Gender Differences Related to the Types of Sexually Abusive Incidents Encountered by Adult Survivors of Childhood Sexual Abuse

M. Scott Young, Ph.D.¹

Author's affiliation:
1. Department of Mental Health Law and Policy, College of Behavioral and Community Sciences, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL

* Please address correspondence and reprint requests to: M. Scott Young, Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida, MHC 2713, 13301 Bruce B. Downs Blvd., Tampa, FL 33618; phone (813) 974-8734; fax (813) 974-9327; e-mail syoung1@usf.edu

ABSTRACT

Prior studies have suggested that specific characteristics of sexually abusive experiences, including the presence of force and penetration, have been proposed to account for much of the harm caused by childhood sexual abuse. Though many studies have documented gender differences in the prevalence and sequelae of childhood sexual abuse (CSA), few have examined gender differences related to the types of abusive incidents that victims have encountered, and all have been limited to clinical samples. Illuminating gender differences in the nature of sexually abusive experiences may help to account for gender disparities related to the sequelae of CSA. Extending this line of research to nonclinical samples will help to estimate the overall prevalence of CSA and assess the generalizability of previous study findings. This study examined gender differences in the types of sexually abusive incidents self-reported by 155 victims of CSA who were students enrolled in an undergraduate psychology course at a large southeastern university. Although Chi square analyses failed to reveal any significant gender differences related to the involvement of force in CSA incidents, results did indicate that males were significantly more likely to report being victimized by incidents involving penetration (41.0% vs. 24.1%). Additional statistically significant gender differences included findings that a greater proportion of males (61.5%) than females (37.1%) reported touching the genitals of someone at least five years older before the age of 16, and that males were more likely to report having engaged in anal intercourse before the age of 16 with someone at least five years older (12.8% vs. 2.6%).

Keywords: child sexual abuse; gender differences, child sexual abuse; gender differences; force; penetration; victimization; inappropriate touching; anal sex; oral sex
1. INTRODUCTION

Though many studies have documented gender differences in the prevalence and sequelae of childhood sexual abuse, few have examined gender differences related to the types of sexually abusive incidents that victims have encountered. Available data indicate that male and female victims of childhood sexual abuse do in fact differ in the types of sexually abusive experiences that they have encountered. For instance, Gold, Elhai, Lucenko, Swingle, and Hughes (1998) examined gender differences related to sexual abuse incidents in an adult sample of 48 males and 257 females attending an outpatient psychotherapy treatment program for survivors of CSA. They found that male victims were significantly more likely than female victims to have oral sex performed on them by the perpetrator. Other authors have reported that CSA incidents with male victims are more likely to involve masturbatory abuse, oragenital abuse, and anal abuse (Watkins & Bentovim, 1992).

Researchers have postulated that specific characteristics of childhood sexually abusive incidents, particularly penetration (Roelser, 1994; Sarwer & Durlak, 1996) and the use of force (Bauserman & Rind, 1997), may relate to its harmful aftermath. Penetration, either anal or vaginal, is commonly involved in sexually abusive incidents committed against male and female children. Sarwer, Crawford, and Durlak (1997) reviewed CSA incidents of 359 males and 73 females seeking treatment at a sexual dysfunction clinic. Penetration occurred equally often in incidents involving males (37%) and females (38%).

The absence or presence of penetration among childhood sexually abusive incidents has been shown to moderate its negative effects on sexual behavior and mental health. Among 73 women with a history of sexual abuse, Sarwer and Durlak (1996) found that sexual penetration significantly discriminated between sexually dysfunctional and functional participants. Roelser (1994) examined the effects of penetration on later symptomatology in a sample of 168 females and 20 males with a history of CSA. Across genders, the presence of penetration resulted in significantly more PTSD symptomatology.

Studies with mixed gender samples have shown that male victims of childhood sexual abuse are more likely than female victims to experience forceful incidents (Pierce & Pierce, 1985). Sarwer, Crawford, and Durlak (1997) examined histories of CSA in 359 males and 73 females seeking treatment at a sexual dysfunction clinic. Compared to females, incidents with male victims were significantly more likely to involve force (33% vs. 15%). Kaufman et al. (1980) compared reports of 14 males who were sexually assaulted to reports of 100 females who were sexually assaulted. They found that males were more likely than females to have experienced forceful incidents (64% vs. 11%).

The presence of force has been shown to influence the extent to which sexual abuse is interpreted negatively and leads to adverse consequences. In a review of male victims of childhood sexual abuse, Bauserman and Rind (1997) indicated that incidents involving self-defined consent, akin to the absence of force, were more likely to be interpreted in a positive manner. Additionally, incidents involving force or threatened harm were more likely to be interpreted negatively by the victims and to result in increased negative mental
health symptoms. Doll et al. (1992) examined 1,001 homosexual or bisexual males attending an STD clinic. Approximately half of the incidents involved force, and the presence of force was the strongest predictor of a negative reaction.

Compared to non-abused males, Duncan and Williams (1998) found that male children who were sexually victimized without force by a female perpetrator did not differ significantly on measures of homophobia, hyper-masculinity, and several dimensions of teen and adult relationships. Roelser (1994) examined the effects of forced childhood sexual abuse on later symptomatology in a sample of 168 females and 20 males. Victims of forceful incidents scored significantly higher on the overall index of the Trauma Symptom Checklist (TSC-40) and other scales of PTSD and dissociation symptoms, though they did not score differently on the Beck Depression Inventory (BDI). Aside from actual force, incidents involving threats of force were also associated with higher levels of PTSD symptoms.

All mixed gender studies reviewed have examined gender differences among clinical samples. The present study used a nonclinical sample to examine whether male and female victims of CSA differ in the types of abusive experience they have encountered.

2. METHODS

Participants

Participants ($N = 406$) were undergraduates enrolled in psychology or human sexuality courses. Of this sample, 155 (38.2%) participants were selected for analysis because they reported a history of childhood sexual abuse. These participants included both males ($n = 39$) and females ($n = 116$) and ranged in age from 18 to 30, with an average of 20.36 ($SD = 2.70$). Participants were relatively evenly split across freshman (34.4%), sophomore (20.0%), junior (25.6%), and senior (20.0%) class levels. The sample was largely Caucasian (45.8%), though African-Americans (24.2%), Hispanics (19.0%), Asians (2.6%), and other races (8.5%) were also represented.

Measures

Early Sexual Experiences Scale (ESE; Bartoi & Kinder, 1998). The ESE is an eleven-item measure that was developed to assess history of childhood sexual abuse. All items have a dichotomous Yes/No response format and ask whether respondents experienced various types of sexual incidents before the age of 16, including: oral, vaginal, or anal intercourse with someone at least 5 years older; genital manipulation with someone at least 5 years older; being touched in a manner that made them feel violated; or being coerced into unwanted sexual activity. Participants were classified as having a history of childhood sexual abuse if they endorsed one or more items on the ESE.

Procedure

Participants were recruited through undergraduate human sexuality and psychology courses once University IRB approval was obtained. After reviewing and signing an informed consent document, each participant received a packet of questionnaires that included the Early Sexual Experiences survey and a page requesting basic demographics information. Data were collected in
groups ranging in size from five to twelve, and participants were asked not to sit next to one another in order to ensure privacy. In exchange for their participation, participants either received extra course credit or were entered into raffle for a $25 restaurant gift certificate.

Data Analysis

A series of chi-square tests compared the proportion of males and females endorsing various types of sexually abusive experiences. A continuity-corrected chi-square (Yates, 1934) was used for analyses involving empty cells. All tests were two-tailed and were evaluated at the .05 significance level. A power analysis indicated there to be over 80% power for analyses to detect gender difference having a medium effect size (Cohen, 1992). Effect size indices accompany the reporting of statistical significance to gauge the magnitude of any effects.

3. RESULTS

Data in Table 1 indicate that males and females differed in the types of childhood sexually abusive experiences that they most commonly reported. Incidents most frequently endorsed by female victims of childhood sexual abuse involved being touched before the age of 16 in a manner that made them feel violated (73.9%) or having their genitals or breasts touched outside of a physical exam by someone at least five years older before the age of 16 (51.7%). For males, the two types of sexually abusive incidents most commonly reported were having their genitals or breasts touched outside of a physical exam by someone at least five years older before the age of 16 (61.5%) and touching the genitals of someone at least five years older before the age of 16 (61.5%).

Chi square analyses indicated that males and females differed with regard to their proportion who reported experiencing a variety of sexually abusive incidents. A significantly greater proportion of males (61.5%) than females (37.1%) reported touching the genitals of someone at least five years older before the age of 16, $\chi^2 (1, n = 155) = 7.12, p = .008$, phi = .214. Males were also significantly more likely than females to report having engaged in anal intercourse before the age of 16 with someone at least five years older (12.8% vs. 2.6%), $\chi^2 (1, n = 155) = 6.25, p = .012$, phi = .201. On the other hand, a significantly greater proportion of females (73.9%) than males (41.0%) reported being touched before the age of 16 in a manner that made them feel violated, $\chi^2 (1, n = 154) = 13.96, p = .0002$, phi = -.301. A similar proportion of males (33.6%) and females (23.1%) reported childhood sexually abusive incidents that involved force, but a significantly greater proportion of males (41.0%) than females (24.1%) reporting experiencing incidents involving penetration, $\chi^2 (1, n = 155) = 4.10, p = .043$, phi = .163.

4. DISCUSSION

Results indicate that male and female survivors of childhood sexual abuse differ in the specific types of sexually abusive experiences that they encounter. A significantly greater proportion of males reported incidents involving anal intercourse or touching the genitals of someone at least five years older, while a significantly greater proportion of females reported being touched in a manner that made them feel violated.
Table 1.
Types of Childhood Sexually Abusive Experiences, by Gender

<table>
<thead>
<tr>
<th></th>
<th>Females $(n = 116)$</th>
<th>Males $(n = 39)$</th>
<th>$p$-value</th>
<th>phi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before the age of 16 (15 and younger):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you ever touch the genitals of someone at least 5 years older than you?</td>
<td>43 37.1%</td>
<td>24 61.5%</td>
<td>.008</td>
<td>.214</td>
</tr>
<tr>
<td>Did someone at least 5 years older than you ever touch your genitals or breasts (besides for a physical examination)?</td>
<td>60 51.7%</td>
<td>24 61.5%</td>
<td>.287</td>
<td>.085</td>
</tr>
<tr>
<td>Did you engage in oral sex (cunnilingus and/or fellatio) with someone at least 5 years older than you?</td>
<td>24 20.7%</td>
<td>10 25.6%</td>
<td>.518</td>
<td>.052</td>
</tr>
<tr>
<td>Did you engage in vaginal intercourse with someone at least 5 years older than you?</td>
<td>28 24.1%</td>
<td>15 39.5%</td>
<td>.067</td>
<td>.147</td>
</tr>
<tr>
<td>Did you engage in anal intercourse with someone at least 5 years older than you?</td>
<td>3 2.6%</td>
<td>5 12.8%</td>
<td>.012</td>
<td>.201</td>
</tr>
<tr>
<td>Were you forced into genital manipulation that was unwanted by anyone of any age?(^1)</td>
<td>33 28.4%</td>
<td>8 20.5%</td>
<td>.331</td>
<td>-.078</td>
</tr>
<tr>
<td>Were you forced into oral sex (cunnilingus and/or fellatio) that was unwanted by anyone of any age?(^1)</td>
<td>16 13.8%</td>
<td>4 10.3%</td>
<td>.569</td>
<td>-.046</td>
</tr>
<tr>
<td>Were you forced into anal intercourse that was unwanted by anyone of any age?(^1,2)</td>
<td>2 1.7%</td>
<td>0 0.0%</td>
<td>.996</td>
<td>-.066</td>
</tr>
<tr>
<td>Were you ever touched in a way that made you feel violated?</td>
<td>85 73.9%</td>
<td>16 41.0%</td>
<td>.0002</td>
<td>-.301</td>
</tr>
<tr>
<td>Did you engage in any unwanted sexual activity while too intoxicated or influenced by drugs to give consent?</td>
<td>25 21.6%</td>
<td>6 15.4%</td>
<td>.405</td>
<td>-.067</td>
</tr>
<tr>
<td>Did you ever seek psychological treatment in which childhood sexual abuse was discussed?</td>
<td>11 9.5%</td>
<td>1 2.6%</td>
<td>.162</td>
<td>.162</td>
</tr>
<tr>
<td>Endorsement of any item involving force(^1)</td>
<td>39 33.6%</td>
<td>9 23.1%</td>
<td>.218</td>
<td>-.099</td>
</tr>
<tr>
<td>Endorsement of any item involving penetration(^2)</td>
<td>28 24.1%</td>
<td>16 41.0%</td>
<td>.043</td>
<td>.163</td>
</tr>
</tbody>
</table>

1. These three items were considered to involve force.
2. These three items were considered to involve penetration.
Prior studies have suggested that specific characteristics of sexually abusive experiences, including the presence of force and penetration, have been proposed to account for much of the harm caused by childhood sexual abuse. Differing from findings obtained with clinical samples (Sarwer, Crawford, & Durlak, 1997), the present investigation found that adult male survivors of childhood sexual abuse were significantly more likely than female survivors to report sexually abusive incidents involving penetration. This inconsistency may partly be explained by the different nature of the samples. Sarwer and colleagues (1997) studied a sample of patients seeking treatment at a sexual dysfunction clinic, while the present investigation enlisted a relatively high functioning sample of undergraduate college students.

Also different from prior studies using clinical samples (Kaufman et al., 1980; Sarwer, Crawford, & Durlak, 1997), this study found that a similar proportion of male and female victims of childhood sexual abuse reported experiencing incidents involving force. Though a higher proportion of females (33.6%) than males (23.1%) reported experiencing forceful incidents, this difference was not statistically significant. As with the present study findings concerning penetration, these discrepant results may partly be explained by the very different nature of the samples. Sarwer and colleagues (1997) enlisted a sample of CSA victims seeking treatment at a sexual dysfunction clinic, Kaufman et al. (1980) reported on a sample of rape victims presenting for services at a hospital emergency department, and this study recruited a relatively high functioning sample of undergraduates enrolled in psychology or human sexuality courses.

Strengths of the study include the relatively large sample size that sufficiently powered the analyses to detect gender differences of a medium effect size. Another strength relates to the study’s use of a standardized measure of childhood sexual abuse. Using such a measure greatly facilitates the ease with which future studies can attempt to replicate these findings. The study also makes a unique contribution to the literature on childhood sexual abuse in that the authors are not aware of prior studies examining these gender differences among a nonclinical sample.

Limitations of the study include the failure of the Early Sexual Experiences measure to assess an exhaustive list of all possible types of sexually abusive incidents. A different pattern of results may have emerged, particularly those related to the presence of force or penetration, if a greater variety of sexually abusive incidents was assessed.

REFERENCES


