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Male sexual abuse: A retrospective study

Gary Wayne Deaton

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MALE SEXUAL ABUSE:
A RETROSPECTIVE STUDY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Gary Wayne Deaton
June 1996
MALE SEXUAL ABUSE:
A RETROSPECTIVE STUDY

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ABSTRACT

Using an exploratory research design, this project will explore and describe the use of a standardized profile and its ability to determine whether or not a male has been sexually abused. Such a profile can be useful in helping social workers and other professionals confront the problem of males refusing to or are ambivalent to disclosing their sexual abuse. By using a profile social workers can detect males who have been sexually abused without the male disclosing. This would give the social worker the time to assess the possibility of confronting the male and doing so in a more timely manner. By using the profile, the social worker acquires the much needed time to assess and prepare a treatment plan appropriate for the male if the situation should so warrant.
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INTRODUCTION

Problem Statement

Social workers involved in direct practice with sexually abused males have long been aware of the difficulty and the reluctance which males experience when deciding to come forward and disclose their sexual abuse. The topic of males as victims of sexual abuse has received much less attention in books and articles than has that of females as victims. When boys are mentioned, it is more likely to be as a victim of a pedophile than as a victim of a close friend or family member. Males have special issues regarding their abuse, but by no means does this researcher state that these issues are of any more dire consequence for a male than those issues regarding females. A brief overview of the male sexual abuse and how the issues surrounding it are atypical of sexual abuse encountered by females.

Sexual abuse has been a major issue for feminist groups and the feminist press. Although much of what male victims owe towards the limited amount of exposure is due primarily to the feminist movement, male victims still do not have a similar organized movement to speak for male victims (Cooney, 1987). As a result there is less awareness that sexual abuse is a crime perpetrated against both sexes. Support services for abused males are limited. Much of what has been written about sexual abuse has been based on
information gather from victims who come to rape crisis centers, women’s support groups, or programs for sexually abused children. The typical victim who utilizes these services is female. The male has fewer resources from which to seek help as an adolescent or as an adult. Societal expectations for males interfere with reporting. Boys are less likely than girls to tell anyone in authority that they have been abused. The concern about homosexuality perpetuates secrecy in males. In addition to being trained not to ask for help and not to show their "unacceptable" feelings, boys are cautioned to avoid anything that may associate them with homosexuality. Boys are most likely to be abused by males (Cooney, 1987). The male victim may be afraid that the abuse has made him a homosexual. He may worry that something he did or said implied that this was the case. The last thing he wants to do is call attention to this possibility, so he does not tell anyone about the molestation. Boys do not report sexual abuse. Thus there is less opportunity to study or interview male victims. They do not receive help because they remain silent.

Public stereotypes focusing primarily on the risk of girls may have made parents and professional less apt to identify abused boys (Finkelhor, 1986). Male survivors experience the same dynamics that female survivors report, such as betrayal, powerlessness, stigmatization, and traumatic sexualization (Finkelhor, 1986). However, the
psychological impact of these dynamics may be different because of the very different socialization process males undergo (Finkelhor, 1986). Research that focuses on the gender-specific effects of child sexual abuse is badly needed. Knowledge of these gender-specific effects could be incorporated into clinical interventions designed especially for male or female victims (Balswick, 1977).

Societal pressures on males not to express helplessness or vulnerability have led males to be less communicative with regards to their feelings (Finkelhor, 1986). Children from the time they are born, explicitly are taught how to be a man or how to be a woman (Balswick, 1977). While the girl is taught to act "feminine" and to desire "feminine" objects, the boy is taught how to be a man. In learning to be a man, the boy in American society comes to value expressions of masculinity and devalue expressions of femininity (Balswick, 1977). Masculinity is expressed largely through physical courage, toughness, competitiveness, and aggressiveness, whereas femininity is, in contrast, expressed largely through gentleness, expressiveness, and responsiveness (Balswick, 1977). We have all felt the effects of stereotypes about men and emotions. When we have feelings that are "inappropriate" to our gender, we are apt to worry about whether we are masculine/feminine enough. We may pretend to feelings that we don't actually have, dramatizing the "correct" emotional
expression (or lack of expression) in a parody of how we think we should act (Lew, 1990). These limitations serve to make us suspicious of our own feelings, seeing them as having to be kept under rigid control, so that we aren’t seen as weak, cowardly or "overemotional" (Lew, 1990). Male child sexual abuse victims have more difficulty seeking out help and protection (Bolton, 1989). Males see their victimization as inconsistent with their culturally prescribed sex role (Meiselman, 1990). Mike Lew, in his book *Victims No Longer*, states that "most of the male incest survivors I have spoken to have spent a great deal of frustrating time trying to think their way out of their feelings" (Lew, 1990). "It is an exercise in frustration because the trauma of incest doesn’t yield to reason or logic alone" (Lew, 1990). The trauma of child abuse isn’t just a mistake brought about by illogical thinking. Perpetrators of sexual child abuse aren’t simply behaving illogically; they are harming children deeply. It is not illogical to hurt a child: it is wrong. And harming a child in this way wounds him emotionally. "These injuries are caused by people who themselves have emotional problems" (Lew, 1990). You can’t reason with abusive behavior and you can’t think the hurts away. With males trying to maintain the societal expectation of being dominant and self-reliant, as well as those expectations previously mentioned, it is no wonder why the sexual assault of a male makes him so
isolated and uncomfortable that he is reluctant to come forward and disclose his abuse.

To address the true social and political dimensions of sexual abuse, it is important to have a working definition of the term. Within this research the term sexual abuse refers to any sexual assault or sexual exploitation of a child or adolescent by an adult (Hunter, 1990). Also included is any sexual interaction between two minors if there is at least three years' age difference or if there is a perceived significant difference in power between the victim and the offender (Hunter, 1990). Sexual abuse is an issue of power and control, not love and intimacy (Hunter, 1990). It is important to recognize that power and control frequently become eroticized in our culture. Implicit in the definitions of gender for most contemporary Western societies is the concept of male dominance and female submission. Dominance stirs sexual excitement in many men, thereby eroticizing relationships that are based on power and control (Hunter, 1990). The sexual abuse of a child is not an issue of unbridled lust. Rather, it reflects a disrespect of boundaries between adult and child. Child sexual victimization is one outcome of such eroticized dominance, and both male and female children are vulnerable to this kind of abuse of power and control. This dominance has its beginnings in Western culture, politics and patriarchy.
Many people advocate that issues related to patriarchy are relevant only to females. To the contrary, patriarchy has a significant impact regardless of a person’s sex or gender (Hunter, 1990). "The continued prevalence of patriarchy imprisons all people, male and female, who live under its influence" (Hunter, 1990). Ironically, there are numerous negative repercussions even for men, including their greater social isolation and the cultural expectation that they must internalize or withhold emotions as stated earlier. Male survivors remain imprisoned by patriarchy by ignoring the political realities of their sexual abuse. Their fear of losing the privileges accorded them by patriarchy (including the privilege of sexual dominance) often becomes paralyzing and contributes to denial regarding the impact of sexual abuse. Too often male survivors comply with patriarchal norms by dealing with their problems "like a man." A crucial issue that should be mentioned at this point is the expectation that boys will model or imitate, as early as possible in their development, those qualities that our culture considers ideal for manhood. "For example, men are expected to be sexual aggressors, and they are thought to be weak or foolish if they reveal fear or confusion about sexual functioning" (Everstine, 1989). Boys have generally relied upon themselves to find out what sex is all about, and to keep their doubts and predicaments to themselves in most families. "These factors compound the problem of the
molested child, because his enticement into premature sexual activity may cast doubt on his fitness for the man's role" (Everstine, 1989). In effect, he has submitted to the coaxing of another person when he should have refused; he gave in to a physical impulse when he should have resisted. Thus, it is very clear that molestation does more harm than just arresting a boy's sexual development. "It calls into question his fortitude in defending the values he was taught at an early age -- in effect, his moral fiber and masculine identity" (Everstine, 1989). This kind of challenge to a boy's fitness for manhood would be even more poignant in the case of one who had been molested by a woman or girl.

The reality is that young male victims, particularly early postpubertal males, experience the victimization from an entirely different self-view and world view than do female victims (Hunter, 1990). While the youngest male victims may not be gender-specific in their response to the victimization, early socialization and the cultural rites of passage that accelerate as young males near puberty clearly create different means of cognition, perception, behavior, and sexuality (Hunter, 1990). "Issues of violence and control may be central, but the core of the crisis precipitated by the victimization most likely is entirely distinct from a similar victimization experienced by a female" (Hunter, 1990).

Social workers often state that it is impossible to
help the male victim of sexual abuse if he refuses to come forward and identify himself. Without cooperation from the male victim we cannot intervene! It is the view of this research that in many cases although the male victims are reluctant to come forward, the social worker if equipped with a standardized profile can, without the active involvement of the male determine whether or not the male has been sexually abused.

Rather than place further blame on the male victim for not disclosing his abuse we must look at professionals and their reluctance to be more aggressive in finding ways to target male victims of sexual abuse. "Mental health professionals who work with troubled children (a population at high risk for abuse; Finkelhor & Araji, 1986) are in a strategic position to uncover abuse in this population" (Wurtele, 1992). Despite numerous advantages of including professionals in preventive efforts their involvement has been limited. Their limited involvement in the prevention movement has resulted for a variety of reasons. One reason being that professionals generally lack education and training about child abuse (Wurtele, 1992). In a national survey of 1,196 mandated reporters (including principals, psychiatrist, psychologist, social workers, medical professionals and child care providers), (Wellman, 1993), found that only 26% of the professionals surveyed had received 10 or more hours of formal child abuse training;
38% had received none (Wurtele, 1992). Another reason why professionals have had limited involvement in child sexual abuse may be related to the emotional discomfort that this topic often engenders. Yet a third reason for lack of engagement in the prevention movement is lack of support for prevention activities.

As professionals we must look closely at research which will help in determining the needs of this population. We must look at sites such as the one in this research as a possible laboratory in which we can identify young male victims of sexual assault so that we may determine the services which may help them in their recovery from sexual abuse.

Literature Review

In recent years much attention has been focused on the issue of sexual abuse of children and adolescents. Most professionals have concentrated their effort on treating female children. In many respects this approach appears to be logical in that the majority of child sexual-abuse cases involve an adult or adolescent male who abuses a female, child or adolescent (Sebold, 1987). Females may be abused more often than males because females have been socialized to be more compliant and responsive to the needs of others, while males are perpetrators more often than females because males have been socialized to be more aggressive, powerful,
and dominant (Wellman, 1993). However, similar efforts should be made to identify male victims of child sexual abuse. The early identification and treatment of male victims of child sexual abuse may offer hope for potential female as well as male victims (Sebold, 1987). Male victims as a group may have increase potential to become perpetrators when adults. Relatively, recent studies support the assumption that childhood sexual trauma suffered by males may negatively impact later functioning. Groth and Burgess, for example, found that 32 percent of 106 child molesters reported having experienced some type of childhood sexual trauma, compared with 3 percent of a control group of police officers (Sebold, 1987). This does not affirm a causal relationship between early sexual trauma and later adult functioning. Further study is necessary in this area, because adequate control groups were lacking in the above studies. However, it appears that childhood sexual abuse is a factor that may cause victims to become perpetrators (Sebold, 1987).

It is only comparatively recently that it has been realized how frequently boys are sexually abused (Renvoize, 1993). Some professional inaccurately believe that male victims are infrequently abused or less affected by the experience compared to female victims (Wurtele, 1992). Adhering to these types of beliefs can have devastating effects if professionals communicate disbelief, denial, or
blame victims (Wurtele, 1992). "One of the most consistent findings in the area of child psychopathology is that early exposure to traumatic or stressful events often leads to later mal-adjustment" (Hunter, 1990). Gomes-Schwartz, Horowitz and Sauzier (1985), using the Louisville Behavior Checklist, in a sample group (N) 156 with 22% males concluded that clinically significant pathology in 40% of 7-13 year old; 17% of 4-6 year old. 36% of the adolescents showed fear of harm. Gomes-Schwartz, Horowitz and Sauzier predicted depression and sexual dysfunction in adulthood for these children if conditions were left unresolved (Bolton, 1989). Once a young child's home environment has been disrupted and his or her ability to participate in appropriate and adaptive environments and relationships their risk for later psychopathology increases significantly (Hunter, 1990).

Through cross-cultural research one now can surmise that culture rather than nature is a major theme and influence in determining temperamental differences between the sexes (Balswick, 1977). We cannot ignore gender differences that result from the socialization process (Hunter, 1990). This affects early development and focuses on a highly developed, covert, and presexual conditioning that is the mark of most sexual abuse of males (Hunter, 1990).

Male sexual development has been plagued with many
myths regarding the various stages that occur as the male reaches adulthood. One myth is that sexual arousal occurs only after puberty (Bolton, 1989). Kinsey et al, 1948; Masters, Johnson, and Kolodny, 1985, state with the exception of ejaculation, sexual arousal and responsiveness have been observed from infancy forward (Bolton, 1989). Yet another source of confusion confronting the clinician is that of "latency" periods in sexual development (Bolton, 1989). "The school-aged child was long thought to be at reduced risk for sexual victimization" (Bolton, 1989). Goodman and Goodman, 1982; Masters et al., 1985; Money and Wiedeking, 1980, state that sexual development continues essentially unabated from infancy through adulthood (Bolton, 1989). Perhaps one of the most destructive beliefs regarding the developing male, is that males have a much larger sex drive than females (Bolton, 1989). "This seems to be a belief founded upon the greater amount of testosterone in the male" (Bolton, 1989). Masters et al., 1984 states that testosterone is considered "the principle biologic determinant" of the sex drive in both men and women (Bolton, 1989). Women do have lower levels. However, it is the reaction to testosterone rather than the quantity which stimulates sexual drive (Bolton, 1989). Women have greater sensitivity to smaller quantities. This information requires the clinician to bring gender-based drive levels more into balance (Bolton, 1989).
"As sex role distinctions have developed in America, the male sex role, as compared to the female sex role, carries with it prescriptions which encourage inexpressiveness" (Balswick, 1977). In some of its extreme contemporary forms, the inexpressive male has even come to be glorified as the epitome of a real man (Balswick, 1977). Learning by the male of his sex role may not actually result in his ability to be expressive, but rather only in his thinking that he is not suppose to be expressive (Balswick, 1977). The male's inexpressiveness may in actuality be a result of present perceived expectations and not a psychological condition which results from past socialization (Balswick, 1977).

Because there are few, if any, absolute physical indicators of child sexual abuse, the identification of empirically based emotional and behavioral indicators is important (Slusser, 1995). Common findings of effects of sexually abused males is the presence of a variety of behavioral indicators such as aggression, delinquency, and noncompliance (Hunter, 1990). Strong psychological literature showing that males tend to respond to stressful and difficult situations in a behavioral or externalizing way (Hunter, 1990). Post abuse in samples scored significantly higher than non-abused control group on several factors of externalized behavioral problems (Hunter, 1990). Two clusters of problems stand out. Disturbances of
conduct (aggressiveness, delinquency and acting out) and inappropriate sexual behaviors (confusion about sexual issues, compulsive sexual behaviors, and sexually acting out/offending) (Hunter, 1990). "These two problem areas serve as excellent examples of the difficulty in examining the effects of abuse on males and how they are distinct from effects on females" (Hunter, 1990).

"In an effort to define significant indicators of male sexual abuse, twenty-two therapists who have evaluated or treated numerous male sexual-abuse victims were interviewed" (Sebold, 1987). Most of the therapists were employed by residential treatment centers. The following results were recognized. "If staff are well trained and observant, male children who may never have reported sexual abuse can be identified and influenced to reveal their sexual-abuse history" (Sebold, 1987). Behaviors that are rarely found with any other stressor than sexual abuse, or found significantly more often in sexual abuse include the following: (1) specifically sexual symptoms, (2) somatic symptoms with sexual content, (3) physical symptoms, (4) running away from home, (5) bizarre degree of jealousy and possessiveness on the father’s part, (6) verbal reports of sexual abuse (Salter, 1988). "None of these are routinely associated with any other clinical syndromes in the literature, nor are they found as general psychiatric symptoms with sufficient frequency to appear readily in
factor analytic studies of children's symptoms" (Salter, 1988).

The sexually abused male may use threatening behaviors to assure himself that he can ward off any possible future sexual approaches in his environment (Sebold, 1987). Typical response to aggression and hostility is rejection and avoidance (Hunter, 1990). It may be the actions on the part of the boy victims to cope with their distress or to signal distress to others actually deters the responses of potentially beneficial resources (Hunter, 1990). Once rejected and avoided the sexually abused male can often become depressed. In a study conducted by Urquiza and Crowley in 1986, the TSC-33 (symptom check list) was administered to address physical and or somatic problems in a sample of adult survivors of abuse and a match (age/ethnicity) comparison group the authors found that in the area of depression and in a combined total symptom score, the sexually abused group showed significantly more symptoms than did the comparison group (Hunter, 1990). Once again using the (TSC-33) Briere and Associates (1988) found a significant difference on a subscale of depression between a sample of adults abused as children and a non-abused control group (Hunter, 1990). They also reported that the abused males had a higher incident of previous suicide attempts than did the control group (Hunter, 1990).

Adams-Tucker (1982) and Dixon, Arnold and Calestro
(1978) describe several cases in which male victims engage in suicidal ideation and other forms of self-destructive behaviors (Hunter, 1990). Therefore there appears to be some evidence that male victims of sexual abuse may experience emotional reactions such as depression, guilt, anger, poor self-concept, and self-destructive behavior (Hunter, 1990). Adams-Tucker (1982) in a (N) sample of 28 with 21.5% male using clinical records had findings which noted diagnosis related to age at event: 2-6 year old, marked anxiety; 6-7 year old, depressive neurosis, behavior disorders, psychosis; 7-10 year old, anxiety, withdrawal, depression; 10+ years, depression, withdrawal, self-destructive behavior (Bolton, 1989). In a study on the emotional impact of sexual abuse on males Conte and Schuerman (1987), using a Symptom Impact Checklist, a Checklist Child Behavior Profile, and a Clinical Assessment Form, found that most children (males) reveal negative effects; poor self-esteem, aggressiveness, withdrawal, acting-out, anxious efforts to please (Bolton, 1989).

"In a literature review of the current perspectives of the sexual abuse of boys, Nielsen (1983) concluded that two thirds of male victims of childhood sexual abuse experienced some form of emotional difficulties. Guilt, depression, low self-esteem, sleep disturbances, and behavioral problems were the most common effects described" (Bolton, 1989). Many sexually abused males perceive themselves as physically
small and virtually helpless, even though they may be physically larger than the adults in the immediate environment (Sebold, 1987). With regards to guilt, males have a double burden in that survivors not only blame themselves for their own assault, but they also take responsibility for their own impaired ability to cope afterwards (Hunter, 1990).

Woods and Dean (1984) with a (N) of 86 and 100% males, conducted a nonclinical study on adult male sex abuse survivors. The men in the study initially discussed of fear, shock and surprise. Later, fear, confusion, anger, or resentment emerged. 25% had heightened curiosity about sexuality (Bolton, 1989). Chasnoff, Burns, Schnoll, Burns, Chisum, and Kyle-Spore (1986) in clinical case studies reported behavioral problems including physically aggressive responses toward other children by two of three children (ages 2 to 3 years) who had been molested as infants by their mothers (Bolton, 1989). "In general, behavior problems seem to follow in severity, the severity of the abuse, relationship with the perpetrator, duration and frequency of the abuse and the number of perpetrators" (Bolton, 1989). These findings show a near perfect "fit" with previous findings regarding mixed gender samples of sexual abuse victims. "For some Luck victims, the general behavior problems tend to subside with time." "However, sexual problems seem more entrenched and persistent -- a
pattern supportive of the enduring impact of abuse of sexuality" (Bolton, 1989).

It is important to note that latency aged children may not display obvious anxious behaviors when in the presence of potentially abusive people or strangers (Sebold, 1987). In fact young sexually abused victims may even have a counter-phobically approach to complete strangers (Sebold, 1987). One can surmise that these children present themselves as victims as a way to avoid the possible severe repercussions of defying potential adult abusers (Sebold, 1987). Generally, male survivors lack information and perception of their emotions that can make their recovery difficult (Hunter, 1990).

RESEARCH DESIGN AND METHODS

Purpose of the Study

The purpose of this study is to test the use of a standard profile of male victim's of sexual assault. The profile will be used to identify male victims of sexual assault. This identification is intended to help social workers and other professionals treat and educate male victims about their abuse.

Research Question

The research question for this positivist study is: Are there specific criteria to establish a profile to
identify the sexually exploited male?

Sampling

The sample for this study came from the couples of the Job Corps sited selected. Two distinct study samples were chosen for the study. One came from files of non-reported group (N) 30 and the other from the reported group (N) 15. In the first case, files were pulled at random every sixth case. In the second group, selection was by reported and current subjects undergoing treatment.

Instrument and Data Collection:

The researcher developed a profile which identifies 32 specific characteristics of men who have been sexually abused. These indicators were selected through the most recent psychological literature to date. By using a behavioral profile designed to identify male victims through case records, we will be able to determine without their participation and with a reasonable confidence whether or not the male has ever been sexually victimized.

Weaknesses and Strengths of the Instrument

Information gathered during this research will only be extracted through case records. Often case records do not have the volume or the level of information necessary to promote findings for critical analysis of a project of this
type. The research may overlook or omit information. Analysis is carried out between a group which has come forward to admit a history of sexual abuse and a randomly selected sample which is assumed to have a history of sexual abuse. Just because an individual did not come forward does not mean it can automatically be assumed they were never sexually abused. There is also the possibility of a selection bias, because it is was not known whether or not the groups were in fact comparable. This is always a possibility with the limited knowledge a research often contends with while researching retrospectively. Examination was made for what was recorded, but the recorder did not have a list of all pertinent indicators that this study was analyzing. Consequently, it is quite conceivable that some of these indicators were present in both the sexually abused and control samples, and they were simply not recorded as they were not of interest or important at the time. The researcher should focus on strengths in line with research that will prove his hypotheses and overlook other and more relevant findings. This research effort represents seminal work as this is the first time a profile has been used. Only one study was found that began to resemble this seminal work. There will not be a pretest on this sample and the profile is not culturally sensitive.

A major strength of this research is that the researcher will be able to keep control of interaction
(transference, countertransference) that interfere with the data gathering process. Involving only case records the necessity of interviewing clients which is sometimes costly and time consuming will not be necessary. The profile is efficient for providing social workers with a functional assessment tool to evaluate males with past histories of sexual abuse. The profile and research does not depend on methods of assessment i.e. self-report inventories which rely heavily on client participation and possible invalid or erroneous information.

Data Collection

Data to be gathered through case records of the male population at the agency. Data was collected by only one researcher and data collection took place over a two week period starting the first week in May of 1996.

Protection of Human Subjects

To protect the human subjects who will be involved in this study, the researcher kept the study confidential by obtaining approval from the Human Subjects Review Board of California State University of San Bernardino. Approval was obtained from the Human Subjects Review Board at Inland Empire Job Corps in San Bernardino where the research will be conducted as well as United States Department of Labor in Washington, D.C. The researcher safeguarded the
confidential material by limiting the number of individuals to two (myself, and my faculty advisor) who reviewed the case records. Data was maintained at the researcher's home during the study with all case record information kept in a file drawer which was kept locked and marked confidential.

The researcher adhered to his training in ethical responsibilities and was guided in this endeavor by adhering to the code of ethics of the National Association of Social Workers (NASW). The researcher obtained collegial feedback as to the ethics of the proposed research by his faculty advisor. As soon as possible all names and addresses were removed from any identifiable material and were replaced by identification numbers. The research abided by the subject's legally authorized representative.

RESULTS AND ANALYSIS

Description of Sample

Forty-five male individuals were drawn as a sample from the Inland Empire Job Corps facility. Fifteen of those individuals voluntarily came forward admitting a history of previous sexual abuse. Thirty of the individuals in the study did not voluntarily come forward to admit a history of sexual abuse were selected at random from the general population.

These subject's records were reviewed for pertinent demographic data and indicators which, according to recent
sexual abuse literature, may serve as indicators of a history of sexual abuse. Each record was thoroughly reviewed for pertinent demographic factors and factors relating to and having a connection with sexual abuse. The thirty-two indicators found in recent psychological literature were matched against indicators found with the records reviewed.

Indicators found within the psychological literature were matched for any of the same indicators within each individual record in our sample. Of those indicators, the ones not found in the records within the sample were removed from the study. Those indicators within the records that were found one time or less were removed from the study and only those occurring four or greater were used for comparison.

Sample Analysis

The following analysis is for all forty-five individuals whose records were reviewed. Means were determined for the following demographic and sexual exploitation factors.

A mean age of 20.32 years old was determined with a youngest of the sample being seventeen years old and the oldest twenty-six years old (Table 5). The mean time in the program for all males was 9.33 months with the least amount of time spent in the program of 1.50 months and the greatest
amount of time being 41.50 months (Table 6). The mean educational level was the eleventh grade with the lowest level being the seventh grade and the highest grade completed being the twelfth grade (Table 7).

With respect to race, (Table 1), Caucasians represented 37.8% (N) 17 of the forty-five individuals sampled. Hispanics represented 42.2% (N) of 19, African-American 15.6% (N) 7, Native American 2.2% (N) 1, and Asians at 2.2% (N) 1. Individuals within the study that had a criminal record (Table 1) represented 31.1% (N) 14, while those that admitted no criminal record represented 68.9% (N) 31 of the population sampled.

Those individuals within the sample that had problems while at Job Corps, (Table 1), (substance abuse, absence without leave, fighting) represented 28.9% (N) 13 of the sample vs. 71.1% (N) 32 who were absent of any problems during their stay at Job Corps. Socio-economic status within the study (Table 1) included 80.0% from low economic status (N) 36 and 20.0% (N) 9 from middle economic status. Patient provider (medical insurance) (Table 1) information indicated that 42.2% (N) 19 was through Medi-Cal, 37.8% (N) 17 was federally provided through Job Corps, and 20.0% (N) 9 was being provided medical insurance privately. No marked differences could be seen between the two groups with respect to race, criminal record, or problems on record while at Job Corps.
Differences were seen as stated above for the variables Socio-economic status and medical provider. Among the reported group, there were more individuals from a middle socio-economic status than would have been expected 80% vs. 20% for the non-reporting group. With regards to patient provider status, there were more individuals on private insurance (N) 9, Medi-Cal (N) 19, and Job Corps (Federal Insurance) (N) 17.

Analysis of the Sexually Abused vs. the Control Group

A frequency distribution for selected sexual exploitation factors was established (Table 2). Among those indicators used within this frequency distribution, only two, alcohol history and current use of cannabis were found to be relevant. With alcohol history, the non-reporting group were found to have an overall percent of 42.2% alcohol history and an (N) of 19. The reporting group had an overall percent of 57.8% and a (N) of 26. The non-reporting group of cannabis users had a percentage rate of 53.3% with an (N) of 24 and the reporting group had a percentage rate of 46.7 and a (N) of 21.

To examine the differences between the reporting and non-reporting group a means test was run (Table 3) on selected demographic and sexual-exploitation factors. There was no marked differences between the two groups with regards to age and education level. A significant
difference was found, however, between the two groups for time in the program. Those who had reporting being sexually abused had been in the Job Corps for a mean of 6.33 months, while the control group had been in the Job Corps for a mean of 10.65 months (.016). Chi-Square statistics for selected sexual exploitation factors and related factors by abuse status was determined (Table 4). Several of the variables were found to show significance. In the reporting group (1) socio-economic status, there were more individuals from a middle socio-economic status than would have been expected (p = .04), (2) provider, sexually abused individuals on private insurance were seven times more likely than non-reporting individuals to have had private insurance (chi sq. 7.16; p = .02), (3) cannabis use showed significance at (p = .011). Two indicators reached near significant in Table 4 (abuse status by problems while at Job Corps and anger).

DISCUSSION

According to the data certain characteristics of the sample showed a relationship with sexual exploitation. Using a behavior scale to determine the relationship between biological, psychological and social factors became a challenge. What is of interest with the findings for this study is that many of the individuals within the sample suffered from many psychological problems. This is consistent with current literature though the findings are
only modestly and statistically valid. One of the most consistent findings in the area of child psychopathology is early exposure to traumatic or stressful events often lead to later maladjustment (Hunter, 1990). The abundance of behavioral indicators such as violence, suicidal ideation, drug and alcohol use, depression, somatic complaints, interpersonal stress and relationship issues within this sample can lead to speculation that the possibility of more individuals within the sample may have been sexually abused than those that had reported.

Behaviors that are rarely found with any other stressor, sexual abuse, or found significantly more often in sexual abuse includes specifically sexual symptoms, somatic symptoms with sexual content, physical symptoms, running away from home, bizarre degree of jealousy and possessiveness on the father’s part, and verbal reports of sexual abuse (Salter, 1988). These symptoms, many of which were identified within the sample were not frequent enough to be statistically significant, but the patterns showed some trends. This again lead to difficult in identifying them as symptoms within the sample which could identify males who have been sexually abused.

Males respond to stress in externalizing ways such as being aggressive, fighting, gang affiliation, delinquency and non-compliance (Hunter, 1990). These non-specific symptoms coupled with other indicators of sexual abuse often
give social worker's and other professionals the needed information to make a tentative assessment with regards to whether or not a male has been sexually abused. Once again, our sample population had individuals with these indicators. Two-thirds of male victims of sexual assault experience some form of emotional difficulties i.e. guilt, low self-esteem, sleep disturbances, acting out, and anxiety (Nielsen, 1983). These were as well indicative of being represented in our sample population.

The results of this study are limited by the very numbers of our sample (15 reported and 30 non-reporting males). This small sample prevents generalizations from the results, but does offer some insight into this group and allows for speculation relative to other male victims of sexual abuse. Seven indicators were significant or borderline significant within this sample.

Time in the program was a significant indicator. While one would speculate the longer one is in a program the more likely it would be for an individual to disclose their sexual abuse, just the opposite was true in our sample. The reporting group had a mean time in the program of just 6.333 months vs. 10.6500 months for the non-reporting group. This may be because of educational programs for sexual abuse coincided with those specific individuals more so than those of the non-reporting group. It may also be caused by the possibility that the reporting group had a higher socio-
economic status than that of the non-reporting group. Twice as many reporting abuse came from a middle income that cannot be attributed to chance. One might assume with some speculation, that individuals with a higher economic status find it easier to disclose their sexual abuse than do those from a low socio-economic status.

Abuse status by medical provider was interesting as well. Twice as many individuals from the reporting group had private insurance than if chance alone were operating. This is interesting because it begins to shape a picture of the reporting group having higher socio-economic status as well as a private medical provider. This does not by any means state that socio-economic status or medical provider in any way causes sexual abuse, but does state that there is a positive relationship between the two.

Alcohol history was a significant finding among the reporting group with twenty-six percent of the total sample being from the reporting group and having an alcohol history. This coincides with Cannabis usage which for the reporting group was a full 24.4% of the total sample. Alcohol and Cannabis use are considered depressants which are often used by individuals which need to suppress or numb the feelings attributed to negative events in ones life such as sexual abuse. It is not unusual to encounter a survivor of abuse who isn’t addictively or compulsively engaged in some form of numbing behavior (Lew, 1990).
Anger and problems while enrolled at Job Corps were to indicators which were borderline, but did not show actual significance in this sample. However, given a much larger sample population, the significance could possibly fall within p < .05. A typical response to aggression, anger and hostility is rejection and avoidance (Sebold, 1987). Males who have been sexually abused can be using their anger to ward off any potential help.

In general, behavior problems seem to follow in severity the severity of the abuse, relationship with the perpetrator, duration, and frequency of abuse and number of perpetrators (Bolton, 1989). Often if the severity of the offense against the male is not problematic enough or is perceived that way by the male, the male may not feel it warrants his concern. Many individuals have more pressing problems than the abuse which was inflicted upon them. These could include unemployment, homelessness, or drug or alcohol problems. This is not to state that the sexual abuse is not of concern, but it is to put into perspective possibly a large percentage of males who have had sexual abuse but are not willing to disclose because the problems encountered by the abuse are not paramount at the moment.

Providing a universal behavioral indicator profile with such a small number within a sample has been successful in that it has pin-pointed areas of significance within a sample i.e. socio-economic status, problems at Job Corps,
medical provider, Cannabis usage, alcohol history, and time in the program. With a much larger sample 1,000 to 1,500 men, the possibility of significance with other indicators used could be strengthened. This research was conducted with the knowledge that what was available with regards to information about males who had been sexually abuse was extremely limited. This is the difficulty with many problems in the area of sexual abuse, but it is accentuated with the sexually abuse male.

This seminal effort in research provides a beginning understanding of certain psychosocial factors and their relation to male sexual exploitation. This research makes a strong case for a behavior profile and calls attention for the need for future research on the topic of male sexual abuse. During the phase of the research when data was collected at the Job Corps site, it was noticed that the environment was very pleasant and conducive for individuals to come forward with any problem they may have. Staff that are well maintained and observant are key personal with regards to male sexual assault. This was truly the case at Job Corps where the personnel were extremely vigilant with respect to observing any behavioral problems that might be presented to them. Identification of individuals is necessary in determining those individuals who are looking for avenues to disclose their sexual abuse.

Early training for social workers and other
professionals is necessary to create interventions at the earliest possible moment. This intervention sets the stage for early disclosure by men who have normally searched for opportunity to disclose, but were unable to locate a safe and confidential disclosure method. Further research involving early identification of males who have been sexually abuse is of the greatest necessity. More monies to start research with larger sample sizes will hopefully create the information that is critical in developing upon the profile established within this study.

We need to address the socialization of males and how they are reluctant to use support networks, their limited use of disclosure opportunities and the tendency among males to address concerns cognitively rather than emotionally.

Education is a key factor in increasing knowledge about the meaning and nature of male sexual abuse. Advocating for programs in schools and in the media would help to increase knowledge of male sexual abuse. Education would increase the awareness in victims and potential victims that other males have been sexually abused and have disclosed. It could also convey information regarding the appropriate words to use in disclosing, to who one could disclose, and the procedures involved in disclosing. Increased education about male sexually abuse would also help to clarify the role of responsibility and reduce fear of harm to the victim and their family. Advocacy for appropriate laws and
consequences would mitigate concern for the perpetrator and impact the effect of perpetrator’s response to disclosure. Education about the effects of isolation and other aspects of male sexual abuse could help individuals who come into contact with male victims or potential victims to identify potential problems and affect some intercession. Interventions with families and suspected victims can serve to reduce the effects of isolation and increase the possibility some victims will disclose.

Awareness that the decision to disclose may often be an impulsive action precipitated by a high level of emotional arousal might allow social workers to be more receptive to these impulses. Simply asking a suspected male victim of sexual abuse during an emotional period may be all that is needed to stimulate disclosure.

There needs to be an increased effort to work with the families of the individuals who disclose sexual abuse. The role of the social worker would be one of interceding with the family to help it understand the cause and effects of sexual abuse. It would be important to help all members accept responsibility and minimize blame, rejection and anger. Increasing understanding would elicit belief in the victim, as well as, enhance closeness and support. Appropriate interventions with the victim at the time of and following disclosure would help maintain their level of relief and minimize their desire to recant. Often victims
are seen only briefly and then remanded to a waiting list for future treatment. Immediate intervention would reduce future trauma and solidify their desire to maintain their decision to disclose.

The recommended goals for the social work profession cited above, may be summarized as follows:

1. Work to enhance identification of possible males who have been sexually abused.
2. Work to develop safe environments for disclosure.
3. Have a well educated, maintained, and observant staff to help males who have been sexually abused.
4. Provide education about the effects of isolation and intervene to reduce its impact.
5. Intervention with families following disclosure to minimize after-effects.
6. Advocacy for more immediate interventions with victims.
7. Need to address the socialization of males and how they are reluctant to use support networks.
8. Work to identify emotions which maximize or minimize the likelihood of disclosure.

Many of the recommendations noted above would have significant fiscal impact, locally and on a state and federal level. However, when weighed against the cost to the individuals and to society, these costs are small. The literature offers strong evidenced that the impact of sexual abuse and its after-effects are extremely costly if left
untreated (Finkelhor & Browne, 1988; Strean, 1988). The interventions of social workers with victims and their families could increase the likelihood of disclosure and minimize the traumatic effects of disclosure. Advocacy for policy changes could enhance the prospect of disclosure and reduce its impact upon the victims and their families. Social work could have a significant impact on reducing this cost, not only on the micro level, but the macro level as well.

Further research is needed to better understand the decision making process in the disclosure of sexual abuse and to develop methods such as a behavioral indicator profile to expedite the process. Research is also needed to better understand the traumatic effects of disclosure for men and develop policies to reduce this trauma. There is also a need to understand the role of education in the prevention of male sexual abuse to insure the immediate disclosure of that abuse.
APPENDIX A
INFORMED CONSENT

This study which your agency is about to participate in is designed to explore whether or not a profile using behavioral indicators can identify victims of male sexual abuse. The study is being conducted by Gary W. Deaton, under the supervision of Dr. Lucy Cardona, professor of Social Work at California State University, San Bernardino.

In this study the agency will be asked to provide the case records of males at your agency. The data that will be needed in these case files is data that can show a correlation between the profile of behavioral indicators and the existing data in the case file. The information you provide will be kept confidential. Data will be held in a locked file cabinet at the researcher’s home and will not be accessible to others. Analyzed data will be reported in group form only.

Your participation in this research is totally voluntary and the researcher understands your agency can withdraw its support from the research at any time.

I acknowledge that as a representative of this agency I have been informed of, and understand the nature and purpose of this study. I acknowledge by the power as a representative of this agency I freely consent to allow our
agency to participate in this research.

Agency Representative’s Signature [ ] Date [ ]
APPENDIX B

DEBRIEFING STATEMENT

Thank you for your agencies participation in this study. Should you have any questions regarding the outcome of the study contact Dr. Lucy Cardona or myself at the Social Work Department of California State University, San Bernardino, at (909) 880-5501 anytime after the end of the Winter quarter of 1996. If anything has troubled you about the study, you may also contact one of us at the above number during day time hours.

This retrospective study using a profile will aid in describing males who have been sexually abused. Sexually abused males are extremely reluctant to disclose their sexual abuse. This profile in conjunction with individual case records is unique in that it identifies possible male victims without the need of their disclosure. Once identified, intervention strategies can help the social worker and the male victim to resolve the often torturous issue of male sexual abuse. Thank you for your cooperation.
### APPENDIX C

#### TABLES

**TABLE 1. FREQUENCY DISTRIBUTION OF SELECTED DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE**

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TABLE 2. FREQUENCY AND NUMBER FOR SELECTED SEXUAL EXPLOITATION FACTORS

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<th>Factor</th>
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<td>Depression</td>
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p < .05*

p < .05** (Fisher’s Exact Test)
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TABLE 6. EDUCATION LEVEL
TABLE 7. PATIENT'S AGE
APPENDIX D

LETTER OF APPROVAL

U.S. Department of Labor                  Employment and Training
                                        Administration
                                        200 Constitution Avenue, N.W.
                                        Washington, D.C. 20210

Lucy Cardona, Ph.D.
Assistant Professor
California State University, San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, CA 92407-2397

Dear Dr. Cardona:

I am approving the project for your student, Mr. Gary Deaton, to conduct research on childhood sexual abuse of Job Corps students at the Inland Empire Job Corps Center.

I have one concern, that a clear follow up plan be developed for any student who may have reactions to addressing questions related to past sexual abuse. For example, the center mental health consultant should be familiar with the study and survey and agree to provide crisis intervention if needed.

As in the case of previous projects, this one has to be approved by the Regional Director of Job Corps in San Francisco, and the Center Director.

If you or Mr. Deaton have any technical questions, please contact Dr. Valerie Cherry, principal mental health consultant for Job Corps, at (301) 495-1080.

Sincerely,

Charles R. Hayman, MD
National Medical Director
Job Corps

cc: Jack Krois, Acting Regional Director, Region IX
    JoAnn McDougall, Center Director
    Valerie Cherry, Ph.D.
    Andrew Berger, RMHC
INSTITUTIONAL REVIEW BOARD
CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Registration Form for Exempt Research

This form is provided for CSUSB investigators who require institutional endorsement for research involving humans as subjects, but whose projects fall into a category that is exempt for review. Information concerning the procedures for review of such research can be obtained at the Office of the Dean of Graduate Studies (AD 127) or from the Sponsored Program Office (AD 128). In addition, assistance is available from any member of the Institutional Review Board (IRB), and a listing of current members can be obtained from the Faculty Senate office (AD 109). To register for exempt status, this form should be completed and submitted to the Chair of the IRB, along with any supporting materials (e.g., questionnaires, letters of approval from cooperative agencies, etc.).

Two copies of ALL materials should be submitted - 3 copies should be submitted by the Social Work Department.

1. INVESTIGATOR(S) NAME __________ GARY W. DEATON
   Department ______ Social Work ______ Phone ______ 880-5501

   If you are a student, please provide the following:
   This research is for (X) Thesis ( ) Honors Project ( )
   Independent Student ( ) Course _________ ( ) Other ______
   Advisor’s Name ______ Dr. L. Cardona ______ Campus Phone ______ 880-5559

2. PROJECT TITLE ______ MALE SEXUAL ABUSE AND JOB CORP

3. PROJECT REVIEW (x) New ( ) Revised Project (ID# will be assigned by the IRB)

4. DESCRIPTION OF SUBJECTS (Give appx. no. of subjects and categories that apply)
   Gender ( ) Female (X) Male ______ Number ______ 50-75
   ( ) CSUSB Students ( ) Children (17 or younger) ( ) Child Development Center ( ) Prisoners ( ) Patients in institutions ( ) Other ______ Federal Agency
8. **EXEMPT CATEGORY.** Indicate the category for which you claim exemption:

- Normal educational settings, practices, or instructional techniques.
- Educational tests, where subjects are not identifiable.
- Written surveys or oral interviews.
- Observation of public behavior
- Existing publicly available data, records, or pathological/diagnostic specimens.

9. **AFFIRMATION OF COMPLIANCE**

I agree to follow the procedures outlined in the summary description and any attachments to ensure that the rights and welfare of human subjects in my project are properly protected. I understand that the study will not commence until I have received approval of these procedures from the IRB and have complied with any required modifications in connection with that approval. I further understand that additions to or changes in the procedures involving human subjects or any problems with the rights or welfare of the human subjects must be promptly reported to the IRB.

Signature of Investigator  
Date

APPROVAL OF FACULTY ADVISOR (Required of all students)

Signature of Advisor  
Date
This proposal is approved by the IRB at California State University, San Bernardino:

Kelly R. Morton, Chair

Sid Kushner, ex-officio

Joe Lovett, Health Science

Mary Smith, Marketing

Teresa Morris, Social Work

Hannah Nissen, Psychology
REFERENCES


