforcing existing resources and relational bonds while fostering new supports to fill identified deficits.

The formation of relational bonds is intrinsic to human nature. They are the building blocks of what it means to be human. Common ideas and beliefs are the basis for society, culture, religion, and family. During times of crisis, humans seek the safety and comfort of those whom they have formed close bonds. Yet our society tends to minimize the importance of these close relationships for males in crisis. Attachment theory counters this depravition by identifying ways to correct and strengthen the boy's innate desire for relational bonds.

Attachment theory is an easily understood concept for therapist, victim, and family. Not only will utilizing the tenets of attachment theory generate a more supportive environment for the boy to work through his abuse issues, but many of the abuse dynamics in need of correction are based on the need for bonds. The focus on relationships also helps treatment providers understand that family members are essential in the treatment process, especially parents. Likewise, the parents may come to understand that their needs are also important so that they can better support their son. Caretakers may also welcome learning ways to better provide support and strengthen the existing relationships in their family.

Before the work of therapy can begin, the issues surrounding the abuse must be assessed and clarified. One issue is the effect that sexual abuse has on the boy's view of himself and his ability to succeed in society. Attachment theory posits that a person's

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view of himself and of his ability to successfully interact with others is based on his experiences with the significant figures in his life (Ainsworth, 1989; Bretherton, 1991; Bowlby, 1973, as cited in Friedrich, 1995a; Hadley et al., 1993; Holmes, 1997; Turner, 1991). By obtaining a comprehensive understanding of these attachment relationships and their interaction with the abuse dynamics, work can begin on healing the trauma. Assessment is the first phase of treatment and is responsible for introducing the family to treatment, gathering pertinent information, and identifying treatment needs to provide a comprehensive representation of the abuse experience. A thorough and focused assessment instrument ensures that treatment resources are utilized in a manner which is pertinent, timely, and efficient. The first step in the treatment process is for the family and child to experience a hope for healing.

The assessment procedure can be difficult for both parents and child. The responsiveness of the interviewer is often crucial in the family's receptiveness towards treatment. Before beginning treatment, the family has most likely encountered other investigators and service providers. It is important to understand the impression these experiences has imprinted on the family, especially if any were negative (Reyman, 1990). The clinical interviewer needs to convey to the family that he/she is empathetic and sensitive to the difficult nature of the disclosure process. If the family feels supported and secure in relating their experiences, they are likely to feel that subsequent treatment providers will also be helpful and receptive. Interviewing the parents and child separately provides each the opportunity to speak more openly about their feelings about the abuse and other family members (Regehr, 1990). The interviewer also has the task of providing an explanation of the assessment and treatment process and emphasizing the importance

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of the information for the treatment process. When the interviewer conveys the importance of their contribution this gives the victim and his family a feeling of control and thereby decreases their feelings of anxiety and powerlessness (Carey, 1997). This information also tells the family that the treatment providers are equipped to help them through the trauma.

Because of the social stigma of male sexual abuse, it is unlikely that a complete accounting will be elicited during the initial interview. Instead, details will be revealed as the victim progresses through treatment. Yet it is the goal of the assessment instrument to elicit enough information to help assign the patient and his family to treatment modalities and conceptualize pertinent information for use as an initial focus of treatment.

Assessment Instrument Based on Attachment Issues

Chapter One delineated the presence of male sexual abuse victims and their need for treatment. Chapter Two introduced attachment theory and its applicability for the treatment of male sexual abuse victims. The present chapter is an attempt to develop an assessment questionnaire that elicits the information necessary to begin treatment using attachment theory. The assessment instrument has three main objectives. The first objective is to identify attachment characteristics between the boy and his family, the boy and the perpetrator, and to identify characteristics of the internalized working model the boy has developed. The second objective is to determine what factors are preventing the caregiver from providing a secure base for the child. The third objective is to identify factors that contribute to revictimization as well as factors in the family that contribute to an insecure attachment (e.g., low SES, troubles in the parental relationship, drug usage, and psychiatric difficulties).

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This assessment instrument was designed using research available in test design with sexually abused subjects. Berger and her colleagues (1988) found that using specific and direct questions generates a more accurate response. Whetsell-Mitchell's (1995) research found that a face to face interview elicits more accurate information. This assessment information then generates the Interview Summary (see Table 3), which highlights the issues pertinent to treatment.

One of the first steps is to classify the child as either having a characteristically secure or insecure attachment style (see Figure 1). For the purposes of this assessment procedure, a secure attachment style is characterized by a child who is confident that his parent will be available, encourages him to interact with the world, and gives him the relational tools necessary to succeed in his endeavors. These tools include the capacity to withstand disappointment and knowledge of the standards on how the world operates. The communication of these standards is through religious education, family teachings and traditions, cultural standards and formal instruction.

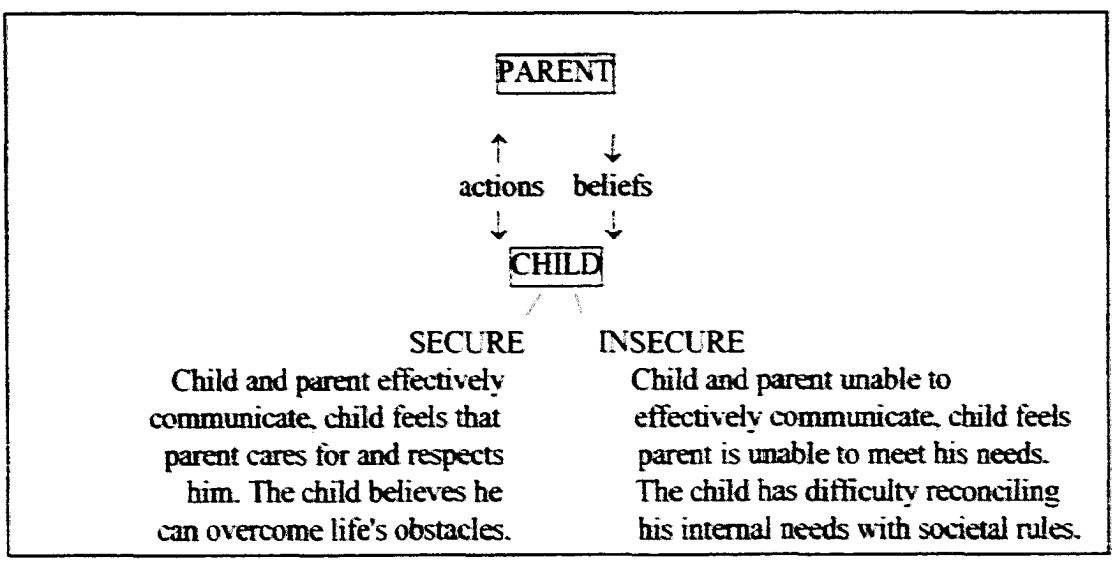

Figure 1. Schemata of Attachment Formation

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Identification of the boy's issues is necessary to help him come to terms with the abuse. Attachment theory proposes that healing will occur when the boy regains power through understanding and identify ways to strengthen, correct, and restructure his internal working model. The means employed to achieve this end is by influencing the child's internal working model through strengthening the messages he receives from his caregiver and therapist. The child needs to redefine who he is and how to behave in social situations to keep himself both safe and connected to others. This requires knowledge and tools that will allow him to relate to others in ways that cause them to treat him in a caring and respectful manner.

Presented below is an assessment instrument with an accompanying guide designed to help the interviewer understand what information needs to be elicited and why this information is important to treatment. The assessment instrument is designed for boys from the ages of 9 years through the teens who have at least one available caregiver. This caregiver should not be the perpetrator. This population was selected due to the existence of established treatments designed to meet the specific needs of this population and because of their sexual maturation, are more at risk to offend. These males are also stigmatized to a greater extent due to the attribution of blame because of their age (Waterman et al., 1984). The assessment instrument is also designed for use in an outpatient setting that can provide multidisciplinary treatment necessary to serve the complex needs of the male victim and his family.

Table 1 contains an outline of the components necessary for an assessment instrument based on treating a male victim and his family using attachment theory. The topics in the outline represent the important factors that comprise the treatment issues.

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These issues include characteristics of the perpetrator and parent, issues of loss, and abuse factors that affect how the boy feels about himself and his ability to function in society. The interviews are similar for the most part, but do differ on some topics. For example, include questions concerning parental difficulties, values the parent was taught as a child (including their beliefs concerning sexuality), issues of abuse in the parent's childhood, and parental knowledge of physical symptoms resulting from sexual abuse are topics included in the Parent/Caretaker Interview but not in the Child Interview. Topics included in the Child Interview but not in the Parent/Caretaker Interview include more specific questions regarding behavioral and sexual acting out, and topics regarding the boy's perception of himself. The Parent/Caretaker Interview and the Child Interview are presented in Appendix A.

The information gathered from the interviews is then used by the clinical interviewer to complete the Interview Summary (see Appendix B). This table is composed of four sections. The first section identifies and classifies the perpetrator. The second section classifies the parent/child attachment style as either secure or insecure and characteristics that would support the label. Characteristics that are secure should be supported while insecure characteristics are those to be targeted for treatment. The third section identifies issues that the child presents for treatment. These issues include attachment issues involving his relationship with the perpetrator and with his parent; traumagenic issues; issues regarding how others perceive him following the abuse; and issues regarding his self-concept. The fourth and final section identifies parental issues that interfere with the parent's ability to be a safe haven for the son. Parental issues are comprised of: those feelings that the parent's had before the abuse and are part of the

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persona; issues that are the result of the parental responsibility following abuse (e.g., legal and medical issues); and issues such as education and parenting information that would aid in the parent being more informed and prepared to work with the son.

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Table 1

Outline of Assessment Issues and Rationale

I. PERPETRATOR DYNAMICS
- A) Sex of Perpetrator
- B) Familiarity of Perpetrator to Victim
- C) Length of Abuse
- D) Rapist
  - 1) anger
  - 2) power
  - 3) sadistic
- E) Molester
- F) Female Perpetrator
- G) Parent

II. PARENT AVAILABILITY
- A) Availability Before Abuse
- B) Reaction to Disclosure
  - 1) parental abuse history
  - 2) cultural issues
- C) Parental Issues Affecting Availability
  - 1) knowledge of perpetrator characteristics
  - 2) knowledge of vulnerability to abuse
  - 3) knowledge of physical symptoms indicating abuse
  - 4) parental needs

III. LOSS
- A) Of the Abuser
- B) Of Important Adults
  - 1) threat of parental abandonment
  - 2) guilt/responsibility for separation
- C) Of the Male Identity

IV. TRAUMAGENIC DYNAMICS
- A) Betrayal
- B) Powerlessness
- C) Stigmatization
- D) Traumatic Sexualization

V. VICTIM SELF-PERCEPTION
- A) Personal Identity
  - 1) sexual orientation
  - 2) definition of safety, care
- B) Socialization Issues
- C) Victim Role
- D) Rescuer Role
- E) Perpetrator Role

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CHAPTER IV

DISCUSSION

The object of the dissertation is to categorize four important components of male sexual abuse that are impacted by attachment issues. The first issue concerns the identity and type of perpetrator. The second issue is to classify the parent/child attachment style as either secure or insecure and characterize factors supporting the label. Characteristics that are secure are to be supported while insecure characteristics are targeted for treatment. The third issue is to identify problem areas in the child's life in need of treatment. These issues include attachment issues involving his relationship with the perpetrator and with his parent; traumagenic issues; issues regarding how others perceive him following the abuse; and issues regarding his self-concept. The fourth and final issue involves identification of parental needs that interfere with the parent's ability to be a safe haven for the son. Parental issues are comprised of: those feelings that the parent's had before the abuse and are part of the persona; issues that are the result of the parental responsibility following abuse (e.g., legal and medical issues); and issues such as education and parenting information that would aid in the parent being more informed and prepared to work with the son.

The rationale for utilizing attachment theory in treatment of this population is the universal need for closeness and a sense of security. The first source of security is generally found in the parental relationship. Through this relationship the boy learns how to procure his basic needs and receives a sense of value as a person. After disclosure, therapy outcome will depend on the ability of his parent(s) to provide support, or in the event of their nonparticipation, his ability to bond with a therapist. Through the

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therapeutic relationship, the boy will be asked to look within and at himself to change any negative and destructive messages he has of himself and his ability to relate to others. The therapeutic relationship will also provide the opportunity to experience positive support while experiencing the stress of the recovery process. The therapeutic relationship should also assist in the development of affectional bonds that are neither debilitating nor hurtful.

The means employed to achieve these ends is by influencing the child's internal working model through strengthening the messages he receives from his caregiver and therapist. The child needs to redefine who he is, how to act in society to keep himself both safe and connected to others. The boy also needs the tools that will allow him to relate to others in ways that cause them to treat him in a caring and respectful manner.

The therapist endeavors to foster a secure, healthy attachment or dependence to a parental figure. If this is already present, the therapist builds on this relationship and strengthens it. Research on maltreated children show that 85% are insecurely attached (Karen, 1994, as cited in Friedrich, 1995). Unfortunately, an insecure attachment means that the support system necessary for optimal treatment conditions is not present. Because of this, the interview questions are constructed to find out what is lacking in the parent-child relationship. These deficiencies will become the target of therapy. The therapist must work with the parents to correct and maximize the parent-child relationship or find other attachment or affectional bonds to supplement the parental bond. Therapy also seeks to mobilize strengths and resources by helping parents recommit themselves to communicating and listening to their child's needs and reduce any feeling of rejection for the son (Friedrich, 1995). According to attachment theory, the lack of support and

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security impedes the development of empathy. This lack of empathy contributes to the boy's progression from abuse victim to abuser. When children grow up with adults who care for them and respond to their actions they develop the capacity to care for others and respect others. When children are neglected and abused they are unable to reconcile their own internal needs with societal rules of appropriate behavior.

When the parent is unable to be the supportive caregiver, the therapist can assume this role. By modeling protective and caring behaviors, the therapist is creating a safe environment for the child to work on his issues. In this environment the therapist also provides approval, feedback, and transmits morals and rules that the child can incorporate into his own internal working model.

Consciously creating a secure base for the child is often tenuous. The difficulty lies in balancing protection against infantilizing. Adolescence is the time when issues of separation and individuation are prominent processes. For treatment success, the boy needs to have his attachment figure protect and nurture him so that he can become a confident, independent member of society. In keeping with the principles of attachment, Ballester et al. (1995) suggest that the therapist teach the boy to utilize his parents as a safe haven when feeling at risk of acting out. This requires parental involvement in the therapeutic process along with their ability to respond appropriately when their child comes to them with concerns. As with any other stressful event, the child will instinctually seek out his attachment figures for comfort (Bretherton, 1991;Weiss, 1991). It is for this reason that education and attention to parental needs is essential. By giving the parents support they may then be able to embrace and support their son. For insecurely attached parents, they may require intensive therapy to help them

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overcome/correct the issues preventing them from being supportive, available, and safe. The insecurely attached child must also learn to trust in his parent as they show him that they will respect his trust. In a perfect world, this would all be accomplished through a wholehearted effort among parent, child and therapists, yet the reality of the situation is that the family will retain some of their maladaptive habits.

Another treatment endeavor is for the therapy relationship to become an affectional bond. The victim and his family should feel that therapists and mental health agencies represent a safe haven in times of crisis. While the therapeutic relationship is the antithesis of the male drive to deny weakness and act out when feeling vulnerable, it does encourage the inborn need to seek out an attachment figure for comfort during a time of stress. Like many psychiatric occurrences, sexual abuse affects the victim in different ways throughout his lifetime. Therefore, treatment needs to be an ongoing process depending on the needs of each victim and his family. Self-help support groups may eventually take the place of formal therapy. For example, the boy may complete the course of formal treatment but may still desire and need ongoing support. Some of the options available include participating in internet groups, joining other sexual abuse support groups, or some informal groups may form from members of treatment groups meeting on their own accord. Because most of these groups are organized by former victims or other concerned parties, the quality or helpfulness of the groups vary. It would be in the best interest of both the males and the advancement of male sexual abuse treatment if treatment centers provided guidance and a physical space for former patients to meet. Just as many mental health facilities provide meeting areas for groups such as Alcoholics Anonymous and bereavement groups, so should they support groups for

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sexually abused males. The juxtaposition of self-help groups and formal treatment in the same physical space may aid victims and their families if formal treatment again becomes necessary.

Therapeutic Resources

Concentrating services in one location also helps the victim and his family. Being in a familiar location and knowing that there is a connection between different therapists may allow the victim and his family to feel that the different disciplines are all working together for the family. Having a multidisciplinary team also ensures that all treatment providers have access to the same information. New information revealed to one modality can be easily made known to other treatment providers through a common framework.

As has been emphasized in the previous sections, the needs of the boy and his family cross over many disciplines. Some of the therapeutic needs include individual, group, family, education, medical, legal, and community outreach.

Resources needed to help support the parents include: victim services through the courts; physicians knowledgeable in the treatment of sexual abuse who may have sexually transmitted diseases, physical trauma, or AIDS; and lawyers in the event of court case or divorce.

Educating the public is another service of mental health agencies that aids victims. By distributing brochures and providing speakers to educate medical, social services, schools, and legal personnel the next generation of victims may be more able to access treatment and other necessary resources that may hasten the healing process. Because many sexually abused boys channel their feelings into anger and destructive

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behaviors, many of these victims enter the juvenile justice system. Penal authorities need information on signs and symptoms of abuse, and include questions of sexual abuse in their intake in order to identify victims so that treatment is provided as part of rehabilitation.

Limitations

Attachment theory does not have all of the answers to help all victims of sexual abuse. Attachment relationships and feelings may be so damaged that the child cannot trust any adult. The presence of more severe psychological disorders may also indicate the need for an alternative treatment approach. There are also many areas of sexual abuse not covered. Some of the areas in need of additional research are ritualistic or satanic abuse, sibling abuse, peer abuse, child sex rings, and abuse by mothers. Now that therapists, lawmakers and researchers acknowledge that males are abused, the social climate may also respond by becoming more knowledgeable and understanding of male victims.

More research is needed on the cultural and religious factors that influence the interpretation of sexual abuse. It is very difficult to dispel the teachings of childhood. These teachings also form the basis of societal stereotypes that stigmatize male victims and make it difficult to overcome his abuse issues. For example, a Japanese male, raised in a traditional family is supposed to be strong, independent, and the aggressor in sexual situations. Parents are supportive of education and discipline but physical comfort is not shown by most fathers. It is the father's job to provide for the family's financial well-being and the job of the children and his wife to obey him. If the son is molested by another man, or worse, by a woman, then the son has brought shame on both himself and

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his family. Could the father relearn how to parent, given his own traditional upbringing in order to best help his son? The son would also have to be able accept his father's new role without feeling additional guilt for disrupting the family order and going against tradition. There are many male dominated cultures and the threats to this ideal may affect the treatment of males using an attachment approach. It is apparent that there is a need to investigate sexual dynamics as it applies to males sexual abuse in different cultures.

One of the greatest limitations of this assessment instrument is its lack of testing. The questions were all developed from the available literature on sexual abuse, but with all theoretical constructs, testing is required to determine if the questions elicit the information needed for a through assessment. Factors that affect the usefulness of the instrument include the wording of the questions, the ability of the respondents to understand what is being asked, and the appropriateness of the questions. The next step for this instrument is to test its usefulness in a clinical setting. It is expected that refinements would occur both in the topics assessed and in the wording of questions to elicit information in the most useful way.

Importance of Education

During the intake interview the child's concept of sexual relations and feelings about himself and his family were elicited. These issues and beliefs will be the target issues in the educational component. The goal of educating sexually abused boys is twofold, one goal is to aid in the rebuilding of self-esteem and another goal is to help prevent further abuse. One way of strengthening the relationship is by teaching caretakers to recognize the boy's needy behaviors and provide responses that makes the boy feel

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safe. The therapist can also teach the child appropriate ways to elicit a caring response from an appropriate support person.

The therapist also needs to be prepared for resistance commonly seen in victims who do not believe that they can be sexually abused because of their gender. The therapist will also need to establish trust and feelings of security between group members and group leaders. Jumping immediately into aspects of abuse may trigger anxiety, and without having an established sense of safety, members may begin acting out. Beginning group therapy with the educational component may help established this needed feeling of safety. This may provide support and a model of keeping the self safe. This will lead to regaining power and a feeling of control.

While in treatment, the boy will feel accepted by his therapist. The boy may also feel accepted while in the group setting, yet when he leaves the treatment milieu, he will encounter all the prejudices of the outside world. Reducing stigmatization from the outside community requires education and advocacy. Educating first order professionals would also help abused males and their families. Health care workers, law enforcement officials, and school personnel need to have brochures and training programs that educate them on signs and symptoms of male sexual abuse so they can offer support and referrals to parents. Hospital emergency rooms, police, and CPS also need information available for victims. Disseminating information to the general public may aid boys in approaching their parents for information and provide parents with answers. This will also increase reporting and public acceptance of male victims through lessening stigmatization and ignorance. This may also decrease feelings of self-blame.

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Applications to Clinical Practice

Besides the interview questionnaire, other assessment tool may also be useful in gathering a complete picture of the family functioning. Of particular importance is the presence of other problematic situations in the household such as alcohol or drug usage, concurrent psychiatric problems, violence in the home, and any sexual abuse histories of other family members. When the mother is the abuser, it is of particular interest if she herself was sexually abused. Interviewing the perpetrator, especially if the perpetrator is the parent, may give insight into any rationalizations the perpetrator used on the boy. Paper and pencil tests such as the Child Behavior Checklist (Achenbauch & Edelbrock, 1984) may also help the interviewer gather information on the parent's knowledge of the child and behaviors that may be a cause for concern.

Another area of concern is the boy's ability to participate in traditional forms of therapy. Because many males are taught that physical aggression is an acceptable outlet for their aggressions, the intentional broaching of the abuse during treatment may induce a violent reaction. A safe outlet for these feelings must be available. Besides the traditional "quiet room" the boy may be encouraged to direct his aggression into exercise, music, art, or role playing with action figures. Not only does the therapy situation need accommodations to manage these behaviors but parents must also be aided in finding appropriate outlets at home.

An additional consideration for the treatment team is the sequence of therapy. Establishing trust is an essential component of treatment as is establishing the parents as a secure base for the child. When the assessment instrument detects a parent who blames their child for the abuse or resents the child for being a victim, how does the therapist try

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to quickly deter the parent from exacerbating the boy's trauma by the transmission of negative messages? Similarly, how does one insist that the parent is a secure base when they may not have the tools to perform this function? It may be that an immediate educational component may be most helpful for all parents. It is up to future research to determine if this is more helpful in establishing trust and giving parents useful tools or if individual therapy is more helpful for the initial stages of treatment.

Community Outreach

The assessment process is the initial stage of treatment for the boy and his family. By helping the family reduce their feelings of isolation and stigmatization they should be better able to utilize community resources. Having adequate resources beyond the therapy situation should be an area of concern and advocacy for service providers. One of the main service providers for sexually abused children is CPS. The scope of CPS needs to include cases of abuse outside of the home. There must also be some coordination between CPS and police when this type of abuse occurs so that perpetrators against males are punished and victims are routed to appropriate treatment facilities. Currently many victims go unaided because CPS has no mandate to give aid to most male victims. Formal recognition of male victimization and their needs regarding sexual abuse by CPS would also give victims and their families a feeling that their suffering is a valid concern and that therapy can help alleviate their distress.

Besides traditional therapy, other resources must also be available to male victims and their families. As with the beginning of the women's movement, male victims need the opportunity to band together in an informal setting to discuss and chronicle their experiences. By providing a place for males to meet informally, initiating and supporting

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these forums, males at different stages of recovery can develop a common language and chronicle their experiences. These groups provide support and empowerment through the formation of positive bonds. These groups also generate energy, momentum, and support for each other and reach out to others in need. Publicizing their message of male sexual abuse helps others realize that treatment and support is available. With a forum and a vocabulary, victims may also be more willing to disclose abuse when it happens, receive treatment, and avoid some of the long-term effects that current victims suffer.

Conclusions

For treatment of male sexual abuse victims to advance, the research needs to be put into practice. Active collaboration between researchers and therapists will allow researchers to develop assessment tools and treatment strategies that will best serve the client. Whether or not the proposed assessment instrument is found to have any validity or reliability in its present form, it is an initial attempt to merge research and practice. What is valid is the need for a new approach in the treatment of males. Attachment theory has a place in this treatment. Even the 1998 Rind et al. study, condemned by media and politicians as denying the negative effects of childhood sexual abuse, cited that parental support negated the trauma. Therefore, using attachment theory as the cornerstone of treatment focuses on the strengthening of parent-child relationships and interactions that can significantly negate the effects of sexual abuse.

Lastly, when there is a public demand for increased services, legislation will follow. Use of attachment theory will shift the focus to relational and power differential issues between victim and perpetrator as well as the developmental and cognitive immaturity of the victim and his inability to understand or give consent to participate in

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sexual activities. This will aid in unifying laws, helping all communities by providing a standard. As more victims and perpetrators are identified, the general public will have to recognize that male sexual abuse is not a crime perpetrated by "dirty old men" but mainly by respected community members. If the perpetrator and victims are no longer labeled as being fringe elements of the community, then part of the stigmatizing component is lost. education and empowerment can help bring the reality of male sexual abuse from the unmentionable "family closet" into the light where the healing process can begin for both the victim and society.

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PREFACE TO APPENDIX A

The following questionnaires are designed to be administered by a clinical interviewer who has a working knowledge of both attachment theory and the issues involved in child sexual abuse. The questions provided are a guide to use in procuring the information delineated in the rationale section. The interviewer must also be familiar with the rationale so that she/he can phrase the questions in a manner that elicits the needed information. In some cases the caretaker(s) may be defensive or overwrought. The boy may also have difficulty understanding some of the language and concepts as they are presented in the question. It is therefore up to the discretion of the interviewer to phrase the questions in such a way as to make the client most comfortable and able to provide the needed information.

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Appendix A

Parent/Caretaker Interview

	QUESTION	RATIONALE
I	**PERPETRATOR DYNAMICS**	
	Sex of Perpetrator	
1	**Was the perpetrator a male or female?**	Many factors come into play depending on the sex of the perpetrator. Important issues in male on male abuse include stigmatization, increased violence involved in the assault, and identification with the offender. Important issues in female on male abuse include confusion concerning if the sexual relationship was abusive and reversal of stereotypical roles. Issues of stigmatization (from both the perspective of the boy and parent) are at issue and apply differently depending of the sex of the perpetrator.
	Familiarity of Perpetrator to Victim	
2	**Was the perpetrator known to the boy?** (If Yes?) **In what capacity- parent, family member, friend of the family, person in position of authority?** (If No- continue with following questions.)	It is important to know if the perpetrator held a position of authority over the child, was a neighborhood friend, family member, babysitter, teenager, or a stranger to understand the relational dynamics involved in the abuse. Because knowledge of sexual topics is both taboo and outside of the child's developmental level of comprehension, sexual advances from male authority figures may be difficult for the child to understand and put into perspective (Schechter et al., 1976 as cited in Watkins et al., 1992). When the abuser has a place of power and trust in the child's life, the child may find it difficult to resist the adult's requests and to know that what the adult is requesting is wrong. It is easier for the child to trust his instincts and report abuse perpetrated by strangers since their power over the child may be less obvious (Burkhardt, 1995).

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Appendix A (Continued)

	QUESTION	RATIONALE
		The parents may also have different reactions depending on the closeness of the perpetrator to the victim and his family. The closer the relationship between the perpetrator and parent, the more traumatic the revelation for the parents. The parents may lose needed support due to previous support persons siding with the perpetrator. The parents may also blame themselves if they had placed the child in the perpetrator's care (Reyman, 1990).
		Length of Abuse
3	**How old was the boy, how old was the perpetrator?**	The age at which a child is first abused is a factor in predicting psychological trauma. Studies indicate that a young child abused by a primary caregiver develops disturbances in reality testing and ability to relate to others (Haviland et al., 1995). Children abused before the age of 5 years evidence more sexual problems, are more likely to experience feelings of depersonalization, and evidence more self-destructive behaviors than children abused later (Mendel, 1995). The age difference also affects the power differential between the perpetrator and his victim.
4	**Had the boy ever been abused before?** **Was more than one person involved in the sex acts?**	Instances of multiple abuses by more than one perpetrator may indicate ingrained feelings of low self-worth, a need for protection, and a need for an increased level of attention from the parent. The probability of becoming a perpetrator increases when there are multiple perpetrators (Bagley, et al., 1994).
5	**How long did the abuse continue?**	Using the answers from this and the previous questions should allow the interviewer to characterize the perpetrator as either a stranger/rapist or a molester.

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Appendix A (Continued)

QUESTION	RATIONALE
	Stranger. A stranger abducts and abuses an unknown child for a one-time encounter.The perpetrator needs to demonstrate that he has power through the domination of a weaker child. He often becomes aggressive and violent with the child victim. *Rapist.* Should the abuse be a one-time event perpetrated by a stranger, the child is less likely to think himself at fault and attachment relationships are not threatened (Burkhardt, 1995). The course of treatment would consist of educating the boy's parents on how to best support their son who was an unfortunate victim of a violent act. The victim would be able to concentrate on his thoughts and feelings of being abused without having the added burden of feeling that he was losing a relationship with the abuser. Parents would also be less traumatized when the perpetrator is a stranger than a known and trusted friend or family member. When considering the ability to initiate and maintain future relationships, stranger abuse is the least debilitating. It is when the perpetrator has a personal relationship with the child and/or parents or is in a position of authority that feelings of betrayal become prominent for both parents and victim.
	Rapist
6 **How much violence was used?**	The more violent the act, the feelings of powerlessness increase. The degree of violence used against the boy also helps categorize the rapist. By categorizing the rapist, the child and parent can see the motivation behind the crime, allowing the blame and motivation to rest with the perpetrator and not the victim Groth (1979, as cited in Gresham, 1990) classified rapists into three categories.

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Appendix A (Continued)

	QUESTION	RATIONALE
		Anger Rapist. The anger rapist rapes a child as retaliation for a perceived injustice. The victim may be related to the person who wronged the rapist or a child who was an opportunistic victim. This rapist usually batters the child both physically and sexually. The anger rapist commits his assault in an impulsive and uncontrolled manner with alcohol or other intoxicants being involved in the commission of the act (Hobson et al., 1985).
7	**Did the perpetrator stop the violence when the boy started obeying him?**	*Power Rapist.* Groth described the power rapist as one who uses just enough force or threat to gain the child's cooperation. This rapist is less likely than the anger rapist to injure the child physically.
8	**Did the perpetrator restrain the boy or perform any acts of mutilation or torture?**	*Sadistic Rapist.* Groth describes the sadistic rapist as one who uses force against the child. The sexual acts are often ritualized and can include kidnapping, bondage, mutilation, acts of torture, and sometimes murder (Hobson et al., 1985).
		Molester
9	**Was the perpetrator friendly before the abuse started?**	The progression of the abuse is also important. It is generally more detrimental to the boy's feeling of guilt and betrayal when the perpetrator has first established a trusting relationship with the boy before initiating the abuse (Reyman, 1990). The perpetrator entices the child and then begins a grooming process that culminates in exploitation. He begins by developing a close relationship with the child and learns what the child likes and what he fears (Berlinger et al., 1990). He often tries to convince the child that the sexual aspect of their relationship is special and acceptable (Singer et al., 1992).

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Appendix A (Continued)

	QUESTION	RATIONALE
10	**Did the perpetrator give the boy anything?** **What?** **Was attention one of the things the perpetrator gave to the boy?** **Did the perpetrator ever threaten to leave if the relationship was revealed?** **Did the perpetrator ever threaten to harm the boy or his family?**	It is also necessary to find out whether the perpetrator used rewards or force to elicit the child's participation and to keep the child from disclosing. Perpetrators often use tangible rewards (alcohol, drugs, toys, money) or give the child approval and attention they are lacking from their parents. The threat of abandonment is also used, especially by those perpetrators who have developed a close relationship with the child or when the perpetrator is related to the child (Singer et al., 1992). The perpetrator may threaten to harm the child, his family, or threaten to abandon the child. The perpetrator may also tell the child that the abuse was the child's fault and no one would believe the child upon disclosure (Singer et al., 1992). Determining the means the perpetrator employed to threaten the child tells the interviewer the child's fears.
	Female Perpetrator (if applicable)	
11	**What was the role/relationship of the female who molested the boy?** (mother, family member, daycare worker, babysitter, family friend) **Was there any difficulty believing sexual contact had occurred with this person?**	Boys abused by mothers often act in an inattentive and overarroused manner in the presence of their mothers. As these boys mature, they often demonstrate emotional immaturity and may not be able to develop a sexual relationship with others (Bolton et al., 1989). Our society often attributes the victim role to women and many do not believe that a male can be sexually abused by a female.
12	**How had the boy described the abuse?** (Frightening, confusing, normal, pleasurable)	Because women often abuse children in nonviolent and subtle ways, the boy may not believe that he has been sexually abused (Condy et al., 1987, as cited in Lawson, 1993). He may have difficulty relating to other survivors who were abused by males. He may, evidence feelings of betrayal, fears of being

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Appendix A(Continued)

	QUESTION	RATIONALE
		abandoned, and feeling different from his peers. The boy may also have difficulty accepting and making sense of pleasurable feelings associated with the abusive situation. Many boys may find it difficult to understanding that the sexual relationship was inappropriate, especially if it was pleasurable.
		Parent (if applicable)
13	**How do you think that the sexual contact came about?**	The abusive parent has a different view of the child than parents who do not abuse. The relationship that the parent has with the child is not equal, a value passed onto the son. If this self valuation is not challenged, he will carry this with him throughout his lifetime. Parents who abuse often rationalize the abuse as an educational experience in sexuality, or a mutually fulfilling experience if the child does not resist (de Young et al., 1992). The interviewer needs to know if the nonabusive parent also shares these views and is more supportive of his/her mate than the child.
14	**Has the offending parent been removed from the household?** **Has the boy been removed from the household?**	Of pivotal consideration in cases of parental abuse is the damage done to the child by taking away the attachment figure. Society's reaction to child abusers is to separate the abuser from the child. This in turn creates an immediate relational crisis for most children. It is important to know how the child feels once the separation has occurred. The child will be frightened, feel guilty for disclosing the abuse and realize that the threats of abandonment are being realized (Shaw, 1991). Boys are more prone to blame themselves for the abuse. There is a need to acknowledge that all of these circumstances are occurring. Keeping the environment constant and familiar will also help the child feel that he has some sense of control and safety (Bowlby,

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Appendix A (Continued)

	QUESTION	RATIONALE
		1969). When parents are unavailable or the child is removed from the home, relational resources (family, friends, and other significant adults) need to be identified and their support solicited. When the father is removed, the mother is faced with relational and financial concerns which compromise her ability to support her son.
15	**How has the boy reacted to the disclosure of abuse?**	One of the reactions to the stress facing the boy is to seek out the caregiver. When this person has been taken away, the child may go through the classic symptoms of separation protest. The child experiencing separation protest needs to feel secure. Attempts to provide this security is through having the remaining parent to provide a safe haven through support and caring behaviors.
II	**PARENT AVAILABILITY**	
	Availability Before Abuse	
1	**What is your overall view of parenting?** **What is a parent's responsibility toward their child?** **Do children have any obligations towards their parents?**	Children expect parents to provide for their physical and relational needs, and crave their attention and approval (Ferguson, 1970, as cited in Clarizio, 1983). The interviewer is looking for signs that the remaining parent will have difficulty supporting the child due to beliefs that the son's role is to support the parent, especially if the father is forced to leave the home (Shaw, 1991). The transmission of this internal working model of serving the parent is detrimental to the boy's development of a healthy sense of self. The interviewer is trying to determine if the parents see the child as a reflection of themselves, in which case they may feel anger towards the perpetrator and ashamed of their son. The parent who believes his/her main concern is to support the child already has the mindset necessary for optimal recovery.

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	QUESTION	RATIONALE
2	**Are there factors that cause stress in the household that predate the abuse?** (drug abuse, financial problems, physical abuse, spousal difficulties, mental illness in the parent, parental sexual abuse)	Issues that interfere with the parent's ability to support the son needs attention. These issues may also contribute to an insecure attachment in the child as well as may increase the boy's vulnerability for victimization.
3	**What were you taught as a child about the role of men, and sexual relations between men and women?**	The cultural or family of origin beliefs that expect males to be able to protect themselves, take charge of sexual situations, and frown upon sexual relations between men may limit the parent's ability to support the son. Transmission of these beliefs has probably negatively influenced the child's image of himself as a competent male (Canino et al., 2000).
4	**Describe the boy's ability to work by himself.** **Is he clingy and needs constant approval from his parent or teacher?** **Does he like to try new things?**	Insecurely attached children behave in an immature and dependent manner in the presence of caretakers, one may suppose that this is an attempt by the child to make the caretaker care and respond to the child in a protective manner (Turner, 1991). This may be helpful for children whose caretakers are sensitive to their needs and give the child the support that they need. It can also be harmful for the child if he acts in this manner towards all authority figures, in that it may contribute to the child's vulnerability to revictimization and being targeted by other perpetrators. Secure parents show that the child is desired, valued, and supported through not only verbal channels, but also through being available to the boy and responding to nonverbal needs and fears with attention and support. From the parent's description of their interactions, the interviewer can begin to infer the quality of the attachment. Finding out the child's reaction to stress, his fears, his ability to approach new situations, and the parent's comfort in allowing/encouraging the son trying new things

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	QUESTION	RATIONALE
		also elicits attachment information. In secure attachment relationships the parents encourage and respect the child's quest for independence, yet are available and protective when the child is fearful or uncertain. These questions also help to assess the parents' feelings and knowledge of their son.
5	**Describe the boy's ability to get along with others.**	The insecurely attached child avoids interpersonal interactions, is physically distant from others and is more likely to try to control others. It is likely that this need to control others might contribute to offending behavior.
6	**What types of things does he discuss at home?** **Who does he confide in when he has problems?** **How does the boy act when he is under stress, confused? Have any of his behaviors been an indication that he was troubled?** (Compare the caretaker response with the corresponding question to the boy. Do the parents accurately know the boy's stressors and how to provide comfort?)	In a secure attachment, the child and parent interact in a positive, relaxed, and confident manner (Turner, 1991). The insecurely attached child is emotionally neutral when interacting with parents, and avoids interacting with others. These children can also behave in an aggressive and ambivalent manner during interactions with caretakers. When these children are put in stressful situations they may behave aggressively in an attempt to distance others (Smallbone et al., 1998). A healthy relationship is a secure relationship. This would include knowing that the needy behaviors of the child would precipitate a caring, supportive, or protective action by the parent. There is a feeling of being connected to and having ones needs met by the caretaker. One way of strengthening the relationship is by teaching caretakers to recognize the boy's needy behaviors and provide responses that makes the boy feel safe. The therapist can also teach the child appropriate ways to elicit a caring response from an appropriate support person.
7	**How do you respond to the boy's stress?**	Does the parent know how to effectively support the boy? The interviewer can help

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	QUESTION	RATIONALE
		ascertain deficits in communication. By giving the parents information and support, the parents will be able to genuinely interact with their son in a positive and confident manner.
8	**What makes him feel proud, successful, and competent? What are his resources?**	Another area of importance for treatment is the child's resources, or those whom he trusts and confides in. It is also helpful to identify his areas of competency so that these can be encouraged and supported.
	Reaction to Disclosure	
9	**How has your relationship with the boy changed since disclosure?** **How did you feel, react, at the time of disclosure? Anger?** **What did you say to your son?**	If there is a marked change in the parent/child relationship after abuse or after disclosure, therapy needs to examine how the attachment relationship was changed or damaged. Feelings regarding disclosure provide clues to what the family fears will be the social reaction to the abuse. Parents also need to examine their feelings for their child after disclosure and categorize these feelings as concern, embarrassment, helplessness, or anger. Negativity on the part of the parents will have a deleterious effect on the boy's outlook as he looks to them for guidance and approval. Parents who verbalize concern for their son's well being are more likely to have a more secure relationship with their son and are better able to provide the support necessary for successful therapy. Instituting therapy for the parents may be essential in helping them cope with their own reactions as well as becoming educated in how to deal with their son most effectively. Helping the parents recognize the signs of their own distress is the initial step. Those parents, especially mothers, facing the loss of a spouse may need individual therapy in addition to group to help them through their own feelings of loss, abandonment, and anger (Sheinberg, 1992).

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Appendix A (Continued)

	QUESTION	RATIONALE
10	**With whom did you discuss the sexual abuse?**	This helps to identify parental resources. Having parental therapy available would allow parents the opportunity to vent and receive support through an avenue other than the son.
11	**Who do you feel is responsible for the abuse?**	The parent may feel that the son betrayed him/her for allowing himself to be abused or the parent may feel that he/she is a failure as a parent because the child was abused (Alexander 1992 cited in Friedrich 1995).
12	**How has the abuse affected the boy?** **Are you aware of any sexual behavior that the boy is involved in?** **Do you have any other behavioral or conduct concerns?** **Any sexual or behavioral acting out?**	Parents also need to be questioned as to behaviors that have resulted from the abuse. Behaviors of particular interest are: sexual acting out (promiscuity, inappropriate sexual behaviors toward others and younger children in particular); violent behavior; and self-destructive behaviors such as suicidal thoughts or actions, drinking, drug use, and skipping school. Acting out may be an indication that the boy blames himself and acts out as a means of fulfilling the internal working model of the self as bad. Because of the abuse experience, caretakers must be aware that their son may exhibit inappropriate sexualized behaviors such as masturbating or exposing himself in public. Sexually abused boys may also become addicted to sexualized behaviors. Some boys may use sexual behaviors as a tension reducing mechanism (Cantwell, 1995). Boys who have received rewards from the perpetrator have also learned he can exchange sex for rewards and may have become conditioned to associate sex with a positive reward. He may regress to offering sex for attention in times of stress. This practice of acting out sexually may be aggravated by difficult issues presented in therapy. Awareness of these possible behaviors also calls for educating the boy that such behavior is not proper in a public place. The

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Appendix A (Continued)

	QUESTION	RATIONALE
		display of such behavior is also a sign that the boy is feeling vulnerable. The child's frustration, anxiety and anger also requires recognition as well as a safe outlet to express these feelings. If the boy is faced with rejection, he may be further alienated. Distressed and overwhelmed parents may react negatively and punish, ostracize, or hide the boy due to his sexualized behaviors.
	Issues of Parents Affecting Availability	
13	**What do you know about child sexual abuse?** **Did you know the perpetrator?** **Did the perpetrator fit your preconceived ideas?**	Research has shown that once victimized, the boy is at increased risk for revictimization. Because of this, is it important for parents to be educated on the characteristics of perpetrators in order to keep their child safe. Parents often have preconceived prejudices about sexual abuse that are conveyed to their son. One can also assess the parent's interest in learning about abuse dynamics if they have already begun researching information about child abusers.
14	**Do you know of any characteristics that would make a child more vulnerable to molestation?** **Do you think the boy exhibited any of these vulnerabilities?**	For parents who are unaware of issues of vulnerability, education can be helpful. Once aware of these issues, parents may be able to give their son guidance in areas of vulnerability and reduce the familial factors that contribute to his vulnerability. Education is an important component in attachment theory because it increased the ability of the parent to offer support and protection.
15	**Are you aware of the physical symptoms of sexual abuse?**	Parents need to be aware of these symptoms for two reasons. First, the son may not disclose all to their doctor/therapist and the parent may need to provide this information The second is that the parents need to be vigilant for signs of revictimization.

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Appendix A (Continued)

QUESTION	RATIONALE
	When the parents are aware of these indicators, they are better prepared to act quickly, thereby responding appropriately to the behaviors of their children. Some parents may become hypervigilant, reading into normal changes in the child's daily habits as signs of sexual abuse. It is important for the parent to investigate changes in behavior in a concerned manner. The child must not think that the parent does not trust him to keep himself safe.
III LOSS	
Loss Of the Abuser	
1 **Does the boy express any regret over not seeing the perpetrator?** **How does the boy describe the perpetrator?**	Children who stay in abusive relationships due to fear of abandonment have developed an emotional and dependent bond with the perpetrator. When the abuse is discovered and the perpetrator is denied contact with the child, the child is left in a state of emotional depravation. He may seek out similar abusive relationships in an attempt to find the emotional tie that was lost. Helping these boys recognize signs of such relationships and giving them tools and resources to avoid these situations is one of the primary goals of treatment. For the parent/caregiver, they need to ask themselves how they can become more available and attentive to their son so that he does not need to seek out others.
2 **What did the perpetrator use to avoid disclosure?**	The exchange of attention for sexual favors would indicate that the child is not getting his relational and attachment needs met through appropriate avenues (Smith et al., 1994). Part of the recovery process is to discern what the perpetrator gave to the child that was lacking in the child's present relationships and find ways to have these needs fulfilled in an appropriate manner.

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Appendix A (Continued)

	QUESTION	RATIONALE
	Loss of Important Adults	
3	**Does the boy feel that he has caused unjustified harm to the perpetrator?**	The boy may feel responsible for the abuse. This self-blame will affect how he relates to others, either seeing others as bad and not trustworthy or seeing himself as bad, damaged, or unworthy of a reciprocal and healthy relationship (Eagle, 1997).When the perpetrator is a family member or person in authority, there is often social pressure to protect the family/community reputation. This is especially true when the psychosocial status of the family is affected by disclosure (Larson et al., 1986).
	Loss of the Male Identity	
4	**Does the boy make disparaging comments about himself?** **Does his actions indicate a decrease in self-concept?** (Is he engaging in risky behaviors, acting out, perpetrating?)	Another recurring issue for victims is low self-esteem. If the boy developed a relationship with the perpetrator, how the perpetrator treated him most likely influenced the boy's internal working model concerning himself and how others think about him. The atmosphere of mistreatment often results in the boy believing that he is unworthy of better treatment (Eagle, 1997). Feelings of inadequacy can continue into adulthood with the victim having decreased feelings of power, control, and confidence in being a competent male. Most males try to compensate for these feelings through actions. When these feelings are acted upon in a destructive manner, it results in risky sexual behaviors, becoming a perpetrator, or taking part in dangerous acts. By paying close attention to what the boy does in his spare time and observing interactions between peers, caretakers can monitor the boy's behaviors and subsequently his levels of stress, self-esteem, and security.

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Appendix A (Continued)

	QUESTION	RATIONALE
IV	**TRAUMAGENIC DYNAMICS**	
		Betrayal
1	**How does the boy react to disappointment?**	Males often react to feelings of betrayal with anger. This anger may show itself through participation in antisocial acts that allow him to vent his anger in a physical manner and also serves to push other caring individuals away from him (Finkelhor et al., 1985).
2	**Has the boy pushed away family and friends?**	The initiation of relationships following abuse may trigger feelings of betrayal and the anger associated with it. To keep these feelings at bay, the boy may isolate himself.
3	**Who does the boy feel has disappointed him? Who has supported him?** **Was the boy disappointed in your reaction to disclosure?**	In working through the feelings of betrayal, the sources of betrayal should be first identified and then the resources which he feels are comfortable and secure. By strengthening these existing relationships, the boy begins to form a safety net around himself. It is important to know if his family has betrayed him through not protecting him, not believing that the abuse occurred, or treated him differently or in a negative fashion after disclosure (Finkelhor et al., 1985). The safety of caring individuals allows him to begin to trust others and himself.
		Powerlessness
4	**Did the boy respect or fear the perpetrator?**	To begin discussing powerlessness is to first define it for children. To some extent powerlessness is endemic to their place in society. One of the reasons perpetrators abuse children is that children are naturally inclined to obey the dictates of adults who provide for their needs. The power that adults have is valued by the abused boy. The therapist needs to determine the value the boy puts on the control that the abuser had over him (Biller, 1973).

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Appendix A (Continued)

	QUESTION	RATIONALE
5	**What decisions are made by the boy?** **Does the boy try to control others?**	The boys should discuss what parts of their lives they should be able to control. After determining what power was lost, the next step is to discern how the lost power can be recovered in a healthy manner. Helping the child influence his environment can also help overcome feelings of powerlessness.
6	**Has the boy become more aggressive?**	Another means of regaining power is through acting out. These behaviors may be externally or internally directed through violence or anger. By seeing that he can create the same fear in others that the perpetrator created in him, the child feels that he has controlled the situation with his negative acts (de Young, 1982). Demonstrating that there is no socially positive results from this type of behavior may help boys substitute healthy actions for these negative and disruptive behaviors.
7	**Has the boy victimized others?** (If Yes-how did he describe the boy he victimized?)	One method males regain power is through the victimization of a weaker child. The victim reenacts the trauma to undo the hurt (de Young, 1982). If the victim were able to feel empathy for others, revictimization is less likely to occur. Being able to identify safety zones/persons may help divert the need to dominate others.
	Stigmatization	
8	**What are your feelings about having a child who has experienced sexual abuse?** **How do you think others will react to the boy if they know about the abuse?**	Stigmatization is one of the trauma components that is least treatable through therapy. Therapy can alleviate guilt of being targeted or for causing the abuse. Therapy can work on transferring the negative connotations of abuse from the self to the perpetrator. Therapy can also attempt to increase self-esteem, but therapy cannot alleviate feeling of being different. Our society stigmatizes male weakness, male on male sexual encounters, and therapy. Parent's who also hold these views may have difficulty

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Appendix A (Continued)

	QUESTION	RATIONALE
		accepting that their son is in need of treatment or seeking help/support themselves if they fear others will react negatively to the abuse (Groth et al., 1978).
9	**What has the boy said about going to therapy?**	In our society, therapy in itself is a stigmatizing agent. Parents who support this view pass this onto the son.
		Traumatic Sexualization
10	**Has the boy developed any sexualized behaviors?** (If Yes, does he see these behaviors as abnormal?) **Does he associate sexuality with affection?**	Traumatic sexualization occurs as a result of the child's exposure to sexual experiences before he is developmentally, emotionally, and cognitively ready (Finkelhor et al., 1985). The results are confusion of proper sexual conduct and results in the display of inappropriate sexual behaviors. Another aspect of the therapeutic process is getting the boys to see that they can get attention from adults and relate to others in ways that are nonsexual. Boys need to be rewarded when they interact with each other in mutually respectful ways. Caretakers must also initiate contact and encourage nonsexual interactions. If the child displays provocative behaviors in his interactions with others, the boy needs to be redirected to interact in a non-coercive, non-violent, and non-manipulative manner. One must be aware that seductive behaviors for males are different than females. The male may use bribery, anger, deceit or other means learned from his perpetrator when exposed to personal interacting. These boys may also use sexual behaviors to manipulate others (Finkelhor et al., 1985).
11	**What is your comfort level when discussing sexual issues?**	Through the therapeutic process, boys are taught the normal progression of sexual development and what constitutes a healthy

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Appendix A (Continued)

	QUESTION	RATIONALE
		sexual relationship. If parents are able to talk with their son, this would increase their availability to their child.
12	**How well does the boy express himself when discussing sexual issues?**	The first step in treatment is to help the boy to express himself. Boys need to learn the words corresponding to body parts, sexual acts, and feelings experienced (Leiman, 1995, as cited in Holmes, 1997). Because children are not adept at using words, alternative means of expression many become necessary to allow them to communicate their feelings.
	Victim Self-Perception	
13	**Does the boy describe being attracted more to males or females?** **Has he applied any labels to himself such as gay or straight?** **Has the boy communicated any derogatory feelings toward same-sex activities?**	The homosexual adolescent may also believe that he is partially to blame or that he encouraged the abuse (Finkelhor, 1984, as cited in Mendel, 1995). This adolescent may also feel reticent to go to his parents because he does not want them to know about his sexual orientation. The homosexual adolescent may also fear their reaction. Like all other male victims, homosexual adolescents need counseling on respect for their own bodies. These boys in particular need to be encouraged in developing ways to refuse unwanted sexual advances (Coleman, 1989 as cited in Doll et al., 1992). Therapists must be vigilant when placing the homosexual adolescent into the group setting. Both the boy and the group must be at a place in the recovery process where issues of homophobia will not compromise the safety of the group.
14	**Had the perpetrator told the boy that he was "damaged" due to the abuse?**	These boys have often been told by the abuser that upon revelation, others will believe that they are "soiled" and will become socially ostracized . Boys with this mindset may accept this label, but through interacting with others

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Appendix A (Continued)

	QUESTION	RATIONALE
		they will come to realize that everyone has flaws and fears. By dispelling the idea that they are flawed, the boy is not predisposed to identify with the flawed perpetrator.
15	**How is the boy able to perform and interact with others in social situations?** **How does he handle bullies?**	Sexually abused boys often have difficulty with authority figures and in developing relationships with others (Bagley et al., 1994). Giving boys tools to interact successfully with each other will allow them to take these skills and utilize them in the outside world. Interacting with others within the group also helps boys increase confidence in themselves, especially when group leaders encourage and point out positive interacting.
16	**How does the boy react when labeled a victim?**	"Not your fault" is a typical message for sexual abuse victims. Yet for males, this also means that they had no control over the situation. Males in our society are supposed to take control of sexual situations, therefore, the position of helpless victim creates tension and conflict in the male victim (Mendel, 1995). To combat this tension, boys benefit from analyzing what attributes the perpetrator possessed. Control, knowledge, attention, and power are common attributes of the abuser. Next, the boy determines if these attributes are something valued and worthy of possession. Emphasis on the inappropriate actions of the perpetrator should be stressed as well as the perpetrator not respecting the child's body. By focusing on the negative aspects of forced sexual relations, the emphasis is on negative actions and not sexuality itself. The inability of the perpetrator to control himself is also easier for the boy to understand rather that the boy's inability to protect himself.
17	**Does the boy place himself in risky situations?**	In the role of victim the boy recreates situations throughout his lifetime that places him at risk

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Appendix A (Continued)

	QUESTION	RATIONALE
		for further abuse (Lew, 1990a, 1990b, as cited in Mendel, 1995).
18	**Does the boy like to help others?**	The rescuer identity is the least socially destructive. By helping others in ways that he felt that he needed help, the survivor is still recreating painful memories, if he has support, this may be therapeutic (Lew, 1990a, 1990b, as cited in Mendel, 1995). Being able to talk through his experience while helping others can become empowering, help overcome and combat stigmatization, and help form connections with others in a safe, mutually respectful and sharing manner. On the other hand, for the rescuer who has not had support after his victimization, the constant reliving of other's victimization can become an ongoing traumatization for the rescuer. Thus, the unhealthy example of relationships learned from the abuser is reinforced by the rescuer's unfulfilling interactions with other victims.
19	**Does the boy feel that others love and care for him?**	The child must also feel that he is worthy of being cared for. Many rapists are unable to care for others and carry this unsympathetic, abusive, and violent attitude into sexual encounters (Smallbone et al., 1998).
20	**Is there any indication that the boy has violent sexual fantasies-drawings, video games, internet?**	Because of the possibility that males may become offenders, issues of violence, anger, coercion, abuse of power, and the association of sex and violence are important issues. Both boys and their caretakers should recognize that aggression is often an indicator of vulnerability. Exploring what makes the child angry and strike out at others will aid in overcoming these negative feelings. By bringing these feelings to the surface and learning to express himself, the child begins to regain control of the abuse trauma.
21	**Is there any other pertinent information, concern, or issue?**	

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Child Interview

	QUESTION	RATIONALE
I	**PERPETRATOR DYNAMICS**	
	Sex of Perpetrator	
1	**Was the perpetrator a male or female?**	Many factors come into play depending on the sex of the perpetrator. Important issues in male on male abuse include stigmatization, increased violence involved in the assault, and identification with the offender. Important issues in female on male abuse include confusion concerning if the sexual relationship was abusive and reversal of stereotypical roles.
	Familiarity of Perpetrator to Victim	
2	**Did you know the perpetrator? Yes? In what capacity- parent, family member, friend of the family, person in position of authority?** **No-** continue with following questions but probably stranger/rapist.	It is important to know if the perpetrator held a position of authority over the child. Was he a neighborhood friend who romanced the child, a family member, babysitter, teenager, or a stranger. The perpetrator's identity helps determine the relational dynamics of the abuse. Because knowledge of sexual topics is both taboo and outside of the child's developmental level of comprehension, sexual advances from male authority figures may be difficult for the child to understand and put into perspective. When the abuser has a place of power and trust in the child's life, the child may find it difficult to resist the adult's requests and to know that what the adult is requesting is wrong. It is easier for the child to trust his instincts and report abuse perpetrated by strangers since their power over the child may be less obvious (Burkhardt, 1995).

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	QUESTION	RATIONALE
		Length of Abuse
3	**How old were you when the abuse began, how old was the perpetrator?**	The age at which a child is first abused is a factor in predicting psychological trauma. Studies indicate that a young child abused by a primary caregiver develops disturbances in reality testing and ability to relate to others (Haviland et al., 1995). Children abused before the age of 5 years evidence more sexual problems, are more likely to experience feelings of depersonalization, and evidence more self-destructive behaviors than children abused later (Mendel, 1995). This question also helps in determining criminal prosecution of the perpertrator.
4	**Was this the first time you have been abused?** **Was more than one person involved in the sex acts?**	Instances of multiple abuses by more than one perpetrator may indicate ingrained feelings of low self-worth, a need for protection, and a need for an increased level of attention from the parent. The probability of the victim becoming a perpetrator increases as the abuse is of long duration or the victim is abused by more than one person (Bagley, et al., 1994).
5	**How long did the abuse continue?**	*Stranger.* A stranger abducts and abuses an unknown child for a one-time encounter. He often becomes aggressive and violent with the child victim to prove that he has power. *Rapist.* Should the abuse be a one-time event perpetrated by a stranger, the child is less likely to think himself at fault and attachment relationships are not threatened. The course of treatment would consist of educating the boy's parents on how to best support their son who was an unfortunate victim of a violent act. Parents would also be less traumatized when the perpetrator is a stranger than a known and trusted friend or family member. When considering the ability to initiate and maintain future relationships, stranger abuse is

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Appendix A (Continued)

	QUESTION	RATIONALE
		the least debilitating. It is when the perpetrator has a personal relationship with the child and/or parents or is in a position of authority that feelings of betrayal become prominent for both parents and victim.
		Rapist
6	**How much violence was used?**	Groth (1979, as cited in Gresham, 1990) classified rapists into three categories. *Anger Rapist.* The anger rapist assaults a child as retaliation for a perceived injustice. The victim may be related to the person who wronged the rapist or a child who was an opportunistic victim. This rapist usually batters the child both physically and sexually. The anger rapist commits his assault in an impulsive and uncontrolled manner with alcohol or other intoxicants being involved in the commission of the act (Hobson, Boland, & Jamison, 1985).
7	**Did the perpetrator stop the violence when you started obeying him?**	*Power Rapist.* Groth described the power rapist as one who uses just enough force or threat to gain the child's cooperation. This rapist is less likely than the anger rapist to injure the child physically. Instead, the power rapist chooses a vulnerable child in an attempt to overcome his own feelings of insecurity and prove to himself that he is in control.
8	**Did the perpetrator restrain you or perform any acts of mutilation or torture?**	*Sadistic Rapist.* Groth describes the sadistic rapist as one who uses force against the child The sexual acts are often ritualized and can include kidnapping, bondage, mutilation, acts of torture, and sometimes murder (Hobson et al., 1985).

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Appendix A (Continued)

	QUESTION	RATIONALE
		Molester
9	**Was the perpetrator friendly before the abuse started?** **How did the abuse start?**	The progression of the abuse is also important. It is generally more detrimental to the boy's feeling of guilt and betrayal when the perpetrator has first established a trusting relationship with the boy before initiating the abuse(Reyman, 1990). The perpetrator is an expert at enticing children and then begin a grooming process that culminates in exploitation. He begins by developing a close relationship with the child and learns what the child likes and what he fears (Berlinger et al., 1990). The perpetrator slowly initiates sexual contact in his interactions with the child. He often tries to convince the child that the sexual aspect of their relationship is special and acceptable (Singer et al., 1992). Comparing the boy's story with the parent's knowledge of the circumstances of the abuse gives insight into the degree of trust the child has in the parent as well as the level of safety he feels with his parent.
10	**Did the perpetrator give you anything? What?** **Did the perpetrator pay more attention to you than your parents?** **Did the perpetrator ever threaten to abandon you if the relationship was revealed?** **Did the perpetrator ever threaten to harm you or your family?**	It is also necessary to find out whether the perpetrator used rewards, force, or threats to elicit the child's participation and to keep the child from disclosing. Perpetrators often use tangible rewards (alcohol, drugs, toys, money) or give the child approval and attention they are lacking from their parent. The threat of abandonment is also used, especially by those perpetrators who have developed a close relationship with the child or when the perpetrator is related to the child (Singer et al., 1992). Threats of physical punishment are also used when bribery fails. Perpetrators will also threaten to harm the child or his family, threaten to abandon the child or withhold affection, or blame the child, convincing him that no one would believe him upon disclosure (Singer et al., 1992). Determining the means the

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Appendix A (Continued)

	QUESTION	RATIONALE
		perpetrator employed to threaten the child tells the interviewer what fears the child has, whether it be abandonment, physical harm, low self-esteem, or that his story would not be believable.
	Female Perpetrator (if applicable)	
11	**What was the role/relationship of the female who molested you?** (mother, family member, daycare worker, babysitter, family friend) **Were you believed when the abuse was revealed?**	When boys accuse females of abusing them, caretakers need to believe that the accusation is viable, even when the accusation is against the mother. Boys abused by mothers often act in an inattentive and overarroused manner in the presence of their mothers. As these boys mature, they often demonstrate emotional immaturity and may not be able to develop a sexual relationship with others (Bolton et al., 1989).
12	**How would you described the abuse?** (Scary, nice, frightening, normal)	Because women often abuse children in nonviolent and subtle ways, the boy may not believe that he has been abused (Condy et al., 1987, as cited in Lawson, 1993). He may have difficulty relating to other survivors who were abused by males. Therapy for these boys should focus on feelings of betrayal, fear of being abandoned, and feeling different from their peers. The boy may also have difficulty accepting and making sense of pleasurable feelings associated with the abusive situation. Many boys may find it difficult to understand that the sexual relationship was inappropriate, especially if he found it pleasurable.
13	**Who should be the aggressor in sexual relationships?**	Some cultures expect men to be the aggressor in sexual acts. When this cultural norm is violated, both the child and parent may have issues that interfere with their support and positive feelings for the son (Canino et al., 2000).

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Appendix A (Continued)

	QUESTION	RATIONALE
14	**How do you feel about women?**	The interviewer is looking for any feelings of resentment against women. Anger may be another reaction as the stereotypical roles have been reversed. When males have these negative feelings towards women, they may become abusers of women in adulthood to overcome their feelings.
	Parent (if applicable)	
15	**What is a parent's responsibility toward their child?** **Should children have to do anything for their parents?** **Is having sexual relations a required activity?** **Do your parents allow you to chose your friends?**	Children expect their parents provide for their physical and relational needs. As children grow, they crave attention and approval (Ferguson, 1970, as cited in Clarizio, 1983). Larson and Maddock (1986) described the dynamics of intrafamily abuse as resulting in difficulty with personal boundaries due to family members engaging in symbiotic relational patterns. Emotional survival is dependent on the emotional and psychosocial status of other family members. The abused son often develops the internal working model that parental care is exchanged for sexual favors. Some of the characteristics of abusive families that predate the abuse and contribute to the insecure attachment include rejection, role reversal or parentification (Alexander, 1992). Parentification is a process in which the child becomes the caregiver to the parent. According to Holmes (1997) this defense results from the child not wanting to be the recipient of abusive parenting. Taking on the parenting role may be one that the boy feels is socially comfortable. By feeling that he is responsible for the parent, the boy has regained a sense of control. This premature responsibility often results in anger and preoccupation (Van Ijzendoorn et al., 1997) with close relationships. Healthy parents help the child associate words and meaning to feelings, but the abusive parent conveys the message that the child's feelings are inconsequential, especially those of

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Appendix A (Continued)

QUESTION	RATIONALE
	pain, betrayal, and revulsion towards the parent (Leiman, 1995, as cited in Holmes, 1997). The child continues to depend on the abusive parent, but the relationship is devoid of any exchange of feelings and is not a source of interpersonal growth for the child (Holmes, 1997). Another characteristic of abusive families is the rigidity of boundaries. Parents isolate the family from resources and sources of information/comparison that may tell them that the abuse they are experiencing is not the norm. Because of this isolation, the child sees his home as unsafe and he generalizes this to all families (Alexander, 1985).
16 **Can you explain why your parent had sex with you?**	One method the child utilizes to preserve the role of the abusive parent as a caring and safe attachment figure is for the child to distort reality. According to Carey (1997), the abused child may be more concerned with maintaining the attachment relationship than protecting the ego. This child needs to believe that the parent is safe and in order to accomplish this, the child attributes the causes of abuse to himself. The child believes that he has behaved badly and, as a result, the parent had to behave in an abusive manner as rightful punishment. Not only does the child convince himself that he is "bad" but he generally begins to behave in a manner that reinforces this internal working model of himself. The child may also believe the parent who tells him that the abuse is an educational experience or initiation into sexual experiences.
17 **Has the offending parent been removed from the household?** **Have you been removed from the household?** **How do you feel about this?**	Of pivotal consideration in cases of parental abuse is the damage done to the child by taking away the attachment figure. Society's reaction to child abusers is to separate the abuser from the child. This in turn creates an immediate relational crisis for most children. It is important to know how the child feels once the

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Appendix A (Continued)

	QUESTION	RATIONALE
		separation has occurred. The child may be frightened, feel guilty for disclosing the abuse and realize that the threats of abandonment are being realized (Shaw, 1991). Boys are more prone to blame themselves for the abuse. There is a need to acknowledge that all of these circumstances are occurring. When parents are unavailable or the child is removed from the home, relational resources (family, friends, and other significant adults) need to be identified and their support solicited. When the father is removed, the mother is faced with relational and financial concerns which compromise her ability to support her son.
18	**How do you feel now that the abuse has ended?**	One of the reactions to the stress facing the boy is to seek out the caregiver. When this person has been taken away, the child may go through the classic symptoms of separation protest. The child experiencing separation protest needs to feel secure. Attempts to provide this security is through having the remaining parent to provide a safe haven through support and caring behaviors.
II	**PARENT AVAILABILITY**	
	Availability Before Abuse	
1	**What activities do you like to do alone and what do you like to do with others?** **Do your parents like to help you?**	These questions are designed to assess whether the child-parent attachment is secure or insecure. Securely attached children are confident to try new experiences. In secure attachment relationships the parents encourage and respect the child's quest for independence, yet are available and protective when the child is fearful or uncertain. Secure parents show that the child is desired, valued, and supported through not only verbal channels, but also through being available to the boy and

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	QUESTION	RATIONALE
		responding to nonverbal needs and fears with attention and support (Eagle, 1997). The interviewer can help ascertain deficits in communication. Insecurely attached children behave in an immature and dependent manner in the presence of caretakers, one may suppose that this is an attempt by the child to make the caretaker care and respond to the child in a protective manner (Turner, 1991). This may be helpful for children whose caretakers are sensitive to their needs and give the child the support that they need. It can also be harmful for the child if he acts in this manner towards all authority figures, in that it may contribute to the child's vulnerability to revictimization and being targeted by other perpetrators.
2	**Who do you confide in?** **What do you do when you feel stressed or angry to help yourself calm down?** **How do you feel when you are asked about the abuse (angry, sad, relieved)?** (Compare the caretaker response with the corresponding question to the boy. Do the parents accurately know the boy's stressors and how to provide comfort.)	In a secure attachment, the child and parent interact in a positive, relaxed, and confident manner (Turner, 1991). A healthy relationship is a secure relationship. This would include knowing that the needy behaviors of the child would precipitate a caring, supportive, or protective action by the parent. There is a feeling of being connected to and having ones needs met by the caretaker. The insecurely attached child is emotionally neutral when interacting with parents, and avoids interacting with others. These children can also behave in an aggressive and ambivalent manner during interactions with caretakers. When these children are put in stressful situations they may behave aggressively in an attempt to distance others (Smallbone et al., 1998).
3	**How do your parents react when you get angry or stressed?**	Does the parent know how to effectively support the boy?
4	**What makes you feel proud, successful, and competent?**	Another area of importance for treatment is the child's resources. It is helpful to identify his areas of competency so that these can be encouraged and supported.

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	QUESTION	RATIONALE
	Reaction to Disclosure	
5	**Has your relationship with your parents changed since disclosure?** **What did your parents say to you?** **Do you think that your parents blame you or think less of you because of the abuse?** **Do you feel that you need to help/support your parent because disclosure has hurt them?**	If there is a marked change in the parent/child relationship after abuse or after disclosure, therapy needs to examine how the attachment relationship was changed or damaged. The boy and his parent's feelings regarding disclosure provides clues to their feelings and fears of the social reaction to the abuse, especially any negative reactions. This information will allow to therapist to help promote a more secure attachment by identifying ways to strengthen existing emotional ties. Those parents, especially mothers, facing the loss of a spouse may need individual therapy in addition to group to help them through their own feelings of loss, abandonment, and anger (Sheinberg, 1992).
6	**Whom did you tell about the abuse?**	This helps to identify the child's resources.
7	**How has the abuse changed you? Did the perpetrator give you drugs or alcohol? Do you drink or do drugs?** **Do you get into fights at school, have your grades dropped, do you skip school?** **Are you sexually active?** **Is there any abusive sexual activity of others?** **When you feel frustrated, does sexual activity make you feel better** (Masturbation) **How do your parents react to your sexual knowledge, and any sexual behaviors?**	Behaviors of particular interest are: sexual acting out (promiscuity, inappropriate sexual behaviors toward others and younger children in particular); violent behavior; and self-destructive behaviors such as suicidal thoughts or actions, drinking, drug use, and skipping school. Acting out may be an indication that the boy blames himself and acts out as a means of fulfilling the internal working model of the self as bad. Because of the abuse experience, he may exhibit inappropriate sexualized behaviors such as masturbating or exposing himself in public. These behaviors calls for educating the boy that such behavior is not proper in a public place. The display of such behavior is also a sign that the boy is feeling vulnerable. Sexually abused boys may also become addicted to sexualized behaviors. Some boys may use sexual behaviors as a tension reducing mechanism (Cantwell,

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Appendix A (Continued)

QUESTION	RATIONALE
	1995). Boys who have received rewards from the perpetrator have also learned he can exchange sex for rewards and may have become conditioned to associate sex with a positive reward. He may regress to offering sex for attention in times of stress. This practice of acting out sexually may be aggravated by difficult issues presented in therapy. It is at this point that the caretaker may need to provide security and redirect the child to activities that result in positive attention. If the boy is faced with rejection, he may be further alienated if the caretakers are so distressed by his actions that they react negatively, punish the boy, ostracize or hide the boy due to his sexualized behaviors. The presence of any abusive relationship needs immediate attention.
III LOSS	
Of the Abuser (Skip if perpetrator was a stranger/rapist)	
1 **Were there any positive aspects of the abuse?** **What were the negative aspects of the abuse?** **Do you miss anything about the perpetrator**	Children who stay in abusive relationships due to fear of abandonment have developed an emotional and dependent bond with the perpetrator. When the abuse is discovered and the child is denied contact with the perpetrator, the child is left in a state of emotional depravation. This boy is in danger of entering into abusive relationships in the future as he seeks out a relationship similar to what he experienced with the perpetrator (Mendel, 1995). Helping these boys recognize signs of such relationships and giving them tools and resources to avoid these situations is one of the primary goals of treatment. Awareness of their vulnerability is the first step in preventing revictimization. Other tools include education, increasing their support system, and identifying ways for the boy to feel secure.

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Appendix A (Continued)

	QUESTION	RATIONALE
		Giving credence to the attention, friendship, or other positive aspects of the relationship is important. These aspects need to be replicated in a healthy relationship. Emphasis on the inappropriate actions of the perpetrator should be stressed as well as the perpetrator not respecting the child's body. By focusing on the negative aspects of forced sexual relations, the emphasis is on negative actions and not sexuality itself. The inability of the perpetrator to control himself is also easier for the boy to understand rather that the boy's inability to protect himself. Identifying the negative aspects of the abuse also helps the child learn what to avoid in relationships. Part of the recovery process is to discern what the perpetrator gave to the child that was lacking in the child's present relationships and find ways to have these needs fulfilled in an appropriate manner.
		Loss of Important Adults
2	**Do you feel that you have caused unjustified harm to the perpetrator?**	Determine where the boy places the blame for the abuse, on himself or on the abuser. This placing of blame will affect how he relates to others, either seeing others as bad and not trustworthy or seeing himself as bad or damaged and not worthy of a reciprocal and healthy relationship. When the perpetrator is a family member or person in authority, there is often social pressure to protect the family/community reputation. This is especially true when the psychosocial status of the family is affected by disclosure (Larson et al., 1986).
		Loss of the Male Identity
3	**Do you think others think less of you due to the abuse?**	Another recurring issue for victims is low self-esteem. If the boy developed a relationship with the perpetrator, how the perpetrator treated him

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Appendix A (Continued)

	QUESTION	RATIONALE
	Do you think you are less of a man because of the abuse?	most likely influenced the boy's internal working model concerning himself and how others think about him. The atmosphere of mistreatment often results in the boy believing that he is unworthy of better treatment (Eagle, 1997). Feelings of inadequacy can continue into adulthood with the victim having decreased feelings of power, control, and confidence in being a competent male. Most males try to compensate for these feelings through actions. When these feelings are acted upon in a destructive manner, it results in risky sexual behaviors, becoming a perpetrator, or taking part in dangerous acts. Both parents, peers, and the victim may be concerned that the boy may become a homosexual if the perpetrator was male. Society often assumes that having sexual contact with a male makes the victim a homosexual. Issues regarding homosexuality and cultural/family beliefs of sexuality need to be explored.
IV	**TRAUMAGENIC DYNAMICS**	
		Betrayal
1	**Who has disappointed you?** **Who has supported you?** **Were you disappointed in your parent's reaction to disclosure?**	In working through the feelings of betrayal, the child and therapist should identify sources of betrayal and then identify remaining resources which he feels are comfortable and secure. By strengthening these existing relationships, the boy begins to form a safety net around himself. It is important to know if his family has betrayed him through not protecting him, not believing that the abuse occurred, or treating him differently or in a negative fashion after disclosure (Finkelhor et al., 1985). Education gives him the tools to know what is happening around him and express his feelings. The safety of caring individuals allows him to begin to trust others and himself.

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Appendix A (Continued)

	QUESTION	RATIONALE
2	**How do you react to disappointment?**	Males often react to feelings of betrayal with anger. This anger may show itself through participation in antisocial acts that allow him to vent his anger in a physical manner and also serves to push other caring individuals away from him (Finkelhor et al., 1985).
3	**Have you pushed away family and friends?**	The initiation of relationships following abuse may trigger feelings of betrayal and the anger associated with it.
	Powerlessness	
4	**Did you respect or fear the perpetrator?**	The power that adults have is valued by the abused boy. The therapist needs to determine the value the boy puts on the control that the abuser had over him (Biller, 1973).
5	**What do you have control over? Do you have the ability to say "no" to requests for sex?** **Do you try to control others?**	The boys should discuss what parts of their lives they should be able to control. After determining what power was lost, the next step is to discern how the lost power can be recovered in a healthy manner. Helping the child influence his environment can also help overcome feelings of powerlessness.
6	**What situations make you feel weak?**	The child needs to learn to protect himself through recognizing circumstances which cause him to feel powerless, this may require him to reenact the abuse experience and analyzing how he is feeling. When he is able to identify these negative feelings, he can begin finding ways to combat these feelings and give himself power over them.
7	**Do you think that you have become more aggressive/violent towards others or yourself?**	Another means of regaining power is through acting out. These behaviors may be externally or internally directed through violence or anger. This anger may manifest itself in treatment, especially in group through the violation of

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Appendix A (Continued)

	QUESTION	RATIONALE
		group rules, acting out sexually towards others in order to scare and make them feel powerless in order to make the self feel powerful. By seeing that he can create the same fear in others that the perpetrator created in him, the child feels that he has controlled the situation with his negative acts (de Young, 1982). Demonstrating that there is no socially positive results from this type of behavior may help boys substitute healthy actions for these negative and disruptive behaviors.
8	**Have you victimized others?** **Yes-how would you describe the victim?**	One method males regain power is through the revictimization of a weaker child. The victim reenacts the trauma to undo the hurt, but ends up hurting another boy (de Young, 1982). If the victim were able to feel empathy for others, revictimization is less likely to occur. Because of the propensity for males to revictimize others in order to regain a sense of power it is imperative to identify the destructive behaviors that accompany feelings of powerlessness. Being able to identify safety zones/persons may help divert the need to dominate others.
		Stigmatization
9	**How do you think others will react to you if they know about the abuse?** **Had the perpetrator told you that you were "damaged" due to the abuse?**	Feeling of stigmatization, guilt, and blame are elicited with this question. Boys need to feel that they can become a "successful" male, despite their abuse experience. These boys have often been told by the abuser that upon revelation, others will believe that they are "soiled" and will become socially ostracized. Boys with this mindset may accept this label, but through interacting with others they will come to realize that everyone has flaws and fears. By dispelling the idea that they are flawed, the boy is not predisposed to identify with the flawed perpetrator.

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Appendix A (Continued)

	QUESTION	RATIONALE
10	**What are your thoughts about going to therapy?** **What have your parents said about therapy.**	In our society, therapy in itself is a stigmatizing agent. The boy is therefore doubly stigmatized by society. The father's feelings and verbalizations greatly influence the boy's thinking and acceptance of situations, including therapy (Groth et al., 1978).
		Traumatic Sexualization
11	**What does sex mean to you?**	Traumatic sexualization occurs as a result of the child's exposure to sexual experiences before he is developmentally, emotionally, and cognitively ready (Finkelhor et al., 1985). The results are confusion of proper sexual conduct and results in the display of inappropriate sexual behaviors. Another aspect of the therapeutic process is getting the boys to see that they can get attention from adults and relate to others in ways that are nonsexual.
		Victim Self-Perception
12	**Do you label yourself as a homosexual or heterosexual?** **What do you think about homosexual activities?**	The homosexual adolescent may also believe that he is partially to blame or that he encouraged the abuse (Finkelhor, 1984, as cited in Mendel, 1995). This adolescent may also feel unable to go to his parents because he does not want them to know about his sexual orientation for fear that they will not support or accept him. Like all other male victims, homosexual adolescents need counseling on respect for their own bodies (Coleman, 1989 as cited in Doll et al., 1992). These boys in particular need to be encouraged in developing ways to refuse unwanted sexual advances. Therapists must be vigilant when placing the homosexual adolescent into the group setting. Both the boy and the group must be at a place in the recovery process where issues of homophobia will not compromise the safety of the group.

(Continued)

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Appendix A (Continued)

	QUESTION	RATIONALE
13	**Do you like to be with other people?** **How do you handle bullies?**	Giving boys tools to interact successfully with each other will allow them to take these skills and utilize them in the outside world. Interacting with others within therapy group also helps boys increase confidence in themselves, especially when group leaders encourage and point out positive interacting. Confidence in group leaders also helps sexually abused boys who have difficulty with authority figures to see that relationships can be positive.
14	**Do you place yourself in risky situations?**	In the role of victim the boy recreates situations throughout his lifetime that places him at risk for further abuse (Lew, 1990a, 1990b, as cited in Mendel, 1995). Factors that contribute to the victim assuming the perpetrator identity increases with the duration of and abuse by multiple perpetrators.
15	**How do you react when labeled a victim?**	Not your fault" is a typical message for sexual abuse victims. Yet for males, this also means that they had no control over the situation. Males in our society are supposed to take control of sexual situations, therefore, the position of helpless victim creates tension and conflict in the male victim (Mendel, 1995).
16	**Do you respect yourself?**	
17	**Do you like to help others?** **Yes-how does it make you feel when you are helping others?**	The rescuer identity is the least socially destructive. By helping others in ways that he felt that he needed help, the survivor is still recreating painful memories, if he has support, this may be therapeutic and empowering (Lew, 1990a, 1990b, as cited in Mendel, 1995). On the other hand, without support, the constant reliving of other's victimization can become an ongoing traumatization. Thus, the unhealthy example of relationships learned from the abuser is reinforced by the rescuer's unfulfilling interactions with victims.

(Continued)

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Appendix A (Continued)

	QUESTION	RATIONALE
18	**Do you feel that others love and care for you?**	The child must also feel that he is worthy of being cared for. Many rapists are unable to care for others and carry this unsympathetic, abusive, and violent attitude into sexual encounters (Smallbone et al., 1998). Rewards that do not compromise the boy's feeling of self-worth need to be developed and implemented.
19	**Do you ever fantasize about violence, play violent video games, or watch pornography/violence on the internet?**	Because of the possibility that males may become offenders, issues of violence, anger, coercion, abuse of power, and the association of sex and violence are important issues. Both boys and their caretakers should recognize that aggression is often an indicator of vulnerability. Exploring what makes the child angry and strike out at others will aid in overcoming these negative feelings. By bringing these feelings to the surface and learning to express himself, the child begins to regain control of the abuse trauma.

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Appendix B

INTERVIEW SUMMARY

I. Identity of Perpetrator:
A) Male Female

B) Length of Abuse:

C) Number of Perpetrators:

D) Perpetrator Classification:

RAPIST	MOLESTER	PARENT
Anger Rapist (impulsive, intoxicants used, battery of child) Or Power Rapist (uses enough force to gain compliance) Or (1) Sadistic Rapist (force used, kidnapping, bondage and torture possible)	Romance: Rewards: Attention: Physical threats: Threats of abandonment: Boy identifies with perpetrator, Admires the following characteristics: Attachment issues:	Abuser remains in home: Boy remains in home: Abandonment issues: Boy rationalizes abuse: Internal working model of family relationships: Remaining parent's ability to support boy:

II. Attachment Style
A) Secure characteristics:

B) Insecure characteristics:

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III. Child Issues

A) Issues concerning the perpetrator

1) attachment issues:

2) positive aspects of abuse:

3) negative aspects of abuse:

B) Parental issues

1) Supportiveness of parents (e.g., ability to understand, listen, comfort):

2) Classification of parent-child relationship (parent's reliability, openness, helpfulness):

C) Traumagenic dynamics

1) Feels betrayed by:

2) Feels supported by:

3) Feelings regarding sexual relations:

4) Issues of power and being labeled a "victim":

5) Acting out behaviors (sexual and behavioral):

6) Feelings regarding how others will treat him:

D) Self-concept

1) Personal strengths:

2) Stressors:

3) Boy places blame for abuse on:

4) Sexual orientation:

5) Has assumed role of (rescuer, victim, or perpetrator):

IV. Parent Issues

A) Supports:

B) Cultural/familial issues:

C) Stressors that predate the abuse:

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D) Educational needs:

E) Feelings of blame/betrayal:

F) Comfort in discussing sexuality:

G) Ancillary needs: (e.g., legal, single parenthood, medical)

H) Communication: (e.g., open, needs improvement in following areas)

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