



Posttraumatic Growth Among Men With Histories of Child Sexual Abuse

Scott D. Easton¹, Carol Coohy², Alison M. Rhodes¹, and M. V. Moorthy^{3,4}

Abstract

Despite an increased risk of long-term mental health problems, many survivors of child sexual abuse (CSA) experience positive changes in areas such as appreciation for life, personal strength, and interpersonal relationships. Drawing on life course theory, this study examined factors related to posttraumatic growth among a sample of men with CSA histories ($N = 487$). Using multiple linear regression (i.e., ordinary least squares), we found that men who had a better understanding of the sexual abuse experience, who ascribed to less traditional masculine norms, and who experienced a turning point reported greater growth. To promote growth, practitioners can help survivors understand the meaning and impact of the abuse on their lives and deconstruct rigid gender norms. More research on growth is needed with male survivors, especially on the nature of turning points in the recovery process.

Keywords

posttraumatic growth, male survivors, child sexual abuse, masculinity, turning points, disclosure, social support

Childhood sexual abuse (CSA) of boys is a global health problem. Studies from around the world have found that between 5% and 10% of men report having been sexually abused in childhood (World Health Organization, 2006). Some studies, based on random samples of U.S. men, have found even higher rates of CSA (Briere & Elliott, 2003). The potentially detrimental effects of CSA on the physical and mental health of adult survivors are well documented and often last long into adulthood (Hunter, 2006; Irish, Kobayashi, & Delahanty, 2010; Pérez-Fuentes et al., 2013). By addressing this adversity, however, some adult survivors of CSA experience positive changes, such as a greater appreciation for life, a greater sense of personal strength, and a better understanding of their relationships with others (Lev-Wiesel, Amir, & Besser, 2005; Shakespeare-Finch & de Dassel, 2009). These perceived positive changes are known as *posttraumatic growth* (Tedeschi & Calhoun, 2004).

Research examining posttraumatic growth among adults with histories of CSA is sparse and has focused almost exclusively on female survivors of CSA (Lev-Wiesel et al., 2005; McMillen, Zuravin, & Rideout, 1995; Shakespeare-Finch & de Dassel, 2009; Wright, Crawford, & Sebastian, 2007). There is emerging evidence that female survivors of CSA experience levels of posttraumatic growth comparable to other female trauma survivors (Shakespeare-Finch & de Dassel, 2009). However, some factors involved in growth after CSA may be gender specific. Researchers have found, for example, that women in the general population often report higher levels of growth than men (for a review, see Linley & Joseph, 2004).

These differences may be due in part to women being more likely than men to engage in active processing of a traumatic event and more likely to employ productive coping strategies including seeking social support (Tamres, Janicki, & Helgeson, 2002). More research is needed to understand factors that are related to posttraumatic growth for male survivors of CSA.

In this study, we examined factors related to posttraumatic growth among a large, nonclinical sample of men with histories of CSA. The majority of these men were sexually abused by a member of the clergy. Specifically, we tested whether men's understanding of the sexual abuse experience and their perceptions of how other people responded to their disclosure of sexual abuse were related to growth. Recognizing the complexity of the posttraumatic growth process and the possibility that factors involved in growth after CSA may be gender specific, we also introduced four potentially important factors that have not been tested among male survivors of CSA: endorsement of

¹ Graduate School of Social Work, Boston College, Chestnut Hill, MA, USA

² School of Social Work, University of Iowa, Iowa City, IA, USA

³ Research Services, Information Technology Services, Boston College, Chestnut Hill, MA, USA

⁴ Division of Preventive Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

Corresponding Author:

Scott D. Easton, Graduate School of Social Work, Boston College, McGuinn Hall, Room 207, 140 Commonwealth Avenue, Chestnut Hill, MA 02467, USA.
 Email: scott.easton@bc.edu

traditional masculine norms, experiencing a turning point, length of time since the abuse occurred, and being abused by a member of the clergy.

Posttraumatic Growth

Severely stressful life experiences—where a person’s safety or well-being is seriously threatened—may provide an opportunity for individuals to reflect on the meaning and direction of their lives that, over time, results in growth (Calhoun & Tedeschi, 1998; Janoff-Bulman, 1992; Park & Fenster, 2004). A great deal of research has documented that people can derive positive benefits through the process of coping with a traumatic event, such as the death of a partner/spouse or family member, a life-threatening illness, a serious accident, a natural disaster, combat, and violent victimization (for reviews, see Helgeson, Reynolds, & Tomich, 2006; Linley & Joseph, 2004). People who experience posttraumatic growth in the aftermath of these events typically describe improvements in three areas of their lives: view of self (e.g., greater sense of personal strength, greater compassion toward themselves), life philosophy (e.g., increased sense of meaning or spirituality, reordering of life priorities, greater appreciation of their life), and relationships with others (e.g., increased empathy and altruism, heightened sense of closeness; Joseph & Linley, 2006; Tedeschi & Calhoun, 2004).

Practitioners and researchers have found that the construction of positive beliefs and meaning about the impact of trauma on their lives can facilitate recovery from the trauma and contribute to psychological well-being for survivors (McMillen et al., 1995; Park & Ai, 2006). It is important to note, however, that posttraumatic growth and mental distress are not mutually exclusive concepts and, in fact, often coexist (e.g., Frazier, Conlon, & Glaser, 2001; Shakespeare-Finch & de Dassel, 2009). Consequently, researchers have emphasized that posttraumatic growth should be considered as an outcome in its own right (Bonanno, 2004; Park & Helgeson, 2006). Although few studies have examined factors related to growth after CSA, research on other types of traumatic experiences have yielded insights into factors that are related to posttraumatic growth (Helgeson et al., 2006; Linley & Joseph, 2004). This literature points to the importance of understanding the effects of the traumatic event and social support as key mechanisms related to growth (e.g., Prati & Pietrantonio, 2009; Shaefer & Moos, 1998; Stockton, Hunt, & Joseph, 2011).

Understanding of the Sexual Abuse Experience

Thinking about a traumatic event has consistently been identified as a predictor of growth (Helgeson et al., 2006; Linley & Joseph, 2004; Stockton et al., 2011). Most of the research has focused on the role of intrusive thoughts in promoting growth, where higher levels of intrusive thoughts about the traumatic event (and its consequences) have been related to higher levels of growth (Jaarsma, Pool, Sanderman, & Ranchor, 2006; Morris, Shakespeare-Finch, Rieck, & Newbery, 2005; Taku et al., 2007). Because intrusions are typically conceptualized

as a key indicator of posttraumatic stress, this finding may seem counterintuitive. Some theorists argue that intrusive thoughts may help people work through traumatic memories (Horowitz, 1986; Janoff-Bulman, 1992) and understand the trauma and its effect on them. Although unintentional and often stress inducing, intrusive thoughts about a trauma may motivate survivors to make meaning of the experience, reconstructing how they think about the trauma, themselves, and others (Calhoun & Tedeschi, 1998; Janoff-Bulman, 1992; Park & Fenster, 2004).

In the present study, we examined whether survivors who understood or made meaning from their sexual abuse experience reported greater posttraumatic growth. For survivors, understanding the abuse and its impact on their lives may include having placed responsibility for the sexual abuse on the perpetrator (instead of themselves), having understood their own and their caregivers’ responses to the sexual abuse, and having understood how the sexual abuse is related to their emotions and behaviors. Therefore, we expected that men who reported a greater understanding of the abuse would experience greater posttraumatic growth.

Perceived Disclosure Support

Social support has also been identified as an important factor related to posttraumatic growth. It has been defined as “resources, including material aid, socioemotional support, and informational aid, provided by others to help a person cope with stress” (Gerrig & Zimbardo, 2005, p. G11). Some scholars have argued that social support is directly related to positive change following trauma (Tedeschi & Calhoun, 2004). Other scholars have posited that social support may be indirectly related to posttraumatic growth: social support influences coping behaviors (including active processing of traumatic memories), which in turn is related to growth in the aftermath of a traumatic event (Prati & Pierantonio, 2009; Shaefer & Moos, 1998).

A specific form of social support is perceived support following disclosure of traumatic events such as CSA. According to social-cognitive processing theory, talking to someone allows survivors to review their thoughts and feelings related to the traumatic event (Lepore, 2001). Furthermore, receiving a positive response from an empathetic listener can help survivors reconstruct their self-concept, which may have been damaged by the traumatic experience (Lepore, 2001). In contrast, negative responses from other people to disclosure of CSA may hinder a survivor’s development of a trauma narrative and contribute to avoidance of thoughts and feelings related to the traumatic experience (Kliwer, Lepore, Oskin, & Johnson, 1998; Lepore, 2001).

Several studies have found that the timing of and response to disclosure of CSA were related to long-term mental health outcomes (O’Leary, Coohy, & Easton, 2010; Ruggiero et al., 2004; Ullman, 2007). Easton (2012), for example, found that negative responses to disclosure during childhood and adulthood were related to symptoms of mental distress including depression, anxiety, and somatization. Our review, however,

did not identify any studies that examined the relation between support following disclosure and posttraumatic growth for men with histories of CSA. In the current study, we focus on survivors' perceptions of how other people responded to their disclosure of sexual abuse during adulthood. Specifically, we hypothesized that men who thought that they were believed, received emotional support, and were encouraged to seek professional support when they disclosed the sexual abuse would report more posttraumatic growth than men who thought they did not receive these types of responses.

Masculine Norms

Gender role norms are rules and standards that guide and constrain behavior for men and women (Mahalik, 2000). *Traditional masculine norms* include prescriptions for how men should act, attitudes they should hold, and ways they should look (Meek, 2013). Masculine norms may include, for example, emotional control, dominance, self-reliance, disdain for homosexuals, and the pursuit of status (Mahalik et al., 2003). In contrast to women who are often socialized to seek out support from others (Swickert & Hittner, 2009; Tamres et al., 2002), men in Western society are generally socialized toward an ethos of self-reliance, strength, and emotional control (Mahalik et al., 2003).

These norms, however, may pose significant problems for men recovering from CSA. For men, the experience of CSA may create an internal conflict regarding their gender identity (Holmes & Slap, 1998; Lisak, 1994). Because the male socialization process has sanctions against both victimhood and homosexuality (Mahalik et al., 2003; Spataro, Moss, & Wells, 2001), being abused by an adult male can heighten feelings of stigma and shame for the survivor. Rather than working to reconcile this internal conflict about what it means to be a man, some male CSA survivors may adopt a hypermasculine persona whereby they excessively conform to traditional masculine norms (Dorais, 2002; Lisak, 1994). To protect the "secret" of the sexual abuse (Dorais, 2002; Lisak, 1994), male survivors may, for example, display extreme stereotypical behaviors such as aggression. In our model, we expected that conformity to traditional masculine norms would be negatively related to posttraumatic growth.

Turning Point

Traumatic childhood experiences, such as sexual abuse, are associated with long-term mental health problems and risky health behaviors throughout survivors' lives (e.g., depression, posttraumatic stress disorder, anxiety, substance abuse, sexual promiscuity; Pérez-Fuentes et al., 2013). However, not all survivors of CSA experience long-term effects of CSA (Hunter, 2006). The concept of experiencing a turning point, a key component of life course theory (Hutchison, 2011; Rutter, 1996), may help distinguish between those men who do and do not experience long-term negative outcomes and between those men who do and do not experience growth (Rutter, 1996).

Turning points may be prompted by a wide variety of life events. For survivors of sexual abuse, these turning points may include learning that their abuser died, hitting "rock bottom" in their substance use, or receiving an ultimatum from their spouse/partner to go to therapy.

Turning points have been identified as key motivators of positive change among diverse populations such as people recovering from alcohol dependence (Hser, Longshore, & Anglin, 2007), domestic violence (Khaw & Hardesty, 2007), and child maltreatment, including sexual abuse (Hall et al., 2009). In a longitudinal qualitative study of adults recovering from severe mental illness, Ochocka, Nelson, and Janzen (2005) explained the importance of experiencing a turning point:

Participants talked about getting started on the road to recovery often as awakenings or turning points. The impact of turning points were in their motivation to move forward. They were bursts of energy forward. Turning points help to renew hope and purpose. They can provide the courage to live and to love. (p. 318)

We did not identify any studies that examined the relation between turning points and posttraumatic growth among men or women recovering from CSA. Based on the life course theory (Hutchison, 2011), however, we expected that experiencing a turning point would have a positive relationship with posttraumatic growth.

Time Since the Abuse

A number of studies on posttraumatic growth have considered age as a correlate of growth. However, researchers have found an inconsistent relationship between age and growth (Linley & Joseph, 2004). Some studies revealed that older people reported higher levels of posttraumatic growth (e.g., Morris et al., 2005; Rhodes & Tran, 2012), while other studies found younger people reported higher levels of growth (Xu & Liao, 2011) or no relationship between age and growth (Shakespeare-Finch, Smith, Gow, Embelton, & Baird, 2003). Instead of examining age, it may be more fruitful to examine the relationship between the length of time since the traumatic event, the type of trauma, and growth. For instance, Davis, Nolen-Hoeksema, and Larson (1998) found that growth associated with the loss of a family member increased as more time passed. Several additional studies found that a longer passage of time from the diagnosis of a life-threatening illness was related to greater growth (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Manne et al., 2004; Sears, Stanton, & Danoff-Burg, 2003).

Avoidance, a common coping strategy for children in the aftermath of the sexual abuse (Sigmon, Greene, Rohan, & Nichols, 1996), often continues into adulthood and may increase the length of time that it takes men to disclose the sexual abuse. Researchers have found that men often delay disclosure of the sexual abuse for many years or decades (Easton, in

press; O'Leary & Barber, 2008). Survivors of CSA may gain a better understanding of the sexual abuse after the passage of time. The passage of time, for example, may present more opportunities to disclose the sexual abuse to trusted, supportive partners, friends, or mental health professionals. As more time passes, survivors may also engage in therapy or make other life changes that support a trajectory of healing and growth. Thus, we expected that longer time since the sexual abuse would be positively related to growth.

Clergy Abuser

Our sample includes a relatively large proportion of men who were abused by a member of the clergy. Because we are trying to understand posttraumatic growth and because our measure includes a spirituality dimension, it is important to account for whether being abused by a member of the clergy is related to posttraumatic growth. Although any form of CSA may be traumatic, clergy abuse may be particularly harmful because it may shut off a potential source of strength and support in the recovery process. For example, in a small phenomenological study with clergy abuser survivors, Fater and Mullaney (2000) found that "the clergy abuse of religious privilege was the most devastating aspect of the phenomenon, stripping survivors of their spirituality" (p. 290). Additionally, participants reported rage directed at God and the church for failing to protect them from being sexually abused and powerlessness due to the perceived inadequate response of the church to the broader sexual abuse crisis (Fater & Mullaney, 2000). Because of difficulties separating the clergy members' abusive behavior from their place of worship or spiritual power/God, some clergy abuse survivors may turn away from potential sources of hope, comfort, strength, and support and experience high levels of anger (Fater & Mullaney, 2000). Although there has been little empirical work in this area, we expected that men who were sexually abused by a member of the clergy would report less posttraumatic growth than men who were not abused by a member of the clergy.

The purpose of this study was to examine factors related to posttraumatic growth among a large, nonclinical sample of men with histories of CSA. Using self-report data and a cross-sectional study design, we developed an additive model whereby we considered the cumulative contribution of each factor to growth after controlling for other variables. We hypothesized that the level of understanding of the sexual abuse, the level of support following disclosure, having experienced a turning point, and the length of time since the sexual abuse would be positively related to growth. We also hypothesized that the level of adherence to masculine norms and being abused by a member of the clergy would be negatively related to growth.

Method

Participants and Procedure

Participants were recruited through three national survivor organizations: the Survivors Network of those Abused by

Priests (SNAP), MaleSurvivor, and 1in6. SNAP is the oldest and largest support and advocacy organization for adults who were sexually abused by a member of the clergy. MaleSurvivor and 1in6 are national organizations committed to helping men recover from any type of sexual victimization through education, research, treatment, and advocacy.

SNAP and MaleSurvivor posted the study announcement on their home page. Because 1in6 was undergoing a major restructuring of their website, the study announcement was posted on the website of one of their founding board members, Dr. Jim Hopper, an expert on child maltreatment. SNAP also sent recruitment e-mails to its members. SNAP and MaleSurvivor are membership organizations, but they do not keep detailed demographic information on their members due to privacy concerns; 1in6 is not a membership organization and does not have demographic information on visitors to its website.

During an 8-week period in 2010, potential participants were directed to the survey website, which included a welcome message, consent letter, and screening questions. To be eligible, participants needed to report that they were male, 18 years of age or older, and sexually abused during childhood (i.e., before the age of 18). Of the 546 respondents, 487 men met the selection criteria. There was no compensation for participation in the study. The study received human subjects approval from the Institutional Review Board at a Midwestern university.

The men, on average, were 50.4 years (standard deviation [*SD*] = 10.8; range = 19–84). The majority of men identified their race as Caucasian (90.9%). Participants were asked to report their total household income in the past year and presented with 12 response choices ranging from *less than \$20,000* (1) to *more than \$120,000* (12). The mean for income was 6.22, which corresponded to the category of *\$60,000 to \$69,000*. More than one half (58.1%) of the participants completed a bachelor's degree (some college: 31.5%; high school only: 10.3%). More than two thirds (69.9%) of the men in the study reported that they were living with a spouse or partner. The mean length of time that participants had lived with their current spouse or partner was 18.9 years (*SD* = 12.09; range = 1–49). Most men were members of a national survivor organization: SNAP member (59.3%), MaleSurvivor member (15.9%), member of both organizations (5.6%), and nonmember (19.2%).

In terms of the sexual abuse experience, the average age of the participants when they were first sexually abused was 10.3 years. Almost two thirds (61.7%) of the participants reported being sexually abused by a member of the clergy. The remaining participants reported being sexually abused by a biological family member (11.3%), another child or adolescent (9.1%), a teacher or coach (6.8%), an adult neighbor (3.9%), an adult stranger (1.6%), or someone else (5.5%). For frequency of sexual abuse, participants reported being abused once (19.8%), 2 to 5 times (26.1%), 6 to 10 times (8.5%), and more than 10 times (45.7%). About one third (30.2%) of the participants were sexually abused less than 6 months (6 months to 3 years: 32.3%; more than 3 years: 34.3%). Slightly more than one half (55%) of the sample reported that the sexual abuse included penetration.

Measures

The online survey was pretested in three phases over a 2-year period with input from national sexual abuse and trauma experts, mental health practitioners, and social work graduate students. The experts and practitioners assessed face and content validity of project-created measures which has been described in more detail elsewhere (Easton, 2011). The measures in the survey were administered in a fixed order for all participants: CSA characteristics (time since the abuse, abuse by a clergy member, understanding of the sexual abuse), disclosure (perceived disclosure support), masculine norms, demographic background, posttraumatic growth, and turning point.

Posttraumatic Growth. The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a 21-item self-report measure that assesses the degree of positive change (i.e., perceived benefits) experienced in the aftermath of a severe stressor or a traumatic event. There are five dimensions to the positive changes: new possibilities, relating to others, personal strength, spiritual change, and appreciation for life. Some examples of statements include “I established a new path for my life,” “I discovered that I am stronger than I thought I was,” and “I have a new sense of closeness to others.” For the current study, the response choices were modified to measure growth due to CSA. For each statement, participants were asked to rate the degree to which the change occurred as a result of the CSA using a Likert-type scale ranging from 0 to 5. The responses were then summed and averaged. The PTGI demonstrated excellent internal consistency, good test-retest reliability, and good construct validity (Tedeschi & Calhoun, 1996). In the current study, the Cronbach’s α was .96.

Understanding of the Sexual Abuse Experience. Understanding of the sexual abuse experience was measured using 6 items. Participants were asked to rate their level of agreement with statements related to their thoughts about who was responsible for the sexual abuse (“The sexual abuse was not my fault,” “The person who sexually abused me is responsible for the abuse”), how they and others’ responded to the abuse (“I understand why I initially responded the way I did to the abuse,” “I understand why my caregivers responded the way they did to the abuse”), and how the abuse affected their emotions and behaviors (“I understand how the sexual abuse has affected me emotionally,” “I understand how some of my negative behaviors are related to the sexual abuse”). Participants rated each item using a 6-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (6). The responses were averaged. The Cronbach’s α coefficient for the scale was .74.

Perceived Disclosure Support. Disclosure support was measured with 3 items. Participants were asked, “During adulthood, did anyone that you told believe you?” “During adulthood, did anyone that you told provide emotional support to you?” and “During adulthood, did anyone that you told try to encourage you to get treatment?” For each item, participants responded

either *yes* (1) or *no* (0). The responses were added to derive a total score for perceived disclosure support, with higher scores indicating higher levels of support. The scores on nonmissing items were averaged. The Cronbach’s α coefficient for the scale was .71.

Masculine Norms. The Conformity to Masculine Norms Inventory (CMNI-22; Mahalik et al., 2003) is the abbreviated version of the original 94-item Conformity to Masculine Norms Inventory (CMNI; Mahalik, 2000; Mahalik et al., 2003) which measures overall conformity to 11 traditional masculine norms including winning, emotional control, risk taking, violence, dominance, playboy, self-reliance, primacy of work, power over women, disdain for homosexuals, and pursuit of status. The CMNI has strong convergent validity, good concurrent validity, high test-retest estimates, and good to excellent internal consistency (Mahalik et al., 2003). The CMNI-22 uses the two highest loading items for each factor from the original CMNI and correlates at .92 with the total score for the CMNI (Mahalik et al., 2003).

For each item, participants were asked how much they agreed with a statement using a 4-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (4). Some examples of statements included “My work is the most important part of my life,” “It is important to me that people think I am heterosexual,” and “I tend to share my feelings.” Nine of the items were reverse coded so that higher agreement equated to higher conformity to masculine norms. Scores on the 22 items were added and averaged. The CMNI-22 has demonstrated good internal consistency (Burns & Mahalik, 2008; Rochlen, McKelly, Suizzo, & Scaringi, 2008). In the current study, the Cronbach’s α coefficient was .71.

Turning Point. *Turning point* was measured with 1 item: “Some adults who were sexually abused struggle for years and then reach a turning point where they decide to commit to healing and improving their health. Did you experience such a turning point?” Participants who responded *yes* received a score of 1 (*no* = 0).

Time Since the Abuse. *Time since abuse* was created by subtracting each participant’s age at the time that the sexual abuse started from their current age.

Abuse by a Clergy Member. *Clergy abuser* was created by recoding responses to an item on relationship to the abuser. One of the response choices was “clergy member (e.g., priest, nun).” Participants who selected this response received a score of 1 for clergy abuser (*no* = 0).

Statistical Analyses

With one exception, the percentage of missing data for all of the items was less than 5% (for turning point, 19% of the data were missing). Preliminary analyses indicated that the missing data could be described as missing at random and were

Table 1. Descriptive Statistics.

Variable	%	Mean (SD)	Range
Income		6.22 (3.78)	0–12
Racial minority (% yes)	9.38		
Understanding of CSA		4.77 (.87)	1–6
Perceived disclosure support		.84 (.28)	0–1
Masculine norms		2.34 (.32)	1.59–3.55
Turning point (% yes)	70.2		
Time since abuse		40.21 (11.00)	9–76
Abused by clergy (% yes)	61.54		
Posttraumatic growth		2.21 (1.31)	0–5

Note. CSA = child sexual abuse; SD = standard deviation.

addressed through multiple imputation. We used the PROC MI procedure in SAS and generated several imputed data sets using all of the variables in the regression model and some additional variables from the original data set. This imputation procedure used a multivariate normal approach via the Markov Chain Monte Carlo method. Diagnostic tests conducted prior to inferential testing found that assumptions were met for multivariate statistical tests. Multivariate regression analyses (ordinary least squares) were conducted using the data sets generated during imputation. All of the variables were entered into the model simultaneously. A combined estimate for a final regression model was created based on the iterations of these data.

Results

Descriptive Findings

Table 1 presents the descriptive findings for the variables of interest in the study. Men reported moderate levels of posttraumatic growth and endorsement of masculine norms. On average, participants reported high levels of understanding of the sexual abuse experience and perceived support following disclosure. The mean length of time since the sexual abuse was more than four decades. Most of the men in the study indicated that they had experienced a turning point and were abused by a member of the clergy. Table 2 presents the bivariate correlations between the key variables in our study. Bivariate correlations were also conducted for the characteristics of CSA. Except for abuse by a clergy member, none of the abuse characteristics were correlated with growth and thus were not included in our multivariate model.

Multivariate Results

Table 3 presents the results of the combined estimates (after imputations) of multiple linear regressions for posttraumatic growth. As hypothesized, we found that the level of understanding of the sexual abuse and experiencing a turning point were positively related to posttraumatic growth. We also found support for the hypothesis that masculine norms were negatively related to growth. However, we did not find support for our hypotheses about the relationships between growth and perceived disclosure support, time since the abuse, and abuse

by a clergy member. Overall, the final regression model was significant, $F(8, 463) = 19.000, p < .001$, and explained a modest amount of the total variance in posttraumatic growth.

Discussion

Our results showed that men's understanding of the abuse—namely, those who placed responsibility for the sexual abuse on the perpetrator understood his own and caregivers' response to the sexual abuse and understood how the sexual abuse was related to his emotions and behaviors—was related to higher levels of growth. This finding is consistent with previous research that found that thinking about or attempting to understand a traumatic event were related to growth (Helgeson et al., 2006; Linley & Joseph, 2004; Stockton et al., 2011). We add to this literature by clarifying some of the types of understandings that may be related to posttraumatic growth among men who were sexually abused as children.

We also found that perceived support following disclosure of sexual abuse was not related to growth. This finding is inconsistent with the general literature on the importance of social support for growth (Tedeschi & Calhoun, 2004). Many of the prior studies on growth, however, used standardized measures of global social support or social networks. To strengthen our understanding of growth among men with histories of CSA, researchers should include general measures of social support in future studies. Nonetheless, other peoples' response to disclosures of sexual abuse by men remains an important topic of study. Several studies have found that responses to disclosure are related to long-term mental health outcomes (Easton, 2012; O'Leary et al., 2010; Ruggiero et al., 2004; Ullman, 2007). In addition, the relationship between the survivor and the person who provides support following disclosure (e.g., spouse/partner, therapist) may influence growth and should be explored further. Accordingly, additional work is needed to develop reliable and valid measures of perceived disclosure support that account for the type of support, level of support, and support provider.

We argued that men who ascribed to traditional norms about how men should act, attitudes they should hold, and ways they should look would adversely affect men's growth following sexual abuse. Although participants in our sample did not endorse masculine norms at a high level, we found support for the relationship between masculine norms and growth. These results are consistent with research on masculine norms and recovery among men in the general population (Mahalik, Good, & Englar-Carlson, 2003) and with clinical research on masculinity and male survivors of CSA (Lew, 2004). The masculine norm of emotional control, for example, may interfere with men's ability to review and understand the sexual abuse. To gain insight into how the abuse affected their lives, survivors may need to open up, think about the trauma and victimization, and experience intense emotions (e.g., shame, anger, betrayal). These actions may lead male survivors to feel out of control and highly vulnerable. As a result, it is plausible that many male survivors decide that thinking about the abuse is too

Table 2. Bivariate Correlations.

	1	2	3	4	5	6	7	8	9
1. Posttraumatic growth									
2. Income	-.00								
3. Racial minority	.05	-.11*							
4. Understanding of CSA	.36***	.05	-.03						
5. Perceived disclosure support	.11*	.11*	-.08	.03					
6. Masculine norms	-.20***	.02	-.03	-.19***	-.07				
7. Turning point	.41***	.09	.05	.36***	.16**	-.13**			
8. Time since abuse	.08	.10*	-.04	.15**	-.08	-.03	.06		
9. Abused by clergy	-.10*	.07	-.05	.00	.01	.03	-.13**	.07	

Note. CSA = child sexual abuse.
 * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3. Ordinary Least Squares Regression Results for Posttraumatic Growth.

Variable	b	SE	B	p Value
Income	-.02	.02	-.05	.2821
Racial minority	.24	.19	.05	.1966
Understanding of CSA	.37	.07	.24	<.0001
Perceived disclosure support	.32	.20	.07	.1081
Masculine norms	-.45	.17	-.11	.0087
Turning point	.83	.15	.29	<.0001
Time since abuse	.00	.01	.04	.4094
Abused by clergy	-.16	.11	-.06	.1545
Constant	.68	.61		.2669
R ²	.25			

Note. CSA = child sexual abuse; SE = standard error.

risky. Thus, there are many possible mechanisms through which adherence to masculine norms may influence posttraumatic growth that should be explored in future studies.

Our study found support for the hypothesis that experiencing a turning point would be positively related to posttraumatic growth. This finding among male survivors of CSA is consistent with research on turning points with other populations (Hall et al., 2009; Hser et al., 2007; Khaw & Hardesty, 2007). Turning points are important because, anecdotally, they seem to align with a commitment to healing and more deliberate processing of sexual abuse experiences. However, because of the paucity of research on men who were sexually abused, little is known about the nature of these turning points or whether experiencing a turning point is necessary for higher posttraumatic growth. Thus, there are numerous questions related to turning points that could be investigated. For example, what precipitated these turning points? When did they occur? Do turning points occur after years of struggle or through a series of less dramatic events? Qualitative research may be helpful in answering these questions and enhancing our understanding of turning points and growth among male survivors of CSA.

We also found that the length of time since the abuse was not related to posttraumatic growth in our study. This suggests that growth is possible regardless of the passage of time or, by extension, one's age. Rather than the passage of time, it is

possible that the *use* of time may be more relevant in understanding posttraumatic growth. For example, a younger survivor who engages in activities that heighten his understanding of the sexual abuse may experience more growth than an older survivor who does not acknowledge that the abuse occurred. Conversely, a survivor in mid-life (or late life) may experience more growth due to discussions with a trusted spouse/partner than a survivor in emerging adulthood who is single and remains silent about the abuse. To understand growth among men with histories of CSA, more research is needed on what male survivors think and do over time, not simply on the length of time since the abuse.

Finally, the results did not support our hypothesis that men abused by a member of the clergy would experience less growth than men abused by someone other than a clergy member. This finding is not consistent with Fater and Mullaney's (2000) study, which found that sexual abuse by a clergy member had a devastating effect on survivors' spirituality. There are several possible explanations for our finding. For instance, spiritual growth is one of several dimensions of Tedeschi and Calhoun's (1996) measure of posttraumatic growth. It is possible that clergy abuse survivors differed from the other survivors on this dimension, but that these differences were not strong enough to affect the overall score for growth. Also, clergy abuse survivors in our sample may have received support from a national survivor organization in lieu of support from a religious organization or institution. Moreover, survivors who were abused by people in positions of power other than clergy members (e.g., parents, teachers, and coaches) may have experienced a similar violation of trust that inhibited their growth. To further our understanding, future studies could examine relationships between type of abuser and posttraumatic growth.

Limitations

This study had several limitations that should be considered when interpreting the findings. Despite the large sample size, which is uncommon for this hard to reach population, the sample may not represent all male survivors of CSA. Due to factors such as self-selection bias, recruitment language bias, or recruitment strategies, our sample may differ from the population of

sexually abused men in ways that may have affected our results. For example, the majority of men in our sample had joined a national survivor organization and may have had more opportunities to gain an understanding of the sexual abuse than survivors who had not joined an organization. Similarly, male survivors who accessed support resources from the websites of national survivor organizations may have differed from male survivors who did not access resources on demographic characteristics such as race, ethnicity, education, and income. To determine whether our results are generalizable, a probability sample of male survivors drawn from the general population is needed.

There were also limitations related to measurement in this study. As previously mentioned, we used nonstandardized measures to assess concepts such as perceived support following disclosure, understanding of the sexual abuse experience, and turning point. Aside from checking content validity and internal consistency reliability, the psychometric properties of these measures have not been established; more research is needed to refine and develop the measures. Also, the data in this study were collected entirely through self-reports. Because the mean age of participants was 50 years and several items referred to events that happened decades earlier, there may be recall bias due to memory deterioration. Although it would be difficult, collecting data from multiple sources (e.g., spouses/partners, mental health providers, administrative records) would allow researchers to evaluate the reliability of self-report data.

Finally, the cross-sectional design of our study posed a limitation. Because temporal ordering of variables could not be established, it is not possible to draw conclusions about the directionality of relationships between independent variables and posttraumatic growth. Furthermore, the relationship among independent variables may be nonlinear and reciprocal over time, which presents considerable challenges when trying to model these relationships statistically. For example, having an empathic listener to disclosure may be related to experiencing a turning point, which then may lead to seeking out additional support and greater understanding of the sexual abuse experience. Therefore, longitudinal research is needed in order to establish temporal ordering of the processes leading to growth. Additionally, future studies that examine moderation processes could advance the field by identifying possible interaction effects among variables, especially ones that change over time.

Despite these limitations, our findings have relevance for clinical practice. Although evidence-based interventions for male survivors of CSA have not been developed, clinical interventions, such as individual therapy and support groups, often try to help men make sense of the trauma and its perceived impact on their lives (Lew, 2004). These interventions include assessment of survivors' self-blame and, if necessary, efforts to help them shift responsibility to their abusers. Additionally, male survivors often struggle with physical, psychological, or behavioral problems (e.g., pain disorders, alcohol abuse, sexual promiscuity; Hunter, 2006; Irish et al., 2010; Pérez-Fuentes et al., 2013) and may not have explored connections between

problems in current functioning and sexual trauma from childhood. Therapeutic effects could promote understanding of the sexual abuse experience by helping survivors explore these potential connections.

In therapeutic work with male survivors, some mental health professionals incorporate discussions of masculinity (Lew, 2004). The use of more formal assessments may be helpful in identifying men who rigidly adhere to traditional masculine norms. Therapists can help these survivors understand how culture defines and shapes the scripts of how men should act, think, and feel and the potential costs of endorsing traditional masculine norms, including possible interference with recovery and growth from trauma. Therapists can also assist survivors in creating alternate scripts of masculinity that may allow them to more freely access their feelings (Kia-Keating, Grossman, Sorso, & Epstein, 2005), thereby creating opportunities for self-expression and, possibly, growth. We should note, however, that these clinical recommendations are tentative. More empirical research is needed to understand all of the factors involved in posttraumatic growth. Intervention research with adequate controls for inferring treatment effects is also needed to improve clinical services for male survivors of CSA.

We examined factors that were related to posttraumatic growth among men with a history of CSA. As expected, we found that the level of understanding of the sexual abuse was positively related to growth. To provide a fuller explanation of growth, we introduced two factors not included in previous research—masculine norms and experiencing a turning point—and found that they were also related to growth. Because time since the abuse was not related to growth in our study, it appears that the passage of time alone may not promote growth. However, if that time is used to gain an understanding of the sexual abuse, then a survivor may be more likely to experience a greater appreciation for life, a greater sense of personal strength, and a better understanding of their relationship with others. We hope these findings might provide a basis for future research, which is needed if we are to create interventions to improve the lives of men who were sexually abused in childhood.

Acknowledgments

The authors are grateful for the assistance of three organizations (the Survivors Network of those Abused by Priests, MaleSurvivor, and 1in6.org) and Dr. Jim Hopper during recruitment. The authors are also grateful for the generosity and courage of the men who participated in this study.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The study received financial support from the John A. Hartford Foundation (Geriatric Social Work Initiative) and the Boston College Center on Aging (Aging Research Incentive Grant).

References

- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, *59*, 20–28.
- Briere, J., & Elliot, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, *27*, 1205–1222.
- Burns, S. M., & Mahalik, J. R. (2008). Sexual functioning as a moderator of the relationship between masculinity and men's adjustment following treatment for prostate cancer. *American Journal of Men's Health*, *2*, 6–16.
- Calhoun, L. G., & Tedeschi, R. G. (1998). Posttraumatic growth: Future directions. In R. G. Tedeschi, C. L. Park, & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 215–238). Mahwah, NJ: Erlbaum.
- Cordova, M. J., Cunningham, L. L., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: A controlled comparison study. *Health Psychology*, *20*, 176–185.
- Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning. *Journal of Personality and Social Psychology*, *75*, 561–574.
- Dorais, M. (2002). *Don't tell: The sexual abuse of boys* (D. Meyer, Trans.). Quebec, Canada: McGill-Queens.
- Easton, S. D. (2012). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal*, *12*, 1–12.
- Easton, S. D. (2011). *Men who were sexually abused during childhood: An examination of factors that influence long-term mental health* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses (Order No. 3461121).
- Fater, K., & Mullaney, J. A. (2000). The lived experience of adult male survivors who allege childhood sexual abuse by clergy. *Issues in Mental Health Nursing*, *21*, 281–295.
- Frazier, P., Conlon, A., & Glaser, T. (2001). Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology*, *69*, 1048–1055.
- Gerrig, R. J., & Zimbardo, P. G. (2005). Glossary: social support. *Psychology and Life* (17th ed.) Boston, MA: Allyn & Bacon.
- Hall, J. M., Roman, M. W., Thomas, S. P., Travis, C. B., Powell, J., Tennison, C. R., & McArthur, P. (2009). Thriving as becoming resolute in narratives of women surviving childhood maltreatment. *American Journal of Orthopsychiatry*, *79*, 375–386.
- Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology: Journal of Consulting and Clinical Psychology*, *74*, 797.
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, & management. *Journal of the American Medical Association*, *280*, 1855–1862.
- Horowitz, M. J. (1986). *Stress response syndromes* (2nd ed.). New York, NY: Jason Aronson.
- Hser, Y., Longshore, D., & Anglin, M. (2007). The life course perspective on drug use. *Evaluation Review*, *31*, 515–547.
- Hunter, S. V. (2006). Understanding the complexity of child sexual abuse: A review of the literature with implications for family counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, *14*, 349–358.
- Hutchison, E. D. (2011). A life course perspective. In E. D. Hutchison (Ed.), *Dimensions of human behavior: The changing life course* (pp. 1–38). Thousand Oaks, CA: Sage Publications.
- Irish, L., Kobayashi, I., & Delahanty, D. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology*, *35*, 450–461.
- Jaarsma, T. A., Pool, G., Sanderman, R., & Ranchor, A. V. (2006). Psychometric properties of the Dutch version of the posttraumatic growth inventory among cancer patients. *Psycho-Oncology*, *15*, 911–920.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: Free Press.
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review*, *26*, 1041–1053.
- Khaw, L., & Hardesty, J. (2007). Theorizing the process of leaving: Turning points and trajectories in the stages of change. *Family Relations*, *56*, 413–425.
- Kia-Keating, M., Grossman, F. K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of child sexual abuse. *Psychology of Men and Masculinity*, *6*, 169–185.
- Kliwer, W. L., Lepore, S. J., Oskin, D., & Johnson, P. D. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Consulting and Clinical Psychology*, *66*, 199–209.
- Lepore, S. J. (2001). A social cognitive processing model of emotional adjustment to cancer. In A. Baum, & B. L. Andersen (Eds.), *Psychosocial interventions for cancer* (pp. 91–116). Washington, DC: American Psychological Association.
- Lev-Wiesel, R., Amir, M., & Besser, A. (2005). Posttraumatic growth among female survivors of childhood sexual abuse in relation to the perpetrator identity. *Journal of Loss and Trauma*, *10*, 7–17.
- Lew, M. (2004). *Victims no longer: Men recovering from incest and other sexual child abuse* (2nd Ed). New York, NY: Harper & Row.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of traumatic stress*, *17*, 11–21.
- Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress*, *7*, 525–548.
- Mahalik, J. R. (2000). *A model of masculine gender role conformity*. Symposium—Masculine gender role conformity: Examining theory, research, and practice. Paper presented at the 108th Annual Convention of the American Psychological Association, Washington, DC.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice*, *34*, 123–131.
- Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity

- to Masculine Norms Inventory. *Psychology of Men and Masculinity*, 4, 3–25.
- Manne, S., Ostroff, J., Winkel, G., Goldstein, L., Fox, K., & Grana, G. (2004). Posttraumatic growth after breast cancer: Patient, partner, and couple perspectives. *Psychosomatic Medicine*, 66, 442–454.
- McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology*, 63, 1037–1043.
- Meek, W. (2013). *Male gender role*. Retrieved January 12, 2013 from <http://www.psychologyofmen.org/index.php?itemid=6>.
- Morris, B. A., Shakespeare-Finch, J., Rieck, M., & Newbery, J. (2005). Multidimensional nature of posttraumatic growth in an Australian population. *Journal of Traumatic Stress*, 18, 575–585.
- O’Leary, P. J., & Barber, J. G. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of Child Sexual Abuse*, 17, 133–143.
- O’Leary, P. J., Coohy, C., & Easton, S. D. (2010). The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse*, 19, 275–289.
- Ochocka, J., Nelson, G., & Janzen, R. (2005). Moving forward: Negotiating self and external circumstances in recovery. *Psychiatric Rehabilitation Journal*, 28, 318–322.
- Park, C. L., & Ai, A. L. (2006). Meaning making and growth: New directions for research on survivors of trauma. *Journal of Loss and Trauma*, 11, 389–407.
- Park, C. L., & Fenster, J. R. (2004). Stress-related growth: Predictors of occurrence and correlates with psychological adjustment. *Journal of Social and Clinical Psychology*, 23, 195–215.
- Park, C. L., & Helgeson, V. S. (2006). Introduction to the special section: Growth following highly stressful events current status and future directions. *Journal of Consulting and Clinical Psychology*, 74, 791–796.
- Pérez-Fuentes, G., Olfson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: a national study. *Comprehensive Psychiatry*, 54, 16–27.
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: a meta-analysis. *Journal of Loss and Trauma*, 14, 364–388.
- Rhodes, A. M., & Tran, T. V. (2012). Predictors of posttraumatic stress and growth among black and white survivors of Hurricane Katrina: Does perceived quality of the governmental response matter? *Journal of Race and Social Problems*, 4, 144–157.
- Rochlen, A. B., McKelley, R. A., Suizzo, M., & Scaringi, V. (2008). Predictors of relationship satisfaction, psychological well-being, and life satisfaction among stay-at-home fathers. *Psychology of Men and Masculinity*, 9, 17–28.
- Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is childhood rape associated with mental health outcome? Results from the national women’s study. *Child Maltreatment*, 9, 62–77.
- Rutter, M. (1996). Transitions and turning points in developmental psychopathology: As applied to the age span between childhood and mid-adulthood. *International Journal of Behavioral Development*, 19, 603–626.
- Sears, S. R., Stanton, A. L., & Danoff-Burg, S. (2003). The yellow brick road and the emerald city: Benefit finding, positive reappraisal coping and posttraumatic growth in women with early-stage breast cancer. *Health Psychology*, 22, 487–497.
- Shaefer, J., & Moos, R. (1998). The context for posttraumatic growth: Life crises, individual and social resources, and coping. In R. Tedeschi, C. Park, & L. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 99–126). Mahway, NJ: Erlbaum.
- Shakespeare-Finch, J. E., & de Dassel, T. (2009). The impact of child sexual abuse on victims/survivors: Exploring posttraumatic outcomes as a function of childhood sexual abuse. *Journal of Child Sexual Abuse*, 18, 623–640.
- Shakespeare-Finch, J. E., Smith, S. G., Gow, K., Embelton, G., & Baird, L. (2003). The prevalence of posttraumatic growth in emergency ambulance personnel. *Traumatology*, 9, 58–70.
- Sigmon, S., Greene, M., Rohan, K., & Nichols, J. (1996). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse*, 5, 57–75.
- Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: A reality for both sexes. *Australian Psychologist*, 36, 177–183.
- Stockton, H., Hunt, N., & Joseph, S. (2011). Cognitive processing, rumination, and posttraumatic growth. *Journal of Traumatic Stress*, 24, 85–92.
- Swickert, R., & Hittner, J. (2009). Social support mediates the relationship between gender and posttraumatic growth. *Journal of Health Psychology*, 14, 387–393.
- Taku, K., Calhoun, L. G., Tedeschi, R. G., Gil-Rivas, V., Kilmer, R. P., & Cann, A. (2007). Examining posttraumatic growth among Japanese university students. *Anxiety, Stress and Coping*, 20, 353–367.
- Tamres, L., Janicki, D., & Helgeson, V. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review*, 6, 2–30.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455–471.
- Tedeschi, R. G., & Calhoun, R. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15, 1–18.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16, 19–35.
- World Health Organization and International Society for Prevention of Child Abuse and Neglect (2006). *Preventing maltreatment: a guide to taking action and generating evidence*. Geneva, Switzerland. Retrieved from http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf.
- Wright, M. O., Crawford, E., & Sebastian, K. (2007). Positive resolution of childhood sexual abuse experiences: The role of coping, benefit-finding, and meaning making. *Journal of Family Violence*, 22, 597–608.
- Xu, J., & Liao, O. (2011). Prevalence and predictors of posttraumatic growth among adult survivors one year following 2008 Sichuan earthquake. *Journal of Affective Disorders*, 133, 274–280.