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### Impact of childhood sexual abuse on the emotions and behaviours of adult men from three ethnic groups in the USA

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## Impact of childhood sexual abuse on the emotions and behaviours of adult men from three ethnic groups in the USA

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Adult men of different ethnic backgrounds who experienced childhood sexual abuse (CSA) may vary in their reports of the psychological and behavioural impact of CSA on their lives. Empirical studies rarely examine the impact of race/ethnicity or cultural context on the psychological and behavioural struggles of adult male CSA survivors. This study utilised qualitative content analysis to examine the reported CSA-related psychological and behavioural challenges of 150 US men, with equal numbers of Blacks, Latinos and non-Latino Whites. Interview data revealed some ethnic differences: Black men more frequently denied having present day adverse effects than other groups. However, Black men who did report negative consequences of CSA discussed difficulties with substance use and hyper-sexualised behaviour more often than other ethnicities. Latino men reported anger, anxiety, hyper-vigilance, flashbacks and communication problems more often than the other two groups. Black and Latino men also discussed guilt/shame issues and sexual identity concerns more often than Whites did. In contrast, White men more frequently discussed issues related to low self-esteem, loneliness and isolation. These findings suggest that ethnically diverse men may respond differently to CSA experiences and that considerations need to be taken into account when providing healthcare to men with CSA histories.

**Keywords:** childhood sexual abuse; men; ethnicity; sexuality; USA

### Introduction

Research in childhood sexual abuse (CSA) has focused primarily on experiences in women, with there being less information available about the characteristics and long-term impact of CSA on men (Dube et al. 2005). Current US prevalence estimates of CSA in men vary depending on the methods used in defining and assessing the abuse (Loeb et al. 2002; Senn, Carey, and Vanable 2008). Senn, Carey, Vanable, Coury-Doniger, and Urban (2007) completed a systematic review of studies on childhood sexual abuse and subsequent risk behaviours and determined that there was no single operationalised definition of CSA and that it varied widely across studies. There were differences in victim age criteria (i.e., sexual experiences prior to age 18 versus younger ages), the types of sexual acts considered abusive and in the inclusion of force or threat of force (Senn et al. 2007). Aosved, Long and Voller (2011) stated, the 'available literature on male sexual victimisation has been marked by methodological challenges including poor operational definitions of abuse and a lack of reliable assessment' (292). Differences in

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operationalising CSA and in the methodology used contributed to varying prevalence rates of sexual abuse (Greenfield 2010).

Thus, CSA prevalence rates in men vary widely in the USA, ranging from 2 to 76% depending on the study (Finkelhor et al. 1990; Finkelhor 1994; Holmes and Slap 1998; Briere and Elliott 2003; Aosved, Long, and Voller 2011). Accurate prevalence rates have also remained elusive due to low rates of abuse disclosure among boys and men (Schraufnagel et al. 2010).

There is a great deal of literature available discussing the adult psychological and behavioural sequelae associated with child sexual abuse. However, many studies are primarily geared toward women (Neumann et al. 1996) or toward both genders collectively (Jumper 1995; Briere and Elliott 2003; Dube et al. 2005; Walsh, Fortier, and DiLillo 2010; Wilson 2010). These studies discuss psychological, behavioural and emotional sequelae with a higher propensity towards depression and post-traumatic stress disorder (PTSD) symptoms.

There is a growing body of research on men with CSA histories. Some of this literature is specific to special sub-populations of men who have experienced CSA. For instance, there have been several studies completed on CSA in men who have sex with men and/or HIV-positive populations (Higgins 2002; O'Leary et al. 2003; Arreola et al. 2005; Holmes, Foa, and Sammel 2005; Brennan et al. 2007; Mimiaga et al. 2009). Less research is available that examines men from different racial groups that are not part of special sub-populations (Holmes and Slap 1998; Kenny and McEachern 2000; DiIorio, Hartwell, and Hansen 2002). Men have unique socialisation experiences that may lead to differences in expressed symptomatology for adult male CSA survivors. For example, men with histories of CSA have been found to score lower than women with histories of CSA on symptoms such as anxious arousal, depression and dissociation (Briere and Elliott 2003). In a qualitative study to determine the psychological impact of CSA on men, some issues that surfaced included feelings of betrayal, helplessness, isolation and alienation, concerns over masculinity, homosexuality and/or male sexuality, and shame/humiliation (Lisak 1994). Other problems noted in the literature include self-blame, shame, distrust of adult men, low self-esteem, sexual difficulties, sexual compulsiveness, re-victimisation, dysfunctional intimate relationships and male gender identity confusion (Dimock 1988; Vander Mey 1988; Myers 1989; Dhaliwal et al. 1996).

The challenge for men with CSA histories is unique, because they may struggle with expectations of conventional masculinity after being abused (Kia-Keating et al. 2005). Identity confusion is a main concern for the adult male CSA survivor – that is, they may struggle with gender identity or sexual orientation identity issues (Gill and Tutty 1998). In spite of long-term damaging effects, men who have had CSA incidents often suffer silently (Sorsoli, Kia-Keating, and Grossman 2008). Common reactions to CSA victimisation include denial and emotional suppression (Leitenberg, Greenwald, and Cado 1992), which may be related to the manner in which boys and men are socialised to refrain from expressing helplessness and vulnerability. The socialisation of boys and men has been identified as a major contributing factor to their choice to remain silent (Nasjleti 1980; Romano and De Luca 2001; Möller-Leimkühler 2002).

The psychological, behavioural and sexual impact of male survivors of CSA may differ according to race/ethnicity, yet research on ethnic and racial differences in male CSA is limited (Kenny and McEachern 2000). The literature on CSA in ethnic groups has focused on prevalence or disclosure issues, rather than differences in the present day psychological, behavioural and sexual impact of CSA. For example, one study found that men of colour were more likely to have a history of CSA than White men and that Black

men were less likely to be abused by women than White men (Holmes and Slap 1998). Another study found that Latino men were more likely to report a history of CSA than Black men (DiIorio, Hartwell, and Hansen 2002). In a third study, cultural beliefs and values mediated the effects of abuse on the negative consequences of CSA among Black, Latino and Asian study participants (Kenny and McEachern 2000). One of the limitations of the existing literature is that many studies only make mention of the victim's ethnicity or race as a demographic variable and fail to examine the relationship of ethnicity to abuse. An additional limitation is that studies that do focus on Black, Latino or other populations of colour often consist of sub-groups of men such as incarcerated men, populations from sexual health clinics or other sub-populations.

This study examined the impact of CSA on the present life functioning of men from three different racial groups with the purpose of exploring how CSA experiences are perceived among Black, White and Latino men. Specifically, the primary research question was, 'How much does what happened to you (the prior CSA incident/s) affect you today? In what ways does it affect you today?'

## Methods

### *Sample selection*

Fliers were distributed via health fairs, employment agencies, websites and newspaper advertisements to recruit English-speaking men age 18 and older who were Black, White or Latino living in Southern California. To qualify for the study, men participated in a confidential phone screening. They were determined to have CSA if they experienced any unwanted or forced sexual contact (ranging from touching and fondling to intercourse) and/or having sexual experiences with someone at least 5 years older when under the age of 18. This definition of CSA was derived from the work of scholars in the field (Wyatt and Peters 1986; Loeb et al. 2002). Fliers specifically stated:

Men – Did you experience unwanted or forced sexual contact before you were 18 years old?  
You may be eligible to participate in a research study that examines the psychological and physical stress of men who experienced forced sexual contact as a child or adolescent.

Between May 2009 and May 2010, the programme manager telephone screened 337 men for eligibility who expressed interest in the study. A total of 150 men were selected for interviews after phone screening, with equal numbers of men from the three racial/ethnic groups.

### *Procedure*

Potential participants were informed that the purpose of the study was to examine the psychological and physical stress of men who had experienced CSA. Those men who qualified were invited to come in for an in-person interview lasting for two to three hours, which included a request for biological samples (urine and saliva). The interview was part of a larger stress reactivity study to obtain biological data on the stress response of men sexually abused as children. Only qualitative findings from the interview are reported here and, thus, the biological data are not discussed.

Approval was obtained from the Institutional Review Boards of the collaborative institutions prior to this study. Each participant provided written and signed informed consent. Trained personnel, either a licenced clinical social worker or one of three master's-level psychology students, completed the interviews. Because of the highly sensitive nature of the interviews, the principal investigator and programme manager were

both licenced clinically trained individuals with many years of counselling experience. The master's- level research assistants had immediate access to either the principal investigator or the programme manager in crisis. Each participant completed a semi-structured, open-ended interview about their CSA experiences, a questionnaire using an audio computer-assisted self-interview and provided biological specimens. Participants were compensated up to USD 100.00 for completing all portions of the study.

### *Semi-structured instrument*

A semi-structured open-ended interview was conducted asking the participant to describe in detail his first (earliest) CSA incident. If multiple incidents had occurred, the participant described (1) his first incident and then (2) the worst incident he could recall after that first incident (two incidents maximum were discussed per participant). The semi-structured instrument was a pre-existing women's measure that was adapted for men. The UCLA Women's Childhood Sexual Abuse and Disclosure Interview (Glover et al. 2010) was a semi-structured instrument that included items from various measures, including the revised Wyatt Sexual History Questionnaire (Wyatt et al. 1993), the Coffey self-blame measure (Coffey et al. 1996) and the Non-Supportive Responses to Disclosure scale of the Checklist of Sexual Abuse and Related Stressors (C-SARS) (Spaccarelli 1995). Prompts were used to probe for additional information as needed. Information solicited included the perpetrator's relationship to the respondent, the number of perpetrators involved, the gender of the perpetrator(s), the age of the participant at the time of the event, the age of the perpetrator and other relevant information. The participant's emotional reaction to the incident at the time of the event was also discussed. This paper focuses on the portion of the interview where the participant was asked 'How does what you went through [the CSA incident they just described immediately prior to the question] affect you today?'

### *Data coding and analysis*

Shorthand notes of the interviews were transcribed verbatim. Content analysis was used to explore the perceived effects of CSA on the present-day functioning of the participants (Kolbe and Burnett 1991). *A priori* coding took place (Stemler 2001) based on a literature search identifying themes previously mentioned by other researchers as being typical for survivors of CSA (Table 1). The emergence of new themes was also allowed (Stemler 2001). Coding categories were revised by combining and adding new categories as new themes emerged from the text. To increase qualitative standards of rigour, texts were separately reviewed by two researchers (authors) to determine if the categories that emerged held together (Bernard 2006), and data were coded both by hand and through the use of Atlas.ti. The two researchers were blinded to the race/ethnicity of each subject's transcripts as they coded data. After all data were coded, data were then stratified by race/ethnicity and comparisons and word counts were utilised to determine the similarities/differences by ethnicity of the present-day impact of CSA on these men.

## **Results**

### *Sample characteristics*

The narrative scripts from the interviews of the 150 men in this study can be classified into two groups. When asked, some men stated that they were not presently affected by their CSA experience. On the other hand, other men had one or more statements about certain behaviours and issues they presently dealt with that they believed could be attributed to

Table 1. Men presently affected and not presently affected by CSA experiences.

Characteristics of study participants (n = 150)			
	Men presently affected by CSA % (n)	Men who deny being affected % (n)	$\chi^2$ statistic
<b>Ethnicity</b>			
Black	62 (31)	38 (19)	6.4145*
White	80 (40)	20 (10)	
Latino	82 (41)	18 (9)	
<b>Education</b>			
< High school	91 (21)	9 (2)	3.9754*
High school grad and >	72 (91)	28 (36)	
<b>Employment</b>			
Unemployed	78 (68)	22 (19)	1.3371
Works part- or full-time	70 (44)	30 (19)	
<b>Income</b>			
Lower (< 1250/month)	72 (68)	28 (26)	0.2474
Higher (1250/month and >)	77 (43)	23 (13)	
	CSA affected (mean)	Non-affected (mean)	P-value (t-test)
Age	34.9	37.5	0.185

\* $p < 0.05$

their prior CSA experiences (see Table 1). There were no significant differences between these two groups in terms of income, employment or age. In all, 58% of the sample was unemployed, and 63% of the sample had an income of less than \$1250 a month. The mean age of men affected by CSA was 34.9 (SD = 10.2), while the mean age of those unaffected was 37.5 (SD = 11.3).

There was a statistically significant difference, based upon ethnicity, in how many men felt affected by prior CSA experiences. Black men were more likely to deny being affected by prior CSA than White or Latino men ( $\chi^2$  [2150] = 6.41,  $p = 0.041$ ). Only 62% of Black men said they were presently affected by past CSA incidents, compared with 80% of White men and 82% of Latino men in the study. In addition, there was a statistically significant difference based upon educational differences. Overall, those who never finished high school reported being affected more often than high school graduates did ( $\chi^2$  [1150] = 3.98,  $p = 0.046$ ). Table 1 examines the client characteristics of the sample based on each of these groups.

### *Psychological/emotional themes*

The following results are from men who stated they were presently affected by CSA experiences. Please note that pseudonyms are used in this manuscript; the names of the participants have been changed to protect their anonymity. Several themes emerged as they discussed their present-day emotional wellbeing in relation to their CSA experience. Statements about depression/sadness were expressed equally across the three ethnicities. Also, statements describing feelings of confusion, having constant thoughts about the abuse, having nightmares, experiencing resentment or wanting to get revenge and



questioning God and their spirituality (i.e., why did this happen) were equally distributed across the three ethnicities.

#### *Anger/rage (17 statements)*

Based on ethnicity, there were differences in the number of statements expressing anger or rage (see Table 2). Latino men made 52% of the statements alluding to anger or rage, while groups of Black and White men each made 24% of the comments. A Latino victim (Antonio, late-30s) described his forced sexual experience at age six:

He would start off asking me to scratch his back and massage him. Then he would ask me to fondle him. Then he would have me do oral sex.

In describing the present impact of CSA on his life, Antonio reported:

Anger. I became a pretty angry teenager. I have temper problems now, stemming from this in the past. I don't have any methods to deal with the anger ... I don't have much fear. No control or limits. I'll flip people off. I'm reckless. I let deadlines go past. I self-sabotage.

#### *Anxiety/fear (13 statements)*

Black men made fewer statements about anxiety and fear (15% of the statements) than Latino (46%) and White men (39%). A White man (Bob, early-20s), who was 12 years old when his older cousin molested him, said

... thinking and talking about it builds up anxiety and emotional feelings that are hard to deal with. I feel like I'm not good enough and I've suffered from depression throughout my life.

A Latino man (Carlos, early-30s) was molested by his brother at age 8:

'He was on top of me, penetrated me with his finger and penis. We were home alone. I was watching TV and he just got on top of me. I didn't know what was going on.

About present day issues, the same man said:

'I'm in therapy now for social anxiety and depression, possibly post-traumatic stress. I began to rely on alcohol to medicate the anxiety.

#### *PTSD-like flashbacks and hyper-vigilance (15 statements)*

There were differences in the number of statements made about having flashbacks and/or being hyper-vigilant. Latino men made 60% of the statements, while Black men made 7%.

Table 2. Differences in men's discussions of qualitative themes, by ethnicity.

Themes	Total discussions % (n)	White men % (n)	Black men % (n)	Latino men % (n)
<b>Psychological/emotional themes</b>				
Anger/rage	100 (17)	24 (4)	24 (4)	52 (9)
Anxiety/fear	100 (13)	39 (5)	15 (2)	46 (6)
Flashbacks/hypervigilance	100 (15)	33 (5)	7 (1)	60 (9)
Guilt, regret and shame	100 (38)	24 (9)	32 (12)	44 (17)
Low self-esteem/self hatred	100 (16)	56 (9)	13 (2)	31 (5)
<b>Behavioural themes</b>				
Communication issues	100 (5)	0 (0)	0 (0)	100 (5)
Drug or alcohol use/abuse	100 (22)	23 (5)	45 (10)	32 (7)
<b>Sexual themes</b>				
Sexual identity confusion	100 (26)	19 (5)	39 (10)	42 (11)
Hyper-sexuality	100 (29)	24 (7)	52 (15)	24 (7)

Only one Black man discussed this (Darnell, late-20s), and he discussed having flashbacks as seen with PTSD. He shared that he still has vivid flashbacks of the incident that occurred at age seven with his female perpetrator:

She was married and having sex with teenagers and other men. She was babysitting me and she took me along when she had sex. She also asked me to have oral sex with her and caress her and put objects there. I would get called into the room, and it was demanded.

Even though this happened many years ago, Darnell went on to state:

I remember the whole thing – it's like a movie. I remember everything about it ... certain smells and moments trigger things ...

A White victim (Edward, early-40s) was gang raped by more than one individual at age seven. He discussed his present hyper-vigilance:

I'm aware of my surroundings. Even though I'm grown, I'm still afraid when people approach me. I'm careful about the people I trust because I got caught [to be gang-raped]. I should have had my guard up.

#### *Guilt, regret and shame (38 statements)*

There was a difference in the number of statements made about guilt, regret or shame, based on ethnicity. Black (32%) and Latino (44%) men made more of these types of statements than White men did (24%). Participant Darnell (mentioned previously) discussed one of the two separate forced sexual incidents that occurred at ages 7 and 17:

I was wandering around looking for something to do. An old man walking dogs befriended me like a father figure. He asked all the right questions for me to open up. He invited me to his house and gave me something to eat. He closed the blinds, locked the door. He started touching me and got aggressive. I was frozen – he performed oral sex.

When describing past and present feelings, Darnell said,

First I was scared. Then I felt gross, ugly, sick. I showered over and over. It made me feel weird. Then I started drinking and experimenting with drugs. I was uncomfortable in my own flesh ... sometimes to this day I'll cry and I still drink. I wonder if I would be different. I feel like a piece of me was taken from me. My childhood was stripped.

Another Black man (Fred, early-40s) said:

I felt like I had betrayed my own self. It was like a learning experience that led to drugs, alcohol, shoplifting, etc ... [I was] naïve. I put myself in that position.

G.A Latino man (Gerardo, late-40s) said:

The memory of it affects me ... I may have been naïve, but I just wonder if it changed me in any way. I'm not proud of it.

These men described feeling guilty and ashamed about their abuse. They admitted embarrassment about disclosure of the incident(s) or potential disclosure. Many said that even as adults they are still ashamed and embarrassed.

#### *Low self-esteem/self-hatred (16 statements)*

Some men internalised their shame and expressed that because of their abuse they now hated themselves or had low self-esteem. More White men (56%) made statements discussing self-hatred or low self-esteem than Latino (31%) or Black (13%) men. A White man (Harry, late-20s) said, 'I just think, "what's wrong with me? Why did I do that?"' in response to being coaxed as a young child into a situation where anal sex was forced on

him. Others mention that they currently have low self-esteem and low self-worth. Some men mention having difficulty trusting themselves, or feeling 'inadequate', 'weak' or 'weird'. One White man (Irving, early-40s) described himself as 'an outlier in my community'. Another (Jack, early-30s) said, 'I feel like damaged goods'.

These men described losing respect for themselves. Some men blamed themselves for the abuse or stated that they lost their self-respect. Some talked about not wanting their family to think badly of them.

### ***Behavioural themes***

Several men discussed present-day behavioural challenges, which they attribute to being sexually abused as a child. Some of the statements were expressed almost equally across the three ethnicities and involved themes such as intimacy, trust and relationship issues and dislike for people that look like, act like or remind them of the perpetrator. Some men from each ethnicity also discussed difficulty in being assertive and that they were too passive.

### *Communication issues (5 statements)*

Five Latino men and no White or Black men made statements related to problems with communication with others. One Latino (Juan, late-20s) discussed how he did not want to talk about the sexual abuse ('it was an issue I didn't want to touch'), but his wife found this research study in the newspaper and persuaded him to participate, since he would not talk with his wife about what happened to him at age six.

Another Latino survivor (Luis, early-20s) said that after his abuse experience at age four he was '... very quiet, stayed quiet ... I was almost mute for two years, then socially awkward after that ...'. Another Latino survivor (Manuel, late-20s) said that his abuse happened at age 10, but he did not disclose until age 25 when he finally told a girlfriend and his mother. He said the reason he did not discuss it was:

I suppose embarrassment. Also, I tried to pretend it didn't happen. Also, given that it was so big, who do I tell? Besides, guys don't open up like that.

Even now, it affects his relationships:

I feel unsure talking to girls, I wonder if they can see through me, if they see me as vulnerable.'

A Latino participant (Nicolas, early-20s) had been sexually abused by a woman at age nine (the perpetrator threatened to kill him if he did not participate). He now has problems with relationships with other females:

I lost respect for myself because I let her. Communicating with people is hard. I don't trust anyone, and I don't get into relationships.

### *Drug or alcohol use or abuse (22 statements)*

Black men (45%) discussed substance abuse issues more frequently than White (23%) or Latino (32%) men did. One Black man (Otis, early-30s) who was abused by a male cousin at age eight stated:

I sometimes think about it [the abuse] ... I wonder how my life would be different if it hadn't happened. I drink at times to cope...

Another Black man (Perry, early-60s) said that at age four:

He put his penis in my mouth. I was the youngest. I remember it like yesterday. Never talked about it . . . I get angry when it comes up in my consciousness. 99.9% of the time it's not part of my consciousness. Years ago I used to drink from it.

A third Black man (Quinton, late-30s) said that the 'rape [at age 11] made me drink more, do drugs, act out.' A Latino man (Rollo, late-20s) molested at age six by his male cousin stated, 'I have nightmares all the time, trouble sleeping, trust issues, control issues. I'm a recovering alcoholic.'

### ***Sexual themes***

Several men stated that they presently have sexual problems or confusion. Across all ethnicities, a few men discussed having no sexual desire or discussed behavioural attempts to prove their manhood. Several men described impotence issues, fetishes or sexual dysfunction.

#### *Sexual identity confusion (26 statements)*

Black and Latino men made more statements about confusion regarding sexual identity (39 and 42%, respectively) than White men (19%). One Black man (Samuel, early-30s) described the perpetration that happened to him at age four:

It started off as playful touching, then he would have me perform oral sex. It went to him [the perpetrator] waking me up each morning to give him oral sex and fondle him. If I said no, it wasn't acceptable. They [his cousin's family] were always over the house, or we were over his house.

When discussing how this incident affects him today, Samuel said:

It comes and goes, but I always question if I would be gay or bisexual if that hadn't happened. I've always had a black cloud over me, a secret double life since age 4.

A White male victim (Tucker, late-20s) said that his childhood sexual abuse event at age seven '... affects my sexual identity and makes me question my sexual preference. I'm afraid to be categorised as an incest survivor.'

A Latino victim (Urbano, late-20s), who had been abused by both a man and a woman on separate occasions (age 14 and 16), stated:

I don't know about old women. Maybe I'm attracted to older women . . . I don't know who I'm attracted to. I don't have a girlfriend. I don't talk to anyone. Some people think I'm gay. I'm not gay, but there's some confusion in me. I haven't been able to have long-term relationships.

#### *Hyper-sexuality (29 statements)*

Black men reported more issues surrounding hyper-sexuality (52%) than Latino or White men (24% each). One Black victim (Victor, early-20s) was in the first grade when he was fondled and molested by a female relative. Presently, he struggles with 'promiscuity . . . I don't trust women as far as commitment.' Another Black man (William, early-40s,) who was molested in one of the foster homes he lived in, stated:

. . . I grew up to be a *bona fide* man. But back then I did do stuff to others that was done to me. Now I chase prostitutes and I like the control of making her do stuff. And I cheat on my woman. I'm bad with relationships. . . . Plus, I gotta have three multiple partners. . . . Now I can't trust. I don't want anal sex with someone close, but maybe a prostitute.

Black participant (Xavier, early-40s) was molested once by a neighbour at age five and again by a man at church at age eight. He said:

In my adult life, it affected me big time. I started participating in-group sex, orgies, watched a lot of porn, started drinking heavily. I had a pain in my chest that wouldn't go away...

A White man (Yancy, early-40s) who was molested by his brother and additionally by a female babysitter was asked if he is presently affected by his experiences. He replied

Trust level, probably. It probably subconsciously affected my career. I question how I see people and how I trust people. I'm capable of intimacy but not of trust ... trust is an issue. I'm not in a relationship with men ... I quit trying to be in relationships, but I have lots of sex.

## Discussion

This study looks at the personal perceptions of men who have histories of CSA to explore if and how CSA experiences presently affect them. Thus, this data does not describe the actual stress responses of these men; other manuscripts are forthcoming discussing biological/other stress response measures taken and the actual effects of CSA on these men's lives. Rather, this qualitative study explores the 'voice' of men with CSA histories. Data provide insight about (1) what men with CSA histories voice (speak about) as personal hindrances and (2) if voice differs depending on the cultural background of the male CSA survivor. There were some themes that men with CSA histories struggled with that were universal across ethnicities, such as sadness, relationship issues and desire to prove their manhood. However, there were also differences in themes raised based on ethnicity (see [Table 2](#)).

Latino men in the sample were most able to express their struggles with emotional or psychological issues. They most readily discussed present feelings of anger, fear, hypervigilance and regret that they attributed to their past CSA experiences. Latino men were the most forthcoming about psychological/emotional themes and they most frequently disclosed struggles with communication issues. Among Latino men, conceptualisations of masculinity have been found to have two dimensions: machismo and caballerismo. Machismo refers to characteristics of masculinity such as interpersonal dominance, control and clearly defined gender roles, whereas caballerismo describes masculine characteristics such as interpersonal connection, a code of ethics and the importance of family involvement (Arciniega et al. 2008). Latino men who experience CSA not only struggle with general conceptions of masculinity, but they also struggle with the ability to be machismo in a situation that is contrary to machismo, such as having a rape, incest or other child sexual abuse history (Fontes 2007; Quevedo-Gómez et al. 2012). Some Latino men may be more vocal about the emotional and psychological issues they face because of this continual friction (the awareness of the need to meet cultural norms accompanying the knowledge of being a man who was sexually abused).

More often, White men were able to admit to feeling low self-esteem and self-hatred as an adult due to their CSA experiences. This finding is in line with other research. For instance, a study by Draucker and Petrovic (1996) with a sample that was 89% white reported that many of the men they interviewed believed that they were abused because they were inherently bad. In David Lisak's (1994) study (88% white), men struggled with negative schemas about themselves and often internalised the badness of the experience. The men openly expressed feeling inferior, feeling insignificant, feeling unacceptable and feeling unlovable.

Black men admitted to present-day struggles the least. Those Black men who admitted present-day struggles voiced their struggles with behavioural issues such as substance use and hyper-sexuality most often. There were statistically fewer Black men in the study who stated they were presently affected by CSA incidents, compared with White and Latino

men. This phenomenon is in line with other studies where Blacks report lower levels of psychological distress than other ethnic groups (Kessler et al. 2005; Williams et al. 2007).

Jackson's (Jackson and Knight 2006; Jackson, Knight, and Rafferty 2010; Mezuk et al. 2010) emerging stress theory suggests that African Americans who live in chronically stressful environments and who cope with stressors by engaging in unhealthy behaviours may have protective mental-health effects due to these behaviours. This theory has been backed by other literature (Friedman 1994; Gartner 1997; Gill and Tutty 1999; Taylor and Turner 2002). Thus, Black men in this study who engaged in unhealthy behaviours such as substance use and hyper-sexuality may be self-medicating as a form of protection against emotional/psychological issues, which is why they may report lower levels of psychological distress. Given the history of racism in the USA, Black men may experience a life history of micro-aggressions (subtle acts or attitudes that are experienced as hostile and that fit a societal history and pattern of personal racial slights and disregard) that may cause them to become hyper vigilant about protecting their personal dignity and self-respect such that they are less verbally expressive about emotional issues and more verbal about behavioural or somatic issues (Franklin 2004; Payne 2012).

### *Limitations*

This study is limited in that interviews with the clients were not audio taped. Instead, specific quotes were written down by each of the four interviewers involved in the project during the interviews. Given the sensitive nature of the topics covered, it was felt that men would be less open to being audio taped and more open to note taking in the interview. Nonetheless, rich transcripts were obtained.

Additionally, the sample for this study was a convenience sample and, thus, self-selection of the participants into the study occurred. The financial incentive offered to participate in the study may have influenced unemployed men or those in need of cash to participate when they may not have done so otherwise. In addition, data derived from the study are self-reported data, based upon the subject's recollection of the CSA event and their own self-reports regarding present issues they felt affected them. It is possible that a client had selective memory or they may have attributed CSA as the cause of issues in their life that actually were caused or influenced by other events. Nevertheless, one of the strengths of this study is that a larger number of subjects were included (150). Importantly, saturation (i.e., redundancy of data) was achieved, which lends support to the reliability of the data. In addition, the study recruited equal numbers of men from three ethnicities, which allowed a unique contribution to be made to the literature on the topic.

### *Implications*

This study has implications in regards to the practice guidelines presently used to address men with CSA histories. The literature on providing treatment for male CSA victims states that issues of focus should include boundary violation issues, societal expectations about male sexuality and sexual identity questions (Gartner 1997); disclosure, anger, intimacy and trust (Bruckner and Johnson 1987); and power and control issues (Friedman 1994). Gill and Tutty (1999) discuss the need in therapy to understand the 'internalized cultural discourses of maleness and masculinity and the problems that such beliefs cause' (Gill and Tutty 1999, 31). Practitioners should additionally be aware that men with CSA histories who come for treatment might initially voice specific issues as their presenting problems, based on their cultural background. Just being aware that men with CSA histories may

express their presenting problems differently is a major first step toward effective treatment. Practitioners need to be astute at asking the right questions to uncover any additional, unvoiced issues that cause hindrance for these men. This qualitative study will hopefully lead to additional research that specifically examines ethnic differences in the presenting problems of adult men with CSA histories.

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## Résumé

Les hommes adultes ayant des origines ethniques différentes qui ont subi des abus sexuels dans leur enfance peuvent faire part de définitions différentes, dans leurs récits, de l'impact psychologique et comportemental de ces abus sur leurs vies. Les études empiriques examinent rarement l'impact de la race/ethnicité ou du contexte culturel sur les conflits d'ordre psychologique et comportemental des

adultes de sexe masculin ayant survécu à des abus sexuels dans leur enfance. Cette étude a procédé par l'analyse qualitative du contenu pour examiner les défis psychologiques et comportementaux liés à l'abus sexuel dans l'enfance, tels que rapportés par 150 hommes américains, équitablement répartis dans trois groupes : des noirs, des Latinos et des blancs non latinos. Les données des entretiens ont révélé des différences entre ces groupes ethniques : les hommes noirs ont nié, plus souvent que les autres hommes, qu'ils subissaient encore des effets indésirables des abus sexuels. Pourtant, ceux d'entre eux qui ont fait part de conséquences négatives des abus sexuels ont été plus nombreux à aborder les difficultés vécues par eux avec l'abus de substances et les comportements hypersexualisés, que les hommes répartis dans les autres groupes. Les hommes latinos ont fait part de colère, d'anxiété, d'hyper-vigilance, de flashbacks et de problèmes de communication, plus fréquemment que ceux inclus dans les deux autres groupes. Les hommes noirs et latinos ont également abordé les questions de culpabilité/honte et leurs préoccupations concernant leur identité sexuelle plus souvent que les hommes blancs. À l'inverse, les hommes blancs ont plus fréquemment abordé des questions relatives à une faible estime de soi, la solitude et l'isolement. Ces résultats suggèrent que les hommes appartenant à des groupes ethniques différents peuvent répondre différemment aux abus sexuels dans leur enfance et que ces considérations doivent être prises en compte pour la délivrance de soins de santé aux hommes qui ont connu des abus sexuels dans leur enfance.

### Resumen

Los hombres adultos que han sufrido abuso sexual infantil alguna vez en su vida expresan de forma diferente el impacto psicológico y conductual de estas experiencias en función del origen étnico. En los estudios empíricos pocas veces se analiza cómo influye la raza/etnia o el contexto cultural en hombres adultos que tienen que lidiar con el trauma psicológico y conductual del abuso sexual sufrido en la infancia. Mediante un análisis de contenido cualitativo, en este estudio examinamos los problemas psicológicos y conductuales de 150 hombres estadounidenses (con un porcentaje igual de hombres latinos, blancos no latinos y de raza negra) que habían sufrido abuso sexual infantil. Los datos recogidos en las entrevistas indican algunas diferencias étnicas: los hombres de raza negra negaban con más frecuencia haber sufrido efectos adversos que los hombres de otros grupos. Sin embargo, los hombres de raza negra que sí afirmaron haber sufrido efectos negativos debido al abuso sexual infantil hablaban con más frecuencia de problemas con el consumo de estupefacientes y una conducta hipersexualizada que otros grupos étnicos. Los hombres latinoamericanos informaron sufrir ataques de ira, ansiedad, hipervigilancia, recuerdos persistentes y problemas de comunicación con más frecuencia que los otros dos grupos. Los hombres latinos y los de raza negra también mencionaron problemas con sentimientos de culpabilidad y vergüenza y preocupaciones de identidad sexual más que el grupo de blancos. En comparación, los hombres blancos mencionaban con más frecuencia problemas relacionados con la falta de autoestima, soledad y aislamiento. Estos resultados indican que los hombres pueden responder de forma diferente a las experiencias de abuso sexual infantil según su etnia de origen, y que hay que tener en cuenta este aspecto a la hora de ofrecer asistencia sanitaria a hombres que han sufrido abuso sexual en la infancia.